



## MSHN Consumer Representative Application

Mid-State Health Network (MSHN) desires to facilitate meaningful, region-wide consumer involvement by establishing Consumer Representation on MSHN's Councils and Committees. The role will be to assist MSHN in strengthening and improving the quality-of-service delivery through review of policies, practices, key metrics related to improved health outcomes, new initiatives, and service availability. Consumer representatives will communicate the greater consumer experience with the aim of advocating for changes which will benefit the needs and interests of all MSHN consumers.

### Name and Address

*First Name*

*Middle Initial*

*Last Name*

*Street*

*City*

*State*

*ZIP Code*

### Phone Numbers and Email

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email

Address: \_\_\_\_\_

Preferred Method for Contact (check one):

Home Phone

Cell Phone

E-Mail

Why would you like to be a MSHN Consumer Representative?

What community involvement, volunteer (past and present), education, and/or employment (if applicable) experience do you have that will help you to be a successful consumer representative?

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Have you ever served as a consumer advisor before?  Yes  No  
If yes, where and what was your role?

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How did you hear about the Consumer Representative opportunity for Mid-State Health Network (MSHN)?

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Is there anything that would prohibit you from fulfilling the duties of a Consumer Representative?  
 Yes  No

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Do you have any special accommodation needs?  Yes  No  
If yes, what are those?

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Do you foresee any obstacles in fulfilling the full two (2) year term commitment?

Yes  No If yes, what are those?

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Do you have reliable transportation?  Yes  No  Sometimes

Do you have access to technology (such as a computer and wifi) to participate in online meetings (Zoom/MS Teams)?

Yes  No

If yes, do you need assistance to use?  Yes  No

How many years of involvement/experience with Community Mental Health and/or Substance Use Disorder treatment services do you have? \_\_\_\_\_

Which consumer population best characterizes your experience? (mark all that apply)

- Adult with a mental illness
- Adult with a developmental challenge
- Adult with a substance use disorder
- Parent/guardian of a child/children with mental illness
- Parent/guardian of a child/children with developmental challenge

Which MSHN council/committee are you interested in (*mark one*)?

**MSHN Quality Improvement Council**

- The Quality Improvement Council (QIC) seeks to inform the MSHN region and staff regarding quality improvement matters including but not limited to the development, implementation, and monitoring of the critical incident reporting system (deaths, emergency medical treatment and hospitalizations, etc.), assessment of member experiences, and timely access to and engagement with treatment.

**MSHN Customer Service Committee**

- The Customer Services Committee (CSC) seeks to maintain the regional consumer handbook and to support development, implementation, and monitoring of regional Customer Service requirements including but not limited to grievance complaints and local service appeals standards.

*Compensation/Reimbursement: If you are selected to be a Consumer Representatives on a MSHN council/committee, you will be compensated for your time and reimbursed for mileage.*

**Please save completed application and email the application to:**

**Customerservice@midstatehealthnetwork.org**

**QUESTIONS???**

Dan Dedloff - MSHN Customer Service and Rights Specialist

dan.dedloff@midstatehealthnetwork.org or 517.657.3011