

Independent Facilitator Biography Form

1. **Name:** Nicole Marie Gowan

2. **Phone Number**

Cell: (313) 676-6152

3. **Email Address:** nicoleg734@aol.com

4. **Organizational Membership or Affiliations:**

Detroit Wayne Mental Health Authority
Constituent Voice Member



5. **Specific areas of expertise:**

I advise on the Detroit Wayne Mental Health Authority pilot projects for Person Centered Planning and Self-Determination. I advocate for club houses and drop-in centers. I help consumers of community mental health services with reaching their goals through S.M.A.R.T Goals (Specific, Measurable, Achievable, Results-focused, Time-bound) hands-on training.

6. **What unique attributes do you bring to your role as an independent facilitator?**

I have 10-years of experience in the mental health system with my own recovery. I empower and encourage consumers of community mental health services for their own community, health, and home.

7. **Why do you want to serve as an Independent Facilitator?**

Helping advocate, guide and support consumers with their goals, wishes and accomplishments. recovery story and public speaking. I also promote mystrength.com with a hands on approach to their treatment and their lives.

8. **Accommodations**

a. Are you fluent in languages other than English? YES NO

b. Please identify other available accommodations.

c. Do you need any accommodations to facilitate your role as a Facilitator?
 YES NO

9. **Times of day and geographic locations for which you are available to facilitate:**

Livonia and Redford

Michigan Developmental Disabilities Institute, Wayne State University

Independent Facilitator Level of Competency: I (Trained)

Level 1: Independent Facilitator has completed the Independent Facilitator training provided by the Michigan Developmental Disabilities Institute, Wayne State University.