TULARE COUNTY
MENTAL HEALTH BOARD (TCMHB) APPLICATION
5957 South Mooney Boulevard
Visalia CA 93277
(559) 624-7476
(559) 737-4572 Fax

Name_____ Home Phone_____ Work Phone _____

Home Street Address_____

City, Zip _____

Email Address_____

Work Street Address_____

City, Zip_____

Supervisory District: No. 1_____ No. 2_____No. 3_____No. 4_____No. 5_____

Occupation: _____ F/T___P/T___ Student___ Retired_

Why do you want to serve on the Mental Health Board? (Please feel free to use additional sheets.)

_____

_____

_____

_____

_____

Summary of applicable experience (Job personal life, volunteer community service, etc. Please attach a resume if you have one.)

_____

_____

_____

_____

Category:

Consumer_____ (defined as a person who has received mental health services)

Family _____ (defined as the parent, spouse, sibling, or adult children of a person who is receiving or has received mental health services)

Public _____ (defined as a member of the general public)

Have you had any involvement with persons who have mental illness? _____ Yes _____ No

Version No. 2, 10/02/10

If yes, what has been your personal involvement? _____

_____

_____

Languages spoken fluently: _____

What specific areas of interest do you have in mental health? (Check all that apply.)

_____ Adult Services

_____ Children and Youth Services

_____ Deaf and Hearing Impaired Persons

_____ Education

_____ Elderly Persons

_____ Quality Assurance

_____ Persons of ethnic minorities

_____ Gay, Lesbian, Bisexual, Transgender, and Questioning Youth

_____ Housing

_____ Legislative Advocacy

_____ Managed Care

_____MHSA

_____ Other (describe)_____

Conflict of Interest: No member of the Board or his or her spouse shall be a full-time or part-time employee of a county mental health service, an employee of the State Department of Mental Health, or on the staff of, or a paid member of, the governing body of a mental health contract agency.

Political Reform Act of 1974: To ensure full disclosure to the public, members are required to disclose certain personal financial holdings that could be materially affected by their official actions. This requirement is fulfilled annually by completion of Form 700 of the Fair Political Practices Commission.

Consumer Status Information: State law requires that Mental Health Boards be made up in part of persons who have received direct mental health services or persons whose immediate family has received such services. Consumer status information is voluntary, if you object to filling this out, you need not do so.

_____ I have received direct mental health services.

_____ My parent(s) have received direct mental health services.

_____ My spouse has received direct mental health services.

_____ My sibling(s) have received direct mental health services.

_____ My child/children have received direct services.

DESCRIPTION OF MENTAL HEALTH BOARD (MHB)

Mandated responsibilities (as defined by W & I Code) are as follows:

- Review and evaluate the community's mental health needs, services, facilities, and special problems

- Review any county agreements entered into pursuant to Section 5650
- Advise the governing body and the local mental health director as to any aspect of the local mental health planning process
- Submit an annual report to the governing body on the needs and performance of the county's mental health system
- Review and make recommendations on applicants for the appointment of local director and mental health services
- Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

Members of the Mental Health Board are mental health advocates. They are representatives of their communities, the Tulare County Mental Health Board and the Tulare County Board of Supervisors. Members are recruited to represent clients of Mental Health Services, family members, and the general public.

TIME INVOLVEMENT

Members are expected to attend monthly meetings unless excused by the Chairperson. Meetings are held on the 1st Tuesday of the month from 4:00 P.M. to 5:30 P.M. TCMHB members may also expect to spend 2-10 hours per month on committee work. It is expected that members will facilitate an interchange with various interest groups in their respective communities, with the Mental Health Board, and with the Board of Supervisors. Members will also be expected to familiarize themselves with services by visiting programs. Members, as they are able, may also attend and become involved in conventions, conferences, and seminars presented by the department and supporting agencies.

AFFIRMATIVE ACTION AND PERSONAL INFORMATION

Ethnicity: Asian/Pacific Islander_____ Hispanic/Latino_____ White_____

African American___ Native American___ Other___

Date of Birth: _____ Sex:(F)____(M)___ Person with disabilities: Yes___ No___

I understand the responsibilities and time commitment required of members of the Tulare County Mental Health Board, and I am willing to serve and am not in conflict of interest.

(Signed)_____

(Dated) _____

When completed, please return to address on front of application, ATTN: Susan Nickey