

BEHAVIORAL HEALTH COMMISSION APPLICATION

When completed, please mail to:

Riverside County

Department of Behavioral Health

ATTN: Behavioral Health Commission Liaison

2085 Rustin Avenue

Riverside, CA 92507

OR Email to: Sbishop@ruhealth.org

Phone: (951)955-7141

Name: _____

Home Phone #: _____ Alternate Phone #: _____

Emergency Phone #: _____

Home Address: _____

Street

City

Zip

Email Address: _____

Work Address: _____

Street

City

Zip

Supervisory District:

District 1: _____ District 2: _____ District 3: _____ District 4: _____ District 5: _____

- *Western Region: Districts 1, 2, and parts of 5 (See map for reference)*
- *Mid-County Region: Districts 4 and parts of 5 (See map for reference)*
- *Desert Region: Districts 3 and parts of 5 (See map for reference)*

Why do you want to serve on the Behavioral Health Commission?

Summarize any applicable experience and/or knowledge of the current behavioral health system. (*Work experience; personal life experiences; volunteer; and/or community service, etc. Please attach your resume*)

- Category: _____ Consumer (*defined as a person who has received mental health services*)
_____ Family Member (*defined as the parent, spouse, sibling, or adult child of a person receiving or has received mental health services*)
_____ Representative of the Alcohol and Drug Community
_____ Representative of the Transitional Age Youth Advisory Committee
_____ Education Field Representative
_____ Law Enforcement Representative
_____ Medical Field Representative

Ethnicity: Caucasian: _____ African American: _____ Hispanic: _____ Asian: _____
Native American: _____ Other: _____

Occupation: _____ F/T: _____ P/T: _____ Student: _____ Retired: _____

Age: _____ **Handicapped:** Yes: _____ No: _____

ALL VOLUNTEERS WILL BE SUBJECTED TO A CRIMINAL BACKGROUND CHECK

Are you currently on any form of Probation or Parole? Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, please describe conditions:

Conflict of Interest: “...No Commission member or his/her spouse shall be a full-time or part-time county employee of a county behavioral health service, an employee of the State Department of Health Care Services, or an employee or, or a paid member of the governing body of, a mental health contract agency.” *(Pursuant to Riverside County Behavioral Health Commission Bylaws Article II, Section 4)*

Consumer Status Information: In accordance with Article II, Section 1(3) of the Riverside County Behavioral Health Commission Bylaws, fifty percent (50%) of the membership of the commission shall be consumers or family members of consumers who are receiving or have received behavioral health services. At least twenty percent (20%) of the total membership shall be consumers, and at least twenty percent (20%) shall be families of consumers. Consumer status information is voluntary, if you object to filling this out, **you need not do so.**

- _____ I have received direct behavioral health services
- _____ My parent(s) have received direct behavioral health services
- _____ My spouse has received direct behavioral health services
- _____ My sibling(s) have received direct behavioral health services
- _____ My child/children have received direct behavioral health services

Pursuant to the Riverside County Behavioral Health Commission Bylaws Article I, Section 3:

- Review and evaluate the community’s behavioral health and substance abuse needs, services, facilities, and special problems.
- Review any recommended approval of all County substance abuse and mental health contracts entered into pursuant to W&I Code § 5650.
- Advise the Body of Supervisors and the Director of Mental Health as to any aspect of the local behavioral health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submission of an annual report to the Board of Supervisors regarding the needs and performance of the Riverside County’s behavioral health system.
- Review and make recommendations on applicants for the appointment of a local director of behavioral health services.
- Review and comment on the county’s performance outcome data and communicate its findings to the California Mental Health Planning Council.
- Assess the impact of the realignment of services from the state to the county on the services delivered to clients and on the local community.

REQUIRED TRAINING FOR BEHAVIORAL HEALTH COMMISSION:

- Attend mandatory Ethics Training pursuant to AB1234. This two hour Ethics Training is provided by Riverside County and all Board members must attend once every two years. Newly appointed members must complete initial ethics training within one year of appointment. *Pursuant to Riverside County Behavioral Health Commission Bylaws Article III, Section 1*
- Health Insurance Portability and Accountability Act (HIPAA) training is required every three years. Newly appointed members must complete initial HIPAA training within one year of appointment. *Pursuant to Riverside County Behavioral Health Commission Bylaws Article III, Section 2*

Members of the Riverside County Behavioral Health Commission (BHC) are behavioral health advocates. They are representatives from their communities to advocate for appropriate and accessible mental health and substance use services. Members are recruited to represent consumers of mental health services, substance use services, family members, and the general public. All members of the Riverside County Behavioral Health Commission are appointed by the Board of Supervisors. Commission members serve for a three year term.

TIME INVOLVEMENT

Members are expected to attend monthly meetings unless excused by the Chairperson twenty-four hours in advance. Meetings are held on the 1st Wednesday of the month from 12 p.m. to 2 p.m. Commission 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, the Commission, 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.

I understand the responsibilities and time commitment required of members of the Behavioral Health Commission and I am willing to serve. I hold no interest that may conflict with the assumed responsibilities of this service.

Applicant’s Signature

Date

- *When completed, please return via US Mail to the address listed on the first page.*
- *Be sure to visit our website at: <http://rcdmh.org/>*

