

REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD 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

Supervisorial District:

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

- *Western Region: Districts 1, 2, and parts of 5 (see map for reference)*
- *Desert Region: Districts 3 and parts of 5 (see map for reference)*
- *Mid-County Region: Districts 4 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 Community (ages 18-25 years old)
- _____ Education Field Representative
- _____ Law Enforcement Representative
- _____ Medical Field Representative
- _____ Veteran Advocate *(defined as a parent, spouse, or adult child of a veteran or an individual who is part of the veterans organization, including Veterans of Foreign Wars or the American Legion)*

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

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

Age: _____ **Disabled:** 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 member of the Behavioral Health Commission or his or her spouse shall be a full-time or part-time employee of a county behavioral health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body, of a county behavioral health contract agency. Section 5604 (d) of the W&I Code.

Consumer Status Information: Pursuant to W&I Code 5604, fifty percent of the board membership shall be consumers, OR the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. At least twenty percent of the total membership shall be consumers, and at least twenty percent shall be families of consumers.

- _____ 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

THE PURPOSE OF THE REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

- Serve in an advisory capacity to the Regional Managers and the Behavioral Health Advisory Board;
- Ensure that all county mental health and substance use programs and services of the Western, Mid-County, and Desert regions are maximally responsive to community needs and interpret to the community the goals and programs of the service;
- Represent and serve as a two-way communication link between the regional service and the general public, key segments of the community, and geographic areas within the county.

THE FUNCTIONS OF THE REGIONAL BEHAVIORAL HEALTH ADVISORY BOARD

- Review and evaluate the region’s mental health and substance use needs, facilities, and special problems;
- Advise the Behavioral Health Commission, the Regional Manager and the Director of Mental Health on any aspect of the local mental health and substance use program;
- Review and approve the procedures used to ensure citizens and professional involvement in all stages of the planning process for the region;
- Submit an annual report to the Behavioral Health Commission;
- Make recommendations to the Department regarding the appointment of a Regional Manager.

All members of any of the three Regional Behavioral Health Advisory Boards are to advocate for the mentally ill in their communities. Advocates at this level help to bring mental health and substance use issues and concerns from their communities to the Regional Behavioral Health Advisory Board to be immediately addressed by the Riverside County Behavioral Health Commission. Members are recruited to represent the interests of consumers who receive mental health and substance use services, their family members, and the general public. Regional Board members are appointed by the Director of Mental Health and serve for a three year term.

TIME INVOLVEMENT

Members are expected to attend monthly Regional Board (RB) meetings unless excused by the Chairperson. RB members may also expect to spend an additional 2-6 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 Regional Board, with the Regional Manager, and with the Behavioral Health Commission. Members will be expected to familiarize themselves with services by visiting programs and conducting site reports. Members may also attend conventions, conferences, and seminars presented by the department and supporting agencies as they are able. All Regional Board members must attend a mandatory Board Training once per term or every three years.

I understand the responsibilities and time commitment required of members of each Regional Behavioral Health Advisory Board. I am willing to serve and hold no interest that may conflict with the responsibilities assumed by my service.

Applicant’s Signature

Date

- *When completed, please return via email or US Mail to the addresses listed on the first page*
- *Be sure to visit our website at: ruhealth.org*

