



**COUNTY OF FRESNO
BOARDS, COMMISSIONS, and COMMITTEES**

BEHAVIORAL HEALTH BOARD SUPPLEMENTAL APPLICATION

APPLICATION FOR APPOINTMENT TO THE FRESNO COUNTY BEHAVIORAL HEALTH BOARD

The Fresno County Behavioral Health Board must comply with Welfare and Institutions Code Section 5604(a) which requires:

- *Membership to reflect the ethnic diversity of the client population in the county as a whole, or to the extent feasible.*
- *Membership of the Board must be 50% consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services. At least 20% of the total membership shall be consumers and at least 20% shall be a parent, spouse, sibling, or adult child of a consumer.*

For the sixteen-member Fresno County Behavioral Health Board, the correct composition requires:

- *Four (4) of the sixteen (16) to be consumers and four (4) of the sixteen (16) to be family of consumers.*

The remaining eight (8) shall be comprised of one (1) member of the County's Board of Supervisors and seven (7) members from the general public including individuals with experience and knowledge of the mental health system and/or alcohol and other substance use disorder problems.

The Fresno County Board of Supervisors seeks to fulfill these requirements by actively recruiting members of a diverse range of ethnic and cultural backgrounds, and to identify and guide consumers within our own system of care who express an interest in serving.

The following questions are helpful in determining eligibility for appointment.

1. Are you receiving or have you ever received mental health services?
Yes ___ No ___
2. Are you a family member (spouse, parent, sibling or adult child) of a person who is receiving or has received mental health services?
Yes ___ No ___
3. I am applying as a:
 Person with knowledge of the mental health system
 Person with knowledge of alcohol and/or other substance use disorders
 Representative of the public interest
4. Are you (or is your spouse) a full-time or part-time County employee of a County behavioral health service, an employee of the California Department of Health Care Services, or an employee or a paid member of the governing body of a behavioral health contract agency?
Yes ___ No ___
5. If you answered "no" to question 4, do you agree that if you (or your spouse) become a full-time or part-time County employee of a County behavioral health service, an employee of the California Department of Health Care Services, or an employee or a paid member of the governing body of a behavioral health contract agency, that you will immediately resign from the Behavioral Health Board and notify your appointing County Supervisor?
Yes ___ No ___

Date: _____

Signature of Applicant: _____