

# County of Santa Clara



Office of the Clerk of the Board of Supervisors  
County Government Center, East Wing, 10<sup>th</sup> Floor  
70 West Hedding Street  
San Jose, California 95110-1770  
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Megan Doyle  
Clerk of the Board

## **Application to Serve on the Santa Clara County Behavioral Health Board**

The Santa Clara County Behavioral Health Board (or, the “BHB”) advises the Santa Clara County Board of Supervisors on a number of important issues relating to mental health and substance use. The BHB’s responsibilities include:

- Reviewing and evaluating the community’s mental health and substance use disorder needs, services, facilities, and special problems;
- Advising the Board of Supervisors and the County Behavioral Health Director regarding the County’s behavioral health services, including submitting an annual report on the needs and performance of the County’s behavioral health program;
- Reviewing certain agreements regarding the performance of county mental health services; and
- Reviewing and making recommendations regarding the appointment of the County Behavioral Health Director;
- Reviewing and approving procedures used to ensure citizen and professional involvement at all stages of the planning process;
- Reporting to the California Mental Health Council regarding the County’s performance outcome data;
- Assessing the impact of the realignment of services from the State to the County.

The BHB is a 16-member Board. Members are selected by members of the Board of Supervisors; the existing membership of the BHB makes recommendations regarding applicants to the Board of Supervisors. Members are appointed to three-year terms, and are limited to three consecutive terms.

To ensure that the community is fairly represented on the Board, State law and County rules require that the BHB include a certain number of mental health service consumers, families of consumers, and individuals with experiences with substance use disorders. A certain number of these individuals must have experience with receiving mental health services from a public agency. Finally, County rules and State law advise that the membership of the BHB should reflect the ethnic diversity of the client/consumer population in the County.

At the time that you apply, the BHB may be recruiting to fill seats reflecting certain required categories. However, even if the BHB is not recruiting for a seat for which you are eligible at the time that you apply, a seat for which you are eligible may come open, and you are encouraged to submit an application.

To be eligible for appointment, an individual must commit to attending the meetings of the BHB. Failure to attend four total, or three consecutive, meetings of the BHB in a year, without leave by the Chair, is regarded as an automatic resignation. It is anticipated that meetings will occur during the

work day, and meetings are generally held at the County's Downtown Mental Health Center (1075 E. Santa Clara St. San Jose, CA 95116).

Because the Behavioral Health Board is a Brown Act body, all meetings will be public, and all members of the public are welcome to participate – regardless of whether they are appointed as voting members. Pursuant to the Political Reform Act of 1974, some disclosure of financial interests may be required of appointed members. Members of the Commission will not be compensated for their service.

Under state law, certain people are not eligible to serve on the BHB. Full- or part-time employees of a county mental health, behavioral health, or SUD service; the State Department of Mental Health; or the California Department of Health Care Services, are not eligible to serve on the BHB. With certain very limited exceptions, employees and/or paid members of the governing body of mental health, behavioral health, or SUD contract agencies are also ineligible. Spouses of these individuals also are ineligible to serve on the BHB.

If you are interested in serving, please send a completed application including a signed indication of availability and consent form acknowledging that the information in the completed application will be shared with the County Board of Supervisors, the members of the Behavioral Health Board, and support staff. The application can be submitted to the Office of the Clerk of the Board at the contact information below. Receipt of your application will be acknowledged and the information provided shared with the County Board of Supervisors and the members of the Behavioral Health Board for consideration. If you have any questions relating to this appointment process, please contact the Behavioral Health Board Liaison at 408-885-5779.

Please submit completed application via email to [Recordsunit@cob.sccgov.org](mailto:Recordsunit@cob.sccgov.org) or mail to:

County of Santa Clara  
Clerk of the Board of Supervisors  
Attn: Records Unit  
70 W. Hedding Street  
East Wing, 10<sup>th</sup> Floor  
San Jose, CA 95110

**Personal Information**

Full Name: Dr. Mr. Mrs. Ms. \_\_\_\_\_

Organization Affiliation, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a resident of Santa Clara County?  Yes  No

If so, for how long? \_\_\_\_\_

If you are a resident of Santa Clara County,  1  2  3  4  5  
in which Supervisorial District do you reside?

Are you currently an appointed member of a Santa Clara County Board/Commission/Committee?

Yes  No

If yes, which Board/Commission/Committee? \_\_\_\_\_

To help us evaluate whether the composition of the BHB reflects the diversity of the community,  
please provide your race/ethnicity (optional): \_\_\_\_\_

**Conflicts of Interest**

Are you a county employee?  Yes  No

Is your spouse a county employee?  Yes  No

If yes, in which department: \_\_\_\_\_

Are you an employee of the employee, or paid member of the governing body of, a mental health, behavioral health, or Substance Use Disorder contract agency?  Yes  No

Is your spouse an employee of such an agency?  Yes  No

Are you an employee of the State Department of Mental Health or the California Department of Health Care Services?  Yes  No

Is your spouse an employee of one of these agencies?  Yes  No

***Eligibility for Open Seats***

Check the box below indicating the seat categories for which you are eligible and interested in applying (check all that apply):

- Consumer of Mental Health Services
- Parent, spouse, sibling, or adult child of a consumer of Mental Health Services
- Consumer of Mental Health Services from a Public Agency
- Person with experience (personal, family member or professional) with a Substance Use Disorder

Please describe your qualifications for the seat categories you chose. Attach additional pages if necessary.

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***Statement of Interest***

Please describe why you are interested serving on the Behavioral Health Board. Attach additional pages if necessary.

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***Indication of Availability***

I have sufficient time to devote to this responsibility. If I am appointed, I will attend required meetings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Consent to Release Confidential Information***

I, \_\_\_\_\_,

authorize the County of Santa Clara to disclose the information in this application as follows:

- Disclosing the application and the information contained therein to the Santa Clara County Behavioral Health Board and/or its subcommittees, the Santa Clara County Board of Supervisors, and staff supporting these entities in order to evaluate my application.
- Disclosing the application and the information contained therein to the Santa Clara County Behavioral Health Board (“BHB”) and/or its subcommittees, the Santa Clara County Board of Supervisors, and staff supporting these entities in order to evaluate the composition of the BHB or the pool of applicants to the BHB.

I am signing this form knowingly and willingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_