



## APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Thank you for your interest in improving community mental health in Berkeley and Albany. Below is some important information about the Berkeley/Albany Mental Health Commission you should review before completing your application.

### **Background**

Created by California Welfare and Institutions Code Section 5604 and Berkeley City Resolution 65,945-N.S., the Berkeley/Albany Mental Health Commission is composed of mental health consumers, family members of consumers and Berkeley/Albany residents with a broad range of disciplines, professions and fields of knowledge.

### **Composition of the Commission**

The Commission consists of thirteen members. Commissioners are appointed by Berkeley City Council for three year terms, with a limit of three consecutive terms.

To meet state requirements, more than half the seats are designated as Special Public Interest. Special Public Interest members shall be consumers or the parents, spouses, siblings or adult children of consumers who are receiving or have received mental health services from a City or County Program or any of its contract agencies, a state hospital, or any private nonprofit mental health agency. This helps to ensure that people who are impacted by mental health services have a voice in the oversight process.

The specific membership of the Commission is as follows: (a) one member of the Commission is the Mayor or a City Council designee, (b) two shall be residents of the City of Albany (at least one Special Public Interest), and (c) the remaining members shall be residents of the City of Berkeley. Of the total membership, at least seven members of the Commission shall be Special Public Interest, with at least 20% of the total Commission members direct consumers and at least 20% family members. The remaining Commission members represent the General Public Interest and are from a variety of fields and professions.

The City of Berkeley's Conflict of Interest Code requires members of the Berkeley/Albany Mental Health Commission to file Statements of Economic Interest – FPPC Form 700, which is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit the website at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176>

In addition, Commissioners are required to participate in the AB 1234 Ethics Training, which is offered on line. Additional trainings are offered annually through the California Association of Local Mental Health Boards/Commissions (CALMHB/C) and California Institute for Mental Health (CiMH).

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### General Commissioner Qualifications:

- Demonstrates interest in community mental health services;
- Ready to commit to Commission duties, including preparation for and regular attendance at monthly Commission and Committee meetings, timely review of meeting materials and completion of Commission paperwork and training;
- Willing and able to work alongside mental health consumers and members of diverse communities;
- Able to constructively handle conflict and differences of opinion;
- Reflects the diversity of the Berkeley/Albany community;
- Willing and able to work with City staff, Mental Health management, Albany and Berkeley City Councils; and
- The Commissioner or their spouse is not a full or part time employee of: the City of Berkeley's mental health division, a county mental health service, the California Department of Health Care Services, a mental health contract agency or a paid member of the governing body of a mental health contract agency.

**Please be aware that, as with other City Boards and Commissions, once an application is filed with the City of Berkeley, it becomes public information.** Further, in order to confirm that the Commission membership is representative of the various categories set forth in state law and City resolution, applicants need to indicate on the application form whether they are applying to represent the Special Public Interest or General Public Interest category, and if Special Public Interest, whether they are a consumer or family member as defined above.



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**Name:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_  
Street City Zip

**Business Name/Address:** \_\_\_\_\_  
Street City Zip

**Occupation/Profession:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Name of Spouse's Employer:** \_\_\_\_\_

*(Please note that pursuant to Welfare and Institutions Code Section 5604(d), no member of the City of Berkeley's Mental Health Commission or his or her spouse may be: (a) a full or part time employee of City of Berkeley's mental health division, (b) a full or part time county employee of a county mental health service, (c) an employee of the California Department of Health Care Services, or (d) an employee of, or paid member of the governing body of, a mental health contract agency. If you are unsure whether your employment or your spouse's employment falls within this restriction and are interested in applying for the Commission, please contact the Commission Secretary.)*

The following individuals are qualified to comment on my capabilities:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Name: \_\_\_\_\_

I have been a resident of: Berkeley / Albany since: \_\_\_\_\_  
(circle one)

I qualify for appointment under the following:

- Representative of General Public Interest who shall be persons representing a broad range of disciplines, professions, and fields of knowledge.
  
- Representative of Special Public Interest who shall be consumers who are receiving or have received mental health services or family members (parents, spouses, siblings, or adult children) of consumers. Please indicate at least one:
  - Consumer
  - Family member

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEMOGRAPHIC SURVEY (Optional):**

<p><b>Please indicate gender:</b> _____</p> <p><b>Please indicate whether you are currently a student:</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Please indicate the racial / ethnic category which you most closely identify with below</b> (response optional - please check only one category):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>WHITE</b> (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</li><li><input type="checkbox"/> <b>BLACK</b> (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.</li><li><input type="checkbox"/> <b>HISPANIC:</b> All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.</li><li><input type="checkbox"/> <b>ASIAN / PACIFIC ISLANDER:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.</li><li><input type="checkbox"/> <b>AMERICAN INDIAN / ALASKAN NATIVE:</b> All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with.</li><li><input type="checkbox"/> <b>OTHER / BI-RACIAL:</b> Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins.</li></ul>
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**Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, 94704**

