APPLICATION FOR APPOINTMENT TO BERKLEY BEHAVIORAL HEALTH COMMISSION

Thank you for your interest in improving community behavioral health in Berkeley. Below is some important information about the Berkeley Behavioral Health Commission. Please review before completing your application.

Background

Created by California Welfare and Institutions Code Section 5604 and Berkeley City Resolution 72,164-N.S., the Berkeley Behavioral Health Commission, originally named the Berkeley/Albany Mental Health Commission, is composed of behavioral health consumers, family members of consumers and Berkeley residents with a broad range of disciplines, professions and fields of knowledge and experience. Beginning on January 1, 2025, new changes are required from the passage of Proposition 1 (SB 326) and are outlined below.

Composition of the Commission

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

To meet state requirements, fifty percent of the seats are designated for consumers or the parents, spouses, siblings or adult children of consumers who are receiving or have received behavioral health services. At least one of these members must be 25 years of age or younger. This helps to ensure that people who are impacted by behavioral health services have a voice in the oversight process. At least one seat is designated for a veteran or veteran advocate. At least one seat is designated for an employee of a local education agency.

The specific membership of the Commission is as follows: (a) one member of the Commission is the Mayor or a City Council designee, (b) the remaining members shall be residents of the City of Berkeley. Of the total membership, at least 20 percent shall be consumers, and at least 20 percent shall be families of consumers. The remaining Commission members shall be individuals who have experience with, and knowledge of, the behavioral health system including community members who engage with individuals living with behavioral health challenges in the course of daily operations. Examples include community members from a variety of fields and professions. Such as representatives of county offices of education, larger and small business, hospitals, emergency departments and community nonprofit service providers.

The City of Berkeley's Conflict of Interest Code requires members of the Berkeley Behavioral 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 (510) 981-6900, or visit the website at https://berkeleyca.gov/your-government/public-records/conflict-interest-reports

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).

General Commissioner Qualifications:

- Demonstrates interest in community behavioral 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 behavioral health consumers and members of diverse communities;
- Able to constructively handle conflict and differences of opinion;
- Reflects the diversity of the Berkeley community;
- Willing and able to work with City staff, Behavioral Health management, Berkeley City Councils; and
- The Commissioner or their spouse is <u>not</u> a full or part time employee of: The City of Berkeley's behavioral health division, an Alameda county behavioral health service, the California Department of Health Care Services, a behavioral health contract agency or a paid member of the governing body of a behavioral 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 categories as defined above.

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Redistricting Commissioners may not be eligible to serve. Contact the City Clerk to verify.

NAME: _____

PREFERRED PRONOUN(S): _____

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:

NAME	ADDRESS	PHONE NO.

The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at https://berkeleyca.gov/your-government/public-records/conflict-interest-reports.

Name: _____

I have been a resident of Berkeley since: _____

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I qualify for appointment under the following categories
(Please check all that apply to you)

☐ Consumer who is receiving or has received behavioral health services or family members (parents, spouses, siblings, or adult children) of a consumer.

Please indicate all that apply to you:

☐ Consumer ☐ Family member ☐ 18 - 25 years of age

☐ Veteran or Veteran Advocate

☐ Employee of a local Education Agency

☐ Community member who has experience with and knowledge of the behavioral health system including those who engage with individuals living with mental illness in the course of their daily operations, representing a broad range of disciplines, professions, and fields of knowledge. Such as representatives of county offices of education, larger and small business, hospitals, emergency departments and community nonprofit service providers.

Signature of Applicant: _____ Date: _____

AFFIDAVIT OF RESIDENCY

I, _____, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: _____ Date: _____

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DEMOGRAPHIC SURVEY (Optional):

Please indicate gender: ☐ **Male** ☐ **Female** ☐ **Nonbinary** ☐ **Prefer not to say**

Please indicate whether you are currently a student: ☐ **Yes** ☐ **No**

Please indicate the racial / ethnic category which you most closely identify with below (*response optional - please check only one category*):

- ❑ ***WHITE (not of Hispanic or Latino origin):*** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- ❑ ***BLACK or AFRICAN AMERICAN (not of Hispanic or Latino origin):*** All persons having origins in any of the Black racial groups of Africa
- ❑ ***HISPANIC or LATINO:*** All persons of Central / South America or other Spanish culture or origin, regardless of race
- ❑ ***ASIAN (not of Hispanic or Latino origin):*** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This includes, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ❑ ***AMERICAN INDIAN / ALASKAN NATIVE (not of Hispanic or Latino origin):*** All persons having origins in any of the original peoples of North, Central, and South America, and who maintain cultural identification through tribal affiliation or community recognition.
- ❑ ***NATIVE HAWAIIAN / PACIFIC ISLANDER (not of Hispanic or Latino origin):*** All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ❑ ***TWO or MORE RACES (not of Hispanic or Latino origin):*** All persons who identify with more than one of the above six races

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Supplemental Questionnaire
Berkeley Behavioral Health Commission

In addition to completing the application form, candidates are requested to provide the following information to assist the Behavioral Health Commission in their process to recommend applicants for appointments by Berkeley City Council. Please use an additional sheet if necessary.

1. Please explain why you are interested in serving on the Berkeley Behavioral Health Commission.

2. Are you involved in other community activities? If so, which ones?

3. What, in your opinion, are the most important behavioral health issues in Berkeley?

4. What do you recommend doing about them?

5. It is important that Berkeley Behavioral Health be responsive to the needs of our culturally diverse community. What knowledge and experience do you have that could help provide insight on how to make Berkeley Behavioral Health even more inclusive of under-served communities?

6. What unique contributions (work experience, education, attributes and training) do you have to make to the Behavioral Health Commission?

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, CA 94704