Behavioral Health Advisory Board

Membership Application

The Behavioral Health Advisory Board (BHAB) or "Board" is responsible for reviewing and advising the County Behavioral Health Director and the Board of Supervisors regarding mental health and substance use needs in Solano County. The BHAB is appointed by the Board of Supervisors and is to consist of at least 50% mental health consumers (individuals who currently or have in the past received services for mental illness) or family members of consumers as well as a minimum of 3 individuals with personal or professional experience with substance use conditions. The composition of the Board should represent and reflect the diversity and demographics of the county as a whole and should reflect the ethnic diversity of the client population in the county.

MEMBER EXPECTATIONS:

Each Board Member is expected to:

- 1. Function as an active and responsible member of the Advisory Board.
- 2. Attend all Board meetings, unless excused.
- 3. Participate in the deliberations and decisions of the Advisory Board.
- 4. Assume such responsibilities and undertake such actions as may be required by law, by the Articles and By-Laws of the Advisory Board and/or by specific Advisory Board decisions and assignments.
- 5. Accept responsibility for making informed decisions and policies by requesting accurate information, asking questions, probing, analyzing and, finally supporting publicly the decisions made collaboratively.

It is desirable that each individual Board member makes the following commitments for personal participation:

- 1. To further the purposes, goals, and functions of the BHAB as specified in Section 5604-5610 of the Welfare and Institutions Code.
- 2. To abide by the Article and By-Laws of the Behavioral Health Advisory Board.
- 3. To act as an advocate for local behavioral health services.
- 4. To work within the defined Board structure and act as an official representative of the Board only with the sanction of the full Board.
- 5. To attend all monthly meetings unless excused.
- 6. To participate actively and responsibly in Advisory Board deliberations and decisions.
- 7. To serve on at least one subcommittee or task force and attend the subcommittee or task force meetings.
- 8. To commit a minimum of 4-8 hours per month to Advisory Board activities.
- 9. To bring concerns regarding the boards functioning to board meetings where they can be dealt with openly and productively.
- 10. To work collaboratively with local behavioral health staff to improve the delivery of services.

HOW TO APPLY FOR MEMBERSHIP:

Interested applicants are strongly encouraged to attend the Behavioral Health Advisory Board Meetings which are held the 3rd Tuesday every month at 2101 Courage Drive, Fairfield CA 94533 3:30-5:00pm; BHAB does not meet in July.

To apply for the Board, please contact the Board Secretary at 707-784-8320 for an application form as soon as possible. The Executive or Membership Committee of the Board will review applications and interview all potential members. The Board of Supervisors makes final decisions regarding appointments to the Behavioral Health Advisory Board.

SOLANO BHAB APPLICATION FORM

Please complete & return by email or in person to:



Solano Behavioral Health Advisory Board C/O BHAB Secretary, BH Administration 275 Beck Avenue, MS 5-250 Fairfield, CA 94533 (707) 784-8320 BHInfo@SolanoCounty.com

NAME	E:	PHONE	i:
ADDF	RESS:		
EMAI	IL:		
include	BHAB is required to represent the geogra le a minimum of 50% representation an ty residents to serve on the Board. Plea	d direct consumer representat	tion. Members must be Solano
Eligil	bility:		
1.	Please indicate which district you resi https://www.solanocounty.com/depts/		
	District 1 – Erin Hannigan (Val	llejo)	
	District 2 – Monica Brown (Be	nicia, South Vallejo, Mare Islar	nd, Cordelia, Green Valley)
	District 3 – Wanda Williams (S	Suisun City, Fairfield, Travis AF	FB)
	District 4 – John Vasquez (Dix	on, Vacaville)	
	District 5 – Mitch Mashburn (V	acaville, Fairfield, Suisun City	, Rio Vista, Travis AFB)
2.	Please select eligible categories - che	eck all that apply:	
	Mental Health (MH) Lived Exp Youth under 25		Personal

Family/Caregiver

SUD Professional

Substance Use Disorder (SUD) Lived Experience

Local Education Agency (LEA) Employee

Behavioral Health System Advocate MH Professional

Youth under 25

Veteran/Veteran Advocate

Personal

Other

3.	3. Are you or your spouse a full-time or part-time employee of a County Behavioral Health progr contractor (including Partnership Health Plan of CA and the SUD regional model networl employee of the State Department of Health Care Services, or an employee of, or a paid me of the governing body of a mental health or substance use services contracted agency?		
	YES	NO	
4.	List Current Employer and/or Board M	1emberships:	
Qual	fications:		
1.		family lived experience and recovery story related to mental adicate tools and/or supports that are used to stay well.	
2.	Please state your profession and/or substance use conditions if applicable	r specific training, which would relate to mental health or e.	
3.	culturally and linguistically appropri	no County's demographic and ethnic diversity and promote iate services (CLAS). Please describe your personal or cy efforts related to diversity and health equity.	

4.	Please indicate your particular interest or reasons for your desire to serve on the Behavioral Health Advisory Board and/or one of the Committees.
	Transcript Dear a amazer error er and cerminateses.
5.	Please submit and/or check:
	I HAVE ATTACHED MY CURRENT RESUME/CV I DO NOT HAVE A CURRENT RESUME/CV