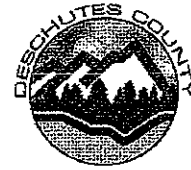


Thank you for your interest in applying for the:

Behavioral Health Advisory Board



Please Print:

Name: _____
(Last) (First)

Address: _____
(Street) (City) (Zip)

Home Phone: _____ How Long in Deschutes County? _____

Place of Employment: _____ Occupation: _____

Business Address: _____ Business Phone: _____

E-mail Address: _____

Please keep my street address and phone number confidential, to the extent allowed by the law

1. Please give a brief description of your experience, interests and/or training that qualify you for membership on this Advisory Board (if you wish, you may attach a resume or other pertinent material):

2. Why would you like to become a member of this Board, and what specific contribution would you hope to make?

3. Please list the community concerns related to this Board that you would like to see addressed if you are appointed.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

If more space is needed, please use the back of this form

When you have completed this application, please return it to:
Deschutes County Health Services
Attn: Kathe Hirschman
2577 NE Courtney Drive
Bend, OR 97701

Thank you.

Signature of Applicant

Date

Volunteer Application



Address: 1300 NW Wall Street, Bend, OR 97701

Committee: Health Advisory Board

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Business Phone: () - Home/Message Phone: () -

Yes No
 Are you a citizen of the United States or, if not, are you legally authorized to work in the U.S?
 As an adult, have you ever been convicted of an offense other than a minor traffic violation? If 'yes', please explain below the nature, date, and location. _____

Please indicate (X) which of the following types of volunteer services you are willing to accept/are available for:

Evening Volunteer Seasonal (Volunteer for the summer or winter seasons)
 Weekend Volunteer Other _____

REFERENCES:

1. _____
Name Address Phone # Occupation
 2. _____
Name Address Phone # Occupation
 3. _____
Name Address Phone # Occupation

EDUCATION AND TRAINING: Do you have a high school diploma, GED or equivalent? Yes No

Please list all colleges, universities, military, trade, business or other schools attended.

School	Major	From	To	Total # Credits	Degree	Month/Year

SKILLS/ABILITIES: List any skills/abilities you have which are pertinent to the volunteer work you are applying for: _____

LICENSES/CERTIFICATES: List licenses or certificates you possess which may relate to the volunteer work you are applying for (i.e. driver's license, First Aid, CPR, etc.)

Title	Number	Issuing Agency	Date Issued	Date Expires

EXPERIENCE: Please list in chronological order, your complete work history, including paid and volunteer positions, military and intern experience. Please attach a separate sheet or sheets if necessary. The information provided must be complete and accurate. **A resume may be submitted but will not be accepted as a substitute for completing this section.**

Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Monthly Salary:			
Total Years/Months:		<input type="checkbox"/> Volunteer	Reason for Leaving:

Name And Address Of Employer:		Supervisor's Name, Title And Phone #:	
Your Title:		Duties and Responsibilities:	
From: Mo/Yr	To: Mo/Yr		
Monthly Salary:			
Total Years/Months:		<input type="checkbox"/> Volunteer	Reason for Leaving:

Conditions of Volunteer Service - Deschutes County

CERTIFICATION, AUTHORIZATION AND RELEASE: I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete or misleading information may result in my disqualification from consideration for work as a volunteer with Deschutes County.

I authorize Deschutes County to investigate the accuracy and truthfulness of all information provided on this Application and to contact my current and former employers, listed references and any other persons who can verify information provided on this Application. I authorize all persons involved in the selection process to discuss and review the results of any such investigation or contacts. I further authorize all contacted persons and employers to provide to Deschutes County information concerning this Application, my background and my suitability for work as a volunteer with Deschutes County. By signing below, I release from liability each person, employer, agency or organization who or which provides any information regarding me or my previous employment or experience and I further release Deschutes County and its elected officials, officers, employees and agents from liability for any use or disclosure for purposes related to consideration of my Application to work as a volunteer with Deschutes County, of any information obtained related to my Application.

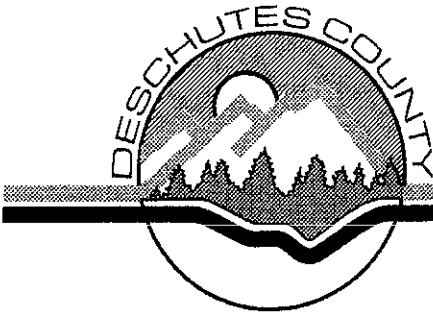
If selected as a volunteer for Deschutes County I will conform to the rules and regulations of Deschutes County. I understand and agree that my work as a volunteer can be terminated by Deschutes County at any time for any reason and that, as a volunteer, I have no expectations of or any right to any employment benefits with Deschutes County.

I further understand and agree that I may be required to undergo a personal background check for certain volunteer positions. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, Department of Motor Vehicles, and Deschutes County Computer Clearing House files. I hereby authorize Deschutes County to conduct a personal background check, as deemed necessary for my position.

As a volunteer for Deschutes County, you need to understand the extent to which you are covered by Deschutes County Insurance. Please read the following carefully and sign below.

Motor Vehicle Liability: If you use a personally owned vehicle in the course of your duties, you are required to have and maintain with minimum coverage limits automobile liability insurance in the amount of \$100,000 for bodily injury or death of any one person in an accident; \$300,000 coverage for injury or death to two or more persons in one accident; and \$50,000 property damage per accident. These levels of coverage will provide you primary coverage for any accident involving your vehicle. Deschutes County does not provide volunteers with automobile insurance or payment of deductibles arising from your primary automobile insurance policy. You must be an Oregon licensed driver in good standing to drive as part of your Deschutes County volunteer service.

Medical/Disability Insurance: Workers' Compensation benefits are not provided. It is your responsibility to provide whatever personal medical insurance coverage you desire. Deschutes County has purchased a secondary accident policy that may provide benefits after claims are first submitted to your primary insurance carrier. Ask your supervisor for the appropriate claim form. You assume ultimate responsibility for medical bills incurred while performing volunteer service.



Consent Form to Request Information for a Criminal Background Check

I understand that Deschutes County will conduct a criminal history background check as part of the procedure for processing my application for employment.

I understand that Deschutes County will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will include my counties of residence to search for criminal records.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Deschutes County Personnel Office representatives within three (3) business days of receipt of the report. If I notify Personnel within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report.

I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making employment decisions.

Caution – Read Before Signing

I hereby consent to the criminal history background check as described above and authorize Deschutes County to obtain reports concerning my background as stated above. I hereby release Deschutes County, its officers, agents and employees from any and all liability related to Deschutes County using my criminal background information to make employment decisions.

Signature of Applicant _____ Date _____

Print **FULL** Name _____
(First) (Middle) (Last)

Social Security No.: _____ Date of Birth _____

Driver's License Number _____ State of License _____

Position Applied For _____ Department _____

Deschutes County is authorized to conduct criminal history background checks on job applicants pursuant to Deschutes County General Policy. You may request a copy of this policy from the Personnel Department. Providing your social security number and date of birth are necessary to perform these investigations and will only be used with your consent for the purposes described above. Date of Birth information is obtained for identification purposes only and will not be used as a basis for making employment decisions.

CONFIDENTIALITY AGREEMENT

DESCHUTES COUNTY EMPLOYEE OR VOLUNTEER

Deschutes County employees and volunteers have an obligation to safeguard confidential information and records to which they have access or become aware of during the performance of their job duties. Confidential information is information which is private or which the law prohibits disclosure of to unauthorized persons. For example, medical records, mental health records, personal information and financial records of individuals and businesses are confidential.

It is important that you understand your obligation to maintain the confidentiality of information and records you may access or become aware of while working for Deschutes County. Improper disclosure or release of confidential information or records can be damaging or embarrassing and can result in personal legal liability or criminal penalties. Also, any employee or volunteer who improperly uses, discloses or releases confidential information or records will be subject to disciplinary action, up to and including termination of employment or volunteer status with Deschutes County. Except as is necessary to perform official work for Deschutes County, no employee or volunteer of Deschutes County is authorized to use, disclose or release any information or records to which the employee or volunteer has access or becomes aware of during his or her work for Deschutes County without the express approval of the employee's or volunteer's supervisor or Department Head.

As an employee of or volunteer with Deschutes County, you need to agree to abide by the laws and policies governing confidentiality by signing this Confidentiality Agreement. If, at any time, you have any questions regarding confidentiality laws or policies or regarding your obligation to maintain the confidentiality of any information or records, you are to contact your supervisor, Department Head or Deschutes County Legal Counsel.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT, AS AN EMPLOYEE OF OR VOLUNTEER WITH DESCHUTES COUNTY, I HAVE A DUTY TO ABIDE BY THE LAWS AND POLICIES REGARDING CONFIDENTIAL INFORMATION AND RECORDS AND THAT I WILL ABIDE BY THOSE LAWS AND POLICIES. I FURTHER UNDERSTAND AND AGREE THAT, IF I IMPROPERLY USE, DISCLOSE OR RELEASE CONFIDENTIAL INFORMATION OR RECORDS, I WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT OR VOLUNTEER STATUS WITH DESCHUTES COUNTY.

Employee or Volunteer (Print)

Signature

Date

DESCHUTES COUNTY

ADDICTIONS AND MENTAL HEALTH ADVISORY BOARD

Mission Statement:

To provide high-quality and integrated client-centered services that will enable those we serve to strengthen their lives and roles in the community.

BYLAWS

Article I

NAME

The name of this organization shall be the Deschutes County Addictions and Mental Health Advisory Board ("the Advisory Board"). The Advisory Board shall carry out and follow the standards, responsibilities, duties, and functions of the following mandated boards and committees:

- (1) The Mental Health Advisory Board, as mandated by Oregon Administrative Rule 309-014-0020;
- (2) The Local Alcohol and Drug Planning Committee, as mandated by Oregon Revised Statutes 430.290, 430.342, and 430.350; OAR 415-012-0030; and by Deschutes County Code Chapter 2.40.1 Section 2.40.020-2.40-040; and
- (3) The Quality Management Committee, as mandated by Oregon Administrative Rules 309-032-0595 and 309-032-1200.

Article II

APPOINTMENT

The Board of County Commissioners ("the Commissioners") shall appoint members to the Advisory Board.

Article III

PURPOSE

The Advisory Board is established to address the needs of Deschutes County citizens in the areas of addiction, mental health and developmental disabilities, to improve community relations with Deschutes County Mental Health ("the Department"), to increase public knowledge, and to assist in the betterment of the service delivery system. The Advisory Board also advises the County Administrator and the Commissioners concerning the operation of the Department and the treatment delivery systems for addictions, mental health and developmental disabilities in the community.

Article IV

FUNCTIONS

The Advisory Board shall address the needs of Deschutes County citizens in the following areas:

- Addictions
- Mental Health
- Developmental Disabilities.

Specifically, the Advisory Board shall:

- A. Advise the Commissioners and County Administrator in the areas of mental health, addictions, and developmental disabilities needs and services.
- B. Assist the Department in identifying needs and priorities for mental health, addictions, and developmental disabilities.
- C. Assist the Department in working with consumers and family members in the development, operation and evaluation of its services.
- D. Serve as the Quality Management Committee to the Department by monitoring and evaluating the performance of its programs and making recommendations for improvement as needed.
- E. Assist the Department in developing high-quality integrated services.
- F. Promote, advocate, and enhance community awareness of and support for mental health, addiction, and developmental disability issues and needs specific to Deschutes County.
- G. .Become familiar with the Department's operating budget, financial plan and key grants. Advise the Department, the Commissioners and the County Administrator regarding financial needs and priorities. Assist in the annual presentation to the County Administrator and Budget Committee.
- H. Review and comment on all applications for new alcohol and drug treatment programs in Deschutes County. A provider seeking to start new alcohol and drug treatment services must provide application material to the Advisory Board for review and comment.
- I. Participate in periodic program reviews and site visits by State agencies.

- J. Review Deschutes County addictions and mental health service delivery plans and recommendations to assure they are consistent with the above mission, purpose, and goals, and advise the Department, the Commissioners and the County Administrator regarding same.
- K. Annually review the Department's Strategic Plan and determine the Advisory Board's focus and work projects based on the Strategic Plan.

Article V

MEETINGS

- Section I: Regular Meetings: Meetings of the full Advisory Board shall be held no less than ten (10) times each year. Committees shall meet as often as required to review, recommend, or take action.
- Section II: Special Meetings or Work Sessions: Special meetings or work sessions may be called by the Advisory Board Chairperson. Public law requires that members of the Advisory Board and the press receive written or verbal notice at least 24 hours prior to holding such a meeting.
- Section III: Quorum: At least fifty percent of the members of the Advisory Board shall constitute a quorum necessary for the transaction of any and all business of the Advisory Board with a majority vote ruling.
- Section IV: Voting: Each Advisory Board member shall have one vote. The Chairperson shall refrain from voting except to break a tie.
- Section V: Staffing: Staff for recording the minutes of the Advisory Board shall be provided by the Department.
- Section VI: Meeting Notice: All members shall be given notice of time, date, location, and agenda of the meetings via e-mail at least seven (7) days before a regular Advisory Board meeting. This notice shall be mailed to members who have no access to e-mail. In the event a member is provided with less than seven (7) days written notice of a regular meeting and objects to the proceedings based on a lack of adequate notice, all business conducted at that meeting shall be reconsidered at the next regular meeting called with adequate notice.

Notice shall also be provided to the press at least three (3) days before a regular Advisory Board meeting, and shall state that the meeting is a public meeting, where deliberations of the Advisory Board will take place, and that any person may discuss relevant issues with the Advisory Board at that time.
- Section VII: Minutes: Staff shall keep minutes of the Advisory Board meetings, including, without limitation, a recording of all motions and subsequent actions. In addition, all conflicts of interest shall be noted.

Section VIII: Agenda: The Chairperson, with the assistance of the Mental Health Director or his/her designee, shall prepare the agenda of items requiring Advisory Board consideration or action and shall add items of business as may be requested by individual Advisory Board members and/or the Commissioners or County Administrator.

Article VI

MEMBERSHIP

Section I. Qualifications and Representation:

1. The membership of the Advisory Board shall be representative of ethnic, socioeconomic, and geographic interests of the community; with a broadly defined balance of age and gender, of professionals, consumers, advocates and lay citizens.
2. The Commissioners shall appoint, from among themselves, a representative to the Advisory Board to attend Advisory Board meetings on a regular basis throughout the year to act as an ex-officio member.
3. The Advisory Board may invite and appoint ex officio members as needed to assist in the performance of its duties. Appointments shall be made by the Chairperson.

Section II. Number and Selection:

1. Membership of the Advisory Board shall be composed of at least fifteen (15) and not more than nineteen (19) individuals.
2. A minimum of five (5) members shall be consumers and/or lay citizens and the remaining seats shall include a broad array of representation that may include:
 - The education community
 - Medical practitioners
 - The justice system
 - Local advocacy groups
 - Business or community service organizations or associations
 - The faith community
 - Service providers
 - Partner agencies

Section III. Duties and Responsibilities:

1. Advisory Board members shall endeavor to attend all meetings. If a member is unable to attend a meeting, the member will notify the Department prior to the meeting. Participation in meetings is essential, and the Nominating

Committee Chairperson shall contact any member whose attendance has become a concern.

2. Members shall carry out the mission, purpose and functions of the Advisory Board as outlined under Articles III and IV above.
3. Advisory Board members shall serve as volunteers. With prior approval by the Director, members may be reimbursed for extraordinary expenses related to Advisory Board service.

Section IV. Nominations and Terms of Office:

1. Unless extended pursuant to Article VII.2, the membership term shall be three (3) years. The term of any member appointed mid-year shall expire December 31 of the third full year of service. Members may serve two (2) successive terms if re-appointed by the Commissioners.
2. Terms begin on January 1 and end December 31. The selection process shall be staggered, with approximately one-third of the members' terms expiring each year.
3. Nominations to the Advisory Board shall be submitted to the Commissioners for approval. Nomination appointments shall be made jointly by the Advisory Board Chairperson and the Director of the Department.

Article VII

OFFICERS

1. Officers of the Advisory Board shall consist of the Chairperson and the Vice Chairperson.
2. Officers shall be elected from the Advisory Board membership during the final regular meeting of the calendar year by a vote of the members and shall serve for one (1) year. Officer terms may exceed membership terms, in which case an extension of member term may shall be granted. Continuity is desired; an officer may serve two consecutive terms if elected.
3. Officers shall work to ensure that the Advisory Board addresses a balanced slate of agenda items covering all responsibilities of the Department.
4. Duties of the officers are as follows:
 - a) Chairperson shall:
 - 1) Set the agenda with Director's assistance.
 - 2) Conduct the meeting in accordance with Robert's Rules of Order and Oregon's Public Meeting Law.
 - 3) Call special meetings of the Advisory Board as necessary.

- 4) Sign any instrument which the Advisory Board has authorized to be executed.
 - 5) Serve as an ex-officio member of all committees.
- b) Vice Chairperson shall:
- 1) Assist the Chairperson as needed.
 - 2) Chair the Addictions Committee and report Committee actions to the full Advisory Board.
 - 3) Serve as the Chairperson in his/her official duties if and so long as the Chairperson is unable to serve.
 - 4) Be willing to serve as Chairperson if elected.

Article VIII

COMMITTEES

1. Duties of Committees will be to:
 - a) Provide informational reports and documentation of meetings to the Advisory Board.
 - b) Develop recommendations for the Advisory Board.
 - c) Work on agenda items set by the Advisory Board
2. The Executive Committee shall be comprised of the Chairperson and Vice Chairperson with assistance from the Director. Up to three (3) additional members may be added to the Executive Committee at the discretion of the Advisory Board.
3. The Chairperson shall appoint an Addictions Committee. The Vice Chairperson will serve as Chairperson of the Addictions Committee. The purpose of the Addictions Committee will be to assure that the full Advisory Board is advised and kept up-to-date on local and state addictions issues.
4. The Chairperson shall appoint a Membership/Nominating Committee whose purpose is to receive nominations of Advisory Board officers, and to review applications for Advisory Board membership and make recommendations to the Chairperson and Director for appointment.
5. The Chairperson shall appoint ad hoc committees as necessary. At the last regular meeting of each year, the Board shall review ad hoc committees and disband those which are no longer necessary.
6. The Chairperson shall appoint Advisory Board members to serve as liaisons to the Child and Family Program, the Adult Program, the Seniors Mental Health Program, and the Developmental Disabilities Program.
7. The Advisory Board may use non-Board members, as necessary, to accomplish its objectives.

Article IX

PUBLIC RECORDS AND MEETING LAW

The Advisory Board is a public body for the purpose of ORS Chapter 192, and is subject to the statutory procedures related to public records and meetings.

Article XI

CONFLICT OF INTEREST

A conflict of interest shall be declared by any member who has a conflict of interest as defined by Oregon law prior to taking the appropriate action on the matter pursuant to ORS Chapter 244.


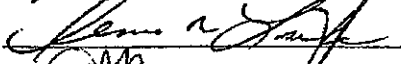

Article XII

AMENDMENTS

Recommendations to amend the bylaws may be made by a majority of the full membership. The Commissioners may also amend these Bylaws upon their own motion. Amendments are ratified by adoption by the Commissioners.

Adopted this 20th day of June

Deschutes County Board of Commissioners

Michael M. Daly, Chair

Dennis R. Luke, Vice Chair

Tammy Baney, Commissioner

ATTEST:



Recording Secretary