

W. 9.a.

AGENDA COVER MEMO

AGENDA DATE: July 12, 2006
TO: Board of County Commissioners
DEPARTMENT: Health & Human Services
PRESENTED BY: Rob Rockstroh



AGENDA TITLE: ORDER / _____ IN THE MATTER OF APPOINTING THREE MEMBERS AND REAPPOINTING ONE MEMBER TO FILL VACANCIES ON THE MENTAL HEALTH ADVISORY COMMITTEE/LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE.

I. MOTION

Order / _____ In The Matter Of Appointing Three Members And Reappointing One Member To Fill Vacancies On The Mental Health Advisory Committee/Local Alcohol And Drug Planning Committee.

<u>A. COMMITTEE RECOMMENDATIONS:</u>	<u>TERM EXPIRES:</u>
Diane Rogers	08-31-2010
Martin M. Klos	08-31-2010
Rena Kriegh	08-31-2010

B. MEMBERSHIP

TOTAL MEMBERSHIP: 12

APPLICATIONS SUBMITTED: 5

ADVERTISING PERIOD: March 29, 2006 to April 29, 2006

TERM: Four (4) YEARS

REPRESENTATIVE GROUPS MANDATED: X YES NO

STAFF LIAISON: Rob Rockstroh, H&HS Administration, x4035

COMMITTEE CHARGE:

To advise the Board of County Commissioners and the Department of Health & Human Services on matters relating to mental health in Lane County by reviewing major policies of the mental health program, and making recommendations to the director. Assists in identifying needs and priorities and reviews Lane County's annual Mental Health Plan and budget.

C. BACKGROUND / ANALYSIS

Due to the term expiration of Shannon Thienes and two previous resignations, MHAC/LADPC vacancies were advertised from March 29, 2006 to April 29, 2006.

At the close of the advertisement period, four completed applications were on file in the office of county administration. The MHAC/LADPC reviewed the four applications. One application was withdrawn by the applicant due to a conflict. An interview was conducted for the remaining three applications and the recommendations noted below were made to fill three of the vacancies and to re-appoint Bob Wright for a second term.

D. RECOMMENDATION

<u>Committee Recommendations</u>	<u>Expiration Date</u>	<u>Term</u>
Diane Rogers	08-31-2010	First
Martin Klos	08-31-2010	First
Rena Kriegh	08-31-2010	First
Bob Wright	08-31-2010	Second

The above appointments to be effective 07-12-2006.

E. ATTACHMENTS

Board Order
2006 MHAC Membership List
Applications
Congratulations and Sorry Letters

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDER:) IN THE MATTER OF APPOINTING THREE MEMBERS
) AND REAPPOINTING ONE MEMBER TO FILL
) VACANCIES ON THE MENTAL HEALTH ADVISORY
) COMMITTEE/LOCAL ALCOHOL AND DRUG PLANNING
) COMMITTEE

WHEREAS, there are three vacancies on the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee; and


WHEREAS, this matter having been fully considered by the Lane County Board of Commissioners.

NOW THEREFORE, IT IS HEREBY ORDERED that the following named people be appointed to fill the vacancies and Bob Wright be reappointed for his second term on the Mental Health Advisory/Local Alcohol & Drug Planning Committee, said terms to expire as indicated below:

<u>Name</u>	<u>Expiration Date</u>	<u>Term</u>
Diane Rogers	08-31-2010	First
Martin Klos	08-31-2010	First
Rena Kriegh	08-31-2010	First
Bob Wright	08-31-2010	Second

DATED this _____ day of July, 2006.

Bill Dwyer, Chair
BOARD OF COUNTY COMMISSIONERS

APPROVED AS TO FORM
Date 7/5/06 Lane County

OFFICE OF LEGAL COUNSEL

MENTAL HEALTH ADVISORY COMMITTEE

Membership List With Term Expirations

June 16, 2006

Name	Expiration Date	Term
Depew, Debra	05-31-07	Second Term
Mueller, Tim	09-13-09	First Term
Rade, Cheryl	09-13-09	First Term
Sundahl, Sheila	05-31-08	First Term
Wells, Jennifer	09-13-09	First Term
Wright, Bob	05-31-06	First Term
Wright, Charles	09-13-09	First Term
Zoller, Phillip	05-31-07	First Term
Gordie Albi	04-30-10	First Term
Commissioner Bill Dwyer		Lane County Commissioner

MHAC Member list with term expirations 06-16-06

July 12, 2006

Diane Rogers



RE: Mental Health Advisory Board Committee Member Appointment

Dear Ms. Rogers:

Congratulations on your appointment to the Mental Health Advisory Board. Lane County is most fortunate to have a person with your knowledge, interest and willingness to serve on this board.

On behalf of the county commissioners, I hope that your association with the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee will be beneficial and rewarding.

Mental Health Advisory/Local Alcohol and Drug Planning Committee meetings are held on the fourth Thursday of the month, 11-1:00 p.m. at the Lane County Mental Health building, Michael Rogers Conference Room, 2411 Martin Luther King Blvd., Eugene. However, an annual retreat is held each October and if possible, you are asked to attend. Details will be provided closer to the retreat date. If you have questions about your appointment, please contact C.A. Baskerville, 682-3031 or Jennifer Wells at (541) 937-1070.

Best wishes to you as you assume your new responsibilities. I look forward to your participation in the next meeting on July 27, 2006.

Sincerely,

Bill Dwyer, Chair
Lane County Board of Commissioners

July 12, 2006

Rena Kriegh



RE: Mental Health Advisory Board Committee Member Appointment

Dear Ms. Kriegh:

Congratulations on your appointment to the Mental Health Advisory Board. Lane County is most fortunate to have a person with your knowledge, interest and willingness to serve on this board.

On behalf of the county commissioners, I hope that your association with the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee will be beneficial and rewarding.

Mental Health Advisory/Local Alcohol and Drug Planning Committee meetings are held on the fourth Thursday of the month, 11-1:00 p.m. at the Lane County Mental Health building, Michael Rogers Conference Room, 2411 Martin Luther King Blvd., Eugene. However, an annual retreat is held each October and if possible, you are asked to attend. Details will be provided closer to the retreat date. If you have questions about your appointment, please contact C.A. Baskerville, 682-3031 or Jennifer Wells at (541) 937-1070.

Best wishes to you as you assume your new responsibilities. I look forward to your participation in the next meeting on July 27, 2006.

Sincerely,

Bill Dwyer, Chair
Lane County Board of Commissioners

July 12, 2006

Martin Klos

RE: Mental Health Advisory Board Committee Member Appointment

Dear Mr. Klos:

Congratulations on your appointment to the Mental Health Advisory Board. Lane County is most fortunate to have a person with your knowledge, interest and willingness to serve on this board.

On behalf of the county commissioners, I hope that your association with the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee will be beneficial and rewarding.

Mental Health Advisory/Local Alcohol and Drug Planning Committee meetings are held on the fourth Thursday of the month, 11-1:00 p.m. at the Lane County Mental Health building, Michael Rogers Conference Room, 2411 Martin Luther King Blvd., Eugene. However, an annual retreat is held each October and if possible, you are asked to attend. Details will be provided closer to the retreat date. If you have questions about your appointment, please contact C.A. Baskerville, 682-3031 or Jennifer Wells at (541) 937-1070.

Best wishes to you as you assume your new responsibilities. I look forward to your participation in the next meeting on July 27, 2006.

Sincerely,

Bill Dwyer, Chair
Lane County Board of Commissioners

July 12, 2006

Bob Wright



RE: Mental Health Advisory Board Committee Member Re-Appointment

Dear Mr. Wright:

Congratulations on your re-appointment to the Mental Health Advisory Board. Lane County is most fortunate to have a person with your knowledge, interest and willingness to serve on this board for yet another term.

On behalf of the county commissioners, I hope that your association with the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee will continue to be beneficial and rewarding.

If you have questions about your re-appointment, please contact C.A. Baskerville, 682-3031 or Jennifer Wells at (541) 937-1070.

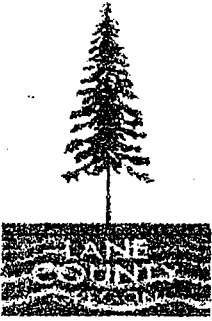
Best wishes to you as you continue your responsibilities on this committee. I look forward to your continued participation at the next meeting on July 27, 2006.

Sincerely,

Bill Dwyer, Chair
Lane County Board of Commissioners

Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Page 1 of 2



APPLICANT'S NAME: Diane Rogers	DATE: April 2, 2006
NAME OF ADVISORY COMMITTEE: Mental Health, Alcohol/Drug and Disability	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

- Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.) *I have a doctorate in counseling and have certification as an addiction Professional. I also serve on the board of the Lane Independent Living Alliance (LILA)*
- Why do you want to become a member of this committee, and what specific contributions do you hope to make?
I hope to be a bridge between groups and organizations and to foster increased awareness and communication among them.
- List the community concerns related to this committee that you would like to see addressed if you are appointed.
Funding of services always is an issue. Use of best practices in an efficient, humane and cost effective manner is a goal. I hope to increase community awareness as well.
- Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.) *I am on the Board of LILA, a volunteer provider of mental health counseling services to Volunteers in Medicine, a consultant to the Compassion Center and the Red Cross.*
- Lane County is committed to serving the diverse interests of the community. If selected, how would you contribute to this effort? *As both a consumer and provider of services, I have first hand experience and knowledge of the particular needs of the many diverse interests represented in our community.*
- Are you currently serving on any Advisory Boards or Committees? If so, which ones?
I am a member-at-large of the Lane Independent Living Alliance and the Ad Hoc Red Cross Mental Health Committee currently.
- Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

No Yes Specify:

8. How did you learn about this vacancy? Newspaper Word of mouth Other:

9. In which County Commissioner District do you reside? please check one:

Unsure West Lane County Springfield South Eugene North Eugene East Lane County

The Board of Commissioners has adopted the following policy on reappointments:

- Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.
- The deadline for incumbent applications will be the same as the deadline for new applications.

Thank you for your consideration
DR

Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION



Please Print

Name: Rogers Diane
(Last) (First)
Address: _____ OR _____
(Street) (City) (Zip)

Home Phone: _____ How Long Have You Lived in Lane County? 15 Years 8 Months

Occupation: Licensed Professional Counselor - retired Place of Employment: _____

Business Address: _____ Business Phone: _____

E-Mail Address: _____ x: _____

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION

Supplying this information will assist Lane County to evaluate whether appointments represent a broad cross section of the county. This is a matter of public record and is optional.

- Male
- Female
- African American
- European American
- Hispanic/Chicano/Latino
- Other:
- Asian American
- Native American
- Disability: *Type:

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? Yes No

Lane County does not discriminate against any person on the basis of race, color, national origin, gender, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

Signature of Applicant D. Rogers Date: 4/12/06

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.

Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

APPLICANT'S NAME: Martin M. Klos	DATE: 4-6-06
NAME OF ADVISORY COMMITTEE: Mental Health Advisory/Local Alcoholand DrugPlanning Committee	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.) **Resume attached citizen involvement in herion country task force, current chair lane county coalition to present substance abuse. Physician who treats drug and alcohol addiction**
2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

I want to use my knowledge to help move the country along in a prevention model and treatment model for drug and alcohol abuse.

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

- 1-Lack of treatment facilities.
- 2-Lack of coordination of prevention funtions in county.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.) **Current chair lane county coalition to prevent substance abuse. Chaired and pushed through evaluation of the MIP process in lane county.**

5. Lane County is committed to serving the diverse interests of the community. If selected, how would you contribute to this effort? **I have served and continue to serve a diverse community and as a hysician I work within multiple cultures, hispanic, black and native american articularly.**

6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

No.

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

No Yes Specify:

8. How did you learn about this vacancy? Newspaper Word of mouth Other:

9. In which County Commissioner District do you reside? please check one: **Creswell?**
 Unsure West Lane County Springfield South Eugene North Eugene East Lane County

The Board of Commissioners has adopted the following policy on reappointments:

- a. *Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.*
- b. *The deadline for incumbent applications will be the same as the deadline for new applications.*

Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Please Print

Name: Klos Martin
(Last) (First)
Address: _____
(Street) (City) (Zip)

Home Phone: _____ How Long Have You Lived in Lane County? 8 Years 9 Months

Occupation: Physician Place of Employment: Self-Employed Springfield

Business Address: _____ Business Phone _____

E-Mail Address: _____ Fax: _____

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).


OPTIONAL INFORMATION

Supplying this information will assist Lane County to evaluate whether appointments represent a broad cross section of the county. This is a matter of public record and is optional.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> African American | <input checked="" type="checkbox"/> European American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Chicano/Latino | <input type="checkbox"/> Other: | <input type="checkbox"/> Disability: *Type: |
- *This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? Yes No

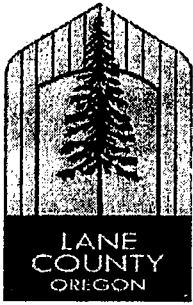
Lane County does not discriminate against any person on the basis of race, color, national origin, gender, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

Signature of Applicant  Date: 4-6-06

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

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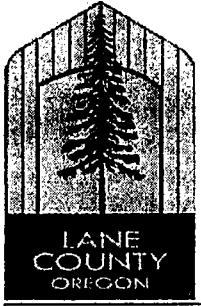
Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

RECEIVED APR 19 2006
Page 1 of 2

APPLICANT'S NAME AND CITY: <i>Rena KRIEGER, EUGENE</i>	DATE: <i>4-17-06</i>
NAME OF ADVISORY COMMITTEE: <i>Mental Health</i>	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.) *Owner of Bridging the Gap, which is a Company that teaches & educates the community about diversity & Disability Awareness.*
2. Why do you want to become a member of this committee, and what specific contributions do you hope to make? *I want to get involved with policy making to help people with developmental disabilities. I want to be proactive and help make changes.*
3. List the community concerns related to this committee that you would like to see addressed if you are appointed. *my concern is Accessibility and inclusion for people with developmental disability, I would like to be a voice for others, I want to educate the community by offering insight as a person with a disability.*
4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.) *Member of Partners in Policy making, Self Advocates as Leaders, Presenter at the Developmental Disability Conference and Partners in Community Living as well as other groups.*
5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of gender, race, color, national origin, religion, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort? *I know what it is like to be discriminated against because I offer compassion, empathy and knowledge.*
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?
Self Self Advocates as headers.
7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)
 No Yes Specify:
8. How did you learn about this vacancy? Newspaper Word of mouth Other:
9. In which County Commissioner District do you reside? please check one:
 Unsure West Lane County Springfield South Eugene North Eugene East Lane County

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 a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.
 b. The deadline for incumbent applications will be the same as the deadline for new applications.
 * Unless waived by the Board.



Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Please Print

Name: Kriegh Rena
(Last) (First)
Address: _____
(Street) (City) (Zip)

Home Phone: _____ How Long Have You Lived in Lane County? 26 Years ___ Months

Occupation: Public Speaker Place of Employment: Self Employed

Business Address: _____ Business Phone: Same as home

E-Mail Address: rena.kriegh@regent.com

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION

Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential.

- | | | |
|--|---|--|
| <input type="checkbox"/> Male | <input checked="" type="checkbox"/> Female | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> African American | <input checked="" type="checkbox"/> European American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Chicano/Latino | <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Disability: *Type: |

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? Yes No

Lane County does not discriminate against any person on the basis of race, color, national origin, gender, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

Rena Kriegh

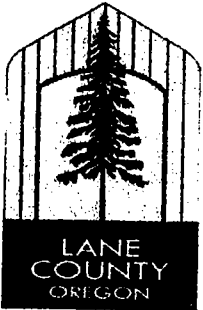
Signature of Applicant _____

Date: 4/19/06

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.



Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Page 1 of 2
RECEIVED APR 27 2006

APPLICANT'S NAME AND CITY: <i>Bob Wright, Eugene</i>	DATE: <i>4.27.06</i>
NAME OF ADVISORY COMMITTEE: <i>MHAC (Mental Health)</i>	PLEASE CHECK ONE: <input type="checkbox"/> New Applicant <input checked="" type="checkbox"/> Application for Reappointment

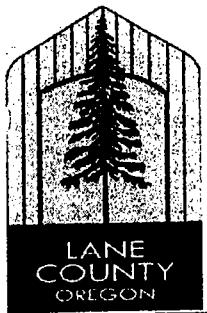
- Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.)
Resume on file. Comm. member last year.
- Why do you want to become a member of this committee, and what specific contributions do you hope to make?
Continue work from prior year.
- List the community concerns related to this committee that you would like to see addressed if you are appointed.
Housing & care options & stability.
- Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)
Reappointment.
- Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of gender, race, color, national origin, religion, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?
- Are you currently serving on any Advisory Boards or Committees? If so, which ones?
MHAC
- Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)
 No Yes Specify:
- How did you learn about this vacancy? Newspaper Word of mouth Other: *staff*
- In which County Commissioner District do you reside? please check one:
 Unsure West Lane County Springfield South Eugene North Eugene East Lane County

**The Board of Commissioners has adopted the following policy on reappointments:*

a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.

b. The deadline for incumbent applications will be the same as the deadline for new applications.

** Unless waived by the Board.*



Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Please Print

Name: Wright Bob
 (Last) (First)
 Address: _____ (Street) _____ (City) _____ (Zip)

Home Phone: _____ How Long Have You Lived in Lane County? 2 Years 1 Months

Occupation: self employed Place of Employment: _____

Business Address: same Business Phone: same

E-Mail Address: _____ Fax: same

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION

Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> African American | <input type="checkbox"/> European American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Chicano/Latino | <input type="checkbox"/> Other: | <input type="checkbox"/> Disability: *Type: |

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? Yes No

Lane County does not discriminate against any person on the basis of race, color, national origin, gender, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

Signature of Applicant [Signature] Date: 4.27.06

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
 Public Service Building
 125 East 8th Avenue
 Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.