



Milwaukee County Board of Supervisors

NOTICE TO INTERESTED PARTIES APPLICATION PROCESS FOR MILWAUKEE COUNTY MENTAL HEALTH BOARD RECOMMENDATIONS

Recently, the Wisconsin State Legislature passed Senate Bill 565, which creates a Milwaukee County Mental Health Board (MCMHB) to oversee mental health services in Milwaukee County. The legislation requires the Milwaukee County Board of Supervisors to make recommendations to the Governor for five of the voting members of the MCMHB.

- 1) A **psychiatrist or psychologist** who specializes in a full continuum of behavioral health services for children.
- 2) A **psychiatrist or psychologist** who specializes in a full continuum of behavior health services for adults.
- 3) A **representative of the community who is a** consumer of mental health services.
- 4) A **psychiatric mental health advanced practice nurse** who specializes in a full continuum of behavioral health and medical services including emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, and wraparound community-based services.
- 5) A **health care provider** representing community-based mental health services providers who specialize in community-based, recovery-oriented, mental health systems.

Applications must be completed and submitted **Friday, April 18, 2014, no later than 4:00 P.M.** Applications for all board member recommendations are attached. They also can be found online at: <http://county.milwaukee.gov/CountyBoard>.

Applications will be reviewed after the submittal deadline and applicants may be asked to interview in-person or on-the-phone. If selected, the individual will need to be present for a County Board committee meeting. Recommendations will then be sent to the full County Board for approval at the May 22nd County Board meeting. Recommendations then will be sent to the Governor, who will select the final recommendations.

Thank you for your assistance in nominating and encouraging candidates to apply for this important board. We know you are dedicated to ensuring quality mental health services in Milwaukee County, and we know you will make recommendations thoughtfully. We hope you will share our desire to recommend individuals who will hold the system accountable for culturally competent, community-based, person-centered, recovery-oriented, efficient and effective mental health services.

Sincerely,

Marina Dimitrijevic
Milwaukee County Board Chairwoman

Peggy Romo West
Chairwoman Health and Human Needs



Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD PSYCHIATRIST OR PSYCHOLOGIST OF CHILDREN'S BEHAVIORAL HEALTH SERVICES

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:		
Ethnicity (Optional):		Sex (Optional):
Disability (Optional):		Veteran (Optional):
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:

Please specifically address in one page your experience with specializing in a full continuum of behavioral health services for children, and why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m.**

Mail or email applicant information to:

Milwaukee County Board of Supervisors
 c/o Milwaukee County Board Chairwoman Dimitrijevic
 901 N. 9th Street, Room 201
 Milwaukee, WI 53233
Hope.DeVougas@milwaukeecountywi.gov

*It should be noted, if your application is selected by the County Board of Supervisors, the Governor's office has indicated you will be required to complete the state application, which includes a background check.



Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD PSYCHIATRIST OR PSYCHOLOGIST OF ADULT BEHAVIORAL HEALTH SERVICES

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:		
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:

Please specifically address in one page your experience with specializing in a full continuum of behavioral health services for adults, and why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m.**

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Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD CONSUMER OF MENTAL HEALTH SERVICES

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:

Please specifically address in one page your experience with mental illness or substance abuse, and why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m.**

Mail or email applicant information to:

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Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD PSYCHIATRIC MENTAL HEALTH ADVANCED PRACTICE NURSE

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:

Please specifically address in one page your experience with specializing in a full continuum of behavioral health and medical services including emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, and wraparound community-based services. Please also describe why you are interested in serving on the Milwaukee County Mental Health Board.

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Milwaukee County Board of Supervisors

APPLICATION FOR APPOINTMENT TO THE MILWAUKEE COUNTY MENTAL HEALTH BOARD COMMUNITY-BASED MENTAL HEALTH CARE PROVIDER

Name (First, Middle Initial, Last):		
Home Address:	City:	Zip:
Phone (Cell, Work, Home):		
Job Title, Company:		
Work Address:	City:	Zip:
E-mail Address:	Age:	
Ethnicity (Optional):	Sex (Optional):	
Disability (Optional):	Veteran (Optional):	
Are you a licensed/certified professional? If so, please specify.		
Do you belong to any professional groups? If so, please specify.		
Please initial here to confirm you are not an elected official, lobbyist, or county employee. _____		
Did an individual or organization refer you? If so, who.		
Please list three references that you are not related to and have known for at least a year.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Are you committed to cultural competency in service delivery? Explain.		

Please include with this application form: Cover letter, Resume/CV, Essay (below) and any other information you would like to be considered.

Essay Instructions:

Please specifically address in one page your experience with specializing in a community-based, recovery-oriented, mental health system. Please also describe why you are interested in serving on the Milwaukee County Mental Health Board.

This application, and all documentation, must be filed, **no later than Friday, April 18, 2014, by 4:00 p.m.**

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