Community Services Department
810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
Fax: (561) 242-7336
www.pbcgov.com/communityservices

PUBLIC NOTICE

Pursuant to the operational guidelines of the Palm Beach County Advisory Committee on Behavioral Health Substance Use and Co-Occurring Disorders (BHSUCOD) public notice is being made soliciting application for at large membership.

The Board of County Commissioners (BCC) approved the BHSUCOD on November 1, 2022 (Resolution 2022-1340) and set the following roles and responsibilities:

A. Collect information related to substance abuse disorders in the County and provide that information to the BCC, along with recommendations on responding to the opioid epidemic, as provided in section 17.42, Florida Statutes (2022).

B. Submit to the BCC by October 1 of each year the BHSUCOD Annual Report or Response Plan Update, which shall evaluate mechanisms for behavioral health and substance use disorder services and recommend any changes that may improve the quality, long-term recovery outcomes, and coordination of these services.

C. If requested by the BCC, provide recommendations on positions the BCC may take on local, state and federal legislation.

Two vacant seats are to be filled as follows:

Seat 12 unexpired portion of term through October 31, 2026
Seat 16 unexpired portion of term through October 31, 2025

The Resolution requires vacancies occurring during a term to be filled for the unexpired portion of the term, and shall not count toward the member's term limits. At Large members shall be selected for their knowledge, competence, and experience relative to behavioral health and substance use disorder. In addition, three of the nine Members shall have lived experience with behavioral health and/or substance use disorder.

Prospective members shall complete the *Palm Beach County Board of County Commissioners Boards/Committees Application* and *BHSUCOD Questionnaire.* The BHSUCOD Nominating Committee will consider all completed submissions at a publicly noticed meeting and make recommendations to the full BHSUCOD which will make recommendations to the BCC. All Members serve at the BCC's pleasure.

Applications and questionnaires should be submitted no later than 5:00 pm, September 20, 2024 to John L. Hulick, MS - Senior Program Manager, Office of Behavioral Health and Substance Use Disorders, at 810 Datura Street, West Palm Beach, or jhulick@pbc.gov

cc: Tammy K. Fields
James Green
Helene Hvizd

Attachments: Palm Beach County Board of County Commissioners Boards/Committees Application
BHSUCOD Questionnaire

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION

*The information provided on this form will be used in considering your nomination. Please **COMPLETE SECTION II IN FULL**. Answer "none" or "not applicable" where appropriate.* ***Please attach a biography or résumé to this form.***

Section I (Department): (Please Print)

Board Name: _____ **Advisory [ ]** **Not Advisory [ ]**

[ ] At Large Appointment **or** [ ] District Appointment /District #: _____

Term of Appointment: _____ Years. From: _____ To: _____

Seat Requirement: _____ Seat #: _____

[ ]*Reappointment **or** [ ] New Appointment

or [ ] to complete the term of _____ Due to: [ ] resignation [ ] other

Completion of term to expire on: _____

***When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: _____**

Section II (Applicant): (Please Print)
APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: _____
Last First Middle

Occupation/Affiliation: _____

Owner [ ] Employee [ ] Officer [ ]

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: _____

City & State _____ Zip Code: _____

Home Phone: **( )** _____ Business Phone: **( )** _____ **Ext.** _____

Cell Phone: ( ) _____ Fax: ( ) _____

Email Address: _____

Mailing Address Preference: [ ] Business [ ] Residence

Have you ever been convicted of a felony: Yes _____ No _____
If Yes, state the court, nature of offense, disposition of case and date: _____

_____

Minority Identification Code: [ ] Male [ ] Female
[ ] Native-American [ ] Hispanic-American [ ] Asian-American [ ] African-American [ ] Caucasian

Section II Continued:

CONTRACTUAL RELATIONSHIPS: Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed $500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

Contract/Transaction No.	Department/Division	Description of Services	Term
Example: (R#XX-XX/PO XX)	Parks & Recreation	General Maintenance	10/01/00-09/30/2100
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)
OR

NONE ☐ NOT APPLICABLE/ (Governmental Entity) ☐

ETHICS TRAINING: All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the State Guide to the Sunshine Amendment. **Article XIII, and the training requirement can be found on the web at: http://www.palmbeachcountyethics.com/training.htm. Ethics training is on-going, and pursuant to PPM CW-P-80 is required before appointment, and upon reappointment.**

☐ **By signing below I acknowledge that I have read, understand the Sunshine Law Overview for Advisory Board Members and agree to abide by the Florida Sunshine Law and the Florida and Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):**

___ By watching the training program on the Web, DVD or VHS on _____ 20_____
___ By attending a live presentation given on _____, 20____

AND

☐ **By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:**

***Applicant's Signature**:_____ Printed Name: _____ Date: _____

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website www.palmbeachcountyethics.com or contact us via email at ethics@palmbeachcountyethics.com or (561) 233-0724.

Return this FORM to:
Community Services Department / Office of Behavioral Health and Substance Use Disorder
810 Datura Street, West Palm Beach, FL, 33401

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature:_____ Date: _____

 Revised 01/09/2023

Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder (BHSUCOD)

Membership Questionnaire

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Part 1: Applicant Name: _____

Part 2: BHSUCOD Membership

How did you hear about the BHSUCOD?

Why do you want to be a BHSUCOD member or ex-officio member?

Please rank by preference the three sub-committees you would be interested in participating with.*

1. Prevention and Education
2. Treatment and Recovery
3. Public Policy
4. Justice System and Public Safety
5. Evaluation and Monitoring
6. Essential Services
7. Faith-Based

1st Preference	
2nd Preference	
3rd Preference	

Part 3: Special Skills and Involvement

Please respond to the questions below. If you need more space, continue to a separate sheet of paper and attach it to the application. Please attach a current resume.

What special skill, educational background, perspectives or life experience do you think you will bring to the BHSUCOD? Include personal, professional or volunteer experience. If you were a previous BHSUCOD member or ex-officio member, what <u>new</u> experiences would you bring?

Part 4: Communication

Community Services staff will be contacting you via mail, email and/or telephone about meeting activities. Please provide the following:

Phone #: **Mobile:** **Work:**

Home Address:

Email Address:

Part 5: Statement of Member Commitment

By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics.

Applicant Signature: _____ **Date:** _____

*

1. **Prevention and Education:** To include, but not be limited to, establishing prevention and harm-reduction activities and education for residents in schools and communities.

2. **Treatment and Recovery:** To include, but not be limited to, establishing a coordinated Recovery-Oriented System of Care (ROSC); integrated behavioral health; expanding Peer Recovery Support Services (e.g., Recovery Community Organization/Recovery Community Centers (RCO/RCCs); access to Medication-Assisted Treatment (MAT); and creating a neutral care coordination entity.

3. **Public Policy:** To include, but not be limited to, identifying, reviewing, and monitoring related public policies and legislation; and engaging, educating, and informing public officials, key strategic partners and constituency members in advancing sound public policy.

4. **Justice System & Public Safety:** To include, but not be limited to, supporting and enhancing operational strategies for First Responders, Mobile Response Units; expanding diversion services to decrease criminalization; increasing access to naloxone: and collaborating with law enforcement and public safety organizations.

5. **Evaluation and Monitoring:** To include, but not be limited to, implementing a Recovery Capital instrument; measuring and tracking treatment outcomes across the care continuum using advanced analytics to establish evidence-based best practices; increasing Committee member participation in monitoring of publicly funded treatment and recovery programs and services.

6. **Essential Services:** To include, but not be limited to, advancing social determinants of health such as food, housing, employment, education, access to medical care, and the collateral consequences of criminal justice involvement.

7. **Faith-Based:** To include, but not be limited to, advancing inter-faith understanding of mental illness and substance use disorder and the important role of faith communities in a recovery oriented system of care environment.