



State of New York  
County of Broome Government Offices

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Broome County Department of Mental Health  
Jason T. Garnar, County Executive · Nancy J. Williams, LCSW-R, Commissioner

Dear Applicant,

Thank you for your interest to serve as a member of the **Broome County Community Services Board (CSB)**. Pursuant to New York State Mental Hygiene Law, each county shall maintain a Board composed of persons who have a demonstrated interest in Behavioral Health and may include recipients of services, parents or relatives of recipients, and/or community agencies serving recipients of Behavioral Health services. Additionally, the Board shall maintain three (3) separate Subcommittees: **Alcohol and Substance Abuse (ASA)**, **Mental Health (MH)**, and **People with Developmental Disabilities (PWDD)** (*§41.11(a)*).

As established by the Board, and adopted into its' Bylaws, individuals interested in membership of the Board or any Subcommittee shall: (1) attend at least one meeting as a guest, and (2) subsequently submit application for consideration. The application includes disclosure of any professional or personal affiliation with any program or agency within the purview of authority of the Local Government Unit (LGU) in Broome County or any other relationship that may be considered a conflict of interest with the Board and its Subcommittees (*CSB Bylaws, Article 4 (A)*).

After attending at least one meeting of the group you intend to apply, complete the attached *Membership Application* and submit to: [MHAdmin@BroomeCounty.us](mailto:MHAdmin@BroomeCounty.us) for review. Specific questions may be directed to: [MHAdmin@BroomeCounty.us](mailto:MHAdmin@BroomeCounty.us).

Regards,

*Nancy J. Williams*

Nancy J. Williams, LCSW-R  
Commissioner

**BROOME COUNTY MENTAL HEALTH DEPARTMENT**

Community Services Board & Subcommittees - Membership Application

501 Reynolds Road, Johnson City, NY 13790    [MHAdmin@BroomeCounty.us](mailto:MHAdmin@BroomeCounty.us)    P: (607) 778-2351

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**Name of Applicant:** \_\_\_\_\_

**Board/Subcommittee Affiliation :** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

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Thank you for your interest in membership to the Broome County Community Services Board (CSB) and its Subcommittees: Alcohol and Substance Abuse (ASA), Mental Health (MH), and People with Developmental Disabilities (PWDD). Membership is for an individual and not dependent upon - or prohibited by - an applicant’s employment except as described in the CSB Bylaws. Prior to application consideration, potential candidates must attend at least one meeting of the Board or Subcommittee to which they are interested.

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**Contact Information:**

Please provide the following contact information:

***Board and Subcommittee business is communicated via email. Please check preferred email for contact.***

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Email: \_\_\_\_\_

**Self-Selection of Representation:**

NYS Mental Hygiene Law (MHL) and Broome County encourage diversity of perspective for membership of the Board and its Subcommittees and encourages representation from consumers, family members, and interested community members. Of the categories listed below, choose all groups/perspectives you may represent by your participation as a member:

- Current or Former Consumer/Recipient of services
- Family Member of Current or Former Consumer/Recipient of services
- Person in Recovery
- Agency/Community Provider/Employer
- Interested Community Member

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P: (607) 778-2351

**Name of Applicant:** \_\_\_\_\_

**Life Experience:**

Broome County Mental Health encourages involvement from individuals with a variety of life experiences. As it relates to your interest in membership, please complete the following:

Employment: List all Title/Position, Occupation, and Employers held in the last five years:

Education: List all schools & degrees completed:

Have you ever served as a member of the Broome County Community Services Board or any Subcommittees in the past?      Yes      No

If yes, please specify: \_\_\_\_\_

**Commitment to Membership Activity:**

Yes      No	Are you willing to attend regularly scheduled meetings (via in-person, web-based, phone), listen to proposals, and be willing to provide recommendations to the Commissioner?
Yes      No	Working as a member of the CSB or its Subcommittees may expose you to stakeholders or consumers of services or sensitive information. It is important those served be afforded dignity and that you act with impartiality. Do you agree to maintain confidentiality and contribute to ensuring privacy?
Yes      No	It is important that members be in good community standing and that there are no ethical issues that would harm consumers and/or stakeholders or detract from the work of the Subcommittees. If there is any issue that might impact the quality or impartiality of your efforts, do you agree to discuss with the Chair of the Board, the Subcommittee, or the Commissioner of Mental Health?

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**Name of Applicant:** \_\_\_\_\_

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**Membership Interest:**

Broome County Mental Health encourages involvement from individuals with a variety of life experiences. As it relates to your interest in membership, please describe why you wish to participate in the Board or Subcommittee:

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P: (607) 778-2351

**Name of Applicant:** \_\_\_\_\_

**Ethics Policy & Conflict of Interest Disclosure:**

An *Ethics Policy* adopted by the CSB on September 21, 2001 requires all applicants for CSB or Subcommittees to disclose any relationship which may be a conflict of interest. Additionally, each voting member of the Board or Subcommittees will complete a *Conflict of Interest Disclosure* annually. After review of the attached *Ethics Policy*, to ensure complete transparency and disclosure, please complete the following:

List current: (1) Employment, (2) Contractual Arrangements, (3) Membership on Boards/Committees or (4) Volunteer Work with Community Agencies:

**Acknowledgement and Submission of Application:**

**In lieu of a physical signature, by typing my name below and submitting from my preferred email, I acknowledge:**

- Interest in, and request consideration for, Membership to the Board or Subcommittee indicated herein.
- This Application is completed as accurately as is practicable, and
- I will report any new conflicts of interest within 30 days of the development of any new conflict that may occur between this application and the next annual disclosure.

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date

Please save this PDF document to your device, then email completed application to: [MHAdmin@BroomeCounty.us](mailto:MHAdmin@BroomeCounty.us)

# BROOME COUNTY MENTAL HEALTH DEPARTMENT

Community Services Board & Subcommittees

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## **Ethics Policy:**

The *Ethics Policy* adopted by the CSB on September 21, 2001 requires all applicants for CSB or Subcommittees disclose any relationship which may be a conflict of interest. Additionally, each voting member of the Board or Subcommittees will complete a *Conflict of Interest Disclosure* annually. The policy, updated for accuracy in non-binding details, states:

1. *WHEREAS*, The Broome County Community Services Board via Mental Hygiene Law is charged with making recommendations to the Broome County Mental Health Commissioner. These recommendations sometimes have financial ramifications for various agencies that contract with Broome County. Mental Hygiene law also prohibits the County from appointing members to the Board solely because of their employment with any of these agencies. And,
2. *WHEREAS*, Broome County via the Mental Health Department directly operates or contracts with community agencies. And,
3. *WHEREAS*, some members of the Board are also employees, contractors, or Members of the Boards of Directors of agencies that contract with Broome County. Therefore, it is
4. *RESOLVED*, that any member of the Broome County Community Services Board or any of its Subcommittees who has a conflict of interest (a separate, private, or monetary interest, either direct or indirect) concerning any matter before the Board or any of its Subcommittees shall disclose such conflict to the Board or Subcommittee before participating in any discussion and shall refrain from voting on the matter. And it is,
5. *FURTHER RESOLVED*, that any member who violates this provision may be subject to removal from the Board or Subcommittee. And it is,
6. *FURTHER RESOLVED*, that all members and potential members of the Board and its Subcommittees shall complete a *Conflict of Interest Disclosure* form identifying relationships with any agency that contracts with Broome County via the Mental Health Department. This disclosure form shall be completed along with the *Application for Membership* and shall be updated to report any new "conflicts of interest" within 30 days of the development of any new conflict. *Conflict of Interest Disclosure* forms will also be completed every year in January.