



NAPA COUNTY MENTAL HEALTH BOARD
2261 Elm Street
Napa, California 94559-3721
(707) 299-2101 ♦ FAX (707) 299-2199

Date: December 10, 2007

To: Napa County Board of Supervisors

Subject: Napa County Mental Health Board

On (date) January 01, 2008 my term as (Position Title) a Family Member of a Consumer on the Napa County Mental Health Board will expire.

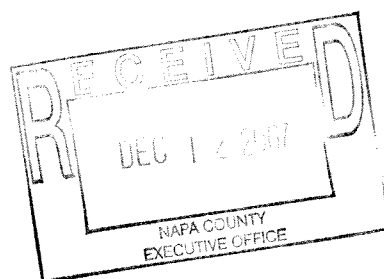
I am requesting that the Board of Supervisors reappoint me as a Family Member of a Consumer for another three-year term to the Mental Health Board, which will expire on (date) January 01, 2011.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Russ Burr".

Russ Burr





Memorandum

To: Gladys Coil, Administrative Manager
Clerk of the Board

Date: 12/11/2007

Re: Mental Health Board Membership

Enclosed please find a letter from each Linda Mallett, Mental Health Board Chair, and Russ Burr, Mental Health Board member requesting reappointment to the Mental Health Board for another three year term. Their terms will expire on January 1, 2008.

In addition to requesting another three year appointment to the Mental Health Board, Chair Linda Mallett is requesting to have her designation changed from an Interested and Concerned Citizen to a Family Member of a Consumer.

The Mental Health Board recommends that the Board of Supervisors approve Linda Mallett's request for reappointment as a Family Member of a Consumer, as well as the reappointment of member Russ Burr.

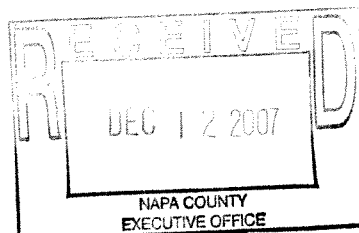
Sincerely,

A handwritten signature in cursive script that reads "LuAnn Pufford".

LuAnn Pufford
Sr. Office Assistant & Mental Health Board Secretary

Enclosures (2)

cc: Linda Mallett, Mental Health Board Chair
Jaye Vanderhurst, LCSW, Mental Health Director





County Executive Office
1195 Third Street, Room 310
Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176

eAFA

APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

Page 1 of 3

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

NAPA COUNTY MENTAL HEALTH BOARD

*Category of membership for which you are applying:
(This information can be found on the news release announcing the opening.
You may apply for more than one category if more than one position is open.)

FAMILY MEMBER

*Supervisory District in which you reside:

4th

*Full Name

RUSSELL BURR

Date

12/23/2007

*Current Occupation (within the last twelve (12) months):

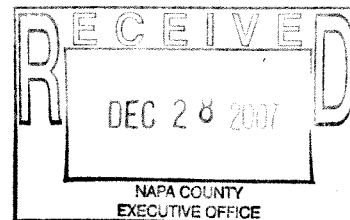
LICENSED GENERAL CONTRACTOR

Current License (Professional or Occupational); Date of issue and/or expiration including status:

GENERAL BUILDING CONTRACTOR - STATE OF CALIFORNIA B1 HIC Renewal date 6-30-08

Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)

BA IN BUSINESS ADMINISTRATION FROM PACIFIC UNION COLLEGE 1967. GENERAL CONTRACTOR IN THE NAPA VALLEY FOR OVER 30 YEARS



Community participation (nature of activity and community location):

NAPA COUNTY MENTAL HEALTH BOARD SINCE AUGUST 2002

Other County Board/Commission/Committee on which you serve/have served:

NONE

* Denotes Mandatory Entry Required

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

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Application for Appointment to: *(Name of Board, Commission, Committee or Task Force)***NAPA COUNTY MENTAL HEALTH BOARD**

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name

HAROLD MORRISON

*Address

[REDACTED]

*City

[REDACTED]

*State *Zip Code

[REDACTED]

*Telephone

[REDACTED]

*Name

RICHARD BENNETT

*Address

[REDACTED]

*City

[REDACTED]

*State *Zip Code

[REDACTED]

*Telephone

[REDACTED]

*Name

RENNICK HARRIS

*Address

[REDACTED]

*City

[REDACTED]

*State *Zip Code

[REDACTED]

*Telephone

[REDACTED]

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

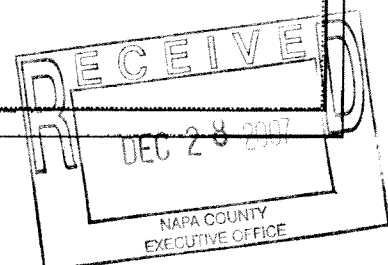
GAIL BURR - EXECUTIVE ASSISTANT - FOUNDATION OFFICE SAINT HELENA HOSPITAL, DEER PARK, CA

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

THE PROBLEMS THAT MENTAL ILLNESS BRINGS TO FAMILIES AND SOCIETY ARE VERY WELL KNOWN TO ME. FAMILY MEMBERS HAVE DIAGNOSED ILLNESSES AND I HAVE LIVED WITH THE PROBLEMS THEIR ILLNESS HAS CAUSED THEM. I CURRENTLY HAVE A SON WITH SCHIZO-AFFECTIVE DISORDER WHO IS BEING SUPERVISED BY A NCMH SOCIAL WORKER. I HAVE HAD TO WORK WITH ALL DEPARTMENTS OF THE NAPA COUNTY CRIMINAL JUSTICE SYSTEM AND VISITED ALMOST ALL NAPA AREA HOSPITALS TO HELP AND SUPPORT MY SON OVER THE PAST 15 YEARS OF HIS ILLNESS.

AS A MEMBER OF THE NCMHB FOR THE PAST 6 YEARS, I HAVE SERVED AS CHAIRMAN OF THE BOARD AND HAVE BEEN ACTIVE ON NUMEROUS COMMITTEES. I TRY TO STAY CURRENT WITH ADVANCES IN MENTAL HEALTH ISSUES AND TREATMENTS SO I CAN ADVOCATE FOR MY SON AS WELL AS OTHER NAPA RESIDENTS SUFFERING FROM MENTAL ILLNESS.

I AM REAPPLYING FOR ANOTHER TERM ON THE NCMHB BECAUSE I BELIEVE MY PAST EXPERIENCE AS A NCMHB MEMBER AND MY REAL LIFE EXPERIENCE WILL CONTINUE TO BENEFIT THE BOARD AS IT WORKS WITH THE NCMH DIRECTOR TO BRING HELP TO THE MENTALLY ILL OF NAPA COUNTY.



APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

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Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

NAPA COUNTY MENTAL HEALTH BOARD**APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.****PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.****All applications will be kept on file for one year from the date of application****PERSONAL INFORMATION**

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

RUSSELL BURR

*e-mail Address

rburr@jason.com

*Home Address

10000000000

*Work Address

SAME

*City

10000

State

10

*Zip Code

10000

*City

10000

State

10

Zip Code

10000

*Telephone

10000000000

Telephone

10000000000**Please Read!**