



## EL PASO COUNTY

# Emergence Health Network Board of Trustees

### **Board Overview**

El Paso EHN is a community-based mental health and mental retardation center and operates as the local Mental Health Authority. The center currently serves approximately 7,500 individuals in mental health, mental retardation, and developmental disability programs. The local Mental Health Authority is responsible for policy development, coordination, allocation and ensuring the provision of mental health services to persons with mental illness or developmental disabilities.

### **Vision**

EHN will lead behavioral and developmental services in the El Paso region ensuring access to quality services, advocating for a better quality of life, and providing strength, hope and recovery for persons with mental illness and developmental disabilities.

### **Mission**

EHN ensures superior recovery-based services for mental health, developmental disability, and related conditions for the people of El Paso County.

### **Seats**

El Paso EHN is administered by a Board of Trustees consisting of seven persons appointed by the County of El Paso and the El Paso County Hospital District. Each entity appoints three individuals. The seventh member will be jointly nominated by the County Judge and Chair of the Hospital District Board of Managers. The term of office for board members is two years.

### **Meeting Times**

Board meetings are held on the 4th Thursday of every month.

Submit Application & Background Investigation Form to the  
El Paso County Administrative Department at:

500 E. San Antonio, Suite 302A  
El Paso, TX 79901  
Phone: (915) 546-2215  
Fax: (915) 546-2217 or via email  
Email: [countychiefadmin@epcounty.com](mailto:countychiefadmin@epcounty.com)



Three (3) personal or professional references not related to you:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

Previous volunteer organizations and/or community service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Residency in El Paso County: \_\_\_\_\_(Years/Months)

Do you have property in El Paso County under your name? \_\_\_\_\_(Yes)\_\_\_\_\_ (No)

Are your property taxes currently paid? \_\_\_\_\_(Yes) \_\_\_\_\_(No) If not, please give a brief explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you an elected officer, county employee, county affiliate, or employed as a lobbyist? \_\_\_\_\_(Yes)\_\_\_\_\_ (No)

If so, please specify. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**BACKGROUND INVESTIGATION AUTHORIZATION FORM**  
**RELEASE OF CONFIDENTIAL INFORMATION**

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*Dear Applicant:*

*The County of El Paso conducts background investigations on applicants in various departments. This effort is part of the selection process and requires your authorization. By signing this document you acknowledge that you are voluntarily granting permission to the County of El Paso to conduct a background check and you authorize relevant parties to release confidential information. The information will remain confidential and will not be disclosed.*

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*I, \_\_\_\_\_, further hereby authorize the County of El Paso Human Resources Department to obtain all confidential records and information pertaining to a complete background investigation. This may include items such as (but not limited to): personal references, work references, Police Records, Sheriff Records, Driving Record, and any open record request.*

_____	_____
Full Legal Name	Maiden Name (If Applicable)
_____	_____
Street Address	City/State/Zip Code
_____	_____
Social Security Number	Driver's License Number/State
_____	_____
Date of Birth	Email

*List the cities and states in which you have lived in the past 10 years.*

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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*Signature of Applicant*