

**APPLICATION FOR REPRESENTATION ON THE
MENTAL HEALTH BOARD OF SAN LUIS OBISPO COUNTY**

Date: 10/16/2014

Home Phone: [REDACTED]

Business Phone: _____

Name: **Bragg, Martin Earl**
Last First Middle

Address: [REDACTED] Los Osos, CA 93402
Number Street City Zip Code

Occupation: **Retired**

Supervisor/District #: **2**

1 Do you or your spouse work for the California State Department of Mental Health, or for County Mental Health Services, or a Mental Health contract agency? (These categories are ineligible.)

Yes **No**

2 State law requires that Mental Health Boards be made up in part of persons who have received mental health services. Have you or has any member of your family ever received mental health services:

Self Family **Neither**

3 Why do you want to participate as a Mental Health Board member?

I am a licensed psychologist, former CEO of a psychiatric hospital, and recently retired Director of Health and Counseling Services at Cal Poly. I also served on the State of California' Suicide Prevention Plan development committee. I wish to continue involvement in the behavioral health area now that I'm retired.

