

PATRICIA TANQUARY, MPH, PhD
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Se Habla Español

Date: December 31, 2014

A Culture of Caring

To: Family and Human Services Committee, Contra Costa Board of Supervisors
Dorothy Sansoe, Senior Deputy, County Administrator

From: Deboran Everist, Staff contact for Managed Care Commission

RE: MANAGED CARE COMMISSION – REAPPOINTMENTS

The Managed Care Commission (MCC), in its continued efforts to recommend commissioners that are able to articulate concerns of health care recipients as well as represent the diverse population within our community, hereby makes the following recommendation for reappointment to the MCC.

<u>NOMINEE</u>	<u>SEAT</u>	<u>TERM EXPIRATION</u>
Kathleen Gage 32317 Ensenada Drive San Ramon, CA 94583	Member-at-Large 3	8/31/17

Kathleen's application is attached. The By-Laws, Article III: MEMBERSHIP states that (E.) The term of office is for three years.

The Managed Care Commission supports this recommendation and hopes to announce this appointment at their January 21, 2014 meeting. My contact information is:

Phone: 925-313-6004
Email: Deboran.Everist@hsd.cccounty.us

Thank you in advance for your kind consideration in this matter.





**Contra
Costa
County**

For Reviewers Use Only:
Accepted Rejected

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

MAIL OR DELIVER TO:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, California 94553-1292
PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Managed Care
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

At-Large
PRINT EXACT SEAT NAME (if applicable)

- 1. Name:** Gage Kathleen
(Last Name) (First Name) (Middle Name)
- 2. Address:** 3217 Ensenada Dr San Ramon CA 94583
(No.) (Street) (Apt) (City) (State) (Zip Code)
- 3. Phones:** 925-803-1227 925-487-0575
(Home No.) (Work No.) (Cell No.)
- 4. Email Address:** krgage@comcast.net

5. EDUCATION: Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved Master's, CA teaching credential

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) UC Santa Barbara	Political Science	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		90		
B) UC Berkeley	Political Science	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		92	BA	8/1971
C) University of Sussex, UK	American Studies	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			MA	9/1974
D) Other schools / training completed	Course Studied	Hours Completed	Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			
University of San Francisco	secondary teaching credential program	34				

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6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

A) Dates (Month, Day, Year) From To 12/2006 1/2012 Total: Yrs. Mos. 5 1 Hrs. per week 40 . Volunteer <input type="checkbox"/>		Title Benefits Analyst Employer's Name and Address UC Berkeley University Health Services 2222 Bancroft Way Berkeley CA 94720-4200	Duties Performed see resume
B) Dates (Month, Day, Year) From To 10/2004 11/2006 Total: Yrs. Mos. 2 1 Hrs. per week FT/PT . Volunteer <input type="checkbox"/>		Title Teacher Employer's Name and Address Concord High School Concord, CA also various school districts: SR Valley, Dublin, Alcalanes	Duties Performed see resume Teacher at Concord HS 6 months Summer School and Substitute Teacher, 2/05 - 11/06
C) Dates (Month, Day, Year) From To 2/2004 12/2004 Total: Yrs. Mos. 10 Hrs. per week var. . Volunteer <input type="checkbox"/>		Title Employer's Name and Address Blue Shield of California 50 Beale St. San Francisco, CA	Duties Performed see resume Left position to attend graduate school for teaching credential
D) Dates (Month, Day, Year) From To 1/2003 9/2003 Total: Yrs. Mos. 8 Hrs. per week 20+ . Volunteer <input type="checkbox"/>		Title Health Care Analyst Employer's Name and Address Blue Shield of California 50 Beale St. San Francisco, CA	Duties Performed contract position. se resume

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7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other San Ramon Library posting

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: Patricia Gale

Date: 11/19/2014

Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.