

Contra Costa County
IHSS Public Authority



500 Ellinwood Way. • Suite 110 • Pleasant Hill, CA 94523

To: Family and Human Services Committee

From:  Jan Watson, Executive Director

Date: February 23, 2016

Subj: IHSS Public Authority Advisory Committee reappointments

Current Status/Request:

Consumer Seat Under 60 – Seat 1 is up for reappointment

Wilson Cheng has held Seat 1 for Consumers under 60 and is requesting reappointment. His current term expires on 3/6/16 and if reappointed, his new term would end in March 2020. Mr. Cheng has been an active member of the committee and is currently serving as vice-chair. Please see attached application and letter of interest.

Consumer Seat 60 or older – Seat 2 is up for reappointment

Catherine Cratty has held Seat 2 for Consumers 60 and older and is requesting reappointment. Her current term expires on 3/6/16 and if reappointed, her term would end in March 2020. Ms. Cratty has been an active member of the committee as well as serving on several sub-committees. Please see attached application and letter of interest.

Outreach:

Advisory Committee consumer vacancies are posted on the Public Authority website and in the Public Authority lobby through the use of recruitment flyers. These flyers are also distributed at provider orientations and at consumer/provider trainings.

Recommendation:

I hereby recommend that Mr. Cheng and Ms. Cratty be reappointed to their seats on the Advisory Committee. Each member has done an outstanding job of providing input at the meetings and both have excellent attendance. Both members are advocates for seniors and for those with disabilities. They have provided sound guidance and suggestions on IHSS program policies and procedures.

Thank you for your consideration in this matter. I look forward to hearing from you regarding the committee's recommendation. I can be reached at 3-6673 or via email at jwatson@ehsd.cccounty.us.

REAPPOINTMENT TO THE ADVISORY COMMITTEE – CONSUMER SEAT POSITION

Wilson Cheng
(510) 703-3172
wcheng80@gmail.com

March 6, 2016

Jan Watson, Executive Director

Dear Ms. Watson:

My name is Wilson Cheng, and I have had the privilege of serving on the Advisory Committee of the In Home Supportive Services Program Public Authority. My term expires on March 6, 2016. I would like to continue making contributions to this committee and other sub-committees that I have served on, and recently have had the honor of serving as the Vice-Chair of the committee. Additionally, I serve on the Advocacy Sub-Committee as a member. This committee, created under my recommendation, has served, and will continue to serve, as a liaison between the Contra Costa County Board of Supervisors and members of the disabled community within Contra Costa County on matters that affect the community in general. As an Advisory Committee, I feel that we have accomplished quite a lot thus far, and have the potential to achieve much more in the coming years.

Serving on the Advisory Committee as well as the Nominating and Advocacy Sub-Committees of the In Home Supportive Services Program Public Authority has not only given me the opportunity to be an advocate for services that other people with disabilities will require in the future, if not immediately, but it has also opened my eyes to the importance of self-advocacy. While I serve on these committees as a consumer, I have had the opportunity to gain the knowledge to advocate for myself, along as other people with disabilities, by listening to and seeing the necessary aspects of both receiving care and providing care, from the perspectives of the providers as well as the clients.

I am requesting that I will be allowed to continue to serve on the Advisory Committee as a Consumer in the category of Consumer Seat under 60.

Thank you for your consideration.

Sincerely,

Wilson Cheng

Wilson Cheng
1401 Everett Street El Cerrito, CA 94530
wcheng80@gmail.com (510) 703-3172

EDUCATION

University of California, Berkeley, Berkeley, CA <i>Bachelors of the Arts English</i>	August 2013
Berkeley City College, Berkeley, CA <i>Coursework in English</i>	2006 - 2008
Computer Technologies Program, Berkeley, CA Certificate in Computer Programming	December 2005

EXPERIENCE

Wells Fargo Bank, Shared Database Services, San Francisco, CA
Programming Intern November 2005 - December 2005

- Extracted and generated server listing from flat files using scripting language; Monitored server status using "ping"
- Connected to Wells Fargo's monitoring tool repository (OEM – Oracle Enterprise Manager) and generated a list of servers using SQL statements; Used Oracle SQL*Plus utility to connect to the database
- Installed Oracle binaries and created a sample database
- Loaded data into Oracle for data processing; Utilized Oracle tools such as SQL*Loader, import, and export
- Discussed projects' progress with team members

LEADERSHIP EXPERIENCE

Independent Living Resources Board of Directors, Concord, CA
Board Member July 2014 - Present

- Advocate for people with disabilities to live independently
- Support and partner with the community to expand opportunities for independent living

In-Home Supportive Services Public Authority, Pleasant Hill, CA
Advisory Committee Vice-Chair February 2014 - Present

- To be consistently informed about all Committee issues, Committee procedures and process, selecting & supervising subcommittee chairs, and on issues affecting the overall program
- Assist the Chairperson in all aspects of the Chairperson's position including:
 - Advising Executive Director on meeting agendas
 - Ensuring that the Committee and subcommittees function appropriately
 - Ensuring that individual Committee members receive adequate orientation and training
- Serve as Chairperson when Chairperson is absent or unable to serve

Advisory Committee Member 2009 - Present

- Attend scheduled Advisory Committee meetings and any assigned sub-committee meetings
- Stay informed & educated on IHSS/Public Authority issues
- Provide consumer & provider input into IHSS
- Advise and make recommendations to the Board of Supervisors on issues regarding Public Authority policy, program development, activities, services, and budget
- Participate in community outreach, educational activities, and exploration of alternative funding sources
- Review, advise, and make recommendations to the Board on pending state legislation and budget that impact the IHSS program, consumers, providers, and/or Public Authorities
- Engage in advocacy activities related to IHSS consumer and provider issues while notifying the Board
- Hear appeals and make final decisions regarding removal of providers or consumers from the Registry
- Adhere to established Robert's Rules of Order and SPERO Ground Rules
- Solicit input from consumers, providers, and community who have an interest in the IHSS program & the Public Authority

SKILLS & INTERESTS

Programming: Java, JSP, HTML (Proficient); C++, SQL*Plus, SQL*Loader (Knowledgeable)

Software: Microsoft Word, PowerPoint, Excel, Access (Proficient), Dreamweaver, Photoshop (Knowledgeable)

Networking Application: Google Hangout, Facebook Chat, Twitter

Languages: English (Native or bilingual proficiency), Mandarin (Limited working proficiency)



BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

Mail or Deliver To:

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, CA 94533-1292

PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE
APPLYING FOR: _IHSS Public Authority Advisory Committee_____

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION PRINT EXACT
SEAT NAME (if applicable): _Consumer Seat Under 60 – Seat 1_____

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

X High School Diploma __ G.E.D. Certificate __ California High School Proficiency
Certificate

Give Highest Grade or Educational Level Achieved _4 years University Degree_____

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed	Degree Type	Date Degree Awarded
University of California, Berkeley	English	Yes X No —	Semester / Quarter 136 Semester Units	Bachelors of Arts	8/16/2013

B)		Yes _ No _	Semester / Quarter		
C)		Yes _ No _	Semester / Quarter		
Other schools / training completed:	Course Studied	Hours Completed			Certificate Awarded: Yes _ No _

- Name:
 Cheng Wilson_ W_
 (Last Name) (First Name) (Middle Name)
- Address:
 1401 Everett Street, El Cerrito, CA 94530
 (No.) (Street) (Apt.) (City) (State) (Zip Code)
- Phones: _ (510) 236-1002 (Home) (510) 703-3172 (Cell) _____
 (Home No.) (Work No.) (Cell No.)
- Email Address:
 wcheng80@gmail.com

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.

Dates (Month, Day, Year) From _2014 To _Present_ Total: Yrs. _1_ Mos. ____ Hrs. per week__ Volunteer X	Title: Board Member Employer's Name: Independent Living Resources Board of Directors Employer's Address: 1850 Gateway Blvd., Ste. 120 Concord, CA 94520	Duties Performed: •Advocate for people with disabilities to live independently •Support and partner with the community to expand opportunities for independent living
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<p>Dates (Month, Day, Year)</p> <p>From <u>2014</u> To <u>Present</u></p> <p>Total: Yrs. <u>1</u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> Volunteer <input checked="" type="checkbox"/> X</p>	<p>Title: Vice Chair</p> <p>Employer's Name: Contra Costa County IHSS Public Authority Advisory Committee</p> <p>Employer's Address: 500 Ellinwood Way, Pleasant Hill, CA 94523</p>	<p>Duties Performed:</p> <ul style="list-style-type: none"> • To be consistently informed about all Committee issues, Committee procedures and process, selecting & supervising subcommittee chairs, and on issues affecting the overall program • Assist the Chairperson in all aspects of the Chairperson's position • Serve as Chairperson when Chairperson is absent or unable to serve
<p>Dates (Month, Day, Year)</p> <p>From <u>2009</u> To <u>Present</u></p> <p>Total: Yrs. <u>6</u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> Volunteer <input checked="" type="checkbox"/> X</p>	<p>Title: Board Member</p> <p>Employer's Name: Contra Costa County IHSS Public Authority Advisory Committee</p> <p>Employer's Address: 500 Ellinwood Way, Pleasant Hill, CA 94523</p>	<p>Duties Performed:</p> <ul style="list-style-type: none"> • Attend scheduled Advisory Committee meetings and any assigned sub-committee meetings • Stay informed & educated on IHSS/Public Authority issues • Provide consumer & provider input into IHSS
<p>Dates (Month, Day, Year)</p> <p>From <u>November 2005</u> To <u>December 2005</u></p> <p>Total: Yrs. <u> </u> Mos. <u>1</u></p> <p>Hrs. per week <u>8</u> Volunteer <input type="checkbox"/></p>	<p>Title: Programming Intern</p> <p>Employer's Name: Wells Fargo Bank, Shared Database Services, San Francisco, CA</p> <p>Employer's Address:</p>	<p>Duties Performed:</p> <ul style="list-style-type: none"> • Extracted and generated server listing from flat files using scripting language; Monitored server status using "ping" • Connected to Wells Fargo's monitoring tool repository (OEM – Oracle Enterprise Manager) and generated a list of servers using SQL statements; Used Oracle SQL*Plus utility to connect to the database • Installed Oracle binaries and created a sample database • Loaded data into Oracle for data processing; Utilized Oracle tools such as SQL*Loader, import, and export • Discussed projects' progress with team members

7. How did you learn about this vacancy? CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other ☒ Currently serving as the IHSS Public Authority Advisory Committee Vice Chair _____

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: Wilson Cheng

Date: 2/16/2016

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.

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution no. 2011/55 on 2/08/2011 as follows: WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism; IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted: 1. Mother, father, son, and daughter; 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter; I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority. II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships: 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter; 4. First cousin; 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter; 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson; 7. Registered domestic partner, pursuant to California Family Code section 297. 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner. 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

The Registry computer will search for potential workers to match your needs, hours and location. The Registry staff will send you a list of three to six names of potential workers. You call the names on the list to discuss the job and set up interviews. The care provider is in the employ of the consumer, not the County.

You may call the Registry at (800) 333-1081 to let them know what services you need and which hours you need a worker.

WHAT TO EXPECT WHEN YOU APPLY:

- A completed Health Care Certification (SOC 873) must be received by the county prior to authorization of services.
- A county social worker will interview you at your home to determine your eligibility and need for IHSS. Based on your ability to safely perform certain tasks for yourself, the social worker will assess the types of services you need and the number of hours the county will authorize for each of these services. This assessment will include information given by you and, if appropriate, by your family, friends, physician or other licensed health care professionals.
- You will be notified if IHSS has been approved or denied. If denied, you will be notified of the reason for the denial. If approved, you will be notified of the services and the number of hours per month which have been authorized for you.
- If you are approved for IHSS, you must hire someone (your individual provider) to perform the authorized services. You are considered your provider's employer and, therefore, it is your responsibility to hire, train, supervise, and as may be necessary, dismiss this individual.

HOW DOES PROGRAM WORK?

The IHSS Program pays the wages of a caregiver (called an IHSS provider) to work in the client's home. Recipients of IHSS may hire any person of their choosing to be the in-home care provider. The provider may be a relative or friend if desired. The provider's wages are paid twice per month after the work has been performed. The pay rate in Contra Costa is presently \$11.50 per hour. Providers are covered by government-paid Workers' Compensation insurance, by FICA and SDI. They are required to be fingerprinted and attend a Provider Orientation conducted by the Contra Costa Public Authority (see below).

WHERE TO FIND AN INDIVIDUAL IN-HOME CARE PROVIDER?

Recipients of IHSS may hire any person of their choosing to be the in-home care provider. The person hired must be of eligible age to work and legally able to be employed in the US.

For those recipients looking for an appropriate care provider, they may contact the Contra Costa County Public Authority. The Public Authority operates a Registry that recruits, checks references for home care workers, maintains names and information in a database, and then supplies a list of names to consumers.

The Registry computer will search for potential workers to match your needs, hours and location. The Registry staff will send you a list of three to six names of potential workers. You call the names on the list to discuss the job and set up interviews. You may call the Registry at (800) 333-1081 to let them know what services you need and which hours you need a worker.



Wilson Cheng

EHSD



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[Sitemap](#) ([sitemap](#))
[Terms of Use](#) ([termsofuse](#))

COUNTY LINKS



[Contra Costa County](#)
[\(http://www.cccounty.us/\)](http://www.cccounty.us/)
[Board of Supervisors](#) (<http://ca.contracostacounty2.gov/plus.com/195/Board-of-Supervisors>)
[Sheriff](#) (<http://ca.contracostacounty2.gov/plus.com/140/Sheriff>)
[Health Services](#) (<http://cchc.health.org>)
[Library](#) (<http://www.evelib.org/>)

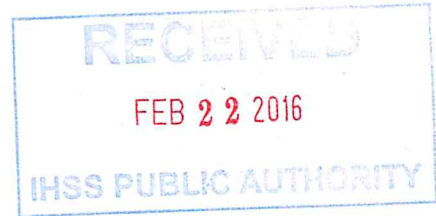
LANGUAGES

[English](#) (<http://ehsd.org/elderly-disabled-and-multiple-disabilities/>)
[Español](#) (<http://ehsd.org/servicios-personales/>)

<https://www.facebook.com/pages/Contra-Costa-Employment-and-Human-Services/195595183810623?ref=hl>

<https://twitter.com/contracostaehsd>

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Statement of Interest

I Catherine Cratty would like to be reappointed for the position of Public Authority Advisory Committee. I found these meetings to be beneficial to me as a Client of IHSS. I am able to keep updated on any new rules or changes. This allows me to work with my providers, having all the correct information needed. I hope you consider me for the position.

Thank you

Catherine Cratty

A handwritten signature in blue ink that reads "Catherine Cratty". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.



Contra
Costa
County

For Office Use Only

Date Received:

For Reviewers Use Only:

Accepted Rejected

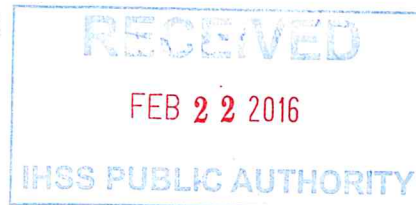
BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

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:

IHSS Public Authority Advisory Committee

Consumer 60 or Older- Seat 2

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Crafty Catherine
(Last Name) (First Name) (Middle Name)

2. Address: 3521 Fairview dr. Antioch CA 94509
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: 925-757-8834 925-783-3014
(Home No.) (Work No.) (Cell No.)

4. Email Address: Wheels61@att.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 Graduated from High School

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>none</u>		Yes No <input type="checkbox"/> <input type="checkbox"/>				
B) <u> </u>		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C) <u> </u>		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

100

member
head of Rapid Response
Committee
attended conferences
in Sacramento
Just appointed to the
nominate Committee

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☒ Newspaper Advertisement ☐ District Supervisor ☐ Other

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: Catherine Antley Date: 2/12/16

Important Information

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Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
 1. Mother, father, son, and daughter;
 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
 7. Registered domestic partner, pursuant to California Family Code section 297.
 8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
 9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.