



Agenda

FAMILY & HUMAN SERVICES COMMITTEE

February 22, 2017

1:30 P.M.

651 Pine Street, Room 108, Martinez

Supervisor John Gioia, Chair

Supervisor Candace Andersen, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. CONSIDER recommending to the Board of Supervisors the appointments of Miguel Hidalgo-Barnes, John Eckstrom, Cecilia McCloy, Stephanie Batchelor, Doug Leich, Anne Struthers, Brenda Kain, John Barclay and Joseph Villareal to the Contra Costa Council on Homelessness. (Jaime Jenett, Health Services Department)
4. CONSIDER recommending to the Board of Supervisors the appointments of Summer Selleck, Jessica Laird, Phyllis Gordon, Rosa Davila-Luevano and Tracy Ward to the Contra Costa Commission for Women.
5. CONSIDER approving the recommendation of the Department of Conservation and Development to allocate \$22,224 of fiscal year 2016/17 Community Development Block Grant funds to the Contra Costa County Health Services Department to support the operation of the Coordinated Outreach Referral and Engagement (CORE) Homeless Street Outreach Program. (Gabriel Lemus, CDBG Program Manager)
6. CONSIDER accepting the report from the Health Services Department on children's mental health services, and providing direction to the department on the future reporting expectations of Family and Human Services Referral No. 115 - Child and Teen Psychiatric Services. (Vern Wallace, Mental Health Program Chief)
7. The next meeting is currently scheduled for March 27, 2017.
8. Adjourn

The Family & Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Family & Human Services Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family & Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Enid Mendoza, Committee Staff
Phone (925) 335-1039, Fax (925) 646-1353
enid.mendoza@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

3.

Meeting Date: 02/22/2017

Subject: Appointments to the Council on Homelessness

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: N/A

Referral Name: Appointments to Advisory Bodies

Presenter: Jaime Jenett, Health Services
Department

Contact: Enid Mendoza, (925)
335-1039

Referral History:

On December 6, 2011 the Board of Supervisors adopted Resolution No. 2011/497 adopting policy governing appointments to boards, committees, and commissions that are advisory to the Board of Supervisors. Included in this resolution was a requirement that applications for at large/countywide seats be reviewed by the Board of Supervisors sub-committee.

Referral Update:

Please see the attached memo from the Council on Homelessness, which details their request to fill nine of the current eleven vacancies on the council as stated in the recommendation below. The total council membership consists of 18 seats.

Recommendation(s)/Next Step(s):

CONSIDER recommending to the Board of Supervisors the appointment of the following individuals to the Contra Costa Council on Homelessness:

Appointee	Seat Name	Affiliation	Term Expiration	District
Miguel Hidalgo-Barnes	Behavioral Health Representative	Program Manger, Hume Center	12/31/2017	I
John Eckstrom	CoC/ESG Program Grantee	Executive Director, SHELTER, Inc.	12/31/2018	II
Cecelia McCloy	Community Member Seat #3	Retired business person	12/31/2018	II
Stephanie Batchelor	Consumer/Consumer Advocate	Lived Experience of Homelessness	12/31/2017	V
Doug Leich	Faith Community Representative	Multi-Faith ACTION Coalition	12/31/2018	II
Anne Struthers	Government Seat #1	Homeless Manager, Contra Costa Employment and Human Services	12/31/2018	II

Brenda Kain	Government Seat #2	Community Services Program Manager, City of Concord	12/31/2018	IV
John Barclay	Health Care Representative	Director of Community Based Services, Contra Costa Health Plan	12/31/2018	IV
Joseph Villarreal	Public Housing Authority	Executive Director, Housing Authority of Contra Costa County	12/31/2018	IV

Attachments

Memo to F&HS from CoH

Miguel Hidalgo-Barnes Application

John Eckstrom Application

Cecelia McCloy Application

Stephanie Batchelor Application

Doug Leich Application

Anne Struthers Application

Brenda Kain Application

John Barclay Application

Joseph Villareal Application



1350 Arnold Drive, Suite 202
Martinez, CA 94553-4639
Ph 925-313-7700
Fax 925-646-9420

Date: February 7, 2017

To: Family and Human Services Committee
Supervisor John Gioia, District I, Chair
Supervisor Candace Anderson, District II, Co-Chair

From: Lavonna Martin, Director, Health, Housing and Homeless Services Division

CC: Jaime Jenett, Planning and Policy Manager, Housing and Homeless Services Division

Subject: Vacant Council on Homelessness Seat Membership Recommendations

The Director of Health, Housing and Homeless Services, Lavonna Martin, respectfully requests that the Family and Human Services Committee accepts the recommendation to appoint nine (9) individuals for open seats on the Contra Costa Council on Homelessness (aka the Homelessness Advisory Board).

PURPOSE OF COUNCIL ON HOMELESSNESS

The Contra Costa Continuum of Care is governed by the Contra Costa Council on Homelessness (hereinafter referred to as the Council). The Council is appointed by the Contra Costa County Board of Supervisors to assist and provide guidance in the development and implementation of long-range planning and policy formulation of homeless issues in Contra Costa County.

The Contra Costa Council on Homelessness provides a forum for communication and coordination of the County's Strategic Plan to End Homelessness, educate the community on homeless issues, and advocate on federal, state and local policy issues affecting people who are homeless or at-risk of homelessness.

Governance

The Council on Homelessness is appointed by the Board of Supervisors and consists of 18 seats representing homeless or formerly homeless persons, community members, educational/vocational services, health care, housing providers, law enforcement, local government, the faith community, and homeless service providers including the Veteran Administration. All Council members reside in or are employed in Contra Costa County, demonstrate a professional interest in or personal commitment to addressing and alleviating the impact of homelessness, and be able to contribute unique expertise, opinions and viewpoints on homeless issues. Candidates will serve two-year terms.

SUMMARY OF RECRUITMENT EFFORTS/NOMINEES FOR MEMBERSHIP

The Council on Homelessness continues to make every effort to fill its vacant seats. These efforts include sending a targeted email solicitation via the Continuum of Care mailing list (800+ contacts that include each Supervisor's office), announcing vacancies at public Council on Homelessness meetings and posting information about the vacancies and application materials on the Council on Homelessness website.

Following a close review of applications and interviews with the candidates by a nominating committee, the Council on Homelessness recommends appointing the following nine (9) nominees:



Behavioral Health Representative

Miguel Hidalgo-Barnes
Program Manager/Psychologist
Portia Bell Hume Center
1333 Willow Pass Road, #102
Concord, CA 94530
(510) 717-3159 (cell)
Mhidalgo-barnes@humecenter.org

CoC/ESG Program Grantee Representative

John Eckstrom
Chief Executive Officer
SHELTER, Inc. of Contra Costa County
1333 Willow Pass Road, #206
Concord, CA 94520
john@shelterinc.org
(415) 910-8711 (cell)

Community Member Seat #3 Representative

Cecelia McCloy
55 Ambleside Court
Danville, CA 90526
ceilmccloy@aol.com
(925) 820-5558 (home)

Consumer/Consumer Advocate

Stephanie Batchelor
2003 Alhambra Avenue #A
Martinez, CA 94553
Stephanie.batchelor13@gmail.com
(925) 497-4110 (home)

Faith Community Representative

Doug Leich
Multi-Faith ACTION Coalition
925-984-0120 (cell)
leichd@gmail.com

Government Seat #1 Representative

Ann Struthers
Homeless Manager
Contra Costa Employment and Human Services Department
651 Pine Street
Martinez, CA 94553
Astruthers@hsd.cccounty.us
(925) 285-5429 (cell)



Government Seat #2 Representative

Brenda Kain
Community Services Program Manager
City of Concord
1950 Parkside Drive
Concord, CA 94520
Brenda.kain@cityofconcord.org
(925) 671-3088 (work)

Health Care Representative

John Barclay
Director of Community Based Services
Contra Costa Health Plan
595 Center Street, Suite 100
Martinez, CA 94553
John.barclay@hsd.cccounty.us
(407) 463-1403 (cell)

Public Housing Authority Representative

Joseph Villareal
Executive Director
Contra Costa Housing Authority
3133 Estudillo Street
Martinez, CA 94553
jvillareal@contracostahousing.org
(925) 957-8011 (work)

The candidates have expressed a sincere interest in serving on the Council and are dedicated to fulfilling the mission and goals as outlines in the Council on Homelessness by-laws.

Based on the above information, the Director of Health, Housing and Homeless Services Division, on behalf of the Council on Homelessness respectfully recommends that the FHS Committee appoint the above listed people to the Council on Homelessness.



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Contra
Costa
County

RECEIVED

OCT 06 2016

CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

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:

Council on Homelessness

Behavioral Health Representative

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Hidalgo-Barnes Miguel Keller
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] Richmond CA 94806
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:** [Redacted]
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** [Redacted]

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: Doctorate in Clinical Psychology

Names of colleges / universities attended	Course of Study / Major	Degree Awarded Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) UCSC	Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	8		B.A.	2003
B) Pacific University School of Professional Psychology	Clinical Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	10		PsyD	2011
C)		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"/>			

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.

<p>A) Dates (Month, Day, Year)</p> <p>From <u>8/2014</u> To <u>Present</u></p> <p>Total: <u>2</u> Yrs. <u>2</u> Mos.</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Program Manager / Psychologist</p> <p>Employer's Name and Address</p> <p>Portia Bell Hume Center 1333 Willow Pass Rd. #102 Concord CA 94530 and 3095 Richmond PKWY #201 Richmond CA 94806</p>	<p>Duties Performed</p> <p>Administer Full Service Partnership serving High Utilizers of emergency mental health services about 50% of which are homeless.</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <u>9/2010</u> To <u>8/2014</u></p> <p>Total: <u>3</u> Yrs. <u>11</u> Mos.</p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Clinical Psychologist</p> <p>Employer's Name and Address</p> <p>La Cheim Schools Inc. 3031 Telegraph Ave. Oakland CA 94609</p>	<p>Duties Performed</p> <p>Provided services to a popsulation of cronically and severely mentally ill patients.</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <u> </u> To <u> </u></p> <p>Total: <u> </u> Yrs. <u> </u> Mos.</p> <p>Hrs. per week <u> </u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p> </p> <p>Employer's Name and Address</p> <p> </p>	<p>Duties Performed</p> <p> </p>
<p>D) Dates (Month, Day, Year)</p> <p>From <u> </u> To <u> </u></p> <p>Total: <u> </u> Yrs. <u> </u> Mos.</p> <p>Hrs. per week <u> </u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p> </p> <p>Employer's Name and Address</p> <p> </p>	<p>Duties Performed</p> <p> </p>

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:



Date:

10/1/11

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:**

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.

MIGUEL HIDALGO-BARNES, PSYD
Licensed Clinical Psychologist



License: PSY24974 (current)
Initially Licensed: 4/24/2012
NPI#: 1669656393

CURRICULUM VITAE

EDUCATION & TRAINING

2010	Doctor of Psychology [APA Accredited]	Pacific University School of Professional Psychology Hillsboro, OR
2006	Master of Science Clinical Psychology	Pacific University School of Professional Psychology Forest Grove, OR
2003	Bachelor of Arts Intensive Psychology	University of California at Santa Cruz Santa Cruz, CA

RESEARCH

2010 **Doctoral Dissertation Topic:** *Predicting Recidivism in Adolescent Males Using the Minnesota Multiphasic Personality Inventory–A and the Trauma Symptom Checklist for Children*

2006 **Master's Thesis Topic:** *Psychological Theory Pertaining to Masculinity and its Assessment: A Review*

Aug 2001- June 2003 **UCSC Language Lab**
Researcher/Research Assistant
Supervisor: Dominic Massaro, Ph.D.

While working with a multidisciplinary team, I conducted research that emphasized the goal of facilitating language comprehension utilizing computer technology. The study explored the potential role that computer simulations may serve in artificially facilitating the intellectual capacity of understanding language. I subsequently published my findings in a peer-reviewed journal.

CLINICAL WORK EXPERIENCE

September 2014-Current **Portial Bell Hume Behavioral Health and Training Center**
Program Manager and Psychologist

In my current position, I supervise a staff of eight case manager and clinical staff in the ACT based Community Support Program. I provide direct engagement with SMI clients that have typically fallen through the cracks and homeless. My CSP work is a mixture of supervision, case management and clinical work.

May 2014-Current **Clinical Supervisor and Group Facilitator**
Pacific Center for Human Growth

I co-facilitate the Outpatient group for HIV+ men and supervise my MFTi co-facilitator.

June 2012-September 2014 **La Cheim Partial Hospital Program, Oakland, CA**
Clinic Manager

At La Cheim I held a variety of responsibilities. In addition to managing a staff of around 15 clinicians, as well as other administrative staff working under me, I oversaw the intern training program. This allowed me to provide direct supervision of interns, which I found particularly rewarding. I ensured the services provided at our clinic consistently met our high quality of care

standards. I also navigated communications with case managers to coordinate care for patients participating in our program through our Kaiser contract. Meanwhile, I valued my direct contact with clients as I continued to be responsible for a full caseload of individual clients as well as therapy groups.

Jan 2012-June 2012

**Project Manager
La Cheim Partial Hospital Program**

In addition to maintaining all of the obligations I had as a post-doctoral fellow, I took on a number of additional projects. I spearheaded an outreach campaign that involved creating an outreach database, performing presentations at aligned agencies and managing a staff of three. I acted as the point person for increasing funding through grant writing. I was asked to research and implement a method to digitize records. I acted as Clinic Manager at times.

Oct 2010-Dec 2011

**Post-Doctoral Fellow
La Cheim Partial Hospital Program
Supervisor: Ernst Valfer Ph.D.**

I provided group and individual therapy to a diverse population consisting of severely and persistently mentally ill adults. I was also involved in many secondary activities including, but not limited to, case management, coordinating with psychiatrists, performing trainings and assisting the MFT interns. I performed psychological intake evaluations. I was involved with acquiring new insurance contracts. Furthermore, I organized an addictive behavior “track” to provide focused treatment to our clients. I successfully initiated and ran an aftercare program for graduates from the PHP.

Nov 2006-July 2009

**Group Facilitator
Allies in Change Counseling Center
Supervisor: Chris Huffine, PsyD**

I served an outpatient population of primarily court-mandated men who had been convicted of a charge related to domestic violence. My responsibilities included assessment, group therapy, and Psychoeducation. I also frequently collaborated with officers of the court to co-ordinate probation expectations for clients.

July 2008-July 2009

**Clinical Specialist II
Protocol Services
Supervisor: Brandt Rigby, LCSW**

I provided 24 hour telephone crisis counseling. Our institutional goal was to average 10 minutes per call including documentation, and I achieved that goal 12 out of 12 months. I received extensive training in Brief Solution Focused Therapy, Motivational Interviewing and Dialectical Behavior Therapy. I got extensive experience with handling suicidal and homicidal clients and reporting child and vulnerable adult abuse. I worked with Assertive Community Treatment accounts and clients.

SUPERVISION EXPERIENCE

February 2013-Current

**North Berkeley Couple's Therapy Center
Co-Founder and Supervisor**

I co-founded a group private practice with offices in both Oakland and North Berkeley. I am currently providing both individual and group supervision to two Psychological Assistants (one Post-Doctoral and one Pre-Doctoral assistant). Together we collaborated in creating a group private practice model so that I may facilitate my supervisees and offer the training necessary to develop their own private practices once licensed. Our stated specialty is working with couples using an attachment based modality, such as AEDP, PACT and EFT. We are interested in serving diverse populations, such as people of color, LGBTQ couples, couples wanting to separate in a loving and healthy manner and polyamorous couples.

September 2013-Current

**Pacific Center for Human Growth
Clinical Supervisor**

I provide clinical supervision for practicum students in a clinical setting with a strong LGBTQ focus. Not only do I offer clinical support in their client work, but I also offer emotional support and teach them necessary skills such as proper charting and note-taking, ethics and practical matters that may assist them should they chose to pursue a private practice model.

SUPERVISED CLINICAL PREGRADUATE & PRACTICUM EXPEREINCE

Aug 2009-Aug 2010

**Portia Bell Hume Center, Concord, California
Pre-doctoral Intern
Supervisor: Khalil Rahmany, PhD**

I participated in both an outpatient program and a partial hospitalization program. In the PHP program I worked with a spectrum of severely and persistently mentally ill patients in a group setting. I instituted a DBT skills group. I was instrumental in designing and implementing Dual Diagnosis services, which had previously not existed. In the outpatient setting I served clients with Medi-Cal and Medicare insurance. I also began and facilitated a DBT Skills group and an Anger Management group.

Aug 2006-Aug 2007

**St. Mary's Home for Boys, Beaverton, Oregon
Practicum Student
Supervisor: Steven L. Henry, PsyD**

I provided services to a diverse population of adolescent males in a residential and school setting. The typical client had been convicted of violence or fire-starting related crimes. My responsibilities included comprehensive assessment, as well as individual and group therapy.

Aug 2005-May 2007

S.M.A.R.T. Recovery, Portland, Oregon
Student Group Facilitator
Supervisor: Hank Robb, PhD

I facilitated several addiction recovery groups. These groups had both Psychoeducation and group therapy components. Clients had a wide range of addictions and many had co-occurring mental illnesses. I also worked to develop the SMART program. My major accomplishment was instituting a client feedback system to monitor client outcome.

Aug 2005-Aug 2006

Pacific University PSC, Portland, Oregon
Practicum Student
Supervisor: James Lane, PhD

I provided intake assessment and counseling services in an outpatient community mental health setting. I also provided college counseling services, as this clinic had been contracted by three nearby Universities. I received three professional commendations for exceeding expectations.

RECENT TRAININGS PERFORMED

Responding to Suicidal and Grossly Disabled clients in Person and by Phone
Integrating Technology into Clinical Practice
De-escalation with Aggressive and Violent Patients
Medi-Cal Paperwork Standards

RECENT TRAININGS ATTENDED

California Alcohol and Drug Programs (ADP) Conference
Contra Costa County Paperwork Training

PUBLICATIONS

Hidalgo-Barnes, M. K., & Massaro, D. W. (2007). Read My Lips: An Animated Face Helps Communicate Musical Lyrics. *Psychomusicology*, 19, 3-12.

PROFESSIONAL AFFILIATIONS

American Psychological Association (2004-Current)
California Psychological Association (2012-Current)

REFERENCES

Christina Coto, PsyD
Current Psychological Assistant
North Berkeley Couple's Therapy Center
(510) 982-6401

Frances Raeside, MFT
Program Director
La Cheim Partial Hospital Program
(510) 596-8125

Leslie Miao, MS
Program Manager
Hume Center Partial Hospital Program
(925) 303-3770



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:

Executive Board of the Council On Homelessness

Non-profit Homeless Service Provider

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Eckstrom John Robert
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] Lafayette CA 94549
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:** [Redacted]
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** [Redacted]

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 Bachelor's Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) San Francisco State University	Psychology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			B.A.	1979
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		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"/>			

THIS FORM IS A PUBLIC DOCUMENT

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.

<p>A) Dates (Month, Day, Year)</p> <p>From To</p> <p>APR 2016 Present</p> <p>Total: Yrs. Mos.</p> <p>0 8</p> <p>Hrs. per week 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Chief Executive Officer</p> <p>Employer's Name and Address</p> <p>SHELTER, Inc. of Contra Costa County 1333 Willow Pass Road, Suite 206 Concord, CA 94520</p>	<p>Duties Performed</p> <p>Responsible for all operations and services of SHELTER, Inc.</p>
<p>B) Dates (Month, Day, Year)</p> <p>From To</p> <p>FEB 2011 MAR 2016</p> <p>Total: Yrs. Mos.</p> <p>5 2</p> <p>Hrs. per week 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Consultant and Executive Coach</p> <p>Employer's Name and Address</p> <p>Eckstrom Strategies PO Box 1231 Lafayette, CA 94549</p>	<p>Duties Performed</p> <p>Provided programmatic, operational, and financial advisory services to non-profit Executive Directors, CEO's and CFO's. Several clients missions were directly related to homeless services.</p>
<p>C) Dates (Month, Day, Year)</p> <p>From To</p> <p>APR 2005 JAN 2011</p> <p>Total: Yrs. Mos.</p> <p>5 9</p> <p>Hrs. per week 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Chief Executive Officer</p> <p>Employer's Name and Address</p> <p>Haight Ashbury Free Clinics, Inc. 1735 Mission Street San Francisco, CA 94013</p>	<p>Duties Performed</p> <p>Responsible for all operations and services of HAFCL including two medical clinics, residential/outpatient mental health and substance abuse treatment, and two homeless drop-in centers. Clients were predominately homeless or impoverished.</p>
<p>D) Dates (Month, Day, Year)</p> <p>From To</p> <p><input type="text"/> <input type="text"/></p> <p>Total: Yrs. Mos.</p> <p><input type="text"/> <input type="text"/></p> <p>Hrs. per week <input type="text"/> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p><input type="text"/></p> <p>Employer's Name and Address</p> <p><input type="text"/></p>	<p>Duties Performed</p> <p><input type="text"/></p>

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: 

Date: DEC 20 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.

THIS FORM IS A PUBLIC DOCUMENT

**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:**

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

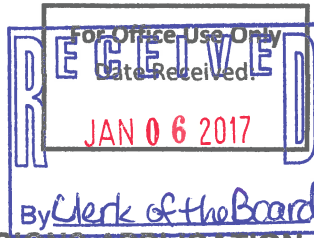
WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

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.



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:

Contra Costa Council on Homelessness

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: McCloy, Cecelia

(Last Name)

(First Name)

(Middle Name)

2. Address: [REDACTED] Danville, CA 90526

(No.)

(Street)

(Apt.)

(City)

(State)

(Zip Code)

3. Phones: [REDACTED]

(Home No.)

(Work No.)

(Cell No.)

4. Email Address: [REDACTED]

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 Masters of Science

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Stanford University	Geology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			MS	1984
B) George Washington University	Zoology/Geology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BS	1976
C)		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"/>			

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)	Title	Duties Performed
<div>From To</div> <div>3/1999 present</div> <div>Total: Yrs. Mos.</div> <div>Hrs. per week Volunteer <input type="checkbox"/></div>	<div>CEO</div> <div>Employer's Name and Address</div> <div>Integrated Science Solutions, Inc. Walnut Creek, CA</div>	General Manager of company. However for the position on this Council, I was President of the Peace Lutheran Church where I first became aware and interested in homelessness. When my children were in high school my family volunteered at Shelter Inc. I am interested in family homelessness issues in particular children coping with homelessness in schools.
B) Dates (Month, Day, Year)	Title	Duties Performed
<div>From To</div> <div>Total: Yrs. Mos.</div> <div>Hrs. per week Volunteer <input type="checkbox"/></div>	<div></div> <div>Employer's Name and Address</div>	
C) Dates (Month, Day, Year)	Title	Duties Performed
<div>From To</div> <div>Total: Yrs. Mos.</div> <div>Hrs. per week Volunteer <input type="checkbox"/></div>	<div></div> <div>Employer's Name and Address</div>	
D) Dates (Month, Day, Year)	Title	Duties Performed
<div>From To</div> <div>Total: Yrs. Mos.</div> <div>Hrs. per week Volunteer <input type="checkbox"/></div>	<div></div> <div>Employer's Name and Address</div>	

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

Date:

1/3/2017

Important Information

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2. Send the completed paper application to the Office of the Clerk of the Board at **651 Pine Street, Room 106, Martinez, CA 94553**.
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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.

Cecelia McCloy



Education

M.S., Geology, Stanford University
B.S., Geology and Zoology, George Washington University
A.S., Science/Mathematics, Marymount College

Experience Summary

Ms. McCloy is an experienced leader and consensus builder. She has successfully managed and grown multi-million dollar corporations. She is a senior scientist and senior program manager with over 30 years of national and international experience in managing applied science, natural resource, environmental, engineering, and technology programs. She has published several scientific articles.

As a small business owner, Ms. McCloy is passionate about innovation, small business and women. She is dedicated to promoting women and minorities in science and engineering. She believes that competitiveness in science and engineering coupled with strong entrepreneurship will keep America great.

She currently sits on the California General Services Small Business Council representing NAWBO and the 1,000,000 woman-owned businesses in California. She is a founding national partner at Women Impacting Public Policy and currently sits on the WIPP Educational Foundation Board. She also is a member of the alumni board for Marymount University, Virginia. She was appointed to the National Women's Business Council (2006-2009) and worked in concert with other womens' organizations to push the SBA to fully implement the Women Owned Small Business (WOSB) set-aside program. She served as Public Policy Chair for the CA National Organization of Women Business Owners. She served on the Small Business Roundtable for Representative Ellen Tauscher (D-CA). In 2006, she was invited by the U.S. Department of State to serve as a speaker and participant at the Middle East and North Africa Businesswomen's summit in Abu Dhabi, United Arab Emirates. She has also testified before the House Small Business Committee on regulatory flexibility for small businesses.

Integrated Science Solutions, Inc. (ISSi), a science and engineering company she co-founded, was awarded a 2012 Blue Ribbon Award by the national US Chamber of Commerce; ISSi was also the 2008 Small Business Prime Contractor of the Year by NASA Ames Research Center. ISSi was named the 2007 Small Business Administration Region IX Prime Contractor of the Year. ISSi has also been recognized by the U.S. Environmental Protection Agency as being one of the SF Bay Areas' Best Workplaces for Commuters. The company has been listed as one of the Fastest Growing Businesses by the East Bay Business Times and San Francisco Business Times.

Work History

Integrated Science Solutions Inc. (www.issi-net.com);
CEO; 2014-present
President and CEO; 1999 to 2014
Science Applications International Corp. (www.saic.com);
Corporate Vice-President; 1997 – 1999
Vice-President; 1995 – 1997

Assistant Vice-President; 1990 – 1995
Senior Scientist; 1988 – 1990
Scientist (TOPs) 1987 -1988
Independent Consultant: 1982 – 1987
Smithsonian Institution, Museum of Natural History, 1975 to 1977 and 1980
PETROCI, Abidjan, Ivory Coast, West Africa, 1978 to 1979

Clearances

Secret, Inactive

Awards and Recognition

Program Manager's Commendation – NASA Shuttle Program - 2011
Woman Entrepreneur of the Year – Women's Initiative – 2011
Woman Advocate of the Year – *National Association of Women Business Owners* -2009
NAWBO-Silicon Valley Chapter - Public Policy Advocate of the Year – 2008
WIPP – *Fast 5 Award* - 2007
Diablo Magazine – *Women to Watch Award* – 2006
Fortune Small Business/Winning Workplaces – Best Bosses, Finalist - 2005
East Bay Business Times – *Women of Distinction Award, Technology* - 2003
NASA-Ames Research Center – *Public Service Group Achievement Award* -2002
NASA-Ames Research Center – *Contractor Excellence Award* – 2001 and 2000
SAIC President Stock Award - 1996
SAIC Corporate Award for Environmental Excellence- 1995
NASA-Ames Research Center – *Contractor Excellence Award* – 1995
SAIC Corporate Award for Environmental Excellence - 1995
Women's Inner Circle of Achievement Award - 1995

Affiliations

National Founding Member, Women Impacting Public Policy
Member, National Association of Women Business Owners



Contra
Costa
County

For Office Use Only
Date Received:

NOV 18 2015

CLERK BOARD OF SUPERVISORS

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:

Council on Homelessness

Consumer/Consumer Advocate

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Batchelor Stephanie M
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] Martinez CA 94553
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:** [Redacted]
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** [Redacted]

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: Senior in College

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) University Of Pheonix	Human Services Management	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	80		BS	2017
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed: Contra Costa College	Course Studied Spirit Program	Hours Completed 9 units	Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			

THIS FORM IS A PUBLIC DOCUMENT

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.

<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>4/2004</div> <div>7/2008</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>4</div> <div>3</div> <p>Hrs. per week <div> </div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title <div>Homeless</div> <p>Employer's Name and Address <div> </div> </p> </p>	<p>Duties Performed Lived on the streets for 3 months then in and out of shelter. Received my own housing in July of 2008. Where I moved to Martinez </p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>12/2010</div> <div>1/2012</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>2</div> <div>1</div> <p>Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title <div>Homeless Peer Counselor</div> <p>Employer's Name and Address Greater Richmond Interfaith Program 847 C Brookside Dr Richmond Ca 94801 </p> </p>	<p>Duties Performed Provide peer support, Conflict resolution, do intakes, hold meetings, serve meals, clean facility </p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>1/2012</div> <div>1/2014</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>2</div> <div>0</div> <p>Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title <div>Consumer Specialist</div> <p>Employer's Name and Address Greater Richmond Interfaith Program 2047 Arnold Industrial Way Concord Ca 94520 </p> </p>	<p>Duties Performed At6tend many stakeholder meetings with homeless consumers, advocate for consumers, facilitate meetings for homeless consumers </p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>1/14</div> <div>6/15</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>1</div> <div>5</div> <p>Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title <div>Housing Specialist</div> <p>Employer's Name and Address Public Health Foundation Enterprises 2047 Arnold Industrial Way Concord CA 94520 </p> </p>	<p>Duties Performed Locate housing opportunity for consumers, case manage consumers, assist consumers in savings plan, develop housing plan, develop treatment plan, document in HMIS </p>

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:

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Sign Name: 

Date: 11/7/16

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**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:**

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:

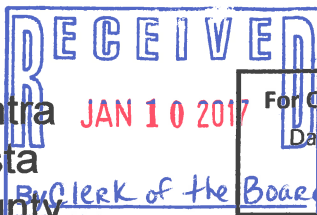
I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.

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.



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:

Contra Costa Council on Homelessness

Faith Community

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Leich Douglas Albert
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] Danville CA 94526
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:** [Redacted]
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** [Redacted]

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 Postgraduate degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Colgate University	Physics	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			B.A.	June 1968
B) California Institute of Technology	Physics	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			Ph.D.	June 1974
C) [Redacted]	[Redacted]	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"/>			

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.

<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>3/1/2016 12/31/2016</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>0 10</div> <p>Hrs. per week <u>2</u> . Volunteer <input checked="" type="checkbox"/></p> </p></p>	<p>Title <div>Contra Costa Council on Homelessness</div> <p>Employer's Name and Address <div>Contra Costa County Martinez, CA</div> </p> </p>	<p>Duties Performed</p> <div>- attend and participate in Council on Homelessness meetings - attend other Homeless Program meetings as appropriate</div>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>1/29/2014 present</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>2 11</div> <p>Hrs. per week <u>8</u> . Volunteer <input checked="" type="checkbox"/></p> </p></p>	<p>Title <div>CoChair Housing & Shelter Task Force</div> <p>Employer's Name and Address <div>Multi-Faith ACTION Coalition c/o/Richmond Community Foundation 1014 Florida Avenue, #200 Richmond, CA 94804</div> </p> </p>	<p>Duties Performed</p> <div>-co-chair regular task force meetings -represent task force at regular MFAC steering committee meetings -represent MFAC at public events including BoS and City Council mtgs. - serve on CCC Zero:2016 Leadership Committee and chair Zero:2016 Outreach & Engagement Committee -left H&S Task Force CoChair role 11/16 to CoChair Racial Justice Working Grp.</div>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>Feb, 2012 present</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>4 11</div> <p>Hrs. per week <u>2</u> . Volunteer <input checked="" type="checkbox"/></p> </p></p>	<p>Title <div>Member of Board of Directors</div> <p>Employer's Name and Address <div>SHELTER, Inc. of Contra Costa County 1333 Willow Pass Road, Suite 206 Concord, CA 94520</div> </p> </p>	<p>Duties Performed</p> <div>-attend monthly Board/Development Committee meetings -be an ambassador for SHELTER, Inc. -serve on Hike for Shelter Committee -serve on ad hoc committees as required, including current Strategic Planning Committee -coordinate Danville Congregational Church volunteer & financial support</div>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>Oct. 2011 present</div> <p>Total: <u>Yrs.</u> <u>Mos.</u> <div>5 3</div> <p>Hrs. per week <u>1</u> . Volunteer <input checked="" type="checkbox"/></p> </p></p>	<p>Title <div>Traveling Tutor</div> <p>Employer's Name and Address <div>Winter Nights Shelter Program Interfaith Council of Contra Costa Cnty. 1543 Sunnyvale Avenue Walnut Creek, CA 94597</div> </p> </p>	<p>Duties Performed</p> <div>-provide tutoring help with homework to students in the rotating homeless shelter -coordinate Danville Congregational Church volunteer support for one week each year</div>

7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other my initial term expired

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:

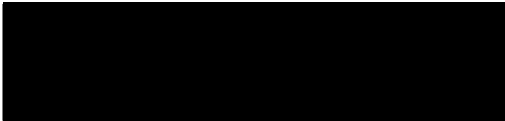
9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

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:



Date:

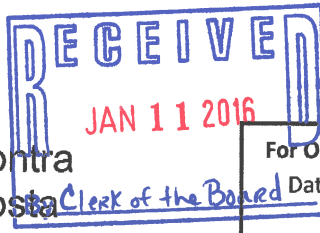
January 8, 2017

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.



Contra
Costa
County



For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

Print Form

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:

Council on Homelessness

Government #1

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Struthers, Anne B.
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] Alamo, CA 94507
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:** [Redacted]
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** [Redacted]

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, Public Administration

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Whitman College		Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	3			n/a
B) UC Berkeley	Development Studies	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		5	BA	6/80
C) CalState East Bay	Public Administration	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			MPA	1/2000
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

THIS FORM IS A PUBLIC DOCUMENT

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.

<p>A) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 1/17 <input type="text"/></p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>0 <input type="text"/></p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Homeless Manager, EHSD</p> <p>Employer's Name and Address</p> <p>Contra Costa County Employment & Human Services Dept. 651 Pine St. Martinez, CA 94553</p>	<p>Duties Performed</p> <p>Homeless and housing program coordination</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 5/11 <input type="text"/> 12/16</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>5 <input type="text"/> 7 <input type="text"/></p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Division Manager, General Assistance</p> <p>Employer's Name and Address</p> <p>Contra Costa County Employment & Human Services Dept. see above</p>	<p>Duties Performed</p> <p>Program management and administration of general assistance benefit program, CAPI, interments and volunteer services.</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 3/06 <input type="text"/> 4/11</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>5 <input type="text"/></p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Volunteer Program Coordinator</p> <p>Employer's Name and Address</p> <p>Contra Costa County Employment & Human Services Dept. see above</p>	<p>Duties Performed</p> <p>Supervise volunteer unit, administration of programs, and Season of Sharing grant.</p>
<p>D) Dates (Month, Day, Year)</p> <p>From <input type="text"/> To <input type="text"/></p> <p><input type="text"/> 4/03 <input type="text"/> 2/06</p> <p>Total: Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>2 <input type="text"/> 8 <input type="text"/></p> <p>Hrs. per week <input type="text"/> 40 . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Contra Costa ARC</p> <p>Employer's Name and Address</p> <p>1330 Arnold Dr. Martinez, CA 94553</p>	<p>Duties Performed</p> <p>Early Childhood Coordinator</p>

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:

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Sign Name: [REDACTED]

Date: 1/4/17

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THIS FORM IS A PUBLIC DOCUMENT

1/4/17

Council on Homelessness

To Whom it may concern:

I am interested in serving on the Council on Homelessness for a variety of reasons, some personal and some professional. I am in a newly-created position within EHSD to coordinate and support housing issues and believe that participation in the Council is an essential part of understanding homelessness and helping to direct action in the most effective way. On a personal level, I have been involved in housing development for individuals with developmental disabilities and am familiar with many housing issues faced by vulnerable sectors of the population today.

I hope to be able to bring my skills and passion to working with a council of similarly-minded individuals on a local and regional level.

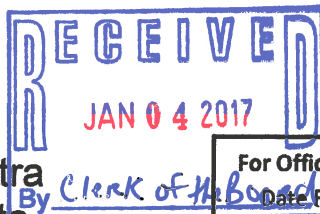
Thank you for your consideration.

A solid black rectangular box used to redact the signature of Anne Struthers.

Anne Struthers



Contra
Costa
County



For Office Use Only
Date Received:

Print Form

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:

Contra Costa Council on Homelessness

Government Seat 2

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Brenda Kain
(Last Name) (First Name) (Middle Name)
2. Address: [Redacted] Concord, California 94519
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. Phones: [Redacted]
(Home No.) (Work No.) (Cell No.)
4. Email Address: [Redacted]

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 BA: Psychology/Gerontology

Names of colleges / universities attended	Course of Study / Major	Degree Awarded Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) California State University, Sonoma	Psychology/Gerontology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	BA	1991
B) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D) Other schools / training completed: <input type="text"/>	Course Studied <input type="text"/>	Hours Completed <input type="text"/>	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

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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.

<p>A) Dates (Month, Day, Year)</p> <p>From To</p> <p>9/2014 Present</p> <p>Total: Yrs. Mos.</p> <p>2 4</p> <p>Hrs. per week 40+ . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Community Services Program Manager</p> <p>Employer's Name and Address</p> <p>City of Concord 1950 Parkside Drive Concord, California 94520</p>	<p>Duties Performed</p> <p>CDBG/CPHHCD Grants Manager; Rehab/BMR/FTHB Housing Manager</p>
<p>B) Dates (Month, Day, Year)</p> <p>From To</p> <p>11/2004 9/2014</p> <p>Total: Yrs. Mos.</p> <p>10</p> <p>Hrs. per week 40+ . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>CDBG/ESG Project Manager/Dept Admin</p> <p>Employer's Name and Address</p> <p>Contra Costa County Community Development Dept. 30 Muir Road Martinez, California 94553</p>	<p>Duties Performed</p> <p>CDBG/ESG Project Administration; Dept Administration</p>
<p>C) Dates (Month, Day, Year)</p> <p>From To</p> <p></p> <p>Total: Yrs. Mos.</p> <p></p> <p>Hrs. per week . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p></p> <p>Employer's Name and Address</p> <p></p>	<p>Duties Performed</p> <p></p>
<p>D) Dates (Month, Day, Year)</p> <p>From To</p> <p></p> <p>Total: Yrs. Mos.</p> <p></p> <p>Hrs. per week . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p></p> <p>Employer's Name and Address</p> <p></p>	<p>Duties Performed</p> <p></p>

THIS FORM IS A PUBLIC DOCUMENT

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: 

Date: 1/04/17

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**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:**

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

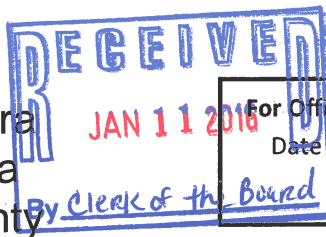
WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;

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.



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:

Contra Costa Council on Homelessness

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

Health Care Representative

PRINT EXACT SEAT NAME (if applicable)

1. Name:	Barclay	John	Howard
	(Last Name)	(First Name)	(Middle Name)
2. Address:	Concord, CA 94519		
	(No.)	(Street)	(Apt.) (City) (State) (Zip Code)
3. Phones:			
	(Home No.)	(Work No.)	(Cell No.)
4. Email Address:			

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 Bachelor of Science Degree: Nursing

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) University of Central Florida	Nursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			B.S.	2004
B) Valencia Community College	Art	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			A.A.	2001
C)		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"/>			

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.

<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>07/2016</div> <div>Present</div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> <div>6</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Director of Community Based Services</div> Employer's Name and Address <div>Contra Costa Health Plan 595 Center Ave, Ste 100 Martinez, CA 94553</div></p>	<p>Duties Performed Oversight & guidance to department Manager & Supervisors (Manager duties below), creating & fostering interdepartmental relations & processes within CCHS & establishing, creating & fostering relationships with key community stake holders related to the care and support of our members. Primary focus is on oversight of care delivery processes.</p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>03/2015</div> <div>07/2016</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>1</div> <div>4</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Manager of Community Based Services</div> Employer's Name and Address <div>Contra Costa Health Plan 595 Center Ave, Ste 100 Martinez, CA 94553</div></p>	<p>Duties Performed Oversee & participate in the development, implementation & oversight of standards, policies, protocols, reports & benchmarks that support & enhance case mgt services & overall dept function. Provide guidance on issues related to referral process, benefits interpretation, accreditation guidelines (e.g. NCQA). Prepare for internal & external audits.</p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>08/2013</div> <div>08/2015</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>2</div> <div></div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>CBAS Eligibility Nurse</div> Employer's Name and Address <div>Contra Costa Health Plan 595 Center Ave, Ste 100 Martinez, CA 94553</div></p>	<p>Duties Performed Community Based Adult Service Eligibility Nurse for a State Medi-Cal managed care organization which included direct assessment, utilization review, compliance, case management duties for the program as well as direct member case management, and back up to skilled nursing/hospice authorizations nurses.</p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>07/2011</div> <div>06/2013</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>1</div> <div>11</div> Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Psychiatric Home Health Nurse</div> Employer's Name and Address <div>Senior Home Care Maitland, FL 32751</div></p>	<p>Duties Performed Palmetto approved Psychiatric Home Health Nurse / medical home health nurse. Direct care and case management of up to 60 patients per week for both psychiatric and medical needs in a home based setting / Assisted Living Facilities. Provided frequent in-service and education to direct care staff, families and peers.</p>

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 ☐

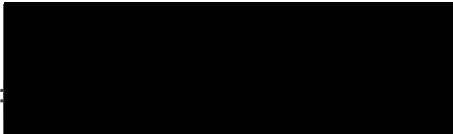
If Yes, please identify the nature of the relationship:

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

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Sign Name:



Date:

01/09/17

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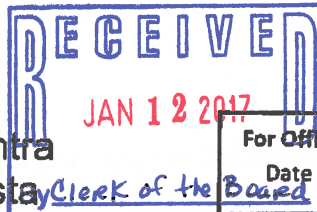
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 2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
 4. First cousin;
 5. Husband, wife, father-in-law, mother-in-law, 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;
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Print Form

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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:

Council on Homelessness

Public Housing Authority

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name:	Villarreal	Joseph	
	(Last Name)	(First Name)	(Middle Name)
2. Address:	Pleasant Hill, CA 94523		
	(No.)	(Street)	(City) (State) (Zip Code)
3. Phones:			
	(Home No.)	(Work No.)	(Cell No.)
4. Email Address:			

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

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Carnegie Mellon University	Applied History	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			B.S.	Dec, 2005
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		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"/>			

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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.

<p>A) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>June 2007</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>Present</div> Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Executive Director</div> Employer's Name and Address <div>Housing Authority of the County of Contra Costa 3133 Estudillo Street Martinez, CA 94553</div></p>	<p>Duties Performed Manage agency and its various affordable housing programs. Provide housing assistance to approximately 20,000 persons with a budget of \$100 million.</p>
<p>B) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div>December 2000</div> Total: <u>Yrs.</u> <u>Mos.</u> <div>June 2007</div> Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title <div>Deputy Executive Director</div> Employer's Name and Address <div>Oakland Housing Authority 1619 Harrison Street Oakland, CA</div></p>	<p>Duties Performed Managed agency's various Section 8 programs, finance and MIS. House approximately 38,000 persons with a budget of \$420 million. Also managed a nonprofit arm that contracted with HUD to administer nearly 40,000 multifamily contracts throughout Northern California.</p>
<p>C) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div></div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> Hrs. per week <u></u> . Volunteer <input type="checkbox"/></p>	<p>Title <div></div> Employer's Name and Address <div></div></p>	<p>Duties Performed <div></div></p>
<p>D) Dates (Month, Day, Year) <u>From</u> <u>To</u> <div></div> Total: <u>Yrs.</u> <u>Mos.</u> <div></div> Hrs. per week <u></u> . Volunteer <input type="checkbox"/></p>	<p>Title <div></div> Employer's Name and Address <div></div></p>	<p>Duties Performed <div></div></p>

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7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Currnt Council member.

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: Through work only. Contract with several agencies.

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



Date:

1-12-17

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.

THIS FORM IS A PUBLIC DOCUMENT

**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:**

**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.



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

4.

Meeting Date: 02/22/2017

Subject: Appointments to the Contra Costa Commission for Women

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: N/A

Referral Name: Appointments to Advisory Bodies

Presenter: Enid Mendoza, Senior Deputy County
Administrator

Contact: Enid Mendoza, (925)
335-1039

Referral History:

On December 6, 2011 the Board of Supervisors adopted Resolution No. 2011/497 adopting policy governing appointments to boards, committees, and commissions that are advisory to the Board of Supervisors. Included in this resolution was a requirement that applications for at large/countywide seats be reviewed by the Board of Supervisors sub-committee.

Referral Update:

Please see the attached memo from the Contra Costa Commission for Women, which details their request to reappoint three members and appoint two new members. The total Commission membership consists of twenty members and one alternate. If these appointments are approved, the Commission will continue their efforts to fill the remaining three vacant seats.

Recommendation(s)/Next Step(s):

CONSIDER recommending to the Board of Supervisors the appointment of the following individuals to the Contra Costa Commission for Women:

Appointee	Seat	Term expires	District	
Summer Selleck	At Large Seat 14	2/28/2020	V	
Jessica Laird	At Large Seat 13	2/28/2020	I	
Phyllis Gordon	At Large Seat 7	2/28/2020	V	
Rosa Davila-Luevano	At Large Seat 2	2/28/2020	III	
Tracy Ward	At Large Seat 4	2/28/2020	I	

Attachments

Memo to F&HS from the CCCCW

Summer Selleck Application

Jessica Laird Application

Phyllis Gordon Application

Rosa Davila-Luevano Application

Tracy Ward Application



CONTRA COSTA COMMISSION FOR WOMEN

P.O. Box 6695

Concord, CA 94520

E-Mail: womenscommission@gmail.com

DATE: February 1, 2017

TO: Family and Human Services Committee

FROM: Phyllis L. Gordon, Membership Chair, Contra Costa Commission for Women

SUBJECT: Recommended Appointments to the Contra Costa Commission for Women

The purpose of this memorandum is to forward to you the following recommendation from the Contra Costa Commission for Women (CCCW) with terms expiring on February 28, 2020. Please consider for appointment:

- Summer Selleck to At Large Seat 14 on the CCCW
- Jessica Laird to At-Large Seat 13 on the CCCW
- Phyllis Gordon to At-Large Seat 7 on the CCCW
- Rosa Davila-Luevano to At-Large Seat 2 on the CCCW
- Tracy Ward to At-Large Seat 4 on the CCCW

Background

The Contra Costa Commission for Women was formed to educate the community and advise the Contra Costa County Board of Supervisors and other entities on the issues relating to the changing social and economic conditions of women in the County, with particular emphasis on the economically disadvantaged.

The Committee consists of 20 members and one alternate, including:

- Five district representatives; (one from each supervisorial district)
- Fifteen at large members; and
- One at large alternate.

The five district representatives are nominated for a three year term by each of the five members of the Board of Supervisors. The fifteen at large members and one at large alternate are nominated by the CCCW membership committee and forwarded to the full CCCW. All nominated appointments to the CCCW are reviewed by the Family and Human Services Committee (IOC) and referred to the Board of Supervisors for approval. CCCW terms are for three years and they are staggered across the membership.

Current Status of Appointments

The CCCW have been actively recruiting applicants on an ongoing basis to fill the vacant seats.

The membership committee unanimously approved the above recommendations.

As of January 1, 2017 there are 3 at large vacancies and the At Large Alternate seat is also vacant.

If the appointments recommended in this memorandum are ultimately approved, two at large seats will be filled. The vacancies remaining after approval would be 3 at large seats and one alternate. With several other applicants in process (interviews) as of February 1, 2017. A district appointee Beth Mora who is a current At-Large 11 member is also being recommended by Supervisor Candace Anderson's office as her appointee and therefore At-large seat 11 will be declared open .

Since May 2004, the CCCW has had extremely limited staff support and no budget provided by the County. However, the CCCW Membership Committee is continuing its recruiting efforts and plans to fill the remaining vacancies within the next few months.

cc without attachment : CCCW Membership Committee/Gordon,Chair
 Enid Mendoza, CAO



Contra
Costa
County

For Office Use Only

Date Received:

JUN 20 2016

CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

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:

WOMEN'S COMMISSION

At Large

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Selleck Summer Cyd
(Last Name) (First Name) (Middle Name)

2. Address: (No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: (Home No.) (Work No.) (Cell No.)

4. Email Address:

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 Juris Doctorate

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) UCLA	History	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06/10/07
B) Pepperdine	Masters of Education	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/01/2010
C) Western State College of Law	Juris Doctorate	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/15/2012
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

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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 <div>6/4/2013</div> <div>Present</div>		Title <div>Sole Proprietor</div>	Duties Performed <div>Legal</div>
Total: Yrs. Mos. <div>3</div> <div></div>		Employer's Name and Address <div>SC Selleck Law 150 N. Wiget Lane, #105 Walnut Creek, CA 94598</div>	
Hrs. per week <div>60</div> . Volunteer <input type="checkbox"/>			
B) Dates (Month, Day, Year) From To <div>12/01/2014</div> <div>Present</div>		Title <div>Board Memeber</div>	Duties Performed <div>Legislative Committee, Membership Committee, Amicus Brief Committee, Etc.</div>
Total: Yrs. Mos. <div>2</div> <div>6</div>		Employer's Name and Address <div>California Women Lawyers 700 R Street Suite 200 acramento, CA 95811</div>	
Hrs. per week <div>5</div> . Volunteer <input type="checkbox"/>			
C) Dates (Month, Day, Year) From To <div>12/01/2015</div> <div>Present</div>		Title <div>Board of Directors</div>	Duties Performed
Total: Yrs. Mos. <div></div> <div>7</div>		Employer's Name and Address <div>Contra Costa County Board of Directors 2300 Clayton Rd. Suite 520 Concord, CA 94520</div>	
Hrs. per week <div>2</div> . Volunteer <input type="checkbox"/>			
D) Dates (Month, Day, Year) From To <div></div> <div></div>		Title <div></div>	Duties Performed
Total: Yrs. Mos. <div></div> <div></div>		Employer's Name and Address <div></div>	
Hrs. per week <div></div> . Volunteer <input type="checkbox"/>			

7. How did you learn about this vacancy?

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

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, C

Sign Name:

Date:

06/20/16

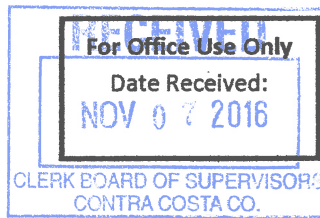
Important Information

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.

THIS FORM IS A PUBLIC DOCUMENT



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:

Contra Costa Commission for Women

At-Large 13, 14, or 15

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Laird Jessica Nicole
(Last Name) (First Name) (Middle Name)

2. Address: [REDACTED] El Cerrito CA 94530
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: [REDACTED]
(Home No.) (Work No.) (Cell No.)

4. Email Address: [REDACTED]

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 Currently pursuing MPA & MSW

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Cedarville University	Youth Ministry & Christian Education	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	131		B.A.	May 2011
B) California State University - San Bernardino	Social Work & Public Administration	Yes No <input type="checkbox"/> <input type="checkbox"/>	In progress		MSW/PA	June 2019
C) [REDACTED]	[REDACTED]	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"/>			
[REDACTED]	[REDACTED]	[REDACTED]				

THIS FORM IS A PUBLIC DOCUMENT

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.

<p>A) Dates (Month, Day, Year)</p> <p>From <u>3/2015</u> To <u>Present</u></p> <p>Total: Yrs. <u>1</u> Mos. <u>9</u></p> <p>Hrs. per week <u>5-10</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Poland Program Director</p> <p>Employer's Name and Address</p> <p>About A Child International Adoption Agency 479 Tiller Lane Redwood City, CA 94065</p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Overseeing adoptions from the country of Poland - Acting as mediator between families and Polish adoption authorities - Managing all adoption paperwork - Educating families about issues relating to adoptive children (poverty, attachment, special needs, etc.) - Providing networking and emotional support to families
<p>B) Dates (Month, Day, Year)</p> <p>From <u>9/2011</u> To <u>9/2014</u></p> <p>Total: Yrs. <u>3</u> Mos. <u>0</u></p> <p>Hrs. per week <u>35</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Children's Ministry Director</p> <p>Employer's Name and Address</p> <p>Maranatha Bible Church 526 3rd Ave SW Cedar Rapids, IA 52404</p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Developed and implemented all programming for children in church of 350 people - Created policy to increase child safety and security - Networked with local agencies and organizations - Counseled parents and families - Trained volunteers
<p>C) Dates (Month, Day, Year)</p> <p>From <u>5/2011</u> To <u>8/2011</u></p> <p>Total: Yrs. <u>4</u> Mos. <u>4</u></p> <p>Hrs. per week <u>40</u> . Volunteer <input checked="" type="checkbox"/></p>	<p>Title</p> <p>Intern</p> <p>Employer's Name and Address</p> <p>Brighthouse Pregnancy Resource Center 701 Center Point Road Cedar Rapids, IA 52402</p>	<p>Duties Performed</p> <ul style="list-style-type: none"> - Shadowed department director - Networked with local agencies and organizations - Taught parenting preparation/success classes - Mentored local teens - Event planning - Wrote newsletter articles
<p>D) Dates (Month, Day, Year)</p> <p>From <u> </u> To <u> </u></p> <p>Total: Yrs. <u> </u> Mos. <u> </u></p> <p>Hrs. per week <u> </u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p> </p> <p>Employer's Name and Address</p> <p> </p>	<p>Duties Performed</p> <p> </p>

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: [REDACTED]

Date: 11/2/16

Important Information

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2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
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THIS FORM IS A PUBLIC DOCUMENT

[REDACTED]
El Cerrito, CA 94530
[REDACTED]

Contra Costa County
Clerk of the Board
651 Pine Street, Room 106
Martinez, CA 94553-1292

October 29, 2016

Ms. Napier,

I am writing to ask your consideration of my willingness to serve on a county commission or board. Specifically, I have enclosed applications for the Contra Costa Council on Homelessness as well as the Contra Costa Commission for Women. I am a resident of Contra Costa County, an adoptive mother of a child with special needs, and a graduate student who is currently pursuing joint master degrees in public administration and social work. My goal is to serve my community while gaining experience in advocacy within local government. I am eager to learn as well as contribute to the betterment of the place I call home.

I hope you consider my enclosed applications, and I look forward to hearing from your office.

Respectfully,

[REDACTED]

Jessica N. Laird



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:

Contra Costa County Commission for Women

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

At Large Seat #7

PRINT EXACT SEAT NAME (if applicable)

1. Name: Gordon Phyllis Lucy
(Last Name) (First Name) (Middle Name)

2. Address: [Redacted] Pittsburg Ca. 94565
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: [Redacted] [Redacted]
(Home No.) (Work No.) (Cell No.)

4. Email Address: [Redacted]

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 2 yr. college

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>Fulleton J.C.</u>	<u>Radio/TV Broadcasting</u> <u>Sociology</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded:			
<u>Insurance</u>	<input type="text"/>	<input type="text"/>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> <u>LICENSE</u>			



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:

Contra Costa County Commission for Women

At Large Seat 2

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Davila-Luevano, Rosa Argentina
(Last Name) (First Name) (Middle Name)
2. **Address:** Antioch, CA 94531
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. **Phones:**
(Home No.) (Work No.) (Cell No.)
4. **Email Address:**

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 BSW

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) UTEP	Social Work	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			BSW	1985
B)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
C)		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"/>			

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**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:

Commission For Women

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Ward Tracy L.
(Last Name) (First Name) (Middle Name)
2. **Address:** _____
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. **Phones:** _____
(Home No.) (Work No.) (Cell No.)
4. **Email Address:** tracyward@msn.com

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: Masters Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) San Jose State University	Social Work	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	30		n/a	n/a
B) Cal State Hayward University	Sociology	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		140	B.A.	June 1993
C) Sacramento State University	Social Work	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	70		M.S.W.	
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			
Licensed Clinical Social Worker						

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Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

5.

Meeting Date: 02/22/2017

Subject: CDBG Funds to Provide Homeless Street Outreach Services

Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,

Department: County Administrator

Referral No.: 20

Referral Name: Public Service Portion of the Community Development Block Grant (CDBG)

Presenter: Gabriel Lemus, CDBG Program
Manager

Contact: Enid Mendoza, (925)
335-1039

Referral History:

On February 11, 1997, the Board of Supervisors referred to the Family and Human Services Committee (F&HS) the subject of the Public Service Portion of the Community Services Block Grant (CDBG) Program. Therefore, the Department of Conservation and Development reports to F&HS at least annually regarding recommendations for funding allocations in the Public Services category and Emergency Solutions Grant funding recommendations.

Referral Update:

On April 11, 2016, the Department of Conservation and Development reported to F&HS on the CDBG Program Public Service Portion funding recommendations for fiscal year 16/17 and to the Board of Supervisors on May 10, 2016. Although at that time, there were two agencies funded by CDBG funds under the Public Service Category providing street outreach services and other related services to the homeless population of the County, those two agencies were ceasing the provisions of those services effective June 30, 2016. Given that street outreach services to the homeless population of the County is a critical need and is a high priority within the CDBG Consolidated Plan, County CDBG confirmed that they would issue a Request for Proposal (RFP) for these services sometime during the first two quarters of the 2016/17 fiscal year. The department has issued a RFP and is returning to F&HS to report back on their selection of Contra Costa County Health Services (CCC-HSD).

CCC-HSD proposes to serve a total of approximately 700 homeless persons in the County, of which 225 (or 32 percent) will be from the CDBG Urban County area (the Urban County area is comprised of all incorporated cities and unincorporated areas of the County, except for the incorporated Cities of Antioch, Concord, Pittsburg, and Walnut Creek). The total County CDBG cost to fund this program equates to approximately a \$99.00 per client cost. Now that the CCC-HSD's new Coordinated Entry system is underway, the department will be the lead entity providing oversight to the CORE Homeless Street Outreach Program, which is comprised with day and evening/weekend homeless street outreach teams. This will ensure that all homeless outreach operates with the same protocol, with warm hand-offs between the teams, and will give jurisdictions an accurate and unduplicated count of persons served by the combined team and programmatic effort. At this time, there are two day teams which are staffed by CCC-HSD, with one peer outreach worker on each team. The daytime teams and supervision are being funded by a combination of State Emergency Solutions Grant (ESG) funds and other sources, such as Mental Health Services Act (MHSA) funds and other County funds. Night/weekend homeless outreach is overseen by CCC-HSD but the actual evening/weekend service teams are provided through a sub-contract that CCC-HSD has with Anka Behavioral Health, the non-profit agency which was the winner of the County's Coordinated Entry Request for Proposal process for evening outreach.

Please see the attached memo for additional information.

Recommendation(s)/Next Step(s):

Approve the recommendation of the Department of Conservation and Development to allocate \$22,224 of fiscal year 2016/17 Community Development Block Grant funds to the Contra Costa County Health Services Department to support the operation of the Coordinated Outreach Referral and Engagement (CORE) Homeless Street Outreach Program.

Fiscal Impact (if any):

No General Fund impact. All funds are provided to the County on a formula basis through the U.S. Department of Housing and Urban Development (HUD). Catalog of Federal Domestic Assistance Number: Community Development Block Grant (CDBG) Program - 14.218

Attachments

Memo to F&HS on Homeless Outreach Services



**CONTRA COSTA COUNTY
DEPARTMENT OF CONSERVATION AND
DEVELOPMENT**

**30 Muir Road
Martinez, CA 94553
Telephone: (925) 674-7882**

MEMORANDUM

DATE: February 22, 2017

TO: Family and Human Services Committee
Supervisor John Gioia, Chairperson
Supervisor Candace Andersen, Member

FROM: Gabriel Lemus, CDBG Program Manager

SUBJECT: Report on allocating FY 2016/17 Community Development Block Grant (CDBG) funds to provide Homeless Street Outreach Services

BACKGROUND

On May 10, 2016, the Board of Supervisors approved the Contra Costa County Action Plan for the use of FY 2016/17 CDBG funds. Under the Public Services category, \$22,224 of CDBG funds were committed to provide support towards Homeless Street Outreach services; however, due to the reorganization of the County's homeless Continuum of Care service approach to embrace the new Coordinated Entry system strategy, no agency was identified at that time to carry out the service.

Implementation of the new Coordinated Entry system is currently underway. Under the new system, Contra Costa County Health Services Department (CCC-HSD) is the lead entity in the Coordinated Outreach Referral and Engagement (CORE) Homeless Street Outreach Program. Under the CORE Homeless Street Outreach Program, CCC-HSD provides oversight to both day and evening/weekend homeless street outreach teams. This ensures that all homeless outreach operates with the same protocol, with warm handoffs between the teams, and gives jurisdictions an accurate and unduplicated count of persons served by the combined team and programmatic effort. At this time, there are two day teams consisting of two trained outreach workers, two trained outreach team leads, and an Outreach Coordinator which are staffed by CCC-HSD. The day teams hand

off street outreach services for evening/weekend (Saturday) homeless outreach to teams staffed by Anka Behavioral Health, who is subcontracted with CCC-HSD to provide evening/weekend outreach services as part of the overall CORE Street Outreach Program.

CORE Homeless Street Outreach Program services and support will include but are not limited to:

- Referral and connection to “Health Care for the Homeless” Program medical staff to engage homeless individuals including collection of basic personal and demographic data;
- Administer initial screening tools and document concerns and disabilities regarding lack of housing financial support;
- Connect to medical and mental health and any substance abuse services;
- Facilitate the completion and submission of Medi-Cal, CalFresh, and/or SSI applications and related documentation for eligible consumers;
- Provide basic survival supplies;
- Assist local law enforcement, communities, and businesses in non-enforcement types of responses where appropriate;
- Connect individuals to the Mental Health Transitions Team for mental health needs and non-psychiatric emergencies with individuals ready to accept substance abuse treatment;
- Connect consumers to interim housing, multiservice centers, case management, and supports towards permanent housing.

County CDBG staff utilized the recent State ESG procurement process and results to fulfill federal procurement responsibilities under the CDBG Program. Utilizing this procurement process, CCC-HSD submitted an application for \$22,224 of CDBG funds to support its the Coordinated CORE Homeless Street Outreach Program.

On January 17, 2017, the Board of Supervisors approved allocating \$22,224 of FY 2016/17 CDBG funds to CCC-HSD to support its CORE Homeless Street Outreach Services Program. The Cities of Antioch, Pittsburg, and Walnut Creek support this homeless street outreach service approach and have also recently allocated some of their FY 2016/17 CDBG funds to CCC-HSD for the CORE Program.

cc: John Kopchik, Director – Department of Conservation and Development
Kara Douglas, Assistant Deputy Director



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

6.

Meeting Date: 02/22/2017
Subject: Children's Psychiatric Services
Submitted For: FAMILY & HUMAN SERVICES COMMITTEE,
Department: County Administrator
Referral No.: 115
Referral Name: Child and Teen Psychiatric Services
Presenter: Vern Wallace, MH Program Chief **Contact:** Enid Mendoza, (925) 335-1039

Referral History:

At the April 26, 2016 Board of Supervisors meeting the topic of child and teen psychiatric services and the utilization planning of the 4-D Unit was referred to the Family and Human Services Committee (F&HS) for follow up.

Referral Update:

Please see the attached report from the Health Services Department Children's Mental Health Division. This is the first report to the F&HS from the department on this topic.

Recommendation(s)/Next Step(s):

Accept the report from the Health Services Department on children's mental health services and provide direction to the department on the future reporting expectations of F&HS Referral No. 115 - Child and Teen Psychiatric Services.

Attachments

Report to F&HS on Child Mental Health Services

Report to the Family and Human Services Committee

Contra Costa County
Mental Health Services

Children's Mental Health
Program Chief Vern Wallace,
LMFT



Report to the Family and Human Services Committee

February 22, 2017

Overview

The Children's Bureau within Behavioral Health has grown over the past three years in responsibility as evidenced by a seventeen percent growth in EPSDT services. Our basic mental health services have been expanded with the implementation of the Affordable Care Act, and now Katie A. Continuum of Care Reform (AB403), and an All County Letter from State Department of Health Care Services and Social Services. Affordable care has increased the number of consumers at our door. Katie A. has added a demand for additional services, Continuum of Care has added to those services and expanded them to serve many more children and youth, and finally the All County Letter (MHSUDS Information Notice 16-004) expands services to all Specialty Mental Health youngsters meeting the criteria for those additional targeted EPSDT services.

These initiatives when taken together afford the Behavioral Health Division an opportunity to strategically expand EPSDT services in order to answer the demand for services posed by each of these new areas of responsibility for Children's Mental Health. This expansion will improve services for children in the Foster Care System and in the Mental Health Children's System of Care in general.

Strategic Priorities for Fiscal Year 2017-2018

Evidenced Based Practice

Over the past few years Children's has been involved in the development and implementation of several Evidenced Based Practices (EBP's) including Trauma Focused Cognitive BT designed to address Post Traumatic Stress from Trauma, Dialectic Behavioral Therapy (DBT) targeting destructive patterns of thinking and behaving, Wraparound Services focusing on the coordination of services for multi-agency involved families, Multi Systemic Therapy (MST) and Multidimensional Family Therapy (MDFT) both addressing the juvenile delinquent population along with , Functional Family Therapy (FFT), and most recently Family Based Therapy for Eating Disorders (FBT). Additionally, Children's Mental Health participates in an ongoing consortium of seven Bay Area Counties funded by a SAMSHA Grant focused on the development of regional approaches to dealing with Trauma in our lives and communities. We continue to strive toward a goal of each staff being trained in three EBP's in each regional clinic.

Mobile Response Team

The Mobile Response Team (MRT) has been in existence for more than fifteen years through SENECA Agency for Children and Families. It has been limited historically by funding but we are exploring the expansion of this team to 16-18 hours per day 24/7. This would make them available during the busiest hours for youth in crisis between 8A.M. and 12A.M. This team

attempts to support families in crisis who voluntarily are accepting of their service. Children and youth from Psychiatric Emergency Services, parents, schools, and our interagency partners will be able to refer to the Mobile Response Team.

Continuum of Care Reform and Katie A.

California has experienced an increasing number of children being placed in Residential Treatment Centers both in State and out of state. Continuum of Care Reform (SB403) changes the way Residential Treatment is instituted. What was once a long term holding place for youngsters is now limited to three to six months with a possible waiver to six months of short term high intensity care. After this a kid will return to the community to a more “family” like environment, such as, a foster home to continue with their services and find support in a family. This will require additional outpatient services and mandates several new pieces of support. Those include Intensive Care Coordination (ICC) and In Home Behavioral Services (IHBS), along with, Child and Family Team Meetings every ninety days offered to all CCR Children adding about 400-500 new cases to the Children’s roles. This is an addition to the services needed for general Specialty Mental Health consumers which total over six hundred children of the more than 2500 we are currently serving in County run programs.

We are planning for CCR and its demands on the systems as an interagency collaborative with Child and Family Services and Juvenile Probation. Each partner brings unique skills and requirements to the table to serve these Children. This planning process has an executive, advisory, and steering committee structure each charged with a particular level of the implementation of the CCR Plan. Services began on the first of this year and Probation will join the actual case mix in January 2018. Probation is currently participating in all facets of the implementation of the plan.

All County Letter (MHSUDS Information Notice 16-004)

In the spring of 2016 Contra Costa Received an ACL from State Department of Health Care Services California Department of Social Services. This letter directed Specialty Mental Health Plans to provide ICC and IHBS services to all Specialty Mental Health beneficiaries that meet the criteria for it without regard to CFS or JPD status. In

Canvassing our open clinic charts the number of children needing this service was determined to be about six hundred. Each of these children will receive ICC service which will necessitate having a Child and Family Team meeting every ninety days while the child is meeting the criteria for ICC service.

Treatment Foster Care (TFC)

TFC is another entitlement services new to County Mental who will be charged with implementing and managing TFC in partnership with CFS. Child and Family Services will locate and have CCL certify the Foster Home and County Mental Health will support the home and train the Foster Parents in providing therapeutic intervention for the minor. This phase of CCR will be rolled in beginning in November since we are still waiting for guidelines from State DHCS for the implementation, regulations, and standards for TFC homes.

Emergency Foster Care

With the implementation of Katie A. almost four years ago it was necessary to draft the three Emergency Foster Care staff into service as Intensive Care Coordinator's. These staff assumed those duties and have functioned as ICC staff holding Child and Family Team meetings and serving all children needing an ICC and Family Team. With the implementation of AB 403(CCR) we will be able to reconstitute this mandated service as part of the Continuum of Care, the first contact in many instances, for Contra Costa Children entering the County Children's System of care by way of Child and Family Services.

TAY Residential at Oakgrove

In partnership with Adult Services, Children's Mental Health will participate in the development of a Transitional Youth residential program at the Oakgrove location. An RFI is being released and extensive exploration is occurring related to this program. The program is conceptualized as a RTC that will provide three levels of care from Residence, to supported outpatient aftercare. The program will provide mental health care, vocational services and life skills training in a safe and supported environment.

Summary

Significant changes in the regulations for the care of Children have been passed by the legislature and are now in the implementation phase in counties across the state. Contra Costa is working diligently to enact the new regulations and partner with our Child caring agencies in Social Services and Juvenile Probation. Each of these initiatives is planned for in the Behavioral Health Fiscal year 2017-2018 budget, it is a time of rapid demand and change which will test the capacity and flexibility of the child caring agencies.