

**Contra Costa County Alcohol and Other Drugs Advisory Board**  
**1220 Morello Avenue, Suite 101**  
**Martinez, CA 94553**  
**(925) 335-3307; fax (925) 335-3318**

"The mission of the Contra Costa County Alcohol and Other Drugs Advisory Board is to assess family and community needs regarding prevention and treatment of alcohol and other drug-related problems. Resultant findings and recommendations are forwarded to the Health Services Department and the Board of Supervisors. The Board also serves as an advocate for these findings and recommendations to the communities that we serve."

Date: July 2, 2018  
To: Family and Human Services Committee, Contra Costa Board of Supervisors  
Susan Smith, County Administrator's Office

From: Fatima Matal Sol, Staff contact for the Alcohol and Other Drugs Advisory Board

**RE: Alcohol and Other Drugs Advisory Board – At Large Appointment**

**District 1**

Talia Moore E.D.  
Courtney Cummings  
Antwon Clourd

**District 2**

Sienna Cowing  
Guita Bahramipour  
Catherine Taughinbaugh

**District 3**

Cynthia Chavez  
Anthony Segovia  
Michael Collins

**District 4**

Victor Lecha  
Victor Ortiz  
Tom Aswad

**District 5**

Sunita Frey  
Vacant  
Vacant

**At- Large Member**

Vacant  
Anne Sutherland M.D.  
Vacant

The Alcohol and Other Drugs Advisory Board (AODAB), in its continued efforts to recommend board members that are able to articulate the Board's mission as well as represent the diverse community in our county, hereby makes the following recommendation for appointment to the AODAB.

NOMINEE	SEAT	TERM EXPIRATION
Jonathan Ciampi [REDACTED] San Ramon, CA, 94583	Member-at-Large A	Seat Term expire 6/30/2021 Three years

Our other at-large AODAB members reside:

Member-at-Large B     Danville

There were no other applications received for open AODAB member at large seats at this time.

Jonathan's application is attached.

The Alcohol and Other Drugs Advisory Board's Executive Committee supports this recommendation with a unanimous vote at the May 14, 2018 meeting. Should you have any questions, please contact me at:

Phone: 925-335-3307  
Email: Fatima.MatalSol@hsd.cccounty.us

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

*CCCAODS will provide reasonable accommodations for persons with disabilities planning to attend the meetings who should contact staff at least 24 hours before the meeting at (925) 335-3307.*

The Contra Costa County Alcohol and Other Drugs Advisory Board welcomes and encourages public participation at each meeting. Public comments on the agenda or any item of interest within the jurisdiction of the Contra Costa County Alcohol and Other Drugs Advisory Board are restricted to a maximum of three minutes per speaker. Topics not posted on the agenda may be addressed by the general public, however, California Law prohibits a Board or Commission from taking action on matters which are not on the agenda, unless in specific instances as stated under the Brown Act. Any person wishing to address this Board on matters not posted on the agenda should bring their request to the attention of the Chair, Vice Chair or Staff of the Board. Thank you. For more information, contact Fatima Matal Sol (925) 335-3307.





Contra  
Costa  
County

RECEIVED

APR 19 2018

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:**

AOD Advisory Board

At Large

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Ciampi, Jonathan Stuart  
(Last Name) (First Name) (Middle Name)

2. **Address:** [REDACTED] San Ramon, CA 94583  
(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

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) University of the Pacific	Business Administration	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	8		BA	May 1995
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"/>			



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>3/2015</div> <div>present</div> </p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>3</div> <div>1</div> </p> <p>Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title  <div>CEO</div> </p> <p>Employer's Name and Address  Bright Heart Health, Inc.  2603 Camino Ramon, Suite 200  San Ramon, CA 94583 </p>	<p>Duties Performed  Governance  Admissions  Compliance  Community Support/Partnership  Clinical Programming  Quality Assurance </p>
<p>B) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>2/2011</div> <div>10/2014</div> </p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>3</div> <div>8</div> </p> <p>Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title  <div>Chief Marketing Officer</div> </p> <p>Employer's Name and Address  CRC Health  20400 Stevens Creek Blvd  Suite 600  Cupertino, CA 95014 </p>	<p>Duties Performed  Marketing  Outreach  Admissions  Business Development  Corporate Development  Strategic Accounts </p>
<p>C) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>10/2009</div> <div>1/2011</div> </p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>1</div> <div>10</div> </p> <p>Hrs. per week <div>20</div> . Volunteer <input type="checkbox"/></p>	<p>Title  <div>Founder</div> </p> <p>Employer's Name and Address  Preptel Corporation  4115 Blackhawk Plaza Circle, Suite 100  Danville, CA 94506 </p>	<p>Duties Performed  Governance  Raising Capital  HR  Software Development </p>
<p>D) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>10/2001</div> <div>9/2009</div> </p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>7</div> <div>11</div> </p> <p>Hrs. per week <div>40</div> . Volunteer <input type="checkbox"/></p>	<p>Title  <div>Chief Marketing Office</div> </p> <p>Employer's Name and Address  1808 Shoreline Blvd  Mountain View, CA 94043 </p>	<p>Duties Performed  Marketing  Product Management  Business Development </p>



7. How did you learn about this vacancy?

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

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 ☐

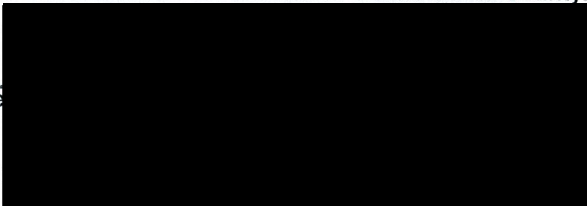
If Yes, please identify the nature of the relationship:

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: Spoke to H&SS to BAART Antioch

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: April 9, 2018

### 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.