Respondent

20 Anonymous

102:11
Time to complete

About the Supplemental Questions for the Council on Homelessness Membership Application

The following questions will be used by the Council on Homelessness' Nominating Panel to identify diverse applicants that can contribute unique expertise and perspectives to the Council. Answers to these questions will be evaluated in relation to the experience and qualifications desired for available member seats. Please carefully consider how your personal experiences, professional experiences, and values will contribute meaningfully to the Council on Homelessness' and the Contra Costa County Homeless Continuum of Care's efforts to make homelessness rare, brief, and non-recurring.

Please note, there are two required elements of the Council on Homelessness application, these "Supplemental Questions" and the County Application. Once you submit this application, you will get an response that will include the link to the County Application. You must submit the County application by 5 pm Friday, September 30, 2022 to be considered.

REMINDER: To be considered for the Council, you must complete **BOTH** components of the application.

Please note, this form can be filled out as a Word document and emailed to Council on Homelessness Chomelesscouncil@cchealth.org by the deadline or submitted via this online form.

Supplemental Questions

Veterans Administration Representative

Workforce Development Representative

Lived Experience Advisor (must have lived experience of homelessness)

Youth Representative (must be between the ages of 18-24)

1. Wh	nich vacant Council on Homelessness seat are you applying for? *	
	Affordable Housing Developer Representative	
	Behavioral Health Representative	More options for Response
	City Government Representative	
	Educational and Vocational Services Representative	
	Emergency Solutions Grant Representative	
	Health Care Representative	
	Homeless Service Provider Representative	

2. Please briefly describe any special skills, relationships, or resources you would bring to this specific seat. If applicable, please describe any experiences that demonstrate a past professional or personal commitment to addressing and alleviating homelessness within the topic or field related to the vacant seat. (400 word maximum) *

For the last 25 years, I have worked tirelessly to innovate creative ways to end homelessness for the most vulnerable members of our community. In the late 1990's, I co-founded First Place for Youth, a nationally recognized organization that created programs and policies to support homeless youth transition into successful interdependence. For the past 5 years, as the CEO of Hope Solutions, I have had daily contact and have developed insight into what works and what could be improved in many aspects of our homeless system of care. We provide permanent supportive housing, rapid rehousing, intensive support services, housing navigation (now Rapid Exit and Prevention) and HOPWA funded Housing Advocacy services. We also partner with other systems in the county, such as EHSD, OJR, and MHSA. These experiences working across many system partners and operating many service models gives me a unique perspective to bring to the COH.

	I am a person currently experiencing homelessness and living in a shelter or location not meant for human habitation (e.g., in a tent).
	I am a person who experienced homelessness within the past 5 years but is currently housed.
	I am a person who experienced homelessness more than 5 years ago but is currently housed.
	I am a family member of someone who has experienced homelessness
	I am none of the above but still invested in addressing homelessness in Contra Costa County.
	I would prefer not to respond
i	ndividuals experiencing homelessness in Contra Costa County come from diverse backgrounds (in terms of abilities, ages, sexual and gender dentities, immigration statuses, and racial, ethnic, and cultural backgrounds). Please describe your approach and experience working with and a diverse populations. (400 words maximum) *
	For over 25 years, I have worked in partnership with people from a wide range of experiences and backgrounds, including many people with lived experience of homelessness, addiction, trauma,
	mental illness, etc. on a daily basis. My general approach is one of cultural humility and a fundamental belief that we are all dependent on one another to get through this life- that I have as much to learn from those around me as I may have to teach. The work we do at Hope Solutions is firmly rooted in the belief that all folks have the capacity to heal from the effects of poverty and homelessness when given safety and love. The values that drive our work are respect, compassion, humility, integrity and excellence. I adopt a "servant leader" model of leadership in which I see my role as host and to be in service to those I work with. I never ask anyone to do anything that I would not do myself, and always try to operate with transparency and humility. I am also committed to elevating the leadership of others, especially those with lived experience. I created a Resident Empowerment Program (REP) at Hope Solutions to do just that.
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- 1. I think the most important role of the COH in the community is to hold the big picture of the state of homelessness in our County, identify what our service needs/gaps are, what funding sources we can use to fill those gaps, and to coordinate the work of the various providers working to meet those needs. I am very excited to continue the County's work on using our data and analysis to refine our system's needs and to promote evidence-based practices that ensure homelessness is a rare, brief, and non-recurring situation for our neighbors.
- 2. I would also continue to urge the COH to formalize roles for people with lived experience in our decision making bodies, standardize how PWLE are recruited, trained, supported and compensated for their time

information. (400 word maximum) *

3. I would also like to see the COH continue to develop equity metrics for our system of care and begin to hold our providers and county partners accountable for measuring equity and achieving agreed upon standards.

0.	atte	ended. *
		3 or more meetings
		1-2 meetings
		0 meetings
9.	YAC	ase provide up to three (3) recommendations or thoughts you had from CoC, CoH, or YAC meetings. If you have not attended a CoC, CoH, or meetings, please briefly describe any recent relevant participation in similar meetings and your recommendations or thoughts. (400 word kimum) *
	1) <i>i</i> 2) l and 3) (Pease see answers to question #7. Additionally, I would encourage the CoC to assess the efficacy of the new Rapid Exit and Diversion services before we decide if we should invest more. I would continually ask our CoC to identify and streamline access to other services/funding through other systems of care that support our clients (such as the mental health system, AOD, EHS d to work on reducing the siloes and redundancies in these systems and to increase care coordination across all these systems Continue to use our data to track our progress against our goal of reducing unsheltered homelessness by 75% in 3 years and stay connected to the Regional efforts toward this goal to bring i arnings/lessons from other communities.
10.	affili supp	Council is committed to the Housing First approach (meaning no barriers or requirements as a prerequisite to housing, including sobriety, religious iation, or other structure not required for housing) and has established this Guiding Principle: Homelessness is first a housing issue, and necessary ports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through the shared responsibility, puntability, and transparency of the community. Are you in support of the Housing First approach and Guiding Principle described above? *
		Yes
		No
11.		I can be available for 2 or more meetings per month, including the standing monthly COH meeting the first Thursday of every month from 1pm to 3pm. I can be available only for the standing monthly COH meeting the first Thursday of every month from 1pm to 3pm. I am not available for the standing monthly COH meeting, but can make other meetings 2 or more times per month. I am not available for the standing monthly COH meeting and may not be able to make other meetings more than once per month.
12.	Whi	ich of the following geographic areas do you spend the most time in? *
		Far East Contra Costa County (for example: Discovery Bay, Bethel Island)
		East Contra Costa County (for example: Bay Point, Pittsburg, Antioch, Brentwood)
		Central Contra Costa County (for example: Martinez, Pleasant Hill, Concord, Walnut Creek)
		South Contra Costa County (for example: Alamo, Danville, San Ramon)
		West Contra Costa County (for example: El Cerrito, San Pablo, Richmond, Pinole, Hercules, Rodeo)
		I spend an equal amount of time in all five geographic areas listed above.
		Demographic Information (Optional)
		The Council aims to engage as broad a representation as possible of abilities, ages, sexual and gender identities, immigration statuses, and racial, ethnic, and cultural backgrounds, and geographical representation within the County. Responses to the following questions are optional and will be considered in aggregate to ensure that we have recruited a diverse pool of applicants. The Nominating Panel will not review applicants' responses to the following questions.

13. What are your pronouns (for example: she/him/they/ze, etc.)?

14.	What is your gender identity (for example: female/male/transgender/non-binary/gender non-conforming, etc.)?
15.	What is your sexual orientation (for example: bisexual/straight/gay/pansexual, etc)?
16.	What best describes your age? (Check one)
I	Transition aged youth (18-24)
	Adult (25-61)
	Older adult (62+)
17.	What best describes your race/ethnicity? (Pick as many as apply)
	African American/Black
	Arab/Middle Eastern
	Asian
	Caucasian/White
	East Indian/South Asian
	Latine/a/o/x
	Mixed Race
	Native American
	Pacific Islander
	South/Central American
	Choose not to answer
	Other
	Is there any other information you would like to share, including anything that would help us understand how you would contribute to the diverse representation of people and experiences on the Council (for example: lived experience of homelessness, abilities, immigration status, ethnic background, or cultural background)?
	I am committed to supporting BIPOC leaders as well as People with Lived Experience and work hard to elevate their voices and support their growth in my role on the COH.
	Contact Information
19.	Name *
	Deanne Pearn
20.	Email *

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Application Form

Profile				
Deanne	М	Pearn		
First Name	Middle Initial	Last Name		
Home Address			Suite or Apt	
Moraga			CA	
City			State	Postal Code
Primary Phone				
Email Address			_	
District Locator Tool				
Resident of Supervisorial	District:			
District 2				
Hope Solutions (formery Cont	ra			
Costa Interfaith Housing) Employer	CEO Job Title		_	
Length of Employment				
5 years				
Do you work in Contra Co	sta County?			
⊙ Yes ⊙ No				
If Yes, in which District do	you work?			
ALL				
How long have you lived o	r worked in Cor	ntra Costa County?		
9 years				
Are you a veteran of the U	.S. Armed Force	es?		
○ Yes ⊙ No				
Board and Interest				
Which Boards would you I	ike to apply for	?		
Contra Costa Council on Hom	elessness Suhmi	itted		

Submit Date: Sep 27, 2022

Deanne M Pearn

Seat Name
Homeless Service Provider
Have you ever attended a meeting of the advisory board for which you are applying?
⊙ Yes ⊙ No
If Yes, how many meetings have you attended?
30
Education
Select the option that applies to your high school education *
College/ University A
Name of College Attended
Stanford University
Degree Type / Course of Study / Major
BA Human Biology
Degree Awarded?
⊙ Yes ⊙ No
College/ University B
Name of College Attended
UC Berkeley
Degree Type / Course of Study / Major
MA Public Policy
Degree Awarded?
⊙ Yes ⊙ No
College/ University C
Name of College Attended
Degree Type / Course of Study / Major

Degree Awarded?
o Yes o No
Other Trainings & Occupational Licenses
Other Training A
Certificate Awarded for Training?
○ Yes ○ No
Other Training B
Certificate Awarded for Training?
○ Yes ○ No
Occupational Licenses Completed:
Qualifications and Volunteer Experience
Please explain why you would like to serve on this particular board, commitee, or commission.
As the CEO Director of Hope Solutions, an organization the provides permanent housing and vital support services to highly vulnerable populations in Contra Costa County, I have a unique perspective on how well our homeless service system is functioning and how we can improve it to end homelessness quickly and permanently for our residents. Our organization works in a highly collaborative way with other non-profits, community groups and the County and will be better able to provide impactful services by deepening our partnerships through participation in the COH.
Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)
See resume
Upload a Resume
Would you like to be considered for appointment to other advisory bodies for which you may be qualified?
⊙ Yes ⊙ No
Do you have any obligations that might affect your attendance at scheduled meetings?
○ Yes ○ No

If Yes, please explain:
Are you currently or have you ever been appointed to a Contra Costa County advisory board?
⊙ Yes ♂ No
If Yes, please list the Contra Costa County advisory board(s) on which you are currently serving:
If Yes, please also list the Contra Costa County advisory board(s) on which you have previously served:
List any volunteer or community experience, including any advisory boards on which you have served.
I am currently serving on the Contra Costa County Council on Homelessness Board. I served for 6 years on the Housing California Board, another 6 years on the Alameda County EveryoneHome Board (including two years as Board Chair), and served 4 years on my children's preschool Board (including serving as President, Vice President and Secretary.)
Conflict of Interest and Certification
Do you have a familial or financial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section below or Resolution No. 2021/234)
○ Yes ⊙ No
If Yes, please identify the nature of the relationship:
Do you have any financial relationships with the County such as grants, contracts, or other economic relationships?
⊙ Yes ⊜ No
If Yes, please identify the nature of the relationship:
the non profit for which I am the CEO (Hope Solutions) has contracts with the County.

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 undersand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

☑ I Agree

<u>Important Information</u>

- 1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
- 2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
- 3. Members of certain 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.
- 4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
- 5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
- 6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
- 7. As indicated in Board Resolution 2021/234, 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) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 - (4) Registered domestic partner, pursuant to California Family Code section 297;
 - (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner;
 - (6) 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.