Contra Costa County

Print Form

Please return completed applications to:
Clerk of the Board of Supervisors
1025 Escobar Street, 1st Floor
Martinez, CA 94553
or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name Chad | **Middle Initial** | **Last Name** Pierce

Home Address - Street [redacted] | **City** [redacted] | **State** [redacted] | **Postal Code** [redacted]

Primary Phone (best number to reach you) [redacted] | **Email Address** [redacted]

Resident of Supervisorial District (if out of County, please enter N/A): 4 District Locator Tool

Do you work in Contra Costa County? ☑ Yes ☐ No **If Yes, in which District do you work?** 4

Current Employer Contra Costa County | **Job Title** Chief of Operations (Mobile Crisis Response) | **Length of Employment** 26

How long have you lived or worked in Contra Costa County? 26

Board, Committee, or Commission Emergency Medical Care Committe | **Seat Name** B14

Have you ever attended a meeting of the advisory board for which you are applying?

Please check one: ☑ Yes ☐ No If Yes, how many? 4

EDUCATION

Check appropriate box if you possess one of the following:

☑ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate

Colleges or Universities Attended	Degree Type/ Course of Study/Major	Degree Awarded	
Wright State University	BS/Psychology	☑ Yes	☐ No
Argosy University	PsyD/Clinical Psychology	☑ Yes	☐ No
		☐ Yes	☐ No

Occupational Licenses Completed: Clinical Psychology

Other Trainings Completed: California Health Care Foundation

Certificate Awarded for Training?

☑ Yes ☐ No

☐ Yes ☐ No

Do you have any obligations that might affect your attendance at scheduled meetings? ☐ Yes ☑ No

If Yes, please explain:

Would you like to be considered for appointment to other advisory bodies for which you may be qualified? ☑ Yes ☐ No

Are you a veteran of the U.S. Armed Forces? ☐ Yes ☑ No

Please explain why you would like to serve on this particular board, committee, or commission.

I am honored to have been asked by the Health Services Deputy Director and the Community Response Division Director to serve on the Contra Costa Emergency Medical Care Committee. As the A3 Mobile Crisis Response Chief of Operations, which is now emerging as the fourth arm of our emergency response system, my role on this committee is appropriate. There is a growing and urgent need for a behavioral health response led by professionally trained individuals when addressing behavioral health crises. By joining the committee, I hope to provide insights and explore opportunities to be integrated into this essential component of emergency care and our overall emergency response framework. This will ensure that individuals in behavioral health crises receive appropriate care from those with the expertise to help.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).

I have over 26 years serving Contra Costa residents by providing behavioral health support (Licensed Clinical Therapist, Clinical Supervisor, Clinic Manager, and Operational Chief). Much of that experienced involved managing behavioral health crisis situations.

In 2020, I was invited to join a Contra Costa Health design team focused on gaps in the behavioral health crisis system of care. My work in this area was recognized during my participation in the California Health Care Foundation's 2-year Leadership Fellowship, where my project on 24/7 in-person behavioral health crisis support was highlighted as an innovative approach to improving our emergency response system.

In 2024, I was appointed as Chief of the Behavioral Division's Youth Stabilization Unit. In this role, I managed a 24/7 Behavioral Health Crisis Unit, providing assessment, stabilizing interventions, and determining next steps for successful ongoing treatment.

I am including my resume with this application:

Please check one: ☑ Yes ☐ No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: ☑ 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:

Emergency Medical Care Committee

List any volunteer and community experience, including any boards on which you have served.

East Bay Center for the Performing Arts - Board Member/Secretary

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section on page 3 of this application or Resolution No. 2021/234).

Please check one: ☐ 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?

Please check one: ☐ Yes ☑ No

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 publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: Chad Pierce **Date:** 5/26/2026

Submit this application to: ClerkofTheBoard@cob.cccounty.us **OR** Clerk of the Board
1025 Escobar Street, 1st Floor
Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

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.