



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	Middle Initial Last Name
Chad	Pierce
Home Address - Street	City State Postal Code
Primary Phone (best number to read	ch you) Email Address
Resident of Supervisorial District (if	out of County, please enter N/A): 4 District Locator Tool
Do you work in Contra Costa County	? Ves No If Yes, in which District do you work? 4
Current Employer	Job Title Length of Employment
Contra Costa County	Mental Health Program Chief 25 years
How long have you lived or worked i	in Contra Costa County? 25 years
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Board, Committee, or Commission	Seat Name
Contra Costa Emergency Medi	cal Care Committee B13-Contra Costa Health-Behavioral Health
Have you ever attended a meeting o	of the advisory board for which you are applying?
	Yes No If Yes, how many?
EDUCATION	
Check appropriate box if you possess	s one of the following:
∀ High School Diploma	☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate
#g besides a specific	
Colleges or Universities Attended	Degree Type/ Course of Study/Major Degree Awarded
Wright State University	BS/Psychology Yes No
Argosy University	PsyD/Psychology Ves No
	Yes LNo
Occupational Licenses Completed:	Clinical Psychologist
L	Certificate Awarded for Training
	California Health Care Foundation
Other Trainings Completed:	☐ Yes ☐ No
	Les
Oo you have any obligations that mig	ght affect your attendance at scheduled meetings? Tyes V No
f Yes, please explain:	
Vould you like to be considered for a	appointment to other advisory bodies for which you may be qualified? ☑Yes□
Are you a veteran of the U.S. Armed	Forces? Yes No
	DAGE 4 (0

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Dioac	e explain why you would like to serve on this particular board, committee, or commission.
I am Hea Chie eme urge addr into beha	In honored to have been asked by the Health Services Deputy Director and the Behavioral alth Director to serve on the Contra Costa Emergency Medical Care Committee. As the set of Behavioral Health Crisis Services, which is now emeging as the fourth arm of our ergency response system, my role on this committee is critical. There is a growing and ent need for a behavioral health response led by professionally trained individuals when ressing crises related to mental health. By joining the committee, I hope to provide insights this essential component of emergency care and advocate for the continued integration of avioral health into our overall emergency response framework. This will ensure that viduals in crisis receive appropriate care from those with the expertise to help.
Descr	ribe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).
l have de	adicated my career to improving behavioral health services in Contra Costa County, beginning in 1999 when I worked as a mental health specialist at the West County Child and
In 2012, the board	ant Mental Health Clinic. During my time there, I earned my doctorate in clinical psychology and became a licensed clinical psychologist in the state of California. I was selected to manage the West County Child and Adolescent Mental Health Clinic, further enhancing my leadership and management skills. Concurrently, I served as secretry on do directors for the East Bay Center for the Performing Arts, where I played a pivotal role in a facilities enhancemnt campaing that resulted in the contruction of a \$15 million, the art performing arts facility.
In 2020,	I was invited to join a Contra Costa Health design team focused on gaps in the behavioral health crisis system of care, and in 2021, I was sected as chief of a newly deloped program n-person behavioral health support 24/7. My work in this area was recognized during my participation in the California Health Care Foundation's 2-Year Leadership Fellowship, where ct on 24/7 in-person behavioral health crisis support was highlighted as an innovative approach to improving our emergency response system.
This year	r I was appointed as Chief, overseeing our Youth Crisis Stabilization Unit. This blend of hands-on service, leadership, and program development has uniquely prepared me to e to the ongoing efforts of the Contra Costa Emergency Medical Care Committee, and I am eager to bring my expertise to this important role.
ire you	Please check one: Yes No u 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:
ist any	y volunteer and community experience, including any boards on which you have served.
ast E	Bay Center for the Performing Arts - Board Member/Secretary
o you	have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships nder 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:
o 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: Employee
	n b

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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:	9/22/2024
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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

<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.