Butte Countywide Homeless Continuum of Care 2019 Council Member Nominations for Service Areas

Joy Amaro

Emergency Shelters

Brad Brunner

Affordable Housing Developers
Mental Health Service Organizations

Lisa Currier

Street Outreach Teams

Sarah Frohock

Mental Health Service Organizations Substance Abuse Service Organization

Marin Hambley

Lesbian Gay Bisexual Transgender (LGBT) Service Organizations and LGBT Advocates

Joseph Henderson

Mental Health Service Organizations
Substance Abuse Service Organization

Keesha Hills

Faith-Based Organizations Street Outreach Teams

Ed Mayer

Public Housing Authorities

John Mitchell

Emergency Shelters
Faith-Based Organizations

Crystal Mourad

Homeless Subpopulation Advocate

Don Taylor

Employment and Social Services

Tom Tenorio

Affordable Housing Developers

CoC Council Member Nomination Form

| Name of person being nominated: Joy Amaro | | | | |
|---|--|--|--|--|
| Phone: | Email:joy@truenorthbutte.org | | | |
| Title and Agency (if applicable): Execu | utive Director, True North Housing Alliance, Inc. | | | |
| Service Area: Please select up to two cate | egories in which the person might serve as a council representative. | | | |
| ☐ Affordable Housing Develop | | | | |
| | urisdiction and Local Government Staff | | | |
| ☐ Disability Service Organization | ons and Disability Advocates | | | |
| □ Domestic Violence Advocate | 25 | | | |
| ■ Emergency Shelters | | | | |
| ☐ Faith-Based Organizations | | | | |
| ☐Higher Educational Institution | ons | | | |
| ⊟Homeless or Formerly Home | eless Individuals | | | |
| ☐Hospitals and Crisis Respons | se Teams | | | |
| ☐Law Enforcement and Jails | | | | |
| Lesbian Gay Bisexual Transg | ender (LGBT) Service Organizations and LGBT Advocates | | | |
| ☐Mental Health Service Organ | nizations | | | |
| ☐ Public Housing Authorities | | | | |
| —School Administrators and Homeless-Liaisons (Preschool 12 th Grade) | | | | |
| ☐ Street Outreach Teams | | | | |
| ☐ Substance Abuse Service Organization | | | | |
| | | | | |
| ☐ Victim Service Providers | | | | |
| ☐Youth Homeless-Organization | ons and-Youth Advocates | | | |
| ☐ Other Homeless Subpopulat | tion Advocates | | | |
| □Other | | | | |
| What expertise would this individual bring to the council? As the Executive Director of the largest emergency shelter north of Sacramento, we touch nearly 900-1000 individuals experiencing homelessness annually. Operating 365 days a year, 24 hours a day; the Torres Shelter exceeds the national average rate of exits into permanent housing. A strong collaborative partner, we work well with other service providers to maximize our resources, and streamline services. As the Executive Director, I am involved with the CoC Committees, HMIS, Coordinated entry, Chronically Homeless, and the | | | | |
| Name of person making nomination (if different from nominee): | | | | |
| Phone: | Email: | | | |

CoC Council Member Nomination Form

| Name of person being nominated: Brad Brunner | | | |
|---|---|--|--|
| Phone: 5 | Email: BBrunner@caminar.org | | |
| Title and Agency (if applicable): Progr | am Manager with Caminar, Inc. | | |
| Service Area: Please select up to two cat | regories in which the person might serve as a council representative. | | |
| ■Affordable Housing Develop | pers | | |
| | urisdiction and Local Government Staff | | |
| ☐Disability Service Organizati | ons and Disability Advocates | | |
| ⊟Domestic Violence Advocate | es es | | |
| □ Emergency Shelters | | | |
| ☐ Faith-Based Organizations | | | |
| ☐ Higher Educational Institution | | | |
| ☐Homeless or Formerly Home | eless-Individuals | | |
| ☐ Hospitals and Crisis Respons | se Teams | | |
| ☐ Law Enforcement and Jails | | | |
| | ender (LGBT) Service Organizations and LGBT Advocates | | |
| ■Mental Health Service Orga | nizations | | |
| ☐ Public Housing Authorities | PD201946V | | |
| ☐School Administrators and Homeless-Liaisons (Preschool-12th Grade) | | | |
| ☐Street Outreach Teams | | | |
| ☐Substance Abuse Service Organization | | | |
| | | | |
| □Victim Service Providers | | | |
| ☐Youth Homeless Organizations and Youth Advocates | | | |
| ☐ Other Homeless Subpopulat | tion Advocates | | |
| □Other | | | |
| What expertise would this individual bring to the council? | | | |
| Brad is the Program Manager for Caminar. Caminar owns and operates Avenida Apartments which is a supported housing complex serving chronically homeless adults with mental illness. Soon Caminar will own and operate Base Camp Village I & II which will be supported housing complexes serving chronically homeless adults with mental illness. | | | |
| Name of person making nomination (if different from nominee): Christy Taylan | | | |
| Phone: 530 | Email: ChristyT@caminar.org | | |

CoC Council Member Nomination Form

| Name of person being nominated: Lisa Currier | | |
|--|--|--|
| Phone: (Saggrafia Com | | |
| Title and Agency (if applicable): President | dent Crisis Care Advocacy and Triage | |
| Service Area: Please select up to two cat | egories in which the person might serve as a council representative. | |
| ☐ Affordable Housing Develop | | |
| □CDBG/HOME/ESG Entitled J | urisdiction and Local Government Staff | |
| ☐Disability Service Organization | ons and Disability Advocates | |
| ☐ Domestic Violence Advocate | 25 | |
| ☐Emergency Shelters | | |
| ☐ Faith-Based Organizations | | |
| ☐ Higher Educational Institution | ons | |
| ⊟Homeless or Formerly Home | eless Individuals | |
| ☐ Hospitals and Crisis Respons | se Teams | |
| ☐ Law Enforcement and Jails | | |
| ☐Lesbian Gay Bisexual Transg | ender (LGBT) Service Organizations and LGBT Advocates | |
| ☐Mental Health Service Orgai | nizations | |
| ☐Public Housing Authorities | | |
| ☐School Administrators and Homeless-Liaisons (Preschool 12th Grade) | | |
| ■Street Outreach Teams | | |
| ☐ Substance Abuse Service Organization | | |
| <u> </u> | | |
| ☐ Victim Service Providers | | |
| ☐ Youth Homeless Organization | ons and Youth Advocates | |
| ☐Other Homeless Subpopulat | tion Advocates | |
| □Other | | |
| What expertise would this individual brin | g to the council? | |
| This individual has been doing street outreach for many years. She has a strong relationship with both service recipients as well as service providers. She acts as a legal advocate in the BCSC on behalf of clients with behavioral health issues. | | |
| Name of person making nomination (if different from nominee): Tami Ritter | | |
| Phone: | Email: Tritter@buttecounty.net | |

CoC Council Member Nomination Form

| Name of person being nominated: Lisa Currier | | | |
|--|--|--|--|
| Phone: 500 Email: bridginggapsbutte@gmail.com | | | |
| Title and Agency (if applicable): Crisis Care Advocacy and Triage (CCAT) | | | |
| Service Area: Please select up to two cat | egories in which the person might serve as a council representative. | | |
| ☐ Affordable Housing Developers | | | |
| The state of the s | urisdiction and Local Government Staff | | |
| ☐ Disability Service Organizati | ons and Disability Advocates | | |
| ⊟Domestic Violence Advocate | 25 | | |
| ☐Emergency Shelters | | | |
| ☐ Faith-Based Organizations | | | |
| ☐ Higher Educational Institution | | | |
| ☐Homeless or Formerly Home | eless Individuals | | |
| ☐ Hospitals and Crisis Respons | se Teams | | |
| ☐ Law Enforcement and Jails | | | |
| | ender (LGBT) Service Organizations and LGBT Advocates | | |
| ☐ Mental Health Service Orga | nizations | | |
| ☐ Public Housing Authorities | | | |
| ☐School Administrators and Homeless-Liaisons (Preschool-12th Grade) | | | |
| ■Street Outreach Teams | | | |
| ☐Substance Abuse Service Organization | | | |
| <u> </u> | | | |
| □Victim Service Providers | | | |
| | | | |
| ☐ Other Homeless Subpopulat | tion Advocates | | |
| □Other | | | |
| What expertise would this individual bring to the council? | | | |
| I have been active in Street outreach in Butte county for 10 years. Beginning with work at Shalom Free Clinic, mental health and street outreach and case management. During this time it was apparent that we needed active case managers/street outreach/de-esclation individuals daily in all areas of Butte County. We have engaged hundreds of people, and accompanying them to Mental Health/Doctors appointments. Advocating for them in Butte County Superior court, by attending court, letter writing to Judges and helping clients get into Mental Health Diversion. We also help folks get into proper services. | | | |
| Name of person making nomination (if different from nominee): Lisa Currier | | | |
| Phone: | Email: bridginggapsbutte@gmail.com | | |

CoC Council Member Nomination Form

| Name of person being nominated: Sarah Frohock | | | |
|--|---|--|--|
| Phone Email sfrohock@b | puttecounty.net | | |
| Title and Agency (if applicable): Clinical Supervisor/Housing Coordinator, Butte County Behavioral Health | | | |
| Service Area: Please select up to two categories in which the | person might serve as a council representative. | | |
| ☐ Affordable Housing Developers | | | |
| □CDBG/HOME/ESG Entitled Jurisdiction and Loca | | | |
| ☐ Disability Service Organizations and Disability A | dvocates | | |
| □ Domestic Violence Advocates | | | |
| ☐ Emergency Shelters | | | |
| ☐ Faith-Based Organizations | | | |
| ☐ Higher Educational Institutions | | | |
| ☐Homeless or Formerly Homeless Individuals | | | |
| ☐ Hospitals and Crisis Response Teams | | | |
| ☐ Law Enforcement and Jails | | | |
| ☐ Lesbian Gay Bisexual Transgender (LGBT) Servic | e Organizations and LGBT Advocates | | |
| ■Mental Health Service Organizations | | | |
| ☐ Public Housing Authorities | | | |
| □School Administrators and Homeless Liaisons (Preschool-12 th Grade) | | | |
| Street Outreach Teams | | | |
| ■Substance Abuse Service Organization | | | |
| □ Veteran-Services | | | |
| ☐Victim Service Providers | | | |
| ☐ Youth Homeless Organizations and Youth Advo | cate s | | |
| ☐ Other Homeless Subpopulation Advocates | | | |
| Other | | | |
| What expertise would this individual bring to the council? | | | |
| Have been involved with services to homeless/mentally ill homeless for years, active CoC member and previous Council member, supervise the BH Housing Team and functions as the department's housing coordinator, knowledge of HUD grants through the ones operated by BH, havelong-standing relationships with several nonprofit homeless providers in the community. | | | |
| Name of person making nomination (if different from nominee): Don Taylor | | | |
| | mail: dtaylor@buttecounty.net | | |

CoC Council Member Nomination Form

| Name of person being nominated: Maxin Hambley |
|--|
| Phone: (Stonewall Chico.org |
| Title and Agency (if applicable): Advocacy Coordinator/Stonewall Alliance Ch co |
| Service Area: Please select up to two categories in which the person might serve as a council representative. |
| ☐ Affordable Housing Developers |
| □CDBG/HOME/ESG Entitled Jurisdiction and Local Government Staff |
| ☐ Disability Service Organizations and Disability Advocates |
| ☐ Domestic Violence Advocates |
| ☐ Emergency Shelters |
| ☐ Faith-Based Organizations |
| ☐ Higher Educational Institutions |
| Homeless or Formerly Homeless Individuals |
| ☐ Hospitals and Crisis Response Teams |
| □ Law Enforcement and Jails |
| ☑ Lesbian Gay Bisexual Transgender (LGBT) Service Organizations and LGBT Advocates |
| Mental Health Service Organizations |
| □ Public Housing Authorities |
| □ School Administrators and Homeless-Liaisons (Preschool 12th Grade) |
| ☐ Street Outreach Teams |
| Substance Abuse Service Organization |
| □ Veteran Services |
| □ Victim Service Providers |
| ☐ Youth Homeless Organizations and Youth Advocates |
| ☐ Other Homeless Subpopulation Advocates |
| □ Other What expertise would this individual bring to the council? |
| What expertise would this individual bring to the council? Direct Connection to the Community at large, being that they work at the Corrent LGBTQIAT Service organization |
| Theer connection to the commonly of sample oracinization |
| they work at the corrent Cablalan Dervice |
| |
| |
| |
| |
| Name of person making nomination (if different from nominee): Jav. Pinedo |
| Phone: [Jan Cpin edo @gmail com |

CoC Council Member Nomination Form

| Name of person being nominated: Joseph Henderson |
|---|
| Phone: Email! Noe Relital houseliving com, |
| Title and Agency (if applicable): CEO/E/jah House Counceling Solutions |
| Service Area: Please select up to two categories in which the person might serve as a council representative. |
| ☐ Affordable Housing Developers |
| □CDBG/HOME/ESG Entitled Jurisdiction and Local Government Staff |
| ☐ Disability Service Organizations and Disability Advocates |
| ☐ Domestic Violence Advocates |
| ☐ Emergency Shelters |
| ☐ Faith-Based Organizations |
| ☐ Higher Educational Institutions |
| ☐ Homeless or Formerly Homeless Individuals |
| ☐ Hospitals and Crisis Response Teams |
| ☐ Law Enforcement and Jails |
| ☐ Lesbian Gay Bisexual Transgender (LGBT) Service Organizations and LGBT Advocates |
| Mental Health Service Organizations |
| ☐ Public Housing Authorities |
| □School Administrators and Homeless-Liaisons (Preschool-12 th Grade) |
| ☐ Street Outreach Teams |
| ☐ Substance Abuse Service Organization |
| □ Veteran-Services |
| □ Victim Service Providers |
| ☐ Youth Homeless Organizations and Youth Advocates |
| ☐ Other Homeless Subpopulation Advocates |
| ☐ Other |
| What expertise would this individual bring to the council? |
| Joe's drug program services people who are at risk for becoming homeless on who are. |
| Name of person making nomination (if different from nominee): |
| Phone: Email: esmith @ oravillechamber, com |

CoC Council Member Nomination Form

| Name of person being nominated: KEESHA N HILLS | |
|---|---------|
| Phone: @ Osci9socc@outlook.com | |
| Title and Agency (if applicable): SENIOR ADMINISTRATOR, COMMUNITY INFRINTENT ASSOC /H | AVEN ON |
| Service Area: Please select up to two categories in which the person might serve as a council representative. | WHEELE |
| ☐ Affordable Housing Developers | Project |
| □CDBG/HOME/ESG Entitled Jurisdiction and Local Government Staff | |
| ☐ Disability Service Organizations and Disability Advocates | |
| Domestic Violence Advocates | |
| Emergency Shelters | |
| □ aith-Based Organizations | |
| ☐ Higher Educational Institutions | |
| Homeless or Formerly Homeless Individuals | |
| ☐ Hospitals and Crisis Response Teams | |
| ☐ Law Enforcement and Jails | |
| ☐ Lesbian Gay Bisexual Transgender (LGBT) Service Organizations and LGBT Advocates | |
| ☐ Mental Health Service Organizations | |
| ☐ Public Housing Authorities | |
| ☐School Administrators and Homeless-Liaisons (Preschool 12th Grade) | |
| treet Outreach Teams | |
| ☐ Substance Abuse Service Organization | |
| □ Veteran Services | |
| ☐ Victim Service Providers | |
| ☐ Youth Homeless Organizations and Youth Advocates | |
| Other Homeless Subpopulation Advocates | |
| □ Other | |
| What expertise would this individual bring to the council? | |
| FOR THE LAST 5 YEARS SHE HAS PROVIDED ADMINISTRATIVE SUPPORT | |
| TO THE SOUTH DROVILLE COMMUNITY THROUGH PROGRAMS | |
| THAT SUPPORT THE MINORITY POPULATION TO INCLUDE THE | |
| HOMELESS. SHE ALSO HAS AN EXTENSIVE BACKGROUND IN SERVING | |
| IN THE FAITH - BASED COMMUNITY BOTH LOCALLY & INTERNATIONALLY | |
| PROVIDING OUTREACH SUPPORT & ADMINISTRATIVE ASSISTANCE (FOR 1546 | ARS). |
| Name of person making nomination (if different from nominee): | |
| Phone: Email: esmith(e) or willechamber com | |
| Eric Smith | |

CoC Council Member Nomination Form

| Name of person being nominated: Ed Mayer | | | |
|---|--|--|--|
| Phone: 6320 Beauty Email and Deutschousing.com | | | |
| | utive Director, Housing Authority of the County of Butte | | |
| Service Area: Please select up to two cate | egories in which the person might serve as a council representative. | | |
| ☐ Affordable Housing Develop | | | |
| □CDBG/HOME/ESG Entitled In | urisdiction and Local Government Staff | | |
| ☐ Disability Service Organization | ons and Disability Advocates | | |
| Domestic Violence Advocate | 25 | | |
| ☐ Emergency Shelters | ε | | |
| ☐ Faith-Based Organizations | | | |
| ☐ Higher Educational Institution | | | |
| ──Homeless or Formerly Home | 14. Western M. (2014-2014) 14 1 | | |
| ☐ Hospitals and Crisis Respons | e Teams | | |
| ☐ Law Enforcement and Jails | | | |
| | ender (LGBT) Service Organizations and LGBT Advocates | | |
| ☐ Mental Health Service Organ | nizations | | |
| ■Public Housing Authorities | | | |
| School Administrators and Homeless Liaisons (Preschool-12 th Grade) | | | |
| ☐ Street Outreach Teams | | | |
| ☐ Substance Abuse Service Organization | | | |
| □ Veteran Services | | | |
| □Victim Service Providers | | | |
| ☐Youth Homeless Organizations and Youth Advocates | | | |
| ☐ Other Homeless Subpopulation Advocates | | | |
| □ Other | | | |
| What expertise would this individual bring to the council? | | | |
| The Housing Authority is a service provider for homeless veterans and for funds utilized by the County Behavioral Health housing programs. Ed has over 25 years of experience with HUD funding and requirements. He been a member of the Council and an integral reason for the successes of the Continuum of Care since its inception in 2009. Ed has served as the Vice-Chair since 2009. | | | |
| Name of person making nomination (if different from nominee): Thomas Tenorio | | | |
| Phone: | Email: ttenorio@buttecaa.com | | |

CoC Council Member Nomination Form

| Name o | f person being nominated: | JOHN | MI | TOHEL | L | |
|-----------|--|-------------------------------|-----------------------|------------------------|------------------------|--------|
| Phone: | 7. L. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 | Email: און | DEC | [Mitchel | 1 @ experience | e CFC. |
| Title and | d Agency (if applicable): | | | • | | |
| Service . | Area: Please select up to two ca | tegories in which t | he person | might serve as a c | ouncil representative. | |
| | ☐ Affordable Housing Develop | oers | | | | |
| | □CDBG/HOME/ESG Entitled : | lurisdiction and Lo | cal Gover | nment Staff | | |
| | ☐ Disability Service Organizat | ions and Disability | Advocate | s | | |
| | □ Domestic Violence Advocat | es | | | | |
| - | ☐Emergency Shelters | | | | | |
| | ☐Faith-Based Organizations | | | | | |
| | ☐ Higher Educational Instituti | ons | | | | |
| | ✓ Homeless or Formerly Hom | e less Individuals | | | | |
| | ☐ Hospitals and Crisis Respon | se Teams | | | | |
| | □ Law Enforcement and Jails | | | | | |
| | Lesbian Gay Bisexual Transg | ender (LGBT) Serv | ice Organ | izations and LGBT | Advocates | |
| | ☐Mental Health Service Orga | nizations | | | | |
| | □ Public Housing Authorities | | | | | |
| | ☐School Administrators and I | lomeless Liaisons | (Presc hoe | 12th Grade) | | |
| | ☐ Street Outreach Teams | | | | | |
| | ☐ Substance Abuse Service Or | ganization | | | | |
| | □ Veteran Services | | | | | |
| | ☐ Victim Service Providers | | | | | 1 |
| | ☐ Youth Homeless-Organization | ons and Youth A dv | ocates | | | - |
| | ☐ Other Homeless Subpopular | tion Advocates | | | | |
| | ☐ Other | | | | | |
| What exp | pertise would this individual brin | g to the council? | | | | |
| SIE | atinal program | | \sim | Din Ann | Elilah Itm | Se |
| 100 | SINGO DUXAN | m | , , , | 2/1011 | | • • |
| | | 71- | | to evo | ville Rescu | e |
| 501 | spance use | | | | | |
| | | ۲. | | 115 | | |
| | oville centere | | | | | |
| Name of | person making nomination (if di | ferent from nomi | | | | |
| Phone: | Laura Cootsona | | Email: | ALLIAN (G |) lesuscente | C.OV |

CoC Council Member Nomination Form

| Name of person being nominated: Crystal Anne Mourad | | | |
|---|-------------------------------|--|--|
| Phone: 530-624-525- | Email:c.moura | d650@yahoo.com | |
| Title and Agency (if applicable): | | | |
| Service Area: Please select up to two cat | egories in which th | he person might serve as a council representative. | |
| ☐ Affordable Housing Develop | ers | | |
| □CDBG/HOME/ESG Entitled J | urisdiction and Lo | cal Government Staff | |
| ☐ Disability Service Organizati | ons and Disability | Advocates | |
| ⊟Domestic Violence Advocate | P S | | |
| ☐ Emergency Shelters | | | |
| ☐ Faith-Based Organizations | | | |
| ☐ Higher Educational Institution | ons | | |
| ☐Homeless or Formerly Hom | eless Individuals | | |
| ☐ Hospitals and Crisis Respons | se Teams | | |
| ☐ Law Enforcement and Jails | | | |
| | | ice Organizations and LGBT Advocates | |
| ☐ Mental Health Service Orga | nizations | | |
| ☐ Public Housing Authorities | | | |
| —School Administrators and Homeless-Liaisons (Preschool 12 th Grade) | | | |
| ☐ Street Outreach Teams | | | |
| ☐Substance Abuse Service Organization | | | |
| | | | |
| ☐ Victim Service Providers | | | |
| ☐ Youth Homeless Organizations and Youth Advocates | | | |
| ■Other Homeless Subpopula | tion Advocates | € | |
| ☐ Other | | | |
| What expertise would this individual bring to the council? I advocate for those at risk of becoming homeless and work at addressing the root causes of homelessness (especially NIMBY laws and Prop 13) ND have an understanding I have been homeless (Dec 2006) I am a voter/citizen at large as well I am a member of GCHTF and a Board of NVHT and IHSS Advisory Board I have attended meeting and understanding of how Homeless Continuum of Care functions and how HUD is changing it's requirements Also how CoC is changing to adapt | | | |
| Name of person making nomination (if different from nominee): | | | |
| Phone | | Email: c.mourad650@yahoo.com | |

CoC Council Member Nomination Form

| Name of person being nominated: Don Taylor | | | |
|---|--|--|--|
| Phone: (Em | ail: dtaylor@buttecounty.net | | |
| Title and Agency (if applicable): Housing a | nd Homeless Administrator, County of Butte | | |
| Service Area: Please select up to two categori | ies in which the person might serve as a council representative. | | |
| ☐ Affordable Housing Developers | | | |
| □CDBG/HOME/ESG Entitled Jurisd | iction and Local Government Staff | | |
| ☐ Disability Service Organizations a | and Disability Advocates | | |
| □Domestic Violence Advocates | | | |
| ☐Emergency Shelters | | | |
| ☐ Faith-Based Organizations | | | |
| ☐ Higher Educational Institutions | | | |
| ☐ Homeless or Formerly Homeless | Individuals | | |
| ☐Hospitals and Crisis Response Tea | ams | | |
| ☐Law Enforcement and Jails | | | |
| ☐Lesbian Gay Bisexual Transgende | er (LGBT) Service Organizations and LGBT Advocates | | |
| ☐Mental Health Service Organizati | ions | | |
| ☐ Public Housing Authorities | | | |
| □School Administrators and Homeless Liaisons (Preschool-12th Grade) | | | |
| ☐Street Outreach Teams | | | |
| ☐ Substance Abuse Service Organization | | | |
| □Veteran Services | | | |
| ☐Victim Service Providers | | | |
| ☐ Youth Homeless Organizations and Youth Advocates | | | |
| ☐ Other Homeless Subpopulation Advocates | | | |
| ■Other Employment and Social S | Services | | |
| What expertise would this individual bring to the council? | | | |
| I have been involved with housing and homeless issues for the past 20 years. I have been part of a | | | |
| development team that has built affordable housing units for the homeless. I have a strong knowledge of | | | |
| HUD as I have overseen 5 HUD grants for many years and partnered with the Housing Authority on | | | |
| another. I have been a CoC council member for 5 years and have served on the executive team as 2nd | | | |
| Vice-chair. I have working relationships with staff involved with housing/homeless activities/funding within | | | |
| the State and County governments as well as many of the local nonprofit organizations in Butte County I oversee the new Butte County Housing and Homeless team. | | | |
| Name of person making nomination (if different from nominee): | | | |
| Phone: | Email: | | |

CoC Council Member Nomination Form

| Name of person being nominated: Don Taylor | | |
|---|-------------------------------|--|
| Phone: | Email dtaylor@buttecounty.net | |
| Title and Agency (if applicable): Housing & Homeless Administrator, Butte County Department of Employment and Social Services | | |
| Service Area: Please select up to two categories in which the person might serve as a council representative. | | |
| ☐Affordable Housing Developers | | |
| □CDBG/HOME/ESG Entitled Jurisdiction and Local Government Staff | | |
| ☐ Disability Service Organizations and Disability Advocates | | |
| ☐ Domestic Violence Advocates | | |
| ☐Emergency Shelters | | |
| ☐ Faith-Based Organizations | | |
| ☐ Higher Educational Institutions | | |
| Homeless or Formerly Homeless Individuals | | |
| ☐ Hospitals and Crisis Response Teams | | |
| ☐ Law Enforcement and Jails | | |
| ☐ Lesbian Gay Bisexual Transgender (LGBT) Service Organizations and LGBT Advocates | | |
| ■Mental Health Service Organizations | | |
| ☐ Public Housing Authorities | | |
| ☐School Administrators and Homeless-Liaisons (Preschool-12 th Grade) | | |
| □Street Outreach Teams | | |
| ☐Substance Abuse Service Organization | | |
| □Veteran-Services | | |
| □Victim Service Providers | | |
| ☐ Youth Homeless Organizations and Youth Advocates | | |
| ☐ Other Homeless Subpopulation Advocates | | |
| □Other □ | | |
| What expertise would this individual bring to the council? | | |
| Don has worked in the behavioral health field for 20 years. He was the Assistant Director of Butte County Behavioral Health Department until two weeks ago. His experience included oversight of all programming and services that Behavioral Health operated through its clinical structure. Don's role also included street outreach activity oversight, program design, funding and administration. He is familiar with the service needs of homeless persons with mental health issues. Don has been involved with the CoC for 5 years. He has been a Vice Chair of the Council during that entire time. | | |
| Name of person making nomination (if different from nominee): Thomas Tenorio | | |
| Phone: | Email: ttenorio@buttecaa.com | |

CoC Council Member Nomination Form

| Name of person being nominated: Tom Tenorio | | |
|---|---------------------------------|--|
| Phone: 58 Email: +tev | norioe butte caa. com | |
| Title and Agency (if applicable): | | |
| Service Area: Please select up to two categories in which the person might serve as a council representative. | | |
| ■Affordable Housing Developers | | |
| □CDBG/HOME/ESG Entitled Jurisdiction and Local Government Staff | | |
| ☐ Disability Service Organizations and Disability Advocates | | |
| ⊟ Domestic Violence Advocates | | |
| ☐ Emergency Shelters | | |
| ☐ Faith-Based Organizations | | |
| ☐ Higher Educational Institutions | | |
| Homeless or Formerly Homeless Individuals | | |
| ☐ Hospitals and Crisis Response Teams | | |
| ☐ Law Enforcement and Jails | | |
| ☐ Lesbian Gay Bisexual Transgender (LGBT) Service Organizations and LGBT Advocates | | |
| ☐ Mental Health Service Organizations | | |
| ☐ Public Housing Authorities | | |
| ⊡School Administrators and Homeless-Liaisons (Preschool 12 th Grade) | | |
| ☐ Street Outreach Teams | | |
| ☐ Substance Abuse Service Organization | | |
| | | |
| □ Victim Service Providers | | |
| ☐ Youth Homeless Organizations and Youth Advocates | | |
| ☐ Other Homeless Subpopulation Advocates | | |
| □ Other | | |
| What expertise would this individual bring to the council? Tom was a founder of the Butte CoC and brings a vast wealth of knowledge and experience regarding the HUD process, Continuum of Care organizations and has first-hand knowledge of operating a facility for formerly homeless families. His organization (Community Action Agency of Butte Co.) has also developed transitional and permanent affordable housing and provides services and food to people in poverty and/or low-income. | | |
| Name of person making nomination (if different from nominee): Marie Demers | | |
| Phone: 530 | Email: marie.demers@chicoca.gov | |