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## AGENDA COVER MEMO

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**AGENDA DATE:** January 27, 2009

**TO:** Board of County Commissioners

**DEPARTMENT:** Health & Human Services

**PRESENTED BY:** Rob Rockstroh



**AGENDA TITLE:** ORDER \_\_\_\_\_ / IN THE MATTER OF APPOINTING ONE MEMBER TO FILL A VACANCY ON THE MENTAL HEALTH ADVISORY/LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE.

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### **I. MOTION**

ORDER \_\_\_\_\_ / In the Matter of Appointing One Member to Fill a Vacancy on the Mental Health Advisory/Local Alcohol and Drug Planning Committee.

### **II. AGENDA ITEM SUMMARY**

The Mental Health Advisory/Local Alcohol and Drug Planning Committee (MHAC/LADPC) LM3.524 seeks to fill one vacancy created by the September 2009 resignation of a member whose term expires on August 31, 2010.

### **III. BACKGROUND/IMPLICATIONS OF ACTION**

#### **A. Board Action and Other History**

Vacancy notices were advertised from October 14, 2009 through November 14, 2009. At the close of the advertising period, three applications were received.

The MHAC/LADPC convened a subcommittee and conducted interviews of the three applicants. The MHAC/LADPC herewith nominated a candidate with an extensive background in case management and social services to the developmentally disabled and was chosen for appointment.

The proposed appointment would be as follows:

1. COMMITTEE RECOMMENDATION:

Tosheba Richter

TERM EXPIRATION:

08-31-2010 (CT)

## 2. MEMBERSHIP

### TOTAL MEMBERSHIP: 12

Current committee composition, by Commissioner District (see attached committee membership list) with 1 vacancy is:

- District 1 – 2 members
- District 2 – 1 member
- District 3 – 7 members
- District 4 – 1 member
- District 5 – 1 member

Proposed committee composition, by Commissioner District of appointment, if approved:

- District 1 – 2 members
- District 2 – 2 member
- District 3 – 7 members
- District 4 – 1 member
- District 5 – 1 member

### APPLICATIONS SUBMITTED: 3

ADVERTISING PERIOD: October 14, 2009 - November 14, 2009.

TERM: Completion of Four (4) year term. (8-31-2010)

## B. Policy Issues

The nominee meets and exceeds the minimum qualifications for service on this advisory committee, representing the completion of term for the member who resigned.

## C. Board Goals

Meets Board objective of encouraging citizen participation.

## D. Financial and/or Resource Considerations

Recruitment for committees represents a significant, ongoing expense for H&HS.

H&HS is very reliant on advisory committees and the pool of applicants, possessing the specialized needs required to adequately staff these committees.

**E. Analysis**

The nominee possesses an extensive background in social services and case management for persons with developmental disabilities.

**F. Alternatives / Options**

1. Appoint the nominee.
2. Reject the nomination and consider the other applicants and/or re-post the vacancy.

**IV. TIMING/IMPLEMENTATION**

If Board approval is received, this member would be added to the MHAC/LADPC with an effective date of 1/27/2010 to serve completion of term ending on 08/31/2010.

**V. RECOMMENDATION**

Both the MHAC/LADPC and Health & Human Services staff approve the nominations proposed above.

**VI. FOLLOW-UP**

Board approval being received for this appointment, the prospective member would be issued an appointment letter and would be invited to attend the next MHAC/LADPC meeting.

**VII. ATTACHMENTS**

Board Order  
2010 MHAC/LADPC Membership List  
Applications

**BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON**

**RESOLUTION**        ) IN THE MATTER OF APPOINTING ONE MEMBER TO FILL A  
**AND ORDER:**        ) VACANCY ON THE MENTAL HEALTH ADVISORY/LOCAL  
                              ) ALCOHOL AND DRUG PLANNING COMMITTEE.

WHEREAS, there is one vacancy on the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee; and

WHEREAS, the vacancy was posted and one applicant out of the three that applied to fill the vacant position has received endorsement for appointment from the Committee; and

WHEREAS, this matter having been fully considered by the Lane County Board of Commissioners.

NOW THEREFORE IT IS HEREBY RESOLVED AND ORDERED that the following individual be appointed to serve on the Mental Health Advisory/Local Alcohol & Drug Planning Committee effective immediately, said term to expire as indicated below:

<u>Name</u>	<u>Expiration Date</u>	<u>Term</u>
Tosheba Richter	08-31-2010 (CT)	First

DATED this \_\_\_\_\_ day of January, 2010.

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Bill Fleenor, Chair  
Lane County Board of Commissioners

APPROVED AS TO FORM  
Date 1/14/10 lane county  
[Signature]  
OFFICE OF LEGAL COUNSEL

# **MENTAL HEALTH ADVISORY/LOCAL ALCOHOL & DRUG PLANNING COMMITTEE**

## **Membership List With Term Expirations January 11, 2010**

<b>Name</b>	<b>Expiration Date</b>	<b>Term</b>	<b>Commissioner District</b>
Bruce Steven	08-31-10	Consumer Council	3
Albi, Gordie	08-31-10	First Term	3
Holser, MaryAnn	08-31-11	First Term	3
Vacancy	08-31-10	CT	
Leeds, Michael	08-31-10	CT	3
Mueller, Tim	08-31-13	Second Term	3
Rogers, Diane	08-31-10	First Term	1
Scheetz, Sandy	08-31-12	First Term	3
Stotler, Deborah Karin	08-31-10	CT	4
Sullivan, Larry	08-31-11	First Term	2
Wells, Jennifer	08-31-13	Second Term	5
Wright, Charles	08-31-13	Second Term	3
Zoller, Phillip	08-31-11	Second Term	1
Commissioner Bill Dwyer	Lane County Commissioner	Lane County Commissioner	N/A

MHAC Member list with term expirations 1-11-10



Lane County  
CITIZEN ADVISORY COMMITTEE  
APPLICATION

Page 1 of 2

APPLICANT'S NAME AND CITY: <i>Tosheba Richter Springfield</i>	DATE: <i>11/13/09</i>
NAME OF ADVISORY COMMITTEE: <i>Mental Health Advisory / Local Alcohol and Drug Planning Committee</i>	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.) *I have worked with individuals with developmental disabilities for 10 years. I have been a case manager for 6 years for people with developmental disabilities.*
2. Why do you want to become a member of this committee, and what specific contributions do you hope to make? *I would like to be a reminder/advocate for people with developmental disabilities.*
3. List the community concerns related to this committee that you would like to see addressed if you are appointed. *My primary concern is people with dual diagnosis (PD + mental health/drug addiction) are unable to access services as readily as those who do not have dual diagnosis. I would like the process to be easier.*
4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.) *I don't have any experience outside of my paid work at a case provider and later case manager. I have located and supported clients with accessing community programs.*
5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of gender, race, color, national origin, religion, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort? *I am of mixed race and have very successfully worked with people of a variety of racial and religious backgrounds.*
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?  
*No.*
7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)  
☒ No ☐ Yes Specify: *I don't believe so. The agency I work for (Full Access) does receive referrals from Lane Co. D.D.*
8. How did you learn about this vacancy? ☐ Newspaper ☒ Word of mouth ☒ Other:
9. In which County Commissioner District do you reside? please check one:  
☐ Unsure ☐ West Lane County ☒ Springfield ☐ South Eugene ☐ North Eugene ☐ East Lane County

\*The Board of Commissioners has adopted the following policy on reappointments:

a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.

b. The deadline for incumbent applications will be the same as the deadline for new applications.

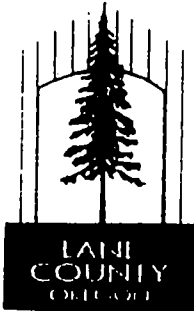
\* Unless waived by the Board.

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Lane County  
CITIZEN ADVISORY COMMITTEE  
APPLICATION

LANE COUNTY  
BOARD OF COMMISSIONERS

APPLICANT'S NAME AND CITY <i>Mary Ann Petersen</i>	DATE <i>10/30/2009</i>
NAME OF ADVISORY COMMITTEE <i>mental health advisory / alcohol and drug planning committee</i>	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

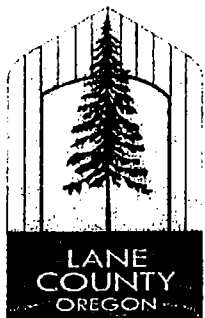
- Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.)
  - certified acupuncture detoxification specialist.
  - work experience in treatment facilities (acupuncture unit)
  - past involvement on Lane County Heroin Task Force.
- Why do you want to become a member of this committee, and what specific contributions do you hope to make?  
*I want to be involved with our community's response to mental health / drug dependency issues. I am specifically interested in prevention and progressive rehab.*
- List the community concerns related to this committee that you would like to see addressed if you are appointed. *Solution.*  
*I am not aware of specific community concerns related to this committee at this time.*
- Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)  
*Lane County Heroin Task Force*
- Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of gender, race, color, national origin, religion, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?  
*I would not discriminate against any person on basis of gender, race, etc.*
- Are you currently serving on any Advisory Boards or Committees? If so, which ones?  
*No.*
- Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)  
☒ No ☐ Yes Specify:
- How did you learn about this vacancy? ☒ Newspaper ☐ Word of mouth ☐ Other:
- In which County Commissioner District do you reside? please check one:  
☐ Unsure ☐ West Lane County ☐ Springfield ☒ South Eugene ☐ North Eugene ☐ East Lane County

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Lane County  
CITIZEN ADVISORY COMMITTEE  
APPLICATION

Page 1 of 2

APPLICANT'S NAME AND CITY: <i>Manio Cesar Peterseu</i>	DATE: <i>10/30/09</i>
NAME OF ADVISORY COMMITTEE: <i>Mental Health Advisory</i>	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.)

*As a developmental pediatrician I have been working with patients with developmental disabilities for more than 18 years*

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

*Enthusiastic participation, committed to help families, knowledge about developmental disabilities and how they affect the families*

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

*1. Support for families with children or other family members with behavior problems.*

*2. Support for families with children with developmental disabilities who have limited English.*

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

*see attached CV, page 10*

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of gender, race, color, national origin, religion, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

*with my expertise in developmental disabilities and Latin cultural background.*

6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

*NO*

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

*Wife is interim director @ CENTRO LATINO.*

☐ No ☒ Yes Specify:

8. How did you learn about this vacancy? ☒ Newspaper ☐ Word of mouth ☐ Other:

9. In which County Commissioner District do you reside? please check one:

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BOARD OF COMMISSIONERS