



A G E N D A

REGULAR MEETING COMMISSION TO END HOMELESSNESS

Wednesday, June 15, 2022, 1:00 P.M.

County Conference Center
Room 104/106
425 West Santa Ana Boulevard, Santa Ana, CA 92701

COMMISSION MEMBERSHIP

Doug Chaffee, Fourth District Supervisor, Chair	Vacant Business Representative, Vice Chair
Don Wagner, Third District Supervisor	Jack Toan, Business Representative
Jim Vanderpool, North Service Planning Area	AJ Patella, Orange County Sheriff Department
Scott Stiles, Central Service Planning Area	Todd Spitzer, Orange County District Attorney
Paul Wyatt, South Service Planning Area	George Searcy, Affordable Housing Development
Sue Parks, Philanthropic Representative	Marshall Moncrief, Behavioral Health Representative
Robert Dunn, Chief of Police	Teresa "Tita" Smith, At Large Member
Randy Black, Orange County Fire Authority	Milo Peinemann, At Large Member
Richard Afafe, Hospital Representative	Matt Bates, Continuum of Care Board Representative
Jim Palmer, Faith-Based Community Representative	Vacant, Continuum of Care Board Representative

Commission Director

Doug Becht, Director of Care Coordination

Clerk of the Commission

Valerie Sanchez, Chief Deputy Clerk

This agenda contains a brief general description of each item to be considered. The Commission encourages public participation. If you wish to speak on any item or during public comment, please complete a Speaker Request Form and deposit it in the Speaker Form Return box located next to the Clerk. Speaker Forms are located on the table next to the entrance doors. Except as otherwise provided by law, no action shall be taken on any item not appearing on the agenda. When addressing the Commission, please state your name or pseudonym for the record prior to providing your comments.

****In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify the Clerk of the Board's Office 72 hours prior to the meeting at (714) 834-2206****

All supporting documentation is available for public review online at:
<https://www.ochealthinfo.com/about-hca/directors-office/office-care-coordination/commission-end-homelessness> and with Clerk of the Board of Supervisors located in the Hall of Administration Building,
333 W. Santa Ana Blvd., 10 Civic Center Plaza, Room 465, Santa Ana, California 92701
8:00 a.m. - 5:00 p.m., Monday through Friday.

A G E N D A

Call to Order

Pledge of Allegiance

Roll Call

DISCUSSION ITEMS

1. Working Group Ad Hoc Update – Review Housing Pillar and Discuss Next Steps
2. Office of Care Coordination Update – 2022 Point In Time Count Results and Next Steps

ACTION ITEMS

3. Approve Tim Houchen as a Continuum of Care Representative on the Commission to End Homelessness (Continued from 4/20/22, Item 1)
4. Elect a new Vice Chair for the Commission to End Homelessness
5. Approve Commission to End Homelessness minutes from the February 16, 2022, and April 20, 2022, regular meeting
6. Recommend the following applicants to serve as members on the Commission to End Homelessness to the Board of Supervisors (BOS) as the BOS has final approval. Business Representative – Jack Toan, Illumination Foundation; Central SPA – Scott Stiles, City of Garden Grove; South SPA – Debra Rose, City of Lake Forest; Philanthropic Leader – Sue Parks, OC United Way; Member At-large – Paul Wyatt; Faith Based Representative – Nesan Kistan, Salvation Army OC

PUBLIC COMMENT

At this time members of the public may address the Commission on any matter not on the agenda but within the subject matter jurisdiction of the Commission.

COMMISSION MEMBERS COMMENTS

ADJOURNMENT

NEXT REGULAR MEETING: August 17, 2022, 1:00 P.M.

Agenda Item #1

Working Group Ad
Hoc Update – Review
Housing Pillar &
Discuss Next Steps

Agenda Item #2

Office of Care

Coordination Update –
2022 Point in Time Count
Results & Next Steps

Agenda Item #3

Approve Appointment
of Tim Houchen as
Continuum of Care
Board Representative
on the Commission



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

Clerk of the Board of Supervisors
333 West Santa Ana Blvd., Suite 465
Santa Ana, California 92701
Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://www.ocgov.com/gov/cob/bcc/contact)):

Commission to End Homelessness

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: First Second Third Fourth Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Timothy
First Name

Roy
Middle Name

Horchen
Last Name

[Redacted]
Street Address City State Zip Code

[Redacted]
Home Phone Number Cell Phone Number

[Redacted]

CURRENT EMPLOYER: None

OCCUPATION/JOB TITLE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: YES NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP: _____

ARE YOU A REGISTERED VOTER? YES NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

ORGANIZATION/SOCIETY

FROM (MO./YR.)

TO (MO./YR.)

Continuum of Care Board

2020

present

Anaheim HCDC

2018

present

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I am formerly homeless and an ardent
advocate for homeless solutions

DATE: 1/20/2022

APPLICANTS SIGNATURE: [Signature]

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received by: _____

Deputy Clerk of the Board of Supervisors

Date referred: _____

To: BOS District 1 BOS District 2 BOS District 3 BOS District 4 BOS District 5

All BOS BCC Contact Person Name _____

Agenda Item #4

Elect a New Vice Chair
for the Commission to
End Homelessness

Agenda Item #5

Approve Minutes of the
February 16, 2022 &
April 20, 2022 Regular
Meetings



SUMMARY ACTION MINUTES

REGULAR MEETING COMMISSION TO END HOMELESSNESS

Wednesday, February 16, 2022 1:00 P.M.

Pursuant to provisions of California Assembly Bill 361, effective September 16, 2021, this meeting was teleconferenced via ZOOM

Doug Chaffee, Fourth District Supervisor, Chair	Daniel Young, Business Representative, Vice Chair
Don Wagner, Third District Supervisor	Jack Toan, Business Representative
James Vanderpool, North Service Planning Area	AJ Patella, Orange County Sheriff's Department
Scott Stiles, Central Service Planning Area	George Searcy, Affordable Housing Industry
Paul Wyatt, South Service Planning Area	Marshall Moncrief, Behavioral Health Representative
Sue Parks, Philanthropic Representative	Teresa "Tita" Smith, At Large Member
Robert Dunn, Chief of Police	Milo Peinemann, At Large Member
Randy Black, Orange County Fire Authority	Todd Spitzer, District Attorney
Richard Afable, Hospital Representative	Matt Bates, Continuum of Care Board Representative
Jim Palmer, Faith-based Community Representative	Vacant, Continuum of Care Board Representative

ATTENDANCE: Commissioners Afable, Bates, Chaffee, Dunn, Palmer, Parks, Patella, Peinemann, Searcy, Spitzer, Stiles, Toan, Wagner, Wyatt, and Young

ABSENT: Commissioners Black, Moncrief, Vanderpool and Smith

PRESENT:	EXECUTIVE DIRECTOR	Doug Becht, Director of Care Coordination
	CLERK OF THE COMMISSION	Valerie Sanchez, Chief Deputy Clerk
		Joanne Golden, Deputy Clerk

Call to Order

COMMISSION CHAIR CHAFFEE CALLED THE MEETING TO ORDER AT 1:00 P.M.

Pledge of Allegiance

COMMISSIONER PEINEMAN LED THE PLEDGE OF ALLEGIANCE

Roll Call

THE CLERK CALLED THE ROLL AND CONFIRMED A QUORUM WAS PRESENT

SUMMARY ACTION MINUTES

1. Find by majority vote that a State of Emergency has been proclaimed by the Governor of the State of California effective May 4, 2020, due to the introduction of a novel corona virus (COVID-19) and as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
X X X X
APPROVED AS RECOMMENDED

2. Office of Care Coordination Update
RECEIVED AND FILED PRESENTATION WITH UPDATE ON FOUR SPECIFIC ITEMS: 2022 POINT IN TIME COUNT, LOCAL HOMELESSNESS ACTION PLAN, HOMELESS SYSTEM OF CARE DATA AND EMERGENCY HOUSING VOUCHER UPDATE

3. Approve Commission to End Homelessness minutes from the December 8, 2021 regular meeting
1 17 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 18
X X X X
APPROVED AS RECOMMENDED

4. Approve recommended revisions to the Commission to End Homelessness Bylaws
3 18 1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 17
X X X X
APPROVED AS RECOMMENDED

5. Establish a Membership Ad-Hoc Committee to recruit, evaluate and make recommendations for appointments to the Commission to be submitted to the Board of Supervisors for final approval
CHAIRMAN CHAFFEE ESTABLISHED A MEMBERSHIP AD-HOC COMMITTEE AND APPOINTED COMMISSIONERS PATELLA AND PEINEMANN TO THE AD-HOC

6. Introduce Shelter Pillar
RECEIVED AND FILED PRESENTATION INTRODUCING THE SHELTER PILLAR INCLUDING DEFINITIONS, GOALS AND BEST PRACTICES

7. Review Outreach and Supportive Services Pillar
RECEIVED AND FILED PRESENTATION REVIEWING OUTREACH AND SUPPORTIVE SERVICES PILLAR INCLUDING GUEST SPEAKER JONATHAN CASTILLO, CHIEF REGIONAL OFFICER OF PEOPLE ASSISTING THE HOMELESS (PATH) IN SAN DIEGO ABOUT THE SUCCESS THEY HAVE EXPERIENCED WITH THEIR OUTREACH AND ENGAGEMENT PROGRAM

PUBLIC COMMENTS

David Durran – Oral Re: Growing concern with how people use the word homeless to identify individuals who lack housing; calling them homeless is no longer acceptable, similar to previous terms that are no longer used such as hobo or vagrant; unhoused or housing challenged are more acceptable terms; the County has the opportunity and resources to resolve homelessness

Jessica Y. – Family is currently experiencing homelessness, connected with the Continuum of Care, and qualified for three different housing voucher programs, but never received a complete referral for housing

SUMMARY ACTION MINUTES

COMMISSIONER COMMENTS

Paul Wyatt – Oral Re: Inflow of money to fund housing units right now is good but competition for housing with the public and other agencies makes turning those dollars into affordable units more difficult; there is a need to be more agile and look for ways to provide housing that are not in competition with the open market

Chairman Chaffee – Oral re: The Orange County Housing Finance Trust just released another Notice of Funding Available (NOFA); Orange County is working toward its goal of 2700 affordable units and is currently seeking \$30 Million from the State Legislature to fund more housing; CalOptima is also rolling out its street medicine initiative which is to go where people are in need and provide medical care where they are rather than wait for them to come to us

ADJOURNED: 2:49 P.M.

NEXT MEETING: April 20, 2022, 1:00 P.M.

*** VOTE KEY ***

(1st number = Moved by; 2nd number = Seconded by)

1	Doug Chaffee, Chair	
2	Dan Young, Vice Chair	
3	Richard Afable	A = Abstained
4	Randy Black	X = Excused
5	Robert Dunn	V = Vacant
6	Marshall Moncrief	N = No
7	Jim Palmer	C.O. = Commission Order
8	Sue Parks	
9	Milo Peinemann	
10	AJ Patella	
11	George Searcy	
12	Teresa (Tita) Smith	
13	Todd Spitzer	
14	Scott Stiles	
15	Jack Toan	
16	James Vanderpool	
17	Don Wagner	
18	Paul Wyatt	

SUPERVISOR DOUG CHAFFEE
Chair

Valerie Sanchez, Chief Deputy Clerk
Clerk of the Commission



SUMMARY ACTION MINUTES

REGULAR MEETING COMMISSION TO END HOMELESSNESS

Wednesday, April 20, 2022 1:00 P.M.

County Conference Center
Room 104/106
425 West Santa Ana Boulevard, Santa Ana, CA 92701

Doug Chaffee, Fourth District Supervisor, Chair	Daniel Young, Business Representative, Vice Chair
Don Wagner, Third District Supervisor	Jack Toan, Business Representative
James Vanderpool, North Service Planning Area	AJ Patella, Orange County Sheriff's Department
Scott Stiles, Central Service Planning Area	George Searcy, Affordable Housing Industry
Paul Wyatt, South Service Planning Area	Marshall Moncrief, Behavioral Health Representative
Sue Parks, Philanthropic Representative	Teresa "Tita" Smith, At Large Member
Robert Dunn, Chief of Police	Milo Peinemann, At Large Member
Randy Black, Orange County Fire Authority	Todd Spitzer, District Attorney
Richard Afable, Hospital Representative	Matt Bates, Continuum of Care Board Representative
Jim Palmer, Faith-based Community Representative	Vacant, Continuum of Care Board Representative

ATTENDANCE: Commissioners Bates, Black, Chaffee, Dunn, Patella, Searcy, Spitzer, Stiles, Wagner and Wyatt

ABSENT: Commissioners Afable, Black, Moncrief, Palmer, Parks, Peinemann, Smith, Toan, Vanderpool and Young

PRESENT: EXECUTIVE DIRECTOR Doug Becht, Director of Care Coordination
CLERK OF THE COMMISSION Valerie Sanchez, Chief Deputy Clerk

Call to Order

COMMISSION CHAIR CHAFFEE CALLED THE MEETING TO ORDER AT 1:02 P.M.

Pledge of Allegiance

COMMISSIONER DUNN LED THE PLEDGE OF ALLEGIANCE

Roll Call

THE CLERK CALLED THE ROLL AND INFORMED THE COMMISSION THAT QUORUM WAS NOT MET

SUMMARY ACTION MINUTES

ACTION ITEMS

1. Approve Tim Houchen as a Continuum of Care representative on the Commission to End Homelessness
CONTINUED TO JUNE 15, 2022, 1:00 P.M.
2. Approve Commission to End Homelessness minutes from the February 16, 2022 regular meeting
CONTINUED TO JUNE 15, 2022, 1:00 P.M.

DISCUSSION ITEMS

3. Office of Care Coordination Update – Homelessness Action Plan Overview
RECEIVED AND FILED UPDATE INCLUDING OVERVIEW OF THE HOMELESSNESS ACTION PLAN THAT WILL BE DEVELOPED FOR USE BY THE CONTINUUM OF CARE BOARD AND COUNTY AS A REQUIRED ELEMENT OF THE CAL ICH HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM ROUND 3 (HHAP-3) GRANT APPLICATION
4. Working Group Ad Hoc Update – Review Shelter Pillar and Introduce Housing Pillar
RECEIVED AND FILED UPDATE FROM THE WORKING GROUP AD HOC ON THE SHELTER PILLAR INCLUDING INPUT RECEIVED FROM THREE GROUPS OF INDIVIDUALS WITH EXPERTISE IN SHELTER OPERATIONS BEST PRACTICES; UPDATE ALSO INCLUDED THE INTRODUCTION TO THE HOUSING PILLAR DEFINITIONS, GOALS, PRINCIPLES AND COMMITMENTS

PUBLIC COMMENTS

None

COMMISSIONER COMMENTS

None

ADJOURNED: 2:26 P.M.

NEXT MEETING: June 15, 2022, 1:00 P.M.

SUMMARY ACTION MINUTES

*** VOTE KEY ***

(1st number = Moved by; 2nd number = Seconded by)

- | | | |
|----|-----------------------|-------------------------|
| 1 | Doug Chaffee, Chair | |
| 2 | Dan Young, Vice Chair | |
| 3 | Richard Afable | A = Abstained |
| 4 | Randy Black | X = Excused |
| 5 | Robert Dunn | V = Vacant |
| 6 | Marshall Moncrief | N = No |
| 7 | Jim Palmer | C.O. = Commission Order |
| 8 | Sue Parks | |
| 9 | Milo Peinemann | |
| 10 | AJ Patella | |
| 11 | George Searcy | |
| 12 | Teresa (Tita) Smith | |
| 13 | Todd Spitzer | |
| 14 | Scott Stiles | |
| 15 | Jack Toan | |
| 16 | James Vanderpool | |
| 17 | Don Wagner | |
| 18 | Paul Wyatt | |

SUPERVISOR DOUG CHAFFEE
Chair

Valerie Sanchez, Chief Deputy Clerk
Clerk of the Commission

Agenda Item #6

Recommendation of
Applicants to Serve as
Members on the
Commission



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

Health Care Agency
Office of Care Coordination
405 W 5th St., Ste. 658
Santa Ana, California 92701

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://www.ocgov.com/gov/cob/bcc/contact)):

Orange County Commission to End Homelessness

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: First Second Third Fourth Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Jack

Toan

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

CURRENT EMPLOYER: Illumination Foundation

OCCUPATION/JOB TITLE: COO

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

RESUMÉ: Please attach a current resumé to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resumé attached will not be considered.

ARE YOU A CITIZEN OF THE UNITED STATES: YES NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? YES NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
Family Solutions Callaborative	6/2021	present
Asian American Futures	9/2020	present
The Mix Academy	8/2014	present

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

See attachment

DATE: 3/18/22 **APPLICANTS SIGNATURE:** _____

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received by: _____
Deputy Clerk of the Board of Supervisors

Date referred: _____

To: BOS District 1 BOS District 2 BOS District 3 BOS District 4 BOS District 5

All BOS BCC Contact Person Name _____



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

Health Care Agency
Office of Care Coordination
405 W 5th St., Ste. 658
Santa Ana, California 92701

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://www.ocgov.com/gov/cob/bcc/contact)):

Orange County Commission to End Homelessness

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: First Second Third Fourth Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Scott C. Stiles
First Name Middle Name Last Name

[Redacted Street Address] [Redacted City] [Redacted State] [Redacted Zip Code]
Street Address City State Zip Code

[Redacted Home Phone Number] [Redacted Cell Phone Number]
Home Phone Number Cell Phone Number

[Redacted Email Address]
Email Address

CURRENT EMPLOYER: City of Garden Grove

OCCUPATION/JOB TITLE: City Manager

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

RESUMÉ: Please attach a current resumé to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resumé attached will not be considered.

ARE YOU A CITIZEN OF THE UNITED STATES: YES NO
IF NO, NAME OF COUNTRY OF CITIZENSHIP: _____

ARE YOU A REGISTERED VOTER? YES NO
IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
ICMA Credentialed City Manager	April 2011	present
OC City Managers Association	August 2015	present

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I wish to continue offering input on this important issue

while helping to implement the goals/strategies of the OCCEH.

DATE: 3/15/22

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
	<input type="checkbox"/> BOS District 5



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

Health Care Agency
Office of Care Coordination
405 W 5th St., Ste. 658
Santa Ana, California 92701

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

Orange County Commission to End Homelessness

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [X] First [] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Debra DeBruhl Rose

First Name

Middle Name

Last Name

[Redacted address line]

Street Address

City

State

Zip Code

[Redacted home phone number]

Home Phone Number

[Redacted cell phone number]

Cell Phone Number

[Redacted email address]

Email Address

CURRENT EMPLOYER: City of Lake Forest

OCCUPATION/JOB TITLE: City Manager

BUSINESS ADDRESS: 100 Civic Center Drive, Lake Forest, CA 92630

BUSINESS PHONE NUMBER: [Redacted]

RESUMÉ: Please attach a current resumé to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resumé attached will not be considered.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
ICMA	1/2016	Present
CA City Management Foundation	1/2017	Present

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)

YES NO

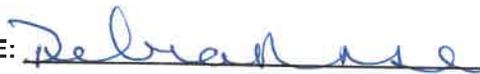
IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I wish to engage with community stakeholders to identify

programs to help people experiencing homelessness in OC.

DATE: 3/17/2022

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
	<input type="checkbox"/> BOS District 5



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

Health Care Agency
Office of Care Coordination
405 W 5th St., Ste. 658
Santa Ana, California 92701

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://www.ocgov.com/gov/cob/bcc/contact)):

Orange County Commission to End Homelessness

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: First Second Third Fourth Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Susan B. Parks
First Name Middle Name Last Name

[Redacted] [Redacted] [Redacted] [Redacted]
Street Address City State Zip Code

[Redacted] [Redacted]
Home Phone Number Cell Phone Number

[Redacted]
Email Address

CURRENT EMPLOYER: Orange County United Way

OCCUPATION/JOB TITLE: President & CEO

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

RESUMÉ: Please attach a current resumé to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resumé attached will not be considered.

ARE YOU A CITIZEN OF THE UNITED STATES: YES NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP: _____

ARE YOU A REGISTERED VOTER? YES NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
CEO Roundtable - UCI	07/2017	Current
Tocqueville Society - OC United Way	2002	Current
_____	_____	_____

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

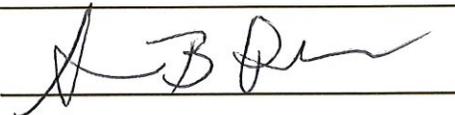
YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

See attached.

DATE: 03/15/2022

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received by: _____
Deputy Clerk of the Board of Supervisors
Date referred: _____
To: BOS District 1 BOS District 2 BOS District 3 BOS District 4 BOS District 5
 All BOS BCC Contact Person Name _____

I believe strongly in working collaboratively across our beautiful County to help our homeless neighbors have a place to call home. Orange County United Way is very committed to this effort.



Recruitment Now Open for the Commission to End Homelessness

The Commission to End Homelessness works in collaboration with the County government, city government, business sector, philanthropic organizations, community organizations, faith-based organizations, health care, public safety, and other interested stakeholders to promote an effective response to homelessness within Orange County. Commission members work on regional policy and implementation strategies, affordable housing development, data and gaps analysis, best practice research, social policy, and systemic change.

The Orange County Office of Care Coordination is accepting applications from Orange County residents for six **seats** on the Commission:

1. One business representative.
2. One individual who served, or serves, as a City Manager or an elected official in the Central Service Planning Area.
3. One individual who served, or serves, as a City Manager or an elected official in the South Service Planning Area.
4. One philanthropic leader.
5. One representative of the faith-based community.
6. One member who is at-large.

Service Planning Areas for Reference

CENTRAL REGION

Costa Mesa
Fountain Valley
Garden Grove
Huntington Beach
Newport Beach
Santa Ana
Seal Beach
Tustin
Westminster
County Unincorporated

SOUTH REGION

Aliso Viejo
Dana Point
Irvine
Laguna Beach
Laguna Hills
Laguna Niguel
Laguna Woods
Lake Forest
Mission Viejo
Rancho Santa Margarita
San Clemente
San Juan Capistrano
County Unincorporated

The application must be submitted by **Friday, March 18, 2022, at 5 p.m.**

Please email the completed application and resume to carecoordination@ochca.com or mail a completed application and resume to:

Health Care Agency, Attn: Office of Care Coordination
405 W. 5th St., Ste. 658
Attention: Natalie Dempster
Santa Ana, CA 92701

Please note all applications are public records.

Selected applicants will serve a two-year term. Commission to End Homelessness meetings are typically held on the third Wednesday of every other month at 1 p.m. at County Administration South (CAS) Building, Conference Center, 425 West Santa Ana Blvd. Room 104/106, Santa Ana, CA 92701-4599.

For additional information, please contact the Office of Care Coordination at (714) 834-5000 or via email at carecoordination@ochca.com.



APPLICATION FOR COUNTY OF ORANGE

(FOR COUNTY USE ONLY)

BOARD, COMMISSION OR COMMITTEE

Return to:

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NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

Orange County Commission to End Homelessness

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [] First [] Second [] Third [] Fourth [X] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Paul Noah Wyatt

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

CURRENT EMPLOYER: Retired

OCCUPATION/JOB TITLE:

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

RESUME: Please attach a current resumé to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resumé attached will not be considered.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
<u>City of Dana Point Council Member</u>	<u>12/2016</u>	<u>12/2020</u>
<u>2-1-1 Orange County Board of Directors</u>	<u>08/2020</u>	<u>Present</u>
<u>Dana Point Civic Association Board</u>	<u>02/2021</u>	<u>Present</u>

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I firmly believe that with the right direction and leadership, OC homelessness can be ended.

This Committee must provide this direction and leadership.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

DATE: 3/15/2022

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received by: _____
Deputy Clerk of the Board of Supervisors

Date referred: _____

To: BOS District 1 BOS District 2 BOS District 3 BOS District 4 BOS District 5



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Health Care Agency Office of Care Coordination 405 W 5th St., Ste. 658 Santa Ana, California 92701

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

Orange County Commission to End Homelessness

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [] First [x] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Neslan

Reginald

Kistan

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

CURRENT EMPLOYER: The salvation Army

OCCUPATION/JOB TITLE: Divisional secretary of Orange County

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

RESUME: Please attach a current resume to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resume attached will not be considered.

ARE YOU A CITIZEN OF THE UNITED STATES: [] YES [x] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP: Australia - Resident of U.S.

ARE YOU A REGISTERED VOTER? [] YES [x] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN:

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
<u>The Salvation Army</u>	<u>1994</u>	<u>present</u>
_____	_____	_____
_____	_____	_____

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11559 - AS THEY RELATE TO MARIJUANA)

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

*Additional sheet attached

DATE: 03/18/22 APPLICANTS SIGNATURE: [Signature]

CLERK OF THE BOARD OF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ <small>Deputy Clerk of the Board of Supervisors</small>
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____