

**MEMORANDUM
PLACER COUNTY HEALTH AND HUMAN SERVICES
Adult System of Care**

TO: Honorable Board of Supervisors

FROM: Richard J. Burton, M.D., M.P.H.
Placer County Health Officer and Director of Health & Human Services
Maureen F. Bauman, Director of Adult System of Care and Medical Clinics

DATE: May 21, 2013

SUBJECT: Membership Appointment to the Mental Health, Alcohol, and Drug Advisory Board

ACTION REQUESTED:

The Mental Health, Alcohol, and Drug Advisory Board (MHADB) respectfully requests the Board of Supervisors approve the appointment of Cheryl Cleveland, Public Interest Member, District 1, Seat 8.

BACKGROUND:

Cheryl Cleveland has applied for a position on the MHADB as a public interest member. She is a mental health therapist, holding a bachelor's degree in Human Services and a master's degree in counseling.

Ms. Cleveland volunteers her services, as membership chair, for the Sacramento Valley Chapter of the California Association of Marriage and Family Therapists. She also supports the African American Mental Health Providers Group and attends Placer County's Campaign for Community Wellness meetings.

Ms. Cleveland has a special interest in working with adults, especially young adults, with co-occurring disorders, specifically related to substance use. As a Board member, her focus will be on finding ways to raise awareness and educate the community on alcohol and other drugs. Ms. Cleveland will bring the experience and connection she's gained with transition-age youth and their need for services. Her experience and education will be an asset to this Board.

The Mental Health, Alcohol, and Drug Advisory Board recommends appointment of this applicant.

FISCAL IMPACT:

There is no fiscal impact as a result of this action.



PLACER COUNTY
BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON
ADVISORY BOARD OR COMMISSION

JL Jones@placer.ca.gov

THE FOLLOWING IS PUBLIC INFORMATION

APPLICATION FOR MEMBERSHIP ON: Alcohol and Drug Board
(NAME OF BOARD, COMMISSION, OR COMMITTEE)

IF THIS BOARD/COMMISSION/COMMITTEE CALLS FOR A SPECIFIC TYPE MEMBER, PLEASE INDICATE THE
POSITION FOR WHICH YOU ARE APPLYING: Public Interest District 1

NAME: Cheryl Cleveland

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: Placer County

TIMES YOU ARE AVAILABLE FOR MEETINGS: DAYS: M-F TIMES 6-8pm

EMPLOYMENT EXPERIENCE/PROFESSION (A RESUME MAY BE ATTACHED): Residential Counselor,
Mental Health therapist

ORGANIZATION/COMMUNITY EXPERIENCE: SVC-CAMFT (Membership Chair),
African American Mental Health Providers Group (AAMHP), Placer County
Campaign for Community Wellness

EDUCATIONAL EXPERIENCE: B.A. in Human Services, M.A. in Counseling

APPLICATIONS WILL BE RETAINED FOR TWO YEARS

APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS
175 FULWEILER AVENUE, ROOM 101, AUBURN, CALIFORNIA 95603

DATE: 1/10/13 SIGNATURE: Cheryl Cleveland

INTEREST SURVEY
FOR THOSE DESIRING TO SERVE ON THE PLACER COUNTY MENTAL
HEALTH, ALCOHOL, AND DRUG BOARD

ALL APPOINTMENTS ARE MADE BY THE
PLACER COUNTY BOARD OF SUPERVISORS

(Please Print or Type)

Applicant Name: Cheryl Cleveland

1. Are you or your spouse a full-time or part-time county employee of a county mental health or substance abuse service (including community agencies which have a contract with the Placer County Adult System of Care), an employee of the State Department of Mental Health or State Department of Alcohol and Drug Programs (depending on the board in which you are applying), or an employee of, or a paid member of the governing body of, a Bronzan-McCorquodale contract agency? Yes No

(If yes, you are not eligible under State law to be a member of the Mental Health, Alcohol, and Drug Board.)

2. How many hours could you devote each month to carrying out the duties of a Mental Health, Alcohol and Drug Board member? 4 hours.

3. Have you ever received or are you receiving the following publicly funded services?

Mental Health	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Substance Abuse	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, what state? _____ What county? _____

4. Have your parents, spouse, siblings, significant other or children ever received or are they receiving either of the following publicly funded services?

Mental Health	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Substance Abuse	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Applicant Name: Cheryl Cleveland

What is your professional, work or volunteer background? (Attach additional sheets if necessary). MENTAL HEALTH THERAPIST

Do you have any special areas of interest in mental health or substance abuse? If so, please describe below. (Attach additional sheets if necessary.)

Working with young adults/adults with co-occurring disorders, one disorder being substance related.

What specific things would you like to accomplish as a member of the board in which you are applying? (Attach additional sheets if necessary.)

Various ways to raise awareness in community as it relates to Alcohol & Drugs. Also would like to gain knowledge regarding the funding process for these type programs.

Signature: Cheryl Cleveland Date: 1/10/13

Please return this interest survey to:

Placer County Adult System of Care
~~11533 C Avenue~~ 11512 B Avenue
Auburn, CA 95603

Placer County Mental Health,
Alcohol, and Drug Advisory Board
Interest Survey

August 17, 1998