

RECEIVED

NOV - 8 2013

Health & Human Services Agency  
Mental Health Division  
Administration



A Tradition of Stewardship  
A Commitment to Service

COUNTY OF NAPA  
EXECUTIVE OFFICE

2261 Elm Street  
Building A  
Napa, CA 94559-3721  
www.co.napa.ca.us

Main: (707) 299-2101  
Fax: (707) 299-2199

Randolph F. Snowden  
Agency Director

~~October 8, 2012~~

Sept 19, 2013

Mr. Bill Grandrath

Napa, Ca 94558

Dear Bill,

The term of your position representing the Napa County Mental Health Board expires on January 1, 2013. If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to LuAnn Pufford, Sr. Office Assistant.

Since it has been over 5 years since you submitted an application for serving on the Mental Health Board, you are also required to fill out and submit an application. Please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

When the application and letter has been returned, your name will be forwarded to the Clerk of the Board, and then to the Board of Supervisors for consideration for reappointment to another three-year term, as you have been a valued member of the Mental Health Board.

☒ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Mental Health Board for the term January 1, 2013 through January 1, 2016.

☐ I confirm by signing below that all the information on my application is current; or

☐ Some of the information on my prior application is no longer correct. A new application is attached.

A handwritten signature in black ink, appearing to read "Bill Grandrath", written over a horizontal line.  
SIGNATURE

A handwritten date "11/8/13" in black ink, written over a horizontal line.  
DATE



County Executive Office  
1195 Third Street, Room 310  
Napa, CA 94559-3082  
(707) 253-4421 FAX (707) 253-4176

RECEIVED

NOV 02 2012

eAFA

A Tradition of Stewardship  
A Commitment to Service

APPLICATION FOR APPOINTMENT TO  
BOARD, COMMISSION, COMMITTEE OR TASK FORCE

COUNTY OF NAPA  
EXECUTIVE OFFICE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*This application may be subject to disclosure under the Public Records Act.*

\*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Napa County Mental Health Board

\*Category of membership for which you are applying:

(This information can be found on the news release announcing the opening.

You may apply for more than one category if more than one position is open.)

Parent of Client; Concerned cit

\*Supervisory District in which you reside:

Five

\*Full Name

William Howard Grandrath

Date

10/31/12

\*Current Occupation (within the last twelve (12) months):

Retired

Current License (Professional or Occupational); Date of issue and/or expiration including status:

Cal-Respiratory Therapist - 10/14  
Cal-Nuclear Engineer, PE - 6/14  
Cal-Control System Engineer, PE - inactive

Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)

A.A. - Solano College - 1956  
BSEE - UC Berkley - 1961  
Respiratory Care Practitioner - NVC - 1995

Community participation (nature of activity and community location):

Napa County Mental Health Board -

Other County Board/Commission/Committee on which you serve/have served:

Napa County Mental Health Dept.; Quality Improvement Committee

\* Denotes Mandatory Entry Required

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Napa County Mental Health Board

Names, addresses and phone numbers of three (3) individuals familiar with your background:

\*Name

Jack Gray

\*Address

\*City

Napa

\*State \*Zip Code

Ca

94558

\*Telephone

\*Name

Beryl Nielsen

\*Address

\*City

Napa

\*State \*Zip Code

Ca

94558

\*Telephone

\*Name

Harris Nussbaum

\*Address

\*City

Napa

\*State \*Zip Code

Ca

94558

\*Telephone

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

Virginia L. Grandrath - Homemaker

\*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

Reason: To have a venue to communicate my "lived experiences" of navigating the Napa county healthcare systems.

I was the caregiver of my paranoid schizophrenic son for 36 years.

see attached list of related experience.

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Napa County Mental Health Board

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

**PERSONAL INFORMATION**

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

William Howard Grandrath

\*e-mail Address

\*Home Address

\*Work Address

\*City

Napa

State

CA

\*Zip Code

94559

\*City

State

-

Zip Code

\*Telephone

Telephone

**Please Read!**



### Related Experience as member of Napa County Mental Board (NCMHB)

1. Chair of NCMHB Budget committee
2. Chair and member of NCMHB Roles & Duties Committee
3. Member of NCMHB Mental Health Services Act (MHSA) committee
4. Member of NCMHB executive committee
5. Alternate NCMHB representative to MHSA stakeholder Advisory Committee (SAC)
6. Training coordinator for NCMHB
7. Member of Napa County Quality Improvement Committee (QIC)
8. Attended several MHB trainings by The California Association of Local Mental Health Boards/Commissions (CALMHB/C)
9. Participated in The department new and updated MHSA programs
10. Provided comments to all new MHSA programs and updates during 30 day public review.
11. Reviewed and provided comments to Napa County Department of Mental Health (NCDMH) Process instructions
12. Initiated/authored several active policies of NCMHB.
13. Over the past 10+ years I have missed less than 5 scheduled Board and Committee meetings combined.