



**Lassen County Advisory Board Special Meeting**

**May 8, 2025**

12:00 pm to 1:00 pm

1445 Paul Bunyan Road, Aspen Room  
Susanville, CA 96130

- 1. Call to Order**
- 2. Quorum Established.**
- 3. Regular Meeting Agenda Approval**
- 4. Approval of Meeting Minutes**
- 5. Public Comments (limited to three minutes per comment)**  
Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.
- 6. Correspondence Received**
- 7. New Business/Action Items**
  - a. Notice of Resignation (Attachment 1)
  - b. Voting Member Applications (Attachment 2)
  - c. Open Officer Position (Chair)
  - d. Board Member Limit (Attachment 3)
  - e. Board Recruitment
  - f. Meeting Location
- 8. Youth Action Board Updates**
- 9. HMIS/CES Committee Updates**
- 10. PIT Committee Updates**
- 11. Executive Board Updates**
- 12. General Updates**
- 13. Discussion Items for Next Meeting**
- 14. Adjournment**

**Voting Members:**

**Krystal Dalton, Chair**

Lassen County Housing and Grants

**Rebecca Peconom, Vice-Chair**

City of Susanville

**Brett Lindsey**

Lassen Family Services

**Carla McDonald**

Salvation Army

**Cheri Farrell**

Crossroads Ministries

**Cody Evans**

Lassen Community College

**Tina Kennemore**

Lassen County Adult Services

**Tiffany Armstrong**

Lassen County Behavioral Health

**Grace Poor, Secretary**

(Non-Voting Member)

**Next Meeting:** Thursday, June 5, 2025, 12:00 pm to 1:00 pm

If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. **The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.**



# LASSEN COUNTY

## Health and Social Services Department

- ☐ **HSS Administration**
- ☐ **Public Guardian**  
336 Alexander Avenue  
Susanville, CA 96130  
(530) 251-8128
- ☒ **Grant and Loans Division**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8309
- ☐ **Behavioral Health**  
555 Hospital Lane  
Susanville, CA 96130  
(530) 251-8108/8112  
  
**Chestnut Annex**  
1400-A & B Chestnut Street  
Susanville, CA 96130  
(530) 251-8112
- ☐ **Patients' Rights Advocate**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8322
- ☐ **Public Health**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8183
- ☐ **Environmental Health**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8183
- ☐ **Community Social Services**  
336 Alexander Avenue  
Susanville, CA 96130  
  
**LassenWORKS**  
**Business & Career Network**  
PO Box 1359  
1616 Chestnut Street  
Susanville, CA 96130  
(530) 251-8152  
  
**Child & Family Services**  
1600 Chestnut Street  
Susanville, CA 96130  
(530) 251-8277  
  
**Adult Services**  
PO Box 429  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8158
- ☐ **HSS Fiscal**  
PO Box 1180  
Susanville, CA 96130  
(530) 251-2614

To Lassen County Advisory Board;

Over the past three years and eleven months, I have had the honor and privilege of working with each of your agencies on the Lassen County Advisory Board to the NorCal CoC Advisory Board. I have served as the Secretary and the Chair since May of 2021 and it has been a long road of impactful work and successes.

I have learned so much and enjoyed the collaboration, I have enjoyed being apart of crucial decisions that impact our departments and most importantly the residents of Lassen County.

It is time that I take some much-needed time from serving in additional areas of our department and focus on other tasks. I look forward to watching the successes and input from the Lassen County Advisory Board as you all continue to fulfill the great duties of social services.

This letter serves as a formal resignation from the Lassen County Advisory Board, effective immediately. I ask that the secretary add the position to the following board meeting agenda, in May, and that someone is able to take over.

Thank you all for your understanding, I appreciate each and every one of you.

Sincerely,

Krystal Dalton  
Lassen County

RECEIVED

BY: Cyp DATE: 4/9/25

# Lassen County Advisory Board to the NorCal Continuum of Care

## Membership Application

Name: Percy Tejada Title: ICWA Social Service Director  
Phone: 530-257-2688 - office Email: ptejada@Sir-nso.gov  
530-310-1835 - cell  
Agency Name (If Applicable): Susanville Indian Rancheria

Membership Request: ☒ Voting Member ☐ Participant

Please select the category(s) that best defines you or your agency type:

- |   |  |
|---|--|
| <input type="checkbox"/> Behavioral Health Services   | <input type="checkbox"/> Law Enforcement   |
| <input type="checkbox"/> Community Member             | <input checked="" type="checkbox"/> <sup>tribal</sup> Local Government Staff/Officials |
| <input type="checkbox"/> Domestic Violence Advocate   | <input type="checkbox"/> Medical Organization  |
| <input type="checkbox"/> Educational Organization     | <input type="checkbox"/> Veteran Service Provider                                      |
| <input type="checkbox"/> Emergency Shelter            | <input type="checkbox"/> Youth Service Organization                                    |
| <input type="checkbox"/> Formerly Homeless Individual | <input type="checkbox"/> Other: _____  |

Please provide the mission statement of your agency, or if not applicable, explain your interest in joining the Advisory Board:

As part of the CDSS-Bringing Families Home - Home Safe, Home Disability Grant as a priority of tribal involvement.

Describe your agency and/or your personal experience working to end homelessness: tribal

government

What do you and/or your agency hope to contribute and gain by being a member of the Advisory Board:

we hope to give input on all policy, funding, activities, events and awareness of tribal community issues, needs, and solutions.

**Statement of Commitment:** By my signature below, if nominated to the Lassen County Advisory Board to the NorCal Continuum of Care, I understand that I will attend, with frequency the Advisory Board Meetings, when scheduled. I will collectively participate at each meeting and will share knowledge and information freely. I may revoke my membership at any time, and acknowledge my membership may be revoked for cause, if I am not adhering to the Advisory Board Governance Charter.

Signature: [Signature]

Date: 2/15/2024

## Lassen County Advisory Board to the NorCal Continuum of Care

### Membership Application

Name: Nicole Lamica Title: Program Coordinator  
 Phone: 530.251.8316 Email: nlamica@co.lassen.ca.us  
 Agency Name (If Applicable): Lassen Co. Housing and Grants

Membership Request: ☒ Voting Member ☐ Participant

Please select the category(s) that best defines you or your agency type:

- |   |  |
|---|--|
| <input type="checkbox"/> Behavioral Health Services   | <input type="checkbox"/> Law Enforcement                             |
| <input type="checkbox"/> Community Member             | <input checked="" type="checkbox"/> Local Government Staff/Officials |
| <input type="checkbox"/> Domestic Violence Advocate   | <input type="checkbox"/> Medical Organization                        |
| <input type="checkbox"/> Educational Organization     | <input type="checkbox"/> Veteran Service Provider                    |
| <input type="checkbox"/> Emergency Shelter            | <input type="checkbox"/> Youth Service Organization                  |
| <input type="checkbox"/> Formerly Homeless Individual | <input type="checkbox"/> Other: _____                                |

Please provide the mission statement of your agency, or if not applicable, explain your interest in joining the Advisory Board: My job is to coordinate programs & services in our community. Being involved would help hear from our community to streamline appropriate services

Describe your agency and/or your personal experience working to end homelessness: I work on our street outreach team. Coordinate street outreach

What do you and/or your agency hope to contribute and gain by being a member of the Advisory Board: we hope to gain community insight and needs and we hope to deliver services to match our community needs.

**Statement of Commitment:** By my signature below, if nominated to the Lassen County Advisory Board to the NorCal Continuum of Care, I understand that I will attend, with frequency the Advisory Board Meetings, when scheduled. I will collectively participate at each meeting and will share knowledge and information freely. I may revoke my membership at any time, and acknowledge my membership may be revoked for cause, if I am not adhering to the Advisory Board Governance Charter.

Signature: [Signature] Date: 4.28.25

## MEMBERSHIP

The Advisory Board will be made up of agency representatives from Lassen County and relevant stakeholders that will include a broad representation of key stakeholder groups found within the county. Each Agency, Department or Division is allowed one Voting Member on the Advisory Board. Advisory Board members must adhere to the guidelines and responsibilities as outlined in the NorCal CoC Governance Charter. Advisory Board participation is mandatory for agencies receiving CoC funding. Designation of Officers such as a chair, vice-chair and secretary, can be made by nomination and appointed by majority vote.

Advisory Board membership responsibilities include providing input, expertise, and recommendations to the Board regarding all matters relating to CoC responsibilities, policies, and procedures.

There are two (2) types of members: voting members and participants.

- a. Voting Member is an Officer and must attend regularly scheduled Advisory Board meetings and shall have the authority to one vote on all action items. Designation of Officers such as a Chair, Vice-Chair, and Secretary, can be made by nomination and appointed by a majority vote of the Voting Members.
- b. A Participant may participate in Advisory Board meeting discussions but do not have the authority to vote on any action items. There are no meeting attendance requirements for Participants.

Both member types must complete a membership application (Attachment A). The Advisory Board will be made up of a minimum of 3 Voting Members and a maximum of 10 Voting Members. The membership policy, and membership participation should be reviewed annually.