



OFFICE OF THE MAYOR
LOUISVILLE, KENTUCKY

GREG FISCHER
MAYOR

April 20, 2015

Mr. David Tandy, President
Metro Council
601 West Jefferson Street
Louisville, KY 40202

Dear President Tandy:

In accordance with the Mental Health Diversion Board Ordinance, I am re-appointing the following to the **Mental Health Diversion**.

<u>Name</u>		<u>Term</u>
Dr. Nicole Luddington	Re-Appointment	September 30, 2016
Debra Simmons	Re-Appointment	September 30, 2016
James Metry	Re-Appointment	September 30, 2016
Jerry Weber	Re-Appointment	September 30, 2016
Bernard Block	Re-Appointment	September 30, 2016
Dr. Monica Williams	Re-Appointment	September 30, 2016

Metro Council approval of these appointments is not required.

Sincerely,

Greg Fischer
Mayor

cc: Councilwoman Julie Denton

Profile

Prefix	Nicole	Luddington	Suffix	
First Name		Last Name		
Street Address			Suite or Apt	
City			State	Postal Code
Email Address				

Dept. of Veteran Affairs	Psychiatrist
Employer	Occupation

District 19
What district do you live in?

Primary Phone	Alternate Phone
---------------	-----------------

Interests *

Public Health

Volunteer Activities

Which Boards would you like to apply for?

Mental Health Diversion Board

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Current member of Mental Health Diversion Board.

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Yes No

Do you have any contract or matter pending before any Louisville Metro Government agency?

Yes No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Yes No

Additional Notes

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

African American

Ethnicity

Democrat

Political Party

Female

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov

Profile

Prefix	<u>Debra</u>	<u>Simmons</u>	Suffix	
First Name		Last Name		
Street Address			Suite or Apt	
City			State	Postal Code
Email Address				

<u>Veterans Administration</u>	<u>Psychiatric APRN</u>
Employer	Occupation

District 23
What district do you live in?

<u></u>	<u></u>
Primary Phone	Alternate Phone

Interests *

- Business Development
- Codes/Regulations
- Economic Development
- Historical Preservation
- Housing
- Human Resources
- Information Technology
- Land Development
- Neighborhoods
- Public Health
- Public Safety
- Public Utilities
- Recreation
- Telecommunications
- Transportation
- Zoning

Volunteer Activities

Which Boards would you like to apply for?

Mental Health Diversion Board

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Yes No

Do you have any contract or matter pending before any Louisville Metro Government agency?

Yes No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Yes No

Additional Notes

Upload a Resume

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

Caucasian (non-Hispanic)

Ethnicity

Democrat

Political Party

Female

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov

Profile

Prefix James First Name Metry Last Name Suffix

Street Address [REDACTED] Suite or Apt [REDACTED]

City [REDACTED] State [REDACTED] Postal Code [REDACTED]

Email Address [REDACTED]

Employer self Occupation attorney

District 8
What district do you live in?

Primary Phone [REDACTED] Alternate Phone [REDACTED]

Interests *
 Public Health
 Public Safety

Volunteer Activities
Work with elderly out reach program at St. Michael on Hikes Lane Member on the Mental Health Diversion Board Work at a food pantry

Which Boards would you like to apply for?
Mental Health Diversion Board

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Mental Health Diversion Board

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Yes No

Do you have any contract or matter pending before any Louisville Metro Government agency?

Yes No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Yes No

Additional Notes

RESUME.JIM_METRY.pdf

Upload a Resume

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

Caucasian (non-Hispanic)

Ethnicity

Democrat

Political Party

Male







Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov



Profile

Mr	Jerome "Jerry"	Weber	
Prefix	First Name	Last Name	Suffix
			
Street Address			Suite or Apt
			
City			State
			
Email Address			Postal Code

Retired	Social work
Employer	Occupation

District 7

What district do you live in?

	
Primary Phone	Alternate Phone

Interests *

Public Health

Volunteer Activities

Nonprofit boards

Which Boards would you like to apply for?

Mental Health Diversion Board

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Mental health diversion board

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Yes No

Do you have any contract or matter pending before any Louisville Metro Government agency?

Yes No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Yes No

Additional Notes

Upload a Resume

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

Caucasian (non-Hispanic)

Ethnicity

Democrat

Political Party

Male








Gender



Date of Birth



If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov

Profile

Prefix	Bernard	Last Name	Block	Suffix
	First Name			
Street Address				
City				Suite or Apt 
Email Address				State 
				Postal Code 

Retired	Newspaper Executive
Employer	Occupation

District 9
What district do you live in?

	
Primary Phone	Alternate Phone

Interests *

- Housing
- Human Resources
- Public Health

Volunteer Activities

Which Boards would you like to apply for?

Mental Health Diversion Board

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Yes No

Do you have any contract or matter pending before any Louisville Metro Government agency?

Yes No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Yes No

Additional Notes

Upload a Resume

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

Caucasian (non-Hispanic)

Ethnicity

Independent

Political Party

Male

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov

Profile

Dr. Monnica Williams _____
Prefix First Name Last Name Suffix

Street Address Suite or Apt

City State Postal Code

Email Address

University of Louisville Assistant Professor
Employer Occupation

What district do you live in?

Primary Phone Alternate Phone

interests *

- Public Health
- Public Safety

Volunteer Activities

Community workshops

Which Boards would you like to apply for?

Mental Health Diversion Board

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Mental Health Diversion Board (reapplying)

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Yes No

Do you have any contract or matter pending before any Louisville Metro Government agency?

Yes No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Yes No

Additional Notes

Home address: 15112 Abington Ridge Pl., Louisville, KY 40245 (use address above for all mail)

Clinical CV 0115.pdf

Upload a Resume

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes No

Monnica Janay Williams, Monnica
Williams Terwilliger

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

African American

Ethnicity

Independent

Political Party

Female

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov

Mental Health Diversion Board

Appointment	Term	MC Dist.	Race	Gender	Party
-------------	------	----------	------	--------	-------

All members are appointed by virtue of qualification

(Psychiatrist)

Dr. Nicole Luddington	9/30/2016	1 AA	F	D
-----------------------	-----------	------	---	---

Debra Simmons
(Nurse)

9/30/2016	23 W	F	D
-----------	------	---	---

(Probation and Parole)

Erica Hargis	9/30/2015	4 W	F	D
--------------	-----------	-----	---	---

James Metry
(Attorney)

9/30/2016	8 W	M	D
-----------	-----	---	---

Jerry Weber
(Social Worker)

9/30/2016	7 W	M	D
-----------	-----	---	---

Bernard Block
(Community Rep.)

9/30/2016	9 W	M	I
-----------	-----	---	---

Dr. Monnica Williams
(Psychologist)

9/30/2016	19 AA	F	D
-----------	-------	---	---

Council Approval	No
Total Members	7
Term	2 years
Auto Reappointment	No
Revised	4/20/2015