



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 12/17/19

Item # 19-001174

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Michael Carson

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED]

Fax Number: [REDACTED]

E-mail address: [REDACTED]

To the: Orange County HIV Planning Council
(Name of Board, Commission or Committee)

Position Slot: Category (E) local public health agencies:Name of incumbent being replaced or last known member: Marc MeulmanTerm of Office: ☒ 2 years or ☐ N/A(Choose one) ☒ From (Date) 01/01/20 to 12/31/21☐ Term Concurrent with Supervisor's Term of office☐ Term Concurrent with position

Vacancy created by (Choose one): ☐ Resignation ☐ Expiration of Term ☐ N/A
☐ Other: _____

Nomination to: ☒ Appoint ☐ Reappointment ☐ Newly Formed CommitteeQualifications: ☒ Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI ☐ Send Departure Letter ☐Contact Name _____ Supporting Agency _____ ☐ Mail or ☐ Pony

Appoint/Complete: ☐ Term Years _____ ☐ Term Dates: _____ to _____
☐ CWS ☐ Other _____

Check one: ☐ Scheduled Vacancy ☐ Unscheduled Vacancy

Posted on _____ to _____

Certification of posting attached



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)):

Orange County HIV Planning Council

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Michael

Lawrence

Carson

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

CURRENT EMPLOYER: County of Orange Health Care Agency

OCCUPATION/JOB TITLE: Administrative Manager III

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

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

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
American Public Health Association	10/1995	Present
National/California Tuberculosis Controllers Association	7/2003	Present
Council of State and Territorial Epidemiologists	9/2017	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.

As the County's Public Health HIV/STD/TB Services Manager,

I wish to provide Public Health Agency representation.

DATE: 6/20/2019

APPLICANTS SIGNATURE:

Michael J. Gannon

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 _____

RECEIVED
6-20-19

ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

Have you ever served on the Planning Council (Check Yes or No): ☐ Yes If yes, what year(s) _____ ☒ No

What was the reason you left:

Have you ever served on a Committee (Check Yes or No): ☒ Yes ☐ No If yes, Which Committee(s):

Priority Setting, Allocations, and Planning Committee

If you are no longer serving on the Committee(s), what was the reason you left:

This application is for: (All members of the Planning Council are required to serve on a standing committee).

☒ Planning Council Voting Membership OR ☐ Planning Council Affiliate Membership (See definition on page A):

Check committee(s) below:

☐ Committee Membership(s) Only (Check committee(s) below):☐ Client Advocacy (HCAC)☐ Integrated Plan Committee☒ Priority Setting, Allocations, and Planning (PSAP)☐ Other HIV-related Committee:

Contact Information: Your home address must match the address on your voter registration, if applicable.

Applicant's Name: Michael Carson

Date: 6/20/19

Home Address: [REDACTED]

State: CA

Zip Code: [REDACTED]

Work Address: [REDACTED]

☐ N/A

State: CA

Zip Code: [REDACTED]

Email: [REDACTED]

Fax: [REDACTED]

What is your preferred contact phone number? [REDACTED]

May we leave a message at the above contact phone number?

☒ Yes☐ No

May we fax HIV -related materials to the above fax number?

☒ Yes☐ No

May we email HIV -related materials to the above email address?

☒ Yes☐ No

City of employment/residence: Check the one that applies.

☒ North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)☐ Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)☐ South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote. To register to vote go to registertovote.ca.govAre you a registered voter: ☒ Yes ☐ No, If no please explain: _____

Personal Profile:

Gender Identity: ☒ Male☐ Female☐ Transgender: Female-to-Male☐ Transgender: Male-to-Female☐ Not listed (specify): _____

Current Age: 52 Year of Birth: 1966

Cultural/Ethnic Identity: Check the ONE that best applies.

☐ African-American☐ Asian (specify): _____☐ Latino/a/x (specify): _____☐ Native American (specify Tribe/Nation: _____)☐ Pacific Islander (specify): _____☒ White/Caucasian☐ Decline to State☐ Not listed (specify): _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.

- ☐ MSM (men who have sex with men)
 ☐ Person who injects drugs (PWID)
 ☐ MSM/PWID
☒ Heterosexual
 ☐ Perinatal
 ☐ Unknown/Not reported
 ☐ Other (Specify): _____

Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select ALL that apply. If you have questions about the categories listed below, please contact (714) 834-8399:

- ☐ Health Care Providers, including Federally Qualified Health Centers
☐ Community Based Organizations serving affected populations/AIDS Service Organizations
☐ Social Service Provider, including housing and homeless service provider
☐ Mental Health Provider
☐ Substance Abuse Provider
☒ Local Public Health Agency
☐ Hospital Planning Agency or Health Care Planning Agency
☐ State Medicaid Agency
☐ State Part B Agency
☐ Part C Provider
☐ Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)
☐ Other Federal HIV Program (Prevention Services)
☐ Other Federal HIV Program (Special Projects of National Significance SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
☐ Other Federal HIV Program (HOPWA)
☐ Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release
☐ Non-Elected Community Leader
☐ Affected Communities: PLWH Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
☐ Affected Communities: PLWH and Historically Underserved Subpopulations
☐ General Community Member

Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check ALL that apply or N/A.

- ☐ Person living with HIV
☐ Representatives of HIV Care Services
☐ Representatives of HIV Support Services
☐ Representatives of HIV Prevention Services
☐ Representatives of Affected Communities

Please describe below how you qualify to represent the category/ies marked above:

N/A

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: Michael Carson

Signature: Michael Carson Date: 6/20/19

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

If employed, who is your current employer? County of Orange ☐ Does not apply

Type of Business/Agency Health Care Agency Job Title Administrative Manager III

Is your current employment HIV related? ☒ Yes ☐ No

Briefly describe your responsibilities: I manage the Public Health Services Division of HIV, STD and TB services, including the HIV/STD Clinic and HIV Planning and Coordination program.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

I am a Board Member of the Swim Team of Placentia.

I am a member of the PSAP committee

I am a volunteer with the Boy Scouts of America.

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

As the County's Public Health HIV/STD/TB services manager, I wish to provide Public Health Agency representation. I will be taking over the Local Public Health Agency role from Marc Meulman

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

ORANGE COUNTY HIV PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

APAIT
Orange County Health Care Agency (including 17 th Street Care and 17 th Street Dental)
Public Law Center
Radiant Health Centers
Shanti Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received funding from Ryan White Part A.

Signature: _____ Date: _____

Print or Type Name: _____

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving funding from Ryan White Part A.

Organization: Orange County Health Care Agency

Period of Affiliation: 1998 to present

Title/Relationship: Administrative Manager III

(Please attach additional pages as necessary)

Signature: Michael Carson Date: 6/20/19

Print or Type Name: Michael Carson

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

☐ Yes ☒ No

Are you receiving HIV services at a Ryan White Part A-funded Agency

☐ Yes ☒ No

If Yes, please indicate which Agency or Agencies _____

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby **voluntarily** acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____

Date: _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

The information below describes the required disclosure of PLWH co-infected with Hepatitis B or C.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____ Date: _____

ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION QUIZ

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

Please circle answers below and submit your completed quiz with your application.

Applicant Name:

Michael Carson

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - ☒ D. All of the Above
2. Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - ☒ D. All of the Above are Council Duties
3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - ☒ A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees
4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant ^{of} a Ryan White Part A-funded provider *Agency*
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - ☒ D. All of the above are required to be an Unaligned Consumer of the Council
5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - ☒ B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue
 - D. We avoid making impassioned pleas and we make decisions based on data

[D]

**CURRICULUM VITAE
MICHAEL LAWRENCE CARSON**

Current Positions

2018 – present Administrative Manager III
Disease Control Division
County of Orange Health Care Agency

**Education**

1992 MS, Preventive Medicine
Major fields: Epidemiology, Biostatistics
The Ohio State University (Columbus, OH)

1988 BS, Pre-Medicine
Major fields: Biology, Chemistry, Math
The University of Toledo (Toledo, OH)

Other Experience

2003 – 2018 Administrative Manager II
Pulmonary Disease Services
and Refugee Health Services
County of Orange Health Care Agency

1998 – 2003 Senior Epidemiologist
Epidemiology & Assessment
County of Orange Health Care Agency

1998 – 2003 Part-time Faculty, Epidemiology
Division of Kinesiology and Health Promotion
California State University, Fullerton (CA)

1999 Part-time Faculty, Epidemiology
Chapman University Academic Center
Irvine, CA

1997 – 1998 Public Health Advisor
Centers for Disease Control and
Prevention (CDC – Atlanta, GA)
Division of Tuberculosis Elimination (DTBE)
Duty Station:
Florida Department of Health
Bureau of TB Control and Prevention
Tallahassee, FL

1995 – 1997 Public Health Advisor
CDC, DTBE, Duty Station:
Orange County Health Care Agency
Pulmonary Disease Services
Santa Ana, CA

1993 – 1995 Public Health Advisor
 CDC, DTBE, Duty Station:
 New York City Department of Health
 Bureau of TB Control
 New York, NY

Professional Associations

California Tuberculosis Controllers Association, President, 2013 – 2014
 National Tuberculosis Controllers Association
 American Public Health Association
 Council of State and Territorial Epidemiologists

Non-Profit Agency Affiliations

Swim Team of Placentia, Board Member

Publications

Adler-Shohet, Felice C. MD; Low, Julie MD; Carson, Michael MS; Girma, Haimanot MPH; Singh, Jasjit MD. Management of Latent Tuberculosis Infection in Child Contacts of Multidrug-Resistant Tuberculosis. PEDIATR INFECT DIS J 2014 Jun;33(6):664-6.

Nguyen JD, Carson ML, Parris KM, Place P. A comparison pilot study of public health field nursing home visitation program interventions for pregnant Hispanic adolescents. PUBLIC HEALTH NURS 2003;20(5):412-8.

Villarino ME, Ridzon R, Weismuller PC, Elcock M, Maxwell RM, Meador J, Smith PJ, Carson ML, Gelter LJ. Rifampin preventive therapy for tuberculosis infection: experience with 157 adolescents. AM J RESPIR CRIT CARE MED 1997;155:1735-1738.