



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: John Conrad

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED]

Fax Number: N/A

E-mail address: [REDACTED]

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

Position Slot: General Community Member

Name of incumbent being replaced or last known member: Javier Saucedo

Term 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 Committee

Qualifications: ☒ 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 _____



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)):

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

APPLICANT NAME AND RESIDENCE ADDRESS:

JOHN
First Name

CHARLES
Middle Name

CONRAD
Last Name

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

CURRENT EMPLOYER:

CUS/health SINCE 1/1983

OCCUPATION/JOB TITLE:

CLERK

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.)
Human Rights Campaign	1/18	current
GLADD	1/18	current

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.

to help the HIV/AIDS Community in Orange County.

DATE: 6/17/2019

APPLICANTS SIGNATURE: *[Signature]*

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: <input type="checkbox"/> BOS District 1 <input type="checkbox"/> BOS District 2 <input type="checkbox"/> BOS District 3 <input type="checkbox"/> BOS District 4 <input type="checkbox"/> BOS District 5	
<input type="checkbox"/> All BOS <input type="checkbox"/> BCC Contact Person Name _____	

RECEIVED
6-12-14

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):

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

This application is for:

☒ Planning Council Membership: (All members of the Planning Council are required to serve on a standing committee).

Check committee(s) below:

☒ Committee Membership(s) Only (Check committee(s) below):

☒ Client Advocacy (HCAC) ☐ Priority Setting, Allocations, and Planning (PSAP)
☐ Prevention and Care Strategies Committee (PCSC) ☐ Other HIV-related Committee:

Contact Information:

Applicant's Name: JOHN C. CONTRA

Date: 6/5/2014

Address: _____

State: CA

Zip Code: _____

Email: _____

Fax: _____

What is your preferred contact phone number? _____

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

☒ Yes ☐ No

May we fax HIV/AIDS-related materials to the above fax number? N/A

☐ Yes ☐ No

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

☒ Yes ☐ No

City of employment/residence: (Check one)

☐ North County (Anahelm, 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.

Are you a registered voter: ☒ Yes

☐ No, if no please explain: _____

Personal Profile:

Gender Identity: ☒ Male

☐ Female

☐ Transgender: Female-to-Male

☐ Transgender: Male-to-Female

☐ Other: _____

Current Age: 52

Year of Birth: 1962

Cultural/Ethnic Identity:

☐ African-American

☐ Asian (specify): _____

☐ Latino/a (specify): _____

☐ Native American (specify Tribe/Nation: _____)

☐ Pacific Islander (specify): _____

☒ White/Caucasian

☐ Decline to State

☐ Other (specify): _____

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) ☐ Injection Drug User (IDU) ☐ MSM/IDU ☐ Heterosexual ☐ Hemophilia ☐ Perinatal ☐ Blood Transfusion ☐ Unknown/Not reported ☐ Other (Specify): _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Please rank three topics below of skill which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest and '3' being the lowest):

- | | |
|--|------------------------------------|
| <u>1</u> Gay/Bisexual Men's HIV Health Needs | _____ Substance Use/Abuse Services |
| _____ Women's HIV Health Needs | <u>2</u> Mental Health Services |
| _____ Pediatric/Adolescent HIV Health Needs | <u>3</u> Health Planning |
| _____ Injecting Drug Users' Health Needs | _____ General Public Health |
| 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 (CBOs) serving affected populations/AIDS Service Organization
- ☐ 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 PLWHD who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- ☐ Non-Elected Community Leader
- ☒ Affected Communities: PLWHD Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- ☐ Affected Communities: PLWHD and Historically Underserved Subpopulations
- ☐ General Community Member

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

AIDS DIAGNOSIS SINCE 2005. HepB SINCE 1985

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.

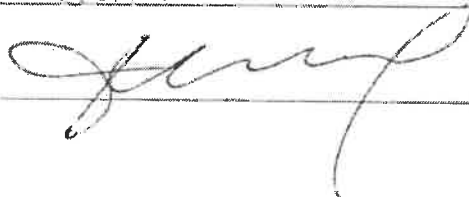
I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

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:

JOHN C CONRAD

Signature:



Date:

6-5-2019

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

If employed, who is your current employer? CVS/Health ☐ Does not apply

Type of Business/Agency Retail-Health Care Job Title Clerk

Is your current employment HIV/AIDS related? ☐ Yes ☒ No

Briefly describe your responsibilities:

Merchandise and Restock sections of store.

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.

SO+HIV support group @ RADIANT Health Center in IRVINE

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.

I want to make a contribution, to lend my voice for
advocating for people with AIDS/HIV. Improve services
for people afflicted with HIV/AIDS.

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:

AltaMed
APAIT
Delhi Community Services Center
Gerry House
Orange County Health Care Agency (including 17 th Street and HCA Dental)
Public Law Center
Phoenix House Orange County
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 and/or HOPWA funds.

Signature: _____

Date: _____

Print or Type Name: _____

JOHN C CONTRAS

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 and/or HOPWA funds.

Organization: _____

Period of Affiliation: _____

Title/Relationship: _____

(Please attach additional pages as necessary)

Signature: _____

Date: _____

Print or Type Name: _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

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.

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 and/or HOPWA-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White and/or HOPWA-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 and/or HOPWA-funded Agency

☒ Yes ☐ No

If Yes, please indicate which Agency or Agencies Radiant Health Center

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: [Signature]

Date: 6-5-2019

**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)**

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWHD 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 PLWHD co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWHD 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 PLWHD 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.

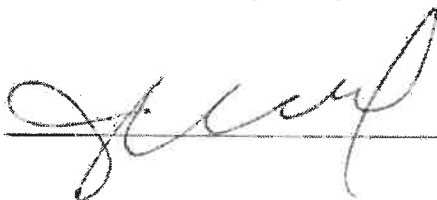
By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

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 PLWHD 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: _____

6-5-2019

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION QUIZ

The HIV Planning Council quiz is intended to ensure that potential members know and understand the role of the HIV Planning 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 Membership Committee may want to ensure that the individual is assigned a mentor.

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

Applicant Name: _____

JOHN C. CONRAD

1. The role of the HIV Planning Council is:
 - A. Assess the needs of persons living with HIV disease (PLWHD)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - ☒ D. All of the Above
2. Planning Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Planning Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - ☒ D. All of the Above are Planning Council Duties
3. All members must affirm their commitment to the Planning 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 Planning Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan white and/or HOPWA-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White and/or HOPWA-funded provider
 - C. Be a resident of Orange County
 - ☒ D. All of the above are required to be an Unaligned Consumer of the Planning 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. No personal attacks
 - D. We avoid making impassioned pleas and we make decisions based on data

[D]

Resume

John Conrad

Work/Volunteer Experience related to HIV:

- John has been attending the Client Advocacy Committee (HCAC) meetings and will become a member in September.
- **Unaligned Consumers** are individuals who do not have a conflict of interest and are "receiving HIV-related services" from Part A providers and include Persons Living With HIV Disease (PLWHD) receiving services themselves and the parents and caregivers of minor children who are receiving such services.

Overview of the Ryan White Act Mandates Regarding Planning Council Consumer Membership:

Ryan White Act Mandates for Voting Members Section 2602(b)(1) of the Act requires a Part A planning council to "reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."

Section 2602(b)(5)(C) states that no less than 33 percent of the members must be consumers who:

- "are receiving HIV-related services" from Part A-funded providers;
- "are not officers, employees, or consultants" to any providers receiving Part A funds, and "do not represent any such entity"; and
- "reflect the demographics of the population of individuals with HIV/AIDS" in the transitional grant area.

This potential member meets the following requirements:

- Mandated seat: ☐ Yes ☒ No
- Membership Category: Unaligned Consumer
- Consumer: ☒ Yes ☐ No
- Reflectiveness: ☐ Yes ☒ No