



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: Christopher Ried

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 (J) Grantees under Subpart II of Plan C of Subchapter XXIV of Part 6A of title 42 of the United States Code

Name of incumbent being replaced or last known member: Christopher Ried

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 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)):

HIV Planning Council

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Christopher John Ried
First Name Middle Name Last Name

[REDACTED]
Street Address City State Zip Code

none [REDACTED]
Home Phone Number Cell Phone Number

[REDACTED]
Email Address

CURRENT EMPLOYER: Orange County

OCCUPATION/JOB TITLE: Medical Director HIV/STD Services

BUSINESS ADDRESS: [REDACTED]

BUSINESS PHONE NUMBER: [REDACTED]

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.)
none		

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.

contribute my HIV clinical knowledge to the planning process

DATE: 10/29/2019

APPLICANTS SIGNATURE: C. N. J. M.

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 _____

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 ☐ No If yes, what year(s): _____

What was the reason you left:

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

If you are no longer serving on the Committee(s), what was the reason you left: previously long commute, time commitment

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):

☐ Care Strategies Task Force ☐ Client Advocacy (HCAC) ☒ Priority Setting, Allocations, and Planning (PSAP)
☐ Prevention Planning (PPC)-(Applicants must complete a separate application for PPC only)

Contact information:

Applicant's Name: _____ Christopher Ried, MD _____

Date: 9/9/15

Address: _____

State: CA

Zip Code: _____

Email: _____

Fax: _____

What is your preferred contact phone number?

0

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?

☒ Yes ☐ No

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

☒ Yes ☐ No

City of employment/residence: (Check one)

☐ 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)

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

☐ Pacific Islander (specify): _____

☐ Asian (specify): _____

☒ White/Caucasian

☐ Latino/a (specify): _____

☐ Decline to State

☐ Native American (specify Tribe/Nation: _____)

☐ 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):

- | | |
|---|------------------------------------|
| 1 Gay/Bisexual Men's HIV Health Needs | _____ Substance Use/Abuse Services |
| 2 Women's HIV Health Needs | _____ Mental Health Services |
| _____ Pediatric/Adolescent HIV Health Needs | _____ Health Planning |
| _____ Injecting Drug Users' Health Needs | 3 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

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

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

physician working at County public health HIV clinic

Affirmation of Membership Commitment:

I commit to:

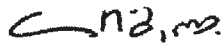
- Participate in all Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests 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: Christopher Ried, MD

Signature:



Date: 9/9/15

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 Public Health agency Job Title Med Dir HIV/STD Services

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

Briefly describe your responsibilities:

oversee HIV/STD services for PH dept

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.

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.

contribute my knowledge and 24 years experience as an HIV expert and non-profit medical provider

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 Dental
AIDS Services Foundation
APAIT Health Center
Delhi Community Services Center
Orange County Health Care Agency (including 17 th Street, REACH, and HCA Dental)
Public Law Center
Phoenix House Orange County
Straight Talk (Including Gerry House, START House)
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: _____

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: Orange County Health Care Agency

Period of Affiliation: 2000-present

Title/Relationship: Med Dir HIV/STD

(Please attach additional pages as necessary)

Signature:  Date: 9/9/15

Print or Type Name: Christopher Ried, MD

CURRICULUM VITAE

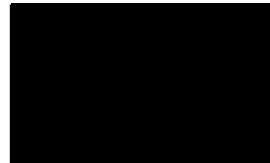
July 21, 2009

Christopher Ried, MD

California License

G67131

Address/Phone

**Education**

1980-1982

State University of New York,
Buffalo

1982-1984

University of California at Berkeley
Bachelor of Arts in Humanities

1984-1988

University of California at
Los Angeles
Doctor of Medicine May 1988**Training**

1988-1991

Internship and Residency in Internal
Medicine
West Los Angeles Veterans
Administration Hospital**Certification**

June 1986

National Board of Medical
Examiners, Part I

September 1987

Part II

March 1989

Part III

September 1991-2001
2001-2011Diplomate, American Board of
Internal Medicine**Employment**

1991-1999

AIDS Healthcare Foundation,
staff physician
Medical Director Hollywood
Healthcare Center, 1992-1993

1/99 – 11/00

Sabbatical

11/00- present

Medical Director
HIV/STD Clinical Services
Orange County Health Care Agency

Research

Co-investigator, A Study of Prophylactic Pyremethamine Therapy for Prevention of Toxoplasmosis Infection in Individuals with Advanced HIV Infection

Co-investigator, Phase II Randomized Study to Evaluate the Safety and Efficacy of Combination Therapy with AZT and Intron A versus AZT Alone in Patients with Asymptomatic to Mildly Symptomatic HIV Infection

Co-investigator, Double Blind Comparison of Zidovudine versus Stavudine for the Treatment of HIV-Infected Patients with Absolute CD4 Lymphocyte Counts Between 50 and 500 Cells/mm³ Following at Least 6 Months of Zidovudine Therapy

Co-investigator, Multicenter, Open-Label Study of TLC G-65 Single Agent Loading Dose with Subsequent Combination Therapy in the Treatment of Disseminated MAI in AIDS Patients

Co-investigator, Fortovase(SQV) Soft Gel Capsule bid Regimens in Combination with 2 Nucleosides or Nelfinavir Plus 1 Nucleoside in HIV-1-Infected Patients (Intersci Conf Antimicrob Agents Chemotherapy. 1998 Sep 24-27;38:395)

Co-author, Ritonavir, Saquinavir, and Nevirapine as a Salvage Regimen for Indinavir or Ritonavir Resistance (Int Conf AIDS. 1998;12:335)

Co-investigator, Fortovase Soft Gel Capsule in Combination with AZT and 3TC in Antiretroviral-Naive HIV-1 Infected Patients (INT Conf AIDS. 1998;12:73)

Co-author, Prevalence and Associated Risk Factors of Fluoroquinolone-Resistant *Neisseria gonorrhoeae* in California, 1999-2004

Co-investigator, Efficacy of Oral Cefpodoxime for the Treatment of Gonococcal Infection

Community

Santa Monica AIDS Project, Board of Directors 1997-1998
AIDS Project Los Angeles, HIV Care Advocate Trainer 1997-1998
HIV Planning Council Member, County of Orange 2003- present
California HIV Planning Group, 2007-present

Christopher Ried, MD