



Monica Montgomery Steppe

SUPERVISOR, FOURTH DISTRICT
San Diego County Board Of Supervisors

DATE: July 16, 2024

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to Various BOARDS, COMMISSIONS AND COMMITTEES

Recommendation:

SUPERVISOR MONICA MONTGOMERY STEPPE

Appoint Jason Sharpe to the CHILD AND FAMILY STRENGTHENING ADVISORY BOARD, Seat No. 2 for a term to expire January 04, 2027.

Appoint Quintton Austin to the SAN DIEGO COUNTY ENVIRONMENTAL HEALTH ADVISORY BOARD, Seat No. 4 for a term to expire July 16, 2027.

Appoint Mary McKenzie to the COMMITTEE FOR PERSONS WITH DISABILITIES, Seat No. 8 for a term to expire January 04, 2027.

Appoint Michael Donovan to the COUNTY OF SAN DIEGO HIV PLANNING GROUP, Seat No. 36 for a term to begin September 14, 2024 and expire September 14, 2028

Appoint Samantha Jenkins to the COMMUNITY ACTION PARTNERSHIP ADMINISTERING BOARD, Seat No. 4 for a term to expire January 4, 2027.

Appoint Sheri Jones to the ASSESSMENT APPEALS BOARD 3, Seat No. 4 for a term to begin September 03, 2024 and expire September 03, 2027.

Background information:

Jason Sharpe
[REDACTED]

Quintton Austin
[REDACTED]

Mary McKenzie
[REDACTED]



Monica Montgomery Steppe

SUPERVISOR, FOURTH DISTRICT
San Diego County Board Of Supervisors

Michael Donovan
[REDACTED]

Samantha Jenkins
[REDACTED]

Sheri Jones
[REDACTED]

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Monica Montgomery Steppe".

MONICA MONTGOMERY STEPPE
Supervisor, Fourth District
San Diego County Board of Supervisors



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcountry.ca.gov

Form with fields for Last Name (Jones), First Name (Sheri), Name of Board (Assessment Appeals Board 3 (AAB)), and District (District 4).

Form with question: County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? Includes Yes/No checkboxes and a field for time restrictions.

Form with question: What are your principal areas of interest in County Government? Includes a text field for the answer.

Form with question: List all County Boards, Commissions or Committees of which you are a current member. Includes a checkbox for 'Not a current member' and a table for Committee Name and Date Appointed.

Form with question: List past County appointments with dates served, and other past or present community or public service appointments. Includes a checkbox for 'Not a current member' and a table for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

S.A.K.K Realty

Current Employer

Broker

11 Years

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
Pacific Legacy Property Management	Accounting Director	6 Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

What experience or special knowledge can you bring to your area(s) of interest?

I have a B.S degree in Business Admin, with a concentration on Finance, Real Estate, and Business Law. I was a public accountant for over 10 years before I transitioned into Real Estate. I received a Real Estate Broker's license in 2013 and eventually started my own brokerage. In my accounting position, I was an Accounting Director for a property management company where we managed private properties and HOAs. In my role, I became very familiar with assessments. As I transitioned into Real Estate Broker, I gained a greater knowledge on assessments, what they consist of and how they are calculated

Please list community organizations to which you belong:

Black San Diego Open Heart Leaders

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Sheri Jones

6/19/2024

Applicant's Signature

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Jones	Sheri
<i>Last Name</i>	<i>First Name</i>
Assessment Appeals Board 3 (AAB)	<i>District 4</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



COUNTY OF SAN DIEGO

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Form with fields for Last Name (Sharpe), First Name (Jason), Name of Board (Child And Family Strengthening Advisory Board of SD), and District (District 4).

Form asking if the applicant can schedule time accordingly, with Yes/No options and a field for time restrictions.

Form asking for principal areas of interest in County Government, with the example 'Child Family Well-Being'.

Form asking for current County Boards, Commissions or Committees, with a table for Committee Name and Date Appointed.

Form asking for past County appointments with dates served, with a table for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

Jewish Family Service	
<i>Current Employer</i>	
Family Support Specialist	<i>2 years</i>
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
Jewish Family Service	Parent Partner	1 year

What experience or special knowledge can you bring to your area(s) of interest?
 Lived Experience from successful legal reunification with child. Lived experience with Dependency court and family court expert. Wraparound Certified. Resource Navigator. Fatherhood engagement. Lived expertise from helping families navigate CFWB.

Please list community organizations to which you belong:
 Mandated Reporter to Community Supporter Task Force Family Support Liaison Program Co-Chair of Data and Research committee. Founder and Co-lead of Lived Experience Advisory Group with Casey Families and Safe & Sound

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board’s website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Jason Sharpe	3/8/2024
<i>Applicant’s Signature</i>	<i>Date</i>

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Sharpe	Jason
<i>Last Name</i>	<i>First Name</i>
Child And Family Strengthening Advisory Board of SD	<i>District 4</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



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Form with fields for Last Name (Jenkins), First Name (Samantha), Name of Board (San Diego Military And Veterans Advisory Council), and District (District 4).

Form asking if applicant can schedule time accordingly, with checkboxes for Yes and No, and a field for time restrictions.

Form asking for principal areas of interest in County Government, with a text response area.

Form asking for current county boards, commissions, or committees, with a table for Committee Name and Date Appointed.

Form asking for past county appointments with dates served, with a table for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

National conflict resolution center.

Current Employer
 Trainer facilitator

Job Title *6 mos*
Length of Employment

Previous Employers	Position Title	Length of Employment
Veteran village of San Diego	Case manager.	Two years.
Father Jo's villages.	Veterans housing specialists	One year.
United States Navy	Sailor - Personellman	4 yrs
_____	_____	_____

What experience or special knowledge can you bring to your area(s) of interest?
 I bring the experience of knowledge as an honorably served and separated veteran as well. as a 26 year military retiree spouse. during that span of time, I have been a command ombudsman, a mentor with the compass program, a family readiness group leader, a Chapter Director for the San Diego Blue Star Families as well as holding multiple. professional roles that served the veterans community

Please list community organizations to which you belong:
 Alliance San Diego, board member. Skyline Paradise Hills Community Planning Group, Chair

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Samantha Jenkins 4/3/2024

Applicant's Signature *Date*

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Jenkins	Samantha
<i>Last Name</i>	<i>First Name</i>
San Diego Military And Veterans Advisory Council	<i>District 4</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



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Form with fields for Last Name (Austin), First Name (Quinnton), Name of Board (Environmental Health and Quality Advisory Board, San Diego County), and District (District 4).

Section asking if the applicant can schedule time for meetings, with Yes/No options and a field for time restrictions.

Section asking for principal areas of interest in County Government, with a response: 'To help with growth in the communities.'

Section for listing current County Boards, Commissions or Committees, with a checkbox for 'Not a current member' and columns for Committee Name and Date Appointed.

Section for listing past County appointments with dates served, and other past or present community or public service appointments, with a checkbox for 'Not a current member' and columns for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

Louisiana Purchase	
<i>Current Employer</i>	
Chef/owner	<u>5 years</u>
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment

What experience or special knowledge can you bring to your area(s) of interest?
 Knowledge of actually knowing what the community wants and needs, I've been bringing resources together in all the southern San Diego areas. Connections to activities, churches, sports players, entertainers. Also a anchor for clubs and other restaurants in the community.

Please list community organizations to which you belong:
 Bad Boyz of Culinary. A non profit organization that brings Chefs together and mentor and trains.

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Quinnton Austin	6/26/2024
<i>Applicant's Signature</i>	<i>Date</i>

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Austin	Quinnton
<i>Last Name</i>	<i>First Name</i>
Environmental Health and Quality Advisory Board, San Diego County	<i>District 4</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
[REDACTED]			
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



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Donovan Michael
Last Name First Name
HIV Planning Group, County Of San Diego District 4
Name of Board, Committee, or Commission to Which You are Applying for Membership Supervisorial District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? [X] Yes [] No
Please list any time restrictions

What are your principal areas of interest in County Government?
I am applying for seat 34, District 4 Representative.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member []
Committee Name Date Appointed
HIV Planning Group Consumer Engagement Committee 5/24/2021

List past County appointments with dates served, and other past or present community or public service appointments. Not a current member [X]
Committee/Organization Name Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

POZabilities	
<i>Current Employer</i>	
Managing Director	4 years
<i>Job Title</i>	<i>Length of Employment</i>

Previous Employers	Position Title	Length of Employment
HP	Industry Chief Technologist	32 years
_____	_____	_____
_____	_____	_____
_____	_____	_____

What experience or special knowledge can you bring to your area(s) of interest?
 I am an HIV long term survivor, well over 30 years. I have been volunteering on the board of POZabilities, one of San Diego counties oldest HIV social and education providers to people living with HIV and have recently been named chairman and managing director. (not a recipient of Ryan White funds) I have been attending HPG meetings for several years and volunteer as a non-HPG member assigned to the community engagement committee. I also serve on the community advisory board for the UCSD AIDS clinical trials group CAB and would like to apply my knowledge of HIV and the needs of the local community to the HPG as it determines how to allocate Ryan White CAre Act funds.

Please list community organizations to which you belong:
 Hillcrest Town Council (treasurer), Hillcrest Kiwanis, Vibrant Uptown

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Michael Donovan	2/26/2024
<i>Applicant’s Signature</i>	<i>Date</i>

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Donovan	Michael
<i>Last Name</i>	<i>First Name</i>
HIV Planning Group, County Of San Diego	<i>District 4</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	[REDACTED]	[REDACTED]	[REDACTED]
<i>Home Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

COSD CLERK OF THE BOARD
2023 JAN 9 AMB:17

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<u>McKenzie</u> <i>Last Name</i>	<u>Mary</u> <i>First Name</i>
<u>Committee for Persons with Disabilities</u> <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<u>4</u> <i>Supervisory District You Live In</i>

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? Yes No

Morning meetings are difficult because of health issues _____

Please list any time restrictions

What are your principal areas of interest in County Government?
 serving community members with special and sometimes overlooked needs _____

List all County Boards, Commissions or Committees of which you are a current member.

<i>Committee Name</i>	<i>Date Appointed</i>
_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

<i>Committee/Organization Name</i>	<i>Dates Served</i>
_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

University of San Diego

Current Employer

Adjunct Professor of Political Science

Job Title

over 20 years

Length of Employment

Previous Employers

Position Title

Length of Employment

Grossmont College

Instructor

5 yrs

Legal Aid Society of San Diego

Landlord/tenant issue intake

1 yr

What experience or special knowledge can you bring to your area(s) of interest?

I was diagnosed with Juvenile Idiopathic Arthritis at age 5. Within 10 years, I was spending large amounts of time receiving therapy and, eventually, surgery at the hospital. (Medical care was very different then!) When I was young, public awareness of the barriers facing the disabled was minimal, and my family worked with our schools and churches to increase accessibility. I recently taught a course on International Disability Rights, and (see attached)**

Please list community organizations to which you belong:

Hillcrest Town Council

Uptown Planners

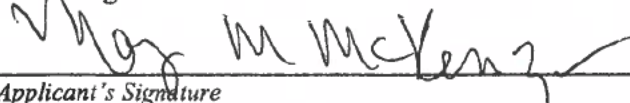
Uptown Democratic Club

United Nations Association San Diego

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

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By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.


Applicant's Signature





1/5/2023

Date

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

McKenzie <i>Last Name</i>	Mary <i>First Name</i>
Committee for Persons with Disabilities <i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	4 <i>Supervisorial District You Live In</i>

			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>			
			
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
			
<i>Mobile Phone #</i>	<i>Fax #</i>		
			
<i>E-Mail Address</i>			

ATTACHMENT FOR APPLICATION FOR COUNTY OF SAN DIEGO COMMITTEE FOR PERSONS WITH DISABILITIES

MARY M. MCKENZIE, DISTRICT 4

Experience/special knowledge, con't

** barriers still exist—structural, psychological, and even medical. I'm very interest in continuing fighting these barriers. And, with my career focused on political science, I am aware of many of the ways county/local government can play a positive role. I am experienced in conducting meetings, public speaking, and working with people of all ages, different histories, and varied belief systems.

Mary McKenzie 1/5/2023



County of San Diego

EBONY N. SHELTON
CHIEF ADMINISTRATIVE OFFICER

CHIEF ADMINISTRATIVE OFFICE
1600 PACIFIC HIGHWAY, SUITE 209 SAN DIEGO, CA 92101-2422

L. MICHAEL VU
ASST. CHIEF ADMINISTRATIVE OFFICER

July 1, 2024

TO: Andrew Potter
Clerk of the Board

FROM: Ebony N. Shelton
Chief Administrative Officer

SAN DIEGO COUNTY ARTS AND CULTURE COMMISSION APPOINTMENT

Pursuant to San Diego County Administrative Code, Article IIIw, Section 84.801 Membership and Selection, I nominate the following candidate for service on the San Diego County Arts and Culture Commission. Please place this appointment on the July 16, 2024 Board of Supervisors' Agenda for their consideration and approval.

- Annaleece Wakefield, to a new term running July 16, 2024 through May 2, 2025 (Youth, Seat 11)

If you have any questions, please contact Giang Meyers, Group Program Manager, at [REDACTED].

Thank you for your attention on this matter.

Sincerely,

Ebony N. Shelton
Chief Administrative Officer



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcountry.ca.gov

Form with fields for Last Name (Wakefield), First Name (Annaleece), Name of Board, Commission, or Committee to Which You are Applying for Membership (Arts and Culture Commission, San Diego County), and Supervisorial District You Live In (District 4).

Form asking if applicant can schedule time accordingly. Includes checkboxes for Yes and No, and a field for listing time restrictions.

Form asking for principal areas of interest in County Government. Includes a text field for the applicant's response.

Form asking to list all County Boards, Commissions or Committees of which applicant is a current member. Includes checkboxes for current and non-current members, and columns for Committee Name and Date Appointed.

Form asking to list past County appointments with dates served, and other past or present community or public service appointments. Includes checkboxes for current and non-current members, and columns for Committee/Organization Name and Dates Served.

STATEMENT OF OCCUPATIONAL EXPERIENCE

Street Team

Current Employer
Spokesperson

Job Title *May 2022-Present*

Length of Employment

Previous Employers	Position Title	Length of Employment
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

What experience or special knowledge can you bring to your area(s) of interest?

The experience that I can bring to this opportunity is having a way to connect to the community. With my current job experience, I attend events in the community spreading the word to parents and students about the school that I attend. I have been doing so for two years, and gained a lot of knowledge along the way. This job has helped me prepare for future jobs, connecting with people in my community and other organizations, letting the community know about different opportunities in their area.

Please list community organizations to which you belong:

-Street Team -Second Chance Youth Garden

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board’s website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board’s website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.







Annaleece Wakefield 1/31/2024

Applicant’s Signature *Date*

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Wakefield	Annaleece
<i>Last Name</i>	<i>First Name</i>
Arts and Culture Commission, San Diego County	<i>District 4</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisorial District You Live In</i>

			
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone #</i>	<i>Business Phone #</i>		
			
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
			
<i>E-Mail Address</i>			



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501
SAN DIEGO, CA 92101-2417

PATTY KAY DANON
CHIEF OPERATIONS OFFICER

June 14, 2024

TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Eric C. McDonald, MD, Interim Agency Director
Health and Human Services Agency

APPOINTMENTS TO HIV PLANNING GROUP

1. **Action Required:** Recommend the following individuals for appointment to the HIV Planning Group (HPG) by the San Diego County Board of Supervisors (Board):
 - a. Lori Jones as Prevention Services Consumer/Advocate (Seat #26), for a first four-year term.
 - b. Dr. David Grelotti as Recipient of Ryan White Part C (Seat #30), for a second-four-year term.
2. **Background:**
 - a. The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires the County to establish and maintain the HPG to oversee prioritization of services and allocation of funding to service categories.
 - b. Dr. David Grelotti and Lori Jones have been recommended for appointment by the HPG.
3. **Reason for Requested Action and Impact:**
 - a. The recommended candidates must be appointed by the Board in accordance with the HPG Bylaws.
 - b. These appointments will ensure that the County of San Diego meets federal legislative requirements.
 - c. This effort aligns with the *Engagement* goal of the Strategic Initiative to inspire civic engagement that increase access for individuals and communities to use their voice, their vote, and their experience to impact change. This effort also supports our ongoing commitment to the regional *Live Well San Diego* vision, by building a better service delivery system.

Thank you for your assistance. Please contact Dasha Dahdouh, Community Health Program Specialist, on behalf of the HPG at [REDACTED] if you have any questions regarding this action.

Respectfully,

ERIC C. MCDONALD, MD, MPH, FACEP
Interim Agency Director



County of San Diego

ERIC C. MCDONALD, MD, MPH, FACEP
INTERIM AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5469 KEARNY VILLA ROAD, SUITE 2000, MAIL STOP P-578
SAN DIEGO, CA 92123

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR APPOINTMENT TO THE HIV PLANNING GROUP (HPG)

DATE: March 27, 2024

ITEM: Consider and vote to recommend an appointment to the HIV Planning Group (HPG).

BACKGROUND: The Membership Committee interviewed Lori Jones on February 14, 2024, and voted to recommend her for a new appointment to the HPG.

RECOMMENDATIONS:

Action Item (Membership Committee): Approve the recommendation to appoint Lori Jones to the HPG as the Prevention Services Consumer/Advocate, Seat 26. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for appointment.

This comes to the HPG as a seconded motion and is open for discussion.

Biographical Information: Lori Jones

Lori Jones holds a Bachelor's and Master's degrees in Sociology. She has over two decades of experience working with the HPG as a staff member, committee chair, and advocate for service recipients and providers. She has also managed the County of San Diego HIV Prevention Program for 15 years. Lori Jones is retired, full of energy, and ready to continue contributing to HIV prevention work. Her expertise and insights will help further the efforts of the HIV Planning Group Committee.



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all of the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application that you do not understand, please contact HIV planning group support staff at the HIV, STD and Hepatitis Branch (HSHB) of Public Health Services at: 619-403-8899.

Section 1: Contact Information

Name:

Lori J Jones

Current Employer (if applicable):

Retired

Work Address:

N/A

City:

State:

ZIP Code:

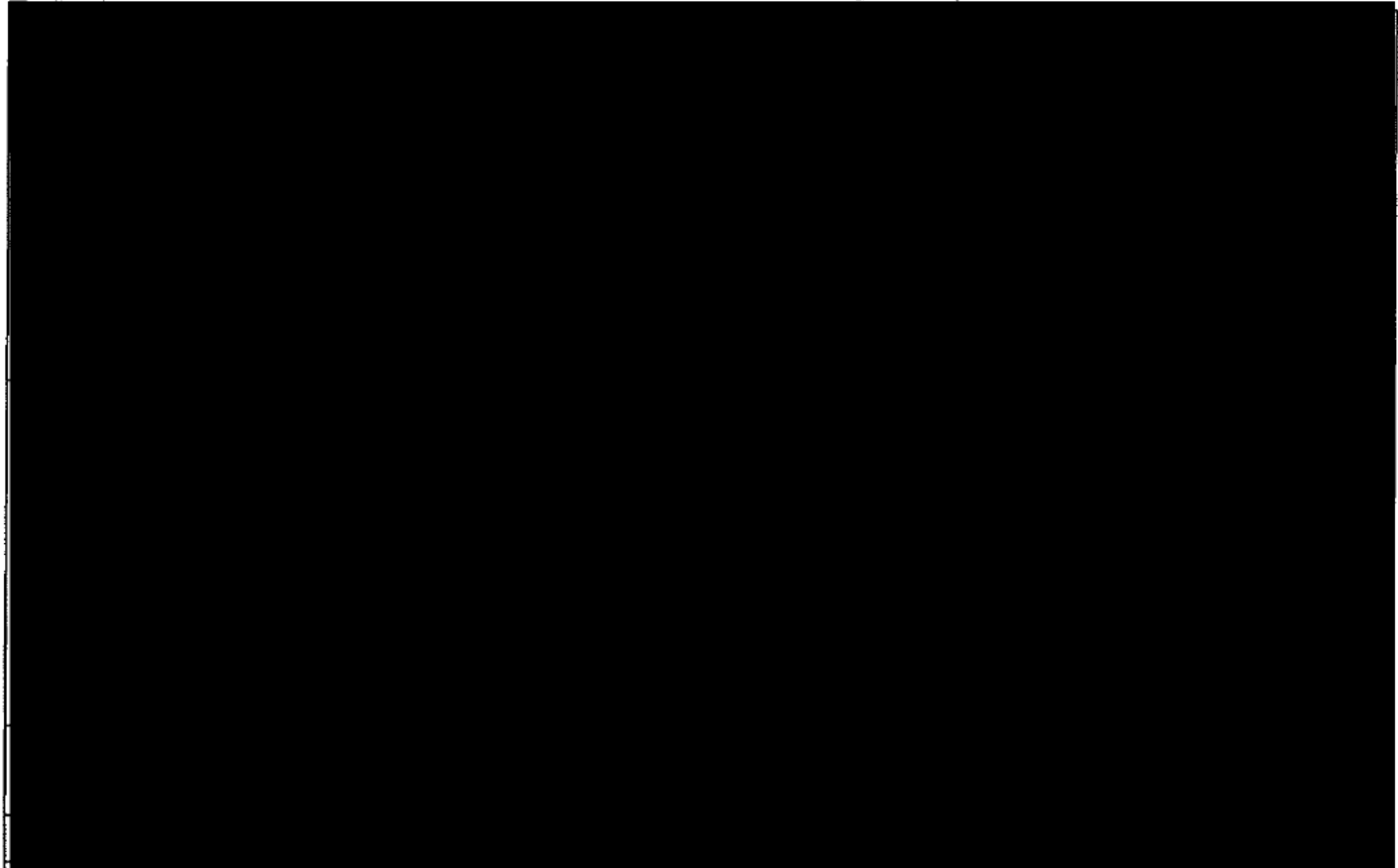
Please be aware that the HIV Planning Group is a public body. You will receive mail and phone calls from the HIV, STD and Hepatitis Branch and members of the HIV Planning Group. Would you prefer to receive phone calls, messages, and/or e-mail at home or at work?

I prefer to receive phone calls and messages at: Personal Work Cell

I prefer to receive email at: Personal Work

Section 2: Personal Information

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are those required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A-J, you will help ensure the HIV Planning Group reflects parity, inclusion and representation (PIR) of those impacted by HIV/AIDS in San Diego County.



F. I have an understanding of the process and procedures of the HPG: Yes No

G. Number of HPG meetings attended in the last 6 months: ~15

H. Number of committee meetings attended in the last 6 months: ~10 (It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group Meeting)

I. I am a currently a member of the following community liaison and/or affiliated groups, and/or have the following relevant experience: _____

J. I am interested in becoming a voting member on the following committees (participation in at least one of the committees is required):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Community Engagement Group <i>by starters</i> | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Strategies & Standards Committee | <input type="checkbox"/> Priority Setting & Resource Allocation Committee |
| <input type="checkbox"/> Medical Standards & Evaluation Committee | |

K. I qualify to serve as an HPG member in one of the following seats (Please check all that apply):

<input type="checkbox"/> Unaffiliated Consumer <ul style="list-style-type: none"> are receiving HIV-related services" from Ryan White Part A funded providers are not officers, employees, or consultants to any providers receiving Ryan White Part A funds, and "do not represent any such entity;" 	<input type="checkbox"/> Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release.
<input type="checkbox"/> Healthcare Provider, including Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Board of Supervisors Designee: Districts 1 - 5
<input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization	<input type="checkbox"/> Recipient of other Federal HIV Programs – Prevention Provider
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Part F, AIDS Education and Training center and/or Ryan White Dental Provider
<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – HOPWA / HUD
<input type="checkbox"/> Substance Abuse Treatment Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Veterans Administration
<input type="checkbox"/> Local Public Health Agency: HHS Director or Designee	<input type="checkbox"/> HIV Testing Representative
<input type="checkbox"/> Local Public Health Agency: Public Health Officer or Designee	<input checked="" type="checkbox"/> Prevention Intervention Representative
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	<input type="checkbox"/> Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation
<input type="checkbox"/> Non-elected Community Leader	<input checked="" type="checkbox"/> Prevention Services Consumer/Advocate
<input type="checkbox"/> Prevention Services Consumer	<input type="checkbox"/> State Government – State Medicaid
<input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B	<input type="checkbox"/> Recipient of RW Part C
<input type="checkbox"/> Recipient of RW Part D	

Please list any agency affiliations (work and/or board member). If you need more space than provided, please attach a separate sheet of paper.

Currently not affiliated. I do offer a Wellness Program at Christus Place.

Section 3: Short Answer

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the HIV Planning Group. Teamwork allows the planning group to conduct business efficiently and to fulfill its mission successfully. **Please tell us about your ability to work as a member of a team.**

I have over two decades of experience working with HIV planning group as a staff, committee chair, and advocate for service recipients & service providers.

2. What special skills, knowledge, qualities, or life experience would you bring to the HIV Planning Group? Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume and/or other documentation that you wish to provide.

BA & MA Sociology (I will forward)
Managed HIV Prevention Program resume
for County of San Diego for over 15 years

3. Active member participation is vital to the work of the HIV Planning Group (HPG). The full board typically meets one time per month for two to three hours. HIV Planning Group members are also required to participate in at least one subcommittee which typically meets once per month, for two hours. Please tell us about your ability to attend monthly planning group meetings and one committee meeting each month.

I am retired and available. I may have some need to join remotely when I care for an aging parent.

4. Is there anything else you would like us to know about you?

I have been considering continuing to put my personal energy into preventing HIV. I'm quite busy with life in spite of this I think I have energy, experience and insights to further the effort to end the syndemics of HIV, STD, hepatitis, and all other social and health impacts.

Section 4: Attachments

- 1. **Brief Biography:** Please write a brief biography (2-5 sentences) that describes your interests, accomplishments and experience related to the field of HIV/AIDS.

I will forward

- 2. **Letter of Recommendation (optional):** Please ask someone who knows you well (may be a colleague or personal) to write a letter of recommendation for you explaining how he/she knows you and describing your work in the area of HIV/AIDS and other issues, your community participations, your meeting skills, and any other personal qualities or experiences that you have.

- 3. **Were you referred by someone? If so, list the name of the individual (optional):** *Self + Ken Raley*

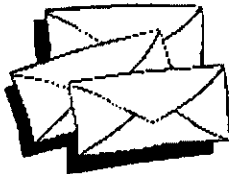
- 4. **Do you have any limitations? (transportation, childcare, etc.):** *no limitation*

Section 5: Signature and Date

I agree that the information provided in this application, (including attachments), is true and correct to the best of my knowledge.

Signature *[Handwritten Signature]* Date 12/1/2023

If any information on your application changes, or if you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note, membership interviews will be conducted as needed. If you have any other questions or comments, call Support Staff at 619-403-8899.



Email your completed application to:

HPG.HHSA@sdcounty.ca.gov

**SAN DIEGO COUNTY HEALTH & HUMAN SERVICES AGENCY
HIV, STD and Hepatitis Branch
ATTN: HIV PLANNING GROUP SUPPORT
3851 Rosecrans Street, Suite #207, MS: P-505
San Diego, CA 92110**



County of San Diego

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PUBLIC HEALTH OFFICER

ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

SAN DIEGO HIV PLANNING GROUP MEMBERSHIP COMMITTEE ACTION ITEM INFORMATION SHEET

RECOMMENDATION FOR REAPPOINTMENT TO THE HIV PLANNING GROUP (HPG)

DATE: March 27, 2024

ITEM: Consider and vote to recommend reappointment to the HIV Planning Group (HPG).

BACKGROUND: The Membership Committee interviewed Dr. David Grelotti on February 14, 2024, and voted to recommend him for a reappointment to the HPG.

RECOMMENDATIONS:

Action Item (Membership Committee): Approve the recommendation to reappoint Dr. David Grelotti as the Recipient of Ryan White Part C, Seat 30. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for reappointment.

This comes to the HPG as a seconded motion and is open for discussion.

Biographical Information: David Grelotti, MD

Dr. Grelotti is a Professor of Psychiatry at UC San Diego. Upon completion of his residency training, Dr. Grelotti focused on improving the lives of people with HIV and their communities. In Haiti and Africa, Dr. Grelotti worked to integrate mental health care into HIV care communities made vulnerable by the HIV epidemic. Over the past decade, Dr. Grelotti has provided psychiatric treatment to people with HIV at UC San Diego's Owen Clinic. He has garnered awards for diversity and leadership and has maintained a high patient satisfaction rating. He has contributed to multiple grants and has published 30 papers that relate to HIV. He provides psychiatric and substance use treatment to children, adolescents, and adults with HIV. Each year, Dr. Grelotti provides and supervises the psychiatric care of over 300 people with HIV in San Diego County. He has also developed training opportunities for residents and fellows in HIV psychiatry, lectured widely on issues related to HIV and LGBTQ+ health, and contributed to multiple research projects.



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all of the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application that you do not understand, please contact HIV planning group support staff at the HIV, STD and Hepatitis Branch (HSHB) of Public Health Services at: 619-403-8809.

Section 1: Contact Information

Name: **David John Grelotti**

Please be aware that the HIV Planning Group is a public body. You will receive mail and phone calls from the HIV, STD and Hepatitis Branch and members of the HIV Planning Group. Would you prefer to receive phone calls, messages, and/or e-mail at home or at work?

I prefer to receive phone calls and messages at: Personal Work Cell

I prefer to receive email at: Personal Work

Section 2: Personal Information

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are those required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A-J, you will help ensure the HIV Planning Group reflects parity, inclusion and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

F. I have an understanding of the process and procedures of the HPG: Yes No

G. Number of HPG meetings attended in the last 6 months: 5

H. Number of committee meetings attended in the last 6 months: 2 (It is suggested that you attend at least two (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group Meeting)

I. I am a currently a member of the following community liaison and/or affiliated groups, and/or have the following relevant experience: HIV psychiatrist and MAT provider in San Diego

J. I am interested in becoming a voting member on the following committees (participation in at least one of the committees is required):

Community Engagement Group

Membership Committee

Strategies & Standards Committee

Priority Setting & Resource Allocation Committee

Medical Standards & Evaluation Committee

K. I qualify to serve as an HPG member in one of the following seats (Please check all that apply):

<input type="checkbox"/> Unaffiliated Consumer <ul style="list-style-type: none"> • are receiving HIV-related services” from Ryan White Part A funded providers • are not officers, employees, or consultants to any providers receiving Ryan White Part A funds, and “do not represent any such entity;” 	<input type="checkbox"/> Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release.
<input checked="" type="checkbox"/> Healthcare Provider, including Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Board of Supervisors Designee: Districts 1 - 5
<input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization	<input type="checkbox"/> Recipient of other Federal HIV Programs – Prevention Provider
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Part F, AIDS Education and Training center and/or Ryan White Dental Provider
<input checked="" type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – HOPWA / HUD
<input checked="" type="checkbox"/> Substance Abuse Treatment Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Veterans Administration
<input type="checkbox"/> Local Public Health Agency: HHSA Director or Designee	<input type="checkbox"/> HIV Testing Representative
<input type="checkbox"/> Local Public Health Agency: Public Health Officer or Designee	<input type="checkbox"/> Prevention Intervention Representative
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	<input type="checkbox"/> Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation
<input type="checkbox"/> Non-elected Community Leader	<input type="checkbox"/> Prevention Services Consumer/Advocate
<input type="checkbox"/> Prevention Services Consumer	<input type="checkbox"/> State Government – State Medicaid
<input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B	<input checked="" type="checkbox"/> Recipient of RW Part C
<input checked="" type="checkbox"/> Recipient of RW Part D	

Please list any agency affiliations (work and/or board member). If you need more space than provided, please attach a separate sheet of paper.

I am a member of the Medical Advisory Committee of the AIDS Drug Assistance Program (ADAP) with the Office of AIDS in the California Department of Health.

Section 3: Short Answer

Please respond briefly to the questions below. If you need more space than provided, please attach a separate sheet of paper.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the HIV Planning Group. Teamwork allows the planning group to conduct business efficiently and to fulfill its mission successfully. **Please tell us about your ability to work as a member of a team.**

I am a member of the HIV care team at Owen Clinic, working collaborative with other providers to integrate mental health care and substance use treatment into their HIV care. I also work on research teams at UC San Diego where I work with faculty from multiple disciplines and staff to study HIV and HIV prevention. I also have enjoyed my collaborative work on the HIV Planning Group and Medical Standards & Evaluation Committee.

2. What special skills, knowledge, qualities, or life experience would you bring to the HIV Planning Group?

Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume and/or other documentation that you wish to provide.

I am currently a Professor of Psychiatry at UC San Diego where I provide psychiatric and substance use treatment to children, adolescents, and adults with HIV. Each year, I provide or supervise the psychiatric care of approximately 400 people with HIV in San Diego County. I have developed training opportunities for residents and fellows in HIV psychiatry, lecture widely on issues related to HIV and LGBTQ+ health, and contribute to multiple research projects. I am an MD, completed residency in adult and child psychiatry, and completed global health fellowships.

3. Active member participation is vital to the work of the HIV Planning Group (HPG). The full board typically meets one time per month for two to three hours. HIV Planning Group members are also required to participate in at least one subcommittee which typically meets once per month, for two hours. Please tell us about your ability to attend monthly planning group meetings and one committee meeting each month.

I have rearranged my schedule to secure time off to attend monthly meetings in person.

4. Is there anything else you would like us to know about you?

I am happy to include a CV with additional information about me.

Section 4: Attachments

1. **Brief Biography:** Please write a brief biography (2-5 sentences) that describes your interests, accomplishments and experience related to the field of HIV/AIDS.

Upon completion of residency training, I have focused on improving the lives of people with HIV and their communities. In Haiti and Africa, I worked to integrate mental health care into HIV care. Over the past nine years, I have provided psychiatric treatment to people with HIV at UC San Diego's Owen Clinic and contributed to multiple research projects.

2. **Letter of Recommendation (optional):** Please ask someone who knows you well (may be a colleague or personal) to write a letter of recommendation for you explaining how he/she knows you and describing your work in the area of HIV/AIDS and other issues, your community participations, your meeting skills, and any other personal qualities or experiences that you have.

3. **Were you referred by someone? If so, list the name of the individual (optional):**

4. **Do you have any limitations? (transportation, childcare, etc.):**

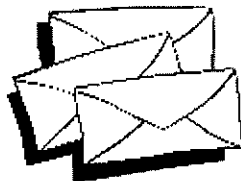
I have clinical duties which may make attendance at some daytime meetings difficult.

Section 5: Signature and Date

I agree that the information provided in this application, (including attachments), is true and correct to the best of my knowledge.

Signature David J. Grelotti, MD Digitally signed by David J. Grelotti, MD
Date: 2024.01.02 15:35:05 -08'00' Date 1/2/24

If any information on your application changes, or if you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note, membership interviews will be conducted as needed. If you have any other questions or comments, call Support Staff at 619-403-8809.



Email your completed application to:

HPG.HHSA@sdcounty.ca.gov

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HIV, STD and Hepatitis Branch
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