



Monica Montgomery Steppe

SUPERVISOR, FOURTH DISTRICT
San Diego County Board Of Supervisors

DATE: August 26, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to Various BOARDS, COMMISSIONS AND COMMITTEES

Recommendation:

SUPERVISOR MONICA MONTGOMERY STEPPE

Appoint Abdulrahim Salman to the Valle de Oro Planning Group, Seat 10 for a term to expire January 4th, 2027.

Background information:

Abdulrahim Salman

[REDACTED]

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Monica Steppe", is written over a white background.

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

Valle de Oro Community Planning Group

3755 Avocado Blvd #187, La Mesa, CA 91941

Oday Yousif, *Chair*

Vacancy Appointment Nomination

August 8, 2025

Via Email: monica.montgomerysteppe@sdcounty.ca.gov

Supervisor Monica Montgomery Steppe
Board of Supervisors
1600 Pacific Highway
San Diego, CA 92101

Subject: Request to Accept Nomination

Dear Supervisor Montgomery Steppe:

Please accept the nomination of Abdulrahim Salman to the Valle De Oro Community Planning Group to fill the vacancy in Seat Number 10. Mr. Salman's nomination was approved by the group members at a regular meeting of the Valle De Oro Community Planning Group on August 5, 2025. The vote was 8 for, 0 against, and 7 absent/vacant. Attached is the completed application for the appointment of this seat, the vacancy announcement, and the meeting minutes from the August 5, 2025, meeting that reflect the vote of the Group recommendation. Please let this letter serve as submission of his name to the Board of Supervisors for their approval and selection.

If you have further questions, I can be reached at [REDACTED]

Respectfully,



Oday Yousif, Chair

Enclosed:

Application for the Appointment
Vacancy Announcement
Meeting Minutes with Vote of the Group

Cc: CommunityGroups.LUEG@sdcounty.ca.gov
bcc@sdcounty.ca.gov



County of San Diego, Planning & Development Services

CANDIDATE CERTIFICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

*For Non-Election Appointments Only –
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

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

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: _____

Date: 7/28/2025

Print Name on Voter's Registration Form: Abdelrahim
First Name

Salman
Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Valle de Oro Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: _____

Date: 07/28/2025

Print Name: Oday Yousif

Date Elected Chair: December 2024

Email Address: _____

Phone: _____

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Valle de Oro Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # _____

Signed: _____
Deputy Registrar of Voters

ROV Date Stamp:

2025 JUL 29 A 11:34

PDS-900 REV.: 02/15/2023

REC'D S.D. CO. ROV

This application is a public record and is subject to the
Not valid for appointment without current Chair's signature and





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@sdcounty.ca.gov

Salman	Abdulrahim
Last Name	First Name
Valle De Oro Community Planning Group	District 4
Name of Board, Committee, or Commission to Which You are Applying for Membership	Supervisory 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? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Economic Development & Government Affairs, Public Health & Human Services, Public Safety & Justice, Homelessness & Affordable Housing, Economic Development & Infrastructure.

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

Not a current member ☒

Committee Name

Date Appointed

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

Not a current member ☒

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of
Employment

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

With my educational background in Political Science, I bring a solid foundation in public policy, intergovernmental relations, and program development. My volunteer experience with California State Senator Brian Jones's office has given me hands-on exposure to legislative processes, constituent services, and the real-world impact of public policy on individuals and communities. This role deepened my understanding of the challenges residents face in their everyday lives and the importance of responsive and efficient government. Additionally, my consistent participation in town halls hosted by Congresswoman Sara Jacobs has provided me with valuable insights into the most pressing concerns within our communities—including housing affordability, healthcare access, and economic stability. These engagements have strengthened my knowledge of the issues that need to be addressed to improve the quality of life for constituents. Moreover, attending grant workshops organized by the Office of Supervisor Monica Montgomery Steppe (District 4) has added another layer of practical knowledge. These sessions have helped me understand the grant application process, including strategies for securing funding for small businesses and nonprofit organizations. This experience has equipped me with useful skills to support community-based economic development and strengthen local initiatives.

Please list community organizations to which you belong:

American Political Science Association

Please describe your ethnic origin:

MIDDLE EASTERN AND NORTH AFRICAN DESCENT: All persons having origins in any of the original peoples of North Africa, or the Middle East.

Select the gender you identify as:

Male

What is your age?

55-64 years old

What is your total income?

\$1 to \$24,999

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.

Abdulrahim Salman

7/25/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Salman	Abdulrahim	
<i>Last Name</i>	<i>First Name</i>	
Valle De Oro Community Planning Group		<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>		
<i>Mobile Phone #</i>	<i>Business Phone #</i>		
[REDACTED]			
<i>E-Mail Address</i>			



JOEL ANDERSON

SUPERVISOR, SECOND DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 26, 2025

TO: Board of Supervisors

RE: SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

RECOMMENDATION(S): SUPERVISOR JOEL ANDERSON

Appoint Carl Anderson III to BOULEVARD COMMUNITY PLANNING GROUP, Seat no. 3, for a term to expire January 8th 2029

Appoint Brennan Pearson to PERSONS WITH DISABILITIES, COMMITTEE FOR, Seat no. 3, for a term to expire January 8th 2029

Appoint Roy Castetter to SAN DIEGO COUNTY CAPITAL ASSET LEASING CORP, Seat no. 2, for a term to expire January 8th 2029

Appoint Brandon Fender to JESS MARTIN PARK ADVISORY COMMITTEE, Seat no. 2 for a term to expire January 8th 2029

BACKGROUND

Carl Anderson III
[REDACTED]

Brennan Pearson
[REDACTED]

Roy Castetter
[REDACTED]

Brandon Fender
[REDACTED]

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Joel Anderson", is written over a faint, larger blue ink signature that is partially visible in the background.

SUBJECT: VARIOUS APPOINTMENTS (DISTRICT: 2)

Joel Anderson, Supervisor, Second District



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@sdcounty.ca.gov

Anderson III	Carl
<u>Last Name</u>	<u>First Name</u>
Boulevard Community Planning Group	District 2
<u>Name of Board, Committee, or Commission to Which You are Applying for Membership</u>	<u>Supervisory District You Live In</u>

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

i have a flexible schedule

Please list any time restrictions

What are your principal areas of interest in County Government?

Land use

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

Not a current member ☒

Committee Name

Date Appointed

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

Not a current member ☒

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

Builders First Source / Dixieline Lumber

Current Employer

Estimator

26 years

Job Title

Length of Employment

Previous Employers

Position Title

Length of
Employment

Union 76

service order writer

5 years

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

i have a passion for learning. i have a BA in Economics from SDSU. Hobbies include jewelry manufacturing, wood working, welding, building material sourcing, construction, basic knowledge on electrical, and a passion for history.

Please list community organizations to which you belong:

n/a

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Male

What is your age?

45-54 years old

What is your total income?

\$100,000 to \$149,999

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.

Carl Anderson III

6/5/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Anderson III	Carl	
<i>Last Name</i>	<i>First Name</i>	
Boulevard Community Planning Group		District 2
<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>
[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]	[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, Planning & Development Services

CANDIDATE CERTIFICATION FOR APPOINTMENT TO A PLANNING OR SPONSOR GROUP VACANCY

*For Non-Election Appointments Only –
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

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

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: *Carl Anderson III*

Date: 6/6/2025

Print Name on Voter's Registration Form: CARL Anderson III
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the BOULEVARD Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: *Earl Goodnight*

Date: JUNE 6, 2025

Print Name: EARL GOODNIGHT

Date Elected Chair: JAN. 9, 2025

Email Address: [REDACTED] Phone: [REDACTED]

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Boulevard Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # [REDACTED] Signed: *[Signature]*
Deputy Registrar of Voters

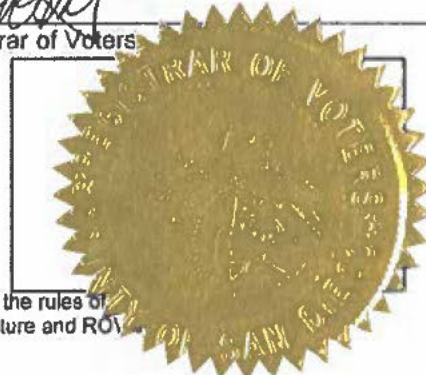
ROV Date Stamp:

2025 JUN -6 P 3:44

REC'D S.D. CO. ROV

PDS-900 REV.: 02/15/2023

This application is a public record and is subject to the rules of
Not valid for appointment without current Chair's signature and ROV





COUNTY OF SAN DIEGO

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

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Fender	Brandon
<u>Last Name</u>	<u>First Name</u>
Jess Martin Park Advisory Committee	District 2
<u>Name of Board, Committee, or Commission to Which You are Applying for Membership</u>	<u>Supervisory District You Live In</u>

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

Please list any time restrictions

What are your principal areas of interest in County Government?

Fiscal responsibility, maintenance and enhancement of public facilities, and equitable access to public facilities/services.

List all County Boards, Commissions or Committees of which you are a current member. Not a current member ☒

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

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

Not a current member ☒

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

STATEMENT OF OCCUPATIONAL EXPERIENCE

RSG, Inc.

Current Employer

Senior Associate

Job Title

11 years

Length of Employment

Previous Employers

Position Title

Length of Employment

The Good Beer Company, Inc

CEO and President

8 years

TMG, Inc

Project Manager

4 years

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

I am a consultant to public agencies, providing advisory services in finance/fiscal health, real estate, housing, and economic development. I enjoy applying my professional experience to volunteer opportunities. I am also a Board Member with the local Little League (Julian Youth Baseball), so I have a vested interest in the facilities and maintenance of the local park.

Please list community organizations to which you belong:

Julian Union High School District, Vice President of the Board of Trustees Julian Youth Baseball, Treasurer

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Male

What is your age?

35-44 years old

What is your total income?

\$150,000 or greater

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

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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.

Brandon Fender

6/16/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Fender		Brandon	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Jess Martin Park Advisory Committee		District 2	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	
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<hr/>		<hr/>	
<i>Home Street Address</i>		<i>City</i>	<i>State</i>
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<i>Mailing Address (if different than home address)</i>		<i>City</i>	<i>State</i>
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<i>Business Street Address</i>		<i>City</i>	<i>State</i>
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<i>Home Phone #</i>		<i>Business Phone #</i>	
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<i>Mobile Phone #</i>		<i>Business Phone #</i>	
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<i>E-Mail Address</i>		<hr/>	



COUNTY OF SAN DIEGO

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

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Pearson	Brennan
_____ Last Name	_____ First Name
Persons With Disabilities, Committee For	District 2
_____ 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? ☐ Yes ☒ No

Please list any time restrictions

What are your principal areas of interest in County Government?

I'm especially interested in accessibility, safety, and patient-advocacy in County-regulated facilities and programs for persons with disabilities. I care about improving how County policies support housing and community resources so that residents with disabilities can thrive and have equal access.

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

Not a current member ☒ _

Committee Name

Date Appointed

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

Not a current member ☐ _

Committee/Organization Name

Dates Served

San Diego Primary Public Defender (Intern)

05/2023-09/2023

San Diego County Board of Supervisors (Intern)

07/2021-12/2021

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STATEMENT OF OCCUPATIONAL EXPERIENCE

Teague Insurance Agency	
<hr/>	
Current Employer	
Commercial Insurance Broker	03/2025 - Present
Job Title	Length of Employment

Previous Employers	Position Title	Length of Employment
V3 Electric	Sales Associate	10/2024 - 03/2025
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

<p>What experience or special knowledge can you bring to your area(s) of interest?</p> <p>1. Previous experience as Chair, and Vice Chair of committee at San Diego Miramar College, I was brown-act trained, and had other shared governance committee experience with various university constituents. 2. B.Sc. in Kinesiology (Pre Med): I have worked hands on with elderly, those with developmental disabilities, those with TBIs, and other vulnerable populations. 3. MBA Candidate: I have graduate level business knowledge and feel uniquely qualified to be a useful member of this committee. 4. I cared for my grandmother when she had injuries, over the course of many years, including when she had a double knee replacement.</p>

<p>Please list community organizations to which you belong:</p> <p>San Diego Lincoln Club House of Sweden - Balboa Park Partner: San Diego Regional Center, Independent Living Association, SCORE Business Mentors,</p>
--

<p>Please describe your ethnic origin:</p> <p>WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe</p>
--

<p>Select the gender you identify as:</p> <p>Male</p>
--

<p>What is your age?</p> <p>25-34 years old</p>
--

What is your total income?

\$50,000 to \$74,999

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.

Brennan Pearson

7/15/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Pearson		Brennan	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Persons With Disabilities, Committee For		District 2	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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

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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@sdcounty.ca.gov

Castetter	Roy
<u>Last Name</u>	<u>First Name</u>
San Diego County Capital Asset Leasing Corp	District 2
<u>Name of Board, Committee, or Commission to Which You are Applying for Membership</u>	<u>Supervisorial District You Live In</u>

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

Please list any time restrictions

What are your principal areas of interest in County Government?

Public Finance and Debt Issuance Public Investments

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

Not a current member ☒

Committee Name

Date Appointed

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

Not a current member ☐

Committee/Organization Name

Dates Served

SANCAL

8/7/2018 to 8/14/2023

STATEMENT OF OCCUPATIONAL EXPERIENCE

Retired-County of San Diego Treasurer's Office

Current Employer

Chief Investment Officer

31 years

Job Title

Length of Employment

Previous Employers

Position Title

**Length of
Employment**

Cubic Corporation

Cash Manager

5 years

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

I was the Chief Investment Officer for the County of San Diego Treasurer Office for 31 years. My responsibilities included the daily investment decisions for the \$11 Billion dollar Treasurer's Pooled Monet Fund along with cash management, banking, and debt issuance .I was involved in the County of San Diego and local School Districts debt issuance for 31 years. I participated in all aspects issuing debt for billions of dollars in bonds, the RFP process, negotiating legal documents, the market timing, and the pricing of bonds.

Please list community organizations to which you belong:

Voluntary Treasurer for the California Peacekeepers Club.

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Male

What is your age?

65-74 years old

What is your total income?

\$150,000 or greater

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.

Roy Castetter

7/1/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Castetter		Roy	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
San Diego County Capital Asset Leasing Corp		District 2	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 26, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to BEHAVIORAL HEALTH ADVISORY BOARD, Seat No.17

Recommendation:
SUPERVISOR JIM DESMOND

Appoint John Byrom to the BEHAVIORAL HEALTH ADVISORY BOARD, Seat No.17 for a term to expire August 26, 2028.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Bell

Name

619-531-5555

Phone

Fax

A-500

Mail Station

Marisol.Bell@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____



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@sdcounty.ca.gov

Byrom	John
<u>Last Name</u>	<u>First Name</u>
Behavioral Health Advisory Board (BHAB), County Of San Diego	District 5
<u>Name of Board, Committee, or Commission to Which You are Applying for Membership</u>	<u>Supervisorial District You Live In</u>

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

Please list any time restrictions

What are your principal areas of interest in County Government?

Substance Abuse Treatment & Prevention

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

Not a current member ☒

Committee Name

Date Appointed

<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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

Not a current member ☐

Committee/Organization Name

Dates Served

Substance Use & Opioid Prevention Task Force

2010 - 2025

<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

STATEMENT OF OCCUPATIONAL EXPERIENCE

RETIRED

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Vista Community Clinic

Prevention Specialist

23 years

McAlister Institute

Program Manager-
Treatment/Prevention

13 years

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

I have actively lived in recovery for 39 years and have worked in the field of treatment & prevention for 35 years.

Please list community organizations to which you belong:

N/A

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Male

What is your age?

65-74 years old

What is your total income?

\$25,000 to \$49,999

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.	
John Byrom	7/16/2025
<hr/> <i>Applicant's Signature</i>	<hr/> <i>Date</i>

CONTACT INFORMATION

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

Byrom		John	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Behavioral Health Advisory Board (BHAB), County Of San Diego		<i>District 5</i>	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 26, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to BONSALL COMMUNITY SPONSOR GROUP, Seat No. 2

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Sophia Kittell to the BONSALL COMMUNITY SPONSOR GROUP, Seat No. 2
for a term to expire January 4, 2027.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Bell

Name

619-531-5555

Phone

Fax

A-500

Mail Station

Marisol.Bell@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____



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@sdcounty.ca.gov

Kittell	Sophia
_____ Last Name	_____ First Name
Bonsall Community Sponsor Group	District 5
_____ 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? ☒ Yes ☐ No

I work 8-4 Monday through Friday, however, with due notice I can make routine accommodations if needed.

Please list any time restrictions

What are your principal areas of interest in County Government?

My principal areas of interest in County Government is the representation of rural and unincorporated areas in countywide government, and equitable development and investment throughout the county.

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

Not a current member ☒ _

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

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

Not a current member ☒ _

Committee/Organization Name

Dates Served

_____	_____
-------	-------

_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

Evinco Strategies	

Current Employer	
Campaign Strategist	3
Job Title	Length of Employment

Previous Employers	Position Title	Length of Employment
Moonlight Amphitheater	Amphitheater Attendant	2 years (seasonal)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please refer to attached application.

Please list community organizations to which you belong:

Please refer to attached application.

Please describe your ethnic origin:
WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:
Female

What is your age?
18-24 years old

What is your total income?
\$75,000 to \$99,999

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.

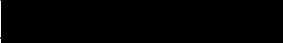




Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board’s website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.	
Sophia Kittell	7/15/2025
<hr/> <i>Applicant's Signature</i>	<hr/> <i>Date</i>

CONTACT INFORMATION

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

Kittell	Sophia
<i>Last Name</i>	<i>First Name</i>
Bonsall Community Sponsor Group	<i>District 5</i>
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory 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, Planning & Development Services

**CANDIDATE CERTIFICATION FOR APPOINTMENT
TO A PLANNING OR SPONSOR GROUP VACANCY**

*For Non-Election Appointments Only –
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

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

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: *Sophia Kittell* Date: 03-04-2025
Print Name on Voter's Registration Form: Sophia Kittell
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the Bonsall Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: *[Signature]* Date: 3/7/2025
Print Name: Larissa Anderson Date Elected Chair: Vice Chair 12/24
Email Address: [Redacted] Phone: Interim Chair Since 1/25

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Bonsall Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # [Redacted] Signed: *[Signature]*
Deputy Registrar of Voters

ROV Date Stamp:

2025 JUN -2 P 3:52
REC'D S. D. CO. ROV

PDS-900 REV.: 02/16/2023

This application is a public record and is subject to the rules of
Not valid for appointment without current Chair's signature and ROV





JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 26, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to HEALTH SERVICES ADVISORY BOARD, Seat No.9

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Kelsey Sly to the HEALTH SERVICES ADVISORY BOARD, SEAT NO.9 for a term to expire January 4, 2027.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Bell

Name

619-531-5555

Phone

Fax

A-500

Mail Station

Marisol.Bell@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____



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@sdcounty.ca.gov

Sly	Kelsey
_____ Last Name	_____ First Name
Health Services Advisory Board (HSAB)	District 2
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisory 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? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

My principal areas of interest in County Government are health policy, access to care, and improving how services are coordinated across systems. I'm especially interested in how the County approaches legislation and budget decisions to create an impact throughout our county.

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

Not a current member ☒

Committee Name	Date Appointed
_____	_____
_____	_____
_____	_____

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

Not a current member ☐

Committee/Organization Name	Dates Served
ACHE - San Diego (American College of Healthcare Executives)	1/2024-Present
Sharp Patient and Family Advisory Council	6/2023-Present

STATEMENT OF OCCUPATIONAL EXPERIENCE

Seaport Scripps Home Health

Current Employer

CEO/Executive Director

3 years

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Aya Healthcare

Compliance and Licensing Specialist

1.2 years

Regus

Community Associate

1 year

EmpRes Health and Rehabilitation

Certified Nurse Assistant

1.5 years

Provo Rehab and Nursing

Certified Nurse Assistant

7 months

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

I bring several years of experience in healthcare operations and strategic leadership, with a focus on community-based care, health system coordination, and quality improvement. As CEO of a large home health agency, a joint venture with Scripps Health, I have successfully driven initiatives that align quality outcomes, patient and community experience, and the fiscal management of a multimillion-dollar budget. My role requires close collaboration across the San Diego healthcare ecosystem and a strong understanding of how policy, funding, and regulatory decisions impact care delivery at the system and patient level.

Please list community organizations to which you belong:

I have been a member of the American College of Healthcare Executives for five years and am currently serving my second year on the Executive Board of the San Diego chapter. I also participate in the Sharp HealthCare Patient & Family Advisory Council and am actively engaged in healthcare leadership through my role at Seaport Scripps Home Health.

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Female

What is your age?

25-34 years old

What is your total income?

\$150,000 or greater

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.

Kelsey Sly

7/16/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Sly		Kelsey	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Health Services Advisory Board (HSAB)		District 2	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 26, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Re-appointment to NORTH COUNTY CEMETERY DISTRICT, Seat No.3

Recommendation:
SUPERVISOR JIM DESMOND

Re-appoint Steven Lochridge to the NORTH COUNTY CEMETERY DISTRICT, SEAT NO.3 for a term to expire January 8, 2029.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Bell

Name

619-531-5555

Phone

Fax

A-500

Mail Station

Marisol.Bell@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 26, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to the COMMITTEE FOR PERSONS WITH DISABILITIES,
Seat 10.

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Julie Neward to the COMMITTEE FOR PERSONS WITH DISABILITIES,
Seat 10 for a term to expire January 4, 2027.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Bell

Name

619-531-5555

Phone

Fax

A-500

Mail Station

Marisol.Bell@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE:



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@sdcounty.ca.gov

Neward	Julie
_____ Last Name	_____ First Name
Persons With Disabilities, Committee For	District 5
_____ Name of Board, Committee, or Commission to Which You are Applying for Membership	_____ Supervisory 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? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Representing the adult siblings of people with intellectual and developmental disabilities in San Diego County. I am a governor re-appointee to the California State Council on Developmental Disabilities whose term is up March 2025 after 6 years of service.

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

Not a current member ☒

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

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

Not a current member ☒

Committee/Organization Name

Dates Served

_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

Sunbelt Investment Holdings In

Current Employer

Property Manager

1

Job Title

Length of Employment

Previous Employers

Position Title

Length of Employment

Federal Realty Investment Trust

Property Manager

2

Kilroy Realty

Portfolio Manager

2

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

I am a strong advocate who has nonprofit and private sector experience.

Please list community organizations to which you belong:

The California Sibling Leadership Network, Board Member and Co-Founder, www.californiasibs.org The Natalie Project, Project Director. www.thenatalieproject.org

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Female

What is your age?

35-44 years old

What is your total income?

\$100,000 to \$149,999

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.

Julie Neward

2/6/2025

Applicant's Signature

Date

CONTACT INFORMATION

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

Neward		Julie	
<hr/>		<hr/>	
<i>Last Name</i>		<i>First Name</i>	
Persons With Disabilities, Committee For		District 5	
<hr/>		<hr/>	
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>		<i>Supervisory District You Live In</i>	

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

JULIE ANN NEWARD

San Diego, CA

PROFILE Ambitious, energetic, and compassionate leader, lifelong learner, retail real estate professional, and advocate who enjoys leading teams and partnering to solve challenges by using a creative approach to produce impactful results.

WORK EXPERIENCE

Federal Realty Investment Trust, San Diego, CA

Dec 2020-May 2023

Property Manager, Escondido Promenade & Grossmont Center

- Managed the day-to-day operations of two (2) regional retail centers totaling 1.4m square feet with over 140 retailers and a combined total operating budget of \$7m with a team of six (6) property employees
- Worked with La Mesa Police Department, the homeless outreach team (HOME) and security to support those in an unhoused living situation with recognition from the City Council
- Drafted community engagement plan for future redevelopment with marketing coordinator and outside consultant
- Co-implemented a work order application to streamline maintenance and repair priorities for better customer service

Kilroy Realty, San Diego, CA

JAN 2019 – OCT 2020

Portfolio Manager, San Diego Region

Jul 2019 - Oct 2020

- Oversaw 2.4m sf of stabilized Class A office and 800k sf of development in the San Diego region
- Managed and approved annual budget, monthly re-forecast, variance reports and capital budget
- Coached, mentored, and lead a newly formed team in a regional, hybrid, and satellite office environment

General Manager, One Paseo Mixed-Use Project

Jan 2019 - Jul 2019

- Responsible for the onboarding and operations of the One Paseo campus development, including 608 residential apartment units managed by a 3rd party, 280k sf of office and 96k sf retail
- Managed critical CAM analysis and execution of Lease Amendments for over 30 retail tenants
- Presented to local planning group with key a consultant, a proposal for additional signage, which was secured

Urban Retail, Chicago, IL – General Manager (Contract Change)

Sep 2016 – Jan 2019

Madison Marquette, San Francisco, CA - General Manager

Aug 2015 – Sep 2016

Property: Somersville Towne Center, Antioch, CA

- Managed over 500k sf of a Community Center with an operating budget of \$2.3m and five (5) property employees
- Repositioned the center within the Community as a “Community Partner” with extensive outreach to City Council, Antioch Police Department, Los Medanos College Business Advisory Committee, and shoppers
- Campaigned with City and business leaders for the mall’s census tract to be included in the federal “Opportunity Zone Fund” program
- Spearheaded the partnership between the Chamber and Saint Mary’s College of California’s Center for the Regional Economy on a student project focused on revitalizing a blighted area for economic prosperity as co-chair of the Chamber’s Economic Development Committee
- Supported the County’s WorkAbility program to give students in special education necessary job skills
- Appointed to the Contra Costa County Mental Health Commission by Supervisor Burgis and participated in a pilot program, CoCo Lead Plus, a point-of-arrest diversion program, with community leaders

Madison Marquette, San Francisco - General Manager**Aug 2015 - Sep 2016***Property: Oxbow Public Market, Napa, CA*

- Managed over 21k sf of a small shop in a Market Hall setting with an operating budget of \$1.5m
- Focused on the operations of the free-standing Market Hall building; HVAC, roof, water meters, and tenant build outs consisting of 18 regional merchants
- Collaborated with an active Owner who curated relationships with retail talent; strategized market share, tenant mix, future developments, and uses in district and parking challenges

Macerich, Santa Monica, CA - Property Manager**Feb 2014 - Aug 2015***Project: The Village at Corte Madera, Corte Madera, CA*

- Managed over 450k sf of a boutique open-air Center in Marin County
- Developed annual budget, quarterly re-forecast, as well as executed annual capital plan
- Engaged City and local stakeholders to garner support for a 45k sf Restoration Hardware Mansion

Westfield, Los Angeles, CA- Assistant Property Manager**Jun 2009 – Feb 2014***Westfield Valley Fair, Santa Clara, CA***Mar 2012 - Feb 2014**

- Managed approximately 1.5 million sf of the 2nd most profitable asset in the portfolio
- Supported a vertical transportation relocation project post-holiday, a multi-million-dollar dining terrace remodel, and a luxury façade upgrade
- Developed and maintained annual budget and monthly re-forecast presented to senior management
- Assisted with the collection of monthly receivables, negotiated payment plans, and pursued default processes
- Reviewed lease abstracts, tenant financials, negotiated and managed lease amendments, assignments and termination documentation
- Ensured vendor performance on behalf of the landlord to promote tenant satisfaction

Prior Retail Projects*Westfield Santa Anita, Arcadia, CA***Jan 2010 - Mar 2011***Metreon – Westfield, San Francisco, CA***Sep 2010 - Nov 2010***Westfield Parkway, El Cajon, CA***Sep 2007 - Jan 2010***Westfield Mission Valley, San Diego, CA***Jun 2009 - Jul 2009****EDUCATION****University of San Diego, San Diego, CA, Knauss School of Business**

International Master of Business Administration (IMBA)

Saint Mary's College of California, Moraga, CA, School of Economics and Business Administration

Bachelor of Science in Business Administration, International Business

CERTIFICATES, LICENSES & AWARDS

- Antioch Chamber of Commerce, 2018 Chairman's Award
- Certificate in Real Estate Finance, Investments, and Development, University of San Diego, Feb 2010
- Real Estate License, CA DRE # [REDACTED]

VOLUNTEERING

- **The Natalie Project (#ustoo)** Jun 2021- Current
Project Founder
- **State Council on Developmental Disabilities (SCDD)** Dec 2019- Current
Councilwoman, Governor re-appointed
- **The California Sibling Leadership Network "CaliforniaSibs"** Apr 2015- Current
Co-Founder and Board Member



JIM DESMOND
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: August 26, 2025

TO: BOARD OF SUPERVISORS

SUBJECT: Appointment to WARNER SPRINGS SPONSOR GROUP

Recommendation:
SUPERVISOR JIM DESMOND

Appoint Joseph Kleinman to the Warner Springs Community Sponsor Group, to Seat 4 from Seat 9 for a term to expire January 4, 2027

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jim Desmond", is written over a horizontal line.

JIM DESMOND
Supervisor, Fifth District

SUBJECT: (District: 5)

**BOARD OF SUPERVISORS
AGENDA ITEM INFORMATION SHEET**

CONCURRENCE(S)

COUNTY COUNSEL REVIEW

Written Disclosure per County Charter
Section 1000.1 Required

☒ Yes

☐ Yes ☒ No

GROUP/AGENCY FINANCE DIRECTOR

☐ Yes ☒ N/A

CHIEF FINANCIAL OFFICER

Requires Four Votes

☐ Yes ☒ N/A

☐ Yes ☒ No

**GROUP/AGENCY INFORMATION
TECHNOLOGY DIRECTOR**

☐ Yes ☒ N/A

COUNTY TECHNOLOGY OFFICE

☐ Yes ☒ N/A

DEPARTMENT OF HUMAN RESOURCES

☐ Yes ☒ N/A

Other Concurrence(s):

N/A

ORIGINATING DEPARTMENT:

Jim Desmond
Supervisor, Fifth District

CONTACT PERSON:

Marisol Bell

Name

619-531-5555

Phone

Fax

A-500

Mail Station

Marisol.Bell@sdcounty.ca.gov

E-Mail

AUTHORIZED REPRESENTATIVE: _____



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@sdcounty.ca.gov

Kleinman	Joseph
Last Name	First Name
Warner Springs Community Sponsor Group	District 5
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? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Community engagement and representation on issues of local importance such as conservation of the land, preservation of our dark skies, road and utility improvements, etc. Working to provide equitable access to County services and ensuring that community members' voices are heard and their needs met.

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

Not a current member ☒

Committee Name

Date Appointed

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

Not a current member ☒

Committee/Organization Name

Dates Served

--	--

STATEMENT OF OCCUPATIONAL EXPERIENCE

none

Current Employer

Job Title

Length of Employment

Previous Employers

Position Title

Length of
Employment
13 years

National Institutes of Health,
US Department of Health and
Human Services

Program Specialist

Catherine Bach

Personal Assistant

5 months

Star Entertainment Group

Office Manager/Production
Coordinator

2 years

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

I have years of experience assisting with large, high-impact meetings, including setting and publishing of agendas and minutes, design and production of posters and programs, coordinating guest speakers, and providing AV support. My job entailed having detailed knowledge of all of the various programs taking place within the NIH Intramural Research Program (IRP) and serving as a liaison between the various constituencies that make up the IRP and central leadership. I have an insider's knowledge of how bureaucracies function and can navigate them to bring ideas to fruition.

Please list community organizations to which you belong:

none

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.

Joseph Kleinman

4/23/2024

Applicant's Signature

Date

CONTACT INFORMATION

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

Kleinman	Joseph	
<i>Last Name</i>	<i>First Name</i>	
Warner Springs Community Sponsor Group		<i>District 5</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>
		CA	
<i>Mailing Address (if different than home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
		CA	
<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, Planning & Development Services

**CANDIDATE CERTIFICATION FOR APPOINTMENT
TO A PLANNING OR SPONSOR GROUP VACANCY**

*For Non-Election Appointments Only –
Not to be used for Regular Planning Group Elections*

The undersigned agrees to comply with all Board of Supervisors policies pertaining to Community Planning or Sponsor Groups and understands that group members are subject to the open meeting requirements of the Ralph M. Brown Act.

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

If applying for a Planning Group: I declare that I am a registered voter living within the Planning Group's boundaries.

If applying for a Sponsor Group: I declare that I am a registered voter and currently own property in or reside within the Sponsor Group's boundaries.

If appointed, I will file a Form 700, Statement of Economic Interest, in a timely manner as instructed in the appointment letter.

Signature: [Handwritten Signature]

Date: 5/16/24

Print Name on Voter's Registration Form: Joseph Kleinman
First Name Last Name

Community Planning/Sponsor Group Chair or Designated Representative Endorsement:

Group Chair:

As the current Chair of the WARNER SPRINGS Community Planning/Sponsor Group, I confirm that I have reviewed this application for completeness, and it may be certified by the ROV.

Signature: [Handwritten Signature]

Date: 5/16/24

Print Name: HAUS PETERMANN

Date Elected Chair: 8/29/22

Email Address: [Redacted]

Phone: [Redacted]

For Internal Use Only:

Registrar of Voters Confirmation:

I certify that the applicant is a registered voter and is eligible for membership of the Warner Springs Community Planning/Sponsor Group for which he/she seeks to be appointed.

Voter ID # [Redacted]

Signed: [Handwritten Signature]
Deputy Registrar of Voters

ROV Date Stamp:

2024 MAY 17 P 2:16
REC'D S. D. CO. ROV

PDS-900 REV.: 02/16/2023

This application is a public record and is subject to the rules of the Public Information Act.
Not valid for appointment without current Chair's signature and





County of San Diego

KIMBERLY GIARDINA, D.S.W., M.S.W.
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MAIL STOP P-578
SAN DIEGO, CA 92123
(619) 531-5800 • FAX (619) 542-4186

SAYONE THIALOLIPAVAN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

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

July 17, 2025

TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer
Health and Human Services Agency

APPOINTMENT TO HIV PLANNING GROUP

1. **Action Requested:** Recommend the following individuals for appointment to the HIV Planning Group (HPG) by the San Diego County Board of Supervisors (Board):
 - a. Michael King as the Health Care Provider, Including Federally Qualified Health Center (Seat #17), for a first four-year term.
 - b. Jennifer Lothridge as the General Member (Seat #12), for a first four-year term.
2. **Background:** 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. Michael King and Jennifer Lothridge 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 increases 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 Dasha.Dahdouh@sdcounty.ca.gov if you have any questions regarding this action.

Sincerely,

KIMBERLY GIARDINA, DSW, MSW
Deputy Chief Administrative Officer
Health and Human Services Agency



County of San Diego

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MAIL STOP P-578
SAN DIEGO, CA 92123
(619) 531-5800 • FAX (619) 542-4186

ANKITA S. KADAKIA, M.D.
INTERIM 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: April 23, 2025

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

BACKGROUND: On April 9, 2025, the Membership Committee reviewed Michael King's membership application and voted to recommend him for appointment to the HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to appoint Michael King to the HPG as the Healthcare Provider, including Federally Qualified Health Center (FQHC), Seat 17. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for appointment.

BIOGRAPHICAL INFORMATION: Michael King

Michael King is a highly experienced professional in nursing and administration, with a strong focus on infectious disease care and community health initiatives. His career accomplishments include introducing rapid HIV testing at a juvenile detention center and, later, County hospital urgent cares, being published in the Journal for Adolescent Medicine, and collaborating with organizations such as the Midwest AIDS Training & Education Center (MATEC), StepUP, and Damien Center in Indianapolis. Currently, he serves as the Director of the LGBTQ clinic in San Diego, specializing in HIV/AIDS education, prevention, and outreach. In this capacity, he develops vital partnerships with community programs like Trans Wellness and The Center and works closely with the leaders of special populations programs to enhance regional service offerings.

With nearly 15 years of dedicated involvement with the HIV community, Michael is deeply committed to addressing the evolving challenges faced by the HIV/AIDS community, particularly considering increasing political pressures. He recognizes the essential role that HPG plays in identifying service gaps, optimizing resource allocation, and facilitating collaboration through its various committees. Michael is passionate about elevating community voices, especially those from marginalized groups such as the transgender

community. He is also dedicated to connecting individuals with a range of vital resources, from insurance assistance to holistic care services.

His extensive community engagement includes leading rapid testing initiatives in Indianapolis, organizing fundraising events, and serving on the boards of organizations like Circle Center Pride. Michael is an advocate for continuous HIV education, promotion of new treatment options, and the encouragement of open discussions surrounding prevention and care. With a strong commitment to active involvement, he intends to attend monthly HPG meetings and contribute to committees, viewing this role as an opportunity to extend his impact from individual patient care to broader community health advancement.

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



County of San Diego

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MAIL STOP P-578
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ANKITA S. KADAKIA, M.D.
INTERIM 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: April 23, 2025

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

BACKGROUND: On April 9, 2025, the Membership Committee reviewed Jennifer Lothridge's membership application and voted to recommend her for appointment to the HPG.

RECOMMENDATION:

Action Item (*Membership Committee*): Approve the recommendation to appoint Jennifer Lothridge to the HPG as the General Member, Seat 12. If approved by the HPG, the recommendation will be forwarded to the County Board of Supervisors for appointment.

BIOGRAPHICAL INFORMATION: Jennifer Lothridge

Jennifer is a passionate and dedicated advocate for individuals living with HIV, recognizing the critical importance of ensuring their voices are heard in decision-making spaces. She is deeply committed to representing those who may not have the opportunity to attend meetings, viewing her role as both a responsibility and a valuable opportunity to learn and to advocate for greater access to essential services, funding, and resources that support healthier, longer lives for people living with HIV.

As an active participant in the San Diego HPG, Jennifer plays a pivotal role in the oversight of funding allocation, services, and educational initiatives that impact both providers and consumers. Decisions regarding supportive services and funding priorities are presented to HPG, which is supported by a network of committees to ensure its work is inclusive and effective. Currently, Jennifer proudly serves as the Co-Chair of the Community Engagement Group (CEG), where she leads outreach initiatives and fosters meaningful community connections.

With a strong background in public engagement, Jennifer is committed to raising awareness about HPG and CEG through active involvement and outreach efforts. Her

collaborations include well-respected organizations such as Christie's Place, Family Health Centers of San Diego, San Ysidro Health, the Owen Clinic, and POZabilities. These organizations play a crucial role in providing medical care, case management, mental health support, and resources to combat isolation among individuals living with HIV. Her professional experience includes serving as a Client Care Specialist at 211 San Diego, where she supported Housing Opportunities for Persons with AIDS (HOPWA) clients, as well as holding multiple positions at Christie's Place, where she provided HIV prevention education and promoted access to PrEP. She has also conducted outreach at women's conferences, promoting HPG initiatives and HIV prevention strategies.

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

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, April 23, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/85368987291?pwd=KnO1bBlqoyR53sVY04E8ymyNo6OUq4.1>

Call in: +1 (669) 444-9171

Meeting ID (access code): 853 6898 7291

Password: SDHPG

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is thirteen (13)

HPG Members: Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Hector Garcia | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Cinnamen Kubricky (Vice-Chair) | Michael Lochner (Chair) | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Venice Price | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Abigail West* | Michael Wimpie | Adrienne Yancey

**Participating virtually from 1616 Capitol Ave, Sacramento, CA 95814*

ORDER OF BUSINESS

1. Call to order and roll call
2. Welcome, moment of silence, matters from the Chair
3. Public comment (for members of the public) – concerns/questions/suggestions for future topics
4. HPG Member Open Forum – concerns/questions/suggestions for future topics
5. Member Recognition
6. **ACTION:** Approve the HPG agenda for April 23, 2025
7. Routine Business:

a. **ACTION:** Approval of consent agenda for April 23, 2025 which includes:

- i. Approval of HPG minutes from March 26, 2025
- ii. Acceptance of the following committee minutes:

Steering Committee	None
Membership Committee	February 12, 2025
Priority Setting and Resource Allocation Committee	January 9, 2025
Medical Standards and Evaluation Committee	February 11, 2025
Community Engagement Group	February 19, 2025

SAN DIEGO HIV PLANNING GROUP (HPG)

Strategies and Standards Committee None

(The following is for HPG information, not for acceptance):

CARE Partnership None

iii. *(Membership Committee)*: HPG appointments/reappointments

iv. Committee Reports

1. HPG committees

2. State Office of AIDS (OA) and AIDS Drug Assistance Program (ADAP)
Report – Abigail West

3. Housing Committee Report – committee representative

v. California HIV Planning Group (CHPG) Report – Mikie Lochner

vi. Administrative Items:

1. HPG expenditures report

8. Old Business:

a. None

9. New Business:

a. **ACTION**: Approve the Board Letter

b. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve re-allocations
for FY 25 (March 1, 2025 – February 28, 2026)

c. **Presentation**: Student Organization on HIV/AIDS – UC San Diego

d. **Discussion**: Navigating the Impact of Executive Orders and Federal Actions

10. HIV, STD, and Hepatitis Branch (HSHB) Report

11. HPG Support Staff Updates

12. Announcements

13. Adjournment

Next Meeting Date: **Wednesday, May 28, 2025, at 3:00 PM – 5:00 PM**

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A) and via Zoom.

SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, April 23, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is thirteen (13).

HPG Members (18): Marco Aguirre Mendoza | Beth Davenport | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Mikie Lochner (Chair) | Eva Matthews | Veronica Nava | Shannon Paugh | Venice Price | Stephen Spector | Jeffery Weber | Michael Wimpie | Adrienne Yancey

HPG Members Joining Virtually (3): Michael Donovan | Hector Garcia | Abigail West

HPG Members Absent (3): Juan Conant | Cinnamen Kubricky (Vice-Chair) | Skyler Miles | Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 3:05 PM and noted the presence of an in-person quorum.	
2. Welcome, moment of silence, matters from the Chair	A moment of silence was observed. The Chair made the following announcements: <ul style="list-style-type: none">- Continue to be mindful of your conflicts of interest and refrain from participating in discussion if conflicted.- Be courteous and respectful of each other.- April birthdays were acknowledged.- A Long-Term Survivors banner was recently presented to HPG.	
3. Public comment	None	
4. HPG Member Open Forum	The following comments were made: <ul style="list-style-type: none">- A reminder to complete the required Clerk of the Board forms.- A concern that there isn't enough attention on coordination of services, especially for people outside of HIV care.- A concern that Part F might be impacted by the Federal funding cuts.	
5. Member Recognition	Cinnamen Kubricky, Felipe Garcia-Bigley, Marco Aguirre Mendoza, and Katie Emmel were recognized for their volunteer work at the outreach event Come Home for the Holidays that took place in December 2024.	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	Francisco Puentes was recognized for his facilitation of and training at the March HPG Retreat.	
6. ACTION: Approve the HPG agenda for April 23, 2025	Motion: Approve the HPG agenda for April 23, 2025 Motion/Second/Count (M/S/C): Spector/Davenport/16-0 Discussion: none Abstentions: Lochner Motion carries	
7. Routine Business		
a. ACTION: Approval of consent agenda for April 23, 2025: i. Approval of HPG minutes from March 26, 2025 ii. Acceptance of the following committee minutes: Membership Committee (2/12/2025); Medical Standards and Evaluation Committee (2/11/2025); Community Engagement Group (2/19/2025) iii. (Membership Committee): HPG appointments / reappointments iv. Committee Reports 1. HPG committees 2. State Office of AIDS (OA) and AIDS	Motion: Approve the consent agenda for April 23, 2025 M/S/C: Weber/Nava/16-0 Discussion: none Abstentions: Lochner Motion carries	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
Drug Assistance Program (ADAP) v. California HPG Report vi. Administrative Items: 1. HPG expenditures report		
8. Old Business	None	
9. New Business		
a. ACTION: Approve the Board Letter	Motion: Approve the Board Letter M/S/C: Nava/Weber/17-0 Discussion: none Abstentions: Lochner, Yancey Motion carries	
b. ACTION (<i>Priority Setting and Resource Allocation Committee</i>): Reallocations for FY 25 (March 1, 2025 – February 28, 2026)	None	
c. Presentation: Student Organization on HIV/AIDS – UC San Diego	Isaac Ng introduced AIDS Awareness Alliance, a newly founded student-run organization at UC San Diego, and discussed its mission and goals for the future.	HPG Support Staff (HPG SS) to connect Isaac Ng with POZabilities and Christie's Place.
d. Discussion: Navigating the Impact of Executive Orders and Federal Actions	The members of HPG participated in an open discussion to address concerns about proposed Federal cuts to HIV programs and their potential impact. The Chair of HPG encouraged the members to support one another and advocate against these harmful changes. The following comments were made: <ul style="list-style-type: none"> - The proposed changes feel like a repeat of past struggles for long-term HIV survivors, many of whom endured serious mental, physical, and emotional costs. This emphasizes the need for strong support systems to help those fighting the same battle again. 	HPG SS to send a HPG member contact list to Adrienne Yancey, Veronica Nava, Felipe Garcia-Bigley, and Tyra Fleming. HPG SS to add Town Halls and Open Forum as the May Steering Committee

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - A need to look at things from a pragmatic perspective and to not stress over things that cannot be controlled and identify things that can be done. - Some individuals will want to fight, and some will sacrifice their health to do so. There should be support systems in place for those individuals. - A contingency plan can be created during the budgeting process. - A general agreement that the country is at a critical juncture. A community meeting should be created to help understand what the community needs and how we can optimize resources for programs. - A suggestion to host a Town Hall before an HPG meeting and to further discuss the logistics at the Steering Committee meeting. 	meeting agenda items.
10. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose reviewed the HSHB report and highlighted that the PARS waitlist has gone down. FY25 expenditures are not yet available. The request for carryover will go out in May.	
11. HPG Support Staff Updates	HPG SS team still has a Health Information Specialist II vacancy, and recruitment will start soon.	
12. Announcements	<ul style="list-style-type: none"> - May 14: A session on mitigating PrEP stigma and community health centers. - May 15: Family Health Centers of San Diego will be host a webinar on psychosocial support services for people aging with HIV. - May 28-30: Spring meeting for the California Planning Group (CPG). - August 2025: Circle of Harmony Conference focused on indigenous communities and HIV. - Venice Price announced that she will be stepping down from HPG and the Strategies and Standards Committee. - The May HPG meeting will be led by the Vice-Chair. 	
13. Adjournment	The meeting was adjourned at 4:51 PM.	
Next meeting date	Date: Wednesday, May 28, 2025 Time: 3:00 PM – 5:00 PM	

SAN DIEGO HIV PLANNING GROUP (HPG)

Agenda Item	Discussion/Action	Follow-Up
	Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) and via Zoom	



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 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 you do not understand, please contact the HIV Planning Group Support Staff of the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services at HPG.HHSA@sdcounty.ca.gov.

Section 1: Contact Information

Name: **Michael King**

Home Address: [REDACTED]

City: San Diego

State: CA

ZIP Code: [REDACTED]

Home Phone Number: [REDACTED]

Current Employer (if applicable): [REDACTED]

Work Address: [REDACTED]

City: San Diego

State: CA

ZIP Code: 92103

Work Phone Number: [REDACTED]

Cell Phone Number: [REDACTED]

Accept Text
Messages?

☒ Yes ☐ No

Personal Email: [REDACTED]

Fax Number (if available):

Work Email: [REDACTED]

Please be aware that the HIV Planning Group is a public body. You will receive emails and phone calls from HSHB and members of the HIV Planning Group. How do you prefer to receive communication?

I prefer to receive phone calls and messages at:

☒ Personal Cell ☐ Work Cell

I prefer to receive emails at:

☐ Personal Email ☒ Work Email

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 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 - H, you will help ensure the HIV Planning Group reflects parity, inclusion, and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

A. I am: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Transman </div> <div> <input type="checkbox"/> Female <input type="checkbox"/> Transwoman </div> <div> <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Decline to answer </div> </div>			
B. Please describe your ethnic origin. (Please check ONLY ONE, the most prominent): <div style="margin-top: 5px;"> <input type="radio"/> AMERICAN INDIAN/ALASKA NATIVE: All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural affiliation or community recognition. </div> <div style="margin-top: 5px;"> <input type="radio"/> ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. </div> <div style="margin-top: 5px;"> <input type="radio"/> BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa. </div> <div style="margin-top: 5px;"> <input type="radio"/> HISPANIC/LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. </div> <div style="margin-top: 5px;"> <input type="radio"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. </div> <div style="margin-top: 5px;"> <input checked="" type="radio"/> WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. </div>			
C. What is your age: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 18-24 years old <input checked="" type="checkbox"/> 55-64 years old </div> <div> <input type="checkbox"/> 25-34 years old <input type="checkbox"/> 65-74 years old </div> <div> <input type="checkbox"/> 35-44 years old <input type="checkbox"/> 75 years or older </div> <div> <input type="checkbox"/> 45-54 years old <input type="checkbox"/> Decline to state </div> </div>			
D. I understand the process and procedures of the HIV Planning Group: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No E. Number of HIV Planning Group meetings attended in the last 6 months: <u>1</u> F. Number of committee meetings attended in the last 6 months: <u>1</u> <i>(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>			
G. I am currently a member of the following community liaison and/or affiliated groups and/or have the following relevant experience: <div style="margin-top: 10px;"> <p>FQHC. I have been working within HIV health care for >15 years</p> </div>			
H. I understand that it's a requirement to participate in at least one of the committees listed below. <div style="margin-top: 5px;"> <input type="checkbox"/> Strategies and Standards Committee – 1st Tuesday of every other month <input type="checkbox"/> Steering Committee – Every 3rd Tuesday of the month <input type="checkbox"/> Membership Committee – Every 2nd Wednesday of the month <input type="checkbox"/> Priority Setting & Resources Allocation Committee – 2nd Thursday of every other month <input type="checkbox"/> Community Engagement Group – Every 3rd Wednesday of the month <input type="checkbox"/> Medical Standards & Evaluation Committee – 2nd Tuesday (4 times a year) </div>			

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

- | | |
|--|---|
| <input type="checkbox"/> General member | <input type="checkbox"/> Board of Supervisors designee: Districts 1 - 5 |
| <input checked="" type="checkbox"/> Health care providers, including Federally Qualified Health Centers (FQHC) | <input checked="" 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"/> Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider |
| <input type="checkbox"/> Social service provider, including providers of housing and homeless services | <input type="checkbox"/> Local public health agency: HHSA director or designee |
| | <input type="checkbox"/> Local public health agency – PH officer or designee |
| <input type="checkbox"/> Recipient of other federal HIV programs – Veterans Administration | <input type="checkbox"/> Recipient of other federal HIV programs – HOPWA/HUD* |
| <input type="checkbox"/> Substance use treatment provider | <input type="checkbox"/> Non-elected community leader |
| <input type="checkbox"/> Mental health provider | <input type="checkbox"/> HIV testing representative |
| <input checked="" type="checkbox"/> Prevention services consumer/advocate | <input type="checkbox"/> Prevention services consumer |
| <input type="checkbox"/> Representative of individuals who formerly were federal, state, or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release | <input type="checkbox"/> Affected communities include people with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with Hepatitis B or C, and historically underserved groups and/or subpopulations |
| <input type="checkbox"/> Prevention intervention representative | <input type="checkbox"/> Hospital planning agency or health care planning agency |
| <input type="checkbox"/> Recipient of Ryan White Part C | <input type="checkbox"/> Recipient of Ryan White Part D |
| <input type="checkbox"/> State government – State Medicaid | <input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B |

**Housing Opportunities for Persons with AIDS (HOPWA) / Housing and Urban Development (HUD)*

Please list any agency affiliations (work and or board membership):

- ☐
- ☐
- ☐

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

1. Why are you interested in becoming an HIV Planning Group member?

I have been active in various roles within health care to promote preventative, testing, education, outreach, and wraparound services.

I live in San Diego county and as someone that also identifies with the LGBTQ+ community, I would like to broaden my education and accessibility to assist the community I deeply care about- especially in this newly political environment.

2. Is there anything else you would like to share with us?

Not at this time

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

Robert Lewis, FHCS

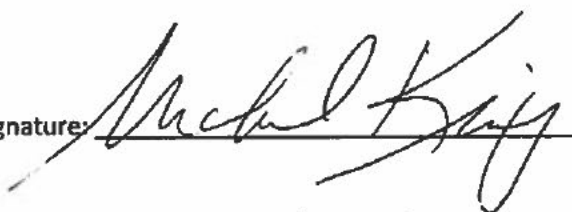
4. Do you require support or accommodations? (Transportation, childcare, etc.)

N/A

Section 4: 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: _____



Date: 2/12/2025

If any information on your application changes or 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 that membership interviews will be conducted as needed. If you have any other questions or comments, contact HPG Support Staff at HPG.HHSA@sdcounty.ca.gov.

SUBMIT FORM

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
HIV, STD, and Hepatitis Branch
ATTN: HIV PLANNING GROUP SUPPORT
690 Oxford Street, Suite #301, Mail Stop: P-505
Chula Vista, CA 91911



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: **Jen Lothridge**

Home Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

ZIP Code: [REDACTED]

Home Phone Number: ([REDACTED]) [REDACTED]

Current Employer (if applicable) [REDACTED]

Work Address: [REDACTED]

City:

San Diego,

State:

CA

ZIP Code:

92142

Work Phone Number: [REDACTED]

Cell Phone Number: [REDACTED]

Accept Text Messages?

☒ Yes

☐ No

E-mail Address:

(personal) [REDACTED]

(work) [REDACTED]

Fax Number (if available): () N/A

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.

A. I am:

☐ Male☐ Transman☐ Non-Binary☐ Decline to Answer☒ Female☐ Transwoman☐ Gender Non-Conforming☐ Other: _____

B. I am a person living with HIV/AIDS:

☐ Yes☐ No☐ Decline to Answer

(NOTE: This information will only be available to the HIV Planning Group Membership Committee and support staff.)

If "yes," as a member of the HIV Planning Group, I am willing to self-identify as a person living with HIV/AIDS?

☒ Yes☐ No

C. My race is (please check most prominent):

☐ American Indian
or Alaskan
Native☒ Black /
African
American☐ Hispanic /
Latino /
Chicano☐ More than one
race☐ Decline to Answer☐ Asian☐ Native
Hawaiian /
Other
Pacific
Islander☐ White /
Caucasian☐ Unknown/Other

D. My ethnicity is:

☐ Hispanic or Latino☒ Not Hispanic or Latino☐ Unknown/Other☐ Decline to Answer

E. My date of birth is:

[REDACTED]

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: 1

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: Christie's Place

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

☒ HIV Consumer Group☐ Membership Committee☒ Strategies & Standards Committee☒ Priority Setting & Resource Allocation Committee☐ Medical Standards and Evaluation Committee

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

<input checked="" 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 checked="" type="checkbox"/> Community-based organization serving affected populations and AIDS service organization	<input type="checkbox"/> Recipient of other Federal HIV Programs – Prevention Provider
<input checked="" 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: 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 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.

N/A

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.**

Understanding that regardless of membership size or ethnic background we are all human beings standing for the same cause. My ability to work as a member of this team is by engaging others with respect, openness, kindness & clarity.

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.

Special skills are the ability to interact with others in a respectful way. The knowledge I bring is that while I don't know everything, I am teachable & always open to learning. Some of the many positive qualities that I bring to the table are confidence, user friendly communication skills, & a "think outside of the box" mindset. The life experience I am bringing to the HIV Planning Group is having almost 52 years on this planet living as an African American female. Four of those years & counting have been living with the diagnosis of HIV/AIDS. Currently I provide client care services to individuals seeking HOPWA services. See resume for professional & academic.

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.

As an active member of the HPG, I have the ability & am committing within my power to be available to attend the required monthly planning group & committee meeting each month virtually &/or in person. Understanding that there may be periodic instances when additional gatherings are needed.

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

Among many things that can & will be learned along the way about me, know that I am a human being with the desire to be of service to others within the community that I live in & beyond!

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.

Previously trained by the American Red Cross to be a HIV/AIDS instructor, my real life experience didn't kick in until receiving my very own HIV/AIDS diagnosis four years ago. In this time, I have successfully acquired HIV/AIDS PEER advocacy skills from The Lotus Project. My most recent accomplishment of completing Project PEARL has been gaining knowledge & understanding of the importance of the HPG & how I can be a voice for other consumers.

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):**

Rhea Van Brocklin, Executive Director of Christie's Place

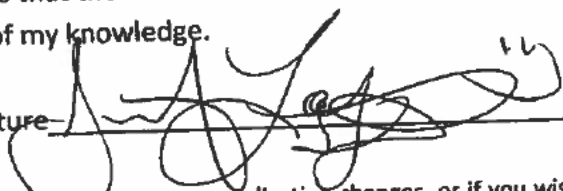
4. **Do you have any limitations? (transportation, childcare, etc.):**

None

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.

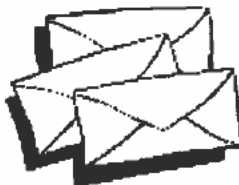
Signature



Date

01/30/2023

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 619-293-4700.



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