Provider Advisory Committee Member Application

Department of Public Health – Substance Abuse Prevention and Control

Co-Chairs
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Kathy Watt

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Brianna Monroy
Pedram Moshfegh
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Jose Salazar
Liana Sanchez
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Instructions

APPLICATION ELIGIBILITY
Staff (counselors, Program Managers, Executive Directors, etc.) from any agency within SAPC's provider network may apply for membership with approval from the executive director or designee of the agency. Only one person from an agency may serve on the PAC at a time. Members may serve no more than two consecutive terms. Members who complete two consecutive terms on must wait 1 year before reapplying. Please review the PAC Bylaws for more information: http://publichealth.lacounty.gov/sapc/docs/providers/pac/PAC-Bylaws.pdf

HOW TO APPLY
Complete this **form** and provide a copy of your **resume or curriculum vitae**. Applications will be reviewed based on completeness, relevance, and quality responses.

The application is due to SAPC_ASOC@ph.lacounty.gov at 5:00 p.m. on **Friday, May 2, 2025**.

PROCESSING
SAPC will confirm receipt of your submission via email within 3 business days. Applicants should follow up if confirmation is not received. Incomplete applications may be rejected. Applicants will be notified of the selection committee's decision no later than June 30, 2025.

Direct questions or requests for assistance to SAPC_ASOC@ph.lacounty.gov.

Part I. Applicant Information

Full Name: _____ _____ Job Title: _____
Last Name First Name

Name of Agency: _____

Phone: _____ Email: _____

Agency Service Area(s)
Agency's Service Planning Area(s)[1] _____
Agency's Supervisorial District(s)[2] _____

Agency's Level(s) of Care[3]
☐ Level 1.0 ☐ Level 2.1 ☐ Level 3.1 ☐ Level 4
☐ Level 1.5 ☐ Level 2.5 ☐ Leve. 3.5
☐ Level 1.7 ☐ Level 2.7 ☐ Level 3.7
☐ Recovery Bridge Housing ☐ Recovery Services ☐ Harm Reduction Services
☐ Prevention (please specify, e.g. Prevention, DUI, etc.) _____

[1] Include Service Planning Area(s) where Agency provides services. You can use the L.A. County District Locator at https://appcenter.gis.lacounty.gov/districtlocator/ to determine the SPA(s) served.
[2] Include County of Los Angeles Supervisorial District(s) where Agency provides services. You can use the L.A. County District Locator at https://appcenter.gis.lacounty.gov/districtlocator/ to determine the Supervisorial District(s) served.
[3] Include all Levels of Care the agency provides. Prevention includes: DUI, PC1000 and Harm Reduction Syringe Services Program.

Provider Advisory Committee Member Application

Optional Questions: We are committed to fostering a diverse and inclusive PAC. In support of this, we invite you to voluntarily share your gender, sexual orientation, and race. If you prefer not to answer, feel free to skip these questions. Thank you for helping us create a more inclusive environment.

Applicant's Current Gender Identity

☐ Male
☐ Female
☐ Transgender Male/Trans Man
☐ Transgender Female/Trans Woman
☐ Gender Non-Binary, Gender Non-Conforming
☐ Another gender category or identity (please specify): _____
☐ Prefer not to state

Applicant's Sexual Orientation

☐ Gay or Lesbian
☐ Bisexual
☐ Straight or Heterosexual
☐ Not sure
☐ Something else (please specify): _____
☐ Don't understand the question
☐ Prefer not to state

Applicant's Racial/Ethnic Identity

If you select "Other", please type in the racial/ethnic category/identity or subgroup (e.g. Asian-Chinese, Black-Nigerian, etc.) that best describes you.

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic, Latino, or Spanish origin
☐ Middle Eastern/North African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Other (please specify): _____
☐ Prefer not to state

Part II. Employment History

REQUIRED: Submit your resume or CV that provides information on your employment history <u>for the last 5 years</u>.

Provider Advisory Committee Member Application

Part III. Questions

1. PAC members are expected to actively participate in meetings and workgroups and communicate with the broader provider network. If accepted into the PAC, describe your capacity to actively participate and connect with other providers in the community. Former and current PAC members should discuss their contributions to the PAC.

Provider Advisory Committee Member Application

2. **Select specialty areas in which applicant has expertise. You will be asked to provide supporting information for each area that you select below.**

- ☐ Accessibility Services (e.g., language/mobility)
- ☐ Co-occurring Disorders (e.g., Mental Health and Physical Health)
- ☐ Criminal Justice
- ☐ Data Analytics
- ☐ Financial Management
- ☐ LGBTQ+ Services
- ☐ Medications for Addiction Treatment
- ☐ Older Adult
- ☐ Persons Experiencing Homelessness
- ☐ Pregnant and Parenting Women
- ☐ Prevention Services (e.g., environment/policy, school-based, DUI)
- ☐ Recent Immigrant/ Undocumented Immigrant
- ☐ Transitional Age Youth
- ☐ Women's Programs

A. Discuss your experience for **ALL** specialty areas selected (include years of experience).
B. Discuss your overall experience in the SUD field in which you provided prevention, harm reduction, treatment, and recovery services. Please include years of experience.

Part IV. Agency Approval

To be completed by agency Executive Director, Board Chair (if Executive Director is applying), or designee.

I affirm that I am knowledgeable of and qualified to attest to the applicant's ability to sit on the PAC, and the information in this application is true and accurate. I understand that any false or misleading information on this form, or related to verification of this applicant's experience may be cause for the applicant's release from duty on the PAC. If selected to join the PAC, I approve the applicant's participation in meetings every other month and a minimum of four (4) additional hours a month to participate in workgroups as required by the needs of the PAC.

Print Name:_____ Title: _____

Signature:_____ Date: _____

E-mail:_____ Phone: _____

Part V. Applicant Disclaimer and Signature

I commit to the service and time requirements as outlined in this application.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership in SAPC's PAC, I understand that false or misleading information in my application may result in my release from duty.

Signature:_____ Date: _____