

ORANGE COUNTY BOARD OF SUPERVISORS

A g e n d a R e v i s i o n s a n d S u p p l e m e n t a l s

Note: *This supplemental agenda is updated daily showing items that have been added, continued, deleted or modified.
No new supplemental items will be added to the agenda following close of business on Friday.*

August 24, 2021

PRESENTATIONS (9:00 A.M.)

Vice Chairman Chaffee will be presenting a resolution proclaiming August 2021 as “Muslim American Appreciation and Awareness Month”

Deleted

Supervisor Foley will be presenting a resolution honoring Firefighters who assisted with County’s vaccination efforts in 2021

DISCUSSION

31. Continued to 9/14/21, 9:30 a.m.

32. Revised Title to read:

County Executive Office - Approve grant applications/awards submitted by *OC Community Resources and District Attorney and retroactive grant applications/awards submitted by Health Care Agency in 8/10/21 grant report and other actions as recommended; adopt resolution approving standard agreement MI-2122-22 with California Department of Aging for Older American Act Programs, 9/1/21 - 8/31/22; and authorizing OC Community Resources Director or designee to execute agreement, amendments and related documents; adopt resolution authorizing District Attorney or designee to execute grant award agreement and amendments with California Department of Insurance for Life and Annuity Consumer Protection Program, 7/1/21 - 6/30/22 (\$78,000); and making California Environmental Quality Act and other findings* - All Districts

33. Deleted

PUBLIC HEARING

34. Deleted

THE FOLLOWING AGENDA ITEMS HAVE HAD CHANGES TO THEIR RECOMMENDED ACTIONS SINCE RELEASE OF THE AGENDA TO THE PUBLIC:

Items: 9 and 32

S u p p l e m e n t a l I t e m (s)

S33A. **Chairman Do** - Orange County Human Relations Commission - Reappoint Jennifer Wang, Irvine, for term ending 8/23/23

REVISIONS AND SUPPLEMENTALS TO AUGUST 24, 2021 AGENDA - PAGE 1 OF 2

ORANGE COUNTY BOARD OF SUPERVISORS

A g e n d a R e v i s i o n s a n d S u p p l e m e n t a l s

Note: *This supplemental agenda is updated daily showing items that have been added, continued, deleted or modified.*

No new supplemental items will be added to the agenda following close of business on Friday.

- S33B. **Chairman Do** - Orange County HIV Planning Council - Appoint Jessica Castellon, Sacramento; Kristen Kowalczyk, Tustin; Wendy N. Lords, Aliso Viejo; Khloe Rios-Wyatt, Santa Ana; Ricardo Hernandez Velasco, Mission Viejo; to complete terms ending 12/31/22 - All Districts
- S33C. **Supervisor Wagner** - Authorize Irvine Ranch Conservancy to apply on behalf of Orange County for California Fire Safe Council County Coordinators Grant Project
- S33D. **Vice Chairman Chaffee and Supervisor Bartlett** - Approve allocation of American Rescue Plan Act funds for purchase of up to 2,200 iPads with data plans (\$2,332,000), subscription for training and online classes \$98,700 and administrative oversight of technology support for older adults \$24,100; and authorize OC Community Resources Director or designee to procure contractor for purchase
- S33E. **Supervisor Foley** - Assessment Appeals Board No. 1 - Reappoint Thomas C. Edwards, Newport Beach for term ending 9/8/24
- S33F. **OC Public Works** - Approve appointment of Jose A. Arriaga as Orange County Agricultural Commissioner and Orange County Sealer of Weights and Measures, four-year term, effective 9/24/21 – All Districts
- S33G. **Sheriff-Coroner** - Approve FY 2020-21 Federal Equitable Sharing Agreement and Certification reports for federally forfeited property or proceeds received for Sheriff-Coroner Department - All Districts
- SCS2. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION - SIGNIFICANT EXPOSURE TO LITIGATION pursuant to Government Code Section 54956.9(d)(2):
Number of Cases: Eight Cases
- SCS3. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: Delux Public Charter, LLC et al., v. County of Orange Case No. 20-cv-02344
- SCS4. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: Orange County Flood Control District v. Dale M. Tupker, individually and as Trustee of the Dale M. Tupker Living Trust of 2018 dated February 21, 2018 Riverside Superior Court Case No. CVR12100194
- SCS5. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: Nachtrieb v. County of Orange Case Number: 30-2011-00467326



RECEIVED

2021 AUG 23 PM 4: 11

CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

Memorandum

Date: August 23, 2021

To: Clerk of the Board

From: Katrina Foley, Second District Supervisor 

Re: Board Presentation Postponement for the August 24, 2021 Meeting of the Board of Supervisors

Please delete the Board Presentation honoring fire and rescue workers. Today fire and rescue workers from all of our departments in Orange County are in northern California fighting the Dixie Fire, which is now the largest wildfire in California state history. We thank all our fire departments and intend to bring this presentation back in September after they return and can attend.



Revision to ASR and/or Attachments

RECEIVED
2021 AUG 18 AM 8:48
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

Date: August 17, 2021
To: Clerk of the Board of Supervisors
CC: County Executive Office
From: Frank Kim, Chief Executive Officer 
Re: ASR Control #: 21-000672, Meeting Date: 8/24/21, Item No. # 9
Subject: Approve the Department of Toxic Substances Control Standard Voluntary Agreement

Digitally signed by Frank Kim
DN: cn=Frank Kim, o=County
of Orange, ou=CEO,
email=frankkim@ocgov.com,
c=US
Date: 2021.08.18 08:11:48
+07'00'

Explanation:

Make revisions to the Legal Entity Taking Action, Recommended Actions, Background Information Section, Financial Impact Section and Attachment B – Second Amendment to Option Agreement

Revised Recommended Action(s)

Direct the Auditor-Controller, upon notification from the Chief Real Estate Officer or designee, to issue checks for payment of a total not to exceed ~~\$1 million~~ \$150,000 for reimbursement to Washington Santa Ana Housing Partners, L.P. consistent with the Second Amendment to Option Agreement.

Make modifications to the:

Subject Background Information Summary Financial Impact

Background Information:

Therefore, the Developer has requested that the County and City of Santa Ana provide assurance that the County and City of Santa Ana will “backstop” its remediation efforts if it accepts the FCAA credits and is unable thereafter to secure outside funding for the environmental remediation. The TSI+ program mentioned above will only fund the environmental assessment phase of the environmental work and not the cleanup phase, which can be much more costly. As outlined above, the Developer does not presently have funding secured for the cleanup phase, but is working with DTSC on an award of funding under its ECRG program. DTSC is optimistic that the Project will be awarded funding under this program. Preliminary environmental cleanup costs are estimated to be approximately ~~\$2 million~~ \$300,000.

First and Proposed Second Amendments

On December 15, 2020, the Board approved potential financial commitments by the County in the amount of \$157,386 to backstop the Optionee on potential additional environmental costs in the amount of \$50,000 (County’s share) and for a non-refundable deposit in the amount of \$107,386 (County’s share) paid by Optionee

August 17, 2021

as part of a special, one-time federal credit award to Optionee. Payment of this backstop will not be required if Optionee successfully develops the Project.

The proposed Second Amendment to the Option Agreement (Second Amendment) as requested by the Developer will provide for an environmental remediation backstop to support Project feasibility if the Developer is unable to secure additional funding for the cost of remediation and cleanup through a separate DTSC remediation program. A copy of the proposed Second Amendment is attached hereto as Attachment B. The Second Amendment will commit the County and City of Santa Ana to pay up to ~~\$2 million~~ **\$300,000** for environmental remediation, payable equally in a 50-50 split. This commitment will only be required in the event: 1) the Developer elects to accept the FCAA credits on or before September 1, 2021; and, 2) the Developer is unable to secure the ERCG program funding or alternative financing for the environmental cleanup prior to the end of May 2022.

Additional Construction Costs and Contingent Financing

Developer's costs have increased since their initial award in July 2019. The main changes to its proforma are as follows:

- 1) Operating expenses: John Stewart Management provided an updated operating budget which includes increased material, utility, and vendor prices.
- 2) Construction costs: As part of the Developer's due diligence for updating the proforma, they solicited construction estimates from three general contractors and used the median estimate for their proforma. Consistent with other construction projects, construction costs (e.g., lumber, concrete, steel, drywall, labor, etc.) have continued to increase at a rapid pace since staff's last update due to production and supply chain issues.

The Developer's proforma assumes the backstop for the remediation funding but does not include a conditional \$1,145,188 Orange County Housing Finance Trust (OCHFT) loan. As such, the Developer has a \$2,207,846 financing gap (of which \$1,145,188 could be covered by the OCHFT contingent loan) which needs to be addressed. Due to this financing gap and the September 1, 2021 tax credit deadline, staff for the City of Santa Ana is recommending that it award up to seven project-based vouchers (PBVs) to address this financing gap, contingent upon a review of the Developer's proforma prior to closing to determine if a full award of seven PBVs is necessary. If the Developer does not need the full award of seven PBVs, the City of Santa Ana will reduce the PBVs according to the Developer's needs. Staff for the City of Santa Ana is recommending that the City provide this new commitment of \$4,305,182 and seven PBVs to the Developer for the development of the Project. The hearing on this financing is set for August 17, 2021, before the City of Santa Ana's Housing Authority.

Since the City of Santa Ana is looking to provide financing for this financing gap, the County is not required to provide any additional funding to address the projected increased constructions costs or this OCHFT contingent financing.

Financial Impact:

The Agreement requires an advance payment of \$13,958 from the County and Authority to DTSC no later than 10 days after the full execution of the Agreement. Approval of the Standard Voluntary Agreement will result in costs during FY 2021-22, in the amount of a sum not to exceed \$25,000. Any additional costs in FY 2021-22, if applicable and necessary, would be funded 100 percent from Real Estate Fund 135 which may include an additional ~~\$1 million~~ **\$150,000** County's share of 50% reimbursement to Washington Santa Ana Housing Partners, L.P. consistent with the Second Amendment to Option Agreement.

August 17, 2021

Legal Entity Taking Action:

Board of Supervisors and ~~Orange County Housing Authority~~

Revised Attachments (attach revised attachment(s) and redlined copy(s))

Attachment B – Second Amendment to Option Agreement

Attachment B – Second Amendment to Option Agreement (redline)

**SECOND AMENDMENT
TO
OPTION AGREEMENT**

THIS SECOND AMENDMENT TO OPTION AGREEMENT (“**Second Amendment**”) is made August ___, 2021, (“**Effective Date**”) by and between the COUNTY OF ORANGE, a political subdivision of the State of California, the HOUSING AUTHORITY OF THE CITY OF SANTA ANA, a public body, corporate and politic, (respectively, the “**County**” and the “**Agency**,” and collectively “**Optionor**”) and WASHINGTON SANTA ANA HOUSING PARTNERS, L.P., a California limited partnership (hereinafter called “**Optionee**”). Optionor and Optionee may sometimes hereinafter individually be referred to as “**Party**” or jointly as “**Parties**.”

Recitals

- A. Optionor and Optionee are parties to that certain Option Agreement dated February 25, 2020 (“**Option Agreement**”), as amended by the First Amendment dated December 15, 2020, wherein the Optionor granted Optionee an option to ground lease the Premises, consisting of the Agency Property and the County Property, as defined in the Option Agreement.
- B. This Second Amendment is intended to and does amend the Option Agreement and the First Amendment.
- C. Optionee is actively pursuing its due diligence to assess the feasibility of constructing an affordable housing project on the Premises known as Crossroads at Washington (“**Project**”). The Agency and County have made certain commitments to fund and support the Project.
- D. Optionor and Optionee are cooperatively engaged in the ongoing environmental assessment of the Premises to determine the nature and extent of contamination located on the Premises and steps necessary to mitigate or remediate such contamination. Environmental oversight for the Project and possible clean-up of the Property is currently being provided by the California Department of Toxic Substances (“**DTSC**”).
- E. Optionee has applied for financing for the proposed Project and has received and accepted a reservation of Further Consolidated Appropriations Act 2020 federal credits (“**FCAA Credits**”) from the California Tax Credit Allocation Committee for the Project. The deadline to return these accepted FCAA Credits is September 1, 2021. In accepting these FCAA Credits, Optionee has committed to complete the Project by December 31, 2023. The failure of Optionee to complete the Project by December 31, 2023 or to return the FCAA Credits prior to September 1, 2021 will result in the assessment of negative points that could adversely impact Optionee’s ability to pursue future affordable development.

- F. The Project is nearing completion of the environmental assessment phase of work under DTSC's oversight, with environmental cleanup activity to commence upon DTSC's approval of a cleanup plan for the Project. DTSC previously approved the Project to be included in its Targeted Site Investigation Plus ("TSI+") grant program to cover the environmental assessment phase. However, the TSI+ program does not cover environmental remediation costs.
- G. DTSC is currently working on the Equitable Community Revitalization Grants ("ECRG") program, which will provide environmental cleanup cost grant funding, and anticipates release of its notice of availability of funding sometime in September 2021. Optionee plans to apply for ECRG funding but it is anticipated that participation in this program may not result in funding awards until at least January 2022.
- H. Optionee would like assurances from Optionor that Optionor will continue to support and fund the environmental cleanup phase of work in the event that Optionee is unable to obtain the ECRG funding set forth above.
- I. Optionor and Optionee desire to amend the Option Agreement to provide for the funding of a portion of the environmental assessment and cleanup costs incurred in the investigation and cleanup of the Premises in the event that ECRG funding is not received, on the terms and conditions set forth below.
- J. Environmental cleanup costs are currently estimated to be \$300,000.00.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and in the Option Agreement, and other good and valuable consideration the receipt of which is hereby acknowledged, the Parties agree to amend the Option Agreement by including the following additional terms and conditions as follows:

- 1. All terms not specifically defined herein shall have the meaning set forth in the Option Agreement.
- 2. Funding of Environmental Cleanup. The County and Agency hereby agree to fund the environmental cleanup of the Project in an amount not to exceed \$300,000.00, with the County and Agency each responsible for funding one-half of this amount, if each of the following conditions are met:
 - (a) On or before September 1, 2021, Optionee elects not to return the FCAA Credits from the California Tax Credit Allocation Committee and to commence the environmental cleanup of the Premises; and
 - (b) Optionee is unable to obtain the ECRG funding set forth above after award of the ECRG funding, but in no case later than the end of February 2022, which date may be modified in writing by the County (through the Chief Real Estate Officer), Agency (through the Executive Director of the

Housing Authority), and Optionee; and Optionee is unable to obtain any other applicable funding for the environmental cleanup of the Project by the end of February 2022.

- Optionee shall provide written notice to the Agency and County of the occurrence of the conditions in (a) and (b) above with appropriate supporting documentation.
3. Funding of Environmental Cleanup Costs. Provided the conditions set forth in Section 2 above occurs, Optionor agrees to reimburse Optionee for actual environmental cleanup costs in an amount not to exceed \$300,000, and which amount shall be paid equally (i.e., 50/50) by County and Agency on a monthly rolling basis upon submission of environmental cleanup cost draw requests submitted by Optionee to the Optionor. Prior to the payment of such costs by Optionor, Optionee shall provide Optionor any and all necessary invoices, records or reports generated as a part of the environmental cleanup effort and to properly substantiate costs associated with each environmental cleanup draw request. The Agency and County shall make their respective reimbursements to Optionee within forty-five (45) days following receipt of written notice that the condition set forth in Section 2 has occurred and after County and Agency's receipt of each environmental cleanup draw request and documentation set forth above to the satisfaction of the County and Agency in their reasonable discretion.
 4. Optionee Right to Enter Premises for Environmental Cleanup. In addition to Optionee's right to enter the Premises as set forth in Section 8 of the Option Agreement, Optionee and its Consultants (as defined in the Option Agreement) shall have the right to enter the Premises for the purposes of this Second Amendment, including but not limited to performing environmental cleanup and other services related thereto.
 5. Construction Contract Documents. Notwithstanding anything to the contrary contained in Section 5(D.) of the Option Agreement, Optionee shall submit to the Optionor the Construction Contract Documents and cost estimates for development of the Premises no later than eight (8) months from the date on which Optionee elects not to return the FCAA Credits (May 1, 2022).
 6. Cleanup Plan. Section 5.G. is hereby added to the Option Agreement as follows:
 "G. Cleanup Plan.
 No later than February 28, 2022, Optionee shall have delivered to Optionor a copy of the Cleanup Plan associated with the DTSC Targeted Site Investigation Plus (TSI+) Program (and approved by DTSC) for any environmental cleanup required in connection with construction of the Project."
 7. Successors and Assigns. The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators, and assigns of the Parties hereto.

8. Authority. The Parties to this Amendment represent and warrant that it has been duly authorized and, once executed, will constitute the legally binding obligation of their respective organization or entity, enforceable in accordance with its terms.
9. Ratification. Except as specifically set forth in this Amendment, all terms and provisions of the Option Agreement shall be and remain in full force and effect. To the extent there are conflicts between the Option Agreement and this Second Amendment, this Second Amendment shall control. The Option Agreement, as amended by the First Amendment and this Second Amendment, is in full force and effect.
10. Counterparts. This Amendment may be executed in multiple counterparts, each of which, when taken together shall constitute fully executed originals.

[document continues on following page]

IN WITNESS WHEREOF, the Parties have executed this Second Amendment on the day and year first above written.

OPTIONEE:

WASHINGTON SANTA ANA HOUSING, L.P.,
a California limited partnership,

By: Related/Washington Santa Ana
Development Co., LLC, a California
limited liability company,
its Administrative General Partner

By: _____
Frank Cardone, President

By: Supportive Housing LLC, a California
limited liability company, its Managing
General Partner

By: A Community of Friends, a
California nonprofit public benefit
corporation, its sole
member/manager

By: _____
Dora Leong Gallo
President and CEO

[signatures continue on following page]

APPROVED AS TO FORM:
COUNTY COUNSEL
County of Orange, California

By: _____
Deputy

Date: August 17, 2021

OPTIONOR

COUNTY OF ORANGE,
a political subdivision of the State of California

Thomas Miller, Chief Real Estate Officer
County of Orange, California

APPROVED AS TO FORM:
SONIA CARVALHO
AUTHORITY GENERAL COUNSEL

By: _____
Ryan O. Hodge, Assistant City Attorney

Date _____

HOUSING AUTHORITY OF THE CITY OF
SANTA ANA ACTING AS THE HOUSING
SUCCESSOR AGENCY
a public body, corporate and politic

Steven A. Mendoza, Executive Director

**SECOND AMENDMENT
TO
OPTION AGREEMENT**

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- B. This Second Amendment is intended to and does supersede amend the Option Agreement and ~~replace~~ the First Amendment.
- C. Optionee is actively pursuing its due diligence to assess the feasibility of constructing an affordable housing project on the Premises known as Crossroads at Washington (“**Project**”). The Agency and County have made certain commitments to fund and support the Project.
- D. Optionor and Optionee are cooperatively engaged in the ongoing environmental assessment of the Premises to determine the nature and extent of contamination located on the Premises and steps necessary to mitigate or remediate such contamination. Environmental oversight for the Project and possible clean-up of the Property is currently being provided by the California Department of Toxic Substances (“**DTSC**”).
- E. Optionee has applied for financing for the proposed Project and has received and accepted a reservation of Further Consolidated Appropriations Act 2020 federal credits (“**FCAA Credits**”) from the California Tax Credit Allocation Committee for the Project. The deadline to ~~accept~~return these accepted FCAA Credits is September 1, 2021. ~~Acceptance of In accepting~~ these FCAA Credits ~~by~~, Optionee ~~will commit it has committed~~ to complete the Project by December 31, 2023, ~~to meet federal and state requirement in order. The failure of Optionee to complete the Project by December 31, 2023 or to avoid~~return the FCAA Credits prior to September 1, 2021 will result in the assessment of negative points that could adversely impact Optionee’s ability to pursue

future affordable development.

- F. The Project is nearing completion of the environmental assessment phase of work under DTSC's oversight, with environmental cleanup activity to commence upon DTSC's approval of a cleanup plan for the Project. DTSC previously approved the Project to be included in its Targeted Site Investigation Plus ("**TSI+**") grant program to cover the environmental assessment phase. However, the TSI+ program does not cover environmental ~~assessment~~remediation costs.
- G. DTSC is currently working on the Equitable Community Revitalization Grants ("**ECRG**") program, which will provide environmental cleanup cost grant funding, and anticipates release of its notice of availability of funding sometime in September 2021. Optionee plans to apply for ECRG funding but it is anticipated that participation in this program may not result in funding awards until at least January 2022.
- H. Optionee would like assurances from Optionor that Optionor will continue to support and fund the environmental cleanup phase of work in the event that Optionee is unable to obtain the ECRG funding set forth above.
- I. Optionor and Optionee desire to amend the Option Agreement to provide for the funding of a portion of the environmental assessment and cleanup costs incurred in the investigation and cleanup of the Premises in the event that ECRG funding is not received, on the terms and conditions set forth below.
- J. Environmental cleanup costs are currently estimated to be ~~\$2,000~~300,000.00.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and in the Option Agreement, and other good and valuable consideration the receipt of which is hereby acknowledged, the Parties agree to amend the Option Agreement by including the following additional terms and conditions as follows:

- 1. All terms not specifically defined herein shall have the meaning set forth in the Option Agreement.
- 2. Funding of Environmental Cleanup. The County and Agency hereby agree to fund the environmental cleanup of the Project in an amount not to exceed ~~\$2,000~~300,000.00, with the County and Agency each responsible for funding one-half of this amount, if each of the following conditions are met:
 - (a) On or before September 1, 2021, Optionee ~~accepts~~selects not to return the FCAA Credits from ~~the~~ California Tax Credit Allocation Committee and to commence the environmental cleanup of the Premises; and
 - ~~(b)~~ Optionee is unable to obtain the ECRG funding set forth above after award of the ECRG funding, but in no case later than the end of May 2022; and

~~(e)~~(b) February 2022, which date may be modified in writing by the County (through the Chief Real Estate Officer), Agency (through the Executive Director of the Housing Authority), and Optionee; and Optionee is unable to obtain any other applicable funding for the environmental cleanup of the Project by the end of ~~May~~February 2022.

Optionee shall provide written notice to the Agency and County of the occurrence of the conditions in (a) and (b) above with appropriate supporting documentation.

3. Funding of Environmental Cleanup Costs. Provided the conditions set forth in Section 2 above occurs, Optionor agrees to reimburse Optionee for actual environmental cleanup costs in an amount not to exceed ~~\$2,000~~300,000, and which amount shall be paid equally (i.e., 50/50) by County and Agency on a monthly rolling basis upon submission of environmental cleanup cost draw requests submitted by Optionee to the Optionor. Prior to the payment of such costs by Optionor, Optionee shall provide Optionor any and all necessary invoices, records or reports generated as a part of the environmental cleanup effort and to properly substantiate costs associated with each environmental cleanup draw request. The Agency and County shall make their respective reimbursements to Optionee within ~~sixty (60)~~forty-five (45) days following receipt of written notice that the condition set forth in Section 2 has occurred and after County and Agency's receipt of each environmental cleanup draw request and documentation set forth above to the satisfaction of the County and Agency in their reasonable discretion.
4. Optionee Right to Enter Premises for Environmental Cleanup. In addition to Optionee's right to enter the Premises as set forth in Section 8 of the Option Agreement, Optionee and its Consultants (as defined in the Option Agreement) shall have the right to enter the Premises for the purposes of this Second Amendment, including but not limited to performing environmental cleanup and other services related thereto.
5. Construction Contract Documents. Notwithstanding anything to the contrary contained in Section 5(D.) of the Option Agreement, Optionee shall submit to the Optionor the Construction Contract Documents and cost estimates for development of the Premises no later than eight (8) months from the date on which Optionee elects not to return the FCAA Credits (May 1, 2022).

6. Cleanup Plan. Section 5.G. is hereby added to the Option Agreement as follows:

"G. Cleanup Plan.

No later than February 28, 2022, Optionee shall have delivered to Optionor a copy of the Cleanup Plan associated with the DTSC Targeted Site Investigation Plus (TSI+) Program (and approved by DTSC) for any environmental cleanup required in connection with construction of the Project."

4.7.Successors and Assigns. The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators, and assigns of the Parties hereto.

5.8.Authority. The Parties to this Amendment represent and warrant that it has been duly authorized and, once executed, will constitute the legally binding obligation of their respective organization or entity, enforceable in accordance with its terms.

6.9.Ratification. Except as specifically set forth in this Amendment, all terms and provisions of the Option Agreement shall be and remain in full force and effect. To the extent there are conflicts between the Option Agreement and this Second Amendment, this Second Amendment shall control. The Option Agreement, as amended by the First Amendment and this Second Amendment, is in full force and effect.

7.10. Counterparts. This Amendment may be executed in multiple counterparts, each of which, when taken together shall constitute fully executed originals.

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[document continues on following page]

IN WITNESS WHEREOF, the Parties have executed this Second Amendment on the day and year first above written.

OPTIONEE:

WASHINGTON SANTA ANA HOUSING, L.P.,
a California limited partnership,

By: Related/Washington Santa Ana
Development Co., LLC, a California
limited liability company,
its Administrative General Partner

By: _____
Frank Cardone, President

By: Supportive Housing LLC, a California
limited liability company, its Managing
General Partner

By: A Community of Friends, a
California nonprofit public benefit
corporation, its sole _____
member/manager

By: _____
Dora Leong Gallo
President and CEO

[signatures continue on following page]

APPROVED AS TO FORM:
COUNTY COUNSEL
County of Orange, California

By: _____
Deputy

Date: _____

APPROVED AS TO FORM:
SONIA CARVALHO
AUTHORITY GENERAL COUNSEL

By: _____
Ryan O. Hodge, Assistant City Attorney

Date _____

OPTIONOR

COUNTY OF ORANGE,
a political subdivision of the State of California

Thomas Miller, Chief Real Estate Officer
County of Orange, California

HOUSING AUTHORITY OF THE CITY OF
SANTA ANA ACTING AS THE HOUSING
SUCCESSOR AGENCY
a public body, corporate and politic

Steven A. Mendoza, Executive Director



Continuation or Deletion Request

CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

2021 AUG 20 PM 4: 57

RECEIVED

Date: 8/20/2021
To: Clerk of the Board of Supervisors
From: Frank Kim, County Executive Officer 
Re: ASR Control #: 21-000590, Meeting Date 8/24/21 Agenda Item No. # 31
Subject: "\$28 Billion for a \$2.8 Billion Road" Grand Jury Response

Request to continue Agenda Item No. # 31 to the 09/14/2021 Board Meeting.

Comments: The County Executive Office would like to continue this item to do additional research.

Request deletion of Agenda Item No. # _____

Comments:



AGENDA STAFF REPORT

Agenda Item

32

ASR Control 21-000071

MEETING DATE: 08/24/21
LEGAL ENTITY TAKING ACTION: Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S): All Districts
SUBMITTING AGENCY/DEPARTMENT: County Executive Office (Approved)
DEPARTMENT CONTACT PERSON(S): Peter DeMarco (714) 834-5777
 Brandy Miller (714) 834-3141

SUBJECT: Grant Applications/Awards Report

CEO CONCUR Concur	COUNTY COUNSEL REVIEW Approved Resolution to Form	CLERK OF THE BOARD Discussion 3 Votes Board Majority
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Budgeted: N/A **Current Year Cost:** N/A **Annual Cost:** N/A
Staffing Impact: No **# of Positions:** **Sole Source:** N/A
Current Fiscal Year Revenue: N/A
Funding Source: N/A **County Audit in last 3 years:** No

Prior Board Action: N/A

RECOMMENDED ACTION(S):

Approve grant applications/awards as proposed and other actions as recommended.

1. Approve Retroactive Grant Application – Health Care Agency – Substance Abuse Prevention and Treatment Block Grant (SABG) & Mental Health Block Grant (MHBG) – \$16,226,172.
2. Approve Grant Award and Adopt Resolution – OC Community Resources – Medicare Improvements for Patients and Providers Act (MIPPA) – \$282,432.
3. Approve Grant Award and Adopt Resolution – District Attorney's Office – Life and Annuity Consumer Protection Program – \$78,000.
4. Receive and File Grants Report.

SUMMARY:

See the attached Grants Report.

BACKGROUND INFORMATION:

See the attached Grants Report.

FINANCIAL IMPACT:

N/A

STAFFING IMPACT:

N/A

ATTACHMENT(S):

Attachment A - Grants Report

Attachment B - OCCR MIPPA Resolution

Attachment B - DA-Life and Annuity Consumer Protection Program Resolution



Grants Report

DRAFT

County Executive Office/Legislative Affairs

August 24, 2021
Item No: 32

County of Orange Report on Grant Applications/Awards

The Grants Report is a condensed list of grant requests by County Agencies/Departments that allows the Board of Supervisors to discuss and approve grant submittals in one motion at a Board meeting. County policy dictates that the Board of Supervisors must approve all grant applications prior to submittal to the grantor. This applies to grants of all amounts, as well as to new grants and those that have been received by the County for many years as part of an ongoing grant. Receipt of grants \$50,000 or less is delegated to the County Executive Officer. Grant awards greater than \$50,000 must be presented to the Board of Supervisors for receipt of funds. This report allows for better tracking of county grant requests, the success rate of our grants, and monitoring of County's grants activities. It also serves to inform Orange County's Sacramento and Washington, D.C. advocates of County grant activities involving the State or Federal Governments.

On August 24, 2021, the Board of Supervisors will consider the following actions:

RECOMMENDED ACTIONS

Approve grant applications/awards as proposed and other actions as recommended.

ACTION ITEMS:

1. Approve Retroactive Grant Application – Health Care Agency – Substance Abuse Prevention and Treatment Block Grant (SABG) & Mental Health Block Grant (MHBG) – \$16,226,172
2. Approve Grant Award and Adopt Resolution – OC Community Resources – Medicare Improvements for Patients and Providers Act (MIPPA) – \$282,432
3. Approve Grant Award and Adopt Resolution – District Attorney's Office – Life and Annuity Consumer Protection Program – \$78,000
4. Receive and File Grants Report.

If you or your staff have any questions or require additional information on any of the items in this report, please contact Brandy Miller at 714-834-3141



CLAYTON CHAU, MD PhD
DIRECTOR/COUNTY HEALTH OFFICER

JENNA SARIN, MSN, RN, PHN
INTERIM ASSISTANT AGENCY DIRECTOR

405 W. 5th STREET, 7th FLOOR
SANTA ANA, CA 92701

www.ochalthinfo.com

OFFICE OF THE DIRECTOR

DATE: August 17, 2021

TO: Frank Kim
County Executive Officer

FROM: Clayton Chau, MD Ph.D., Agency Director/County Health Officer

SUBJECT: Retroactive Request to Apply for the Substance Abuse Prevention and Treatment Block Grant & Mental Health Block Grant

Frank Kim
Digitally signed by Frank Kim
DN: cn=Frank Kim, o=County of Orange, ou=CEO,
email=frankkim@ocgov.com, c=US
Date: 2021.08.18 09:26:43 -0700

This memo is being submitted to request that the County Executive Officer place the subject grant application on the August 24, 2021, Board of Supervisors Meeting Agenda. Due to the COVID-19 pandemic response taking priority, the Health Care Agency requests retroactive approval for this Substance Abuse Prevention and Treatment Block Grant & Mental Health Block Grant opportunity.

This supplemental grant will be used to expand current Substance Use Disorder and Mental Health related Services. These services include, but are not limited to, the expansion of primary prevention media campaigns and evidence-based trainings, developing a perinatal recovery residence program, expanding room and board coverage for drug Medi-Cal residential services, expanding institution for mental disease care beds, and funding a family residential treatment program to serve the adolescent and youth population. The total Substance Abuse Prevention and Treatment Block Grant & Mental Health Block Grant amount is for \$16,226,172.

HCA plans to return to the Board with a request to accept funding if the grant application is awarded.

If you have any questions about the grant, please contact Jeff Nagel, Behavioral Health Director at (714) 834-7024.

Thank you for your consideration,

Clayton Chau, MD, PhD
Agency Director/County Health Officer



**CEO-Legislative Affairs Office
Grant Authorization eForm**

for mental disease care beds, and funding a family residential treatment program to serve the adolescent and youth population.

The Health Care Agency will return to the Board for approval to accept the supplemental grant funds.

Board Resolution Required?

(Please attach document to eForm)

Yes

No

Deputy County Counsel Name:

(Please list the Deputy County Counsel that approved the Resolution)

Recommended Action/Special Instructions

(Please specify below)

1. Authorize HCA Director, or designee, to apply and receive funds for supplemental Substance Abuse Prevention and Treatment Block Grant and Mental Health Block Grant funds.
2. Authorize HCA Director, or designee, to sign and execute the Grant Application Enclosure X with the Department Health Care Services, and any amendments thereof.

Department Contact :

List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.

Jeff Nagel, BHS Director
714-834-7024 / JNagel@ochca.com

Name of the individual attending the Board Meeting:

List the name of the individual who will be attending the Board Meeting for this Grant Item:

Jeff Nagel, BHS Director
714-834-7024 / JNagel@ochca.com



**CEO-Legislative Affairs Office
Grant Authorization eForm**

GRANT APPLICATION / GRANT AWARD

Today's Date:	August 9, 2021
Requesting Agency/Department:	OC Community Resources/OC Community Services
Grant Name and Project Title:	Medicare Improvements for Patients and Providers Act (MIPPA)
Sponsoring Organization/Grant Source: <small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small>	California Department of Aging
Application Amount Requested:	\$282,432
Application Due Date:	August 23, 2020
Board Date when Board Approved this Application:	May 11, 2021
Awarded Funding Amount:	\$282,432
Notification Date of Funding Award:	July 30, 2021
Is this an Authorized Retroactive Grant Application/Award? No <small>(If yes, attach memo to CEO)</small>	
Recurrence of Grant	New <input type="checkbox"/> Recurrent <input checked="" type="checkbox"/> Other <input type="checkbox"/> Explain:
If this is a recurring grant, please list the funding amount applied for and awarded in the past:	PY 2020-21: \$169,406 PY 2019-20: \$282,105 PY 2018-19: \$123,712 PY 2017-18: \$136,639 PY 2016-17: \$118,046
Does this grant require CEQA findings?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What Type of Grant is this?	Competitive <input type="checkbox"/> Other Type <input checked="" type="checkbox"/> Explain: MIPPA funds are allocated to the California Department of Aging (CDA) as a Formula Grant. Through a formula allocation, CDA allocates MIPPA funds to the County.
County Match?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
How will the County Match be Fulfilled? <small>(Please include the specific budget)</small>	N/A
Will the grant/program create new part or full-time positions?	No
Purpose of Grant Funds:	Provide a summary and brief background of why Board of Supervisors why should accept this grant application/award, and how the grant will be implemented.
Medicare Improvement for Patients and Providers Act (MIPPA) funds are used to support the Health Insurance Counseling & Advocacy Program (HICAP), which provides free, confidential counseling and community education about Medicare, private health insurance, and related health care coverage plans for Medicare beneficiaries, their representatives, and people who will soon be eligible for Medicare. The MIPPA funds are used to support HICAP by expanding Medicare beneficiary enrollment in the Prescription Drug Low-Income Subsidy Program, the Medicare Savings Program, and Medicare Part D and support outreach aimed at promoting wellness benefits and preventative services.	
Board Resolution Required? <small>(Please attach document to eForm)</small>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Deputy County Counsel Name: <small>(Please list the Deputy County Counsel that approved the Resolution)</small>	John Cleveland



Recommended Action/Special Instructions (Please specify below)	
<ol style="list-style-type: none"> 1. Adopt the resolution as approved by County Counsel to receive \$282,432 in funds from the California Department of Aging for the Medicare Improvements for Patients and Providers Act. 2. Approve the State Standard Agreement MI-2122-22 with the California Department of Aging in the amount of \$282,432 for the period of September 1, 2021 – August 31, 2022, Contractor Certification Clauses, Information Integrity and Security Statement, and California Civil Rights Laws Certification. 3. Authorize the OC Community Resources Director or designee to execute the State Standard Agreement MI-2122-22, Contractor Certification of Clauses, Information Integrity and Security Statement, and California Civil Rights Laws Certification. 4. Authorize the OC Community Resources Director or designee to execute future amendments to the State Standard Agreement MI-2122-22 to exercise a contingency cost increase in an amount not to exceed ten percent of the Agreement MI-2122-22 amount with no material changes to the terms and conditions of the State Standard Agreement MI-2122-22. 	
Department Contact:	List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.
Dylan Wright (714) 480-2788 / Dylan.Wright@occr.ocgov.com Renee Ramirez (714) 480-6483 / Renee.Ramirez@occr.ocgov.com	
Name of the individual attending the Board Meeting:	List the name of the individual who will be attending the Board Meeting for this Grant Item:
Dylan Wright	

RESOLUTION OF THE BOARD OF SUPERVISORS OF
ORANGE COUNTY, CALIFORNIA
August 24, 2021

WHEREAS, OC Community Resources Office on Aging has received State Standard Agreement MI-2122-22 in the amount of \$282,432 from the California Department of Aging containing funding allocations for Older Americans Act Programs; and

WHEREAS, the County of Orange assures that it will abide by the terms and conditions of Agreement MI-2122-22; and

WHEREAS this Board agrees with the terms of the State Standard Agreement and the allocation of funds contained therein.

NOW, THEREFORE, BE IT RESOLVED that this Board does hereby:

1. Approve State Standard Agreement MI-2122-22, Contractor Certification Clauses, Information Integrity and Security Statement, and California Civil Rights Laws Certification with the California Department of Aging in the amount of \$282,432 for the term September 1, 2021 through August 31, 2022.
2. Authorize the OC Community Resources Director or designee to execute State Standard Agreement MI-2122-22, Contractor Certification Clauses, Information Integrity and Security Statement, and California Civil Rights Laws Certification.
3. Authorize the OC Community Resources Director or designee to execute future Amendments to the State Standard Agreement MI-2122-22 to exercise a contingency cost increase in an amount not to exceed ten percent of the Agreement MI-2122-22 amount with no material changes to the terms and conditions of the State Standard Agreement MI-2122-22.

Approved By: _____

Chairman of the Board of Supervisors
County of Orange, California



**CEO-Legislative Affairs Office
Grant Authorization eForm**

GRANT APPLICATION / GRANT AWARD

Today's Date:	August 13, 2021
Requesting Agency/Department:	District Attorney
Grant Name and Project Title:	Life and Annuity Consumer Protection Program
Sponsoring Organization/Grant Source: <small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small>	California Department of Insurance (CDI)
Application Amount Requested:	\$96,690
Application Due Date:	May 7, 2021
Board Date when Board Approved this Application:	February 23, 2021
Awarded Funding Amount:	\$78,000
Notification Date of Funding Award:	July 23, 2021
Is this an Authorized Retroactive Grant Application/Award? No <small>(If yes, attach memo to CEO)</small>	
Recurrence of Grant	New <input type="checkbox"/> Recurrent <input checked="" type="checkbox"/> Other <input type="checkbox"/> Explain:
If this is a recurring grant, please list the funding amount applied for and awarded in the past:	\$96,690 was applied for, \$60,000 was awarded for FY 2020-21.
Does this grant require CEQA findings?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What Type of Grant is this?	Competitive <input checked="" type="checkbox"/> Other Type <input type="checkbox"/> Explain:
County Match?	Yes <input type="checkbox"/> Amount ____ or ____ % No <input checked="" type="checkbox"/>
How will the County Match be Fulfilled? <small>(Please include the specific budget)</small>	N/A
Will the grant/program create new part or full-time positions?	No new position is required.
Purpose of Grant Funds:	Provide a summary and brief background of why Board of Supervisors should accept this grant application/award, and how the grant will be implemented.
This grant award is made pursuant to the provisions of California Insurance Code Section 10127.17, and shall be used solely for the purposes of enhanced investigation and prosecution of life insurance and annuity financial abuse by insurance licensees, or any person purporting to be engaged in the business of insurance. This grant will provide continued funding for the vertical prosecution unit consisting of prosecutorial, investigative, and support staff to investigate and prosecute life insurance and annuity fraud cases.	
Board Resolution Required? <small>(Please attach document to eForm)</small>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Deputy County Counsel Name: <small>(Please list the Deputy County Counsel that approved the Resolution)</small>	James Harman, Deputy County Counsel
Recommended Action/Special Instructions <small>(Please specify below)</small>	
1. Authorize the District Attorney or his designee, to sign and execute, on behalf of the County of Orange, the Grant Agreement with the CDI accepting the grant award of \$78,000 for the Life and Annuity Consumer Protection Program for fiscal year 2021-22.	



CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

2. Authorize the District Attorney, or his designee, to execute, on behalf of the County of Orange, any extensions or amendments that reflect the actual grant award but do not materially alter the terms of the grant award.
3. Adopt the Resolution to receive funds for the Life and Annuity Consumer Protection Program.

The District Attorney has received funding to participate in the State Life and Annuity Consumer Protection Program for the past thirteen years. Fiscal year 2021-22 will mark as the District Attorney Office's 14th year of participation in the Program.

CDI requires the District Attorney to submit a Board Resolution. County Counsel has reviewed and approved the attached sample Board Resolution.

Department Contact :

List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.

Glenn Robison (714) 347-8778 glenn.robison@da.ocgov.com

Name of the individual attending the Board Meeting:

List the name of the individual who will be attending the Board Meeting for this Grant Item:

Glenn Robison

RESOLUTION OF THE BOARD OF SUPERVISORS OF
ORANGE COUNTY, CALIFORNIA

August 24, 2021

WHEREAS, the County of Orange desires to undertake its project designated “The Life and Annuity Consumer Protection Program” to be funded in part from funds made available through the California Insurance Code Section 10127.17 and administered by the California Department of Insurance (hereafter referred to as CDI).

NOW, THEREFORE, BE IT RESOLVED that this Board does hereby:

1. Find that the proposed project is exempt from CEQA pursuant to 14 C.C.R. 15061(b)(3) because it does not impose a significant effect on the environment.
2. Find that pursuant to Section 711.4 of the California Fish and Game Code, the proposed project is exempt from the required fees as it has been determined that no adverse impacts to wildlife resources will result from the project.
3. Authorize the District Attorney, or his designee, to sign and execute, on behalf of the County of Orange, a Grant Award Agreement with CDI for the Life and Annuity Consumer Protection Program, effective from July 1, 2021 through June 30, 2022, in the amount not to exceed \$78,000.
4. Authorize the District Attorney, or his designee, to execute, on behalf of the County of Orange, any extensions or amendments that reflect the actual grant award amount but do not materially alter the terms of the grant award.
5. Assure that the County of Orange assumes any liability arising out of the County’s performance of this Grant Award Agreement, including civil court actions for damages. The State of California and the California Department of Insurance disclaim responsibility for any such liability.
6. Assure that the County of Orange will not use grant funds to supplant expenditures controlled by the Board of Supervisors.



Continuation or Deletion Request

2021 AUG 23 PM 4:11
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS
RECEIVED

Date: 8/23/21
To: Clerk of the Board of Supervisors
From: Katrina Foley, Second District Supervisor
Re: ASR Control #: N/A, Meeting Date 8/24/21 Agenda Item No. # 33
Subject: **Approve allocation of up to \$25 million to waive all permit fees issued by Environmental Health Services to small businesses impacted by COVID-19**

Request to continue Agenda Item No. # _____ to the _____ Board Meeting.

Comments:

Request deletion of Agenda Item No. # 33

Comments: Please delete this item to allow for our Board office to complete additional research in response to recent concerns brought up by our Environmental Health Services Department. My office intends to return with a new item in September.



Continuation or Deletion Request

Date: August 18, 2021
To: Clerk of the Board of Supervisors *Brian Wayt*
From: Executive Director Brian Wayt, Sheriff-Coroner Department
Re: ASR Control #: 21-000639, Meeting Date 8/24/21 Agenda Item No. # 34
Subject: Ordinance to Increase Fee for Coroner Body Removal

Request to continue Agenda Item No. # _____ to the _____ Board Meeting.

Comments:

Request deletion of Agenda Item No. # 34

Comments: Request to delete this item from the August 24, 2021 Board Agenda.

cc: Director Noma M. Crook, Sheriff-Coroner Department
Administrative Manager Christian Abueg, Sheriff-Coroner Department



RECEIVED
2021 AUG 12 AM 11:19
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

MEMORANDUM

To: Robin Stieler, Clerk of the Board
From: Chairman Andrew Do, Supervisor, 1st District
Date: 08/12/21

Andrew Do for A.D.

RE: Add Supplemental Item to 8/24/21 Board Meeting Agenda –Re-Appoint Jennifer Wang, OC Human Relations Commission

S33A

Please place a supplemental item on the 8/24/21 Board of Supervisors agenda to re-appoint Jennifer Wang to a regular member seat on the OC Human Relations Commission, for term 8/24/21-8/23/23.

cc: Chris Wangsaporn, Chief of Staff, BOS-1
Valerie Sanchez, Chief Deputy Clerk, COB



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [X] First [] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Form fields for applicant name and residence address: Jennifer (First Name), Sung Ju (Middle Name), Wang (Last Name), Irvine (City), CA (State), Street Address, Zip Code, Home Phone Number, Cell Phone Number, Email Address.

CURRENT EMPLOYER: ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER, INC (AASCSC)

OCCUPATION/JOB TITLE: CHIEF OPERATING OFFICER

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
ORANGE COUNTY CHINESE CULTURAL CLUB	2012	PRESENT
TECO COMMUNITY AFFAIRS ADVISORY COMMITTEE	2017	PRESENT

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

* I live in District 3 and work in District 1.

DATE: August 10, 2021

APPLICANTS SIGNATURE: _____



CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	

JENNIFER S. WANG

SELECT EXPERIENCE:

Chief Operating Officer

2012- Present

Asian American Senior Citizens Service Center, Inc, Santa Ana, California

Recruited by the Board of Directors for community development expertise and ability to develop creative and innovative strategies and projects to meet established goals and objectives, overall strategies, and major activities in the field of economic and social development.

- Providence St. Joseph Hospital - Board of Trustees Community Benefit Committee
- CARE Community Advisory Board Collaborative Approach for AAPI Research & Education
- UCLA RIGHTS Study Community Advisory Board
- UCI MIND Chinese & Asian American Advisory Board
- OCTA Diverse Community Leader Advisory Committee
- TECO North America Regional Young Professionals, President (in 2016)

Partnership Specialist

2009 - 2010

U.S. Department of Commerce, Los Angeles, California

Recruited by the U.S. Census Bureau for the ability to develop relationships and productive partnership agreements with leaders and organizations in the Chinese and the Asian Pacific American community. Recognized for the ability to rapidly identify problems, formulate strategic plans, initiate change and implemented new processes in challenging and diverse environment.

Community Economic Development Researcher

2000 - 2005

Thai Community Development Center, Los Angeles, California.

At Thai CDC, assessed the communities' vision of development and coordinating workshops to educate the community on the planning process and the concept of responsible "community economic development". Authored reports identifying areas of research and program direction.

SELECT COMMUNITY INVOLVEMENT:

- Chapman University Attallah College Advisory Board, since 2021
- Heritage Museum of Orange County Board, since 2021
- Orange County Human Relations Commission, since 2019
- TECO Community Affairs Advisory Commission, since 2017
- Orange County Chinese Cultural Club, Co-President, 2018-2021

SELECT EDUCATION:

University of California, Los Angeles, School of Public Policy and Social Research

Master of Arts in Urban Planning

- Specialization in Social Planning and Analysis.

University of California, Los Angeles, School of Letters and Science

Bachelor of Arts in Asian American Studies, Minor in Public Policy

- Interdisciplinary degree with focused training in research, statistical analysis, demographics, economic and community development.



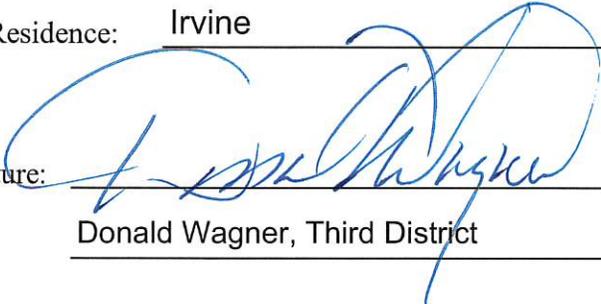
Written Concurrence for Out-of-District Appointment to
Board, Commission, or Committee

Supervisor Proposing Appointment: Andrew Do, First District Date: 08/12/21

Board, Commission, or Committee: OC Human Relations Commission

Proposed Appointee's Name: Jennifer Wang

Proposed Appointee's City of Residence: Irvine

Concurring Supervisor's Signature: 

Concurring Supervisor: Donald Wagner, Third District

RECEIVED
2021 AUG 12 PM 3:10
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS



MEMORANDUM

To: Robin Stieler, Clerk of the Board
From: Chairman Andrew Do, Supervisor, 1st District
Date: 08/16/21

Signature for A.D.

**RE: Add Supplemental Item to 8/24/21 Board Meeting Agenda – At Large
Appointments to the OC HIV Planning Council**

S33B

Please place a supplemental item on the 8/24/21 Board of Supervisors agenda to appoint the following at large appointments to the Orange County HIV Planning Council for a two-year term effective 08/24/21 – 12/31/22:

1. Jessica Castellon
2. Kristen Kowalczyk
3. Wendy N. Lords
4. Khloe Rios-Wyatt
5. Ricardo Hernandez Velasco

cc: Chris Wangsaporn, Chief of Staff, BOS-1
Valerie Sanchez, Chief Deputy Clerk, COB

RECEIVED
2021 AUG 17 AM 9:49
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS



AGENDA STAFF REPORT

Agenda Item

S33B

ASR Control

CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

2021 AUG 17 AM 9:49

RECEIVED

MEETING DATE: 08/24/21
LEGAL ENTITY TAKING ACTION: Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S): All Districts
SUBMITTING AGENCY/DEPARTMENT: Chairman Andrew Do, First District
DEPARTMENT CONTACT PERSON(S): Anza Vang (714) 615-6958
 Margaret Bredehoft (714) 834-3882

SUBJECT: Orange County HIV Planning Council Appointments

CEO CONCUR
N/A

COUNTY COUNSEL REVIEW
No Legal Objection

CLERK OF THE BOARD
3 Votes Board Majority

Budgeted: N/A **Current Year Cost:** N/A **Annual Cost:** N/A

Staffing Impact: No **# of Positions:** **Sole Source:** N/A

Current Fiscal Year Revenue: N/A

Funding Source: N/A **County Audit in last 3 years:** No

Prior Board Action: 12/8/2020 #4

RECOMMENDED ACTION(S):

1. Approve the appointment of Jessica Castellon to the Orange County HIV Planning Council for the term ending December 31, 2022.
 2. Approve the appointment of Kristen Kowalczyk to the Orange County HIV Planning Council for the term ending December 31, 2022.
- Approve the appointment of Wendy Lords to the Orange County HIV Planning Council for the term ending December 31, 2022.
4. Approve the appointment of Khloe Rios-Wyatt to the Orange County HIV Planning Council for the term ending December 31, 2022.
 5. Approve the appointment of Ricardo Hernandez Velasco to the Orange County HIV Planning Council for the term ending December 31, 2022.

SUMMARY:

The approval of the appointment of five new members to the Orange County HIV Planning Council will allow the Council to meet its federally mandated responsibilities to set service category priorities and funding allocations for Ryan White Act Part A funds in Orange County.

BACKGROUND INFORMATION:

The Orange County HIV Planning Council (Council), composed of up to 27 members, is an planning body of your Honorable Board of Supervisors (Board) as required by the Ryan White Part A grant (Ryan White). The mission of the Council is to “work in partnership with affected communities, service providers, philanthropists and public health professionals, to support an accessible, culturally competent continuum of HIV prevention and care services that promotes optimal health, fosters self-sufficiency, reduces stigma and discrimination and results in a community where new HIV infections are rare.”

The Health Care Agency (HCA) receives approximately \$6 million annually in Ryan White Part A funding, over which the Council has federally mandated responsibilities that include:

1. Developing a multi-year plan and conducting an assessment of the service needs of Persons Living with HIV (PLWH) that includes: an epidemiological profile; an assessment of service needs and barriers; a resource inventory; a profile of provider capacity and capability; an estimation and assessment of unmet need (PLWH who are not in medical care) and an estimation and assessment of individuals who are HIV-positive and undiagnosed.
2. Establishing priorities for care, treatment and supportive services for PLWH and determining the allocation of Ryan White Part A funds to services prioritized within Orange County, including instructions on how best to meet each priority.
3. Assessing the ongoing efficiency of the administrative mechanism (i.e., HCA) to rapidly allocate funds to the areas of greatest need within Orange County.

The Ryan White grant includes specific requirements to assure that the Council has broad representation, including a requirement that membership be composed of at least 33 percent of members representing the unaligned (non-conflicted) consumer of HIV services. The grant also requires that the Council composition strive to reflect the local HIV epidemic with respect to gender, ethnicity, current age and one’s personal risk for HIV. Membership requirements and the application process are defined in the Council Bylaws and policies and procedures. The Council maintains year-round open recruitment for qualified candidates, which is done in various ways. Members of the Council recruit members at community events including the annual AIDS on the Frontline Conference and AIDS Walk. The HIV Planning and Coordination website also includes information for potential members interested in joining the Council. The Board may also submit recommendations for appointment to the Council. The Board approved annual appointments on December 8, 2020, this request is for mid-year appointments.

APPOINTMENT:

Jessica Castellon: Ms. Castellon is the Health Program Specialist at the California Department of Public Health, State Office of AIDS. Ms. Castellon fulfills the mandated category (I) State government (including the State Medicaid agency and the agency administering the program under part B of this

subchapter. Ms. Castellon is being recommended as a non-voting member of the Council. She is a Sacramento county resident and registered voter in that county.

Kristen Kowalczyk: Ms. Kowalczyk is a Case Manager at Shanti Orange County, a Ryan White funded agency. Ms. Kowalczyk fulfils a General Community Member category.

Wendy Lords: Ms. Lords is the Ryan White Services Manager for Radiant Health Centers. Ms. Lords fulfills the mandated category (L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services.

Khloe Rios-Wyatt: Ms. Rios-Wyatt is the CEO and President of Alianza Translatinx. Ms. Rios-Wyatt fulfills the mandated category of (C) social service providers, including providers of housing and homeless services. She is a legal resident but is ineligible to register to vote.

Ricardo Hernandez Velasco: Mr. Velasco is a Social Services Specialist for Advantage Healthcare Services. Mr. Velasco fulfils a General Community Member category.

HCA has complied with procedures, as directed by the Board, in nominating appointments for Boards, Commissions and Committees. Please see information below:

Name	Orange County Resident? (Y/N)	Registered Voter? (Y/N)	Membership Category	Term
Jessica Castellon	N (Sacramento Resident)	Y	(I) State government (including the State Medicaid agency and the agency administering the program under part B of this subchapter)	08/24/21-12/31/22
Kristen Kowalczyk	Y	Y	General Community Member	08/24/21-12/31/22
Wendy N. Lords	Y	Y	(L) grantee under other Federal HIV programs, including but not limited to providers of HIV prevention services	08/24/21-12/31/22
Khloe Rios-Wyatt	Y	N (See above)	(C) social services providers including providers of housing and homeless services	08/24/21-12/31/22
Ricardo Hernandez Velasco	Y	Y	General Community Member	08/24/21-12/31/22

With approval of these appointments, the Council still has the capacity to fill 12 additional seats including six mandated categories. The vacant mandated categories include: (A) Health Care providers, including federally qualified health centers, (E) local public health agencies, (F) hospital planning agencies or health care planning agencies, (G) affected communities, including 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 subpopulations, (I) State government (including the State Medicaid agency and the agency administering the program under part B of this subchapter, specifically a CalOptima representative) and (K) Grantees under Section 300ff-7 1 of Title 42 of the United States Code, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women and families living with HIV and operating in the area .

HCA requests the Board approve the proposed appointments to the Council, as referenced in the recommended actions.

FINANCIAL IMPACT:

N/A

STAFFING IMPACT:

N/A

ATTACHMENT(S):

- Attachment A - Jessica Castellon Nomination Form, Application and Resume
- Attachment B - Kristen Kowalczyk Nomination Form, Application and Resume
- Attachment C - Wendy Lords Nomination Form, Application and Resume
- Attachment D - Khloe Rios-Wyatt Nomination Form, Application and Resume
- Attachment E - Ricardo Hernandez Velasco Nomination Form, Application and Resume



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 8/24/21

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Jessica Castellon

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED] Fax Number: N/A

E-mail address: [REDACTED]

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

Position Slot: Category: (I) State government (including the State Medicaid agency and the agency administering the program under part B of this subchapter)

Name of incumbent being replaced or last known member: Liz Hall

Term of Office: 2 years or N/A

(Choose one) From (Date) 08/24/21 to 12/31/22

Term Concurrent with Supervisor's Term of office

Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A
 Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____
 CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy
Posted on _____ to _____

Certification of posting attached.



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

HIV Planning Council

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Jessica

Castellon

First Name

Middle Name

Last Name

[Redacted address line]

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

[Redacted email address]

Email Address

CURRENT EMPLOYER: State of California, Office of AIDS

OCCUPATION/JOB TITLE: Health Program Specialist

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Sacramento

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I would like to gain insight on OC HIV planning activities.

Provide updates to the county about the Office of AIDS.

DATE: 6/17/2021

APPLICANTS SIGNATURE: J. Castellon

CLERK OF THE BOARD OF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____
Date referred: _____	Deputy Clerk of the Board of Supervisors
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	<input type="checkbox"/> All BOS
<input type="checkbox"/> BCC Contact Person Name _____	



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No

What was the reason you left:

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

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

This application is for: (All members of the Planning Council are required to serve on a standing committee).

Planning Council Voting Membership OR Planning Council Affiliate Membership (See definition on page A):
Check committee(s) below:
 Committee Membership(s) Only (Check committee(s) below):
 Client Advocacy (HCAC) Integrated Plan Committee Priority Setting, Allocations, and Planning (PSAP)
 Other HIV-related Committee:

Contact Information: Your home address must match the address on your voter registration, if applicable.

Applicant's Name: Jessica Castellon _____ Date: 6/17/2021
Home Address: _____ State: CA Zip Code: _____
Work Address: _____ N/A State: CA Zip Code: _____
Email: _____
Fax: _____
What is your preferred contact phone number? _____
May we leave a message at the above contact phone number? Yes No
May we fax HIV -related materials to the above fax number? Yes No
May we email HIV -related materials to the above email address? Yes No

City of employment/residence: Check the one that applies.

North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
 Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
 South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote. To register to vote go to registertovote.ca.gov

Are you a registered voter: Yes No, if no please explain: _____

Personal Profile:

Gender Identity: Male Female Transgender: Female-to-Male
 Transgender: Male-to-Female Not listed (specify): Cisgender Woman _____

Current Age: 33 Year of Birth: _____

Cultural/Ethnic Identity: Check the ONE that best applies.

African-American Pacific Islander (specify): _____
 Asian (specify): _____ White/Caucasian
 Latino/a/x (specify): Mexican-American _____ Decline to State
 Native American (specify Tribe/Nation: _____) Not listed (specify): _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

<p>HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.</p> <p><input type="checkbox"/> MSM (men who have sex with men) <input type="checkbox"/> Person who injects drugs (PWID) <input type="checkbox"/> MSM/PWID</p> <p><input type="checkbox"/> Heterosexual <input type="checkbox"/> Perinatal <input type="checkbox"/> Unknown/Not reported <input checked="" type="checkbox"/> Other (Specify): <u>Queer Woman</u></p>	
<p>Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select ALL that apply. If you have questions about the categories listed below, please contact (714) 834-8399:</p>	
<p><input type="checkbox"/> Health Care Providers, including Federally Qualified Health Centers</p> <p><input type="checkbox"/> Community Based Organizations serving affected populations/AIDS Service Organizations</p> <p><input type="checkbox"/> Social Service Provider, including housing and homeless service provider</p> <p><input type="checkbox"/> Mental Health Provider</p> <p><input type="checkbox"/> Substance Abuse Provider</p> <p><input type="checkbox"/> Local Public Health Agency</p> <p><input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency</p> <p><input type="checkbox"/> State Medicaid Agency</p> <p><input checked="" type="checkbox"/> State Part B Agency</p> <p><input type="checkbox"/> Part C Provider</p> <p><input type="checkbox"/> Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)</p> <p><input type="checkbox"/> Other Federal HIV Program (Prevention Services)</p> <p><input type="checkbox"/> Other Federal HIV Program (Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)</p> <p><input type="checkbox"/> Other Federal HIV Program (HOPWA)</p> <p><input type="checkbox"/> Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release</p> <p><input type="checkbox"/> Non-Elected Community Leader</p> <p><input type="checkbox"/> Affected Communities: PLWH co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)</p> <p><input type="checkbox"/> Affected Communities: PLWH and Historically Underserved Subpopulations</p> <p><input type="checkbox"/> General Community Member</p>	
<p>Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check ALL that apply or N/A.</p>	
<input type="checkbox"/>	Person living with HIV
<input type="checkbox"/>	Representatives of HIV Care Services
<input checked="" type="checkbox"/>	Representatives of HIV Support Services
<input type="checkbox"/>	Representatives of HIV Prevention Services
<input type="checkbox"/>	Representatives of Affected Communities

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

As a Health Program Specialist for the Minority AIDS Program for the Office of AIDS, I am able to provide insight and updates, and data to the council to support county-level HIV planning efforts.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

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

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: Jessica Castellon

Signature: J. Castellon Date: 6/17/2021

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

Are you a current or former employee of the County of Orange? Yes No

If employed, who is your current employer? Office of AIDS Does not apply

Type of Business/Agency State Agency Job Title Health Program Specialist

Is your current employment HIV related? Yes No

Briefly describe your responsibilities:

Provides oversight and technical assistance on statewide performance, program improvement plans, training programs, and other activities/strategies related to program development, evaluation, and improvement of MAI and HPP.

Utilizes RWHAP program expertise to identify potential impact of state and federal program changes and requirements on RWHAP programs, and makes recommendations to the Care Housing Unit Chief and other management.

Reviews and completes strategic analysis on program budgets and expenditures related to program planning and implementation.

Assists in monitoring of contractors who receive HPP and/or MAI funding.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

N/A

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees: You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

I am excited to be able to share insights and updates from the state to ease communication among the state and the Orange County HIV Planning Council.

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

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

Yes No

Are you receiving HIV services at a Ryan White Part A-funded Agency

Yes No

If Yes, please indicate which Agency or Agencies _____

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby **voluntarily** acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____ Date: _____

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

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

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

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____ Date: _____

ORANGE COUNTY HIV PLANNING COUNCIL**APPLICATION INFORMATION AND INSTRUCTIONS**

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

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

Applicant Name: Jessica Castellon

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Council Duties

3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to Issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the Issue, not the person raising the issue
 - D. We avoid making impassioned pleas and we make decisions based on data

JESSICA CASTELLÓN

Pronouns: she/her/hers | [REDACTED]

EDUCATION & SKILLS

Los Rios Community College Faculty Diversity Internship Program, 2016

American River College, Sociology Department, Sacramento, CA

Master of Arts in Sociology, 2015

California State University, Sacramento

Bachelor of Arts in Sociology, 2012

Bachelor of Arts in Social Work, 2012

Bachelor of Arts in Ethnic Studies, 2012

California State University, Sacramento

Language Skills: Fluent in Spanish

Computer Skills: Microsoft Office (Outlook, Excel, PowerPoint, Word), Teams, Google Suite

EXPERIENCE

Minority AIDS Initiative Specialist, June 2021 - present

Department of Public Health, Office of AIDS, HIV Care, Branch, Care Housing Unit, Sacramento, CA

- Provide oversight and technical assistance on statewide performance, program improvement plans, training programs, and other activities/strategies related to program development, evaluation, and improvement of Minority Aids Initiative and Housing Plus Project
- Review and completes strategic analysis on program budgets and expenditures related to program planning and implementation; ensure that provider budgets, compliance monitoring, and federal grant applications and reports are consistent with program guidelines and federal requirements
- Analyze program and client-level data and develops and/or implements program evaluation and quality management activities
- Coordinate the MAI Plan and Annual Report and the MAI components of the Program Terms Report and Annual Progress Report

Bilingual COVID Case Investigator/Team Lead Case Investigator, July 2020 – June 2021

Department of Public Health, Contact Tracing Program, Sacramento, CA (Remote)

**Temporary reassignment*

- Supported and mentored 20+ bilingual Case Investigators with COVID 19 contact tracing and case investigation interviews in Imperial County
- Interpreted COVID 19 quarantine and isolation orders; developed protocols and trainings to increase team capacity and facilitate communication among team members; acted as liaison with LHJ
- Conducted bilingual interviews to collect critical information to minimize the spread of COVID19
- Provided support and community resource referrals to COVID-19 positive cases; make appropriate referrals to testing, vaccinations, clinical services, essential support services, health education and guidance for isolation or quarantine

Care Operations Advisor (Program Analyst), January 2020 – June 2021

Department of Public Health, Office of AIDS, HIV Care, Branch, Care Operations Unit, Sacramento, CA

- Managed oversight of Ryan White Part B and Emergency COVID Relief funding and services administered by Local Health Jurisdictions (LHJ), and Community-Based Organization (CBO) that provide HIV Care services for low-income communities, over \$10,000,000 in funding
- Provided technical and programmatic support to LHJ's and CBO's to meet federal guidelines, and policies, including facilitating meetings and trainings
- Conducted yearly in-person site visits to monitor and support subgrantees with measuring outcomes, quality improvement, and data reporting to meet grant guidelines
- Evaluated and approved budget proposals, service categories, program services, and end-of-the-year/mid-year reports to ensure quality HIV Care for low-income clients; review, approve, and process subgrantee invoices, reconcile expenditures, and update budget projections and tracking sheets

EXPERIENCE CONTINUED**Program Analyst, December 2018 – January 2020**

California Department of Community Services and Development, Sacramento, CA

- Effectively managed the administration and coordination of Community Services Grant Programs, including Community Services Block Grant (CSBG), Cal Earned Income Tax Credit (\$5 million), Free Tax Preparation Assistance (\$5 million), and other federal and state funded programs designed to support low-income communities
- Oversaw the "Request of Proposals (RFP)" process, including reviewing grant requirements, grant evaluation process, and offering awards; provide technical assistance and training to awarded grantees throughout the grant cycle
- Developed and conducted training to CSDiv staff and stakeholders on new programs and requirements, including the State Interagency Taskforce; Reducing Poverty Workgroup and CalEITC/FTPA Coordination Calls to organize efforts across California
- Managed and monitored monthly program and expenditure reports to ensure the success of the CalEITC and Free Tax Preparation grants; review and evaluate program outcomes and impact for all subgrantees and subcontractors
- Co-developed biennial Community Services Block Grant (CSBG), application, documents, and annual State plan presented to the State legislature
- Conducted surveys utilizing appropriate survey tools and methods to collect data; propose process improvements, policy revisions and funding initiatives

Program Advisor (Temporary), October 2018 – November 2018

Educational Talent Search (ETS), American River College, Sacramento, CA

- Co-created workshop proposals, learning outcomes, and assessment tools for ETS curriculum; created educational roadmap and program strategic plan
- Outreached, recruited, and enrolled first-generation and low-income middle/high school students to participate ETS program, a federally funded TRIO program
- Collaborated with teachers, counselors, and staff to increase awareness of college options and opportunities; supported graduating seniors with college admissions
- Supervised university and college field trips to introduce middle and high students

Assistant Director of Education, May 2015 – October 2018**Acting Director and Assistant Director of Outreach, July 2016 – January 2017**

Women's Resources and Research Center, University of California, Davis, CA

- Oversaw Assistant Director of Outreach and Director functions and responsibilities during staff transition, including representing the WRRRC in college-wide committees, and strategic planning
- Co-executed community and student-focused educational programs and initiatives focused on gender equity, reproductive justice, intersectional feminism and social justice, over 200 programs, conferences, trainings, and workshops
- Collaborated with Community Resource and Retention Centers, including the Cross-Cultural Center, Student Recruitment and Retention Center, the LGBTQIA+ Center, Center for Student Involvement and resource centers to increase retention
- Projected, managed, and monitored programs budget (\$40,000); follow procurement, and accounting guidelines; tracked expenditures, and invoices to meet budget needs
- Co-developed learning outcomes and assessment tools for student internship program; co-design curriculum covering topics of gender equity, and intersectional feminism; and facilitate student seminar (GSW 199)
- Co-supervised, and trained (8) Student Community Organizers, (2) Graduate Student Researchers, (1) Graphic/Web Designer, (20) Gender Equity Interns and volunteers
- Served as confidential resource for sexual violence and harassment; provide trauma-informed crisis intervention to students by providing referrals, and community resources
- Managed and supervised Joy Fergoda Library, including maintaining a collection of 12,000 books, facilitating library training, manage administrative system, and streamlining processes

EXPERIENCE CONTINUED

Program Coordinator, July 2012 — May 2015

Student Program Coordinator, June 2011— July 2012

Social Justice Art Intern, August 2009 – May 2010

Multi-Cultural Center, California State University, Sacramento, CA

- Co-designed, coordinated and executed over 160+ programs surrounding topics of social justice, student development, wellness, retention, and academic success
- Designed, and assessed year-long program goals and learning objectives; reported findings to leadership staff, and Division of Student Affairs
- Trained and supervised 4-5 undergraduate and 1-2 graduate students in program planning, leadership development, and interpersonal/communication skills
- Managed departmental website and online calendars; designed marketing and promotional materials, including brochures, event posters, postcards, flyers, etc.
- Secured ASI external grant funding for 2013-2015 Multicultural Center programs and initiatives (\$15,000); co-authored and secured 2 campus grants for two different projects Women of Color Conference (\$1,395) and the MURALES Research Program (\$1,200)
- Managed budget operations including financial transactions and expenditures for three accounts (over \$200,000 budget); reconciled monthly budget expenses; projected and proposed budgets

ADDITIONAL EXPERIENCE

- **Orientation Specialist**, New Student Orientation, Sacramento State, CA, 2010 – 2011
- **Student Assistant**, Academic Advising and Career Center, Sacramento State, CA, 2011
- **Peer Mentor**, First-Year Experience Program, Sacramento State, CA, 2010 - 2011
- **Social Work Intern**, RISE Program, Sacramento City College, Sacramento, CA, 2010 - 2011

SELECTED PRESENTATIONS

- From Activism to Student Affairs: Navigating Your First Year, Co-presenter, California Association for Cross-Cultural Centers in Higher Education (CaCCCHE) Student-Scholar Conference, University of California, Davis, Feb 2018
- Inclusive Reproductive Health Education: Intersections of Race, Gender, and Sexuality, Co-presenter, ACPA National Convention, Columbus Ohio, March 2017
- Young Womxn of Color in Higher Education, California Association for Cross-Cultural Centers in Higher Education (CaCCCHE) Student-Scholar Conference, Panelist, University of California, Davis, Feb 2017
- Rape Culture: an Intersectional Analysis of Race, Class, and Gender, CARE Peer Education, UC Davis, CA, September 2016
- Do I Matter?: an Analysis of Predicting Factors for Students' Importance to University Faculty, Pacific Sociological Association (PSA), Oakland, March 2016
- Toward a New Vision: Building Partnerships through Intersectionality at Sacramento State, California Association for Cross Cultural Center in Higher Education (CaCCCHE) 2014 Summer Conference, UC San Diego, June 2014
- I think want to go to Graduate School...: an Analysis of Graduate School Aspirations among Undergraduate Chican@ Students, National Association for Chicano/Chicana Studies Foco Conference, Woodland Community College, Feb 2014

PUBLICATIONS

- *Integrating a Gender Equity Lens: Shifting and Broadening the Focus of Women's Centers on College Campuses*, Gender-Aware Practices: Intersectional Approaches to Applying Masculinities in Student Affairs, Wiley Periodicals Inc., co-author, November 2018
- *Moving Toward Intersectional Solidarity*, Palabra: The Book of Living Essays © 2014, Petraglyph Publishing, October 2014
- *Women in Wrestling: Stereotypes, Gender Bias and Inequality*, A Journal of Writing across the Curriculum, California State University, Sacramento, co-author, spring 2013 edition



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 8/24/21

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Kristen N. Kowalczyk

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED] Fax Number: [REDACTED]

E-mail address: [REDACTED]

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

Position Slot: Category: General Community Member

Name of incumbent being replaced or last known member: Pamela Smith

Term of Office: 2 years or N/A

(Choose one) From (Date) 08/24/21 to 12/31/22

Term Concurrent with Supervisor's Term of office

Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A
 Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____
 CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy

Posted on _____ to _____
Certification of posting attached.



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

OC HIV Planning Council

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [] First [] Second [X] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Kristen Nicole Kowalczyk (First Name, Middle Name, Last Name)

[Redacted] (Street Address, City, State, Zip Code)

[Redacted] (Home Phone Number, Cell Phone Number)

[Redacted] (Email Address)

CURRENT EMPLOYER: Shanti - Orange County

OCCUPATION/JOB TITLE: Case Manager

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
<u>The Granese Foundation</u>	<u>7/2020</u>	<u>present</u>
<u>Shanti Orange County</u>	<u>3/2021</u>	<u>present</u>

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 - AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I am passionate about macro-level policy + funding + planning. I am an administrative social worker + like to study programs + processes + how they may be improved.

DATE: 6/25/2021

APPLICANTS SIGNATURE: Winston Kowalcyk, MSW

CLERK OF THE BOARD OF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No

What was the reason you left:

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

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

This application is for: (All members of the Planning Council are required to serve on a standing committee).

Planning Council Voting Membership OR Planning Council Affiliate Membership (See definition on page A):
Check committee(s) below:

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

- Client Advocacy (HCAC)
- Integrated Plan Committee
- Priority Setting, Allocations, and Planning (PSAP)
- Other HIV-related Committee:

Contact Information: Your home address must match the address on your voter registration, if applicable.

Applicant's Name: Kristen Kowalczyk Date: 6/25/2021
 Home Address: _____ State: CA Zip Code: _____
 Work Address: _____ State: CA Zip Code: _____
 Email: _____
 Fax: _____

What is your preferred contact phone number: _____
 May we leave a message at the above contact phone number? Yes No
 May we fax HIV-related materials to the above fax number? Yes No
 May we email HIV-related materials to the above email address? Yes No

City of incorporation/residence: Check the one that applies.

- North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
- Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
- South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Counties laws require that individuals who are eligible to vote be registered to vote. Do you intend to register to vote in California?

Are you a registered voter: Yes No, if no please explain: _____

Personal Data:

Gender Identity: Male Female Transgender: Female-to-Male
 Transgender: Male-to-Female Not listed (specify): _____

Current Age: 26 Year of Birth: _____

Culture/Ethnic Identity: Check the ONE that best applies.

- African-American
- Asian (specify): _____
- Latino/a/x (specify): _____
- Native American (specify Tribe/Nation: _____)
- Pacific Islander (specify): _____
- White/Caucasian
- Decline to State
- Not listed (specify): _____

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

HIV Risk Categories: Please check one of the categories below that best describes your possible risk for HIV.

- MSM (men who have sex with men)
 Person who injects drugs (PWID)
 MSM/PWID
 Heterosexual
 Perinatal
 Unknown/Not reported
 Other (Specify): _____

Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select ALL that apply. If you have questions about the categories listed below, please contact (714) 864-8696.

- Health Care Providers, including Federally Qualified Health Centers
 Community Based Organizations serving affected populations/AIDS Service Organizations
 Social Service Provider, including housing and homeless service provider
 Mental Health Provider
 Substance Abuse Provider
 Local Public Health Agency
 Hospital Planning Agency or Health Care Planning Agency
 State Medicaid Agency
 State Part B Agency
 Part C Provider
 Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)
 Other Federal HIV Program (Prevention Services)
 Other Federal HIV Program (Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
 Other Federal HIV Program (HOPWA)
 Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release
 Non-Elected Community Leader
 Affected Communities: PLWH co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
 Affected Communities: PLWH and Historically Underserved Subpopulations
 General Community Member

Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check ALL that apply or N/A.

- Person living with HIV
 Representatives of HIV Care Services
 Representatives of HIV Support Services
 Representatives of HIV Prevention Services
 Representatives of Affected Communities

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

I am a nonmedical Case Manager at Shanti OC in Laguna Hills providing supportive services for PLWH. I am a supervised ASW and can provide therapeutic interventions to help my clients manage their lives.

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

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

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

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name:

Kristen Kowalczyk

Signature:

Kristen Kowalczyk

Date:

6/25/2021

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

Are you a current or former employee of the County of Orange? Yes No

If employed, who is your current employer? Shanti OC Does not apply

Type of Business/Agency Nonprofit CBO Job Title Case Manager

Is your current employment HIV related? Yes No

Briefly describe your responsibilities:

- Case Manager for 25-30 clients living w/ HIV
- Help pts navigate resources for housing, medical care, food, etc.
- Crisis intervention, motivational interviewing + coaching.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

I was born + raised in OC and recently returned after finishing my MSW degree in May 2020. I have worked/interned for the following organizations: Salvation Army (San Diego) - Case Manager, SDSU Consensus Organizing Center - Program Manager, SDSU School of Social Work - Curriculum Committee Representative, California Youth Services - Fundraiser, The Granesse Foundation - Psychiatry Clinic Manager

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

I wish to serve on the OC HIV planning council because I believe that I have the tools + knowledge to make an impact on the council. I am incredibly passionate about my career in social work and I hope to use this experience to show me what tasks + roles are available to me in my future career. I want to learn much more about how large scale services are administered + managed.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

ORANGE COUNTY HIV PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

APAIT
Orange County Health Care Agency
Laguna Beach Community Clinic
Public Law Center
Radiant Health Centers
Shanti Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have not served within the past 12 months as staff, consultant, officer, or board member for any organization which has received funding from Ryan White Part A.

Signature: _____ Date: _____

Print or Type Name: _____

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have served within the past 12 months as staff, consultant, officer, or board member for the following organization(s) receiving funding from Ryan White Part A.

Organization: Shanti Orange County

Period of Affiliation: 3/1/21 - Present

Title/Relationship: Case Manager

(Please attach additional pages as necessary)

Signature: Kristen Kowalczyk Date: 8/25/2021

Print or Type Name: Kristen Kowalczyk

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

Yes No

Are you receiving HIV services at a Ryan White Part A-funded Agency

Yes No

If Yes, please indicate which Agency or Agencies n/a

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby voluntarily acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: n/a Date: n/a

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

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

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: n/a Date: n/a

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION INFORMATION AND INSTRUCTIONS

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

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

Applicant Name: Kristen Kowalczyk

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Council Duties

3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue
 - D. We avoid making impassioned pleas and we make decisions based on data

Kristen Kowalczyk, MSW



EDUCATION

Master of Social Work, 2020

Concentration in Administration and Community Development
San Diego State University
Magna Cum Laude

Bachelor of Science in Psychology, 2017

California Polytechnic State University, San Luis Obispo
Cum Laude

WORK EXPERIENCE

Case Manager & Interim Program Coordinator – Part-Time

Shanti Orange County – Laguna Hills, CA

March 2021 - Present

- ◆ Manage a caseload of 25-30 individuals living with HIV
- ◆ Conduct biopsychosocial assessments and plan treatment goals
- ◆ Exercise advocacy for clients when accessing resources
- ◆ Compile units of service reports to secure county funding for the Case Management program
- ◆ Insurance verification for psychotherapy, billing and claims management
- ◆ Check processing with QuickBooks and agency records

Operations Consultant & Psychiatry Clinic Manager – Part-Time

The Granese Foundation, Laguna Niguel, CA

July 2020 - Present

- ◆ Support Board of Directors with 501(c)(3) start-up operations
- ◆ Assist in development of agency vision, mission, goals, and strategic plan
- ◆ Strategic partnership development
- ◆ Develop fundraising plan and conduct prospect research
- ◆ Content creation for agency website and social media platforms
- ◆ Operationalize pilot program: drop-in psychiatry clinic

Program Manager - Graduate Intern

SDSU Consensus Organizing Center - Step Up Program, San Diego, CA

August 2019 - May 2020

- ◆ Recruited (150), interviewed (65), and selected (25) students for program participation
- ◆ Interviewed, trained, and managed six Teaching Assistants
- ◆ Developed and conducted orientation seminars for participants
- ◆ Collaborated with community-based organizations
- ◆ Facilitated program activities to maintain contract compliance

Client Coordinator – Part-Time

A Better Life Recovery - A Mission for Michael, San Juan Capistrano, CA

June 2019 - August 2019

- ◆ Served adults with severe and persistent mental illness comorbid with Substance Use Disorder
- ◆ Monitored client's activities of daily living including transport in company vehicles
- ◆ Facilitated process groups as a RADT
- ◆ Redirected and soothed clients experiencing psychosis and de-escalated hostile interactions
- ◆ Monitored client self-administration of medications and supervised collection of urine samples
- ◆ Demonstrated strict adherence to facility licensing standards

Case Manager - Graduate Intern

Salvation Army Door of Hope - Haven Interim Housing, San Diego, CA

September 2018 - May 2019

- ◆ Served single women and women with children experiencing homelessness
- ◆ Conducted biopsychosocial assessments
- ◆ Acclimated clients to a new living environment
- ◆ Crisis intervention and client de-escalation
- ◆ Managed caseload with weekly or bi-weekly individual sessions
- ◆ Transported clients in company vehicles to appointments in the community
- ◆ Client advocacy during multidisciplinary team meetings

Client Care Liaison – Full Time

A Mission for Michael - Mental Health and Addiction Treatment Center, San Juan Capistrano, CA

July 2017 - August 2018

- ◆ Conducted intake assessments and orientations
- ◆ Created a 50-page Training Manual for Client Coordinators
- ◆ Maintained sober living facilities in compliance with The Joint Commission
- ◆ Recorded and monitored client attendance for billing purposes
- ◆ Collaborated with families to develop payment plans for services

SKILLS

- ◆ Motivational Interviewing, Public Speaking, Outreach & Partnerships
- ◆ Excel, Graphic Design, Marketing & Fundraising



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 8/24/21

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Wendy N. Lords

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED]

Fax Number: [REDACTED]

E-mail address: [REDACTED]

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

Position Slot: Category: (L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services

Name of incumbent being replaced or last known member: Darby Osnaya

Term of Office: 2 years or N/A

(Choose one) From (Date) 08/24/21 to 12/31/22

Term Concurrent with Supervisor's Term of office

Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A
 Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____
 CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy

Posted on _____ to _____

Certification of posting attached.



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:
Clerk of the Board of Supervisors
333 West Santa Ana Blvd., Suite 465
Santa Ana, California 92701
Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP
(SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://www.ocgov.com/gov/cob/bcc/contact)):

HIV Planning Council

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Wendy Nadine Lords
First Name Middle Name Last Name

[Redacted] [Redacted] [Redacted] [Redacted]
Street Address City State Zip Code

[Redacted] [Redacted]
Home Phone Number Cell Phone Number

[Redacted]
Email Address

CURRENT EMPLOYER: Radiant Health Centers

OCCUPATION/JOB TITLE: Ryan White Services Manager

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: YES NO
IF NO, NAME OF COUNTRY OF CITIZENSHIP: _____

ARE YOU A REGISTERED VOTER? YES NO
IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I would like to serve on the HIV Planning Council to promote effective service provision to OC's HIV+ residents.

DATE: 7/2/21

APPLICANTS SIGNATURE: *Wendy ... M.S., Ph.D.*

CLERK OF THE BOARD OF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____
Date referred: _____	Deputy Clerk of the Board of Supervisors
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	<input type="checkbox"/> All BOS
<input type="checkbox"/> BCC Contact Person Name _____	



ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION FOR MEMBERSHIP

Section 1: Previous Service

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No

What was the reason you left: _____

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

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

Section 2: Membership Type

Planning Council Voting Membership OR Planning Council Affiliate Membership (See definition on page A):

Check committee(s) below:

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

Client Advocacy (HCAC) Integrated Plan Committee Priority Setting, Allocations, and Planning (PSAP)

Other HIV-related Committee: _____

Section 3: Applicant Information

Applicant's Name: Wendy Lords, MSW, PhD

Home Address: _____ Date: 6/25/21

Work Address: _____ State: CA Zip Code: _____

Irvine _____ N/A State: CA Zip Code: _____

Email: _____

Fax: _____

What is your preferred contact phone number? _____

May we leave a message at the above contact phone number? Yes No

May we fax HIV-related materials to the above fax number? Yes No

May we email HIV-related materials to the above email address? Yes No

Section 4: County Selection

North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)

Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)

South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Section 5: Voter Registration

Are you a registered voter: Yes No, if no please explain: _____

Section 6: Gender Identity

Gender Identity: Male Female Transgender: Female-to-Male

Transgender: Male-to-Female Not listed (specify): _____

Section 7: Demographics

Current Age: 57 Year of Birth: _____

Cultural/Ethnic Identity: Check all that apply (ONE OR MORE):

African-American Pacific Islander (specify): _____

Asian (specify): _____ White/Caucasian

Latino/a/x (specify): _____ Decline to State

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Native American (specify Tribe/Nation: _____) Not listed (specify): _____

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV

MSM (men who have sex with men) Person who injects drugs (PWID) MSM/PWID

Heterosexual Perinatal Unknown/Not reported Other (Specify): _____

Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select **ALL** that apply. If you have questions about the categories listed below, please contact (714) 854-8335:

Health Care Providers, including Federally Qualified Health Centers

Community Based Organizations serving affected populations/AIDS Service Organizations

Social Service Provider, including housing and homeless service provider

Mental Health Provider

Substance Abuse Provider

Local Public Health Agency

Hospital Planning Agency or Health Care Planning Agency

State Medicaid Agency

State Part B Agency

Part C Provider

Part D Provider (if none, representative of organization with a history of serving children, youth, women, and families living with HIV)

Other Federal HIV Program (Prevention Services)

Other Federal HIV Program (Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)

Other Federal HIV Program (HOPWA)

Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release

Non-Elected Community Leader

Affected Communities: PLWH co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)

Affected Communities: PLWH and Historically Underserved Subpopulations

General Community Member

Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check **ALL** that apply or N/A.

Person living with HIV

Representatives of HIV Care Services

Representatives of HIV Support Services

Representatives of HIV Prevention Services

Representatives of Affected Communities

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

I have been an employee of Radiant Health Centers/ASF since 1991, and have been consistently dedicated to promoting the well-being of people living with HIV in Orange County through my tenure there.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

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

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: Wendy Lords, MSW, PhD

Signature: Wendy Lords, MSW, PhD Date: 7/2/21

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

Are you a current or former employee of the County of Orange? Yes No

If employed, who is your current employer? Radiant Health Centers Does not apply

Type of Business/Agency HIV service organization Job Title Ryan White Services Manager

Is your current employment HIV related? Yes No

Briefly describe your responsibilities:

I oversee the provision of Ryan White funded services at Radiant Health Centers. My responsibilities include monitoring contract compliance, supervising program leads, overseeing staff productivity and development, and assisting with agency data management.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

My primary involvement in Orange County's HIV community has been as a Radiant Health Centers staff member, first as a Social Work Case Manager and then as Lead Social Worker and Ryan White Services Manager. I also serve as the staff representative to the Personnel Committee of Radiant's Board of Directors.

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

I would like to serve on the Orange County HIV Planning Council because I want to do whatever I can to promote effective service provision to Orange County's HIV+ residents generally, and to clients of Radiant Health Centers in particular. I hope to be able to lend my voice and experience to the effort to promote greater coordination between service providers.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

ORANGE COUNTY HIV PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

APAIT
Orange County Health Care Agency
Laguna Beach Community Clinic
Public Law Center
Radiant Health Centers
Shanti Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have not served within the past 12 months as staff, consultant, officer, or board member for any organization which has received funding from Ryan White Part A.

Signature: *Wendy Lords, MSW, PhD* Date: 7/2/21

Print or Type Name: Wendy Lords, MSW, PhD

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have served within the past 12 months as staff, consultant, officer, or board member for the following organization(s) receiving funding from Ryan White Part A.

Organization: Radiant Health Centers

Period of Affiliation: 30 years

Title/Relationship: Ryan White Services Manager/staff

(Please attach additional pages as necessary)

Signature: *Wendy Lords, MSW, PhD* Date: 7/2/21

Print or Type Name: Wendy Lords, MSW, PhD

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

Yes No

Are you receiving HIV services at a Ryan White Part A-funded Agency

Yes No

If Yes, please indicate which Agency or Agencies _____

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby voluntarily acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____

Date: _____

ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION INFORMATION AND INSTRUCTIONS

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

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

Applicant Name: Wendy Lords

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Council Duties

3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue
 - D. We avoid making impassioned pleas and we make decisions based on data

WENDY N. LORDS



Summary of Qualifications:

- Excellent communicator
- Socially intuitive
- Holistic thinker
- Team builder
- Cohesive presence
- Flexible collaborator

Objective: To facilitate organizational wellness and growth.

Specialized Training:

Introduction to Restorative Practices & Using Circles Effectively, August 2015
International Institute of Restorative Practices; Santa Ana, CA

Certified Mediator, June 2014
Orange County Human Relations; Santa Ana, CA

Episcopal Peace Fellowship From Violence To Wholeness facilitator, March 2003

Education: **Doctor of Philosophy, International Relations, May 2009**
University of Southern California; Los Angeles, CA

Master of Social Work, May 1991
University of Southern California; Los Angeles, CA

Bachelor of Science, Human Services and Child Development, June 1987
California State University, Fullerton; Fullerton, CA

Experience: **Radiant Health Centers/AIDS Services Foundation, Irvine, CA**
Lead Social Worker, August 1991 – Present

Provide guidance and mediation for HIV+ people navigating through social, economic and health barriers to access community resources. Effectively negotiate with multiple public agencies and private firms. As Lead Social Worker, collaborate with Clinical and Case Management Director on program administration and development. Mediate between staff and Board of Directors as staff representative to the Board.

- Guide clients in designing personal action plans that restore their sense of confidence and agency in the world and increase their quality of life. Empower clients to create self-affirming partnerships with treatment and service providers.
- Build staff cohesiveness, and inspire coworkers to work together to achieve organizational objectives and improve organizational health.
- Support MSW Social Workers in addressing their clients' needs and pursuing their own professional development.

Episcopal Diocese of Los Angeles

Reconciliation Team Member, September 2002 – Present

Coordinate and facilitate Reconciliation Institute Basic Seminars and experiential learning workshops. Teach participants the principles of faith-based reconciliation, particularly as applied to war and sexuality issues within the Episcopal Church. Support participants on divergent sides of contentious issues.

- Stimulate participants' ability to empathize with each other and create a sense of common ground where none had seemed to exist.
- Increase participants' ability to build foundations for peaceful futures with one another.

Episcopal Theological School at Claremont

Instructor, Spring 2006

Instructor for Conflict Resolution in Congregations course. Advised prospective priests on preventing congregational discord and guiding parishioners through conflict when it occurs. Facilitated group problem-solving discussions.

- Nurtured students in collaborating on options for addressing conflict in their church internships.
- Enabled students to increase their self-confidence as leaders of healthy congregational relationships.

Community WORKS Master Planning Project, Orange County Health Care Agency, Santa Ana, CA

Gay and Lesbian Caucus Chair, December 1992 - August 1993

Effectively coordinated the assessment of substance-abuse related needs of Orange County's Gay and Lesbian Community for a state-wide project of the California Department of Health Services. Prepared policy and program recommendation report for Orange County Board of Supervisors.

- Synthesized community-level substance abuse information to enable local and state policymakers to more effectively address community needs.

National Traffic Safety Institute (DUI Instructor), College Hospital (Behavioral Specialist/Social Worker), Comprehensive Care Corporation (Intake Counselor), (November 1987 - August 1991)

- Supported students and clients in improving their mental health and building foundations for a greater quality of life.

Internships and Academic Assignments:

The Carter Center, Atlanta, GA *Graduate Assistant, Summer 2001*

- Wrote paper "Bridging the Gap: Mobilizing Conflict Resolution in Diplomacy" to support The Carter Center's efforts toward integrating the insights of the conflict resolution field of study and the professional practice of diplomacy.

University of Southern California, Los Angeles, CA

Teaching Assistant, International Relations: Introductory Analysis (Spring 2001) and The US and World Affairs (Fall 2000) courses

- Provided guidance for students by teaching discussion sections of courses and encouraging their thorough analyses of course subject matter. Assisted instructors during lectures and with grading course assignments and exams.

University of Southern California, Los Angeles, CA

Research Assistant, International Relations of the Pacific Rim course (Fall 1999)

- Assisted instructor with research and lectures. Graded course assignments and exams.

Los Angeles County Probation Department, Downey, CA

Program Analysis Intern, September 1990 - June 1991

- Wrote proposals for the expansion and enrichment of Probation Department programs.

Mental Health Association of Orange County, Santa Ana, CA

MSW Intern, September 1989 - May 1990

- Led socialization and values clarification groups of chronic mentally ill adults. Advocated for the rights of mentally ill inpatients. Developed and implemented a case management program.



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 8/24/21

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Khloe Rios-Wyatt

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED]

Fax Number: N/A

E-mail address: [REDACTED]

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

Position Slot: Category: (C) social service providers including providers of housing and homeless services

Name of incumbent being replaced or last known member: Sandra Boodman

Term of Office: 2 years or N/A

(Choose one) From (Date) 08/24/21 to 12/31/22

Term Concurrent with Supervisor's Term of office

Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A
 Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____
 CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy

Posted on _____ to _____

Certification of posting attached.



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

Orange County HIV Planning Council (COI)

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [X] First [] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Khloe Rios-Wyatt (First Name, Middle Name, Last Name)

[Redacted Address Line] (Street Address, City, State, Zip Code)

[Redacted Home Phone Number] [Redacted Cell Phone Number] (Home Phone Number, Cell Phone Number)

[Redacted Email Address] (Email Address)

CURRENT EMPLOYER: Alianza Translatinx

OCCUPATION/JOB TITLE: CEO/President

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [] YES [X] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP: Mexico

ARE YOU A REGISTERED VOTER? [] YES [X] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: _____

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
<u>Alianza Translatinx</u>	<u>04/2020</u>	<u>06/2021</u>
_____	_____	_____
_____	_____	_____

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

In 2014 I was arrested for a DUI and was convicted
with a reckless driving.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

To represent the transgender community
in conversations that can improve our quality of life.

DATE: 06/28/21 APPLICANTS SIGNATURE: *R. N. Lopez*

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____
Date referred: _____	Deputy Clerk of the Board of Supervisors
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	



**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP**

To apply for membership, please complete the application.

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No
 What was the reason you left:

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

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

This application is for: (All members of the Planning Council are required to serve on a standing committee).

Planning Council Voting Membership OR Planning Council Affiliate Membership (See definition on page A):
 Check committee(s) below:
 Committee Membership(s) Only (Check committee(s) below):
 Client Advocacy (HCAC) Integrated Plan Committee Priority Setting, Allocations, and Planning (PSAP)
 Other HIV-related Committee:

Contact information: Your home address must match the address on your voter registration, if applicable.

Applicant's Name: khloe Rios-Wyatt Date: 6/4/21
 Home Address: _____ State: CA Zip Code: _____
 Work Address: _____ N/A State: CA Zip Code: _____
 Email: _____
 Fax: N/A _____

What is your preferred contact phone number? _____
 May we leave a message at the above contact phone number? Yes No
 May we fax HIV-related materials to the above fax number? Yes No
 May we email HIV-related materials to the above email address? Yes No

City of employment/residence: Check the one that applies.

North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
 Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
 South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote. To register to vote go to register tovot.ca.gov

Are you a registered voter: Yes No, if no please explain: Not a US Citizen

Personal Profile

Gender Identity: Male Female Transgender: Female-to-Male
 Transgender: Male-to-Female Not listed (specify): _____

Current Age: 32 Year of Birth: _____

Cultural/Ethnic Identity: Check the ONE that best applies

African-American Pacific Islander (specify): _____
 Asian (specify): _____ White/Caucasian
 Latino/a/x (specify): _____ Decline to State
 Native American (specify Tribe/Nation: _____) Not listed (specify): _____

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

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.

- MSM (men who have sex with men)
 Person who injects drugs (PWID)
 MSM/PWID
 Heterosexual
 Perinatal
 Unknown/Not reported
 Other (Specify): _____

Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select **ALL** that apply. If you have questions about the categories listed below, please contact (714) 834-8399.

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations serving affected populations/AIDS Service Organizations
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital Planning Agency or Health Care Planning Agency
- State Medicaid Agency
- State Part B Agency
- Part C Provider
- Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)
- Other Federal HIV Program (Prevention Services)
- Other Federal HIV Program (Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
- Other Federal HIV Program (HOPWA)
- Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release
- Non-Elected Community Leader
- Affected Communities: PLWH co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- Affected Communities: PLWH and Historically Underserved Subpopulations
- General Community Member

Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check **ALL** that apply or N/A.

- Person living with HIV
- Representatives of HIV Care Services
- Representatives of HIV Support Services
- Representatives of HIV Prevention Services
- Representatives of Affected Communities

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

The Transgender and gender non-conforming community has always represented one of the groups with the highest risks of contracting HIV and at high risk of contracting HIV worldwide. In Orange County, there is a historical lack of representation and participation from the transgender community in tables and conversations regarding HIV prevention, education, disbursement of federal funds and health care related topics as well as other important topics related to ending the HIV epidemic. As a member of the Transgender community and president of the only transgender-led organization in the county, I seek to represent my community and provide a voice not just for the transgender community but for those people who identify as Latinx and who continue to be marginalized and underserved.

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

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

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

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: Khloe Rios Wyatt

Signature: 

Date: 06/04/21

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Most recently, I have been instrumental in establishing Alianza Translatinx (ATL), the first and only Transgender led organization in Orange County, CA. Serving as Chief Executive Officer and co-founder, amid a global pandemic, I garnished over \$40k in grants and donations during the first six months of establishing ATL. Working with an active volunteer board, I positioned ATL for success and significantly improved the collaboration with local and national organizations and foundations to further improve the organizations infrastructure.

Currently, I am also an active member of the statewide AB-2218 Coalition which focuses in implementing policy change in the state of California to ensure the needs of transgender, gender non-conforming and intersex people are met. This opportunity has allowed me to gain deeper insight into various social issues while also developing skills in social justice and policy. AB-2218 Coalition's commitment to social change and progress aligns with my values and mission, similar to that of the Orange County HIV Planning Council.

From 2017 to 2020 I served as a supervisor of transgender programs and services for the large Los Angeles-based non-profit organization, Bienestar Human Services. In this capacity, I took leadership in fostering relationships with community organizations by implementing community forums, engagement meetings and organization fundraisers to increase participant access to services and expand opportunities for program engagement. I assisted the management team with the development of funding proposals. Tracked program outcomes as required by grants and completed required reports by funders. Furthermore, I was responsible for recruiting, selecting, mentoring and motivating staff to excel individually and as a team.

In the non-profit world, a role often entails much more than the job description ever indicates. And in my experience as program manager I was committed to continue providing direct individualized intensive case management to program participants. With a compassionate and empathetic best practices manner, I completed referrals; progress notes and maintained an up-to-date database using our health records system. I coordinated mental health services and helped participants locate housing services and programs. I lead support groups with activities and topics related to: HIV prevention and education, transgender issues, medical services and risk reduction behavior information. My experience with case management will allow me to work closely with the HIV positive population to improve the health of individuals and to also educate other under-resourced communities about the importance of treatment adherence and prevention resources.

In addition, I have served as an ambassador of the transgender community to highlight its strengths and resilience by being a part of numerous panels to discuss transgender issues. I worked with countless of organizations including LA PD and El Monte PD to educate their staff on transgender rights and sensibility. My personal story has shed light on transgender rights, transgender day of remembrance and other community issues on social media, TV/Radio and other means of communication.

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

In order to address the HIV epidemic within the transgender and gender non-conforming Latinx community in Orange County, we must have representation and presence. As one of the most marginalized communities, we face unique challenges within the HIV care sector. These challenges are compounded by racial and ethnic disparities along with a tremendous lack of culturally and linguistically competent provision of services both in the prevention of HIV and HIV medical adherence. I believe, therefore, that in order to address these existing gaps, we must intentionally include the transgender and gender non-conforming Latinx community in order to improve HIV service delivery in the county. My participation in the Orange County HIV Planning Council will serve not only as the voice of the community but will help increase the involvement of other transgender leaders across different intersections and who can also help improve our community HIV outcomes. Moreover, I will bring fresh and innovative ideas on how to ensure that mental and spiritual health programs for transgender and gender non-conforming people living with HIV are incorporated into routine medical care. As well as new concepts that can help create holistic healthcare programs by and for transgender people living with HIV. This will help our ultimate goal which is to improve the livelihood and quality of life of transgender and gender non-conforming people living with HIV in Orange County, particularly within communities of color. The Orange County HIV planning council needs a transgender voice and presence in order to end the HIV epidemic and I can help fulfill this need by serving as a member of the OC HIV Planning Council.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

ORANGE COUNTY HIV PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

APAIT
Orange County Health Care Agency
Laguna Beach Community Clinic
Public Law Center
Radant Health Centers
Shantl Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have not served within the past 12 months as staff, consultant, officer, or board member for any organization which has received funding from Ryan White Part A.

Signature: _____

Date: _____

Print or Type Name: _____

Khloe Rios-Wyatt

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have served within the past 12 months as staff, consultant, officer, or board member for the following organization(s) receiving funding from Ryan White Part A.

Organization: _____

Period of Affiliation: _____

Title/Relationship: _____

(Please attach additional pages as necessary)

Signature: _____

Date: _____

Print or Type Name: _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

Yes No

Are you receiving HIV services at a Ryan White Part A-funded Agency

Yes No

If Yes, please indicate which Agency or Agencies _____

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby voluntarily acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____

Date: _____

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

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

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

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____ Date: _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION INFORMATION AND INSTRUCTIONS

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

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

Applicant Name: Khloe Rios-Wyatt

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Council Duties

3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue
 - D. We avoid making impassioned pleas and we make decisions based on data

[E]

KHLOE RIOS-WYATT

EDUCATION

Associates of Arts in Communications <i>Santa Ana College</i>	June 2014
Bachelor of Arts in Communication Studies, Spanish minor <i>Concentration in Public Relations California State University Fullerton (CSUF)</i>	June 2016

RELEVANT EXPERIENCE

CHIEF EXECUTIVE OFFICER/CO-FOUNDER | Alianza Translatinx | Santa Ana, CA
April 1, 2020 – Present

Serving as CEO formulated a successful plan to co-found and establish the first and only transgender led organization in Orange County, CA. Currently, providing persuasive stakeholder communications and donor solicitation to develop the non-profit organization's infrastructure. Working with board of directors to improve the organizations communications and public relations, organizations structure, organization of committees with volunteer staff and helping:

- Significantly improve the donor data base
- Obtained \$40k in grants while garnering \$10k in new donations during the first 6 months
- Positioned organization for success and established an active volunteer board

TRANSGENDER PROGRAMS MANAGER | Bienestar Human Services | Long Beach, CA
August 1, 2017 – March 15, 2020

Promoted in December 2017 to serve as transgender programs manager of a \$4 million non-profit organization serving the Latino & LGBTQ communities, working directly with the Executive Director. Amplified Bienestar's social change efforts by leading projects related to transgender care and wellness, social services awareness, advocacy & relationship building with partner organizations, foundations and elected officials:

- Identified growth opportunities and developed strategies to achieve contractual objectives
- Networked with community agencies and organizations in order to establish referral linkages to medical care
- Managed programs staff and oversaw day-to-day activities and business operations

EVENT COORDINATOR INTERN | Newport Beach Film Festival | Newport Beach, CA
January 2015 – April 2015

Served in a specialized role focused on the planning, production and implementation of the Newport Beach Film Festival Latino spotlight. Additionally:

- Identified and established partnerships with sponsors, media outlets, and private donors
- Managed the content development and event messaging of all social media platforms

COALITION COSPONSOR | AB 2218 Coalition | Los Angeles, CA
August 2020 - Present

Selected as one of the members of the statewide AB 2218 Coalition that is dedicated to serving the needs of Transgender, gender non-conforming and intersex people. Collaborated in the implementation of statewide policy change across the state of California. Helped build capacity and leadership of TGI people to gain resources that will improve the livelihood of TGI people, particularly TGI-BIPOC.

SKILLS

LANGUAGE: Fluent in Spanish both oral and written

CORE COMPETENCIES: Organizational management | Operations/Administration | Public Speaking
Non-Profit Communications | Staff management & training | Regulatory Compliance



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 8/24/21

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Ricardo Hernandez Velasco

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED] Fax Number: N/A

E-mail address: [REDACTED]

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

Position Slot: Category: General Community Member

Name of incumbent being replaced or last known member: Dianne Hummel

Term of Office: 2 years or N/A

(Choose one) From (Date) 08/24/21 to 12/31/22

Term Concurrent with Supervisor's Term of office

Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A
 Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____
 CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy
Posted on _____ to _____

Certification of posting attached.



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OC.GOV.COM/GOV/COB/BCC/CONTACT):

Orange County HIV Planning Council

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [X] First [] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Ricardo Hernandez Velasco (First Name, Middle Name, Last Name)

[Redacted] (Street Address, City, State, Zip Code)

N/A (Home Phone Number), [Redacted] (Cell Phone Number)

[Redacted] (Email Address)

CURRENT EMPLOYER: Advantage Healthcare Services

OCCUPATION/JOB TITLE: Social Services Specialist

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
Laguna Beach HIV advisory committee	March 2013	present
Shanti OC	June 2018	June 2019

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 -- AS THEY RELATE TO MARIJUANA)?

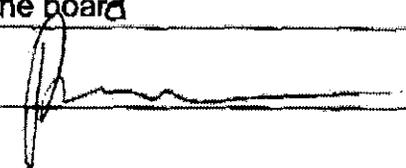
YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

Living with AIDS/HIV for over 28 yrs I being seen changes of this disease, I would like to bring my expertise to the board

DATE: 06/28/2021

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD / IF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No
What was the reason you left:

Have you ever served on a Committee (Check Yes or No): Yes No If yes, Which Committee(s):
If you are no longer serving on the Committee(s), what was the reason you left:

This application is for: (All members of the Planning Council are required to serve on a standing committee).
 Planning Council Voting Membership OR Planning Council Affiliate Membership (See definition on page A):
Check committee(s) below:
 Committee Membership(s) Only (Check committee(s) below):
 Client Advocacy (HCAC) Integrated Plan Committee Priority Setting, Allocations, and Planning (PSAP)
 Other HIV-related Committee:

Contact Information: Your home address must match the address on your voter registration, if applicable.
Applicant's Name: Ricardo Hernandez Velasco Date: 06/25/2021
Home Address: _____ State: CA Zip Code: _____
Work Address: _____
Viejo: _____ N/A State: CA Zip Code: _____
Email: _____
Fax: _____
What is your preferred contact phone number? _____
May we leave a message at the above contact phone number? Yes No
May we fax HIV-related materials to the above fax number? Yes No
May we email HIV-related materials to the above email address? Yes No

City of employment/residence: Check the one that applies.
 North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
 Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
 South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote. To register to vote go to registerovote.ca.gov
Are you a registered voter: Yes No, If no please explain: _____

Personal Profile
Gender Identity: Male Female Transgender: Female-to-Male
 Transgender: Male-to-Female Not listed (specify): _____

Current Age: 56 Year of Birth: _____
Cultural/Libnic Identity: Check the ONE that best applies.
 African-American Pacific Islander (specify): _____
 Asian (specify): _____ White/Caucasian
 Latino/a/x (specify): Spanish Decline to State

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

<input type="checkbox"/> Native American (specify Tribe/Nation: _____)	<input type="checkbox"/> Not listed (specify): _____
HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.	
<input type="checkbox"/> MSM (men who have sex with men)	<input type="checkbox"/> Person who injects drugs (PWID)
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> MSM/PWID
<input type="checkbox"/> Perinatal	<input type="checkbox"/> Other (Specify): _____
Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select ALL that apply. If you have questions about the categories listed below, please contact (714) 834-8399.	
<input type="checkbox"/> Health Care Providers, including Federally Qualified Health Centers	
<input type="checkbox"/> Community Based Organizations serving affected populations/AIDS Service Organizations	
<input checked="" type="checkbox"/> Social Service Provider, including housing and homeless service provider	
<input type="checkbox"/> Mental Health Provider	
<input type="checkbox"/> Substance Abuse Provider	
<input type="checkbox"/> Local Public Health Agency	
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	
<input type="checkbox"/> State Medicaid Agency	
<input type="checkbox"/> State Part B Agency	
<input type="checkbox"/> Part C Provider	
<input type="checkbox"/> Part D Provider (if none, representative of organization with a history of serving children, youth, women, and families living with HIV)	
<input type="checkbox"/> Other Federal HIV Program (Prevention Services)	
<input type="checkbox"/> Other Federal HIV Program (Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)	
<input type="checkbox"/> Other Federal HIV Program (HOPWA)	
<input type="checkbox"/> Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release	
<input type="checkbox"/> Non-Elected Community Leader	
<input type="checkbox"/> Affected Communities: PLWH co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)	
<input checked="" type="checkbox"/> Affected Communities: PLWH and Historically Underserved Subpopulations	
<input checked="" type="checkbox"/> General Community Member	
Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check ALL that apply or N/A.	
<input checked="" type="checkbox"/> Person living with HIV	
<input checked="" type="checkbox"/> Representatives of HIV Care Services	
<input checked="" type="checkbox"/> Representatives of HIV Support Services	
<input type="checkbox"/> Representatives of HIV Prevention Services	
<input type="checkbox"/> Representatives of Affected Communities	

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

I am a Person living with HIV/AIDS since 1994

Latino immigrant part of the underserved community

Working with the community for over 18 in the medical treatment environment (HIV Specialty Pharmacies) as Community Liaison , Community Outreach Coordinator and Social Services Specialist.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Affirmation of Membership Commitment:

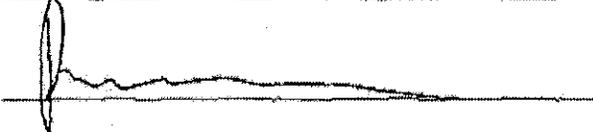
I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

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

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: Ricardo Hernandez Velasco

Signature: 

Date: 06/25/2021

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information.

Are you a current or former employee of the County of Orange? Yes No

If employed, who is your current employer? Advantage Healthcare Services Does not apply

Type of Business/Agency HIV Specialty Pharmacy Job Title: Social Services Specialist

Is your current employment HIV related? Yes No

Briefly describe your responsibilities:

As a Social Services Specialist for a HIV Specialty Pharmacy, I work directly with people living with HIV/Aids, coaching with their HIV regimen to keep them undetectable, healthy and in care. Besides I link them to other services like Housing, Mental Health, HIV Support groups, Drug abuse, Legal service.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Laguna Beach HIV advisor Committee, Member since 2013 leaving with HIV/AIDS I represent the Latino Community.

RADIANT HEALTH CENTER, I host Spanish speaking women group and education groups for the Spanish speaking clients.

SHANTI O.C coordinate and co-facilitate HIV education groups for Spanish speaking clients living in south O.C area.

APAIT, co-facilitate education group for people living with HIV

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

Living with HIV/AIDS for over 28, and facing the changes over these years, I been seen that the way the county allocate financial support to programs to manage this disease needs to be fit with the changes of todays needs. I would like to be more involve bringing ideas to allocate financial support to programs that benefict the HIV community all.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above Yes No

Are you receiving HIV services at a Ryan White Part A-funded Agency Yes No

If Yes, please indicate which Agency or Agencies Ryan White (dental Service)

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby voluntarily acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature:  Date: 06/25/2021

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

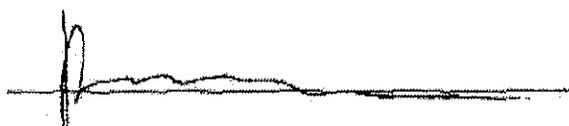
In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

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

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature:  Date: 06/25/2021

ORANGE COUNTY HIV PLANNING COUNCIL**APPLICATION INFORMATION AND INSTRUCTIONS**

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

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

Applicant Name: Ricardo Hernandez Velasco

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Council duties include D (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Council Duties

3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue
 - D. We avoid making impassioned pleas and we make decisions based on data



RICARDO HERNANDEZ VELASCO

SKILLS

Experienced HIV/AIDS health educator and partnership specialist with in-depth knowledge of Latino population, HIV disease management, and community outreach empowerment.

EXPERIENCE

ADVANTAGE HEALTHCARE SERVICES, Mission Viejo CA - Social Services Specialist

January 2021-Present

- Conduct, facilitate, and moderate workshops for individuals infected and affected by AIDS/HIV.
- Increase new patient enrolment to the pharmacy and link them to medical care.
- Represent the pharmacy at medical update training, conferences, and community events
- Collaborate with local health educators, case managers, and social workers related to AIDS/HIV care.
- Provide referrals to newly HIV diagnosed individuals
- Provide health education in adherence and medical updates to AIDS/HIV individuals.

QUALITY DRUG CLINICAL CARE, IRVINE CA - Community Outreach Coordinator.

June 2019 - January 2021

- Establishing relationships with AIDS/HIV providers, clinics, AIDS/HIV organizations, and I.D Specialist physicians.
- Build the relationship between Customer-Pharmacy
- Translate English to Spanish for monolingual customers (Spanish speaking)

LAGUNA DRUG PHARMACY, Laguna Beach CA - Community Liaison

January 2013 - June 2019

- Increase the volume of clients for the pharmacy.
- Translate English to Spanish for monolingual clients.
- Represent the pharmacy in AIDS/HIV community events.
- Host and coordinate HIV education groups with local HIV organizations.
- Counseling clients to keep good treatment adherence.

Modern Health Pharmacy, Monrovia CA Community Outreach Coordinator

June 2012 - January 2013

- Increase the volume of clients for the pharmacy.
- Coordinate and execution of outreach to existing and potential prescription clients relate to Modern Health Pharmacy
- Represent the pharmacy in AIDS/HIV community events.
- Host and coordinate HIV education groups with local HIV organizations.
- Counseling clients to keep good treatment adherence.

A-Med Health Care, Huntington Beach CA Community Liaison/Health Educator.

May 2009 - June 2012

- Establish Strong relationships with referral sources and clients.
- Coordinate and execution of outreach to existing and potential prescription clients relate to Pharmacy.
- Represent the pharmacy in local HIV organizations and events as well,
- Counseling clients to keep good treatment adherence.
- Host and coordinate HIV education groups with local HIV agencies.

Walgreen's, Fountain Valley CA Community Liaison

April 2008- May 2009

- Coordinate programs and services for HIV monolingual Spanish clients.
- Coordinate and execution of outreach to existing and potential prescription clients relate to Pharmacy.
- Represent the pharmacy in local HIV organizations and events as well,
- Counseling clients to keep good treatment adherence.
- Host and coordinate HIV education groups with local HIV agencies.

Pioneer HIV Specialty Pharmacy, Fountain Valley CA Community Liaison

October 2003- March 2008

- Conduct HIV outreach through educational health fairs in Orange County.
- Educate clients about treatment and side effects of AIDS/HIV medication.
- Represent the pharmacy in local HIV organizations and events as well.
- Counseling clients to keep good treatment adherence.
- Link clients to medical care and additional services with local HIV agencies.

EDUCATION

Medicare Fraud, Certification

April 2021 Recertification

HIPPA, Certification

February 2021 Recertification

Annenberg Center For Health Sciences, Experts in Residence HIV Care for Transgender Patients Certification

August 2016

National Council For Behavioral Health, Mental Health First AID USA.

June 2016 Certification

The Pacific AIDS Educational and Training Center At The University of California Irvine School of Medicine, HIV-AIDS On the front Line

April 2016 Certificate of Attendance

The Pacific AIDS Educational and Training Center At The University of California Irvine School of Medicine, And The Orange County Health Care Agency

April 2015 Certificate of Attendance

California STD-HIV Prevention Training Center Berkeley California, STD Overview for Non-Clinicians.

February 2005 Certificate

CSAD- Office of HIV-AIDS Policy OHAP

February 2004 Certificate of training

Bienestar Human Services, Facilitator Training

July 2009 Certification



MEMORANDUM

To: Robin Stieler, Clerk of the Board

From: Supervisor Donald P. Wagner, Third District

Date: August 17, 2021

RE: Supplemental Item for the August 24, 2021 Board of Supervisors Meeting

S33C

Please add to the August 24, 2021 Board of Supervisors Meeting Agenda for the Board to approve of the Irvine Ranch Conservancy applying for the California Fire Safe Council County Coordinators Grant Project and authorize the Chairman to sign the attached letter.

The California Fire Safe Council (CFSC), in partnership with the California State Association of Counties (CSAC) and the Rural County Representatives of California (RCRC), has announced the 2021 County Coordinators Grant Program to assist with wildfire mitigation outreach and coordination.

The objective of the County Coordinators Grant is to educate, encourage, and develop county-wide coordination among various wildfire mitigation groups operating within counties containing State Responsibility Area (SRA) lands. Counties may receive a one-time grant of \$175,000 to be used to cover administrative costs relevant to county-wide coordination efforts.

The Irvine Ranch Conservancy currently serves as facilitator for the County of Orange Area Safety Task Force ("COAST") and the Orange County Fire Watch Program and has a good deal of experience in such tasks.

RECEIVED
2021 AUG 17 PM 1:59
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

August 24, 2021

Dear California Fire Safe Council,

The County of Orange Board of Supervisors authorizes The Irvine Ranch Conservancy to apply on behalf of County of Orange for the 2021 California Fire Safe Council County Coordinators Grant Project and serve as the grant subrecipient. Our Board is confident that The Irvine Ranch Conservancy can execute the scope of the grant program and meet project metrics and deliverables.

The Irvine Ranch Conservancy is aware that, as a subrecipient, they will be required to work closely with the County of Orange Board of Supervisors and other fire mitigation groups within the county to meet the County Coordinators grant objectives of educating, encouraging, and developing county-wide collaboration and coordination. Our Board is prepared to support and assist The Irvine Ranch Conservancy in the execution of these project goals.

Should you require additional confirmation of County of Orange's support of The Irvine Ranch Conservancy's. The Board of Supervisor's office may be reached at 714-834-3110 and Andrew.Do@ocgov.com.

Signed,

Andrew Do, Chairman, County of Orange Board of Supervisors

Date

Robin Steiler, Clerk of the Board of Supervisors
County of Orange, State of California

Date

BACKGROUND INFORMATION:

OC Community Resources' Office on Aging (OCCR/OoA) is the designated Area Agency on Aging (AAA) for Orange County by the California Department of Aging (CDA). OoA serves as the lead advocate, systems planner, and program administrator for services that promote safety and independence for older adults. Services include adult day care, case management, in-home services, information and assistance, health promotion, legal assistance, nutrition services, transportation, family caregiver support services, ombudsman program services and elder abuse prevention. While each of these programs are unique in their scope, they all required a shift in reliance on technology to engage older adults participating in their services during the COVID-19 pandemic.

On July 17, 2021, the Orange County Senior Citizen Advisory Council (SCAC) released a letter and report regarding technology needs for older adults in Orange County. The recommendations focused on the need to bridge the digital divide as a result of the pandemic, and in support of goals outlined in California's Master Plan for Aging. Due to the mandated closure of senior centers and the need to maintain social distancing, several service providers have turned to creating virtual platforms and, because of its success, many providers plan to continue to offer online services long after the pandemic is over. Accessing such platforms requires immediate access to the internet and technological devices such as smart phones or tablets. However, studies indicate that only 40% of older adults have access to smartphones.

Recent data from the Orange County Health Care Agency indicates that about 2,200 older adults contacted the County's COVID-19 call center requesting assistance with registering in Othena for a vaccine appointment due to lack of access to a computer, tablet, smart phone or internet. Older adults, particularly those that are high risk, homebound or in residential care, have come to rely on access to technology in order to participate in telehealth appointments with doctors and other medical and mental health providers as well as stay connected to family and friends, and participate in virtual programs offered by senior centers.

The training subscriptions will play a pivotal role in bridging the digital divide in Orange County by tailoring their programs to meet the specific needs of Orange County older adults. They are the largest online virtual learning community customized for older adults. An online virtual learning community customized for older adults is needed where all classes are taught by older adults in small groups to ensure everyone can actively participate and offers live sessions with interactive coaches that engage older adults by giving them personalized tutoring. Recorded classes should be available 24/7.

The County needs to alleviate the insufficiency of technology present in the older adult community by implementing these services that will help to bridge the digital divide, highlighted in the California Master Plan for Aging and amplified by the pandemic. These recommended actions will enable staff to develop a program whereby the devices, including the data plan for internet access, would be made available to older adults on a no-charge, loan basis. This would facilitate online access to educational courses to help cultivate a tech-savvy older adult population in Orange County, promote continuous learning, increase socialization and reduce loneliness and isolation. These newly acquired resources will provide older adults with a greater level of connectivity to virtual platforms. Alternative services rendered by Aging contractors alone reflect that older adults have regularly engaged in virtual adult day care and senior activity sessions. Making technology a more equitable resource will further enhance such programs and will be advantageous to our isolated, high risk and homebound older adult population.

FINANCIAL IMPACT:

The proposed one-year Bridging the Digital Divide Program will require financial appropriations to be allocated through the County's American Rescue Plan Act funding. Once the vendor is identified, OCCR will return to the Board for approval of a Contract.

STAFFING IMPACT:

N/A

ATTACHMENT(S):

- Attachment A - Senior Citizen Advisory Council Letter
- Attachment B - Senior Citizen Advisory Council Report
- Attachment C - Needs Assessment Matrix

Senior Citizens Advisory Council

1300 South Grand Avenue, Building B
Santa Ana, CA 92705
(714) 480-6450 ♦ (714) 567-5021 FAX
www.officeonaging.ocgov.com



July 27, 2021

Dear Chairman Do and Members of the Board,

As the advisory body to the Orange County Board of Supervisors on matters relating to our county's older adults, the Orange County Senior Citizens Advisory Council (SCAC) brings to you an immediate and pressing need of Orange County Senior Citizens; one which has been greatly magnified by the COVIC-19 pandemic.

The **"Digital Divide"** experienced by Orange County senior citizens further increases the disparity in access to:

- healthcare information and services
- independent living
- mental stimulation
- socialization with family and friends for mental well-being
- nutritional support and services
- education and reporting of elder abuse

We have identified the following immediate needs, and are providing corresponding solutions for your consideration:

Need #1. – Access to Devices. Under the Connections, Health, Aging and Technology (**CHAT**) project, the California Department of Aging is leveraging Federal CARES Act dollars, to distribute at least 4,000 iPads with data plans and customized onboarding and technical support statewide to older adults in need. Only 300 iPads are slated to come to Orange County. This is not enough to meet the need. We request that the Board of Supervisors approve the purchase of a minimum 2200 additional iPads.

Need #2. – Training. Provide an online subscription, available to all Orange County senior citizens, to **Get Set Up** which is an online class educational site – classes for seniors taught by seniors. Mental stimulation is a proven deterrent to depression, and a delayer of cognitive decline. Class seat rates vary upon number purchased. 42,000 class seats purchased at \$2.35 per class seat is \$98,700 for the first year. We request that 42,000 to 50,000 classes be purchased for Orange County Senior Citizens. **Get Set Up** also provides the possibility for older adults to be employed as instructors.

Need #3. – Connectivity. Create a lasting **Orange County Emergency Broadband Benefit Program**, a replica of the Federal Emergency Broadband Benefit Program, to provide connectivity to Orange County Senior Citizens in need. The Federal program,

SCAC Board

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♦ Cynthia Thacker, Member-at-Large ♦ John Pointer, Past Chair*

which is only a six-month program, makes discounts available through the Federal Communications Commission's \$3.2 billion Emergency Broadband Benefit Program. Orange County Senior Citizens need lasting connectivity, not just for six months.

Orange County senior citizens and their health, mental health, access to services, independent living, and quality of life are depending on the Board of Supervisors immediate action in taking these first three steps in bridging the Digital Divide. These actions are consistent with the California Master Plan on Aging.

Please see the attached report for supporting information.

We welcome your input and communication with us as we work together to serve the older adults of Orange County.

Sincerely,

Elaine Gennawey

Elaine Gennawey, Chair
Senior Citizens Advisory Council

Senior Citizens Advisory Council

1300 South Grand Avenue, Building B
Santa Ana, CA 92705
(714) 480-6450 ♦ (714) 567-5021 FAX
www.officeonaging.ocgov.com



TO: Orange County Board of Supervisors

FROM: Orange County Senior Citizens Advisory Council (SCAC)

RE: **Immediate Action - Technology Request for Orange County Senior Citizens**

The Orange County Senior Citizens Advisory Council is charged with the responsibility of advising the Orange County Board of Supervisors and Office on Aging on matters affecting Senior Citizens in Orange County. The 40-member council is comprised of volunteer citizens, local elected officials, representatives of health care and supportive service provider organizations, persons with leadership experience, and the general public. (source: ocgov.com)

Orange County Senior Citizens are the only age group that is growing as a proportion of the population, while all other age groups are shrinking. The growth rate in Orange County is greater than the rest of the nation. It is anticipated that in the next 20 years, 1 in 4 Orange County residents will be age 65 or older. (source: 2019 American Communities Survey)

ACTION SUMMARY:

Even before Covid-19, the SCAC Executive Board was aware of the multitude of problems created by the **Senior Digital Divide** and looked towards technology for solutions. The SCAC Technology Committee was created to explore both the challenges facing seniors in the functioning of their daily lives, and the solutions to present to the Orange County Board of Supervisors.

Clearly, one of the solutions has to do with decreasing the **Senior Digital Divide** where seniors are divided into two groups - the haves and the have-nots.

To mitigate the challenges in order to decrease isolation, and increase access to services and information SCAC is requesting the Orange County Board of Supervisors take immediate action on these three items to:

1. **Provide technology for at least 2500 people.** The Connections, Health, Aging and Technology (CHAT) State project is providing Orange County Seniors with 300 iPad setups. We request that this program be available for at least 2200 more seniors. COVID-19 related Federal funding can be used towards the purchase and set-up of the iPads. Mental Health funding can also be accessed because of the strong correlation between

SCAC Board

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♦ Cynthia Thacker, Member-at-Large ♦ John Pointer, Past Chair

mental/emotional well-being and isolation prevention. 2500 is a low-end estimate derived as a percentage of the older adults that had to call the OC Health Care Agency for a Covid vaccination appointment instead of making an appointment online because they did not have access to technology. We also know that City staffs at City owned and operated Senior Centers reached out to their clients to assist with making vaccine appointments as well; this additional number is not available.

2. Purchase a **Get Set Up subscription** for all Orange County Seniors, a quantity of 42,000 to 50,000 seats. 42,000 class seats purchased at \$2.35 per class seat is \$98,700 for the first year. **Get Set Up** provides “how to use technology” classes in addition to 350 classes on a variety of topics including, health & wellness, aging in place, social connections, financial planning, communication, business & entrepreneurship, art, travel, and technology.

Engaging in learning reduces isolation, enhances cognitive health and overall well-being.

Learning how to use technology provides access to services, support, and necessary information. As cited in the Orange County Strategic Plan on Aging, health outcomes associated with telehealth include reduced mortality, improved quality of life, reduced hospital admissions, and better disease self-management skills.

3. Create an **Orange County Broadband Benefit Program**. Connectivity is key to access technology, services, and information. Barriers to connectivity increase the chasm created by the **Senior Digital Divide**. The 6-month Federal Emergency Broadband Benefit Program does not meet the continued need of Orange County Senior Citizens.

SCAC requests that action be taken on these above outlined items while one-time COVID-19 funding is available, and supplement funding as necessary.

Why these action items so important to Orange County Senior Citizens:

The Need

One of the most important things facing seniors is isolation and loneliness. Seniors have always had the challenges that occur as they live alone and have significant losses including family, friends, illness, and hearing problems.

Unfortunately, this has been exacerbated during Covid-19. The very restrictions that protected them from physical problems set the stage for mental problems. According to a University of Michigan poll on healthy aging, 56% of older adults said they felt isolated in June 2020.

Quantifying the problem: According to Margaret Bredehoft, DrPH, Deputy Agency Director – Public Health Services, OC Health Care Agency, to date they have supported 6500 inbound calls looking for COVID vaccine support in terms of connection. Seniors who made this call did so because they did not have computer access.

Older adults are disproportionately excluded from communication technologies. Only 40% of older adults use smartphones, and that rate declines to 17% among adults age 80 plus.

Internet use is slightly higher, but more than a quarter of older adults lack access to the internet. A majority of older adults say they need help setting up digital devices. We know that more than 2 of every 5 Medicare beneficiaries who live in their homes do not have access to a laptop computer with a high-speed connection. More than a quarter also do not have a smartphone or other digital device that could fill the gap.

The disparity created by the **Senior Digital Divide** shines a bright light on the fact that a public health crisis becomes an information crisis for older adults.

Quality of the problem: The problem is serious. Loneliness can be as deadly as smoking or obesity, according to a Brigham Young University study. The serious and dangerous health issues include:

- Stress.
- depression
- Unhealthy habits such as smoking, drinking in excess, and neglecting exercise.
- Cognitive decline A study by the Rush Institute for Healthy Aging noted that the risk of Alzheimer's nearly doubled in lonely adults and mental decline was faster.
- Increased elder abuse
- Pessimism – isolated seniors tend to predict their lives getting worse.
- Lack of access to health care via tele-medicine.
- Suicide – The leading demographic for suicide is senior males.

SOLUTIONS

Connections, Health, Aging and Technology (CHAT) project:

The California Department of Aging (CDA) has been working collaboratively with workgroups of Area Agency on Aging (AAA) directors, the California Department of Technology, and other stakeholders on strategies to bridge the digital divide, and address social isolation for older Californians, people with disabilities and caregivers. This includes forming public/private partnerships to identify and leverage federal CARES Act funding. The CHAT project is to distribute at least 4,000 iPads with data plans and customized onboarding and technical support. To help seniors, research must be done on the cost/unit to ascertain the cost of increasing the CHAT iPads from 300 – thousands for Orange County. The purpose of the project is to mitigate loneliness and isolation for older adults, providing them with greater access to resources and information. We simply must do that for more than 300 seniors.

California is receiving 4,000 iPads and only 300 are coming to Orange County. This is not enough. SCAC strongly encourages the Board of Supervisors to investigate additional funding sources to continue increasing the numbers in the CHAT project and to provide financial support for this and other projects after the rescue money is gone. The estimated cost of each iPad device including data plan is \$995.00, for a total investment of \$2,189,000.00

GetSetup

GetSetup is a platform that will bridge the Senior Digital Divide by connecting Orange County's seniors with live, online lessons about frequently used tech programs and services, including mobile banking, telehealth options, online grocery, and prescription shopping & delivery, preparing for Medicare enrollment, using LinkedIn, finding online exercise classes and more.

All courses are taught in real-time, online by a GetSetup Instructor -- not just a recorded video -- and involve interactive "learn by doing" instruction for participants. GetSetup Instructors are seasoned, retired educators who have been retrained to teach essential tech services, apps, programs. To provide this service throughout Orange County to interested older adults, we recommend that 42,000 to 50,000 seats be provided to Orange County Seniors. 42,000 class seats purchased at \$2.35 per class seat is \$98,700 for the first year.

For example, here is the Sacramento area AAA website that features Get Set Up free of charge: www.agencyonaging4.org

The Emergency Broadband Benefit Program:

This Federal program is an example of what is needed but, unfortunately, it is only a 6-month program. Broadband providers that service Southern California offer struggling households monthly discounts of up to \$50 on qualifying internet plans. The discounts are made possible through the Federal Communications Commission's \$3.2 billion Emergency Broadband Benefit Program. This program indicates the fact that the government understands the needs SCAC has identified, but it barely touches the surface of the need and does not meet the long-term goals of serving Orange County Seniors. It must not be considered the total solution. Here is what it will do.

Future Actions

Conduct a demographic study for Orange County that highlights "The Senior Digital Divide." The California State University Fullerton's Center for Demographic Research states that there is a need for more data in this area. Yet the use of and the lack of communication with a computer will not decrease soon.

Market the programs with a public service campaign, non-profit organizations, brochures in public utility statements.

Pursue a public/private partnership with broadband providers and/or tech non-profits targeting seniors to provide reduced cost tablets for the "missing middle" seniors that would not qualify for any programs or establish an interest free loan program.

BENEFITS

Taking action on SCAC's recommendations will greatly benefit Orange County Seniors and help them to live an active life with connections to family, friends, medical professionals. By connecting OC Seniors to technology, we establish OC as an age friendly place.

Benefits include:

- Decrease depression
 - Postpone the depression that often comes from isolation and loneliness.
 - Promote mental stimulation & entertainment
 - Strengthen relationships with family and friends
- Delay cognitive decline
 - Mental stimulation -watching videos, games, learning
- Promote physical health
 - Medical information
 - Appointments with doctors (Tele-health)

- Physical fitness
- Communicating with doctors & pharmacy
- Monitoring medical conditions
- Prescription refills
- Safety
 - Calling for help
 - Elder Abuse Awareness Education
 - Well Checks
- Socialization
 - Learn new things & make new friends while doing so
 - Club and Organization newsletters and websites
- Convenience helps seniors be independent
 - Shopping for food & other items to be delivered
 - Online bill pay
 - Access to information

SCAC looks forward to working together with the Orange County Board of Supervisors in bringing these much -needed technology components to connect OC Seniors.

Connection brings hope!

SCAC Request	Financial Impact	Potential Funding Source	County/OCCS Implementation
<p><u>Need #1</u> <i>2,200 tablets to provide older adults with access to technology</i></p>	<p><u>Connections, Health, Aging and Technology (CHAT) project:</u> The estimated cost of each iPad device (2,200 units) including data plan for one year is \$995.00, for a total investment of \$2,189,000.00</p>	<p>Orange County ARPA (COVID related funding)</p>	<p>OCCR/Office on Aging to execute a sole source contract with Get Set Up company, IT administrative provider who can purchase devices; manage client enrollment, distribution, set-up; and provide ongoing tech support (help desk). Quotes: \$55-\$65 per device = \$143,000.00 annually Plus 10% OCCR Admin. for contract oversight = \$14,300 annually * Sole source justification- they are the only company specifically geared toward older adults that offer this service. They are endorsed by the state and our association C4A.</p>
<p><u>Need #2</u> Purchase a “Get Set-Up” subscription for all OC Seniors (42,000 to 50,000 “seats” needed)</p>	<p><u>Get Setup:</u> Recommend that 42,000 to 50,000 seats be provided to Orange County Seniors. 42,000 class seats purchased at \$2.35 per class seat is \$98,700 for one year.</p>	<p>Orange County ARPA (COVID related funding)</p>	<p>OCCR/Office on Aging execute a sole source contract with Get Set Up company. Annual Subscription includes access to unlimited classes = \$98,700.00 annually Plus 10% OCCR Admin. for contract oversight = \$9,800 annually</p>

<p><u>Need #3</u> Create an OC Broadband Benefit Program (6 month span inadequate. Need “lasting connectivity”)</p>	<p>The <u>Emergency Broadband Benefit Program</u>: \$50/mo. internet plan discount / 6-month program for low income individuals.</p>		<p>Federal Communications Commission’s Emergency Broadband Benefit Program (\$3.2 billion)</p>	<p>* Sole source justification- they are the only company specifically geared toward older adults that offer this service. They are endorsed by the state and our association C4A.</p>
<p>No solid details yet. Suggest Local/County support for any State/Federal programs.</p>				



MEMORANDUM

To: Clerk of the Board

From: Katrina Foley, Orange County Board of Supervisors 2nd District

Date: August 17, 2021

KAF

S33E

RE: Supplemental Agenda Item for the August 24, 2021 Board of Supervisors Meeting

During the Orange County Board of Supervisors meeting on August 24, 2021, I would like to re-appoint Thomas C. Edwards to the Assessment Appeals Board No. 1 for Orange County to complete the term of September 6, 2021 to September 8, 2024.

Please place this item on the 8/24/2021 agenda.

CC: Frank Kim, Chief Executive Officer
Orange County Board of Supervisors

RECEIVED
2021 AUG 18 AM 11:25
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

Assessment Appeals Board

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [] First [x] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Thomas Cole Edwards
First Name Middle Name Last Name
Newport Beach CA
City State Zip Code

CURRENT EMPLOYER:
OCCUPATION/JOB TITLE:
BUSINESS ADDRESS:
BUSINESS PHONE NUMBER:

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [x] YES [] NO
IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [x] YES [] NO
IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

RECEIVED CLERK OF THE BOARD

JUN 10 2021

AJ

Continuation of page 2 of Application.

In the time that I have served I believe I have contributed to the public's understanding and transparency of the Assessment Appeals process. The work is enjoyable and interfacing with the public is an important service to the community at large and further instills confidence in the system.

THOMAS COLE EDWARDS

RESUME

Thomas Cole Edwards is an AV rated attorney.

Selected Achievements:

- Mr. Edwards conducted a practice which has dealt with a myriad of issues and successfully served a wide variety of clients. Much of the work dealt with companies in the Real Estate and Mortgage Lending Practice in California. The firm however represent an array of clients from Developers to Architectural Firms and Food Companies.
- Successfully dealt with and represented clients before the State and Federal Courts in California as well as regulatory agencies in the State. This included but was not limited to the Department of Real Estate, Department of Corporations and Department of Labor.
- Appointed as Special Compliance Counsel by the California Department of Corporations.
- Successfully defended and resolved class action litigation on behalf of a client in the Superior Court of California, County of San Francisco.
- Successfully negotiated a labor contract on behalf of a client against the Teamsters Union.
- Represented clients before County, State and Federal Agencies while drafting legislation at the Federal, State and County levels and testified before Congress as well as the California State Assembly.
- Represented both buyers and sells in acquisition of companies as well as negotiated loan and lease agreements for clients.
- Served as special consultant on airport issues for the City of Newport Beach, California.
- Served as Special Hearing Officer for the City of Long Beach, concerning administrative appeals.

Community Involvement:

- Past President of Newport Beach, Public Library Foundation.
- Previously Chosen as Citizen of the Year, Newport Beach, California.
- Served as Mayor of Newport Beach, California.

- Served as Mayor Pro-Tem, Newport Beach, California.
- Served as City Councilman, Newport Beach, California.
- Served as Chairman of the Planning Commission, Newport Beach, California.
- Served as Member of the Planning Commission, Newport Beach, California.
- Served as Member Orange County El Toro Citizens Advisory Commission, responsible for planning the reuse of El Toro MCAS upon closure. During tenure served as Chairman.

Selected Achievements:

- Assisted in the initial creation and negotiation of the John Wayne settlement agreement, as well as subsequent amendments which is a unique locally controlled and court imposed mandated restriction on the Airport.
- Lobbied at the Federal level for the grandfathering of the Settlement Agreement pursuant to Airport Noise and Capacity Act, including testifying before Congress on the issue.
- Assisted in the creation and drafting of a County Wide Initiative to control the planning process for the closure of El Toro, MCAS.
- Served as general counsel for Orange County Airport Site Coalition.
- Served as Judge Pro-Tem in the Superior Court of Orange County.
- Past Member of the American Arbitration Association Panel of Arbitrators.
- Past Member of Library Board of Trustees, Newport Beach, California.
- Past Member of Orange County Law Library Board of Trustees.
- Lectured before the Orange County Bar Association and Commercial Real Estate Brokers of Orange County.

Education:

University of California at Los Angeles, California - B.S.
The National Law Center, The George Washington University, Washington, D.C., - J.D.

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- Served as City Councilman, Newport Beach, California.
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Education:

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The National Law Center, The George Washington University, Washington, D.C., - J.D.



County Executive Office

Memorandum

August 18, 2021

To: Clerk of the Board of Supervisors
From: Frank Kim, County Executive Officer
Subject: Exception to Rule 21

Digitally signed by Frank Kim
DN: cn=Frank Kim, o=County
of Orange, ou=CEO,
email=frank.kim@ocgov.com
, c=US
Date: 2021.08.18 15:32:10
-07'00'

RECEIVED
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

2021 AUG 19 PM 12:42

S33F

The County Executive Office is requesting a Supplemental Agenda Staff Report for the August 24, 2021, Board Hearing.

Agency: OC Public Works
Subject: Appoint Orange County Agricultural Commissioner and Orange County Sealer of Weights and Measures
Districts: All Districts

Reason for supplemental: The County Executive Office is requesting this item be placed on the August 24, 2021, Board agenda as the position has been vacant since March 2021 and after an extensive recruitment process the position is ready to be filled. The selected candidate must have Board approval before employment can commence. This Agenda Staff Report and attachments were finalized after the filing deadline to the Clerk of the Board.

Concur:

Andrew Do, Chairman of the Board of Supervisors

cc: Board of Supervisors
County Executive Office
County Counsel



**SUPPLEMENTAL AGENDA ITEM
AGENDA STAFF REPORT**

MEETING DATE: 8/24/21
LEGAL ENTITY TAKING ACTION: Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S): All
SUBMITTING AGENCY/DEPARTMENT: OC Public Works
DEPARTMENT HEAD REVIEW: 
Department Head Signature
DEPARTMENT CONTACT PERSON(S): James Treadaway (714) 667-9700
Amanda Carr (714) 955-0601

2021 AUG 19 PM 12:42
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS
RECEIVED

SUBJECT: Appoint Orange County Agricultural Commissioner and Orange County Sealer of Weights and Measures

CEO CONCUR


Digitally signed by Frank Kim
DN: cn=Frank Kim, o=County of
Orange, ou=CEO,
email=frank.kim@ocgov.com,
c=US
Date: 2021.08.18 15:31:24 -0700

CEO Signature

COUNTY COUNSEL REVIEW

Approved as to form.

Action
Jeri Maksoudian

County Counsel Signature

CLERK OF THE BOARD

Discussion

3 Votes Board Majority

Budgeted: Yes

Current Year Cost: See Financial Impact Section

Annual Cost: See Financial Impact Section

Staffing Impact: No

of Positions: N/A

Sole Source: N/A

Current Fiscal Year Revenue: N/A

Funding Source: General Fund 100%

County Audit in last 3 years No

Prior Board Action: 3/24/2020 #37, 4/12/2016 #32

RECOMMENDED ACTION(S)

1. Find that the appointment of Jose A. Arriaga to the consolidated offices of Orange County Agricultural Commissioner and Orange County Sealer of Weights and Measures for a four-year term is in the best interests of the County.
2. Appoint Jose A. Arriaga to a four-year term as Orange County Agricultural Commissioner and Orange County Sealer of Weights and Measures effective September 24, 2021.

SUMMARY:

Appointment of Jose A. Arriaga as the next Orange County Agricultural Commissioner and Orange County Sealer of Weights and Measures will fill the current vacancy in the consolidated offices resulting from the recent retirement of Jeffrey R. Croy.

BACKGROUND INFORMATION:

The consolidated offices of the Orange County Agricultural Commissioner and the Orange County Sealer of Weights and Measures are state-mandated positions that serve upon the appointment of the Board of Supervisors (Board) to a four-year term (California Food and Agriculture Section 2122). On April 12, 2016, the Board appointed Jeffrey R. Croy as Orange County Agricultural Commissioner and Sealer of Weights and Measures. On March 24, 2020, the Board re-appointed Mr. Croy to a second four-year term. Subsequently, Mr. Croy retired from County of Orange (County) service on March 25, 2021. Human Resource Services conducted a recruitment for the Orange County Agricultural Commissioner and Sealer of Weights and Measures position, which was open to the public. Extensive outreach was conducted to promote this recruitment including sending emails to those individuals who hold the two licenses required for this position, the California County Agricultural Commissioner License and the California Sealer of Weights and Measures License. Three people applied for this position; all applicants met the minimum qualifications for the position and possessed both required licenses. As a result of the recruitment process, the County Executive Office (CEO) and OC Public Works recommend the appointment of Jose A. Arriaga as the next Orange County Agricultural Commissioner and Sealer of Weights and Measures.

Mr. Arriaga possesses 14 years of experience working in public sector agricultural agencies. Since July 2019, he has most recently served as an Assistant Agricultural Commissioner for Contra Costa County. Prior to that role, he worked as the Assistant Agricultural Commissioner for Solano County between 2018 and 2019, and served as a Deputy Agricultural Commissioner for San Diego County. Mr. Arriaga earned a Bachelor's degree in Biology from California State Polytechnic University, Pomona, and is a licensed Agricultural Commissioner and Sealer of Weights and Measures by the State of California. Due to his varied statewide experience and knowledge of the duties and responsibilities of the Agricultural Commissioner and Sealer of Weights and Measures, the CEO and OC Public Works are confident in his ability to lead in this role.

The Orange County Agricultural Commissioner and Sealer of Weights and Measures manages programs which promote environmental quality, certify consumer weights and measures and sustain business competitiveness through education, regulation and collaborative regional programs. Duties include preventing invasive pests and certifying the safety of plant shipments, enforcing pesticide use regulation and conducting pesticide-related illness investigations and integrated pest management activities, and inspecting and certifying commercial weighing measuring devices and investigating complaints. The Agricultural Commissioner and Sealer of Weights and Measures also represents the County in Statewide and federal policy development as it pertains to Pesticide Use, Agricultural and Weights and Measures laws.

California Food and Agriculture Code 2121 requires that the Orange County Agricultural Commissioner be appointed by the Board. The County Codified Ordinances 1-2-18 consolidated the offices of the Orange County Agricultural Commissioner and County the Sealer of Weights and Measures. Business and Professions Code 12200 authorizes the Board to appoint the County Sealer of Weights and Measures. Although the Office of County Agricultural Commissioner is not subject to any residency requirement (Food and Agricultural Code 2104 and Government Code Section 24001), the County Sealer of Weights and Measures is subject to the standard (but waiveable) requirement that, as a County officer, the office holder be a registered voter in the County of appointment. Mr. Arriaga will be relocating to Orange County from Contra Costa County and intends to register to vote in Orange County prior to the September 24, 2021, effective date of his proposed appointment.

Compliance with CEQA: This action is not subject to the requirements of CEQA.

FINANCIAL IMPACT:

The negotiated salary for Mr. Arriaga at the Administrative Manager II position is \$141,440. The the total estimated FY 2021-22 salaries and employee benefits (S&EB) cost to the County is \$218,368. S&EB appropriations are included in the FY 2021-22 Budget for Budget Control 080, OC Public Works, and will be included in the budgeting process for future years.

STAFFING IMPACT:

ATTACHMENT(S):

Attachment A - California Food and Agricultural Code Section 2121 and 2122

Attachment B - Orange County Codified Ordinances Section 1-2-18

Attachment C - Business and Professions Code Section 12200

Attachment D - Food & Agriculture Code Section 2104

Attachment E - Government Code Section 24001



California
LEGISLATIVE INFORMATION

FOOD AND AGRICULTURAL CODE - FAC
DIVISION 2. LOCAL ADMINISTRATION [2001 - 2344]
(Division 2 enacted by Stats. 1967, Ch. 15.)

CHAPTER 2. County Agricultural Commissioners and Their Employees [2101 - 2287]
(Chapter 2 enacted by Stats. 1967, Ch. 15.)

ARTICLE 2. Appointment and Employment [2121 - 2129]
(Article 2 enacted by Stats. 1967, Ch. 15.)

2122.

The term of office of the commissioner shall be four years from and after his appointment and until his successor is appointed. He may, however, be removed pursuant to this chapter.

(Enacted by Stats. 1967, Ch. 15.)



ARTICLE 2. - AGRICULTURAL COMMISSIONER AND SEALER OF WEIGHTS AND MEASURES

Sec. 1-2-18. - Offices consolidated.

The office of Agricultural Commissioner of the County of Orange and the office of Sealer of Weights and Measures of the County of Orange are hereby consolidated. Whenever in any law or ordinance, the term Sealer of Weights and Measures appears, the same shall be deemed to refer to the Agricultural Commissioner, and whenever in any law or ordinance any duties are imposed upon or prescribed for the Sealer of Weights and Measures, the same shall be deemed to refer to the Agricultural Commissioners and such duties shall be performed by said Agricultural Commissioner.

(Code 1961, § 12.021)



California Code, Business and Professions Code - BPC § 12200

There is in each county the office of county sealer of weights and measures. The county sealer shall be appointed by the board of supervisors, except in chartered counties where a different method of appointment is prescribed. The term of office of such sealer is four years from and after his appointment and until his successor is appointed but he may be removed as hereinafter provided.

In addition to his salary each sealer is entitled to his necessary traveling and other expenses incurred in the performance of his duties.

A county sealer may, with the consent of the power appointing him, appoint deputies or inspectors when necessary or expedient to carry out the duties of his office. Such deputies or inspectors shall serve at the pleasure of the county sealer.

The sealer may employ such clerks and employees as may be approved by the appointing power. Any such clerk or employee shall not have authority to enforce the provisions of this chapter.

A county may in its discretion refer to a deputy county sealer as a weights and measures inspector.



Food & Agricultural Code Section 2104

2104. A commissioner, deputy commissioner, or county agricultural inspector need not be a resident of the county for which he may be chosen.



Government Code Section 24001

Except as otherwise provided in Sections 27550.1 and 27641.1 or in this section, or in Section 21123 or 34711 of the Water Code, or in any landowner voting district, as defined in paragraph (8) of subdivision (b) of Section 10500 of the Elections Code, a person is not eligible to a county or district office, unless he or she is a registered voter of the county or district in which the duties of the office are to be exercised at the time that nomination papers are issued to the person or at the time of the appointment of the person. The board of supervisors or any other legally constituted appointing authority in a county or district may, if it finds that the best interests of the county or district will be served, waive the requirements of this section for an appointed county or district office.



County Executive Office

Memorandum

August 18, 2021

To: Clerk of the Board of Supervisors

From: Frank Kim, County Executive Officer

Digitally signed by Frank Kim
DN: cn=Frank Kim, o=County
of Orange, ou=CEO,
email=frank.kim@ocgov.com,
c=US
Date: 2021.08.19 08:12:10
-0700'

Subject: Exception to Rule 21

RECEIVED
2021 AUG 19 PM 2:10
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

S336

The County Executive Office is requesting a Supplemental Agenda Staff Report for the August 24, 2021, Board Hearing.

Agency: Sheriff-Coroner

Subject: FY 2020-21 Federal Equitable Sharing Agreement and Certification

Districts: All Districts

Reason for supplemental: The County Executive Office is requesting this item be placed on the August 24, 2021, Board agenda in order to comply with the federal Equitable Sharing Program from the U.S. Department of Justice and U.S. Department of the Treasury, which requires the Equitable Sharing Agreement and Certification to be submitted no later than September 1, 2021. This Agenda Staff Report and attachments were finalized after the filing deadline to the Clerk of the Board.

Concur:

Andrew Do, Chairman of the Board of Supervisors

cc: Board of Supervisors
County Executive Office
County Counsel

The ESAC binds Sheriff and the Board of Supervisors (Board) to the statutes and guidelines that regulate shared assets for participating in the federal Equitable Sharing Program and the restrictions upon the use of federally-forfeited property or proceeds from such property that is equitably shared. The ESAC indicates that Sheriff and the Board certify that the accounting of funds received and spent by Sheriff during the preceding fiscal year is accurate and in compliance with the guidelines and statutes that govern the equitable sharing program.

If the recipient agency fails to comply with the provisions of the ESAC, the recipient agency could be barred from further participation in the sharing program; could be subject to civil actions to enforce the agreements; or, where warranted, could be subject to federal criminal prosecution for false statements or fraud involving theft of federal program funds.

Macias, Gini & O'Connell LLP conducted the annual Single Audit (Audit) for the year ended June 30, 2018. The Audit disclosed that six equipment purchases did not reconcile with the location indicated on Sheriff's property records, one equipment purchase did not have the correct serial number on Sheriff's property records and six assets were not tagged with an asset identification number for tracking purposes. It was recommended that Sheriff make the appropriate corrections. Sheriff complied with the request.

Additionally, the U.S. Department of the Treasury conducted an audit of Regional Narcotics Suppression Program (RNSP) in 2019 for fiscal years ending in 2015, 2016 and 2017. The U.S. Department of the Treasury had an audit finding: In FY 2014-15, RNSP overstated U.S. Department of the Treasury equitable sharing receipts by \$5,477.09. To correct this error, RNSP was directed to amend its most recently filed ESAC and report \$5,477.09 on Line M, Non-categorized expenditures. RNSP complied with the directive.

The Board approved the closeout ESAC report for Fund 118 and Fund 125 at its June 22, 2021, meeting. Based on the July 2018 Equitable Sharing Program guidelines, agencies participating in task forces may designate one task force member agency to serve as the fiduciary agency for the task force. The fiduciary agency may submit one Equitable Sharing Request form and one ESAC on behalf of the task force. In order for Sheriff to comply with the guidelines, the RNSP Fund 118, RNSP – U.S. Department of Justice and Fund 125, RNSP – U.S. Department of Treasury were closed in FY 2020-21 and the residual account balances were transferred to Sheriff Fund 132, Sheriff Narcotics Program – U.S. Department of Justice and Fund 139, Sheriff Narcotics Program – U.S. Department of the Treasury.

In addition, the Board approved past ESACs on August 25, 2020, August 27, 2019, August 14, 2018, and August 22, 2017. The reports that are required to be submitted are based on data collected through the fiscal year and are made available in late July. Sheriff requests that the Board approve the ESAC for Sheriff-Coroner Department for FY 2020-21 as referenced in the Recommended Actions. The ESAC is submitted electronically; the Sheriff has reviewed and approved the FY 2020-21 ESAC.

FINANCIAL IMPACT:

N/A

STAFFING IMPACT:

N/A

ATTACHMENT(S):

Attachment A - FY 2020-21 Agreement & Certification for the Sheriff-Coroner Department

**Equitable Sharing Agreement and Certification**

NCIC/ORI/Tracking Number: CA0300000
 Agency Name: Orange County Sheriff-Coroner Department
 Mailing Address: 320 N. Flower St. Suite 108
 Santa Ana, CA 92703

Type: Sheriff's Office

Agency Finance Contact

Name: Jamili, Daphne
 Phone: 7148346057 Email: djamili@ocsheriff.gov

Jurisdiction Finance Contact

Name: Wilkerson, Lynn
 Phone: 7148346686 Email: lwilkerson@ocsheriff.gov

ESAC Preparer

Name: Jamili, Daphne
 Phone: 7148346057 Email: djamili@ocsheriff.gov

FY End Date: 06/30/2021

Agency FY 2022 Budget: \$6,832,249.00

Annual Certification Report

Summary of Equitable Sharing Activity		Justice Funds ¹	Treasury Funds ²
1	Beginning Equitable Sharing Fund Balance	\$12,395,930.58	\$1,545,896.69
2	Equitable Sharing Funds Received	\$1,369,261.62	\$396,937.88
3	Equitable Sharing Funds Received from Other Law Enforcement Agencies and Task Force	\$618,524.41	\$6,735.01
4	Other Income	\$34,426.89	\$0.00
5	Interest Income	\$48.71	\$14,071.66
6	Total Equitable Sharing Funds Received (total of lines 2-5)	\$2,022,261.63	\$417,744.55
7	Equitable Sharing Funds Spent (total of lines a - n)	\$1,908,207.59	\$51,471.03
8	Ending Equitable Sharing Funds Balance (difference between line 7 and the sum of lines 1 and 6)	\$12,509,984.62	\$1,912,170.21

¹Department of Justice Asset Forfeiture Program participants are: FBI, DEA, ATF, USPIA, USDA, DCIS, DSS, and FDA

²Department of the Treasury Asset Forfeiture Program participants are: IRS, ICE, CBP and USSS.

Summary of Shared Funds Spent		Justice Funds	Treasury Funds
a	Law Enforcement Operations and Investigations	\$630,617.71	\$0.00
b	Training and Education	\$38,214.56	\$3,231.81
c	Law Enforcement, Public Safety, and Detention Facilities	\$150,898.00	\$10,168.41
d	Law Enforcement Equipment	\$866,229.35	\$35,312.29
e	Joint Law Enforcement/Public Safety Equipment and Operations	\$0.00	\$0.00
f	Contracts for Services	\$27,324.19	\$2,758.52
g	Law Enforcement Travel and Per Diem	\$154.17	\$0.00
h	Law Enforcement Awards and Memorials	\$478.42	\$0.00
i	Drug, Gang, and Other Education or Awareness Programs	\$10,000.00	\$0.00
j	Matching Grants	\$0.00	\$0.00
k	Transfers to Other Participating Law Enforcement Agencies	\$0.00	\$0.00
l	Support of Community-Based Programs	\$0.00	
m	Non-Categorized Expenditures	\$184,291.19	\$0.00
n	Salaries	\$0.00	\$0.00
Total		\$1,908,207.59	\$51,471.03

Equitable Sharing Funds Received From Other Agencies

Transferring Agency Name	Justice Funds	Treasury Funds
Regional Narcotics Suppression Program - CA0300045	\$618,524.41	\$6,735.01

Other Income

Other Income Type	Justice Funds	Treasury Funds
Other-Expense reversal, surplus and outdated checks	\$34,426.89	

Matching Grants

Matching Grant Name	Justice Funds	Treasury Funds

Transfers to Other Participating Law Enforcement Agencies

Receiving Agency Name	Justice Funds	Treasury Funds

Support of Community-Based Programs

Recipient	Justice Funds	

Non-Categorized Expenditures

Description	Justice Funds	Treasury Funds
Reporting Adjustments	\$184,291.19	

Salaries

Salary Type	Justice Funds	Treasury Funds

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create accurate and easily understood forms that impose the least possible burden on you to complete. The estimated average time to complete this form is 30 minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please write to the Asset Forfeiture and Money Laundering Section at 1400 New York Avenue, N.W., Washington, DC 20005.

Privacy Act Notice

The Department of Justice is collecting this information for the purpose of reviewing your equitable sharing expenditures. Providing this information is voluntary; however, the information is necessary for your agency to maintain Program compliance. Information collected is covered by Department of Justice System of Records Notice, 71 Fed. Reg. 29170 (May 19, 2006), JMD-022 Department of Justice Consolidated Asset Tracking System (CATS). This information may be disclosed to contractors when necessary to accomplish an agency function, to law enforcement when there is a violation or potential violation of law, or in accordance with other published routine uses. For a complete list of routine uses, see the System of Records Notice as amended by subsequent publications.

Single Audit Information**Independent Auditor**

Name: Jessica Andersen
Company: EideBailly, LLC
Phone: 949-420-5107

Email: jandersen@eidebailly.com

Were equitable sharing expenditures included on your jurisdiction's prior fiscal year's Schedule of Expenditures of Federal Awards (SEFA)?

YES NO

Prior year Single Audit Number Assigned by Harvester Database: 875049

Affidavit

Under penalty of perjury, the undersigned officials certify that they have read and understand their obligations under the *Guide to Equitable Sharing for State, Local, and Tribal Law Enforcement Agencies (Guide)* and all subsequent updates, this Equitable Sharing Agreement, and the applicable sections of the Code of Federal Regulations. The undersigned officials certify that the information submitted on the Equitable Sharing Agreement and Certification form (ESAC) is an accurate accounting of funds received and spent by the Agency.

The undersigned certify that the Agency is in compliance with the applicable nondiscrimination requirements of the following laws and their Department of Justice implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity. The Agency agrees that it will comply with all federal statutes and regulations permitting federal investigators access to records and any other sources of information as may be necessary to determine compliance with civil rights and other applicable statutes and regulations.

Equitable Sharing Agreement

This Federal Equitable Sharing Agreement, entered into among (1) the Federal Government, (2) the Agency, and (3) the Agency's governing body, sets forth the requirements for participation in the federal Equitable Sharing Program and the restrictions upon the use of federally forfeited funds, property, and any interest earned thereon, which are equitably shared with participating law enforcement agencies. By submitting this form, the Agency agrees that it will be bound by the *Guide* and all subsequent updates, this Equitable Sharing Agreement, and the applicable sections of the Code of Federal Regulations. Submission of the ESAC is a prerequisite to receiving any funds or property through the Equitable Sharing Program.

- 1. Submission.** The ESAC must be signed and electronically submitted within 60 days of the end of the Agency's fiscal year. Electronic submission constitutes submission to the Department of Justice and the Department of the Treasury.
- 2. Signatories.** The ESAC must be signed by the head of the Agency and the head of the governing body. Examples of Agency heads include police chief, sheriff, director, commissioner, superintendent, administrator, county attorney, district attorney, prosecuting attorney, state attorney, commonwealth attorney, and attorney general. The governing body head is the head of the agency that appropriates funding to the Agency. Examples of governing body heads include city manager, mayor, city council chairperson, county executive, county council chairperson, administrator, commissioner, and governor. The governing body head cannot be an official or employee of the Agency and must be from a separate entity.
- 3. Uses.** Shared assets must be used for law enforcement purposes in accordance with the *Guide* and all subsequent updates, this Equitable Sharing Agreement, and the applicable sections of the Code of Federal Regulations.
- 4. Transfers.** Before the Agency transfers funds to other state or local law enforcement agencies, it must obtain written approval from the Department of Justice or Department of the Treasury. Transfers of tangible property are not permitted. Agencies that transfer or receive equitable sharing funds must perform sub-recipient monitoring in accordance with the Code of Federal Regulations.
- 5. Internal Controls.** The Agency agrees to account separately for federal equitable sharing funds received from the Department of Justice and the Department of the Treasury, funds from state and local forfeitures, joint law enforcement operations funds, and any other sources must not be commingled with federal equitable sharing funds.

The Agency certifies that equitable sharing funds are maintained by the entity that maintains the Agency's appropriated or general funds and agrees that the funds will be subject to the standard accounting requirements and practices employed by the Agency's jurisdiction in accordance with the requirements set forth in the *Guide*, any subsequent updates, and the Code of Federal Regulations, including the requirement to maintain relevant documents and records for five years.

The misuse or misapplication of equitably shared funds or assets or supplantation of existing resources with shared funds or assets is prohibited. The Agency must follow its jurisdiction's procurement policies when expending equitably shared funds. Failure to comply with any provision of the *Guide*, any subsequent updates, and the Code of Federal Regulations may subject the Agency to sanctions.

- 6. Single Audit Report and Other Reviews.** Audits shall be conducted as provided by the Single Audit Act Amendments of 1996 and OMB Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards. The Agency must report its equitable sharing expenditures on the Schedule of Expenditures of Federal Awards (SEFA) under Catalog of Federal Domestic Assistance number 16.922 for Department of Justice and 21.016 for Department of the Treasury. The Department of Justice and the Department of the Treasury reserve the right to conduct audits or reviews.

7. **Freedom of Information Act (FOIA).** Information provided in this Document is subject to the FOIA requirements of the Department of Justice and the Department of the Treasury. Agencies must follow local release of information policies.

8. **Waste, Fraud, or Abuse.** An Agency or governing body is required to immediately notify the Money Laundering and Asset Recovery Section of the Department of Justice and the Executive Office for Asset Forfeiture of the Department of the Treasury of any allegations or theft, fraud, waste, or abuse involving federal equitable sharing funds.

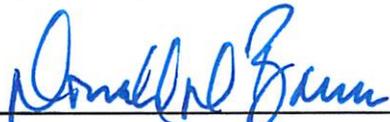
Civil Rights Cases

During the past fiscal year: (1) has any court or administrative agency issued any finding, judgment, or determination that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above; or (2) has the Agency entered into any settlement agreement with respect to any complaint filed with a court or administrative agency alleging that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above?

Yes No

Agency Head

Name: Barnes, Don
Title: Sheriff-Coroner
Email: ddbarnes@ocsheriff.gov

Signature:  Date: 8/18/21

To the best of my knowledge and belief, the information provided on this ESAC is true and accurate and has been reviewed and authorized by the Law Enforcement Agency Head whose name appears above. Entry of the Agency Head name above indicates his/her agreement to abide by the Guide, any subsequent updates, and the Code of Federal Regulations, including ensuring permissibility of expenditures and following all required procurement policies and procedures.

Governing Body Head

Name: Do, Andrew
Title: Chairman, Board of Supervisors
Email: andrew.do@hoa.ocgov.com

Signature: _____ Date: _____

To the best of my knowledge and belief, the Agency's current fiscal year budget reported on this ESAC is true and accurate and the Governing Body Head whose name appears above certifies that the agency's budget has not been supplanted as a result of receiving equitable sharing funds. Entry of the Governing Body Head name above indicates his/her agreement to abide by the policies and procedures set forth in the Guide, any subsequent updates, and the Code of Federal Regulations.

I certify that I have obtained approval from and I am authorized to submit this form on behalf of the Agency Head and the Governing Body Head.

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL
ORANGE COUNTY, CALIFORNIA

By 
Deputy

Date: 8/18/21



RECEIVED

2021 AUG 12 AM 10:28

CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

333 West Santa Ana Boulevard, Suite 407
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.oegov.com

LEON J. PAGE
COUNTY COUNSEL

Agenda Item No. SCS- 2
August 24, 2021

M E M O R A N D U M

August 12, 2021

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session to be held on Tuesday, August 24, 2021, for the Board to consider anticipated litigation pursuant to Government Code section 54956.9(d)(2).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL –
ANTICIPATED LITIGATION – SIGNIFICANT EXPOSURE TO
LITIGATION pursuant to Government Code section
54956.9(d)(2).
Number of Cases: Eight Cases.

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:jb

cc: Members of the Board of Supervisors
Frank Kim, CEO



LEON J. PAGE
COUNTY COUNSEL

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CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

333 West Santa Ana Boulevard, Suite 407
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.ocgov.com

Agenda Item No. SCS-3
August 24, 2021

MEMORANDUM

August 17, 2021

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, August 24, 2021, to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL --
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *Delux Public Charter, LLC et al., v. County of Orange*
Case No. 20-cv-02344

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

NMW:LJP:jb

cc: Members of the Board of Supervisors
Frank Kim, CEO



LEON J. PAGE
COUNTY COUNSEL

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CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

333 West Santa Ana Boulevard, Suite 407
Santa Ana, California 92701
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Agenda Item No. SCS-4
August 24, 2021

M E M O R A N D U M

August 17, 2021

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, August 24, 2021, to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL --
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *Orange County Flood Control District v. Dale M. Tupker,
individually and as Trustee of The Dale M. Tupker Living Trust of 2018 dated
February 21, 2018*
Riverside Superior Court Case No. CVRI2100194

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

NMW:LJP:jb

cc: Members of the Board of Supervisors
Frank Kim, CEO



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CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

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Santa Ana, California 92701
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LEON J. PAGE
COUNTY COUNSEL

Agenda Item No. SCS- 5
August 24, 2021

M E M O R A N D U M

August 18, 2021

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, August 24, 2021, to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL --
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *Nachtrieb v. County of Orange*
Case Number: 30-2011-00467326

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:jb

cc: Members of the Board of Supervisors
Frank Kim, CEO