



ORANGE COUNTY BOARD OF SUPERVISORS

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

Agenda Date: 12/17/19

Item # 19-001174

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

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

It is my intent to appoint:

Name: Sandra Boodman

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 (C) social service providers, including providers of housing and homeless services

Name of incumbent being replaced or last known member: Javier Buenrostro Jr.Term of Office: ☒ 2 years or ☐ N/A(Choose one) ☒ From (Date) 01/01/20 to 12/31/21☐ Term Concurrent with Supervisor's Term of office☐ Term Concurrent with positionVacancy created by (Choose one): ☐ Resignation ☐ Expiration of Term ☐ N/A☐ Other: _____Nomination to: ☒ Appoint ☐ Reappointment ☐ Newly Formed CommitteeQualifications: ☒ Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI ☐ Send Departure Letter ☐Contact Name _____ Supporting Agency _____ ☐ Mail or ☐ Pony

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

Check one: ☐ Scheduled Vacancy ☐ Unscheduled Vacancy

Posted on _____ to _____

Certification of posting attached



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

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

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

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

Orange County HIV Planning Council

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Sandra

Marie Bourdaa

Boodman

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

CURRENT EMPLOYER: Radiant Health Centers

OCCUPATION/JOB TITLE: Senior Director of Programs

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: ☒ 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 the opportunity to help improve the lives of those living with HIV based on my professional experience.

DATE: 10/1/19

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"/> BOS District 3
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5		

Revised Date 02/07/19

Page 2 of 2

RECEIVED
9-30-19

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): **Quality Management Committee**

If you are no longer serving on the Committee(s), what was the reason you left: **The role moved to another person within the agency.**

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: **Sandra Boodman**

Date: **9/30/19**

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): _____

Current Age: **36** Year of Birth: **09-16-83**

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

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"/> MSM/PWID	
<input checked="" type="checkbox"/> Heterosexual	<input type="checkbox"/> Perinatal <input type="checkbox"/> Unknown/Not reported <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 <u>ALL</u> 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Other Federal HIV Program (Special Projects of National Significance SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental <input checked="" 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 type="checkbox"/> Affected Communities: PLWH and Historically Underserved Subpopulations <input 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 <u>ALL</u> that apply or N/A.	
<input 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 checked="" 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 have been part of AIDS Services Foundation, now Radiant Health Centers for 5 1/2 years. During this time, I have
Worked with HIV Prevention, Care and Support Services. I began as a medical case manager and worked closely with
Individuals living with HIV and gained a lot of knowledge about the Ryan White system of care. In my current role, I

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

Have had the opportunity to advocate for persons living with HIV and, also work closely with our Client Advocacy Committee.

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: Sandra Boodman

Signature: Sandra Boodman Date: 9/30/19

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

If employed, who is your current employer? Radiant Health Centers ☐ Does not apply
 Type of Business/Agency AIDS Service Organization Job Title Senior Director of Programs
 Is your current employment HIV related? ☒ Yes ☐ No

Briefly describe your responsibilities:

Responsible for planning, financial oversight, and program evaluation for the following Divisions: Clinical Services, Housing & Benefits, Support Services, and Prevention & Health Education. In collaboration with the program director, responsible for planning, organization, direction and review of all program activities and operations including personnel management. Represent the agency with a variety of state and local groups. Participate in contract administration, negotiation, compliance and reporting.

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 am involved in my religious community and am a member of the PJ Library OC Family Committee. In this committee, I am involved with planning events and activities and helping families with young children connect to their community.

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 Orange County HIV Planning Council because I want to support the continued growth of Ryan White Programs. I have seen firsthand, the importance of the services offered and the incredible impact they make. It has been a privilege to work within the community for the past 5 years and I am very passionate about ensuring the services meet the needs of the people served.

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 (including 17 th Street Care and 17 th Street Dental)
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: Sandra Boodman

Date: 9/30/19

Print or Type Name: Sandra Boodman

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: April 2014-Current

Title/Relationship: Senior Director of Programs

(Please attach additional pages as necessary)

Signature: Sandra Boodman

Date: 9/30/19

Print or Type Name: Sandra Boodman

A

D

H

I

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

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

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: _____

A

D

H

I

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

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

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 QUIZ

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: Sandra Boodman

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

[D]

SANDRA BOODMAN, LCSW**PROFESSIONAL LICENSURE**

Licensed Clinical Social Worker (LCSW # 60071)

EDUCATION

Masters in Social Work, California State University, Long Beach, CA, May 2008
 Bachelor of Arts in Women's Studies, University of California, Los Angeles, CA, June 2005

EXPERIENCE**Radiant Health Centers****06/2017 - Present*****Senior Director of Programs***

Duties: Responsible for planning, financial oversight, and program evaluation for the following Divisions: Clinical Services, Housing & Benefits, Support Services, and Prevention & Health Education. In collaboration with the Director, responsible for planning, organization, direction and review of all program activities and operations including personnel management of approximately 5 direct and 45 indirect employees including senior managers/directors, professionals from multiple fields of study, administrative support staff, numerous contractual relationships and a program budget of nearly 5 million. Collaborate with CFO and accounting staff in budget creation, review, and oversight. HIPAA compliance officer for agency. Represent the agency with a variety of state and local groups. Participate in contract administration, negotiation, compliance and reporting. Serve as a liaison with HIV service providers in Orange County. Strongly support fundraising and donor activities, including regular engagement with Board of Directors.

Radiant Health Centers**10/2015 - 6/2017*****Director of Clinical & Case Management Services***

Duties: Accounted for daily operations of the clinical and case management departments and grant administration for the following programs: State Office of AIDS, Orange County Health Care Agency HIV Planning and Coordination Division, Community Development Block grants and private grants. Managed interdisciplinary teams which consisted of: Masters & Bachelors level clinicians, RN's, LVN's, support staff & master level interns through individual and group supervision with a total of 3 direct and 15 indirect employees. Responsible for all QI/QM activities, and former member of Quality Management Committee through HIV Planning and Coordination. Facilitated all staff meetings and required staff trainings, conducted interviews, annual reviews and all related personnel matters. Represented agency at community events.

Radiant Health Centers**4/2014 - 10/2015*****Clinical Supervisor***

Duties: Responsible for daily operations of the social services staff including: Masters and Bachelor's clinicians and support staff, including direct staff of 12. Developed agency programming. Oversaw all clinical intakes and assignments and completed audits of all staff documentation. Conducted hiring interviews and addressed personnel and performance issues. Conducted crisis evaluations and held a small caseload of 10-15 HIV positive clients. Generated all statistics and data for required reporting and represented the agency at external meetings and community events.

Waymakers (Formerly CSP Inc.)**10/2012 - 4/2014*****Case Management Supervisor***

Duties: Supervised and trained mental health staff. Provided mental health rehabilitation services to youth participating in the Juvenile Justice System. Performed comprehensive clinical assessment, treatment planning, case management, consultation and crisis intervention. Generated required clinical documentation to exceed standards and deadlines. Coached a staff of four direct employees to utilize age-appropriate behavioral intervention to help improve, restore, or maintain the healthy functioning of adolescents and improve family relationships.

Homes for Life Foundation**8/2009 - 1/2012*****Program Manager***

Managed a residential transitional age youth program for youth ages 18-21 aging out of the foster care system. Maintained budget and daily program operations. Responsible for marketing of program. Monitored work performance of staff and personnel concerns. Reviewed all treatment plans and ensured proper implementation. Coordinated staff schedules and mental health assessments. Completed audits of paperwork and documentation. Responsible for hiring interviews. Created and implemented outreach and education programs to promote program within community. Reduced annual client turn-over by 30 percent and instituted a new budget plan.

Homes for Life Foundation**6/2008 - 7/2009*****Clinician***

Provided individual weekly therapy to adults living with schizophrenia in a board and care facility. Established treatment plans. Conducted group and family therapy sessions. Performed case management duties. Provided referrals to community resources. Coordinated services with psychiatrists in hospital and home settings. Met regularly with nursing staff to ensure continuity of care.