



# 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: John Paquette

Address: [REDACTED]

City &amp; 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 (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

Name of incumbent being replaced or last known member: John Paquette

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 ☐ PonyAppoint/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/](http://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)):

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

**APPLICANT NAME AND RESIDENCE ADDRESS:**

John Allen Pagvette  
First Name Middle Name Last Name

[Redacted Address]

Street Address City State Zip Code

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

[Redacted Email Address]

**CURRENT EMPLOYER:** retired/disabled

**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:** ☒ 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.

ORGANIZATION/SOCIETY

FROM (MO./YR.)

TO (MO./YR.)

P.S.A.P. 6-2008 current

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.

Drug related charges and have been  
clean and sober since 2007

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

I've been on the Planning council since  
2008 and feel I have a lot of knowledge to bring to the table

DATE: 11-4-19 APPLICANTS SIGNATURE: [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: ☐ BOS District 1 ☐ BOS District 2 ☐ BOS District 3 ☐ BOS District 4 ☐ BOS District 5  
☐ All BOS ☐ BCC Contact Person Name \_\_\_\_\_

To apply for membership please complete the application.

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

What was the reason you left: still serving

Have you ever served on a Committee (Check Yes or No): ☒ Yes ☐ No If yes, Which Committee(s):  
Planning council, executive, PSAP, HCAC, Care Strategies, CPG and Membership

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

This application is for:

☒ Planning Council Membership: (All members of the Planning Council are required to serve on a standing committee).  
 Check committee(s) below:

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

☐ Care Strategies Task Force ☐ Client Advocacy (HCAC) ☐ Priority Setting, Allocations, and Planning (PSAP)  
☐ Prevention Planning (PPC)-(Applicants must complete a separate application for PPC only)

Contact Information:

Applicant's Name: John Paquette Date: 09/15/2015

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/AIDS-related materials to the above fax number? ☐ Yes ☒ No

May we email HIV/AIDS-related materials to the above email address? ☒ Yes ☐ No

City of employment/residence: (Check one)

☒ **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)

Personal Profile:

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

☐ Transgender: Male-to-Female ☐ Other: \_\_\_\_\_

Current Age: 53 Year of Birth: 1961

Cultural/Ethnic Identity:

☐ African-American ☐ Pacific Islander (specify): \_\_\_\_\_

☐ Asian (specify): \_\_\_\_\_ ☒ White/Caucasian

☐ Latino/a (specify): \_\_\_\_\_ ☐ Decline to State

☐ Native American (specify Tribe/Nation: \_\_\_\_\_) ☐ Other (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) ☐ Injection Drug User (IDU) ☐ MSM/IDU ☐ Heterosexual ☐ Hemophilia

☐ Perinatal ☐ Blood Transfusion ☒ Unknown/Not reported ☐ Other (Specify): \_\_\_\_\_

Please rank three topics below of skill which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest and '3' being the lowest):

<input type="checkbox"/> Gay/Bisexual Men's HIV Health Needs	<u>1</u> Substance Use/Abuse Services
<input type="checkbox"/> Women's HIV Health Needs	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Pediatric/Adolescent HIV Health Needs	<input type="checkbox"/> Health Planning
<u>3</u> Injecting Drug Users' Health Needs	<u>2</u> General Public Health
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 (CBOs) serving affected populations/AIDS Service Organization
- ☐ 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 PLWHD who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- ☐ Non-Elected Community Leader
- ☐ Affected Communities: PLWHD Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- ☐ Affected Communities: PLWHD and Historically Underserved Subpopulations
- ☐ General Community Member

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

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### Affirmation of Membership Commitment:

I commit to:

- Participate in all 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:

John Paquette

Signature:

*John Paquette*

Date: 09/15/2015

## Additional Information:

If employed, who is your current employer? \_\_\_\_\_ ☒ Does not apply

Type of Business/Agency \_\_\_\_\_ Job Title \_\_\_\_\_

Is your current employment HIV/AIDS related? ☐ Yes ☐ No

Briefly describe your responsibilities:

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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 currently serving as chair of the Orange County Planning Council and co-chair of PSAP,

Chair of HCAC and member of Care Strategies Task Force, Chair of Executive and membership

committees. I also serving on Orange Counties Quality Management Committee and California's CPG

i.e. California Planning Group

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 feel that me being a consumer that i have a lot of knowledge to bring to the table and the years i have  
been serving on HIV committees makes me a good choice to help fight this epidemic

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## 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:

AltaMed Dental
AIDS Services Foundation
APAIT Health Center
Delhi Community Services Center
Orange County Health Care Agency (including 17 <sup>th</sup> Street, REACH, and HCA Dental)
Public Law Center
Phoenix House Orange County
Straight Talk (including Gerry House, START House)
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 and/or HOPWA funds.

Signature: \_\_\_\_\_

Date: 09/15/2015

Print or Type Name: \_\_\_\_\_

John Paquette

### 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 and/or HOPWA funds.

Organization: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

(Please attach additional pages as necessary)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_



### 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 and/or HOPWA-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White and/or HOPWA-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 and/or HOPWA-funded Agency

☒ Yes ☐ No

If Yes, please indicate which Agency or Agencies Reach

**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 HIV-infected 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:

John Paquette

Date:

09/15/2015

### AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWHD 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 PLWHD co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWHD 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 PLWHD 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 PLWHD 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: John Paguette Date: 09/15/2015

John Paquette

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Work/Volunteer Experience related to HIV:

- John Paquette is a Council member since 2010. He has served as the Chair of the Council and other committees. John is actively involved in the PSAP, Membership, and HCAC committees. John fulfills the mandated membership category of PLWH/A Co-Infected with Hepatitis B or C.
- **(Unaligned Consumers** are individuals who do not have a conflict of interest and are "receiving HIV-related services" from Part A providers and include Persons Living With HIV Disease (PLWHD) receiving services themselves and the parents and caregivers of minor children who are receiving such services.)

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Overview of the Ryan White Act Mandates Regarding Planning Council Consumer Membership:

Ryan White Act Mandates for Voting Members Section 2602(b)(1) of the Act requires a Part A planning council to "reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."

Section 2602(b)(5)(C) states that no less than 33 percent of the members must be consumers who:

- "are receiving HIV-related services" from Part A-funded providers;
- "are not officers, employees, or consultants" to any providers receiving Part A funds, and "do not represent any such entity"; and
- "reflect the demographics of the population of individuals with HIV/AIDS" in the transitional grant area.

This potential member meets the following requirements:

- Mandated seat: ☒ Yes ☐ No
- Membership Category: PLWH/A Co-Infected with Hepatitis B or C
- Consumer: ☒ Yes ☐ No
- Reflectiveness: ☐ Yes ☒ No