



# 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: Heather Enciso

Address: [REDACTED]

City &amp; 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 (M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the panel system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released

Name of incumbent being replaced or last known member: Wesley Fought

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 position

Vacancy 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/](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)):**

**HIV Planning Council**

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

**APPLICANT NAME AND RESIDENCE ADDRESS:**

**Heather Hernandez Enciso**

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

**CURRENT EMPLOYER:** **Asian Pacific AIDS Intervention Team (APAIT)**

**OCCUPATION/JOB TITLE:** **Clinical Program Director**

**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:**

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

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
N/A		

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.

N/A

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

DATE: 10/23/2019

APPLICANT'S SIGNATURE: 

**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"/> BOS District 3
<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

As the new Clinical Program Director for Asian Pacific AIDS Intervention Team (APAIT), I want to be actively involved in the OC HIV Planning Council to ensure that we are continuously improving our comprehensive continuum of care services, linkage to care, case management, supportive housing services for low-income people living with HIV/AIDS who are uninsured and underserved. It is important for me as a provider to ensure ongoing collaboration and communication with stakeholders, community members, and agencies to reduce new HIV infections, improve navigation and access to care, and optimize healthcare outcomes for individuals at-risk of HIV/AIDS and PLWH. I believe my clinical experience in serving the mental health and medically diverse disenfranchised communities, along with my passion to reduce health and mental disparities will assist me as a member for the HIV Planning Council.

RECEIVED  
10-21-19

**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: N/A

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:  
N/A

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: Heather H. Enciso Date: 10/15/19  
Home Address: [REDACTED] State: CA Zip Code: [REDACTED]  
Work Address: [REDACTED] ☐ N/A State: CA Zip Code: [REDACTED]  
Email: [REDACTED]  
Fax: [REDACTED]  
What is your preferred contact phone number? [REDACTED]  
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](http://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: 32 Year of Birth: 06-15-1987

Cultural/Ethnic Identity: Check the ONE that best applies.  
☐ African-American ☐ Pacific Islander (specify): \_\_\_\_\_  
☒ Asian (specify): Filipino ☐ 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): Panssexual

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:

As a Licensed Clinical Social Worker (LCSW) I am committed to serving the medical and mental health disenfranchised communities. Additionally, as the new Clinical Program Director and APAIT in Garden Grove, I am focused on assisting clients who are at-risk and/or diagnosed with HIV/AIDS, along with providing LGBTIQ affirming mental health treatment and case management services. As an LCSW who has worked in both inpatient locked down psychiatric hospitals and outpatient community mental health, along with my experience as a medical social worker in the emergency department, I have experience working with diverse clients who have high comorbidity rates and in need of specialized

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

treatment and services. I hope to be afforded the opportunity to be involved in the Orange County HIV Planning Council and further continue my passion with working with disenfranchised populations. I believe my passion and professional experience with working with various populations is an asset to Planning Council.

**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: Heather H. Enciso

Signature: 

Date: 10/15/2019

(Continued on the next page)

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

**Additional Information:**

If employed, who is your current employer? APAIT, SSG ☐ Does not apply  
 Type of Business/Agency Community Based Organization Job Title Clinical Program Director at APAIT

Is your current employment HIV related? ☒ Yes ☐ No

Briefly describe your responsibilities:

As the Clinical Program Director at APAIT in Garden Grove, I am involved in the day-to-day operations of the various programs we house in our clinic, from the Ryan White program, Project RECLAIM, Outreach and Engagement, case management, housing, and mental health services. APAIT is committed to serving individuals who are at-risk of HIV/AIDS, LGBTIQ, and underserved and uninsured clients. Additionally, I provide clinical supervision to both the clinical and non-clinical staff.

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.

While I was a Psychiatric Social Worker at College Hospital Cerritos, I was both a field instructor and field liaison to Master's in Social Work (MSW) interns, thus providing supervision, guidance, and mentoring the next generation of clinicians. Additionally, I provided trainings to MSW interns which included LGBTIQ affirmative interventions, cultural competency, and health disparities among the LGBTIQ communities. I educated MSW interns on the co-morbidity rates of the LGBTIQ community and the importance of prevention and continuum of care services. Moreover, I educated MSW interns on how certain subpopulations within the LGBTIQ community are at higher risk of certain diagnoses, from HIV/AIDS, trauma, and substance abuse disorders. Furthermore, I have had to educate healthcare providers on how to use language and interventions that are LGBTIQ affirming and sensitive. I have respectfully used assertive and direct communication with healthcare providers who have utilized Transphobic, discriminatory, and derogatory terms when working with diverse patients to ensure patients are respected despite sexual orientation and/or gender identity.

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.

As the new Clinical Program Director for Asian Pacific AIDS Intervention Team (APAIT), I want to be actively involved in the OC HIV Planning Council to ensure that we are continuously improving our comprehensive continuum of care services, linkage to care, case management, supportive housing services for low-income people living with HIV who are uninsured and underserved. It is important for me as a provider to ensure ongoing collaboration and communication with stakeholders, community members, and agencies to reduce new HIV infections, improve navigation and access to care, and optimize healthcare outcomes for individuals at-risk of HIV/AIDS and PLWH. I believe my clinical experience in serving the mental health and medically diverse disenfranchised communities, along with my passion to reduce health and mental disparities will assist me as a member for the 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 (Including 17 <sup>th</sup> Street Care and 17 <sup>th</sup> Street Dental)
Public Law Center
Radiant 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: \_\_\_\_\_

*Heather H. Encino*

*10/15/11*

**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)**

**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: \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

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)**

**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 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: Heather Enciso

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]

# Heather H. Enciso, MSW, LCSW 87911

## EDUCATION

**California State University, Long Beach**

*Master of Social Work*

Concentration: Older Adults and Families

Thesis: "An Integrated Mobile Health Team For LGBT Homeless Adults In Los Angeles County"

May 2015

**University of California, Irvine**

*Bachelors of Arts in Psychology*

Jun 2010

## PROFESSIONAL EXPERIENCE

*Clinical Program Director APAIT* Garden Grove, CA

Oct 2019 to Present

- Directly supervise program staff, including MSW's, paraprofessional personnel, case managers, testing counselor, volunteers and interns, engage in recruitment, retention, and routine evaluation strategies with personnel, and facilitate weekly team meetings to ensure contract compliance, achievement of program goals, team building, and maintain open communication
- Provide clinical supervision to behavioral health clinical personnel, oversee data collection and quality assurance functions for contracts, including chart reviews, documentation training, tracking, maintenance, and monitoring of contract performance, serve as primary contact for funders regarding program progress, ensures overall contract compliance, and complete written and verbal correspondence reports as needed
- Communicate regularly with Quality Management Team and Division Director regarding progress, goals, issues and concerns
- Complete written and verbal correspondence and reports as needed

*Emergency Department Social Worker PIH Health Whittier* Whittier, CA

Mar 2019 - Sep 2019

- Assesses patients and family members to identify social, emotional, and economic barriers impacting medical care, assists with crisis intervention, provides brief counseling and support to sexual and physical assault victims, provides bereavement support to families, refers and links patients to community and mental health resources to ensure continuity of care, assists in developing treatment plans, coordinates transportation, collaborates with multidisciplinary medical team to formulate and assist patients with safe transition into next level of care, connects patients to inpatient psychiatric services, and completes collaborative discharge planning with multidisciplinary team to assist homeless patients
- Conducts psychosocial assessments, utilizes Columbia-Suicide Severity Rating Scale (C-SSRS) to assess suicide risk of patients, serves as a liaison between Police and Sheriff Departments, Regional Centers, Psychiatric Mobile Response Team, and other agencies to assist patients and families
- Completes Adult Protective Services (APS), Child Protective Services (CPS), and Tarasoff "Duty to Warn" reports as needed
- Collaborates with multidisciplinary medical team and community agencies to ensure best practice and support patients and families medical and mental health needs

*Psychiatric Social Worker College Hospital Cerritos* Cerritos, CA

Sep 2015 - Mar 2019

- Conducted biopsychosocial assessments, completed discharge planning, provided psychoeducation to patients and their families, provided referrals and linkages to community resources, provided crisis interventions, collaborated with multidisciplinary team, completed progress notes and treatment plans for acute psychiatric adult population with chronic mental illnesses, comorbid medical illnesses, substance abuse, and developmental disorders in a locked psychiatric hospital
- Supervised and mentored master level social worker interns in group therapy and case management services
- Completed APS, CPS, and Tarasoff "Duty to Warn" reports as needed in compliance with California state law, completed Special Incident Reports within 72 hours for patients with co-occurring developmental disorders and mental illness
- Served as liaison between College Hospital Cerritos, other agencies, and court systems to assist patients with appropriate community resources
- Assisted patients with referrals and linkages to various level of care facilities (skilled nursing facilities, board and care facilities, shelters, residential treatment centers, memory care centers, assisted living facilities, IMD's, etc.) to ensure continuity of care

## Heather H. Enciso, MSW, LCSW 87911

### PROFESSIONAL EXPERIENCE

*Mental Health Therapist Pacific Clinics Los Angeles, CA*

Nov 2015 - Dec 2016

- Conducted biopsychosocial assessments, diagnosed client with DSM-5 criteria, completed treatment plans and progress notes in accordance with Pacific Clinics and Los Angeles County, Department of Mental Health documentation standards
- Provided mental health services in clinic, home, and community settings which include: individual and group therapy, rehabilitative services, case management, outreach, advocacy, crisis intervention, on-call services, and referral and linkages to appropriate resources for severely mentally ill adult population with co-occurring diagnoses in South Central Los Angeles
- Collaborated closely with multidisciplinary team to ensure interventions are properly implemented and in accordance with treatment plans for clients, families, and other social service agencies
- Utilized various evidence based practices including Cognitive Behavioral Therapy, Harm Reduction, Motivational Interviewing, and Seeking Safety

*MSW Clinical Intern Northeast Mental Health Center, LACDMH Los Angeles, CA*

Sep 2014 - May 2015

- Conducted biopsychosocial assessments, diagnosed clients utilizing DSM-5 criteria, completed treatment planning, crisis intervention, and co-facilitated an Anger Management group
- Provided short-term individual therapy and case management services for severe and persistently mentally ill individuals, participated in collaborative multidisciplinary team meetings
- Monitored and maintained documentation of client services, ensuring compliance with HIPPA and Los Angeles County Department of Mental Health policies and procedures

*MSW Clinical Intern Weingart Center for the Homeless Los Angeles, CA*

Sep 2013 - May 2014

- Conducted mental health assessments, crisis intervention, and individual and group therapy to adult homeless population
- Co-facilitated a Seeking Safety support group for women with PTSD and Substance Use Disorders
- Served as liaison between clients, case managers, and other community agencies to ensure a continuum of care services
- Conducted research and gathered data for organizational needs assessment focused on staff sensitivity and LGBTQ issues
- Monitored and maintained documentation of client services, ensuring compliance with HIPPA and Homeless Management Information System

*Mental Health Worker Orange County Health Care Agency, Anaheim, CA*

May 2012 - Aug 2013

- Provided peer counseling and case management services to self-identified LGBTIQ clients and their families, referred and linked clients to culturally competent and appropriate community resources, and assisted with community outreach and engagement
- Co-facilitated LGBTIQ peer support groups and organized socialization events
- Maintained collection, input, and organization of client data and outcome measures (GAD-7, PHQ-9, WHOQL)
- Assisted in planning the 1<sup>st</sup> Orange County Health Care Agency sponsored LGBTIQ conference
- Participated as a panelist for the 1<sup>st</sup> Orange County Health Care Agency sponsored LGBTIQ conference

### SKILLS

- Strong verbal and written communication skills
- Proficient in Microsoft Office (i.e., Word, Outlook, PowerPoint, Excel)
- Experience and knowledge using various evidence-based practices interventions including Cognitive Behavioral Therapy, Harm Reduction, Motivational Interviewing, Seeking Safety, and Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Knowledge and experience in Los Angeles County Department of Mental Health documentation (IBHIS/AVATAR), Welligent Integrated Systems, eMD, allscripts, and Homeless Management Information System (HMIS)
- Experience in supervising and mentoring master level social worker interns in individual and group therapy and case management services
- Provided training to master level social worker interns on clinical documentation, treatment plans, filing CPS and APS reports, and LGBTIQ sensitivity