



# 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: Darby Osnaya

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 (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: Rigoberto Pimentel GalvanTerm 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)):

Orange County Planning Council

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

**APPLICANT NAME AND RESIDENCE ADDRESS:**

Darby  
First Name

Gamaliel  
Middle Name

Osanya  
Last Name

[Redacted Address Line]

Street Address

City

State

Zip Code

N/A

Home Phone Number

[Redacted Cell Phone Number]

Cell Phone Number

[Redacted Email Address]

Email Address

**CURRENT EMPLOYER:**

APAIT-SSG

**OCCUPATION/JOB TITLE:**

Prevention Service Navigator

**BUSINESS ADDRESS:**

[Redacted Business Address]

**BUSINESS PHONE NUMBER:**

[Redacted 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:**

San Bernardino

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

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
APAIT-SSG	10/2014	10/2019
Bent Not Broken Inspired	01/2013	10/2019
ChICCCAA	01/2011	10/2019

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.

To fulfill my duties as a front line staff representative of under represented folks in Orange County at risk for HIV.

DATE: 10/16/2019 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"/> BOS District 4 <input type="checkbox"/> BOS District 5	
<input type="checkbox"/> All BOS <input type="checkbox"/> BCC Contact Person Name _____	

RECEIVED  
10-14-19ORANGE 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): Integrated Plan Committee.

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: Darby Osawa Date: 10/14/2019  
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 [register tovotefor.ca.gov](http://register tovotefor.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): Muxxere

Current Age: 30 Year of Birth: 1988

Cultural/Ethnic Identity: Check the ONE that best applies.  
☐ African-American ☐ Pacific Islander (specify): \_\_\_\_\_  
☐ Asian (specify): \_\_\_\_\_ ☐ White/Caucasian  
☒ Latino/a/x (specify): Mexican ☐ 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 checked="" 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"/> Unknown/Not reported
<input type="checkbox"/> Other (Specify): _____	
<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 <u>ALL</u> that apply. If you have questions about the categories listed below, please contact (714) 834-8399.</p>	
<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 checked="" 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 checked="" 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 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 checked="" type="checkbox"/> Affected Communities: PLWH and Historically Underserved Subpopulations	
<input type="checkbox"/> General Community Member	
<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 <u>ALL</u> that apply or N/A</p>	
<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 checked="" type="checkbox"/> Representatives of Affected Communities	

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

I have been working in the HIV/AIDS community for the past 5 years with direct contact with PLWH as a substance abuse & high sexual risk behavior counselor. Most recently I have been working more on the prevention services end via PrEP education and navigation through HIV and STI testing in my office and at outreach events where the majority of folks I test are MSM, Transgender, racial minorities, and transitional aged youth.

**ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP {CONTINUED}**

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**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:** Darby Osnaya

**Signature:**



**Date:** 10/14/2019

**(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 Prevention Service Navigator

Is your current employment HIV related? ☒ Yes ☐ No

Briefly describe your responsibilities:

Lead HIV tester and counselor, sole phlebotomist on staff for STI blood draws, input data onto LEO, complete county reports (monthly, quarterly, bi-annually, and annually), order testing and outreach inventory, supervise volunteers & interns at outreaches and in the office when they are providing HIV testing services, sit in on county committees & OC PrEP Coalition as a representative for APAIT, coordinate offsite testing events, & maintain positive public relations for the agency.

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.

Chair of the Integrated Plan Committee in OC, APAIT representative in the OC PrEP Coalition and OC STI Coalition, One of five core members for the co-op CHICCCAA: Chicano Indigenous Community for Culturally Conscious Advocacy & Action, Board of Director for Bent Not Broken Inspired Productions as the Coordinator for Royalty on the Roof an annual celebration of Transgender Lives & Successes on the rooftop pavilion of Riverside City Hall.

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 represent the community I work in and work for in the council as I do in all the committees and meetings I already attend. I have always been community focused and put the best interests derived from data in the lime light to be seen, heard and felt by those who have the power to influence the resources and services provided to our consumers and their loved ones.

**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:

<b>APAIT</b>
<b>Orange County Health Care Agency (including 17<sup>th</sup> Street Care and 17<sup>th</sup> Street Dental)</b>
<b>Public Law Center</b>
<b>Radiant Health Centers</b>
<b>Shanti Orange County</b>

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: N/A

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

Print or Type Name: N/A

**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: APAIT

Period of Affiliation: October 2014 – October 2019 (Present)

Title/Relationship: Prevention Service Navigator

(Please attach additional pages as necessary)

Signature: 

Date: 10/14/2019

Print or Type Name: Darby Osnaya

**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.



**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: Not Applicable

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

**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 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: Not Applicable

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 QUIZ**

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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: Darby Osnaya

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]

# Darby G Osnaya




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## Skills

- Bilingual in English and Spanish
- SAMHSA-HRSA Certified Motivational Interviewer
- CDC Certified HIV Counselor
- OA Certified LEO Data Technician
- CDC Certified ARTAS Counselor
- Community Liaison and Representative
- State Recognized HIV/AIDS Health Educator

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## Experience

OCTOBER, 2014 – PRESENT

### **Prevention Service Navigator / APAIT-SSG, Garden Grove, CA**

Test and counsel people at risk for HIV transmission via in office appointments, walk-ins, and outreach testing events. Provide motivational interviewing based counseling for people living with HIV and combating substance use along with high risk sexual behaviors. Coordinate outreach events with colleges, universities, health fairs, LGBT Pride festivals and LGBT night clubs. Educate clients on PrEP (HIV preventative medication) and PrEP resources. Represent clients at county meetings for providers and community members, as well as coordinate meeting dates, times and places for the Orange County PrEP Coalition of providers and navigators. Link clients to HIV care and prevention services via medical providers that are culturally competent and linguistically appropriate. Office of AIDS data entry for HIV tests, results, and linkage to care outcomes for newly confirmed positives. Provide court ordered HIV/AIDS Education courses. Administer budget for ordering medical supplies in the office. Type up Units of Services and inventory reports for the fiscal department, and have those reports turned into invoices for the Orange County Department of Public Health. Supervise interns and volunteers in the office and at outreach events. Train new colleagues on HIV testing, counseling, and education protocols. Draw blood for clients that want a full panel STI test, and record their results in an internal log tracker that I worked on with APAIT and OCHCA management to create for auditing purposes. I am also in charge of typing up monthly, biannual and annual reports for every program I work under, from substance use and prevention counseling to PrEP navigation and HIV/STI testing, these being the most current programs of mine.

JULY, 2013 – SEPTEMBER 2014

### **Health Educator / PPPSW, Riverside, CA**

Promote safe sex and education in the community at local events, colleges and public meetings. Provide information on Planned Parenthood services and resources. Work as a grassroots liaison at schools and public spaces, such as parks and laundromats, to educate folks via workshops on safe sex, STIs, birth control options, anatomy and physiology of the human sexual anatomy, and free community resources.

Fill out educational and demographic paperwork for internal data research. Work directly with public opinion leaders in Riverside to schedule workshops in both private and public spaces.

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## **Education**

SEPTEMBER 2018

**Certified Phlebotomy Technician / WTI, Redlands, CA**

JUNE 2014

**Certification in Early Childhood Education / RCC,  
Riverside, CA**

FEBRUARY 2011

**AA in Humanities, Philosophy & Arts / RCC, Riverside,  
CA**

AUGUST 2010

**AA in Communications, Media & Language / RCC,  
Riverside, CA**

AUGUST 2010

**Associate in Arts / RCC, Riverside, CA**

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## **Activities**

Coordinator for Bent Not Broken Inspired's event, the annual Royalty on the Roof: a celebration of transgender lives and successes, held at the Grier Pavilion of Riverside City Hall. Core member (equivalent to a board director) for ChICCCAA: Chicano Indigenous Community for Culturally Conscious Advocacy & Action.