



ORANGE COUNTY BOARD OF SUPERVISORS

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

Agenda Date: 12/19/23

Item #

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: Eder E. De Leon

Address: [REDACTED]

City & Zip: [REDACTED]

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

E-mail address: [REDACTED]

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

Position Slot: Category (D) mental health and substance abuse providers

Name of incumbent being replaced or last known member: Charles Huffman

Term of Office: 2 years or N/A

(Choose one) From (Date) 01/01/24 to 12/31/25
 Term Concurrent with Supervisor's Term of office
 Term Concurrent with position

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

Nomination to: Appoint Reappointment Newly Formed Committee

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

Remarks: _____

For Clerk of the Board Use Only

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

Contact Name _____ Supporting Agency _____ Mail or Pony

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

Check one: Scheduled Vacancy Unscheduled Vacancy
Posted on _____ to _____
Certification of posting attached.



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

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

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

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

Quality Management/ All-Provider Meeting

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Eder

Erik

De Leon

First Name

Middle Name

Last Name

[REDACTED]

City

State

Zip Code

[REDACTED]

Cell Phone Number

[REDACTED]

Email Address

CURRENT EMPLOYER: APAIT

OCCUPATION/JOB TITLE: Case Manager III

BUSINESS ADDRESS: 12832 Garden Grove Blvd E, Garden Grove, CA 92843

BUSINESS PHONE NUMBER: (714) 636-1349

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 County

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

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

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.

DATE: 08/18/23

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: BOS District 1 BOS District 2 BOS District 3 BOS District 4 BOS District 5

All BOS BCC Contact Person Name _____



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

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

What was the reason you left:

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

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

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

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

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

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

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

Applicant's Name: Eder De Leon Date: 08/18/23
Home Address: _____ State: CA Zip Code: _____
Work Address: _____ State: CA Zip Code: _____
Suite _____ 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: 22 Year of Birth: 2000

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.	
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 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 checked="" 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 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	
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 checked="" type="checkbox"/> Representatives of Affected Communities	

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

As the Ryan White and Housing Case Manager at APAIT, I oversee Short-Term Supportive Housing and Emergency Financial Assistance Services. APAIT also provides HIV/STD testing for anyone is wanting to receive such services. I have prior history working as a Housing Navigator and Case Manager for the homeless population in which many also had an HIV diagnosis.

ORANGE COUNTY HIV PLANNING COUNCIL
 APPLICATION FOR MEMBERSHIP (CONTINUED)

Affirmation of Membership Commitment:


I commit to:

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

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

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

Print Name: Eder De Leon

Signature: 

Date: 08/18/23

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

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

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

Type of Business/Agency Public Health Services Job Title Case Manager III

Is your current employment HIV related? Yes No

Briefly describe your responsibilities:

Management of Short-Term Supportive Housing and Emergency Financial Assistance for homeless individuals living with HIV. I also provided Case Management- Client Support Services to this specific population.

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.

Mercy House Buena Park Navigation Center- Housing Navigator, Jamboree Housing- Support Services Intern, Grandma's House of Hope- Rescued and Restored Housing Intern.

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

I am passionate on providing prevention and intervention measures for the LGBTQ+ community and eventually become a Social Worker one day.

ORANGE COUNTY HIV PLANNING COUNCIL
 APPLICATION FOR MEMBERSHIP (CONTINUED)

**ORANGE COUNTY HIV PLANNING COUNCIL
 CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

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

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

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

SECTION A

By my signatures below, I certify that:

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

Signature: _____ Date: 08/18/23

Print or Type Name: Eder De Leon

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: _____

Title/Relationship: Case Manager III

(Please attach additional pages as necessary)

Signature:  _____ Date: 08/18/23

Print or Type Name: Eder De Leon

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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

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

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

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

I meet all three of the criteria above

Yes No

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

Yes No

If Yes, please indicate which Agency or Agencies _____

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

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

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

AUTHORIZATION TO DISCLOSE HIV STATUS

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

Signature: _____



Date: 08/18/23

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: 08/18/23

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

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:

Eder de Leon

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

Eder De Leon

Summary: Fluent in English and Spanish seeking a position in the field of Human Services with an opportunity of professional challenges. To bring my strong sense of dedication, motivation, and responsibility into any work field I obtain.

Education

Cal State Fullerton, Fullerton, CA

Bachelors of Science in Human Services with Honors

Fullerton College, Fullerton, CA

Associates of Arts/ Science in Sociology with Honors

Experience:

Jamboree Housing, Anaheim, CA

Support Services Intern

January 2023-May 2023

- Shadow case management meetings and take notes to record onto the program's database website.
- Provide clients with linkage to community providers for substance abuse, primary and mental health care, and all other services that they may need.
- Create canvas flyers of informative and resourceful information.
- Provide administrative support (filling, data entry, copying)
- Conduct follow-up phone calls to clients that have left the program and record information onto MS Excel worksheet.

Mercy House, Buena Park, CA

Housing Navigator

April 2022- Current

- Provide assessment for clients within seven to fourteen days of entering shelter.
- Determine eligibility and enter assessment into Central Entry System for prioritization and linkage to housing provider (VISPDAT).
- Assist clients with obtaining documents required for housing placement and upload them into HMIS.
- Provide clients at the shelter with employment linkage, benefits establishment, linkage to community providers for substance abuse, primary and mental health care, and all other services needed to assist clients in reaching their stabilization goals.
- Perform strengths based case management and service coordination designed to assist clients in obtaining and maintaining stable housing.
- Initiate crisis intervention services focused on enhancing the client's ability to independently problem solve, utilize effective coping skills, manage and self-coordinate their own care.
- Assuring clients have a smooth translation from the shelter into housing while working with their case manager every step of the way.

Grandma's House of Hope, Anaheim, CA

Rescued and Restored Housing Program Intern

January 2022- December 2022

- Lead one monthly life skills workshop for participants to help build self-sufficiency.
- Assist Intake Coordinator and Case Manager with intake and exits to support participant transitions.
- Attend weekly house meetings, staff meetings, events, workshops, and training opportunities.
- Complete daily notes and record them through the Homeless Management Information System..
- Assist on scheduled drug tests regularly to support participants with their sobriety.
- Provide medication on a daily basis to clients and record it onto the Medication Log.