



# 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: Brian D. DeGeer

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 (F) hospital planning agencies or health care planning agencies

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

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) 834-2208. Please print in ink or type.

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

HIV Planning Council

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Brian Douglas DeGeer (First Name, Middle Name, Last Name)

[Redacted Street Address, City, State, Zip Code]

Home Phone Number, Cell Phone Number

[Redacted Email Address]

CURRENT EMPLOYER: CalOptima Health

OCCUPATION/JOB TITLE: Program Manager

BUSINESS ADDRESS: 505 City Parkway West, Orange, CA 92868

BUSINESS PHONE NUMBER: (714) 246-8400

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: [x] YES [ ] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [x] YES [ ] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County, CA

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>
American Public Health Association	06/2016	

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 improve the quality of care and outcomes of community living with or at risk of HIV.

DATE: 7/27/2023

APPLICANTS 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

RECEIVED  
8-10-23

## 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: Brian DeGeer

Date: 9/12/2023

Home Address: \_\_\_\_\_

State: CA

Zip Code: \_\_\_\_\_

Work Address: \_\_\_\_\_

N/A

State: CA

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

What is your preferred contact phone number? \_\_\_\_\_

May we leave a message at the above contact phone number? \_\_\_\_\_

Yes

No

May we fax HIV -related materials to the above fax number? \_\_\_\_\_

Yes

No

May we email HIV -related materials to the above email address? \_\_\_\_\_

Yes

No

City of employment/residence: Check the one that applies.

**North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)

**Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)

**South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote. To register to vote go to [registertovote.ca.gov](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): \_\_\_\_\_

Cultural/Ethnic Identity: Check the **ONE** that best applies.

African-American

Pacific Islander (specify): \_\_\_\_\_

Asian (specify): \_\_\_\_\_

White/Caucasian

Latino/a/x (specify): \_\_\_\_\_

Decline to State

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.**

**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:

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**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: Brian DeGeer

Signature:  Date: 9/12/2023

(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? CalOptima Health  Does not apply

Type of Business/Agency County organized Medicaid agency Job Title Program Manager

Is your current employment HIV related?  Yes  No

Briefly describe your responsibilities:

Manage programs related to health equity and population health management

Initiatives related to cultural humility/competency training

Support accreditation processes

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.

Not currently active in any community initiatives

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 a resident and part of the MSM population, I have a vested stake in HIV services in the community

I have extensive experience in healthcare and public health, including sexual health, and I wish to use this background to inform the work being done

As a CalOptima Health employee, I hope to serve as a bridge between county initiatives and my employed agency

**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

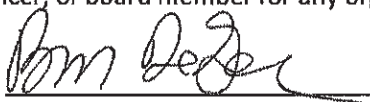
Please complete either section (A), or section (B) below, as appropriate, and sign/date:

**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:

9/12/2023

Print or Type Name:

Brian DeGeer

**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)**

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

**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: Brian DeGeer

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

[E]

# BRIAN DEGEER

*Drives and implements strategy based on health equity and public health principles to improve population outcomes*  
**Population Health Management | Health Equity | Medicare Star Quality | Program Management**

CalOptima Health

March 2023 – Current

## **Program Manager, Health Equity & Strategic Initiatives**

- Supporting NCQA Health Equity Accreditation by serving as a subject matter expert in areas of compliance with data requirements and implementation (race, ethnicity, language, sexual orientation, and gender identity). Partnering with external accreditation consultant to ensure passing accreditation in a way that underscores quality and sustainability of efforts over time towards the organization's mission and NCQA's vision.
- Managing implementation, monitoring, and sustainability of Equity in OC Health Literacy for Equity program, including partnering with external organizations to build county-level infrastructure to meet the needs of a diverse and ever-changing population.
- Supporting strategy and content for infrastructure for increasing cancer screening and quality of treatment. This includes supporting website development, Tableau dashboard development, provider group surveys, and data management.
- Partnering with clinical leadership on Gender Affirming Care workstreams, serving as SME in member experience planning.

SCAN Health Plan

June 2018 – May 2022

## **Manager, Population Health Management**

- Managed the design-thinking process of identifying areas of improvement for services supporting members with HIV, including data management, journey mapping, stakeholder engagement, secondary research gathering, and reporting findings to executive leadership.
- Managed the development of webpages for special topics: Fall Prevention, Physical Activity, LGBTQ+ Health, Vaccines, Provider Education. I also supported campaigns to drive traffic to these sites, typically seeing doubling of unique views to these sites with up to a 400% increase of viewership of the LGBTQ page.
- Oversaw project management and developed content for: member newsletters, provider newsletters, member advisory committees.
- Managed the quality improvement of a patient outreach campaign that increased program acceptance from 15% to 50% and reduced cost by 20%.
- Directed a flu vaccination PDSA project focused on decreasing disparities for Spanish-speaking membership through a patient-centered design approach, achieving a 9% overall increase and a reduction in disparity from their English-speaking counterparts from 12% to less than 2%.
- Directed a health risk assessment project to collect population health behavior/outcomes data. I found solutions to decrease the data error rate from 9% to <1% through continuous process improvement. I increased the program's response rate from 16% to over 35% over a 3-month period by interviewing SCAN members and identifying ways to make the assessment meet their diverse needs. I collaborated with Consumer Insights and Experience, Informatics, Healthcare Services, and Clinical Care departments to inform their programs with these data.
- Guided the implementation and evaluation for SCAN's Member2Member health coaching program, which shows empirical evidence of improving the performance for our HOS Managing Urinary Incontinence score and promising evidence for Reducing the Risk of Falling and Monitoring Physical Activity.
- Developed a coordinated high-touch outreach program to address falls and injury prevention by coordinating with teams to impact Osteoporosis Management in Women and Reducing the Risk of Falling measures, as well as driving quality improvement in polypharmacy and deprescribing efforts.

Carter Consulting, LLC

January 2017 – December 2017

## **Public Health Analyst, Partnership Development**

*Partnership Development, CDC National Center for Birth Defects & Developmental Disabilities, Disability & Health Branch*

- I came to the Branch as the first dedicated resource to partnership development strategy. Using research-based methodologies, I built a survey to assess appropriateness of fit for partnerships with existing, former, potential, and aspirational organizations, ensuring fidelity to principles of health equity, diversity, and inclusion. I worked with Center

partners and internal stakeholders to develop a 3-year strategy for partnership development that would increase Branch visibility and promote health outcomes for diverse populations living with disabilities.

*Performance Management, CDC Center for State, Tribal, Local, and Territorial Support, Partnership Support Unit*

- I supported the center's activities by evaluating and providing technical assistance on public health programs at the federal, state, tribal, local, and/or territorial government organization level I implemented a mixed method retrospective program evaluation of a CDC program to provide technical assistance and capacity-building to the public health system. With limited resources, I developed a performance management/monitoring dashboard of over 200 grantees. Using an iterative process, I directed internal and external stakeholders to collect feedback on the next funding opportunity and how its success would be measured. I also provided subject matter expertise to project officers developing tools for grantees for implementation and evaluation planning.

## Centers for Disease Control & Prevention

January 2016 – December 2016

### Fellowship

*National Center for Injury Prevention & Control, Division of Violence Prevention*

- I served serve as a technical assistant to state and local health departments funded through the Division's intimate partner violence and youth violence prevention programs. I participated in evaluating and providing technical assistance on public health programs at the state and local level. I developed tools for partners for implementation, planning, and evaluation guidance, including key performance indicator selection. I also served as a Division partner in an agency-wide workgroup and participated in the subject matter expert committee to plan CDC's LGBTQ Youth Health Summit to convene partners and to prioritize an action agenda.

*National Center for HIV/AIDS, Viral Hepatitis, STDs, and TB Prevention, Division of Adolescent and School Health*

- I reviewed, coded, analyzed, and synthesized laws, statutes, and policies in 50 states to examine exemplary sexual health education policies, especially school-based health education and services. I used findings to identify gaps and strengths in state policy, evaluate the policy landscape, and create tools and resources for grantees.

## Ahimsa House

August 2012 – May 2014

**Victims Advocate** (January 2014 – May 2014), **Community Advocate** (August 2012 – January 2014)

- Coordinated safety-planning, housing, care, and crisis intervention support for domestic violence victims and their pets
- Performed field visits to animal foster homes for placement of victims' pets to assess viability for USDA-mandated shelter agent requirements
- Maintained and operated a 24-hour crisis hotline for domestic violence
- Supervised volunteers: conducted orientations, coordinated and developed trainings, and trained volunteers
- Generated a 92% growth in community outreach activities through strategic community partnerships with law enforcement, animal control, humane societies, domestic violence shelters, family violence intervention programs, and community festivals
- Built interagency communications using multiple strategic efforts (e.g., local jurisdiction domestic violence task force, targeted mailings, and trainings/presentation for professional groups)
- Performed field visits to animal foster homes for placement of victims' pets to assess viability for USDA-mandated shelter agent requirements

## Education

### Master of Public Health

Graduated May 2016

University of Georgia, College of Public Health, Athens, GA

Major in Health Promotion & Behavior & Concentration in Nonprofit Management

Awards: 2016 Intern of the Year, 2016 Excellence in Research

### Bachelor of Arts

Graduated July 2013

University of North Georgia, Gainesville, GA

Major in Human Services Delivery & Administration & Concentration in Sociology