

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	0.
From: From: Jenny Qian, Agency Advisory Board Coordinator HCA/Health Policy, Research & Communications	JR.
It is my intent to appoint: Name: George A. Crits	
Address:	
City & Zip:	
Day Phone: Fax Number: E-mail address:	
To the: Orange County HIV Planning Council (Name of Board, Commission or Committee)	
Position Slot: Category (D) mental health and substance abuse p	roviders
Name of incumbent being replaced or last known member: Geor	rge A. Crits
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 o	ffice
	piration of Term N/A
Nomination to: Appoint Reappointment	Newly Formed Committee
Qualifications: Attached (must be attached for appoint	ments 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: Other	to
Check one: Scheduled Vacancy Unscheduled Vacancy Posted	on to

HCA ASR 19-001174 Certification of posting attached.
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Revised Date 02/07/19

APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

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/ (FOR COUNTY USE ONLY)

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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, COMMIS (SEE LIST AT HTTP://WWV	SSION, OR COMMITTEE TO W V.OCGOV.COM/GOV/COB/BC	/HICH YOU ARE APPLYING FO C/CONTACT):	R MEMBERSHIP		
HIV Planning Cou	uncil				
SUPERVISORIAL DISTRICT	I IN WHICH YOU RESIDE: 🔲 I	First Second Third	Fourth Fifth		
APPLICANT NAME AND RE	ESIDENCE ADDRESS:				
George	Adam	Crits			
First Name	Middle Name	Last Na	irie		
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Street Address	City	State	Zip Code		
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CURRENT EMPLOYER:	County of Orange He	alth Care Agency	****		
OCCUPATION/JOB TITLE:	Psychiatrist/ Asso	ciate Medical Direct	or		
	A Comment of the Comm				
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: M YES - NO					
IF NO, NAME OF COUNTRY OF CITIZENSHIP:					
ARE YOU A REGISTERED VOTER? # YES NO IF YES, NAME COUNTY YOU ARE REGISTERED IN: LOS Angeles					

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American P	sychiatric Association	7/2002	present
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lease rank three topics below of skill which you can o	contribute to the Council, entering 1, 2, or 3 (with
eling the highest and '3' being the lowest):	
Gay/Bisexual Men's HIV Health Needs	Substance Use/Abuse Services
Women's HIV Health Needs	Mental Health Services
Pediatric/Adolescent HIV Health Weeds	Health Planning
Injecting Drug Users' Health Needs	3 General Public Health
Other (specify):	
ederally Mandated Categories: The Planning Cou	incil is federally mandated to include individuals
	oups. "Represent" means you are or provide HV
ervices to people in these groups. Please select	
ategories listed below, please contact (714) 834	
Health Care Providers, including Federally Qualifie	
Community Based Organizations (CBOs) serving af	A CONTRACTOR OF THE CONTRACTOR
pleaujsation	reares behaviorated vira actains
Social Service Provider, including housing and hom	eless service provider
Mental Health Provider	The state of the s
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 organize	ndlam vytah a kėsta – se a a vyta stati
outh, women, and families living with HIV)	suon with a history of serving children,
Other Federal HIV Program (Prevention Services)	
Other Federal HIV Program (Special Projects of Na	tional Significance SPNS), AIDS Education
nd Training Centers (AETC), and Ryan White Dental)	
Other Federal HIV Program (HOPWA)	
Representative of/or PLWHD who were formerly F	ederal, State or local prisoners that were
eleased from custody the preceding three years and han-Elected Community Leader	and HIV disease as of the date of release
Affected Communities: PLWHD Co-infected with H	epatitis B or C (you must sign a protected
ealth Information disclosure)	į į
Affected Communities: PLWHD and Historically Un	derserved Subpopulations
General Community Member	
ease describe below how you qualify to represent	
Arsociate Medical Director-1	tolutt Quision - Behavoral
The state of the s	ents Health Care Acercust
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06/19/2018 14:04



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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 <u>not</u> my special interests or person 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, side from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: George AONM CRISS

Signature:

Date: June 19 2018

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06/19/2018 14:04 PAGE 05/09 **ORANGE COUNTY HIV PLANNING COUNCIL** APPLICATION FOR MEMBERSHIP (CONTINUED) Additional Information: If employed, who is your current employer? OC Heath Cale Acres Does not apply Type of Business/Agency Job Title / is your current employment HIV/AIDS related? Briefly describe your responsibilities: Describe your community involvement. Please identify the organizations or agencies you have served and bur participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served, Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You mily attach a separate sheet, if necessary. Please indicate if attaching an additional sheet. Page 4 of 7

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PAGE 05/09

ORANGE COUNTY HIV PLANNING COUNCIL APPLICATION FOR MEMBERSHIP (CONTINUED)

ORANGE COUNTY HIV PLANNING COUNCIL

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	CONFLICT OF INTEREST DISCLOSURE REPORT FORM	
below) that receive candidates for mem	HIV Planning Council has members who are professionally or personally affiliated with organ funds that are allocated by the Council. Because of the potential for conflict of interest, curn bership on the HIV Planning Council and its committees must complete this Disclosure Form receive funds allocated by the Council:	ant mamharr
	AltaMed	7
	APAIT	
	Deihi Community Services Center	
	Gerry House	
	Orange County Health Care Agency (Including 17th Street and HCA Dental)	DISTO DE
	Public Law Center	
	Phoenix House Orange County	
	Radiunt Health Centers	
	Shanti Orange County	100
Please complete (SECTION A	deligan costion (A) on south a 10 Colons	- 1
1 40 W	either section (A), or section (8) below, as appropriate, and sign/date:	Ě
, my spouse or sig	elow, I certify that: prificant other, and/or dependent family member(s) have not served within the past t, officer, or board member for any organization which has received funding from Ry	12 months an White
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ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION QUIZ

The HIV Planning Council quiz is intended to ensure that potential members know and understand the role of the HIV Planning 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 <u>NOT</u> automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the Membership Committee may want to ensure that the individual is assigned a mentor.

Ple

leas	e circle answers belo	ow and submit your completed quiz with your application.	
Ap	plicant Name:	George Adam Crits	A 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
1.		IV Planning Council is:	S-GLEENSE-
	B. Establish serv	eds of persons living with HIV disease (PLWHD) vice category priorities	PARAMETER
(D. All of the Abo	ls to service categories ove	Charles
2.	Planning Council o	duties include(Fill in the blank):	
	A. Attend a new B. Take an Oath	member orientation of Office	
	C. Learn and follo	low the Planning Council Bylaws, Rules of Respectful Engagement, and Robert	's Rules
<	D. All of the Abov	ove are Planning Council Duties	
3.	All members must	t affirm their commitment to the Planning Council. Which of the following is N	loT part
_		rally Mandated Membership Category	
_	B. Making recom	nmendations considering community needs and data <u>not</u> special interests or p	sonal
	C. Disclosure of a	any conflict of interest relative to issues that come before the Council or com- ast one of the Council's committees	nttees
4.	in order to be cont the following:	isidered an Unaligned Consumer on the Planning Council; one must meet which	of
	A. Not be employ provider	yed by, a board member of, or paid consultant a Ryan white and/or HOPWA-f	u ded
	B. Be HIV-positive provider	e and receiving HIV-related services from a Ryan White and/or HOPWA-funde	
	C. Re a resident o		
-	D. Il of the abov	ve are required to be an Unaligned Consumer of the Planning Council	
5.	Which of the follow	wing is not a Rule of Respectful Engagement?	
	A. We value diffe	ering interests and opinions	E
1	B We only speak	k when the Chair acknowledges the member for comment	
_	C. We focus on the	he issue, not the person raising the issue. No personal attacks	Ħ
	D. We avoid making	ting impassioned pleas and we make decisions based on data	19

[D]

George Adam Crits, M.D. Associate Medical Director Adult Behavioral Health



Experience

Orange County Health Care Agency, Behavioral Health Service

Associate Medical Director, Adult and Older Adult Division: July 2014 to present

Responsibility for all aspects of Adult Outpatient Clinic operations Medical Director, Drug Medi-Cal Services: July 2018 to present

Staff Psychiatrist: Program of Assertive Community Treatment: January 2008 to July

2014

Mental Health Association (MHA), Orange County

Pacific Clinics (Orange, CA)

Staff Psychiatrist: November 2008 to July 2012

California Department of Corrections and Rehabilitation

California Institution for Women (Chino, CA)

Inpatient/Outpatient Psychiatrist -- July 2005 to October 2007

Training

UC Irvine Medical Center, Long Beach VA Medical Center

Resident in Psychiatry - July 2002 to June 2006

Los Angeles Psychoanalytic Institute/Southern California Psychoanalytic Institute

(aka New Center for Psychoanalysis)

Psychodynamic Psychotherapy Training Program

September 2004 to June 2006

Education

Medical College of Virginia (Richmond, VA)

August 1998 to May 2002 Doctor of Medicine, May 2002

University of Chicago (Chicago, IL)

Bachelor of Arts, English Language and Literature, 1986

General Honors, Special Honors

Licensure

Medical Board of California: Expiration -- 9/30/2021

Certifications

American Board of Psychlatry and Neurology

Diplomate -- Adult Psychiatry, January 2009 through

December 31, 2019. Certificate No. 59209

References available upon request.

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