



# 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: From: Jenny Qian, Agency Advisory Board Coordinator  
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: George A. Crits

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 (D) mental health and substance abuse providers

Name of incumbent being replaced or last known member: George 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 office☐ Term Concurrent with position

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

Nomination to: ☐ Appoint ☒ Reappointment ☐ Newly Formed CommitteeQualifications: ☒ Attached (must be attached for appointments and reappointments)

Remarks: \_\_\_\_\_

For Clerk of the Board Use Only

Clerk's Initials: \_\_\_\_\_ File I.D. \_\_\_\_\_ Needs a COI ☐ Send Departure Letter ☐Contact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_ ☐ Mail or ☐ Pony

Appoint/Complete: ☐ Term Years \_\_\_\_\_ ☐ Term Dates: \_\_\_\_\_ to \_\_\_\_\_  
☐ CWS ☐ Other \_\_\_\_\_

Check one: ☐ Scheduled Vacancy ☐ Unscheduled Vacancy

Posted on \_\_\_\_\_ to \_\_\_\_\_

Certification of posting attached.



**APPLICATION FOR COUNTY OF ORANGE  
BOARD, COMMISSION OR COMMITTEE**

**(FOR COUNTY USE ONLY)**

**Return to:**

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

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

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

**HIV Planning Council**

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

**APPLICANT NAME AND RESIDENCE ADDRESS:**

**George Adam Crits**

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

**N/A**

Home Phone Number

Cell Phone Number

Email Address

**CURRENT EMPLOYER:** **County of Orange Health Care Agency**

**OCCUPATION/JOB TITLE:** **Psychiatrist/ Associate Medical Director**

**BUSINESS ADDRESS:**

**BUSINESS PHONE NUMBER:**

**EMPLOYMENT HISTORY:** Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

**ARE YOU A CITIZEN OF THE UNITED STATES:** ☒ YES ☐ NO

**IF NO, NAME OF COUNTRY OF CITIZENSHIP:**

**ARE YOU A REGISTERED VOTER?** ☒ YES ☐ NO

**IF YES, NAME COUNTY YOU ARE REGISTERED IN:** **Los Angeles**

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

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
American Psychiatric Association	7/2002	present

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.

I am currently a member and wish to continue my membership

I am committed to helping persons living with HIV

DATE: 10/30/19

APPLICANTS SIGNATURE:

*George A. [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"/> 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 _____	

Revised Date 02/07/19

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**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP**

RECEIVED JUN 19 2018

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):

*Caloptera One Care Connect Member Advising Committee*  
 If you are no longer serving on the Committee(s), what was the reason you left:

*still serving*

*NOT a Council Committee*

☒ Planning Council Membership: (All members of the Planning Council are required to serve on a standing committee).

Check committee(s) below:

☐ Committee Membership(s) Only (Check committee(s) below):☐ Client Advocacy (HCAC)☐ Priority Setting, Allocations, and Planning (PSAP) *MG*☐ Prevention and Care Strategies Committee (PCSC)☒ Other HIV-related Committee: *BM*

Contact Information:

Applicant's Name: *George Adam Cuts*

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

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

State: CA

Zip Code: *92701*

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/AIDS-related materials to the above fax number?

☒ Yes ☐ No

May we email HIV/AIDS-related materials to the above email address?

☒ Yes ☐ No

City of employment/residence: (Check one)

☐ 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.

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☐ Other: \_\_\_\_\_Current Age: *55*Year of Birth: *1962*

Cultural/Ethnic Identity:

☐ African-American☐ Asian (specify): \_\_\_\_\_☐ Latino/a (specify): \_\_\_\_\_☐ Native American (specify Tribe/Nation): \_\_\_\_\_☐ Pacific Islander (specify): \_\_\_\_\_☒ White/Caucasian☐ Decline to State☐ Other (specify): \_\_\_\_\_

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.

☒ MSM (men who have sex with men) ☐ Injection Drug User (IDU) ☐ MSM/IDU ☐ Heterosexual ☐ Hemophilia ☐ Perinatal ☐ Blood Transfusion ☐ Unknown/Not reported ☐ Other (Specify): \_\_\_\_\_

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

Please rank three topics below of skill which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest and '3' being the lowest):

<input type="checkbox"/> Gay/Bisexual Men's HIV Health Needs	<u>2</u> Substance Use/Abuse Services
<input type="checkbox"/> Women's HIV Health Needs	<u>1</u> Mental Health Services
<input type="checkbox"/> Pediatric/Adolescent HIV Health Needs	<u>1</u> Health Planning
<input type="checkbox"/> Injecting Drug Users' Health Needs	<u>3</u> General Public Health
Other (specify):	

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 (CBOs) serving affected populations/AIDS Service Organization
- ☐ 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 PLWHD who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- ☐ Non-Elected Community Leader
- ☐ Affected Communities: PLWHD Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- ☐ Affected Communities: PLWHD and Historically Underserved Subpopulations
- ☐ General Community Member

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

Associate Medical Director - Adult Division - Behavioral  
Health Services Orange County Health Care Agency  
Professional Psychiatric

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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 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:

GEORGE ADAM CARRIS

Signature:



Date:

June 19, 2018

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

**Additional Information:**

If employed, who is your current employer? OC HealthCare Agency ☐ Does not apply

Type of Business/Agency Public Health Agency Job title Associate Medical

Is your current employment HIV/AIDS related? ☒ Yes ☐ No

Briefly describe your responsibilities: Director - Adult  
Division  
Oversight and quality review  
of all outpatient Mental Health and substance Abuse  
services for Adult provided by the OC HealthCare  
Agency Behavioral Health Service. Persons with  
Disorders are one important population we serve

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.

Serving on California Member Advisory Committee for the  
Care connect - (non-voting member) since 2014  
Member of Association of LGBT Psychiatrists and  
American Psychiatric Association.

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.

provide representation for the OC Health Care  
Agency Behavioral Health Service.

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**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:

AltaMed
APAIT
Delhi Community Services Center
Gerry House
Orange County Health Care Agency (including 17 <sup>th</sup> Street and HCA Dental)
Public Law Center
Phoenix House Orange County
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 and/or HOPWA funds.

Signature: \_\_\_\_\_

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

Print or Type Name: \_\_\_\_\_

**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 and/or HOPWA funds.

Organization: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

(Please attach additional pages as necessary)

Signature: \_\_\_\_\_

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

Print or Type Name: \_\_\_\_\_



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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 **NOT** 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.

Please circle answers below and submit your completed quiz with your application.

Applicant Name: George Adam Crits

1. The role of the HIV Planning Council is:
  - A. Assess the needs of persons living with HIV disease (PLWHD)
  - B. Establish service category priorities
  - C. Allocate funds to service categories
  - ☒ D. All of the Above
2. Planning Council duties include \_\_\_\_\_ (Fill in the blank):
  - A. Attend a new member orientation
  - B. Take an Oath of Office
  - C. Learn and follow the Planning Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
  - ☒ D. All of the Above are Planning Council Duties
3. All members must affirm their commitment to the Planning 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 Planning Council; one must meet which of the following:
  - A. Not be employed by, a board member of, or paid consultant a Ryan white and/or HOPWA-funded provider
  - B. Be HIV-positive and receiving HIV-related services from a Ryan White and/or HOPWA-funded provider
  - C. Be a resident of Orange County
  - ☒ D. All of the above are required to be an Unaligned Consumer of the Planning 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. No personal attacks
  - D. We avoid making impassioned pleas and we make decisions based on data

[D]

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



<b>Experience</b>	<b>Orange County Health Care Agency, Behavioral Health Service</b>  <b>Associate Medical Director, Adult and Older Adult Division:</b> July 2014 to present Responsibility for all aspects of Adult Outpatient Clinic operations <b>Medical Director, Drug Medi-Cal Services:</b> July 2018 to present <b>Staff Psychiatrist:</b> Program of Assertive Community Treatment: January 2008 to July 2014  <b>Mental Health Association (MHA), Orange County Pacific Clinics (Orange, CA)</b> Staff Psychiatrist: November 2008 to July 2012  <b>California Department of Corrections and Rehabilitation California Institution for Women (Chino, CA)</b> Inpatient/Outpatient Psychiatrist -- July 2005 to October 2007
<b>Training</b>	<b>UC Irvine Medical Center, Long Beach VA Medical Center</b> Resident in Psychiatry -- July 2002 to June 2006  <b>Los Angeles Psychoanalytic Institute/Southern California Psychoanalytic Institute (aka New Center for Psychoanalysis)</b> Psychodynamic Psychotherapy Training Program September 2004 to June 2006
<b>Education</b>	<b>Medical College of Virginia (Richmond, VA)</b> August 1998 to May 2002 Doctor of Medicine, May 2002  <b>University of Chicago (Chicago, IL)</b> Bachelor of Arts, English Language and Literature, 1986 General Honors, Special Honors
<b>Licensure</b>	<b>Medical Board of California:</b> Expiration -- 9/30/2021
<b>Certifications</b>	<b>American Board of Psychiatry and Neurology</b> Diplomate -- Adult Psychiatry, January 2009 through December 31, 2019. Certificate No. 59209

References available upon request.