



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: Jeanine Mumford

Address: [REDACTED]

City & 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 (A) Health care providers, including federally qualified health centersName of incumbent being replaced or last known member: Hieu NguyenTerm 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 positionVacancy 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 ☐ PonyAppoint/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)):**

Orange County HIV Planning Council

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Jeanine T Mumford
First Name Middle Name Last Name

[REDACTED]
Street Address City State Zip Code

[REDACTED]
Home Phone Number Cell Phone Number

[REDACTED]
Email Address

CURRENT EMPLOYER: ALTAMED

OCCUPATION/JOB TITLE: HIV Program Supervisor

BUSINESS ADDRESS: [REDACTED]

BUSINESS PHONE NUMBER: [REDACTED]

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

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

ORGANIZATION/SOCIETY

FROM (MO./YR.)

TO (MO./YR.)

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 believe my professional experience and knowledge would
be an asset to the Council.

DATE: 9/26/2019

APPLICANTS SIGNATURE:

Jeanine Mumford

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

RECEIVED
9-26-19

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): HIV Prevention Planning, Housing, & Quality Improvement

If you are no longer serving on the Committee(s), what was the reason you left: I work obligations changed.

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: JEANINE MUMFORD

Date: 9/26/2019

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** (Anahelm, 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: 52

Year of Birth: 1967

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.

- ☐ MSM (men who have sex with men) ☐ Person who injects drugs (PWID) ☐ MSM/PWID
☒ Heterosexual ☐ Perinatal ☐ Unknown/Not reported ☒ Other (Specify): BLACK WOMAN

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:

I have extensive experience working with HIV/AIDS prevention and care programs, over the last 25 years from line staff to administration. I've also been a certified HIV prevention trainer and HIV tester.

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: JEANINE MUMFORD

Signature: *Jeanine Mumford* Date: 9/26/2019

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

If employed, who is your current employer? AltaMed Health Services ☐ Does not apply

Type of Business/Agency Health Services Job Title HIV Program Supervisor

Is your current employment HIV related? ☒ Yes ☐ No

Briefly describe your responsibilities:

Ensures that each HIV Prevention Specialist provides quality and comprehensive client-centered individual and group level health education/risk reduction (HERR) services including Prevention Case Management (PCM); as well as each HIV Prevention Specialist is capable of effectively linking clients from individual and group-level interventions to testing and health services. Core responsibilities include compliance with contract requirements and best standard practices for individual and group-level interventions, clinical supervision of PCM, individual and group training on testing protocol and procedures, maintenance of referral networks, and implementation of quality management (QM) plans. Also provide on-going guidance to HIV Prevention Specialists on how to address and empower client efforts to reduce their risk of HIV infection and transmission

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.

Collaborated with county-funded HIV prevention programs, serving as contract monitor for all Orange County HIV prevention-focused programs. Facilitated, analyzed, negotiated and developed contracts with the County of Orange. Assisted in the development of Request for Proposals (RFPs) for in-house County programs. Analyzed invoices and records to determine cost-effectiveness and payment/non-payment of invoices. Delivered technical support by communicating contract terms for local and state regulations. Prepared contract amendments, conducted site visits, and analyzed computerized records and supporting documentation to ensure compliance with contract terms. Helped coordinate, plan and develop Orange County's previous HIV prevention plans. Helped to strategize and prioritize previous funding for HIV prevention programs in Orange County. I also served as African-American Community HIV/AIDS Coordinator for the county to mobilize the community.

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 feel I have a lot of experience, historical knowledge and view point on how prevention programs are needed and approached in the County. I wish to help move Orange County forward in these exciting new times of technology, treatments, and prevention methods.

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 (including 17th Street Care and 17th Street Dental)
Public Law Center
Radiant Health Centers
Shantl 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: _____

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 Part A.

Organization: APAIT

Period of Affiliation: 2 year

Title/Relationship: APAIT was a sub-contractor of AltaMed

(Please attach additional pages as necessary)

Signature: Jeanine Mumford Date: 9/26/2019

Print or Type Name: Jeanine Mumford

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)

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: N/A

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 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: N/A

Date: _____

ORANGE COUNTY HIV PLANNING COUNCIL**APPLICATION QUIZ**

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: JEANINE MUMFORD

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]

Jeanine T. Mumford



Supervisor/Manager

Consistently successful in developing, restructuring, and directing programs that benefit communities, associates, and individuals. Capable of applying advanced qualitative and quantitative methods to analyze the effectiveness of programs and evaluate the efficiency of complex program operations. Enthusiastic team player who successfully manages multiple projects to ensure alignment with organizational vision and values. Deliver sustainable results through team leadership, program supervision, community engagement, and staff training / development.

Career Experience

AltaMed Health Services Corporation

PROGRAM SUPERVISOR, 8/2018 – Present

Ensures that each HIV Prevention Specialist provides quality and comprehensive client-centered individual and group level health education/risk reduction (HERR) services including Prevention Case Management (PCM); as well as each HIV Prevention Specialist is capable of effectively linking clients from individual and group-level interventions to testing and health services. Core responsibilities include compliance with contract requirements and best standard practices for individual and group-level interventions, clinical supervision of PCM, individual and group training on testing protocol and procedures, maintenance of referral networks, and implementation of quality management (QM) plans. Also provide on-going guidance to HIV Prevention Specialists on how to address and empower client efforts to reduce their risk of HIV infection and transmission.

Wel-Mor Psychology Group (Formerly South Coast Counseling)

GROUP FACILITATOR - PART-TIME CONSULTANT, 11/2004 – Present

Present Batterers' Intervention Programs and Anger Management Programs that are focused on reflective/critical thinking. Present methods for reducing violence and abusive impulse, teach control, and encourage/facilitate change in a group setting.

Orange County Health Care Agency, Public Health, California Children's Services (CCS)

PROGRAM SUPERVISOR, 4/2010 – 2/2018

Applied comprehensive knowledge of Children's Medical Service Net (CMS.Net) to support public nurses (PHNs) for Sensorineural Hearing Loss (SNHL) cases. Efficiently issued annual authorizations for SNHL medical services and collaborated closely with healthcare providers to ensure accurate prescriptions were complete.

Orange County Health Care Agency, Public Health, Disease Control & Epidemiology Special Diseases

EARLY INTERVENTION PROGRAM SUPERVISOR I / II, HIV/AIDS CLINIC, 4/2000 – 4/2010

Supervised a complex multidisciplinary team of professionals, paraprofessionals, and support staff. Conceptualized, developed, and coordinated program activities to ensure compliance with local / state / federal regulations. Delegated and evaluated staff work assignments. Developed program budgets and responded to grant requests and proposals for additional funding needs. Conducted presentations for community groups and agencies to promote HIV prevention actions. Disseminated HIV/AIDS prevention and educational materials and offered support to those living with the disease. Analyzed applicant's proposals to determine eligibility, reviewed invoices, and maintained records. Maintained comprehensive knowledge of local and state rules and regulations as well as contract terms. Prepared contract amendments, conducted site visits, and analyzed records to ensure compliance with contract terms. Counseled providers on regulatory compliance matters.

- Served as African-American Community HIV/AIDS Coordinator for the county to mobilize the community around the disease.
- Developed early intervention program objectives, oversaw scope of work, and managed budgets for various programs by collaborating with community-based organizations and county-funded programs.
- Forged partnerships with multiple community agencies and programs.
- Participated on the HIV Housing Committee and represented the HIV Housing Committee on the Shelter Plus Care grant program for seven years.
- Provided statistical quarterly program data gathered from the Supplemental Questionnaire to update Client Management Information System (CMIS).
- Participated on two of the City's housing planning process teams to develop Orange County's Housing Plan to establish the allocation of funds for Orange County's Housing Opportunities for People with HIV/AIDS (HOPWA).
- Selected to travel and conduct speaking engagements to discuss the success of HIV/AIDS programs.

Jeanine T. Mumford

Page 2 of 2

- Developed and administered contracts and supervised contracted mental health providers for HIV prevention and treatment programs.
- Created initiatives to increase funds and revenue by more than \$250K and an increase of full-time employees.
- Assisted in the development of Request for Proposals (RFPs) and created agreements for in-house County programs.
- Wrote grants for new and existing programs.
- Directly managed The Bridge Project (targeted clients who were HIV positive and/or had AIDS who were engaging in high-risk activities, but were not in care), HIV Transmission Prevention Project (HTPP) for Repeat Testers, HIV Transmission Prevention Project for HIV Positive Individuals (HTPP+), EIP Clinic, education for HIV/AIDS Clients, nutrition services for HIV/AIDS Clients, and the L.I.F.E. (Learning, Immune, Function, Enhancement) Program for HIV/AIDS clients.
- Worked closely with county-funded HIV prevention programs to facilitate, analyze, negotiate, and develop contracts
- Secured client's PHI (Protected Health Information) and PII (Personally Identifiable Information) to ensure complete confidentiality.
- Collaborated with Information Technology (IT) Unit, Facilities Operations, Safety Program, and Custodian of Record to ensure the program and staff complied with the County's policies and procedures.
- Successfully managed professional and paraprofessional individuals for several different funding sources and programs and independently analyzed program outcome data by reviewing quarterly and year-end progress reports, in addition to, observing the day-to-day actions of the program as necessary.
- Reached conclusions based on visual observations and analyzed information presented in reports to make recommendations on how to improve the program's/team's performance.

Orange County Health Care Agency, Public Health**HIV PROGRAMS AND COORDINATOR – PROGRAM EVALUATION SPECIALIST, 1994 – 2000**

Collaborated with county-funded HIV prevention programs, serving as contract monitor for all Orange County HIV prevention-focused programs. Facilitated, analyzed, negotiated and developed contracts with the County of Orange. Assisted in the development of Request for Proposals (RFPs) for in-house County programs. Analyzed invoices and records to determine cost-effectiveness and payment/non-payment of invoices. Delivered technical support by communicating contract terms for local and state regulations. Prepared contract amendments, conducted site visits, and analyzed computerized records and supporting documentation to ensure compliance with contract terms.

- Developed strategies to resolve errors and prepared reports to submit to management in a prompt manner.
- Wrote grants for new and existing programs.
- Coordinated, planned and developed Orange County's HIV prevention plan.
- Helped to strategize and prioritize funding for HIV prevention programs in Orange County.
- Organized, planned, and coordinated trainings, in-services, and an annual conference.

Additional Experience:

Sentencing Concepts, Inc. – Domestic Violence Group Facilitator and Juvenile PC 1000 Instructor (1998 – 2004)

Orange County Center for Health – Community-Based Organization Health Educator (1990 – 1993)

Education & Credentials

Bachelor of Science, Comprehensive Business Education, DEFIANCE COLLEGE, Defiance, OH

Professional Development:

- County of Orange Health Care Agency's Leadership Training Program
- Lean Learner's Seven Habits of Highly Effective People
- California State 40-Hours, Domestic Violence Group Counselor
- American Red Cross Instructor Train Trainer for their HIV/AIDS Programs: African American, Community, HIV/AIDS
- In the Work Place
- CA State Office of HIV/AIDS Counselor: Risk Assessment and Disclosure Counselor
- State of Ohio Provisional Teaching License: Secondary Teaching Certificate
- Pregnancy Counselor / Tester and Initial Birth Control Counselor
- Phlebotomist