



San Joaquin County Health Care Services Agency
P.O. Box 1020 • French Camp, CA 95201 • (209) 468-5610

To: Interested San Joaquin County Residents and Clinic Patients

From: Kenneth B. Cohen, Director Health Care Services Agency

A handwritten signature in cursive script that reads "Kenneth B. Cohen".

Re: County Clinics Seek Federal Qualified Health Center Designation and Community Board members

The County of San Joaquin is seeking interested and energetic clinic patients and County residents to serve on a new community board, which will guide the development of a new phase for the County primary care clinics. In order to maintain and enhance services to patients, the County is seeking designation as a Federally Qualified Health Center Look- Alike (FQHC-LAL). This designation will not only increase reimbursement for services, but provide an opportunity for system change under federal Health Care Reform.

The County has established new 501c (3) non-profit corporation and is seeking members to serve on the board. The board especially needs clinic patients and those community members who reflect the population we serve; therefore it is necessary to gather some additional information about your age and ethnicity.

Please review the attached information about the role and responsibilities of the board. Application received will provide a pool of interested persons who may be asked to fill future vacancies on the community board. If interested, please complete the attached application and supplemental information.

Clerk of the Board
44 N. San Joaquin Street, Suite 627
Stockton, CA 95202

Or to:

Health Care Services Administration
P.O. Box 1020
French Camp, Ca 95201

Or drop it off at the San Joaquin General Hospital Administration Office during regular business hours.

Sorry, County employees are not eligible for service on the Board.



SAN JOAQUIN COUNTY
BOARDS, COMMISSIONS & COMMITTEES
COMMITTEE FACT SHEET

NAME:	SAN JOAQUIN COUNTY CLINICS COMMUNITY BOARD (CCCB)
COMPENSATION:	None. <i>(A meeting per diem may be considered and approved at a later date)</i> Members of this board are required to file Conflict of Interest Disclosure Statements.
LEGAL AUTHORITY:	Board of Supervisors August 31, 2010, Board Order B-10-839; Federally Qualified Health Center Look-Alike Guidelines and Application PIN 2009-06, dated September 22, 2009; IRS Code Section 501 c (3); Articles of Incorporation, dated September 30, 2010.
MEMBERSHIP QUALIFICATION AND RESIDENCY:	<p>The County Clinics Community Board consists of eleven members All members must be San Joaquin County residents and lawful U.S. citizens.</p> <p>Applicants must complete an Application Addendum as required by federal regulations.</p> <p>Six (user members) shall be representatives of the patient population s in the community health centers/clinic system. Five (non-user members) shall be individuals who possess expertise in community affairs, finance and banking, legal affairs, and other commercial and industrial concerns, and are capable of providing leadership in the community. No more than two non-user members may receive more than 10% of their annual income from the health care industry.</p> <p>Two non-user members are appointed, removed, & replaced by the Board of Supervisors (BOS). Nine members (3 non-users and 6 users) are appointed, removed, & replaced by the CCCB.</p> <p>No member may be a County employee, or immediate family member of an employee of the County Clinics, nor may they have a financial interest which would constitute a conflict of interest.</p>
TERM:	Four-year terms, not more than two consecutive terms.
DUTIES:	Adopt policies identifying the CCCB services to be delivered and the hours during which they will be provided; approve budget for CCCB operations, subject to approval by the BOS; develop financial priorities & strategies; evaluate the effectiveness of the clinics; adopt/ implement a procedure for hearing and resolving patient grievances; adopt quality of care audit procedures; assure compliance with federal, State & local laws, ordinances & regulations; periodically inform the BOS regarding utilization, productivity, patient satisfaction and

achievement of CCCB objectives; adopt policies as necessary; approve selection, dismissal and evaluate the performance of the CCCB Executive Director and adopt bylaws for the County Clinics Community Board.

MEETINGS:

TBD (Monthly)

**MEETING DATE
& LOCATION:**

TBD

CONTACT PERSON:

Kenneth B. Cohen
Health Care Services Agency
500 West Hospital Road
French Camp, CA 95231
Kcohen@sjgh.org
(209) 468-6600



LOIS M. SAHYOUN
Clerk of the Board

BOARD OF SUPERVISORS

44 NORTH SAN JOAQUIN STREET, SUITE 627
STOCKTON, CALIFORNIA 95202
TELEPHONE: 209/468-3113
FAX: 209/468-3694

CARLOS VILLAPUDUA
Chairman
First District

LARRY RUHSTALLER
Vice Chairman
Second District

STEVE J. BESTOLARIDES
Third District

KEN VOGEL
Fourth District

LEROY ORNELLAS
Fifth District

SAN JOAQUIN COUNTY APPLICATION FOR APPOINTMENT TO BOARDS/COMMISSIONS/COMMITTEES

NAME _____
SUPERVISORIAL DISTRICT _____
(If unknown, contact Clerk of the Board)

NAME OF BOARD/COMMISSION/COMMITTEE _____

CATEGORY _____

RESIDENCE ADDRESS _____

OCCUPATION _____

RESIDENCE PHONE _____

BUSINESS ADDRESS _____

FAX _____

BUSINESS PHONE _____

Briefly state how you learned of the opening:

Briefly state your experience which you feel would be helpful should you be selected to serve on this Board/Commission/Committee:

Professional Experience: _____

Professional and/or other community organizations on which you serve:

Education: _____

Personal Interests & Hobbies: _____

Are you an employee or officer of the County, any City in the County, the State, or the Federal government? Yes _____ No _____

Are you related by blood or marriage to any employee or officer of an agency which is subject to the Board, Committee or Commission to which you are seeking appointment? Yes _____ No _____

Are there any facts of which you are aware which would cause you to have an actual or apparent conflict of interest with respect to the position to which you are seeking appointment? Yes _____ No _____

(If you answer "Yes", you will be asked to submit the facts in writing for review before your consideration of appointment.)

Have you ever been convicted of a felony which would disqualify you from appointment? Yes _____ No _____

(If you answer "Yes", please list the nature of the conviction and the date and court in which the conviction was entered.) _____

- If you are appointed, you may be required to be bonded for your performance. If you are appointed and cannot be bonded as required, your appointment will be revoked.
- If you desire a personal interview or wish to address the Board of Supervisors, you may contact the Board Office directly at 468-3113.
- If you desire to provide additional information, please attach it to this application.

SIGNATURE

DATE

**Please return application to: Clerk of the Board
44 N. San Joaquin Street, Suite 627
Stockton, CA 95202**

If you have any questions, please feel free to call the Clerk of the Board Office at (209) 468-2350.

Application Addendum

SAN JOAQUIN COUNTY/HEALTH CARE SERVICES AGENCY
San Joaquin County Clinics Community Board

Membership on this board, by federal regulation, requires the majority of the members be patients of the clinic system and that collectively, members adequately represent the demographics of patients served in terms of race/ethnicity, gender and economic status. This information is required in order to accept an application for board membership, and incomplete applications will not be considered.

Gender: Male Female

Race/Ethnicity (Select one)

- White
- Black/African American
- American Indian & Alaska Native
- Hispanic or Latino
- Asian/Pacific Islander

For prospective board members who are clinic patients:

Have you obtained medical care from San Joaquin County Health Services Agency within the previous 2 years? Yes No

If yes, at what clinic are you a patient? (Check all that apply):

- Caesar Chavez Family Medicine Clinic, French Camp
- Primary Care Clinic, French Camp
- Internal Medicine Clinic, French Camp
- Healthy Beginnings, French Camp
- Healthy Beginnings/CPSP, Stockton
- Children's Health Services, Stockton

I agree and understand that my potential FQHC board membership publicly identifies me as a patient of the San Joaquin County Health Care Services Agency (HCSA). Any and all other health information regarding my medical care at HCSA remains protected and confidential. I, therefore, accept this disclosure, and do not hold the HCSA responsible for this limited disclosure.

Signature

Date

Please note: Service on this board requires annual filing of a disclosure of potential conflicts of interest