

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

562



FROM: Riverside University Health System – Community Health Center Board (CHCB)

SUBMITTAL DATE:
August 30, 2016

SUBJECT: Introduction and adoption of Ordinance No. 751.2 amending Ordinance No. 751 Establishing the Community Health Center Board

RECOMMENDED MOTION: That the Board of Supervisors:

1. Introduce and adopt on successive weeks Ordinance No. 751.2 amending Ordinance No. 751 Establishing the Community Health Center Board;
2. Approve the amendments to the CHCB Bylaws as recommended by the CHCB

BACKGROUND:

Summary

Ordinance No. 751, last amended in 1996, serves as the “co-applicant agreement” between the Board of Supervisors and the CHCB governing the Federally Qualified Health Centers (FQHCs). The FQHC program has very detailed governance requirements, some of which have changed or been clarified in the twenty years since the Ordinance was first adopted.

This Amendment and the revised bylaws will bring both into compliance with current requirements.


 Zareh H. Sarrafian,
 Assistant CEO - Health System

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: _____
 Budget Adjustment: No
 For Fiscal Year: _____

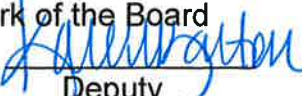
C.E.O. RECOMMENDATION: APPROVE
 BY: 
 Christopher M. Hans

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and that the above ordinance is approved as introduced with a waiver of reading.

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
 Nays: None
 Absent: None
 Date: September 13, 2016
 xc: RUHS-Community Health Center, COB

Kecia Harper-Ihem
 Clerk of the Board
 By: 
 Deputy

Prev. Agn. Ref.: 8/23/16 Item 3-53 | District: 5 | Agenda Number:

3-35

FORM APPROVED BY COUNTY COUNSEL
 BY:  Karin Watts - By 9/11/16
 DATE: _____
 BY: KARIN L. WATTS-BAZAN

Departmental Concurrence

- A-30
- 4/5 Vote
- Positions Added
- Change Order

BACKGROUND:

Summary (continued)

Ordinance No. 751 serves as the "co-applicant agreement" between the Board of Supervisors and the Board of the Community Health Center supporting the Center's status as a Federally Qualified Health Center (FQHC). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. All FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services and have an ongoing quality assurance program. The program also has very detailed governance requirements, including that a majority of the members of the "governing board" of the FQHC must be individuals who are current patients of the health center.

Public agency FQHCs, including Riverside County's, may meet these governance requirements through a "co-applicant agreement" which spells out the roles and responsibilities of the public agency's governing body and those of the "co-applicant". Since 1995, Ordinance No. 751 has served this function. However, since it was last amended in 1996 the federal agency responsible for FQHCs, the Health Resources and Services Administration (HRSA), has clarified and made its expectations more specific. Amendment of this Ordinance is therefore needed to meet these requirements in 2016 and the future.

Ordinance 751.2 - The specific changes made this Amendment are:

- (1) Providing for potential expansion of the CHCB from a minimum of 13 members up to 23 possible members;
- (2) Providing that at least 51% of the members must be current registered patients of the FQHCs;
- (3) Redesignating the County Departments from which certain representatives will appointed to the CHCB;
- (4) Adding descriptions of two duties of the CHCB as required by HRSA;
- (5) Adding a Joint Conference Committee mechanism that could be used to address differing opinions between the CHCB and the Board of Supervisors, if they were to occur.

Revised Bylaws

The CHCB also recommends to the Board of Supervisors the attached revised Bylaws which were also revised to meet current HRSA requirements. The last revision of these Bylaws took place in 2013 (DATE; #)

The specific changes recommended by the CHCB are:

- (1) Addition of an Index;
- (2) Inclusion of the CHCB's Mission statement
- (3) Altering the membership description and duties section to match the Amended Ordinance;
- (4) Amending the stated term to match the Co-Applicant Agreement (4 years instead of 2)
- (5) Amending a description of the responsibilities of the CHCB, HRSA and the Board of Supervisors to clarify that certain changes to the scope of services at the FQHCs must be approved by HRSA;
- (6) Adding a more specific description of Conflict of Interest duties;
- (7) Adding changes to the number and scope of the CHCB's standing committees;
- (8) Addition of provisions relating to the recording, distribution and storage of minutes related to CHCB meetings;
- (9) Addition of a dissolution clause;

Impact on Citizens and Businesses

The ten (10) Clinic locations provide primary health care services to thousands of County residents. The enhanced reimbursement available through the FQHC program is a substantial reason that these clinics can remain open, continuing to serve these residents. Meeting HRSA's requirements for the "co-applicant" agreement and other matters is part of continued program participation.

1 c. The County Representatives shall consist of one (1) member from the Riverside
2 University Health System Medical Center, one (1) member from the Riverside County
3 Department of Behavioral Health, one member from the Department of Public Health
4 and one (1) member from the Riverside County Executive Office.

5
6 Section 2. Section 5 of Ordinance 751 is amended by adding two new subsections to read
7 as follows:

8 “k. Determine what services beyond those required in law should be provided at the
9 FQHCs, as well as the location and mode of delivery of those services. Recommend development of such
10 services through budget requests to the Board of Supervisors.

11 l. Review and approve regulatory submissions related to operation of the FQHCs
12 such as grants, designation applications and other HRSA requests regarding scope of services.”

13
14 Section 3. A new Section 8 to Ordinance 751 is added to read as follows:

15 “An ad hoc Joint Conference Committee meeting may be requested by either the Board of
16 Supervisors or the CHCB at any time to discuss any matter relating to the FQHCs. Two members of the
17 Board of Supervisors will be chosen by its Chairperson and two members of the CHCB will be chosen by
18 the CHCB Chairperson to participate in the Committee’s discussions. The Joint Conference Committee
19 will report its findings and recommendations to the Board of Supervisors and to the CHCB.

20
21 Section 4. EFFECTIVE DATE. This ordinance shall take effect thirty (30) days after
22 its adoption.

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24
25 BOARD OF SUPERVISORS OF THE COUNTY
OF RIVERSIDE, STATE OF CALIFORNIA

26
27 By: _____
Chairman

1 ATTEST:

2 CLERK OF THE BOARD:

3
4 By: _____
Deputy

5
6 (SEAL)

7 APPROVED AS TO FORM:

8 August 31, 2016

9
10 By: 
11 _____
Martha Ann Knutson
12 Deputy County Counsel

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**RIVERSIDE COUNTY
COMMUNITY HEALTH CENTER BOARD
BY-LAWS**

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**RIVERSIDE COUNTY
COMMUNITY HEALTH CENTER BOARD
BY-LAWS**

ARTICLE I – NAME

The name of the commission shall be the Riverside County Community Health Center Board (CHCB). The CHCB is organized and governed under the Riverside County Board of Supervisors (Board of Supervisors).

ARTICLE II – PURPOSE AND MISSION

The purpose of the CHCB is to act in the conjunction with the Board of Supervisors as the governing board of those Family Care Centers operated by the County of Riverside which are designated as Federally Qualified Health Centers pursuant to 42 U. S. C. § 1395x(aa) (3) and/or 42 U.S. C. § 1396d(e)(2) (“CHCB facilities” or “County FQHC s”).

The Mission of the CHCB is to provide and/or support the delivery of comprehensive, culturally competent, quality primary health care services to the low-income and the underserved population.

ARTICLE III – MEMBERSHIP

Section I – Member

- A. There shall be thirteen (13) to twenty-five (25) voting members of the CHCB. The members shall be composed of the following two categories of members:
 1. At least seven (7) members from current registered patients of the County Community Health Centers (“Health Center Representatives”); Health Center Representatives must at all times make up a majority (at least 51 percent) of the CHCB and,
 2. At least six (6) members from differing segments of the community at large (“Community Representatives”) and from County Departments that work regularly with the CHCB facilities (“County Representatives”).
- B. All members shall be appointed by the Board of Supervisors in accordance with the following requirements:
 1. The **Health Center Representatives** shall be current registered patients of the FQHCs. In making Health Center Representative appointments, the Board of Supervisors will assure that such members, as a group, are representative of the patient population served by the FQHCs in terms of ethnicity, geography, race, gender, age and economic status.

2. The **County Representatives** shall consist of one (1) member from the Riverside University Health System Medical Center, one (1) member from the Riverside County Department of Behavioral Health, one (1) member from the County Department of Public Health and (1) member from the County Executive Office.
 3. The **Community Representatives** shall possess, but not be limited to, expertise in community affairs, finance, banking, legal affairs, trade unions, and other commercial and industrial concerns, and who have provided leadership in the community. In making Community Representative appointments the Board will assure that no more than fifty (50) percent of the Community Representatives receive more than ten percent (10%) of their annual income from healthcare industry.
- C. All members must be residents or employees of the County of Riverside.
- D. No member shall be an employee or an immediate family member of an employee of the CHCB facilities.
- E. The Executive Director / CEO is a non-voting ex-officio member of the board

Section II – Responsibilities and Rights of Members

- A. All members must:
1. Attend ten to twelve full Board meetings annually.
 2. Serve without compensation. Travel and meal expenses shall be allowable in accordance with any reimbursement policies of the County.
- B. Conflicts of Interest:
1. Each member must declare and explain any potential conflicts of interest related to
 - i. Using her/his appointment in any way to obtain financial gain for the member, the member's household or family, or for any business with which the member or part of the member's household or family is associated; and
 - ii. Taking any action on behalf of the CHCB, the effect of which would be private financial gain or loss to the member, the member's household or family.
 2. No member of the CHCB shall participate in or vote in a situation where a personal conflict of interest exists for that member.

- C. Members shall be entitled to receive agendas, minutes, and all other materials related to the CHCB, may vote at meetings of the CHCB, may hold office and may serve as Chairpersons of CHCB committees.

Section III – Terms

- A. Members shall serve a four (4) year term with staggered start dates.
- B. Before entering into the duties of this office, the member shall take an oath or affirmation set forth in Article XX, Section 3 of the California Constitution. A certified copy of the oath shall be filed in the office of the Clerk of the Board of Supervisors.

Section IV – Vacancies

- A. A vacancy in the membership may be recommended by the CHCB and declared by the Board of Supervisors when a voting member is absent from three (3) meetings in a one-year period, or when a member fails to meet responsibilities of membership as specified in Section II, for a three (3) month period, unless the CHCB or CHCB-Chairperson excuses such absences or failure based on extenuating circumstances.
- B. Any member may be removed from the CHCB at any time by a three-fifths (3/5) vote of the Board of Supervisors.
- C. A resignation from the CHCB by a member shall be in writing and shall be filed with the Clerk of the Board of Supervisors.
- D. All membership vacancies shall be filled by the Board of Supervisors.
 - 1. Upon the vacancy of a Health Center Representative position, however created, the remaining members of the CHCB shall seek community assistance in identifying persons interested and qualified for the vacant position. At a minimum, they shall post notices of the vacancy at the CHCB facilities, although they may also take such other steps as they deem proper. After review of the possible candidates, the remaining members of the CHCB shall make recommendations to the Board of Supervisors concerning appropriate candidates for the open position. Such recommendations shall take into account the requirement that the Health Center Representatives reflect the patient mix of the FQHCs. The Board of Supervisors, in appointing a person to the vacant position, shall not be limited to the candidates recommended by the CHCB.
 - 2. The Board of Supervisors shall, when filling a vacant Health Center Representative position, appoint a person whose personal attributes assures that the Health Center Representatives as a whole are representative of the community and that the ratio of Health Center Representatives to Community Representatives is maintained.

3. Upon the vacancy of a Community Representative position, however created, the remaining members of the CHCB will consult with local civic, religious and community organizations, as appropriate, to identify persons to fill the vacancy. Upon the vacancy of a County Representative position the remaining members of the CHCB shall consult with the Department that departing member was representing. The CHCB will then make recommendations to the Board of Supervisors regarding appropriate candidates for the open position. The Board of Supervisors shall not be limited to those candidates recommended by the CHCB.
4. The Board of Supervisors shall assure that the ratio of the Health Center Representatives to Community Representatives as set forth under Article III Section I is maintained.

ARTICLE IV – MEETINGS

Section I – Quorum and Voting Requirements

- A. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the membership.
- B. A majority vote of those members present is required to take any action.
- C. Each member of the quorum shall be entitled to one vote. Voting must in person; voting by proxy shall not be permitted.
- D. Attendance at all meetings is recorded on a sign-in sheet. The names of members attending are recorded in the official minutes. Members are responsible for signing the attendance sheet.
- E. The person or persons having direct administrative responsibility for the operation of the FQHCs shall attend all meetings of the CHCB but shall not be entitled to vote.

Section II – Regular Meetings

The CHCB shall meet at least once a month.

Section III – Conduct of Meeting

The meeting shall be conducted in accordance with Robert's Rules of Order (newly revised edition).

Section IV – Open and Public

All meetings will be conducted in accordance with the Ralph M. Brown Act.

Section V – Notice, Agenda and Supportive Materials

- A. Written notice of each regular meeting of the CHCB, specifying the time, place and agenda items, shall be sent to each member not less than seven (7) days before the meeting via hard copy or electronic format.
- B. The agenda shall be posted in a public notice area in accordance with the Ralph M. Brown Act not less than seventy two (72) hours prior to the meeting.
- C. Supportive materials for policy decisions to be voted upon shall be sent with the meeting notice. If, on a rare occasion, such prior submission is precluded by time pressure, and if the urgency of a CHCB vote is established by the Chairperson, an item may be placed on the agenda. When supporting materials are not available to be sent; such materials shall be available at the meeting.
- D. Items which qualify as an emergency in accordance with the Ralph M. Brown Act, can be added to the agenda at the meeting by a two-thirds (2/3) vote.

Section VI – Special Meeting

To hold a special meeting, actual advance notice of such meeting shall be given to each member of the CHCB at least twenty-four (24) hours before the time of the meeting, stating the time, place and the business to be transacted, and no other business shall be considered at a special meeting. Public notice of special meetings shall be in accordance with the Ralph M. Brown Act. A special meeting may be called by the Chairperson, or by a two-thirds (2/3) vote of the entire voting membership of the CHCB.

ARTICLE V – DISTRIBUTION OF AUTHORITY

- A. Responsibilities of the CHCB – The CHCB has specific responsibilities to meet the governance expectations of the Health Resources and Services Administration (HRSA), while day-to-day operational and management authority reside with the CHCB staff. The CHCB’s responsibilities include providing advice, leadership and guidance in support of the CHCB’s mission. The CHCB will be knowledgeable about marketplace trends and shall have the responsibility for assisting and advising the CHCB facilities to ensure that they remain viable in their marketplace while still pursuing their mission.
- B. The Board of Supervisors shall maintain the authority to set general policy of fiscal and personnel matters at the CHCB facilities, including those matters in Riverside County Ordinances, policies related to financial management practices, charging and rate setting, labor relations and conditions of employment. The CHCB may not adopt any policy or practice, or take any action, which is inconsistent with Riverside County Ordinances or which alters the scope of any policy set by the Board of Supervisors on fiscal or personnel issues.

- C. Certain amendments and changes to the scope of services at the FQHCs may not be made until approved by HRSA.

ARTICLE VI –RESPONSIBILITIES

Section I

Subject to the limitations imposed in Article V, the responsibilities of the CHCB shall be as follows:

- A. Approve the selection and dismissal of the person or persons having direct administrative responsibility for the operation of the CHCB facilities.
- B. Approve policies identifying the services to be delivered at CHCB facilities and the hours during which services are to be provided.
- C. Approve, within appropriations available for such purposes, the budget for County FQHCs operations, subject to approval by the Board of Supervisors. Such budget shall be initially prepared by the person or persons having direct administrative responsibility for the operation of the County FQHCs or their delegates. All allocations, disbursements, or other commitment of public funds that are subject to the control or recommendations of the CHCB shall be made only upon duly agendized motions that are seconded and approved by a majority vote.
- D. Develop financial priorities and strategies for major resource utilization, subject to approval by the Board of Supervisors.
- E. Evaluate at least annually the effectiveness of the CHCB facilities. Such evaluation shall include but not be limited to, utilization patterns, productivity, patient satisfaction and achievement of program objectives.
- F. Approve and implement a procedure for hearing and resolving patient grievances.
- G. Approve quality of care audit procedures.
- H. Assure compliance with Federal, State and local laws and regulations.
- I. Determine what services beyond those required in law should be provided by the CHCB facilities, as well as the location and mode of delivery of those services. Recommend development of such services through budget requests to the Board of Supervisors.
- J. Review and approve regulatory submissions related to operation of the CHCB facilities such as grants/designation applications and other HRSA requests regarding scope of services.
- K. Periodically report to the Board of Supervisors regarding the County FQHCs' utilization, productivity, patient satisfaction and achievement of project objectives.

- L. Approve such other policies as are necessary and proper for the efficient and effective operation of the CHCB facilities.

ARTICLE VII – OFFICERS

Section I – Designation

There shall be a Chairperson, a Vice Chairperson, a Secretary and a Treasurer of the CHCB. All officers shall be elected from the voting membership of the CHCB. A county employee who is not a member of the CHCB shall serve as support staff to the CHCB.

Section II – Powers and Duties of Officers

A. Chairperson

1. Shall preside at all meetings of the CHCB
2. Shall approve and carry out the agenda for each monthly meeting (with more frequent meetings as determined by the CHCB and staff).
3. Shall facilitate the purposes of the CHCB by having such powers and duties as may be prescribed from time to time by majority vote of the membership.
4. May appoint temporary chairpersons for committees other than the Executive Committee.
5. May delegate a reasonable portion of his or her duties to the Vice Chairperson.

B. Vice Chairperson

1. Shall assist the Chairperson in his or her duties as needed.
2. Shall perform the duties of Chairperson in the event of his/her absence, resignation, or inability to perform his/her duties, until such as the Chairperson returns or a new chairperson assumes office under the provisions of these By-Laws.

C. Treasurer

1. Shall report financial status at monthly meetings when appropriate, with input from staff.
2. The Treasurer shall be a permanent member of the Finance Committee.

D. Secretary

1. Shall sign agendas and meeting minutes, and submit to CHCB for approval.

Section III – Nomination and Elections

A. Nominations

1. At the regular January meeting, the CHCB shall designate three (3) of its members as the Nominating Committee to nominate the Chairperson, Vice Chairperson, Treasurer and Secretary.
2. The Nominating Committee shall contact proposed candidates to determine their willingness to run for office, and nominate additional candidates if necessary to complete a ballot of nominees for each office.
3. The Nominating Committee shall transmit its nominations to each member of the CHCB not less than seven (7) days prior to the December meeting. Nominations may be made from the floor at the December meeting.
4. The Nominating Committee may not nominate any of its members for any office, although they may be nominated from the floor.

B. Election

1. Election of officers shall be held at the December meeting. If no candidate for an office obtains over fifty percent (50%) of the vote, a run-off between the two (2) candidates with the most votes shall be held immediately following the vote.
2. The Nominating Committee shall prepare a written ballot and count the votes. Any Nominating Committee member who is a candidate for a particular office shall not participate in the preparation or counting of votes for that office.

Section IV – Term

The term of each office shall be one (1) year, commencing on January 1 of each year.

Section V – Resignation

Any officer may resign by filing written or verbal resignation with the Executive Committee.

Section VI – Recall

Any officer can be recalled by a majority vote of the CHCB.

Section VII – Vacancies

Upon a vacancy in the office of Chairperson, Vice Chairperson, Treasurer or Secretary, nominations shall be accepted at the meeting in which the vacancy is announced. The vote on such nominees shall be taken at the next monthly meeting and the election shall proceed as under Section III. If the office of the Chairperson is vacated after the tenth month of any term, then the Vice Chairperson shall fill out the remaining months of the term. In the event a new Vice Chairperson shall be elected by majority vote at the following meeting.

ARTICLE VIII – COMMITTEES

Section I – Executive Committee

- A. There shall be an Executive Committee consisting of the Chairperson, Vice Chairperson, Treasurer and Secretary of the CHCB. The CHCB Executive Director is an ex officio non-voting member of the Executive Committee. The Chairperson of the CHCB shall facilitate meetings of the Executive Committee.
- B. The purpose of the Executive Committee shall be:
 - 1. To advise and assist the membership in attaining the purpose and mission set forth in Article II of these by-laws.
 - 2. To review and process confidential matters.

Section II – Task Forces and Committees

- A. Any member may suggest the creation of an ad hoc committee or task force when it appears necessary, and such committee or task force may be established upon majority vote of the CHCB.
- B. Standing committees shall be defined as on-going committees and task forces shall be defined as time-limited committees with designated purposes. During the January meeting, the CHCB Chairperson shall seek members to serve on the standing committees upon a majority vote of the CHCB.
- C. Any committee or task force may be disbanded upon an affirmative majority vote to do so by the CHCB.
- D. Committee meetings shall be called by the Chairperson of the committee, or the Chairperson of the CHCB.

Section III – Standing Committees

The following will be considered Standing Committees:

A. Nominating / Membership / Bylaws Committee

Shall perform functions as outlined under Article VII. Section III. Subsection A. Nominations. Shall review Community Health Center Board Applications and invite potential member candidates to a Board Meeting. Shall recommend candidates to the Community Health Center Board for approval. Shall outreach to and educate Community Health Center staff and community organizations regarding the Community Health Center Board. Shall review By-Laws on an annual basis or as needed; drafts proposed amendment(s) to By-Laws.

B. Finance Committee

Shall review financial statements and related metrics, assist with the preparation and review of the Riverside County Health System annual budget and develop in conjunction with the facilities' professional staff and major resource strategies and priorities.

C. Quality Assurance / Performance Improvement Committee

Shall review measures related to quality, evaluate plans to initiate process change and the use of "Evidence-based" practices within the CHCB facilities to provide the best quality of care available for patients served.

ARTICLE IX – MINUTES

Minutes will be prepared for each Board, Executive Committee, Standing Committee and Ad Hoc Committee meeting. Draft minutes will be distributed to the Board or Committee at least 72 hours before the next meeting of the Board or Committee is to be held and reviewed for accuracy at the that meeting. Approved minutes will be maintained in accordance with the Board of Supervisor's Records Management and Archives policy and the CHCB records retention schedule. Copies of minutes will be made available in accordance with the California Public Records Act.

ARTICLE X – ADOPTION AND AMENDMENTS

These By-Laws shall be adopted and may be amended by a majority vote of a quorum of the CHCB at any regular or special meeting; provided that in the case of amendment, written notice of the specific – proposed amendment(s) shall have been submitted to each CHCB member at least seven (7) days prior to the meeting and that subsequent to CHCB action, said amendments are approved by the Board of Supervisors.

ARTICLE XI - DISSOLUTION:

Dissolution of the Commission shall only be by affirmative vote of the Commission and County Board of Supervisors at duly scheduled meetings. The causes for dissolution may include changes in laws, regulations, or external environments, circumstances that dictate dissolution

such as the identification of an environment that would constitute a threat to patient, employee, or public safety, clinical care, or inappropriateness, or any other circumstance that would constitute a violation of the County Law, or laws and regulations governing FQHC programs, or threaten credentialing, accreditation, or certifications that permit the delivery of services to patients. In considering dissolution, the Commission and Board of Supervisors shall take into consideration the importance of the services offered at CHCB facilities to the community, and only exercise such authority as a last resort or remedy.