

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



ITEM: 3.14
(ID # 11140)

MEETING DATE:
Tuesday, October 29, 2019

FROM : (RUHS) RIVERSIDE UNIVERSITY HEALTH SYSTEM:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-COMMUNITY HEALTH CENTERS:
Introduction and adoption of Ordinance No. 751.3, amending Ordinance No. 751
Establishing the Community Health Center Board, All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Introduce and adopt on successive weeks Ordinance No. 751.3 amending Ordinance No. 751 establishing the Community Health Center Board (CHCB)
2. Approve amendments to the CHCB Bylaws as recommended by the CHCB.

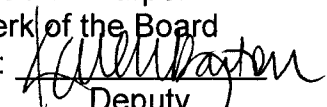
ACTION:


Jennifer Cruikshank Chief Executive Officer - Health System 10/16/2019

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Spiegel and duly carried, IT WAS ORDERED that the above matter is approved as recommended and Ordinance No. 751.3 is approved as introduced with waiver of the reading.

Ayes: Jeffries, Spiegel, Washington and Perez
Nays: None
Absent: Hewitt
Date: October 29, 2019
xc: RUHS, COB

Kecia R. Harper
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 19/20	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Ordinance No. 751, last amended in 2016, 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 a very detailed governance requirements, some of which have changed or been clarified by the Health Resources and Services Administration (HRSA) in the three years since the Ordinance was last amended.

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

Ordinance No. 751 serves as the “co-applicant agreement” between the Board of Supervisors and the Community Health Centers Board supporting the Center’s status as a Federally Qualified Health Center (FQHC). FQHCs are primary care clinics that 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 currently 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 and those of the “co-applicant”. Since 1995, Ordinance No. 751 has served this function. However, since it was last amended in 2016 the federal agency responsible for the FQHCs, the Health Resources and Services Administration (HRSA), has clarified and made its expectations for “Co-Applicant” agreements more specific. Amendment of this Ordinance is therefore needed to meet these requirements in 2019 and the future.

Ordinance 751.3

The specific amendments are:

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STATE OF CALIFORNIA**

- (1) Reduction to the minimum size of the CHCB to 9 members. (The Board has a potential of 25 possible members.)
- (2) Clarifying that all CHCB members must either be current patients of the Community Health Centers (Patient Representatives) or individuals who possess expertise in community affairs, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, and who have provided leadership in the community (Community Representatives) .
- (3) Defining "income from the healthcare industry," as income received by an individual who is a licensed medical provider who provides patient care in a clinic setting.
- (4) Clarifying that representatives of County departments that work regularly with the CHCs will be considered as either "Community Representatives" or "Patient Representatives". These individuals may not have a day-to-day operational role within the CHCs or within a team providing services to the CHCs.
- (5) Changing all references to "FQHCs" to "Community Health Centers".

Revised Bylaws

The CHCB also recommends the Board of Supervisors the attached revised Bylaws which were also revised to meet the current HRSA requirements. The last revision took place in 2018.

The specific changes recommended by the CHCB are:

- (1) Altering the minimum required size from 13 members to 9.
- (2) Limiting the categories of Board members to two: Patient Representatives and Community Representatives.
- (3) Providing that patient representatives must make up 51% of the majority of the CHCB membership.
- (4) Explaining that a current patient is an individual who has received at least one health service visit at a CHC within 24 months, where both the service and the site are within the HRSA-approved scope of project.
- (5) Clarifying that patient members of the board, as a group, should represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender.
- (6) Defining the phrase "income from the healthcare industry" for the Community Representative membership category.
- (7) Indicating that representatives of County departments are now categorized as either Community or Patient Representatives.
- (8) Adding the requirement that County department representatives may not have a direct day-to-day operational role within the CHCs or within the team providing services for the CHCs.

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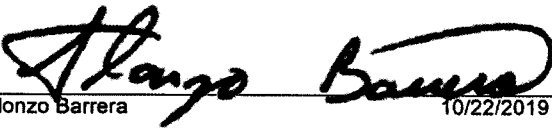
- (9) Included that the CHC Executive Officer or CEO must be employed by the County of Riverside.

Impact on Residents and Businesses

The twelve (12) CHC locations provide primary care, behavioral healthcare services and access to Public Health 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 a critical part of continued program participation.

ATTACHMENTS (if any, in this order):

1. Ordinance 751.3
2. Revised CHCB Bylaws (9-11-19)


Alonzo Barrera

10/22/2019


Gregory V. Priamos, Director County Counsel

10/16/2019

ORDINANCE No. 751.3

AN ORDINANCE OF THE COUNTY OF RIVERSIDE
AMENDING ORDINANCE No. 751 ESTABLISHING
THE COMMUNITY HEALTH CENTER BOARD

The Board of Supervisors of the County of Riverside ordains as follows:

Section 1. Section 2, Membership and Appointment, of Ordinance 751 is amended to read as follows:

“The CHCB shall consist of nine (9) to twenty-five (25) members appointed by the Board of Supervisors. All members of the CHCB shall be residents or employees of the County. No member of the CHCB shall be an employee or an immediate family member of an employee of the Community Health Centers. All members shall be either current patients of the Community Health Centers (Patient Representatives) or individuals who possess expertise in community affairs, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, and who have provided leadership in the community (Community Representatives).

- a. Patient Representatives will at all times make up a majority (51 percent) of the CHCB. The Patient Representatives shall broadly represent geographic areas served by the FQHC clinics. In making all appointments, the Board of Supervisors will assure that the Patient Representatives, as a group, are representative of the Community Health Centers' patient population in terms of factors such as ethnicity, race, gender, age, and economic status.
- b. No more than 50% of the Community Representatives may receive more than 10% of their annual income from the health care industry. Income from the healthcare industry is defined as income received by an individual who is a licensed medical provider that provides patient care in a clinic setting.
- c. The Board shall include representatives of the County Departments that work regularly with the Community Health Centers: one (1) member from the Riverside University

1 Health System Medical Center, one (1) member from the Riverside County Department
2 of Behavioral Health, one (1) member from the Department of Public Health and one (1)
3 member from the Riverside County Executive Office. These County representatives
4 shall also be either Community or Patient representatives. The County representatives
5 may not have a direct day-to-day operational role within the CHCs or within a team
6 providing services for the CHCs.

7 Section 2. Section 3, Terms of Office, of Ordinance 751 is amended to read as follows:

8 "The term of each CHCB member shall be four (4) years.
9

10 With respect to the appointment of the CHCB members upon the vacancy of a position or the expiration
11 of a term of a member, the remaining members of the CHCB shall make recommendations to the Board of
12 Supervisors concerning appropriate candidates for the open position. In making these recommendations,
13 the CHCB will take into consideration the requirement that the Patient members reflect the Community
14 Health Centers' patient mix.

15 The Board of Supervisors, in appointing a person to the open position, shall follow the provisions of
16 Government Code Section 54970 et seq. The CHCB shall review the candidate's qualifications, and make
17 recommendations to the Board of Supervisors. The Board of Supervisors shall, when filling a vacant
18 position, appoint a member whose personal attributes assure that the members as a whole are
19 representative of the community and that the minimum ratio of patient members to non-patient members
20 is maintained."

21 Section 3. References – References to "FQHCs" in Sections 1, 2, 3, 4, 5, 6 and 8 of
22 Ordinance 751 are hereby amended to refer to "Community Health Centers"
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1 Section 4. EFFECTIVE DATE. This ordinance shall take effect upon its adoption by
2 the Board of Supervisors.

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5 BOARD OF SUPERVISORS OF THE COUNTY
6 OF RIVERSIDE, STATE OF CALIFORNIA

7 By: _____
8 Chairman

9 ATTEST:

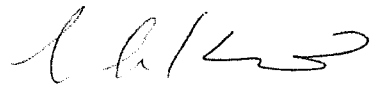
10 CLERK OF THE BOARD:

11 By: _____
12 Deputy

13 (SEAL)

14 APPROVED AS TO FORM:

15 October 16, 2019

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17 By: 
18 Martha Ann Knutson
19 Deputy County Counsel

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**RIVERSIDE COUNTY
COMMUNITY HEALTH CENTER BOARD
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**RIVERSIDE COUNTY
COMMUNITY HEALTH CENTER BOARD
BYLAWS**

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 County and CHCB relationship is also governed by Ordinance 751 of the County of Riverside which serves as its “co-applicant” Agreement as required under the federal regulations.

The Mission of the CHCB is to 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 nine (9) to twenty-five (25) voting members of the CHCB. The members shall be composed of the following two categories of members:
 - 1. Patient Representatives must at all times make up a majority (at least 51 percent) of the CHCB and,
 - 2. Community Representative members from differing segments of the community at large may represent the remainder of the board membership.
- B. All members shall be appointed by the Board of Supervisors in accordance with the following requirements:
 - 1. The **Patient Representatives** shall be current registered patients of the FQHCs. A patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project. Patient members of the board, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender;

2. The **Community Representatives** shall possess, but not be limited to, expertise in community affairs, local government, finance, banking, legal affairs, trade unions, other commercial and industrial concerns, and social services 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 the healthcare industry. Income from the healthcare industry is defined as income received by an individual who is a licensed medical provider that provides patient care in a clinic setting.
3. The County Representatives fall into one of two categories either patient or community representative and 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. The county representative may not have a direct day-to-day operational role within the CHC or within the direct team providing MOU (memorandum of understanding) related services for the CHC's.
4. All members must be residents or employees of the County of Riverside.
5. No member shall be an employee or an immediate family member of an employee (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of the CHCB.
6. The CHC Executive Director / CHC CEO is a non-voting ex-officio member of the board and must be employed by the County of Riverside.

Section II – Responsibilities and Rights of Members

A. All members must:

1. Attend ten to twelve full Board meetings annually. Where geography or other circumstances make monthly in-person participation in board meetings burdensome, members may participate by teleconference from Community Health Center locations that are properly noticed in accordance with the requirements of the Brown Act.
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. Members may not serve more than three (3) four (4) year terms consecutively.
- 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. Continuous and frequent absences without reasonable excuse shall be cause for removal from the CHCB. In the event that a member misses three (3) consecutive meetings or four (4) meetings within six (6) months, the CHCB shall automatically give consideration for removal of that member from the CHCB.
- B. Removal of a member of the CHCB requires an affirmative vote of a majority of the then current members to recommend such removal to the Board of Supervisors. 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 CHCB and communicated by the CHCB to 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 Patient 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 Patient Representatives reflect the patient mix of the FQHCs. The Board of Supervisors, in appointing a person to the vacant position, shall be limited to the candidates recommended by the CHCB.

2. The Board of Supervisors shall, when filling a vacant Patient Representative position, appoint a person whose personal attributes assures that the Patient Representatives as a whole are representative of the community and that the ratio of Patient 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 be limited to those candidates recommended by the CHCB.
4. The Board of Supervisors shall assure that the ratio of the Patient 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 current members of the Board or members of the Committee.
- 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. Standing Committees will meet as needed.

Section III – Conduct of Meeting

The meetings 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 and posted on the Community Health Centers' public website.
- C. Supportive materials for policy decisions to be voted upon shall be sent with the meeting notice. 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 agenzed 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 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 Bylaws.

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. It is the role of the Nominating / Membership / Bylaws Committee to nominate the Chairperson, Vice Chairperson, Treasurer and Secretary.
2. The Nominating / Membership / Bylaws 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 / Membership / Bylaws Committee shall transmit its nominations to each member of the CHCB not less than seven (7) days prior to the December meeting. Nominations may also be made from the floor at the meeting.

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 / Membership / Bylaws Committee shall prepare a written ballot and count the votes. Any 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

- A. Upon a vacancy in the office of Chairperson, Vice Chairperson, Treasurer or Secretary, the Nominations / Membership / Bylaws Committee will present nominees in accordance with this Article. The vote on such nominees shall be taken in that meeting in that meeting when the nominee(s) are presented, and the election shall proceed as under Section III.
- B. 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.

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 bylaws.
 - 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 of 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 organizations regarding the Community Health Center Board. Shall review bylaws on an annual basis or as needed; drafts and recommends to the full Board for approval proposed amendment(s) to Bylaws.

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 by the CHCB Clerk. 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 Bylaws 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) and the recommendation of the Bylaws Committee 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 (CHCB) 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.

Approval:

Approved by the CHC Board
As reflected on the Main Board Minutes.

_____, CHCB Chair

Date

County Board of Supervisors

Date