

San Joaquin County Clinics
500 W. Hospital Road, Benton Hall East, French Camp, Ca. 209-468-5610

To: Interested San Joaquin County Residents and Clinic Patients

Re: San Joaquin County Clinics Board Members

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

San Joaquin County Clinics is a non-profit corporation and is seeking members to serve on the Board. The Board especially needs clinic patients, including parents and guardians of minor patients, and community members who reflect the population we serve; therefore it is necessary to gather some additional information about your age and ethnicity.

The Board meets monthly, and Board members will also serve on a Board subcommittee. Please review the attached information about the role and responsibilities of the board. If interested, please complete the attached application and supplemental information.

Please submit your application to:

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

Or to:

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

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



SAN JOAQUIN COUNTY
BOARDS, COMMISSIONS & COMMITTEES
COMMITTEE FACT SHEET

NAME: SAN JOAQUIN COUNTY CLINICS (SJCC) BOARD

COMPENSATION: None.
Members of this board are required to file annual 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; SJCC Bylaws, adopted June 27, 2011 and revised October, 29, 2013

MEMBERSHIP QUALIFICATION AND RESIDENCY: The County Clinics Board consists of eleven members
All members must be San Joaquin County residents and lawful U.S. residents.

Applicants must complete an Application Addendum as required by federal regulations.

Six (user members) must be representatives of the patient populations in the community health centers/clinic system. The Board must always have, at minimum, 51% of their members who are clinic users.

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 one-half of the Community members may derive more than 10 percent (10%) of his or her annual income from the health care industry.

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 SJCC Board.

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.

TERM: The term of office for members of the Board shall be, except as provided below, three (3) years and until a successor has been designated and qualified. Terms shall end either on June 30 or December 31, whichever date is closer to the director's anniversary. There shall be no limit on the number of terms a director may serve.

DUTIES: Provide governance for the SJCC; adopt policies identifying the SJCC services to be delivered and the hours during which they will be provided; approve budget for SJCC 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 SJCC objectives; adopt policies as necessary; approve selection, dismissal and annually evaluate the performance of the SJCC Executive Director and adopt bylaws for the governance of the SJCC Board.

MEETINGS: Monthly

MEETING DATE & LOCATION: Last Tuesday of each month (Subject to change due to holidays)
San Joaquin General Hospital
Health Center North Conference Room
500 West Hospital Road
French Camp, CA

CONTACT PERSON: Cynthia King OR Samantha Phillips-Bland
Health Care Services Agency San Joaquin General Hospital
500 West Hospital Road 500 West Hospital Road
French Camp, CA 95231 French Camp, CA 95231
cyking@sjgh.org sbland@sjgh.org
(209) 468-5610 (209) 468-6160



MIMI DUZENSKI
Clerk of the Board

BOARD OF SUPERVISORS

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

BOB ELLIOTT
Chairman
Fifth District

CARLOS VILLAPUDUA
Vice Chairman
First District

FRANK L. RUHSTALLER
Second District

STEVE J. BESTOLARIDES
Third District

KEN VOGEL
Fourth District

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

NAME _____

BOARD/COMMISSION/COMMITTEE _____

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

CATEGORY *Please check one:*
Incumbent New Appointment

RESIDENCE ADDRESS _____ City/St/Zip _____

RESIDENCE PHONE _____

MAILING ADDRESS _____

OCCUPATION _____

EMAIL _____

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 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 that 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 "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. _____

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- 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 (209) 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 /San Joaquin County Clinics Board

Membership on the San Joaquin County Clinics (SJCC) 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 Clinics 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
- Healthy Beginnings, French Camp
- Healthy Beginnings/CPSP, Stockton
- Family Practice Clinic, Stockton
- Children's Health Services, Stockton

I agree and understand that my potential board membership publicly identifies me as a patient of the San Joaquin County/ San Joaquin County Clinics. Any and all other health information regarding my medical care at SJC/SJCC remains protected and confidential. I, therefore, accept this disclosure, and do not hold the SJC/SJCC responsible for this limited disclosure.

Signature

Date

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