

DEPARTMENT OF PUBLIC HEALTH



COUNTY OF SAN BERNARDINO

OFFICE OF PUBLIC HEALTH ADMINISTRATION
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TRUDY RAYMUNDO
Assistant Director of Public Health

MAXWELL OHIKHUARE, M.D.
Health Officer

August 30, 2011

San Bernardino County Behavioral Health Commission
268 West Hospitality Lane, Suite 400
San Bernardino, CA 92415

RE: RECOMMENDATION REQUEST FOR SAN BERNARDINO COUNTY COMMUNITY HEALTH CENTER BOARD

Dear Commission Members,

The Department of Public Health and San Bernardino County Community Health Center Board (CHCB) respectfully requests the Behavioral Health Commission make a recommendation to appoint a Member to serve on the CHCB.

The Department currently operates a Federal Qualified Health Center in Adelanto to provide preventive primary care services to the residents of the High Desert. As you are aware, providing behavioral health services is a vital component to the overall long-term health of any patient. A representative from the Behavioral Health Commission will provide the expertise needed on the CHCB to ensure these services are being provided in a cost-effective manner to best serve the clients mental health needs.

The United States Department of Health and Human Services, Health Resources and Services Administration (HRSA) requires a public agency have a co-applicant board which meets the composition and responsibility requirements. The community-based governing board is mandated to establish general policies for the health center; however, HRSA allows the public agency to retain general policy setting functions and authorities authorized by the public entity's charter.

I have enclosed a summary of the requirements and responsibilities for the CHCB for your review as well as an application.

Please feel free to contact me at (909) 387-6225 or mellis@dph.sbcounty.gov if you should have any questions.

Sincerely,

Meaghan Ellis, RN, PHN, MSN
Chief, Community Health Services
Department of Public Health

GREGORY C. DEVEREAUX
Chief Executive Officer

Board of Supervisors
BRAD MITZELFELT, VICE-CHAIRMAN...First District NEIL DERRY.....Third District
JANICE RUTHERFORD.....Second District GARY C. OVITT.....Fourth District
JOSIE GONZALES, CHAIR.....Fifth District

Requirements and Responsibilities for San Bernardino County Community Health Center Board

Background

Federally Qualified Health Centers (FQHCs) were authorized in October 1992 when Section 1861 (aa) of the Social Security Act was amended by Section 4161 of the Omnibus Reconciliation Act of 1990. FQHCs are “safety net” providers, such as community health centers, public housing centers, and outpatient health programs funded by Indian Health Service. The main purpose of the FQHC is to provide a mechanism to enhance the provision of primary care services in underserved urban and rural communities.

Federally Qualified Health Center Services

FQHCs provide preventive primary care services, which includes:

- Physical examinations targeting risk
- Nutritional assessment and referral
- Preventive health education
- Children’s eye and ear examinations
- Well child care, including periodic screening
- Immunizations
- Family planning services
- Visual / hearing screening
- Tuberculosis testing
- Prenatal and postpartum care
- Prenatal services
- Referral for mammography
- Clinical breast examination
- Dental health services
- Mental health services

Requirements for Community-Based Governing Board

- Shall consist of at least 9 but not more than 25 members
- A majority of the board member shall be individuals who are or will be served by the center and who, as a group, represent the individuals being served at the center.
 - A consumer member should have used the health center services within the last two years. A legal guardian of a consumer who is a dependent child or adult may also be considered a consumer for purposes of board representation.
- No more than one-half of the board may be individuals who derive more than 10% of their annual income from the health care industry.
 - Representatives should live or work within the service area, and shall be selected for their expertise in community affairs, local government, financial and banking, legal affairs, trade unions, social service agencies within the community.

- No member of the board shall be an employee of the center, or an immediate family member of such an employee.
- The selection of members shall be prescribed in the by-laws
 - o The chairman of the board may not be selected by any other entity, and
 - o No other entity may select a majority of the members of the Executive Committee or governing board. *(This does not apply in the original appointments to the board)*

Functions and Responsibilities

- Shall hold monthly meetings, which minutes are kept.
- Approval for the selection and dismissal of the project director or chief executive of the center.
- Evaluate center activities including service utilization patterns, productivity of the center, patient satisfaction, resolve patient grievances, etc.
- Assuring that the center is operated in compliance with applicable Federal, State, and local laws.
- Adopting health care policies including scope and availability of services, location, and hours of services, and quality of care audit procedure.
 - o The public entity may retain the responsibility of establishing fiscal and personnel policies.
 - Each board's responsibilities must be specified in writing so that the responsibilities for carry out the governance functions are clearly understood.
- Must approve the annual budget and grant application

San Bernardino County Community Health Center Board Application

Federally Qualified Health Centers are non-profit or public entities that serve designated medically underserved populations. The Board of Directors is responsible for setting organizational policies and ensuring it is responsive to the needs of the population. This is an application to serve as a volunteer member on the Board of Directors.

Conflict of Interest Policy: Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods to the health center. - No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as an ex-officio member of the board (45 CFR Part 74.42 and 42 CFR part 51c.304 (B))

“Section 4313 of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105-33) amended sections 1124(a)(1) and 1124A of the Act to require disclosure of both the Employer Identification Number (EIN) and Social Security Number (SSN) of each provider or supplier, each person with ownership or controlling interest in the provider or supplier, any subcontractor in which the provider or supplier directly or indirectly has a 5 percent or more ownership interest, and any managing employees including directors and officers of corporations and non-profit organizations and charities.”

Are you currently a client or the parent of a client of the Westside Park Health Center operated by San Bernardino County Department of Public Health? (i.e. you have been seen by a provider within the last 12 months)

Yes No

Meetings will occur monthly at Adelanto Health Center

Will you be able to attend monthly meetings? Yes No

All applications must be mailed to the attention of Tammi Graham at 351 N. Mountain View Avenue, San Bernardino CA 92415, or emailed to tgraham@dph.sbcounty.gov

The information below is requested to ensure that the Board maintains the composition required by the Bureau of Primary Health Care.

Date of Birth: _____ | Female | Male

Race:

| Asian | Native Hawaiian | Other Pacific Islander | Black/African American

| American Indian/Alaska Native | White | More than one race

Ethnicity: | Hispanic or Latino | Non-Latino

PERSONAL INFORMATION

Name: Last: _____ First: _____ Middle: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Social Security Number: _____

WORK HISTORY

Are you currently employed in the health care industry? | Yes | No

Please provide a brief work history

Past or Present Employer: _____

Job Title: _____

Dates of Employment: _____ to _____

Brief description of responsibilities:

ADDITIONAL QUALIFICATIONS/TRAINING

Education:

High School or equivalent

College

Other (specify: _____)

Why are you interested in the health of our community?

RELEASE FORM

All of the information that I have provided and the responses that I have given are correct and complete to the best of my knowledge and belief. You may contact any individuals/agencies, etc that I have documented in this application. Additionally, I am aware that my application is subject to public disclosure.

Signature

Date

Print Name: _____

CONSENT TO PHOTOGRAPH

I authorize San Bernardino County Department of Public Health to photograph, video, take a digital image or other image of me and I agree that the negatives, digital images, video, or photographs may be kept, stored, and used in its publications.

Signature

Date

Print Name: _____