

## COMMITTEE FACT SHEET

**NAME:** STANISLAUS COUNTY COMMUNITY HEALTH CENTER BOARD (CHCB)

**ESTABLISHED:** May 16, 2006

**COMPENSATION:** None

**Members of this board are required to file Conflict of Interest Disclosure Statements**

**LEGAL AUTHORITY:** Board of Supervisors Resolution #2006-368 (5/23/2006) and 2007-93 (2/6/2007), pursuant to 42 U.S.C. § 1395x(aa)(3) and/or (4), and/or § 1396(1)(2)(A) and/or (B).

**MEMBERSHIP** The Board consists of eleven members:  
Two non-user members are appointed, removed, & replaced by the Board of Supervisors.  
All the rest of the members are appointed, removed, & replaced by the CHCB.

**QUALIFICATION:** All members must be Stanislaus County residents and lawful U.S. citizens.  
**AND RESIDENCY:** No member may be a County employee, or immediate family member of an employee of the County, nor may they have a financial interest which would constitute a conflict of interest.  
**Six** (user members) shall be representatives of the FQHC's user population; and  
**Five** (non-user members) shall be individuals who possess expertise in community affairs, finance and banking, legal affairs, trade unions, 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.

**TERM:** four-year terms

**DUTIES:** Approve selection & dismissal of the Federally Qualified Health Center (FQHC) Executive Director; adopt policies identifying the services to be delivered and the hours during which they will be provided; approve budget for FQHCs operations, subject to approval by the BOS; develop financial priorities & strategies; evaluate the effectiveness of the FQHCs; develop & 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 & achievement of project objectives; adopt policies as necessary; evaluate the performance of the SC FQHC Executive Director, and adopt bylaws for the CHCB.

**MEETINGS:** First Wednesday of every month  
\*\*\*Time and location will be noted on applicable Agenda.

**CONTACT:** Mayra Mendoza  
Health Services Agency  
P O Box 3271  
Modesto CA 95353  
Phone: 209-558-7163  
Fax: 209-558-7123  
Email: [mmendoza@schsa.org](mailto:mmendoza@schsa.org)  
Website: [www.hsahealth.org](http://www.hsahealth.org)

Request an application from the Agency by calling 558-7163.

Completed applications should be returned to the Health Services Agency:

Stanislaus County Health Services Agency  
Attn: Administration  
P.O. Box 3271  
Modesto, CA 95353

**FILE #:** BD82  
**BYLAWS:** 5/16/2006; revised 12/8/2009  
**VERIFICATION REQUESTED:** 4/23/2025  
**VERIFICATION DATE:** 4/23/2025 Mayra