



To: San Joaquin Health Centers (SJ Health) Patients and other Residents of San Joaquin County Interested in Joining the SJ Health Board of Directors

SJ Health is seeking interested and energetic clinic patients and other individuals who either live or work in San Joaquin County to serve on its Board of Directors. A federally qualified health center with a mission to improve the health and well-being of its patients and community, SJ Health is looking for board members to help maintain and enhance services.

SJ Health is particularly interested in prospective board members who are patients, including parents and legal guardians of dependent children or adults who receive care at SJ Health, and non-patient community members who reflect the populations it serves.

The Board meets monthly, and board members will also be expected to 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:

**SJ Health
10100 Trinity Parkway, Suite 100
Stockton, CA 95219**

or to the Clerk of the Board, via email:

mallen@sjhealth.org



SAN JOAQUIN HEALTH CENTERS
BOARD FACT SHEET

COMPENSATION: None.

LEGAL AUTHORITY: San Joaquin County Board of Supervisors Board Order B-10-839, August 31, 2010; Applicant/Co-Applicant Agreement, Board Order A-12-458, January 5, 2021; the Bureau of Primary Health Care (BPHC) Health Center Program Compliance Manual, dated September 22, 2009; IRS Code Section 501 c (3); Articles of Incorporation, dated September 30, 2010; SJHC Bylaws, adopted July 27, 2021.

MEMBERSHIP QUALIFICATION AND RESIDENCY: The San Joaquin Health Centers Board consists of no less than 9 and no more than 25 members. All members must live or work in San Joaquin County and be lawful U.S. residents.

At least fifty-one percent (51%) of SJ Health Board members must be active SJ Health patients as defined by the Health Resources and Services Administration (HRSA)'s Bureau of Primary Health Care (BPHC).

No more than forty-nine percent (49%) shall be non-patient members. These board members must be representative of the community served by SJ Health and will be selected for their expertise in health care, finance and banking, legal affairs, community affairs, and other commercial and industrial concerns, and for their capability of providing leadership in the community (non-user members). No more than one-half of the non-patient members may derive more than 10 percent (10%) of their annual income from the health care industry.

No member may be a County employee, or immediate family member of an employee of San Joaquin Health Centers. Nor may they have a financial interest which would constitute a conflict of interest.

TERM: The term of office for members of the Board are variable and shall be up to three (3) years and/or until a successor has been designated and qualified. Terms shall end on October 31st, except as may be needed to maintain Board stability and continuity. Directors may serve up to three (3) consecutive terms after which the Director shall leave the Board for at least twelve (12) months.

**GENERAL
RESPONSIBILITIES:**

San Joaquin Health Centers is a federally qualified health center look-alike. To maintain this designation, it must be in compliance with specific Health Center Program requirements as outlined in the Health Center Program Compliance Manual. The Board of Directors of SJ Health has general responsibility for oversight of the Health Center Program project including the following:

- Provide governance for SJ Health
- Work collaboratively with the SJ Health CEO on governance matters
- Adopt policies identifying services to be delivered by SJ Health and the hours during which they will be provided
- Approve annual budget for SJ Health operations, subject to approval by the San Joaquin County Board of Supervisors (BOS)
- Develop financial priorities & strategies
- Evaluate the effectiveness of the clinics
- Assure compliance with federal, state & local laws, ordinances & regulations
- Approve grant applications and/or the annual recertification related to the Health Center Program
- Provide direction for/engage in long-range planning

Board Participation

- Attend at least 80% of board meetings and board activities
- Actively participate on at least one standing committee
- Average time commitment is 4-5 hours per month

MEETING FREQUENCY:

The Board shall meet once per month. Ad hoc and standing committees shall convene as determined by Board Chair or individual committees, as appropriate.

**MEETING TIME AND
LOCATION:**

Last Tuesday of each month (subject to change due to holidays)

SJ Health Administration
10100 Trinity Pkwy, Suite 100
Stockton, CA 95219

CONTACT PERSON:

Michael Allen
Clerk of the Board
SJ Health Administration
10100 Trinity Pkwy, Suite 100
Stockton, CA 95219 mallen@sjhealth.org
(209) 953-3711

Revised 09/15/2022



SAN JOAQUIN HEALTH CENTERS APPLICATION FOR BOARD OF DIRECTORS

INSTRUCTIONS: Please complete each item below. For more information or assistance, contact the Clerk of the Board of San Joaquin Health Centers.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

MEMBERSHIP INTEREST: REGULAR BOARD FINANCE ONLY QUALITY ONLY

CATEGORY FOR WHICH YOU ARE APPLYING:

PATIENT MEMBER NON-PATIENT MEMBER

FIRST NAME MI LAST NAME

BIRTHDATE
MONTH DAY YEAR

HOME ADDRESS CITY STATE ZIP

Length of Residence: ____Years ____Months

MAILING ADDRESS (if different from Home) CITY STATE ZIP

EMAIL CONTACT PHONE NUMBER

CURRENT EMPLOYER JOB TITLE

FORMER EMPLOYER (IF RETIRED) JOB TITLE

INTERESTS AND EXPERIENCES

HOW DID YOU LEARN OF THE OPENING?

BRIEFLY STATE, WHY YOU ARE INTERESTED IN SERVING ON SJ HEALTH'S BOARD OF DIRECTORS:

PLEASE CHECK ANY OF THE FOLLOWING EXPERIENCE/EXPERTISE YOU POSSESS:

- BEHAVIORIAL HEALTH
- BUSINESS
- COMMUNITY ADVOCATE
- EDUCATION/CHILD CARE
- FINANCIAL/BANKING/ACCOUNTING
- FUND RAISING
- GOVERNMENT
- HEALTH CARE-ADMINISTRATION
- HEALTH CARE-CLINICAL/QM/QI
- LABOR RELATIONS/HUMAN
- RESOURCES LEGAL
- PLANNING/PROGRAM EXPERTISE
- PUBLIC RELATIONS
- RELIGION/FAITH-BASED
- SOCIAL/HUMAN SERVICES
- OTHER (PLEASE SPECIFY)

BRIEFLY DESCRIBE YOUR EXPERIENCE/EXPERTISE/EDUCATION THAT YOU FEEL WILL BE HELPFUL FOR FULFILLING THE RESPONSIBILITIES OF A BOARD MEMBER.

BRIEFLY STATE THE PROFESSIONAL AND/OR OTHER COMMUNITY ORGANIZATIONS TO WHICH YOU BELONG:

1. Are you an employee or officer of San Joaquin County, any City in the County, the State, or the Federal government? Yes No

If yes, please specify employer or office: _____

2. Have you ever been convicted of a felony which could disqualify you from appointment? Yes No

If yes, please list the nature of the conviction and the date and court in which

the conviction was entered. _____

3. Are you related by blood, adoption or marriage to any employee or officer of San Joaquin Health Centers or San Joaquin County? Yes No

If yes, please specify: _____

4. 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, please specify: _____

5. Confirm you meet the minimum qualifications to serve on the committee for which you are applying and are available to attend meetings regularly. Qualifications and meeting information is listed on the Fact Sheet, which starts on Page 2 of this application. Yes No

Please complete the entire Board Packet and submit along with a current CV or resume.

APPLICANT SIGNATURE

DATE

MAIL TO

SJ Health c/o Clerk of the Board
10100 Trinity Parkway, Suite 100, Stockton, CA 95219

OR EMAIL TO THE CLERK OF THE BOARD AT

mallen@sjhealth.org



SAN JOAQUIN HEALTH CENTERS

BOARD OF DIRECTORS

APPLICATION ADDENDUM

Membership on the San Joaquin Health Centers (SJ Health) 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 (Select one):

Race (Select one):

*Other:

Ethnicity (Select one):

Have you obtained medical care from San Joaquin Health Centers within the previous 2 years?

Yes No

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

Signature

Date

Please note: Service on this Board requires annual disclosure of potential conflicts of interest via Form 700