



1411 East 31 st Street  
Oakland, CA 94602

## **Alameda Health System Homeless Health Center Co-Applicant Board (CAB) Call for Board Members**

**AHS Homeless Health Center CAB** is currently seeking additional Board Members.

### **The AHS Homeless Health Center Mission**

**Grounded in human rights and social justice, the AHS Homeless Health Center provides comprehensive and accessible services to ensure that all Alameda County residents, regardless of their current housing situation, can be physically, mentally, socially, and spiritually healthy.**

The Homeless Health Center serves roughly 3500 patients experiencing homelessness each year. The CAB focuses specifically on the needs and services provided to patients experiencing homelessness. A community based governing board is mandated by the federal Health Resources and Services Administration (HRSA) to oversee and set policy for Health Centers funded via HRSA. The CAB works cooperatively with the AHS Board of Trustees to support and guide the Homeless Health Center in its mission while ensuring compliance with HRSA grant requirements.

AHS Homeless Health Center CAB is inviting candidates who will be able to engage fully in AHS' efforts to achieve our mission and vision, and possess skills and competencies needed to administer issues within the jurisdiction of the Board. We are seeking visionary and dedicated individuals with a keen understanding of health equity, who are respected in their community, and willing to contribute their expertise in the patient experience, the experience of patients experiencing homelessness, healthcare administration and finance within complex health systems and structures. As a CAB Member, you will serve as a steward in our efforts to consistently offer outstanding, seamless continuity of care to people experiencing homelessness of Alameda County.

If you are interested in joining the AHS Homeless Health Center CAB, reside anywhere in Alameda County, and are able to meet the qualifications and expectations listed in the attached packet, we strongly encourage you to apply.

If you have any questions, please contact the Heather MacDonald Fine (510) 437-4985.

Sincerely,

A handwritten signature in blue ink that reads "Heather MacDonald Fine".

Heather MacDonald Fine  
Practice Manager, Homeless Health Center  
Alameda Health System

# Alameda Health System Homeless Health Center Co-Applicant Board

## APPLICATION INFORMATION

The information below outlines the commitment and qualifications necessary to serve as a Member on the Alameda Health System Homeless Health Center Co-Applicant Board.

### **Homeless Health Center Co-Applicant Board Composition**

The Homeless Health Center Co-Applicant Board shall consist of nine (9-13) to thirteen members.

- (1) Minimally, the majority of members shall be active patients at AHS (5-7). A legal guardian of a patient who is a dependent child or adult, a person who has legal authority to make health care decisions on behalf of a patient, or a legal sponsor of an immigrant patient may also be considered a patient of the health center for purposes of board representation. Students who are health center patients may participate as board members subject to state laws applicable to such non-profit board members.
- (2) One (1) of the Members shall represent people experiencing homelessness either through lived experience or work/volunteer experience.
- (3) Non-patient health center board members must be representative of the community served by the health center and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
- (4) Of the non-patient health center board members, no more than one-half may derive more than 10% of their annual income from the health care industry
- (5) Members must, as a group, represent the individuals served by the health center in terms of demographic factors, such as race, ethnicity and gender.
- (6) A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee. The project director may be a non-voting, ex-officio member of the board.

### **Terms of Office**

- (1) A full term shall be for a period of three years from the date of the initial approval by the sitting Co-Applicant Board members.
- (2) Members may serve more than one term only if recommended by the Homeless Health Center Co-Applicant Board.

### **Compensation:**

While no board member may be an employee of the health center, 42 CFR 51c.107 permits the health center to use Federal award funds to reimburse board members for these limited purposes: 1) reasonable expenses actually incurred by reason of their participation in board activities (e.g., transportation to board meetings, childcare during board meetings); or 2) wages lost by reason of participation in the activities of such board members if the member is from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000.

**Meetings:** Qualified applicants appointed to the Homeless Health Center Co-Applicant Board must commit to attend all regularly scheduled and special meetings of the Homeless Health Center Co-Applicant Board and Committees on which he or she is appointed. Full attendance is expected at all such meetings.

**General Qualifications:** The Homeless Health Center Co-Applicant Board should, to the extent feasible, reflect both the expertise necessary to maximize the quality and scope of care of AHS Homeless Health Center in a fiscally responsible manner and the diverse interests that AHS serves. Desirable skills include, but are not limited to, business management, public health, health care administration, personnel management and labor relations, medical services, managed care, consensus building, finance, fund raising, and cultural sensitivity.

### **Specific Qualifications**

Qualifications that are desirable in Member include the following:

- (1) A familiarity with the health care delivery systems;
- (2) A working knowledge of the existing health care funding sources;
- (3) An understanding of the multitude of issues relating to participating in managed care programs;
- (4) Experience with employee organizations;
- (5) A strong business management, legal, finance and/or program management background;
- (6) Experience with managing hospital services;
- (7) Experience with, or understanding of, the delivery health care services by non-profit entities;
- (8) An interest in or experience with the health care needs of AHS's patient populations;
- (9) Experience in advocating for safety net institutions including, but not limited to, the pursuit of public funding for the delivery of health care services;

**Background Information:** All members agree to provide historical information regarding their employment. When applicable, they agree to disclose affiliations with health care institutions including data related to licensing and certification by the California Department of Public Health, Department of Social Services and Centers for Medicaid and Medicare Services or other state/federal agencies.

**Conflict of Interest:** Each member of the Homeless Health Center shall be required to execute a "statement of economic interests" in a manner consistent with the Political Reform Act and the Hospital Authority's conflict of interest code.

**Disqualified Persons**

- (1) Persons who are providers of medical care, or are employed by a provider of medical care, who are or, in the view of the CAB, may be in competition with AHS.
- (2) With the exception of the representative of the Project Director, persons employed by or who are contractors/vendors of AHS or who are employed by a contractor/vendor of AHS.

Except where prohibited by law, any disqualification may be waived by majority vote of the CAB.

# Alameda Health System Homeless Health Center Co-Applicant Board APPLICATION

*Please fill out all information on this form. Print clearly.  
If you have any questions, please call the Heather MacDonald Fine at (510) 437-4985.*

## GENERAL INFORMATION

**Preferred Pronoun:** He She They Ze A pronoun not listed No pronoun preference

Last Name		First Name		Middle Initial
Home Address		City	State	Zip Code
Home Phone		Cell Phone		
Email Address (required)				
Employer		Title		Work Phone
Employer Address		City	State	Zip Code

## HOMELESS HEALTH CENTER CO-APPLICANT BOARD QUALIFICATION CATEGORIES

I meet the following Homeless Health Center Co-Applicant Board specific qualification categories (mark all that apply):

- Patient of AHS
- Person with lived experience of homelessness
- Person who works with people experience homelessness professionally or in volunteer capacity
- A familiarity with the health care delivery systems
- A keen understanding of existing health care funding sources, and emerging financial models
- An understanding of the multitude of issues relating to participating in managed care programs
- Experience with employee organizations
- A strong business management, legal, finance and/or program management background
- Experience with managing hospital services
- Experience with, or understanding of, the delivery health care services by non-profit entities
- An interest in or experience with the health care needs of AHS's patient populations
- Understanding of the concept of health equity, and experience in advocating for safety net institutions including, but not limited to, the pursuit of public funding for the delivery of health care services

**AHS Homeless Health Center Co-Applicant Board  
Questionnaires**

1. Please explain why you wish to serve on this Board/Commission/Committee:

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2. List prior/current appointments to other Boards/Commissions/Committees:

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3. Volunteer experience:

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**AFFILIATIONS (PLEASE INCLUDE ADDITIONAL PAGES AS NECESSARY)**

**Are you a provider of medical care or employed by a provider of medical care?** NO YES

If yes, please state the name of the organization providing medical care?

What is your role/position with this organization?

**Are you currently a contractor or vendor of Alameda Health System?** NO YES

If yes, please identify the nature or purpose of your contract/agreement with Alameda Health System and the term of your contract/agreement?

**Have you been a contractor or vendor of Alameda Health System within the past 5 years?**

NO YES

If yes, please identify the nature or purpose of your contract/agreement with Alameda Health System and the term of your contract/agreement?

**Do you currently receive any type of compensation or item of value from Alameda Health System?**

NO YES

If yes, please identify the source of the compensation/item of value and the period for which you are entitled to receive.

**Do you serve as a member, board member, director, officer, or member of a governing board of any other organization?** NO YES

If yes, please identify the organization, the position you hold and the effective dates of the position.

**APPLICANT RESPONSIBILITIES**

I understand that by submitting this application I certify that:

- (1) I am agreeing to participate as a Member of the Alameda Health System Homeless Health Center Co-Applicant Board;
- (2) I have signed and submitted this Application with the understanding that some of the personal and employment information that I have provided as part of this application may be submitted to various agencies that have oversight/monitoring responsibilities.
- (3) I agree to comply with the laws of the state of California regarding ethical obligations and conflicts of interest.

By checking this box, I certify that all statements made on this application are true and I agree and understand that any misstatements or omissions of material facts may at any time cause forfeiture on my part of all rights of appointment with the Alameda Health System Homeless Health Center Co-Applicant Board.

Date:

Signature:

**Mail/email your completed application (application form and current resume/curriculum vitae) to:**

**Alameda Health System  
ATTN: Homeless Coordination Office  
15400 Foothill Boulevard  
San Leandro, CA 94578**

## DEMOGRAPHIC INFORMATION ON APPLICANTS

Alameda Health System (AHS) invites you to self-identify your personal demographic information to help AHS fulfill its mission and its commitment to including diverse and inclusive perspectives in the delivery of healthcare services in Alameda County. Diverse perspectives are an important part of our mission to insure health equity in Alameda County. The information you share will be used to monitor and assess our progress in achieving our diversity and inclusion goals, such as improving our recruiting and board retention.

Providing this information is voluntary, but we hope you will assist us in our efforts to uphold these values.

We very much appreciate your assistance in helping AHS fulfill its deep and continued commitment to diversity and inclusion.

### **Your Privacy Is Protected**

This information is used to determine if our recruitment efforts are reaching all segments of the population. Your voluntary responses are treated in a highly confidential manner. Your responses are not released to the panel rating the applications, to the board, to anyone else who can affect your application, or to the public. No information taken from this form is ever placed in an agency file pertaining to you. This is vital information not available from any other source. We can only get it directly from you. Thank you for helping us to provide better service.

### **Submission**

You may:

- Submit electronically to [brechu@alamedahealthsystem.org](mailto:brechu@alamedahealthsystem.org)
- Mail to the Homeless Coordination Office at  
Alameda Health System  
Homeless Coordination Office  
15400 Foothill Boulevard  
San Leandro, CA 94578

## March 2022 Board Recruitment

### 1. How did you learn about this position? (Check All that Apply):

- AHS Website
- Alameda County Website
- Other Internet Site (Please specify: \_\_\_\_\_)
- Referred by Colleague, Friend, or Relative
- Other Referral (Please specify: \_\_\_\_\_)

### 2. Gender Identity:

- Male
- Female
- Transgender
- Non-Binary
- Something Else
- Decline to Answer

### 3. Sexual Orientation:

- Lesbian
- Gay
- Bisexual
- Queer
- Straight
- Something Else
- Decline to Answer

### 4. Veteran

- Yes
- No

### 5. Migrant Worker

- Yes
- No

### 6. Housing Status

- Stable Housing
- Unhoused/Unstable Housing
- Decline to Answer

If unhoused, select that which best applies

- Street
- Shelter
- Transitional
- Doubled up/Staying with friends
- Recovery Center
- Hotel/Motel

Previously Unhoused (check all that apply)

- Yes
- No
- Currently Reside in Permanent Supportive Housing

### 7. Ethnicity:

- Non-Hispanic/Latinx
- Dominican Cuban
- Mexican/Chicanx
- Puerto Rican
- Other Hispanic/Latinx

### 8. Race (Check all that apply):

- American Indian or Alaska Native
- Black or African American
- White/Caucasian.

Asian

- Cambodian
- Chinese
- Asian Indian
- Japanese
- Korean
- Malaysian
- Pakistani
- Filipino
- Thai
- Vietnamese
- Other

Native Hawaiian/Other Pacific Islander

- Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander.