### AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
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<tbody>
<tr>
<td><strong>A. CALL TO ORDER</strong></td>
<td>Mark Shotwell, ACHCH Director</td>
<td>9:00 AM</td>
<td>5 min</td>
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<tr>
<td>1. Welcome &amp; Introductions</td>
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<td>2. Adopt agenda</td>
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<td><strong>B. CLOSED SESSION</strong></td>
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<tr>
<td>1. Closed Session for Program Director Self-Assessment.</td>
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<td><strong>C. PUBLIC COMMENT</strong></td>
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<tr>
<td>Persons wishing to address items on or off agenda</td>
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<td><strong>D. CONSENT AGENDA</strong></td>
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<tr>
<td>Review and Approve Minutes of 5/19/17 Meeting</td>
<td>TAB 1</td>
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<tr>
<td><strong>E. BOARD ORIENTATION</strong></td>
<td>David Modersbach, HCH Grants Mgr</td>
<td>TAB 2</td>
<td>10 min</td>
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<tr>
<td>a. HCH Commission Responsibilities and Relationships</td>
<td>Mark Shotwell</td>
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<td><strong>F. REGULAR AGENDA</strong></td>
<td>Sam Weeks, DDS CCAB Board Chair</td>
<td>TAB 3</td>
<td>5 min</td>
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<tr>
<td>2. Board Ad Hoc Committee reports - no reports this meeting</td>
<td>Mark Shotwell</td>
<td>TAB 4</td>
<td>25 min</td>
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<td>3. HCH Program report : HCH Director’s Report</td>
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<td>4. HCH Director Performance Evaluation Criteria and Process</td>
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<td>TAB 5</td>
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<tr>
<td>5. <strong>Action Item</strong>: Approve submission of Prior Notification notice to HRSA to change ACHCH Project Director</td>
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<tr>
<td>6. Review of Alameda County 2017 Point In Time Count</td>
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<tr>
<td><strong>G. OTHER ITEMS</strong></td>
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<td>5 min</td>
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<tr>
<td>1. Items for upcoming agendas</td>
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<tr>
<td>2. HCH Commission Selection of Chair, Vice Chair and Executive Committee</td>
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<td>3. Selection of 9th Commissioner &amp; Betty’s vacant seat</td>
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<td>4. Housekeeping</td>
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<tr>
<td><strong>H. ADJOURNMENT</strong></td>
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**Any person may address the HCH Commission during its Public Comments period. Presentations must not exceed three (3) minutes in length. HCH Commission members may not take actions or respond immediately to any Public Comments presented, but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.**
Tab 1:
Minutes 5/19/2017 HCH Commission Meeting
## Draft Minutes

**Alameda County Health Care for the Homeless Commission**  
Friday, May 19, 2017 9:00am-11:00am  
Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577

### HCH Commissioners Present
- Adria Walker
- Gay McDaniel
- boona Cheema
- Lynette Lee
- Fr. Rigo Caloca-Rivas
- Mark Shotwell (Ex Officio)

### Absent:
- Jean Richardson-Prasher

### County Staff/Partners Present:
- David Modersbach, HCH Grant Manager
- Heather MacDonald-Fine AHS Homeless Coordination Office

### Item | Discussion/Recommendation | Action
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**B. CALL TO ORDER** | Mark Shotwell, ACHCH Director called the meeting to order at 9:10am. Introductions | **Motion:** b.cheema; second Caloca-Rivas, Yea: unanimous

**B. CLOSED SESSION** | No closed session this meeting  
*Announcement that there will be closed session scheduled in 6/16/17 HCH Commission meeting for HCH Director Evaluation.* |  

**C. PUBLIC COMMENT** | Public comments were invited; none were made |  

**D. CONSENT AGENDA** | Review and Approve Minutes of 4/17/17 Meeting | **Motion:** b.cheema; second Caloca-Rivas, Yea: unanimous

**E. BOARD ORIENTATION** | **Review of Board Orientation topics to present:**  
David presented a review of HCH Commission Board Orientation topics which have been a part of every HCH Commission meeting. These resources are compiled at [http://www.achch.org/orientation-materials.html](http://www.achch.org/orientation-materials.html).  
Commissioners reviewed orientation/training process, are happy with content so far and would like more:  
- Orientation & opportunities to visit clinical services/sites  
- Specific responsibilities of HCH Commission (approval of grants, budget, staffing, policies and procedures, Committees)  
- How HCH Commission articulates with CCAB, BOS, AHS BOT and other entities  
- Brown Act ongoing review and Q&A’s  

Commission will review Commission Bylaws and Co-Applicant Agreement re: responsibilities at next meeting.  

**Evaluation of HCH Director**  
The HCH Commission must approve hiring, dismissal and evaluation of HCH Director (Mark Shotwell). Mark is nearing 6 months in his role and David provided orientation to evaluation process. HCH staff is working with County HR to make sure this unique process works right. HCH Commission is required to provide annual evaluation. Additionally Commission must authorize any changes in HRSA’s designated Program Director status, currently is David and**

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**TAB2**

**TAB 3**
should be changed to reflect actual program Director. Commissioners discussed & agreed that since they and Mark are new, and haven’t had sufficient time and experience to evaluate Mark, they will carry out the following:

1. Commission asked Mark to present a 6 month self-evaluation at the 6/16 meeting, in closed session and with Q&A and discussion of Commission.
2. Commission will initiate process to develop a formal evaluation process of Program Director, including goals, and evaluation standards, to carry out formal evaluation in November 2017. The goals and standards may be informed by the HCH Strategic Planning process which Mark will initiate this summer.
3. The Commission will review a proposal to recommend to HRSA that Mark be made Project Director for the Health Center at the June 16th meeting.

Other questions/issues around evaluation of Director include the overlap between the Commission’s evaluation and his formal HR county evaluation and how/if the Commission eval can inform and be included in his civil service evaluation process. HCH staff will investigate these questions before next meeting.

**F. REGULAR AGENDA**

**7. Board Ad Hoc Committee reports** - no reports this meeting

**Consumer/Community Input – Report from HCH Consumer/Community Advisory Board (HCH CCAB) Sam Weeks, DDS, CCAB Board Chair**

Sam Weeks reported that CCAB members are taking on additional responsibilities in meetings to develop strengths and autonomy. Highly engaged in encampments/unsheltered discussions on multiple levels. In last CCAB meeting very lively discussion around Sam’s report around need for improvement in groups strengths, care to understand that this is about the CCAB as a group, not about individuals.

CCAB working on skills building, in each meeting. A CCAB retreat is scheduled for September (skills, strategic planning, group process), boona has volunteered support. CCAB is using Organizing For Social Change manual. Drafting an open letter re: encampments to key stakeholders. CCAB is planning to expand from 8 to 12 members, executive committee driving process. April and Kimberlee are attending the NHCHC Conference June 21-24. Discussing sponsoring Homeless Strengths Solstice event for 2018.

Sam shared a letter written by a formerly homeless organizer around encampments (attached)

Fr. Rigo asked how last month’s concerns are being met, appears more optimistic, why? Work plan?

Sam responded that the Executive Committee is taking steps, well received by CCAB, a very positive and raucous discussion with good resolution, group working on identity and work as a group. Happy with progress so far. Work plan part of work planned at retreat 9/2017.

Mark Shotwell suggested CCAB/Commission discussion in July?

Fr. Rigo asked if HCH Commissioners could share boona’s letter (attached), she said yes. boona is working with Berkeley Mayor’s Advisory Committee and will share key documents.

**HCH Program report : HCH Director’s Report**

**Regional Homelessness Planning and Coordination Efforts**
Mark presented updates on prioritization by County and Cities on unsheltered homeless: Challenges and Opportunities. Multiple requests from Board, Councils, on info coming fast and furious. Everyone is working at the same time on this, and need to bring stakeholders together. Example Miley/Allen Temple meeting re: “The Living Room” encampment. Concerns to avoid diversion of resources to political “hot spots” and concentrate on setting up Coordinated Entry system.

Fr. Rigo: Scripture: Jesus was Homeless. Being pulled in all directions is a drain. Could HCH serve to provide status report to all, dashboard report, updates, key issues, data, who is doing what? Adria: Where can HCH Commission be useful in supporting communications with Community in general?

boona: Important to admit past mistakes in homeless planning: in 1990’s Continuum of Cares advocated low-threshold centers (nav centers) but were blocked by NIMBYs. Current gaps in knowledge – many skills in “homeless industry” but not able to work with people on the streets: Need to create teams, show successes and consistency of approach to humans affected by shelter/housing crisis, especially those affected by addiction, low functioning, and mental health issues. Does everyone need to enter Coordinated Entry and then be provided with referrals, or do some folks (ie street homeless) need other ways of engagement? For example only $300K budgeted in Coordinated Entry for outreach – not nearly enough. Need 20-25 CHWs to meet need.

PITC is an opportunity to show need, highlight best practices, and what we could do with more resources. In Berkeley, the Task Force recommendations went to Keith Carson’s 5/9/17 N. County unsheltered meeting.

Gay: Described lack of information and responses from County re Coordinated Entry structures and plans – lack of information impacts services providers. SSA and HCD playing very close to the chest, and this stonewalling is problematic.

Lynette: Do we need more time to engage in HCH’s strategic planning process? Expand meetings by a hour?

Adria: New committees and structures could take on deeper dives in things like encampments and strategic planning.

Fr. Rigo: Often roles are mixed in these conversations. Need HCH strategic plan and HCH Commission needs its own plan. HCH Commissioners need to know their focus is more limited w/program oversight, etc.

boona: How to “re-educate” thousands of folks re: homeless plans, develop a unified, open-hearted narrative. Increasingly people are supportive, they don’t want people removed, they want trash removed.

Sam requested report from Mark re: Allen Temple presentation.

Mark: Task right now is developing proposal as to who is responsible for different tasks in homelessness, Cities, Counties, NGOs, etc. HCSA developing policy statement on encampments.

boona: Berkeley is also drafting a new encampment policy, will share.

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<tr>
<th>G. OTHER ITEMS</th>
<th>HCH Commission Selection of Chair, Vice Chair and Executive Committee</th>
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<tr>
<td><strong>Adria:</strong></td>
<td>Recommend review of HCH Commission Bylaws and founding documents at next meeting.</td>
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<td><strong>Sam:</strong></td>
<td>Recommend waiting till we get all 9, or at least 8 members before development of Executive Committee. General consensus of commissioners to this recommendation.</td>
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Motion:
**Boona:** Moved that HCH Commission officers should be selected at July 21 HCH Commission meeting.

**Recruitment for HCH Commission seats**

**Betty's Seat:** This seat will be recruited and approved by HCH Commission itself. David sent out packet of recruitment info & letters for review of Commissioners.

**Gay:** I will approach parishes, Tri-City Volunteers, and South County programs for nominations.

**Lynette** had recommended Jean Fong for AHS seat, possibly for Betty’s seat?

9th Seat (AHS/Hospital Expertise)

David reported that recruitment for the AHS seat, which is approved by BOS, is moving slowly. Sadly not a high priority at AHS, BOS or HCSA levels. Working with AHS BOT to identify a potential candidate.

**Mark:** We will work more aggressively seeking out an AHS appointee for the 9th seat, contact AHS, BOS and HCSA again.

**Fr. Rigo:** Move to have HCH push hard for a 9th seat nominee, if it doesn’t pan out then let’s move forward to identify our own candidate for this seat. Give a deadline of July 21 meeting; if there is no candidate, we’ll move forward with own nominees.

Items for upcoming agendas:
- HCH CCAB and roles between HCH Commission & HCH CCAB

Next HCH Commission Meeting:

- **Friday June 16th 9-11Am**
- **1000 San Leandro Blvd #325**

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**Adjourned 11:00am**

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Tab 2:
HCH Commission Roles and Responsibilities
HCH Commission Powers and Responsibilities
From Guiding Documents: Ordinance, Co-Applicant Agreement, Bylaws

2. Reservation of Powers
Powers not expressly granted to the Commission within the terms of Co-Applicant Agreement are reserved to the BOS and the BOT, as the case may be.

3. Powers of Commission:
   h) Limitations of Commission Authority.
      The BOS and BOT shall retain authority to set policy on fiscal and personnel matters within their respective public agencies including, but not limited to, appropriating and authorizing funding and staffing for programs and policies related to financial management practices, labor relations, and conditions of employment. The Commission may not adopt any policy or practice or take any action which is inconsistent with or which alters the scope of any decision or policy set by the BOS or the BOT on fiscal or personnel issues or which asserts control, directly or indirectly, over any non-HRSA Scope of Project fund or program. The Commission does not have the authority to direct the hiring, promotion, or firing of any employee of the County or AHS.
   i) Powers and Duties.
      Subject to the Limitations of Commission Authority as set forth herein, the duties of the Commission shall be limited to the HRSA Scope of Project as follows:
      i. Approving applications related to the HRSA Scope of Project, including grants and designation applications and other HRSA requests regarding scope of project.
      ii. Approving the annual HRSA Scope of Project budget and audit within appropriations made available by the BOS and/or the BOT.
      iii. Long-term strategic planning, which would include regular updating of the HRSA Scope of Project’s mission, goals, and plans, as appropriate.
      iv. Evaluating the HRSA Scope of Project’s progress in meeting its annual and long-term goals.
      v. Determining the hours during which services are provided at HRSA Scope of Project sites that are appropriate and responsive to the community’s needs.
      vi. Approving the selection and dismissal of, and evaluating the performance of, the HCH Director, subject to those limitations on the Commission’s authority over labor relations and conditions of employment described in the Commission’s enabling ordinance, which are strictly reserved to the BOT and BOS.
      vii. Establishing general policies and procedures for the HRSA Scope of Project that are consistent with the HRSA Scope of Project and applicable grants management requirements.
      viii. Developing Commission member selection and dismissal procedures.
      ix. Developing quality improvement system.
      x. Developing fee schedules for services, including the sliding fee discount program.
   a) Budget Development and Approval.
      Subject to the requirements for adoption and approval of a public agency budget, the
      Commission shall have final authority to approve the annual operating and capital budgets of
      the HRSA Scope of Project within the confines and amounts provided by the BOS during its
      annual budget adoption. The Commission agrees not to undertake expenditures in excess of the
      authorized budget. The BOS through HCSA shall develop preliminary recommendations for the
      annual operating and capital budgets of the HRSA Scope of Project based on financial
      projections and plans developed by HCSA and AHS staff. HCSA shall recommend such budgets
      to the Commission for review. The Parties shall negotiate in good faith in order to arrive at
      agreed-upon budgets which satisfy the programmatic goals as well as budgetary constraints and
      larger planning objectives of all three parties to this Agreement. In the event that the
      Commission is unable or unwilling to approve a budget which is satisfactory to all three parties,
      then the parties may engage in a dispute resolution process as defined in this Agreement.
      All income generated within the HRSA Scope of Project, including fees, premiums, third party
      reimbursements, state and County funding, and Section 330 grant funds (collectively "Program
      Income"), as well as all Program Income greater than the amount budgeted to the Scope of the
      Project ("Excess Program Income"), shall be under the control of the BOS or BOT, depending on
      the entity responsible for carrying out the programmatic activities and billing for them. In
      accordance with HRSA regulations, the parties agree that Excess Program Income shall be used
      to further the goals of the Scope of Project consistent with the policies and priorities established
      by the Commission.
      The Parties shall not materially deviate from adopted budgets except that the County or AHS
      may modify planned fiscal activities if there is a reduction in available resources (e.g. decreased
      levels of reimbursement, diminished revenues, or adverse labor events). The County and AHS
      shall immediately notify the Commission of any budgetary changes that would materially modify
      the HRSA Scope of Project and seek the Commission’s approval of any changes to the HRSA
      Scope of Project.
   b) Fiscal Management.
      The BOS, through HCSA, and the BOT, through its HCO, shall each be responsible for the
      management of their respective financial affairs, including:
      i. Borrowing for capital costs and operations;
      ii. Financial policies and controls;
      iii. Preparing and submitting cost reports, supporting data, and other materials
          required in connection with reimbursement under Medicare, Medicaid, and other
          third-party payment contracts and programs and otherwise receiving, managing,
          allocating, and disbursing funds necessary for the operation of the HRSA Scope of
          Project;
      iv. Providing for the annual audit of the HRSA Scope of Project, which shall be
          undertaken in consultation with the Commission in accordance with this
          Agreement, consistent with the requirements of the United States Office of
          Management and Budget Circular A-133 and the compliance supplement applicable
          to the consolidated Health Center Program to determine, at a minimum, the fiscal
integrity of financial transactions and reports and compliance with Section 330 requirements and the fiscal policies of HCSA and AHS;

v. Preparing regular financial reports, which shall be submitted to the Commission, and managing financial matters related to the operation of the Health Center;

vi. Developing and managing internal control systems, in consultation with the Commission as set forth in this Agreement (as applicable), in accordance with sound management procedures and Section 330 that provide for:

   i. Eligibility determinations;
   ii. Development, preparation, and safekeeping of records and books of account relating to the business and financial affairs of the HRSA Scope of Project;
   iii. Separate maintenance of the HRSA Scope of Project’s business and financial records from other records related to the finances of HCSA so as to ensure that funds of the HRSA Scope of Project may be properly allocated;
   iv. Accounting procedures and financial controls in accordance with generally accepted accounting principles;
   v. A schedule of charges and partial payment schedules (i.e., a sliding fee schedule of discounts) for services provided to certain uninsured and underinsured patients with annual incomes at or below 200% of the federal poverty level, and a nominal fee policy for those with annual incomes at or below 100% of the federal poverty level, and in compliance with, but not greater than, the requirements set forth in the California State law (California Welfare and Institutions Code § 17000, et seq.); and
   vi. Billing and collection of payments for services rendered to individuals who are: (1) eligible for federal, state or local public assistance; (2) eligible for payment by private third-party payors; or (3) underinsured or uninsured and whose earnings fit the low-income criteria.

c) Personnel.
   Subject to the limitations outlined in this Agreement regarding the selection, evaluation, approval, and removal of the HCH Program Director, the parties agree that the BOS and AHS shall have sole authority over employment matters and development and approval of personnel policies and procedures, including but not limited to: employing or contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project, including agreements for the provision of staff who are employees of other agencies or organizations; day-to-day management and supervision; evaluation; discipline and dismissal; salary and benefit scales; grievance procedures and processes; equal employment opportunity practices; collective bargaining agreements; and labor disputes and other labor and human resources issues.

   The HCH Program Director shall be an employee of HCSA. Removal of the HCH Program Director by the Commission pursuant to this Agreement shall not constitute a termination of employment nor impede the HCH Program Director’s employment relationship with HCSA or Alameda County.

d) Other Operations.
   Subject to the governance responsibilities exercised by the Commission, HCSA and AHS shall conduct the day-to-day operations of the HRSA Scope of Project. Such operational responsibilities shall include but not be limited to:
i. Applying for and maintaining all licenses, permits, certifications, accreditations, and approvals necessary for the operation of the HRSA Scope of Project;

ii. Compliance with the terms and conditions of the FQHC Look-Alike and/or Grantee designation, as applicable.

iii. Unless otherwise stated in this Agreement, establishment of the HRSA Scope of Project’s operational, management, and patient care policies.

iv. Establishing ongoing quality improvement programs.

v. Ensuring the effective and efficient operation of the Health Center.

**RELATIONSHIPS**

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<tr>
<td>Alameda County Health Care Services Agency</td>
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<td>Alameda County Board of Supervisors</td>
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<td>Alameda Health System Board of Trustees</td>
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<td>Alameda County Health Care for the Homeless Consumer/Community Advisory Board</td>
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<td>HHS-Bureau of Primary Health Care – Health Resources Services Administration (HRSA)</td>
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<td>Local City Council/City Administrations</td>
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<tr>
<td>Alameda County Public Health Department Public Health Commission (meeting 8/10/17 invite)</td>
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<td>Others?</td>
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Tab 3:
HCH Program Director’s Report
DATE:  6/19/17
TO:  Alameda County Health Care for the Homeless Commission Meeting
FROM:  Mark Shotwell, Director
ACHCH Program
SUBJECT:  Director’s Report

1) Allen Temple Public Ministry Town Hall

On May 19th, I was part of a panel of speakers that presented at a Town Hall on homelessness organized by the Allen Temple Public Ministry. Other speakers on the panel included: Senior Pastor Alfred Smith Jr.; County Supervisor, Nate Miley; Oakland City Council Member, Larry Reid; Oakland Public Safety Director, Venus Johnson.

I provided an orientation to prevalence of homelessness in Alameda County and some of the causes of the increase in homelessness. I then gave an overview of the Health Care for the Homeless Health Center Services. I also highlighted other County programs that are part of our response to homelessness, like the new Whole Person Care/AC3 program.

Part of the genesis of this town Hall is the homeless encampment immediately outside of Allen Temple, nicknamed the Living Room (due to all the furniture that is included in the encampment). Understandably, the Allen Temple community is very concerned about this encampment. The community raised concerns about the health and well-being of individuals in the encampment, concerns about safety for nearby residents and school children, and resulting garbage/hygiene/blight issues.

ACHCHP is working closely with Nate Miley, City of Oakland and other County Department leads to assess the needs of individuals in the encampment and coordinate a humane response that focuses on interim and long-term housing as ultimate outcomes. We will be going back to Allen Temple in July to update the community on our efforts and plans to address their concerns.

2) Lifelong Medical Care MOUs and Contract Amendment

ACHCHP has been working with Lifelong Medical Care to amend the MOUs and Contract regarding the Trust Clinic. These amendments will allow ACHCHP to pass through costs for Rent and ACHCHP Staff that provide services at Trust to Lifelong. This will then allow Lifelong to include these costs in their negotiation in the State for the highest possible Medi-Cal FQHC PPS Rate. These MOUs and Contract Amendments are scheduled for review and approval by the Board of Supervisors on 6/2017.

3) Evaluation of the ACHCHP Director
The ACHCHP Commission has the responsibility to evaluate the performance of the ACHCHP Director on an annual basis. In the June, 2017 meeting, as requested by the Commission, I will be presenting a self-appraisal that I have prepared of my first six months in this position. Later in the meeting, Commissioners will develop a plan to identify the criteria that you will use to evaluate my performance during my annual performance evaluation, which will occur in November, 2017.

4) **Grant Condition**

There is still one condition on our HCH Grant – HCH Commission must add additional HCH Commissioner (AHS/hospital system seat, appointed by BOS) by July 2017. Since our last meeting, we reached out to all of the members of the Board of Supervisors again for recommendations for this seat. We received two nominations from Nate Miley’s office and will be meeting with those individuals to get to know them and orient them to ACHCHP and the role of a Commissioner.

5) **Expansion of HCH clinic sites and services at Highland Hospital**

The HCH Program is currently evaluating the submission of Changes In Scope to HRSA to expand the size and scope of Highland Wellness clinic at AHS, to incorporate new Highland Campus-based outpatient sub-clinics and additional specialty care services. A letter is being sent to ACHCH’s HRSA Project Officer, and this project will require HCH Commission approval at a later date.
Tab 4:
Submission of Prior Notification notice to HRSA to change ACHCH Project Director
DATE: June 16, 2016

TO: Alameda County Health Care for the Homeless Commission

FROM: David Modersbach, Grants Manager/HRSA Authorized Official

SUBJECT: REQUEST FOR THE HCH COMMISSION TO TAKE ACTION TO APPROVE OF CHANGE IN HEALTH CENTER PROJECT DIRECTOR

Under the HRSA/BPHC Health Center Program (45 CFR 75.2), the term “Project Director/CEO” is used to mean the individual(s) designated by the health center to direct the project or program being supported by the grant. The Project Director is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity.

Under Article II of the Bylaws of the Alameda County Health Care for the Homeless Commission, the HCH Commission has the authority and responsibility for approving the selection and dismissal of, and evaluating the performance of the HCH Director.

In the Services Area Competition submitted and awarded to the ACHCH health center in 12/2016, HCH Grants Manager David Modersbach was listed as the health center Project Director. With the hiring of Mark Shotwell in 11/2016, the health center governing board must approve a request to HRSA for a change in the Project Director/CEO position, after which the health center will receive prior approval from HRSA for this change.

In order to submit a Prior Approval request to change ACHCH Project Director, HCH Commission action is required. This request is for the HCH Commission to approve the submission of a request to HRSA/BPHC to add Mark Shotwell as the health center Project Director.

Approval of this item requires a majority vote of the HCH Commissioners present.
Tab 5:
Alameda County Point In Time Count 2017
Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2017 Alameda County Point-in-Time Count was a community-wide effort conducted on January 30, 2017. The entire county was canvassed by teams of volunteers and guides with lived experience. In the weeks following the street count, a survey was administered to 1,228 unsheltered and sheltered homeless individuals, in order to profile their experience and characteristics.

### 2017 Homeless Census Population

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4,341</td>
</tr>
<tr>
<td>2011</td>
<td>4,178</td>
</tr>
<tr>
<td>2013</td>
<td>4,264</td>
</tr>
<tr>
<td>2015</td>
<td>4,040</td>
</tr>
<tr>
<td>2017</td>
<td>5,629</td>
</tr>
</tbody>
</table>

### 2017 Sheltered/Unsheltered Population

- **31%** Sheltered
- **69%** Unsheltered

#### Race/Ethnicity (Top Responses)

- **17%** Latino
- **49%** Black or African American
- **30%** White
- **15%** Multi-ethnic
- **3%** American Indian or Alaskan Native

#### Age

- **9%** Under 18
- **18%** 18-24
- **63%** 25-59
- **10%** 60+

#### Gender

- **58%** Male
- **41%** Female
- **1%** Transgender

#### Residence Prior to Homelessness

- **82%** Alameda County

#### Length of Time in Alameda County

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>19%</td>
</tr>
<tr>
<td>1-4 years</td>
<td>16%</td>
</tr>
<tr>
<td>5-9 years</td>
<td>9%</td>
</tr>
<tr>
<td>10 years or more</td>
<td>57%</td>
</tr>
</tbody>
</table>

### 2017 Sheltered/Unsheltered Population by City

<table>
<thead>
<tr>
<th>City</th>
<th>Sheltered</th>
<th>Unsheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland</td>
<td>859</td>
<td>1,902</td>
</tr>
<tr>
<td>Berkeley</td>
<td>308</td>
<td>664</td>
</tr>
<tr>
<td>Emeryville</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Piedmont</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Dublin</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Pleasanton</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>26</td>
<td>194</td>
</tr>
<tr>
<td>Alameda</td>
<td>94</td>
<td>110</td>
</tr>
<tr>
<td>Alhambra</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td>San Leandro</td>
<td>54</td>
<td>55</td>
</tr>
<tr>
<td>Fremont</td>
<td>197</td>
<td>282</td>
</tr>
<tr>
<td>Newark</td>
<td>42</td>
<td>28</td>
</tr>
<tr>
<td>Hayward</td>
<td>102</td>
<td>141</td>
</tr>
<tr>
<td>New Alber</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alameda</td>
<td>94</td>
<td>110</td>
</tr>
<tr>
<td>Albany</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td>San Leandro</td>
<td>54</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td>1,766</td>
<td>3,863</td>
</tr>
</tbody>
</table>

### Household Breakdown

- **Single Adults** | 4,533 Households with 4,846 members
  - 22% Sheltered
  - 78% Unsheltered
- **Families** | 270 Families with 711 members
  - 96% Sheltered
  - 4% Unsheltered
- **Unaccompanied Children** | 72 Individuals
  - 14% Sheltered
  - 86% Unsheltered

### Foster Care

- 15% of survey respondents have been in the foster system.

### Justice System Involvement

- 14% of respondents spent one or more nights in jail/prison/juvenile hall in the past year.

### Post K-12 Education

- 5% of respondents were currently enrolled in a vocational program or college.
Alameda County will release a comprehensive report of The EveryOne Home 2017 Homeless Count and Survey in Summer 2017. For more information about EveryOne Home and effort to address homelessness in Alameda County please visit www.EveryOneHome.org

EveryOne Counts! 2017
Alameda County’s Homeless Persons Point-In-Time Count

State of Homelessness in Alameda County

New, More Comprehensive Count Methodology Gives Us a New Baseline

- The 2017 Point-In-Time Count recorded 5,629 people experiencing homelessness the night of January 30, 2017.
- 3,863 (69%) are unsheltered—living in tents, parks, vehicles, vacant buildings, underpasses, etc.
- 345 volunteers and 99 Guides covered every census tract in the county at dawn to enumerate those who were unsheltered.

People Experiencing Homelessness Are Our Neighbors and Want Housing

- 82% of respondents said they lived in Alameda County before becoming homeless.
- 50% had lived here for 10 years or more.
- Only 2% of respondents were not interested in housing. Homelessness is not a choice.

Lack of Affordable Housing Causes Homelessness

- More than half of respondents said that economic hardship was the primary cause of their homelessness.
- Median rents have increased 25% since 2015 while median household income increased only 5%.
- Alameda County lost 74% of state and federal funding for affordable housing production, creating a dire shortage of units.

Current Homeless and Housing Service System Is Deploying Best Practices, Functioning at Capacity, and Is Under Resourced to Meet the Growing Need

- Our Homeless Services System serves 11-12,000 people per year with 3,000 being sustained in permanent supportive housing.
- Shelters and transitional housing were full on January 30, 2017, with 1,766 people staying in them. That’s 1 bed for every 3 people experiencing homelessness.
- Each year providers exit at least 1,500 to permanent housing, while over 2,500 people become homeless.

All people deserve the dignity of a home.
We can get there with the commitment and resources of our entire community.

1. Developers and funders, exceed the commitment of 20% of new rental units for those at 20% of Area Median Income and below in local bond measures (Measure A1 and Measure KK).
2. Voters, pressure State of California lawmakers to create new sources of long-term revenue dedicated to producing and preserving affordable housing (SB 2).
3. Property owners and landlords, commit to renting to our homeless neighbors.
4. Local elected officials, jointly develop and implement equitable, compassionate actions for addressing unsheltered homelessness at a Summer 2017 Leadership Summit
5. Providers, continue best practices such as Housing First and Coordinated Entry
6. Citizens, businesses and faith communities, help formerly homeless people make their place a home.
   Contribute at www.everyonehome.org or click here.

Visit www.EveryOneHome.org for more information about EveryOne Counts! and Alameda County’s efforts to end homelessness.
Donate to the “Make It a Home Fund”

Local Non-profit providers help over 1,500 people a year move back into permanent housing, often with very little of what it takes to make a rental a home. Every $500 donated will help an individual or family settle it and make a fresh start. Selected households will get dishes, bedding, toiletries, cleaning supplies, and other essential home items. Any size contribution helps. Thank you to BBI Construction and Home of Christ 6 Church for their inaugural gifts to launch the fund.

Additional Information

New Methodology:

The “street-blitz” methodology covered every census tract in Alameda County between the hours of 6-9 a.m. using 345 volunteers and paid 99 currently or recently homeless guides to help identify those who were unsheltered. In 2017 our data was collected from a four step process: one day observation based street count (100% canvas), a dedicated transition aged youth count (targeted outreach), sheltered count (HMIS and administrative data from shelters and transitional housing programs), and survey (1,228 individuals residing in unsheltered locations, shelters, and transitional housing in the days following the count) to gather demographic information; health, housing, and veteran history; and services utilization.

From 2003-2015 we used a service-site methodology where individuals utilizing meal service sites, food pantries, drop-in centers, and mobile street outreach programs in Alameda County were surveyed for their housing status, demographic information; health, housing, and veteran history; and services utilization. Surveys were weighted and extrapolated to estimate totals.

Demand for Affordable Units Outstrips Supply:

Alameda County has 3rd largest population of Extremely Low Income rent burdened in California, behind San Francisco and Los Angeles. The majority (70%) of extremely low income households are spending more than 50% of their income on rent. Alameda County needs 60,173 more affordable rental homes to meet the needs of the lowest income renters.

In Alameda County, the median asking rent is $2,593. This is 3x higher than the maximum CalWorks grant for a family of three, 7x higher than the max General Assistance (GA) grant, and almost 3x higher than the maximum Supplemental Security Income/State Supplemental Payment (disability) monthly income.

Coordinated Entry:

The goal of coordinated entry is to divert people from entering homelessness and/or match and connect people quickly with services and long-term supportive housing. Coordinated entry assesses people’s housing-related needs, prioritizes them for resources, and links those in need to a range of types of assistance, including immediate shelter and longer-term housing focused programs. Establishing coordinated entry has been done already in Berkeley and Oakland (families only), and new entry points are planned to expand this fall such that the entire county is covered. Coordinated Entry’s impact is constrained without access to permanent housing and sufficiently scaled housing-focused programs.

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