



**Tab 1:**  
**Draft Minutes 5/18/2018**  
**HCH Commission Meeting**

**Alameda County Health Care for the Homeless Commission**  
**Friday May 18, 2018 9:00am-11:00am**  
**Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577**

**Draft MINUTES**

HCH Commissioners Present

boona Cheema  
 Samuel Weeks DDS  
 Elecia Garrett  
 Fr. Rigo Caloca-Rivas  
 Laura Guzman  
 Lois Bailey Lindsey  
 Claudia Young

Absent:

Lynette Lee  
 Michelle Schneidermann,  
 MD

County Staff/Partners Present:

Jeffrey Seal MD, HCH Interim  
 Director/Medical Director  
 Heather MacDonald-Fine, Alameda Health  
 System  
 Daniel Cohen, LCSW; Consultant

Item	Discussion/recommendations	Action
A. CALL TO ORDER 1. Welcome & Introductions 2. Adopt agenda	HCH Commission Chair boona cheema called the meeting to order at 9:05am Introductions Motion approved to adopt 5/18/2018 agenda	<b>Motion:</b> F. Rigo; S Weeks; Yea: unanimous
B. CLOSED SESSION 1. No Closed Session.	No closed session this meeting	
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda	No members of public present to speak	
D. CONSENT AGENDA Review and Approve Minutes of 4/20/2018 Meeting	Reviewed minutes from 4/20/2018. Motion approved to adopt minutes.	<b>Motion:</b> Lois Bailey Lindsey; second, FR; Yea: unanimous
E. HCH DIRECTOR'S PROGRAM REPORT	Jeffrey Seal MD presented the HCH Director's report. Dr. Seal briefly referenced the strategic plan, which was to be discussed later in today's meeting. Regarding Operational Site Visit, Laura Guzman noted that it was good practice to have all grantees prepared. Lois Bailey Lindsey noted good to have them all at the opening meeting and possibly have them involved with an overview. Boona raised question of how much flexibility we will have with their time. Lois recommended use of flash drives over hard copies. Dr. Seal gave a brief update on personnel. He noted that consideration to	

	<p>director position is happening in strategic plan. He also noted giving consideration to social work positions over CHW due to civil service job descriptions.</p> <p>Dr. Seal gave a brief update on StreetHealth, noting that they continue to do great work in outreach and linkage. They have not completed their first buprenorphine induction yet, but they are hopeful to do so in the next 1-2 weeks.</p> <p>HCH continues to work to restructure its contracts meeting and incorporate RBA into evaluation.</p> <p>Dr. Seal gave an update on data plan. Lois Bailey Lindsey asked if we can piggyback on AC3's use of HMIS, and Jeffrey said HCH is pursuing this. Laura Guzman says HMIS go live in 5/21 and she believes HMIS should be able to eventually meet HCH needs. She also notes that EveryOne Home has an IT board with no current representation and would be good to link up with HCH CCAB. Jeffrey to reach out.</p> <p>Finally, Dr. Seal noted that HCH continues consumer empowerment work with AC3.</p>	
<p>F. BOARD ORIENTATION HCH Health Center 2018 Strategic Planning Process</p>	<p>Daniel Cohen, LCSW and consultant introduced himself and said that he would proceed with a high-level overview of the strategic planning process. Noted that he would keep it relevant considering we have 3 new members today.</p> <p>Daniel presented the 3 phases of the plan: LocalHCH programs, in-county stakeholders, and then analysis. He described how comparative HCH programs were chosen, as well as noted that the in-county interviews included 21 stakeholders. We are in the process of collecting consumer surveys to complete our needs assessment, which will be coordination with other data for planning.</p> <p>Daniel and Jeffrey presented the mission and vision statements. Laura Guzman asked if we have shown to the CCAB. Daniel and Jeffrey pointed out that the process is not complete and we are still seeking feedback, as well as will present to CCAB. Laura Guzman raised and Claudia Young re-emphasized question of the decision to remove "at risk for homelessness" from prior vision statement. Boona remarked that "we are health care for the homeless," emphasizing our mandate to serve those with extreme health inequities. Jeffrey agreed with importance of this topic, and Lois Bailey Lindsey emphasized it would be a good topic for the retreat. Laura Guzman noted its importance to the undocumented community. Boona, as well as others, remarked they'd like to see "problems" changed to challenges." Heather noted another reason definition of homelessness is complex. Anyone who was homeless in the past year is still counted but still requiring significant care.</p> <p>Father Rigo raised the question of to what degree the HCH Commission are involved in the strategic planning process. Daniel said Commissioners have been given the opportunity to be stakeholders and 3 were</p>	

	<p>interviewed. Daniel also noted it was a lot of content and hard to find balance. Boona said err on the side of too much. Jeffrey also noted complexity given significant challenges and changes in the Commission, pointing out a need to have them involved but also not hinder the process. Jeffrey also noted the delayed brainstorm session was intended to address.</p> <p>Laura Guzman asked about the last needs assessment, Lois Bailey Lindsey asked about the last site visit. Heather pointed out the last was in 2015. Fr Rigo asked for a summary.</p> <p>Daniel reviewed comparable HCH program/county data. Laura Guzman noted it was interesting to see only 2/5 were involved with spearheading county initiatives. Heather pointed out that previously there were no requirements to have a board interaction. Laura Guzman noted that Alameda County is not unlike other counties that were receiving FQHC funds without the same requirements, and only more recently did the federal government begin pushing this more.</p>	
<p>G. OTHER ITEMS</p> <ol style="list-style-type: none"> <li>1. HCH Retreat</li> <li>2. Planning joint HCH Commission/CCAB meeting June 2018</li> <li>3. Housekeeping</li> </ol>	<p>Boona requested to move briefly ahead to other items and then back to regular agenda given time.</p> <ol style="list-style-type: none"> <li>1.) Group asked whether or not the retreat had been confirmed. Jeffrey noted he believed so and would follow up afterwards with date. (Tuesday June 26<sup>th</sup> 12-3pm at 1404 Franklin Street).</li> <li>2.) Group noted that the joint HCH CCAB/Commission meeting will be June 15<sup>th</sup> 9-11am at 1404 Franklin. Both are looking forward to the partnership.</li> <li>3.) No further housekeeping at this point in meeting.</li> </ol>	
<p>F. REGULAR AGENDA</p> <ol style="list-style-type: none"> <li>1. Consumer/Community input- Report from HCH CCAB</li> </ol>	<p>Samuel Weeks, DDS gave the CCAB report. He noted the group had been discussing several policies for advocacy. Discussed CA AB1152 re: hospital policies for discharge of people experiencing homelessness. CAB is giving consideration to how they can support the bill. Laura Guzman noted that we need to keep coordinated-entry in mind in regards to this problem regardless of whether or not the bill passes. Sam discussed Tuff Shed developments operated by OD and COO and continued observation of development. He also noted they reviewed A1 for early childhood development and support it, as well as support for Emeryville Proposition C for a bond for affordable housing.</p> <p>Sam noted that the CCAB is looking forward to joint meeting 6/15/18. CCAB wants to know what the Commission wants from the CAB. 2 CCAB members currently at the national conference. Encouraged other to go in the future. Also noted that CCAB wants to support a 6/21 convening to celebrate victories and recovery of people experiencing homelessness.</p>	

<p>2. ACHCH Program Policy</p> <p>3. Board Executive Committee</p> <p>4. Street Health Committee</p> <p>5. Board Finance Committee</p>	<p>Jeffrey agreed to follow up with specifics. Sam discussed ongoing work with Bright Research Group. Plan is to develop HCH documents and provide a seal of approval, work on Patient Experience survey methods. Discussed recent review of a buprenorphine pamphlet made for street outreach clients. Laura Guzman mentioned it's important to add trauma-informed language, how do we support them during the induction, use of a variety of languages, and we should give consideration to this in strategic planning. Lois Bailey Lindsey says the form appears too busy.</p> <p><b>ACHCH Program Policy- Required HRSA Grants Management Health Center Policy</b></p> <p>Group opened discussion on the policy. Laura Guzman noted she would like to see the County articulate whether or not the mentioned exceptions apply to our patients. She noted homeless people have unique risk in re: abortions and syringe access. She would like to see the County write something that ensures access to these things, wants the county to be proactive. Fr Rigo pointed out that believes we don't have much choice in passing this, but where we do have a choice is the negative language. For instance, we can still state who we are and what we do. He also noted he did not see "what the policy is," for instance language at the beginning. Jeffrey noted that he was open to either direction but that we should give consideration to work capacity, what impact this will actually have, that we have not previously made these requests from the Board of Supervisors before so it would require some level of work. Laura Guzman noted we needed a local leadership push. Motion to pass failed. Laura put forward a 2<sup>nd</sup> motion, wants to hear back on leadership re: restrictions on abortions and needles. Would like to hear a response back ASAP but not necessarily a plan that we will continue to support these treatments. Heather and Jeffrey noted that this policy did need to pass prior to audit or it would likely lead to a finding that we would have a certain period to address.</p> <p><b>Executive Committee:</b> deferred discussion</p> <p><b>Housing As Health Care Committee</b> Group briefly touched on letter that was previously written for the Alameda County Board of Supervisors. Boona noted the letter was written in response to the prior county homelessness summit with an intent of wanting to see follow-up. Jeffrey expressed concern about the process letter was developed, noting he was hopeful the Commission and program would have increasingly close collaboration. Noted he did not have concern with content. Group expressed understanding and Laura Guzman asked to defer until our next meeting.</p> <p><b>Finance Committee:</b> deferred discussion</p>	<p><b>Motion:</b> F Rigo; <b>Second</b> E. Garrett; For F Rigo, E. Garrett; Opposed Laura, Sam, Claudia, Boona; Abstain Lois Bailey Lindsey</p> <p><b>Motion:</b> Laura Guzman; <b>Second</b> SW; For Laura, Boona, Sam, Claudia; others abstain</p>
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H. ADJOURNMENT	HCH Commission meeting adjourned at 11:00am	<b>Motion:</b> boona; second Laura Guzman; Yea: unanimous

**Tab 2:**  
**Draft Minutes 5/10/18 HCH**  
**Consumer/Community**  
**Advisory Board Meeting**

Alameda County Health Care for the Homeless Program  
 Consumer/Community Advisory Board (CCAB)  
 384-14th Street  
 Oakland, CA 94612

TEL: (510) 891-8950  
 FAX (510) 273-3802  
 achchp@acgov.org  
[www.achch.org](http://www.achch.org)

**Alameda County Health Care for the Homeless Program  
 Consumer/Community Advisory Board (CCAB)  
 Meeting FRIDAY MAY 11, 12:00 Noon – 2:00PM  
 1404 Franklin Street #209 Highlander Meeting Room  
 DRAFT MINUTES**

<b>Meeting Location</b>	HCH PROGRAM Offices 1404 Franklin Street 2 <sup>nd</sup> Floor Highlander Meeting Room, Oakland Tel: 510-220-3225 (david cell)														
<b>Attendees</b>	<p align="center"><b>CCAB Board Members: (*Executive Committee)</b></p> <table border="0"> <tr> <td>Bennie Whitfield</td> <td>Brenda Whitfield</td> </tr> <tr> <td>Mark Smith*</td> <td>Guitar Whitfield</td> </tr> <tr> <td>Samuel Weeks*</td> <td>David Modersbach (HCH Staff)</td> </tr> <tr> <td>April Anthony*</td> <td><u>Absent:</u></td> </tr> <tr> <td>Denise Norman</td> <td>Ami Moe</td> </tr> <tr> <td>Sabrina Fuentes</td> <td>Kimberlee Burks</td> </tr> <tr> <td>Jeannette Johnigan</td> <td></td> </tr> </table>	Bennie Whitfield	Brenda Whitfield	Mark Smith*	Guitar Whitfield	Samuel Weeks*	David Modersbach (HCH Staff)	April Anthony*	<u>Absent:</u>	Denise Norman	Ami Moe	Sabrina Fuentes	Kimberlee Burks	Jeannette Johnigan	
Bennie Whitfield	Brenda Whitfield														
Mark Smith*	Guitar Whitfield														
Samuel Weeks*	David Modersbach (HCH Staff)														
April Anthony*	<u>Absent:</u>														
Denise Norman	Ami Moe														
Sabrina Fuentes	Kimberlee Burks														
Jeannette Johnigan															
<b>Agenda</b>	<ol style="list-style-type: none"> <li><b>1. Welcome and introductions (5 min)</b></li> <li><b>2. Meeting Roles</b> (facilitator: Denise; Timekeeper: Sam; Vibes-watcher: Brenda; Note-taker: David)</li> <li><b>3. Review/Approval of Minutes HCH CCAB meeting 4/13/18.</b> Minutes Approved by consensus of those present.</li> <li><b>4. Announcements/Updates (15 min)</b> <ol style="list-style-type: none"> <li><b>a. Health Care Policy Updates: Federal:</b> CARA 2 federal funding bills for increased funds and programs addressing opiate addiction. <b>Statewide:</b> <a href="#">SB 1152 Bill</a> to prevent “dumping” of homeless patients. <b>Local:</b> Jeannette discussed HUD raising rent rates 11%.</li> <li><b>b. Encampments:</b> Discussion of Oakland Tuff Sheds – Outdoor Navigation Centers – discussion of community issues with Operation Dignity. Suggestions to send a letter of concern from HCH CCAB, decided that other advocacy groups are directly addressing these concerns.</li> <li><b>c. June Elections overview</b> Discussion of issues and items on ballot 6/5. Sam suggested we start looking forward to November elections and carry out voter education activities like in 2017.</li> </ol> </li> <li><b>5. HCH Commission/CCAB Executive Committee Report</b> Sam Weeks shared work of Commission – strategic planning, three new members, Commission retreat and upcoming joint HCH CCAB/HCH Commission meeting.</li> <li><b>6. Upcoming CCAB Activities &amp; Actions (10 min)</b> <ol style="list-style-type: none"> <li><b>a. Goals &amp; Plans: Joint HCH CCAB/HCH Commission Meeting 6/15</b></li> </ol> </li> </ol>														

Discussion of purpose: MS: Share ideas, perspectives County vs. CCAB approaches. GW: What advocacy/policy efforts are of interest? What is Commission doing around policy? SF: Issues of homeless with mental health issues need focus. JJ: Need some CCAB/Commission walkalongs at HCH sites, HCH Director update; AA: How we can shape ground-level policies (ie encampments); SF: Continuum of Services – how is HCH program working on that level? GW: Present what CCAB has done. MS: What is mandate of HCH Commission, hear their ideas, ways, roles. ALL: Base discussion on the presentation/issues from Dec meeting. Continue the discussion

**b. National HCH Solstice Event, Thursday June 21:** The event will be co-sponsored with HCH CCAB and Lifelong TRUST. Discussion of the event, which will honor and celebrate the strengths and success of people experiencing homelessness, at the TRUST Clinic, with lunch, awards, raffle. Sabrina, Jeannette, Sam, Brenda, Denise interested in helping organize.

**c. National HCH Conference** May 15-18 Minneapolis MN : Denise/Guitar will present along with HCH staff at the June 15<sup>th</sup> Joint Meeting.

**d. HCH Commission/CCAB Encampment Letter to County Supervisors** letter was approved by HCH CCAB in April meeting, and the HCH Commission is thinking about how to proceed with this letter and the advocacy around it.

**7. HCH Program Strategic Planning/Needs Assessment (10 min):** David did not reach out to the interested HCH CCAB members around the survey due to a lack of time to provide necessary training on survey taking, this is a skill that the CCAB wants to develop, perhaps in partnership with Bright Research.

**8. HCH Program Patient Materials Evaluation** Jennifer Pearce BRG (10 min)

a. Review of HCH StreetHealth Suboxone flyer. Review was carried out of HCH StreetHealth flyer, and basic skills around Health Literacy taught. Is it easy to understand? Is it easy to act upon? Copy of flyer revisions attached.

**9. Patient Experience/Patient Satisfaction Survey** Jennifer Pearce BRG (60 min) Jennifer from Bright Research Group (BRG) will lead work on measuring and evaluating Patient Experience through HCH health center. These meetings will be carried out between June and August, and the members of the Working Group will learn skills, carry out interviews and develop patient-centered metrics for measuring patient experience and patient satisfaction. Sabrina, Denise, Guitar and Jeannette are interested in participating. Discussions around interviewing, hard skills, soft skills, communication, outreach, and evaluation.

**10. Next Meeting Roles: Facilitator, Vibes, Timekeeper: Joint Meeting**

**Next meetings:**

**Friday June 15, 9am-11am** 1404 Franklin Street -- Joint CCAB/Commission Meeting

*Have you enrolled as a member of the National Consumer Advocacy Board (NCAB) yet?  
it's free and you can do it at:*

[www.nhchc.org/resources/consumer/](http://www.nhchc.org/resources/consumer/)

## **Tab 3**

# **HCH Program Sliding Scale Fee Discount Policy and Patient informing materials**



## ACHCH Policy Document

### ACHCH HEALTH CENTER SLIDING FEE DISCOUNT POLICY

#### PURPOSE

The purpose of this Policy is to describe how Alameda County Health Care for the Homeless minimizes financial barriers to health care services available to persons experiencing homelessness while maximizing revenue to support those services in compliance with HRSA regulations.

#### SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

#### PROVISIONS

##### *Directly-Provided Services*

1. All outreach and enabling services provided directly by HCH staff are free of charge to patients.
2. HCH staff will inform patients of Sliding Fee Discount Program availability at all contracted and subrecipient programs to whom health center patients are referred.

##### *Contracted Services*

1. All patients seeking healthcare services at HCH contracted and subrecipient service sites are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
2. HCH contractors and subrecipient programs must offer a Sliding Fee Discount Program. The program must apply to all patients receiving services under the terms of the agreement with HCH and must operate in accordance with most recently updated version of the HRSA Health Center Program Compliance Manual.

3. Self-declaration of income must be allowed for patients served under the terms of an agreement with HCH. Patients without proof of income are allowed to provide a verbal or signed statement of income, which may include a reason they are unable to provide independent verification.
4. Nominal fees are waived for patients served under the terms of contractual agreement with HCH.

**RESOURCES:**

<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>

ACHCH Sliding Scale Fee Discount Schedule Notice

**REVISION HISTORY**

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		8/2015
1	Updated HRSA health Center Compliance Manual		6/2018



## Alameda County Health Care for the Homeless

### 2018 Sliding Scale Fee Schedule

**No qualified resident of Alameda County experiencing homelessness who is being treated by ACHCH health center or by a contractor of ACHCH health center under the terms of our homeless grant will be denied basic services (primary care, dental, substance abuse, mental health) for inability to pay a sliding scale or nominal fee, regardless of income.**

ACHCHP Sliding Scale Fee Schedule 2018						
Poverty Level 2016:	100%	125%	150%	175%	200%	>200%
family Size	<b>0% pay</b>					
1	\$12,140	15,175	18,210	21,245	24,280	27,315
2	\$16,460	20,575	24,690	28,805	32,920	37,035
3	\$20,780	25,975	31,170	36,365	41,560	46,755
4	\$25,100	31,375	37,650	43,925	50,200	56,475
5	\$29,420	36,775	44,130	51,485	58,840	66,195
6	\$33,740	42,175	50,610	59,045	67,480	75,915
7	\$38,060	47,575	57,090	66,605	76,120	85,635
8	\$42,380	52,975	63,570	74,165	84,760	95,355
For each additional person, add	\$4,320	\$5,600	\$6,480	\$7,560	\$8,640	\$9,720



## **ACHCH Policy Document**

### **ACHCH Health Center Patient Informing Materials Policy**

#### **PURPOSE**

The purpose of this Policy is to ensure that all patients of the Alameda County Health Care for the Homeless health center are informed of their rights and responsibilities as ACHCH health center patients and that procedures are in place for ensuring patient consent for all health center services.

#### **SCOPE/COVERAGE**

Applies to all services within the HRSA-approved Scope of Project of the HCH program delivered directly by Alameda County employees. Health center patients treated by a contractor or subrecipient must be provided informing and consent materials which at a minimum meet the provisions below.

#### **PROVISIONS**

- **Encounter Form**
- **Consent for Treatment**
- **Sliding Fee Discount Schedule**
- **Advance Directive**
- **Grievance Resolution Complaint and Grievance (including contractors)**
- **Notice of Privacy Practices**
- **Access for Limited English Proficient Patients**
- **After hours Coverage**

#### **RESOURCES:**

HTML links to appropriate documents

**REVISION HISTORY**

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		5/10/18

DRAFT 3 OF 3

**Tab 4**  
**HCH Director's Program**  
**Report**



June 15th, 2018

TO: Alameda County Health Care for the Homeless Commission  
FROM: Jeffrey Seal, MD; Interim Director and Medical Director  
SUBJECT: Director's Report

Program activity update since the 05/18/2018 HCH Commission meeting:

1. Strategic Plan

HCH continues to work on its strategic plan with consultant Daniel Cohen. A significant number of consumer surveys have been completed, as well as an initial analysis for our needs assessment. We expect to complete the second phase in the coming month and begin work on our implementation plan for the coming 1-3 years.

2. Personnel

We have continued to conduct specialist clerk and CHW interviews to find a permanent person for our front desk role. As noted before, we are currently weighing options for the director position which will consider programmatic need, county civil service options, and retention. We have posted a Health Care Program Administrator I position, and we have a provisional candidate we are targeting. The main current role of this position will be to provide improved analysis of contracts and data, quality program support, AHS relationship support, and supervision support.

3. StreetHealth

The HCH StreetHealth team continues to work in its pilot period with high rates of success of connecting high needs individuals to brick and mortar facilities such as Trust. Our first buprenorphine induction has been completed. In addition, one of our identified encampments has had relatively high levels of linkage, so we are looking into expansion of our services to another encampment.

4. Contracts

We have continued to actively restructure our contracts by incorporating results-based accountability to improve quality and clarify expectations. This has been completed for La Clinica and OnSite, and we are currently in the process of completion for Trust and AHS.

- a. Trust Clinic contract runs through June and we are nearing completion of next year's renewal that will prioritize shared-care plans and RBA deliverables.
- b. Our Tri-City street outreach contract is up for renewal in September. Roots STOMP street outreach contract is up for renewal next spring. Both of these contracts were created prior to the current expansion of homelessness, and there is concern that the models of care are not nimble and as effective as we need to be. We've started

a series of meeting with each organization to clarify changes to the models moving forward to best serve clients, especially considering geographic needs.

- c. Our EBCRP contract has struggled more recently given significant staffing changes at EBCRP. We have an upcoming meeting scheduled with them to determine next steps. Recently EBCRP was acquired by LifeLong, and we were asked to provide HRSA letters of support to add to LifeLong's scope of services.

#### 5. Policy updates

As noted in our last commission meeting, we have received a request from a federal accounting consultant to evaluate our policies related to several HRSA mandated requirements, for example those related to use of health center funds for abortion and clean needle services. We continue to work with county leadership and county counsel to determine the best path forward. At this time, we are asking the auditors to provide us more time given the complexity of our health center. Per the Commission's last meeting request, we are working to secure a letter from HCSA leadership stating that it will work to ensure adequate access to these services in vulnerable populations if their access is complicated through these mandates.

#### 6. Data

We continue our work with HCSA IT and BHCS to modernize our database. We are currently exploring the use of one time funds to temporarily employ time from BHCS to assist in a transition. We are hopeful that our work with BHCS will better link us to current large scale data transition in the county, such as AC3 community health record and HMIS.

#### 7. AC3 Consumer Group

HCH leadership continues to be actively involved in the working group for the consumer related AC3 deliverable. We are actively working with Bright Research Group, linking them to our contracts, in order to develop a best practice homeless consumer experience survey. First the survey would be used by our contracted agencies, and we are hopeful it would then be championed by AC3 to be used more broadly across the county.

#### 8. Operational Site Visit

HCH has started significant preparation for its OSV, which will take place on August 14<sup>th</sup>-16<sup>th</sup>.

Sincerely,



Jeffrey Seal, MD  
Interim Director and Medical Director  
Alameda County Health Care for the Homeless  
Jeffrey.Seal@acgov.org  
510-891-8920

**Tab 5**  
**HCH CCAB ALL-IN Listening**  
**Session Findings**

# ALL – IN 2018 Listening Sessions: People Experiencing Street Homelessness In Alameda County

## Alameda County Health Care for the Homeless Community/Consumer Advisory Board (HCH CCAB)

Kimberlee Burks, Sabrina Fuentes, Jeannette Johnigan, David Modersbach

### People Living in Homelessness Require Human Dignity and Human Rights

We are all witnessing a huge increase in the numbers of people forced to live unsheltered, on the streets in Alameda County. Members of the HCH CCAB carried out three Listening Sessions with people experiencing street homelessness in Hayward, Castro Valley and Oakland, with the goal of learning about the experiences, ideas, needs, skills and ideas of some of our brothers and sisters on the streets. We found that people's lives and needs cannot be generalized, given the diverse social geography of our county. Some special ideas were emphasized by the groups in Castro Valley, Hayward and in Oakland, and in all of the three sessions, these key findings were common:

#### Health and Hygiene

Access to clean toilets, showers, washing facilities, laundry etc, is a fundamental human right. People spoke of spending so much time just finding toilets, not being able to shower. Cities, county, churches, centers can provide hygiene facilities for all at low cost compared to the costs of disease, economy and happiness when there are no public facilities.

#### Support Services and Outreach

The large majority of participants **do not** have a case manager or provider that they can count on for help navigating systems and accessing benefits, housing, jobs, legal help, medical care and other critical needs. We must increase the numbers of good outreach workers who can provide key services on an ongoing basis to unsheltered folks.

#### Storage

It is essential to have places to store personal property. People described the profound impact of losing precious personal items, and how difficult it is to protect what little they have and need. They described the rackets and scams of private storage facilities. It is not too complicated or expensive to envision systems where folks can easily and safely store key personal possessions.

#### Information and Resources

Listening session participants said that they are not getting accurate information about housing, health and support services available to them. They are confused about Coordinated Entry, and did not have confidence in their ability to access accurate, genuinely helpful information through the 211 system.

#### Safe Parking

Many people entering (and exiting) homelessness do so through living in a vehicle. Participants said that safe parking programs can be hosted on a local level, include bathroom access and provide a way to sleep safely without fear of police or predators. These projects can be small, cheap and extremely effective to help provide support and stability to a lot of folks.

#### Community Support

Most everyone receives some sort of support from their communities: Churches, food programs, neighborhood associations, individuals, all provide important nourishment, services, hygiene, and social and emotional connectedness. We must look beyond Cities and nonprofits, to support the work that dedicated community members are doing to help their homeless brothers and sisters.

**“We were born and raised here!”** Over 80% of participants reported being from the very communities where they now live on the streets. Participants in all three sessions described themselves as “displaced persons,” rather than homeless. “Look me in the eye – I am a human being.” “I hope to use homelessness as a learning experience.” “Don’t judge me, because this system has failed us.” Homelessness is a serious crisis, a public health emergency, and it should be treated that way”. “There is a wealth of ideas, energy and experiences among people living in homelessness. Listen to us!”

#### Castro Valley Listening Session Finding:

##### Transportation

Castro Valley participants spoke of the difficulties that folks have being able to access services located all across the place: Walking all day just to get a shower, and when you get back, you're sweaty and dirty again. It is difficult to access health care services, housing providers, case managers, especially in unincorporated County, or South County or the Tri-Valley area.

A solution could be “WE CARE-A-VAN” a small shuttle that has a regular schedule, picking up and taking people to food and showers, and to locations like Social Services, health care centers, and support services.

#### Hayward Listening Session Finding:

##### Personal Safety

Hayward participants spoke of their personal safety: Living on the streets is DANGEROUS. All participants reported assaults and traumas against them. Many cannot sleep at night for fear of attack, and in Hayward, cannot even set up a tent or sleep together with others for protection. Just setting up a tent means that you will be cited or told to “move on” by police, in a city that prohibits sleeping while homeless.

Sadly, homeless participants fear the police as much as anyone. They describe some good cops, but also bad ones who harass and harm folks, and you never know which will approach you.

Participants counted and told stories of people who died on the streets during the past years. Hayward folks requested year-round shelter provision in the City of Hayward.

#### Oakland Listening Session Finding:

##### Housing & Social Justice

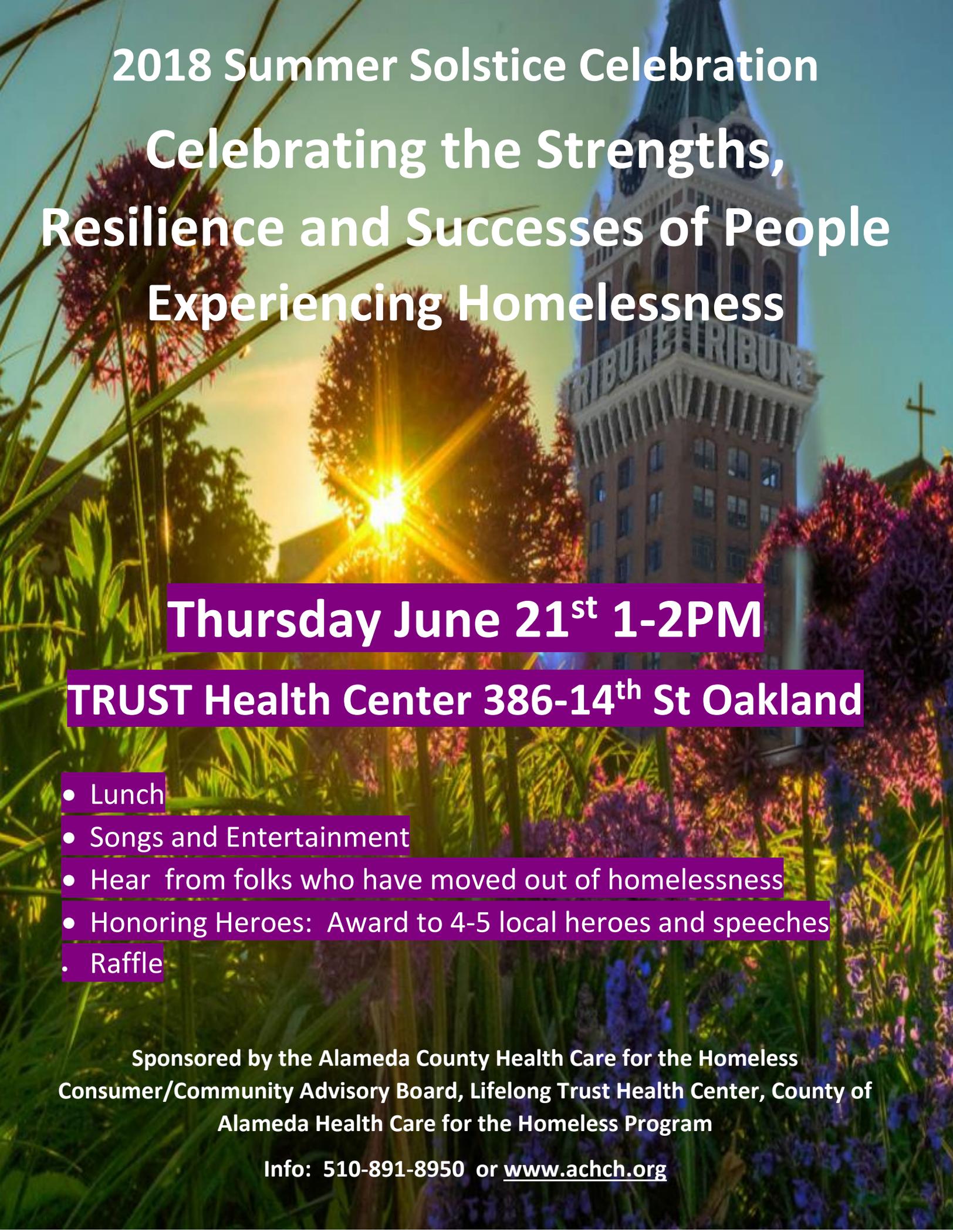
Oakland participants – primarily Black -- were outraged and indignant about the way they have been cast to the streets because of race-based gentrification of the neighborhoods they grew up in.

Most had no confidence in the housing/homeless system, feeling shuffled from street to tents to shelters to multiservice center and back to the streets, with little hope of permanent housing. They did not feel they have a voice in the conditions of their shelters or programs.

Participants desired opportunities to channel their anger into advocacy and organizing, whether at City Hall or Sacramento. They want to be part of the organizing and advocacy to end homelessness and to reduce the racism and disparities all around us all.

# **Tab 6**

## **HCH CCAB Solstice Event**



# 2018 Summer Solstice Celebration Celebrating the Strengths, Resilience and Successes of People Experiencing Homelessness

**Thursday June 21<sup>st</sup> 1-2PM**

**TRUST Health Center 386-14<sup>th</sup> St Oakland**

- Lunch
- Songs and Entertainment
- Hear from folks who have moved out of homelessness
- Honoring Heroes: Award to 4-5 local heroes and speeches
- Raffle

Sponsored by the Alameda County Health Care for the Homeless  
Consumer/Community Advisory Board, Lifelong Trust Health Center, County of  
Alameda Health Care for the Homeless Program

Info: 510-891-8950 or [www.achch.org](http://www.achch.org)

**Tab 7**

***Encampment Policy***

***Leadership letter***

## ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS COMMISSION

1404 Franklin Street, Suite 200  
Oakland, CA 94612  
TEL (510) 891-8950  
FAX (510) 832-2139  
[www.achch.org](http://www.achch.org)

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To: Alameda County Homeless Council and Alameda County Board of Supervisors:  
From: Alameda County Health Care for the Homeless Commission and Alameda County Health Care for the Homeless Consumer/Community Advisory Board  
RE: Homeless Encampment Health Leadership

April 20, 2018

Honorable Alameda County Supervisors and Department leads:

We send you this letter as colleagues governing Alameda County's \$16M [Health Care for the Homeless](#) health center program. We join you in common struggle -- in roles as health providers, community partners, and advocates -- to end homelessness and improve the health of people experiencing homelessness. We are encouraged by and paying attention to recent actions by the County of Alameda to prioritize solutions to the growing crisis of street homelessness.

The presence of thousands of fellow humans living on our streets without adequate hygiene, health and safety supports puts everyone at risk. All county residents are impacted.

Local government exists to provide for the safety, health and well-being of all residents – housed or otherwise. **We urge the County of Alameda to take stronger, more visible and direct leadership role in creating consistent appropriate responses to this disaster.**

Our County is uniquely positioned to take these four critical steps:

**1. Establish countywide standards and guidelines for homeless encampments.**

The County must create, support and enforce health and safety standards to protect both housed and unhoused community affected by street homelessness -- guiding when and how camps may be moved or shut down, health and safety standards for existing encampments, services are to be provided, and the continuum of resources from streets to camps to shelters to permanent housing. Clear procedures, [principles](#) and roles will balance public health and safety with the dignity and human rights of unhoused residents.

**2. Require and facilitate countywide multi-jurisdictional coordination and provision of essential health, hygiene and safety services.**

Throughout Alameda County, local cities and other entities must coordinate and collaborate in a meaningful way to ensure for the provision of street and encampment health care services to protect housed and unhoused residents. The County must take a lead role in assuring this.

The list below includes essential services corresponding to County and city departments. Under the direction of the County, these departments can effectively collaborate to ensure the ongoing provision of the essential health, hygiene and safety services to homeless encampments:

- Medical and behavioral health care services
- Case management & other support services
- Hygienic restrooms
- Potable water and washing/shower facilities
- Food storage & preparation safety
- Harm reduction and overdose prevention

- Access to safe storage for possessions and property
- Trash removal
- Environmental vermin/vector control
- Personal security and safety
- Care for pets and/or companion animals
- Biohazard/hazardous waste removal
- Governance, health standards and community relations
- Fire safety services and supplies

**3. Use a Countywide Emergency/Crisis approach to enable creative, local, community-involved responses to the crisis of street homelessness.**

This is an emergency – [State law AB932](#) allows codes and zoning requirements to be waived, and the County should take a lead role in removing roadblocks. We must work to encourage and enable innovative partners -- faith, community groups, businesses and others – to put their will and ideas to work.

**4. Dedicate an ongoing stream of funding to specifically address the health and hygiene impacts of street homelessness.**

The \$1.9M in 2017 County funds allocated to local jurisdictions is a step in the right direction, but this needs to be expanded and sustained, and focused directly on the immediate health, hygiene and safety needs of communities affected by the crisis of street homelessness.

There are many examples, from [Seattle King County](#) implemented the first two recommendations, to the vibrant local community responses shown by our [Interfaith Council of Alameda County](#), the State of Emergency being used in Santa Clara to create [Bridge Communities](#), the countywide [Hepatitis A collaboration](#) vaccinating hundreds of homeless persons, as well as the weekly encampment coordination meetings between City of Oakland and Alameda County, and local efforts in the unincorporated County.

**As County leaders, you must take strong leadership.** But you cannot solve the problem alone: Include us, your colleagues, service providers, people experiencing homelessness, health centers, housing providers, faith community, and activists. Continue to ask us for ideas, support and involvement. It will only be through dedicated partnership that we will resolve the crisis of street homelessness.

Sincerely,

Boona cheema, chair HCH  
Commission  
Lynette Lee  
Fr. Rigo Caloca-Rivas  
Michelle Schneiderman MD  
Elecia Garrett  
Sam Weeks DDS, Chair HCH CCAB\*,  
HCH Commission

Sabrina Fuentes\*  
Ronald "Guitar" Whitfield\*  
Mark Smith\*  
Denise Norman\*  
Jeannette Johnigan\*

Brenda Whitfield\*  
Kimberlee Burks\*  
April Anthony\*  
Bennie Whitfield\*  
Amelia Moe\*

Alameda County Health Care for the Homeless Commission  
Alameda County Health Care for the Homeless Consumer/Community Advisory Board\*

**Resources:**

National Health Care for the Homeless Council [Encampment Health Statement](#)

United States Interagency Council on Homelessness [Encampment Statement](#)

National Law Center on Homelessness and Poverty [Tent City USA](#)

[Encampment Principles and Practices](#)

Seattle King County [Policies and Standards on Encampments](#)

Alameda County Interfaith Council [Castro Valley / Union City Safe Parking](#)

Alameda County HCH program [StreetHealth Team](#)