## AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
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| A. CALL TO ORDER  
  1. Welcome & Introductions  
  2. Adopt agenda | Lynette Lee  
  vice-chair HCH Commission | 9:00 AM | 5 min |
| B. CLOSED SESSION  
  1. No Closed Session. | | | |
| C. PUBLIC COMMENT**  
  Persons wishing to address items on or off agenda | | 5 min | |
| D. CONSENT AGENDA  
  Review and Approve Minutes of 3/16/18 HCH Commission meeting | | TAB 1 | 5 min |
| E. HCH Program Director Report | Jeffrey Seal MD  
  HCH Interim Director | TAB 2 | 10 min |
| F. BOARD ORIENTATION  
  ACHCH health center Contract Overview | Lucy Kasdin, ACHCH Deputy Director | TAB 3 | 10 min |
| G. HCH Commission Candidates: Introductions, Discussion and Interviews | Lois Bailey Lindsey  
  Laura Guzman  
  Claudia Young | TAB 4 | 30 min |
| H. REGULAR AGENDA  
  1. Evaluation/Approval of New HCH Commission members  
     **Action Item: Review/Approve new HCH Commission Applicants**  
  2. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board  
  3. Board Executive Committee report  
  4. Board Street Health Committee  
     **Action Item: Review/Approve Encampment Policy Leadership letter drafted by HCH Street Health Committee**  
  5. Board Finance Committee | Lynette Lee  
  vice-chair HCH Commission  
  Sam Weeks, DDS  
  CCAB Board Chair  
  Lynette Lee, Chair Street Health Committee | TAB 5 | 10 min |
| I. OTHER ITEMS  
  1. HCH Commission Working Retreat Scheduling/Planning  
  2. Planning joint HCH Commission/CCAB meeting June 2018  
  3. Items for upcoming agendas  
  4. Housekeeping | Lynette Lee vice-chair HCH Commission  
  boona cheema, chair HCH Commission | | 15 min |
| J. ADJOURNMENT | | | 11:00 AM |

* Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting at (510) 667-4487 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: [http://www.achch.org/](http://www.achch.org/).
Tab 1:
Draft Minutes 3/16/2018
HCH Commission Meeting
**Alameda County Health Care for the Homeless Commission**  
Friday March 16, 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  
Lynette Lee  
Michelle Schneiderman MD  
Samuel Weeks DDS  
Elecia Garrett

**Absent:**  

**County Staff/Partners Present:**  
Fr. Rigo Caloca-Rivas  
Jeffrey Seal MD, HCH Interim Director/Medical Director  
David Modersbach HCH Grants Mgr  
Lucy Kasdin, AHS Deputy Director  
Heather MacDonald-Fine, Alameda Health System

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<th>Item</th>
<th>Discussion/recommendations</th>
<th>Action</th>
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| B. CALL TO ORDER  
3. Welcome & Introductions  
4. Adopt agenda | HCH Commission Chair boona cheema called the meeting to order at 9:05am  
Introductions  
Motion approved to adopt 3/16/2018 agenda | Motion: L.Lee second M.Schneiderman; Yea: unanimous |
| B. CLOSED SESSION  
2. 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 2/16/2018 Meeting | Reviewed minutes from 2/16/2018. Motion approved to adopt minutes. | Motion: boona cheema; second, L.Lee; Yea: unanimous |
| E. HCH DIRECTOR’S PROGRAM REPORT | Jeffrey Seal MD presented the HCH Director’s report.  
Still looking to set up a more structured, formal report, looking for feedback and direction from HCH Commissioners.  
HCH program offices at 1404 Franklin Street #200 were broken into and robbed in the night of 3/14/18. $7-8K in client gift cards, a safe, personal belongings, laptop computers and some PHI was stolen.  
Personnel updates: Jonathan Patterson has been offered the HCH Finance Manager (Program/Finance Specialist) position. He is currently working with the HCH program. Still working to fill Program Administrator I position, working to get new Community Health Worker positions added |  |
to expand outreach capacity. No updates on HCH Director position.
Program/Operations: UDS Report submitted. Current work around HCH contracts, RBA measures, and quality, moving to gain more oversight and control over contracts. Key contracts being revised right now are AHS, Lifelong TRUST Clinic, ROOTS Street Medicine and La Clinica Dental.
Michelle Schneidermann MD asked if the Commission could share discussion and input re: broad gaps in contracted care.
Hepatitis A: Still no outbreak in Alameda County. ACHCH and ACPHD have partnered very strongly in Hep A vaccinations, over 500 IZ’s given to highest risk homeless. HCH Program also building connections to Environmental Health around issues like scabies/bedbugs/vermin.
Michelle Schneidermann MD suggested that a key role for the Public Health Department is in public education around the public’s perception of risk and what can be done.
Alameda County Care Connect (AC3). New website: http://accareconnect.org/. HCH Program staff involved in work to ad consumer empowerment and Culturally Appropriate Practices to AC3 systems transformation work. Working with Bright Research Group to strengthen ability of HCH CCAB to evaluate and approve patient experience surveys and other policies and procedures.
Coordinated Entry System: Continuing to evolve 1700 folks have been assessed, with regional matching to resources and services, including Housing Navigators. 211 entry point still getting educationa dn feedback. Efforts to bring together law enforcement, cities to partner with providers around CES and homelessness. New State legislation re: Communication / Coordination for homeless providers.
Street Psychiatry Program – Up and running in pilot phase. New name for this project is HCH StreetHealth. Having our own eyes and feet on the ground can help us guide our Street medicine and outreach contractors better.
Lynette asked if HCH program accesses state MHSA funds for this. Currently HCH program uses MHSA for TRUST Clinic and related costs. Could try and expand that in the future. Michelle asked if StreetHealth will integrate into AC3 (looking for existing high-utilizers) or keep finding highly vulnerable “low-utilizers” and possibly enroll them into AC3 programs.
Please Contact Jeffrey if you want specific types of information provided regularly in Director’s Report in HCH Commission meetings.

F. BOARD ORIENTATION

ACHCH Health Center CY2017 HRSA Uniform Data System Report
Comments included: Does HCH Program set benchmarks, goals for types of
services to be provided, in numbers? Not yet, but this is something that the Commission might want to pay attention to.

Discussion of homeless patients assigned to clinics. How can homeless programs like HCH, ROOTS, even AHS, treat and be reimbursed for care of a patient who is assigned to a PC home that they are not using? Possible area of impact for HCH. Ie, a patient who is experiencing homelessness is assigned to a “homeless health center” and able to be served in portable setting.

HCH Commissioners interested in the high level of “Non-Clinical Support Staff” (34% of Health Center FTEs), and how to reduce numbers of bureaucrats/spending towards this.

### F. REGULAR AGENDA

5. **Change in HCH Commission Bylaws**

   **Action Item: Approve Change in HCH Commission Bylaws to expand number of HCH Commissioners**

   After briefing and discussion HCH Commission members unanimously voted to change by-laws to add language to expand possible size of HCH Commission from 9 members to “9 to 25” members. The number 25 was selected because it is the HRSA regulated maximum number of possible board members for a health center. A copy of the changed bylaws will be provided to the Clerk of the Board of Supervisors.

   **Upcoming CCAB Events:** ALAMEDA COUNTY ALL IN LISTENING SESSIONS: We have dates for 2 of the sessions One in Hayward 3/27, Castro Valley 3/25 and Oakland 3/28.

   **National Conference:** The CCAB will be sending 2 members to the conference Guitar Whitfield and Denise Norman.

   **National health Care Decisions Day April 19th 2018.** This is a fundraiser for medical respite and hospice/end of life services for people experiencing homelessness. Tickets are $50; David has a table that seats 10 for CCAB members and others that would be willing to talk about homelessness in that forum.

   **Strategic Planning /Needs Assessment:** Reviewed a draft of the proposed HCHP Patient Health CARE SURVEY. The draft was discussed by the group is still being edited and modified. CCAB members took copies of the draft home to work on and then send modifications or new questions to David for inclusion in the final draft.

   **The COMMISSION:** discussed the open seats on the Commission and a possible at large member from the CCAB (or not) to specifically address homeless issues.

   **Meet and Greet:** members of the street Psychiatry team came to the meeting, Aslinn Bird MD. (Psychiatrist) and Jared Bunde RN. Patient care coordinator. The CCAB members asked many question and were impressed with their responses and confidence.

   **Motion:** L. Lee; Second E. Garrett; Unanimous approval
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<th>7. Board Committee reports –</th>
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| CONSULTANTS: Brightstar Ohlsen, and her assistant gave a power point presentation on what they have done in the past. The CCAB proffered several projects they were interested in doing, patient Experience surveys for example, increasing personal capacity to name a few but decided to take some time to better define their goals and projects. The CCAB Executive committee is actively working on developing a plan incorporating the CCAB’s goals, proposed projects, and needs easements before we engage the consultants. Joint Meeting with the Commission: The CCAB suggested the meeting be held Friday June 15, 2018 downtown Oakland at 1404 Franklin street #200 at 9:00-11AM. HCH Commissioners supported that idea, and will discuss content at next meeting.  

**Executive Committee**—boona cheema and Lynette Lee; Executive Committee met with HCH staff and consultant Luella Penserga discussed recruitment of new Commissioners to fill vacant seats.  

**Housing As Health Care Committee** Did not meet last month. Will change their name to Encampment Health Committee to reflect this focus of their work.  

**Finance Committee:** Did not meet last month |
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<th>G. OTHER ITEMS</th>
<th>1. Recruitment of New HCH Commission members.</th>
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<td>David presented names and CV’s of three candidates (attached). Dr. Dayna Long was unable to attend HCH Commission meetings due to schedule so deferred. Some discussion of new members, basic questions to follow up with them are:</td>
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<td>- Are you sure you have the time to dedicate to attending meetings regularly and doing a few hours/month support work – double check to see if you’re not too extended to really support our effort.</td>
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<td>- Do you really understand that this is overseeing of a health center operation, in general it’s not about overall homeless &amp; housing policies.</td>
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<td>David will follow up with the three, and invite them to the 4/20 HCH Commission meeting for questions and possibly voting them in.</td>
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<td>2. 2018 National Health Care for the Homeless Conference</td>
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<td>3. Feb 22 Alameda County Homeless Summit</td>
<td>HCH Conference will be in Minneapolis May 15-18. Boona will not attend, Guitar and Denise from HCH CCAB, and HCH staffers.</td>
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<td>4. Items for upcoming agendas</td>
<td>Summit on Feb 22 sponsored by Keith Carson. Boona, Lucy, David attended, reported out. Good mobilization of homeless industry, cities and county play even some people experiencing homelessness, but needed more community members to give it more depth. Needed more focus on emergency solutions. But good work came out of hackathon workgroups. HCH Commission Encampment Health Committee will follow up with K.Carson’s office with recommendations. Please review website of Summit: <a href="http://www.acgov.org/hss2018/index.htm">http://www.acgov.org/hss2018/index.htm</a></td>
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<td>5. Housekeeping</td>
<td>Joint HCH CCAB/HCH Commission Meeting agenda.</td>
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<th>H. ADJOURNMENT</th>
<th>HCH Commission meeting adjourned at 11:00am</th>
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<td>Motion:</td>
<td>boona; secondL.Lee; Yea: unanimous</td>
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Tab 2: 
HCH Director’s Report
April 20th, 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 03/16/2018 HCH Commission meeting:

1. **Strategic Plan**

HCH continues to work on its strategic plan with consultant Daniel Cohen. He has largely completed interviews of county stakeholders and is actively engaged in a process with HCH leadership to analyze data and develop themes. Over the next couple of months, we are hopeful that this information, along with consumer input and a concurrent needs assessment, will be used to develop an implementation plan for the next several years. HCH is planning a presentation for the commission regarding current activity at next month’s commission meeting.

2. **Personnel**

A major part of the strategic plan will be to give significant consideration to the current organizational structure. Given this, we are currently weighing options for the director position which will consider programmatic need, county civil service options, and retention. HCH is pursuing expansion of community health worker positions to continue developing itself as a leader in medical outreach. We have completed some initial interviews and have struggled with discrepancies between qualities needed in the positions and qualities of applicants the county has recruited in its broad civil service process. We are actively working with HR to strategize around this, as well as to address ongoing chronic struggles.

3. **StreetHealth**

The HCH Street Psychiatry team has been rebranded as the StreetHealth team. They are actively engaged in their pilot period, which involves mental health and substance use treatment options to 3 encampments in Oakland. Over the next 1-2 weeks, they are hopeful to complete their first buprenorphine induction in an encampment, making them one of only a few services in the country providing this option. Thus far, they have been highly successful at engaging many individuals with significant challenges and linking them back to brick and mortar clinics. A significant period has passed since HCH has developed a new program where it
provides direct services itself instead of contracting. We are hopeful that it will be an exemplary program and allow for expansion of HCH services in the future. In this period, we have worked with AC3 to match some of the MHSA funds supporting this project to a PMPM street psychiatry care package that will help to track its success and possibly allow for expansion next year.

4. **Contracts**

We have worked to create a quick review of HCH contracts, which will be shared during this commission meeting. We have continued to actively restructure our contracts by incorporating results-based accountability to improve quality and clarify expectations. In addition, we have continued to have an increasingly active presence with our contractors to make the collaboration more nimble and successful than years past.

   a. **Trust Clinic**: HCH is actively engaged in contract renegotiations with LifeLong- the Trust Clinic contract runs through June. Major pushes for this contract period will be improvement of financial accounting, use of shared care plans to drive patient care, and improved tracking of several key social determinants of health, primarily housing and income status. In addition, we are moving this contract to RBA and are hopeful that the clarification on deliverables will continue to improve collaboration.

5. **Data**

As previously noted, HCH data operations continue to be based on an aging Microsoft Access database. HCH is completing significant work with HCSA IT to clean the database up as a transitional plan, as we have active services that are documented in the database (e.g. StreetHealth) and it is the main repository for our contractor UDS database. We continue to work with AC3 and its support of the implementation of HMIS countywide and are hopeful to piggyback on this in the future. In addition, we are currently pursuing analysis assistance with BHCS. Any implementation of HMIS will come with its own challenges, such as use of a separate confidentiality system and training requirements.

6. **Hepatitis A**

HCH has continued our close partnership with the Public Health Department to develop a robust Hepatitis A vaccination campaign. Since this initiative began in December 2017 over 600 homeless high risk individuals have been vaccinated. To support the sustainability of the effort, HCH and PHD have developed strong partnerships to continue this work in the community including health clinics, outreach and substance use providers.

7. **AC3 Consumer Group**

HCH leadership continues to be actively involved in the working group for the consumer related AC3 deliverable. We are hopeful to establish ourselves as a leader in consumer empowerment in medical services, and we intend to be some of the early testers of tools and activities that are
developed in the group. In addition, we are continuing to actively work with Bright Consulting to develop a plan to empower our Consumer Advisory Board.

8. **Operational Site Visit**

HCH has started significant preparation for its OSV, which will take place on August 14\(^{th}\)-16\(^{th}\).

9. **HCH National Conference**

Seven members of our HCH team will be present at the national conference in Minneapolis next month, and Lucy Kasdin and David Modersbach will be presenting.

10. **Robbery Update**

HCH is largely back in full swing after the robbery of our 2\(^{nd}\) floor in March.

Sincerely,

Jeffrey Seal, MD
Interim Director and Medical Director
Alameda County Health Care for the Homeless
Jeffrey.Seal@acgov.org
510-891-8920
Tab 3

Board Orientation:  HCH

Contracts Review
ACHCH Commission Meeting
ACHCH Contracts
April 20, 2018

Contracts Overview

- La Clinica de la Raza
- On Site Dental Care Foundation
- Tri–City Health Center
- Roots Community Health Center
- East Bay Community Recovery Project
- LifeLong Medical Care
- Fruitvale Optometry
La Clinica de la Raza

- **Scope of work:**
  - Provides comprehensive dental health care services, including full dentures, partial dentures, and crowns

**Successes**
- Strong partnership with HCH to develop homeless oriented services
- Implemented RBA

**Challenges/QI Initiatives**
- Length of time for initial appointment, completion rates
- Added drop-in appointments, increased access to 2 days per week

**Contract Period:** January – December 2018
**Funding Level:** $127,363 (annually)

On Site Dental Care Foundation

- **Scope of work:**
  - Provides mobile and comprehensive dental health care services, including specialty and prosthetic services including full dentures, partial dentures, bridges, and crowns

**Successes**
- Effective service delivery model (engagement, treatment completions)

**Challenges/QI Initiatives**
- Sustainability of model (cost, dental CM support)
- Denti-Cal revenue
- Access to outcome data

**Contract Period:** November 2014 – October 2018
**Funding Level:** $260,896 (annually)
**Tri-City Health Center**

- **Scope of work:**
  - Provides street medicine and outreach services 20 hours/week in Central and South Alameda County

  **Successes:**
  - Strong partnership with HCH to develop homeless oriented services
  - Collaboration with Abode, linkage to HRC’s, MH

  **Challenges/QI Initiatives:**
  - 61% only seen once
  - Limited success linking to medical homes and specialist
  - Transportation and geographic barriers
  - Relationship with HOPE Program

  **Contract Period:** October 2015 – September 2018
  **Funding Level:** $600,000 ($200,000 annually)

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**Roots Community Health Center**

- **Scope of work:**
  - Provides street medicine and outreach services 20 hours/week in Oakland
  - Operates a primary care stable site clinic in East Oakland

  **Successes:**
  - Community engagement/collaborations
  - Outreach and engagement with homeless individuals

  **Challenges/QI Initiatives:**
  - 62% of patients seen only once
  - Limited success connected to medical home
  - Coordination with generalized outreach and HRC’s
  - Geographic scope
  - Alignment with HCH goals

  **Contract Period:** May 2015 – April 2019
  **Funding Level:** $1,193,208
East Bay Community Recovery Project

- **Scope of work:**
  - Conducts harm-reduction, substance use outreach approximately 20 hours/week in Oakland
  - Connects clients to substance use and mental health facilities; primary health care services

**Successes**
- Partnerships and coordination with outreach providers across Oakland

**Challenges/QI Initiatives**
- Staff turnover
- Geographic area
- Current funding level

**Contract Period:** January 2017 – December 2019
**Funding Level:** $450,000 ($150,000 annually)

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LifeLong Medical Care

- **Scope of work:**
  - Integrated primary care and behavioral health services clinic in Downtown Oakland

**Successes**
- Homeless oriented care including daily drop-in appointments, welcoming lobby and support services
- Increased enrollment through expanded eligibility criteria
- Innovative pilot site for JGP high utilizers; Health Homes; Bup; BHCS step down care
- Leader in developing care model of high behavioral health needs individuals in a primary care setting

**Challenges/QI Initiatives**
- Financial sustainability
- Historical shifts in goal of project and political tensions

**Contract Period:** April 2015 – March 2018
**Funding Level:** $3.9 million over 3 years, including pass-through of rent and HCH staff costs. Funded by MHSA.
Fruitvale Optometry

Scope of work:
- Provides site based vision services include conducting routine eye exams, prescribing glasses/contacts, identifying related systemic conditions affecting the eye, and treating injuries and disorders of the visual system.

Successes
- Appointment access
- Location accessibility

Challenges/QI Initiatives
- Increased utilization, need for increased funding

Funding Level: $50,000 (fee for service)
Tab 4

HCH Commission Candidates
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*

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