<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. CALL TO ORDER</td>
<td>Mark Shotwell, ACHCH Director</td>
<td></td>
<td>9:00 AM</td>
</tr>
<tr>
<td>1. Welcome</td>
<td></td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td>2. Introductions</td>
<td></td>
<td></td>
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<tr>
<td>3. Adopt agenda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. CLOSED SESSION</td>
<td></td>
<td></td>
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<tr>
<td>1. No closed session this meeting</td>
<td></td>
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<tr>
<td>C. PUBLIC COMMENT**</td>
<td></td>
<td></td>
<td>5 min</td>
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<tr>
<td>Persons wishing to address items on or off agenda</td>
<td></td>
<td></td>
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<tr>
<td>D. CONSENT AGENDA</td>
<td></td>
<td>TAB 1</td>
<td>5 min</td>
</tr>
<tr>
<td>Review and Approve Minutes of 1/20/17 Meeting</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>E. BOARD ORIENTATION</td>
<td>David Modersbach, HCH Grants Mgr</td>
<td>TAB 2</td>
<td>10 min</td>
</tr>
<tr>
<td>F. REGULAR AGENDA</td>
<td>Sam Weeks, DDS, CCAB Board Chair</td>
<td>TAB 3</td>
<td>15 min</td>
</tr>
<tr>
<td>1. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board</td>
<td></td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td>2. Board Ad Hoc Committee reports - no reports this meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. HCH Program report : HCH Director’s Report</td>
<td>Mark Shotwell, ACHCH Director</td>
<td>TAB 4</td>
<td>5 min</td>
</tr>
<tr>
<td>4. HCH Scope of Services – Add Specialty Services</td>
<td>David Modersbach, HCH Grants Mgr</td>
<td>TAB 5</td>
<td>\5 min</td>
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<tr>
<td>Action Items: Approve submission of Changes in Scope:</td>
<td></td>
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<tr>
<td>Add Site: East Bay Community Recovery Project</td>
<td></td>
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<tr>
<td>5. HCH Grant Condition R.7.3 Governance</td>
<td>David Modersbach, HCH Grants Mgr</td>
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<tr>
<td>Action Items: Approve submission of Time-Phased Plan for recruitment of 9th HCH Commissioner</td>
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<tr>
<td>6. Encampments / unsheltered homeless in Alameda County – continued discussion</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>G. OTHER ITEMS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Items for upcoming agendas</td>
<td></td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td>2. HCH Commission Selection of Chair, Vice Chair and Executive Committee</td>
<td></td>
<td></td>
<td>30 min</td>
</tr>
<tr>
<td>3. Housekeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. ADJOURNMENT</td>
<td></td>
<td></td>
<td>11:00 AM</td>
</tr>
</tbody>
</table>

* 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/).
** 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 1/20/2017 HCH Commission Meeting
**Alameda County Health Care for the Homeless Commission**  
**Meeting Minutes**  
**Friday, January 20, 9:00am-11:00am**  
1000 San Leandro Blvd #325, San Leandro CA 94577

<table>
<thead>
<tr>
<th>HCH Commissioners Present</th>
<th>Absent:</th>
<th>County Staff/Partners Present:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Weeks</td>
<td>Adria Walker</td>
<td>David Modersbach, HCH Grant Manager</td>
</tr>
<tr>
<td>Gay McDaniel</td>
<td>Jean Prasher</td>
<td></td>
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<tr>
<td>Betty DeForest</td>
<td></td>
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<tr>
<td>boona Cheema</td>
<td></td>
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<tr>
<td>Lynette Lee</td>
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<tr>
<td>Fr. Rigo Caloca-Rivas</td>
<td></td>
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<tr>
<td>Mark Shotwell (Ex Officio)</td>
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<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion/Recommendation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALL TO ORDER</strong></td>
<td>• HCH Director Mark Shotwell called the meeting to order at 9:15am.</td>
<td>Motion: McDaniel, second Caloca-Rivas; Yea: unanimous</td>
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<tr>
<td></td>
<td>• <strong>Action Item: Approve Agenda</strong></td>
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<tr>
<td><strong>CLOSED SESSION</strong></td>
<td>There was no closed session this meeting.</td>
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<tr>
<td><strong>PUBLIC COMMENT</strong></td>
<td>Public comments were invited; none were made.</td>
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<tr>
<td><strong>CONSENT AGENDA</strong></td>
<td><strong>Action Item: Approve Minutes of 11/18/16 HCH Commission Meeting</strong></td>
<td>Motion: cheema, second Lee; Yea: unanimous</td>
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<tr>
<td></td>
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<td>Attachment Tab 1</td>
</tr>
<tr>
<td><strong>BOARD ORIENTATION</strong></td>
<td>Health Center Contracts Overview</td>
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<tr>
<td></td>
<td>Presenting for HCH Contracts Manager Harit Agroia who was out sick, David Modersbach</td>
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<tr>
<td></td>
<td>presented an overview of HCH health center contracts <em>(See Attachment Tab 2).</em></td>
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<td></td>
<td>HCH program outlined areas where HCH program staff will request input from Commission</td>
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<td></td>
<td>– budget development, in development of contract RFPs, in evaluation of contractor</td>
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<td>performance, renewal of contracts, and approval of new contracts.</td>
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<td></td>
<td>Commissioners discussed role of HCH Commission in contracts processes:</td>
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<tr>
<td></td>
<td>• Commissioner Caloca-Rivas spoke of “fine line” of Commission to balance HCH staff</td>
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<td>capabilities and reporting with not getting too involved beyond the appropriate.</td>
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<tr>
<td></td>
<td>• Commissioner Weeks spoke of the importance of Commission being involved in formation</td>
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<td></td>
<td>of RFP guidelines and supporting selection of RFP committee.</td>
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<tr>
<td></td>
<td>• Commissioner cheema spoke to the need for adequate refinement of RFP, and the role</td>
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<td></td>
<td>of the Commission to be well informed, form ad hoc committees or subcommittees to add</td>
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<tr>
<td></td>
<td>to staff expertise. Sometimes RFPs are written badly and you don’t get what you were</td>
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<tr>
<td></td>
<td>looking for.</td>
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<tr>
<td></td>
<td>• Commissioner DeForest said that the Commission will be</td>
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</tbody>
</table>

*Attachment Tab 2*
looking for staff to provide report on contract performance, especially for contracts to be renewed, example of a city planning commission.

- Commissioner McDaniel requested HCH staff to make reports on contracts including “why’s and how’s” of RFPs, summaries of contractor performances and staff recommendations as to next steps.
- HCH Commissioners agreed that they want appropriately-timed staff reports and recommendations. HCH staff will provide that, and develop timeline for contracts updates, performance and recommendations.
- HCH Director Shotwell said that in his monthly Director’s Report he will highlight a different contractor monthly.

**REGULAR AGENDA**

- **7. Consumer Input** - no item this meeting.
- **8. Board Ad Hoc Committee reports** - no reports this meeting.
- **9. HCH Director Report** - Mark Shotwell presented briefly. Discussion on HomeStretch process. HUD requires communities to first meet the needs of chronically homeless residents, then can move to other housing-related needs.
- **10. HCH Scope of Services – Add Specialty Services**: David Modersbach presented about the HCH Scope of Services provided, and asked Commission to approve the submission of five separate Changes In Scope requests to HRSA: Optometry, Ophthalmology, Orthopedics, Podiatry and Complementary and Alternative Medicine. Commission reviewed memo and approved submission of these CIS’s.  
  
  Motion: cheema; second, Caloca-Rivas; Yea: unanimous

**OTHER ITEMS**

- **1. Homeless Encampment Discussion**: Commissioners decided to move Encampments discussion to more time (45 min?) in next HCH Commission meeting. Requested staff and possibly providers to be on hand to support next discussion. Decided to focus on Oakland in next meeting and Berkeley and other areas not served by HCH program in future meetings.
- **2. Officer elections** – Commissioners agreed that the selection of Commission officers should occur with full participation of Commissioners and after ninth Commissioner has been appointed and with more time for Commissioners and staff to know one another. HCH Commissioners want to see all the Commissioners work together to do their work in selecting their leadership. HCH Staff is currently interviewing possible candidates for 9th seat, seeking Commissioner with hospital and health care system expertise.
- **3. HCH Commission discussion**: Commissioners discussed their goals for the work of the Commission.
  - Commissioner Caloca-Rivas said as a new Commission they are answering questions of what are we supposed to be
doing? What do we want to be focusing on?

Commissioner Caloca-Rivas asked HCH staffers Modersbach and Shotwell their perceptions of the Commissioners. Modersbach stated that he is impressed with the Commissioners, and supportive of both the Commission elevating the issues of homelessness on a countywide level and driving improvement of the HCH program.

- Commissioners agreed that they are eager to work on the county-level, addressing the Board of Supervisors and at other forums.
- Commissioner Lee said the Commissioners need some time to develop their stances on issues, by making more time for in-depth discussions, perhaps in committees or ad hoc meetings.
- Commissioner Cheema told of many ways that Commission can be present, be eyes and ears for Board of Supervisors, it won’t take deep thinking or specific policy formulations to present the Commission to the BOS.
- Commissioner Caloca-Rivas observed that five out of the eight Commissioners are working on the Point In Time Count, and could possibly present to the BOS following that, perhaps in coordination when results are published. The Commission could present to the BOS within the next couple months, and keep working on an ad hoc and subcommittee basis in issues like encampments, etc.
- HCH Director Shotwell described goals and values development for the HCH staff, and the links between staff and Commission.
- Commissioner Caloca-Rivas spoke of not just County-wide issues, but the larger political agenda in play in the US, and the Commission could do some thinking and work around the impact of the new Administration. A powerful role of the Commission can be to convene.

4. **Next HCH Commission meeting** - Friday, February 17, 2017 - 9:00am-11:00am, 1000 San Leandro Blvd #325, San Leandro CA 94577.

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**ADJOURNMENT**

Time: 11:00 a.m.

**Motion:** Lee; second, Caloca-Rivas; Yea: unanimous
Tab 2: Board Orientation: National Structure of HCH Programs
HCH Commission Board Orientation:

The HCH Program in a Federal / National Context

ACHCH Commission Meeting
Friday February 17, 2017

Federal Org Chart

Health and Human Services HHS

Health Resources Services Agency (HRSA)

Bureau of Primary Health Care (BPHC)

Health Center Program

Region IX

HRSA Project Officer Jennifer Clements

Health Center Grantee, Alameda County Health Care Services Agency

Some Other HHS Divisions:
- CDC
- CMS
- FDA
- HHS
- NIH
- SAMHSA

1500 Health Centers

225 Homeless Health Centers

25 Public Entity-based Homeless Health Centers
HRSA Budget

FY 2016 Funding: $10.5 Billion

- **Ryan White HIV/AIDS**
  $2.3 billion to support cities, states, and local community-based organizations to provide HIV care and treatment services.

- **Maternal & Child Health**
  $1.3 billion to improve the health of mothers, children, and their families.

- **Rural Health Policy**
  $150 million to promote better health care service in rural America.

- **Healthcare Systems**
  $150 million to provide oversight to organ and tissue donation and transplantation systems, poison control, vaccine injury compensation, and drug discount programs.

- **Primary Health Care**
  $5.1 billion for comprehensive primary health care services in medically underserved communities.

- **Health Workforce**
  $1.2 billion to educate, train, and connect health care professionals to communities in need.

- **Family Planning**
  $294 million to improve access to family planning and preventive services.

- **Program Management**
  $154 million to support program oversight and operations.

Primary Health Care

More than **24 MILLION PEOPLE** — 1 OUT OF EVERY 13 U.S. RESIDENTS — receive primary care services at HRSA-supported health centers

NEARLY 1,400 HRSA-supported health centers operate **MORE THAN 9,800** service sites nationwide

Increased service capacity through renovation or construction of facilities for **NEARLY 300** health centers
National Health Care for the Homeless Council

Statement of Principles and Mission

The National Health Care for the Homeless Council was founded on the principles that:

- homelessness is unacceptable;
- every person has the right to adequate food, housing, clothing, and health care;
- all people have the right to participate in the decisions affecting their lives;
- contemporary homelessness is the product of conscious social and economic policy decisions that have retreated from a commitment to ensuring basic life necessities for all people; and
- the struggle to end homelessness and alleviate its consequences takes many forms, including efforts to ensure adequate housing, health care, and access to meaningful work.

2017 National Health Care for the Homeless Conference & Policy Symposium

Registration is now open! HCH2017 promises to be our largest Conference ever, with up to 1,300 attendees expected. Save your seat now, register today to learn and network with colleagues from across the U.S. from June 21-24 in Washington, D.C.

Working Together for Access
June 21-24, 2017
Grand Hyatt Washington
1000 H Street NW
Washington, DC 20001
Questions?
Tab 3:
HCH Program Director’s Report
DATE: 2/17/17

TO: Alameda County Health Care for the Homeless Commission Meeting

FROM: Mark Shotwell, Director
ACHCH Program

SUBJECT: Director’s Report

1) **Vision Development for Health Care for the Homeless**
   In this month’s HCH All Staff Meeting, we started our meeting with a Potluck and then I facilitated a focused conversation with all staff regarding our current HCH Core Work and Values Statement *(Attached)*. We will continue this dialogue in our March All Staff Meeting. This process serves two purposes: 1) To ensure staff orientation to the values, and 2) To identify and potential recommendations for changes or additions to our Core Work and Values Statement (The HCH Commission would review these recommendations for possible adoption).

2) **Contractor Focus: Roots Community Health Center--Street Team Outreach Medical Program (STOMP)**
   Oakland STOMP delivers outreach, benefits enrollment, linkage to services and treatment, and medical care to homeless individuals throughout the city of Oakland. Oakland STOMP truly meets the people “where they’re at” – both physically, and in terms of their readiness to engage in their own health and well-being. By building long-term relationships and reducing harm, they are able to reach those members of our community who have been marginalized from traditional healthcare, while improving the health of our community overall. The STOMP Mobile Clinic goes to Downtown Oakland on Tuesdays, West Oakland on Wednesdays, and East Oakland on Thursdays.

   *See attachment for Quarterly Performance Data for ROOTS*

3) **Update on Social Security Advocacy Project**
   As I reported last month, The HCH funded Trust Health Center, had been chosen by the Rockville Institute Westat IPS Center as a potential site for a Social Security Study. The goal of the study is to engage SSI applicants who have been denied benefits with Individual Supported Employment services (IPS) to see if it deters them from further pursuit of SSI.

   Unfortunately, after further communication with Westat Center, it was determined that the Study could not be done at the Trust Health Center due to the study including participants that do not meet some of the eligibility criteria for Trust (HRSA Homeless).

   Alameda County Vocational Program and Bay Area Community Services are still being considered for potential Participation.
Our Vision:

In a socially just society, all persons have access to quality health care and housing. We believe the problems of homelessness and health disparities can be solved.

Our Mission:

The mission of Alameda County Health Care for the Homeless Program is to improve the health of persons in Alameda County who are homeless or at risk of homelessness.

CORE WORK AND VALUES

We place the needs and strengths of homeless patients and clients at the center of our work. Our core work is to:

1. Provide patient-centered care: Provide accessible, harm reduction-based services to our clients.
2. Provide quality health care: Ensure the highest standard of care for our clients, utilizing best practices, quality assurance and quality improvement.
3. Provide clients with access to the resources they need: Develop and link clients to the resources they need to improve their health and lift them out of homelessness.
4. Build healthy communities: Reduce health disparities and promote social justice through advocacy, community organizing, and public health work.

The work we do with homeless persons is guided by the following core values:

- We treat the client in an empathetic, non-judgmental manner, respecting dignity and providing a safe environment for clients.
- We provide care and services in a culturally and linguistically appropriate manner.
- We strive to deliver the highest quality services and resources possible. There should be no closed doors and only appropriate referrals.
- We work as a team: with clients, with one another and with the community in an inclusive, participatory, respectful manner to provide the best care for our patient population.
Operations Summary Report

Roots Community Health Center – Oakland STOMP

Performance Summary


Summary this quarter:

The Oakland STOMP team continues to provide clinical service delivery to its targeted populations while identifying and establishing relationships with clients within areas where there is an imminent need for services. Hepatitis C is now being treated at needle exchange sites and Point-of-Care ultrasound is now being used for medical imaging services in the field. The walk-in clinic has been established for homeless clients, where the PCP has designated hours reserved to continue to see clients within the clinic. Overall, service delivery and productivity has been steady this quarter.

Street Outreach & Integrated Health Care Services

<table>
<thead>
<tr>
<th>Unduplicated patients served</th>
<th>Face to face encounters with primary care clinician encountered</th>
<th>Specialty referrals placed</th>
</tr>
</thead>
</table>

*Ramping up

Health Navigation and Referral Linkages

<table>
<thead>
<tr>
<th>Homeless Alameda County residents are made aware of services &amp; screened for eligibility</th>
<th>Basic needs supplies are distributed as requested</th>
<th>Enabling Encounters</th>
</tr>
</thead>
</table>

*Slightly less productive this quarter compared to last quarter in raising awareness for services, screening for eligibility & distributing supplies; steady overall.

*Ramping up
Tab 4:

Action Item: Approve Submission of HRSA Change in Scope
DATE: February 17, 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 SUBMISSION OF CHANGES IN SCOPE TO HRSA FOR HCH PROGRAM

Under Article II of the Bylaws of the Alameda County Health Care for the Homeless Commission, the HCH Commission has the authority and responsibility to set the scope, method and availability of services to be delivered by the HCH Program. This responsibility is also represented by HRSA Program Requirements #16 – Scope of Project.

The HCH Program has carried out a contract with subcontractor East Bay Community Recovery Project (EBCRP) for the provision of drug and alcohol recovery services for persons experiencing homelessness. These services will be carried out both in a portable (outreach) setting and based in EBCRP’s offices at 2577 San Pablo Avenue in Oakland.

<table>
<thead>
<tr>
<th>Additional/Specialty Service to add to HCH Scope of Services:</th>
<th>Location of new Services:</th>
<th>Method of provision</th>
<th>Number of Health Center Patients treated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No additional service</td>
<td>2577 San Pablo Avenue, Oakland 94612</td>
<td>Substance use recovery services, outreach, engagement and treatment services at EBCRP Holistic Health Program</td>
<td>At least 210 patients per year.</td>
</tr>
</tbody>
</table>

In order to submit the above identified Change of Scope requests, HCH Commission action is required. This request is for the HCH Commission to approve the submission of Changes in Scope requests to HRSA for the above identified Scope of Services Site addition.

Approval of this item requires a majority vote of the HCH Commissioners present.

Attachments:
ACHCH Form 5B
Tab 5:
Action Item: Approve submission of Board-Approved Time-Phased Correction Plan for Governance Condition R.7.3
DATE: February 17, 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 HRSA-MANDATED TIMELINE FOR MEETING GOVERNANCE CONDITION R.7.3.

Under Article II of the Bylaws of the Alameda County Health Care for the Homeless Commission, the HCH Commission has the authority and responsibility to approve a time-phased plan to come into compliance with grant conditions imposed on the health center by HRSA.

Alameda County needs to recruit at least one more member to the HCH Commission to meet the minimum member size of 9. Alameda County must submit documentation verifying the consumer advisory’s board recruitment and approval of at least 1 more member. Alameda County must also submit a copy of their co-applicant agreement and bylaws which outline the criteria for becoming a board member, duties and responsibilities, and term limit.

<table>
<thead>
<tr>
<th>Time-Phased Plan for HCH Compliance with HRSA Grant Condition R.7.3 Board Composition</th>
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<tbody>
<tr>
<td>1/5/2017: Re-establishment of recruitment campaign for HCH Commissioner Seat #9</td>
</tr>
<tr>
<td>2/17/17: Approval of Compliance Plan by HCH Commission</td>
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<tr>
<td>2/24/17: Communication between HCSA Director Rebecca Gebhart and AHS Board of Trustees, Alameda County Board of Supervisors to continue search for candidates.</td>
</tr>
<tr>
<td>3/5/17: HRSA approval of Compliance Plan, initiation of 120 day implementation phase.</td>
</tr>
<tr>
<td>3/7/17-4/10/17: Recruitment, vetting and interviews of potential board members</td>
</tr>
<tr>
<td>4/11/17: Selection of HCH Commissioner candidate</td>
</tr>
<tr>
<td>4/25/17: Approval of HCH Commissioner by Alameda County Board of Supervisors</td>
</tr>
<tr>
<td>5/20/2017: First HCH Commission meeting with 9th HCH Commissioner.</td>
</tr>
<tr>
<td>7/5/17: Deadline for submission of documentation for Condition R.7.3 to HRSA</td>
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</tbody>
</table>

In order to submit the above Time-Phased Compliance Plan, HCH Commission action is required. This request is for the HCH Commission to approve the submission of the above Time Phased Compliance Plan to HRSA.

Approval of this item requires a majority vote of the HCH Commissioners present.

Attachments:
HCH Commission Recruitment Documents
Alameda County Health Care for the Homeless Commission
Call for Board Member

Alameda County Health Care for the Homeless (HCH) is a HRSA-funded health center, housed within
the Alameda County Health Care Services Agency. The mission of HCH is to improve the health of
persons experiencing homelessness in Alameda County. In 2015, HCH provided health care (primary
care, urgent care, street medicine, mental health, oral health, recovery, outreach, and case
management services) to over 9,000 county residents experiencing homelessness. HCH services are
provided under contracts with community providers and at five Alameda Health System primary care
clinics, with some clinical, outreach and enabling services provided directly by HCH staff.

In 2016, the County of Alameda established the Alameda County Health Care for the Homeless
Commission to meet federal requirements for governance and oversight of HCH health center
operations. This Commission works in conjunction with County and Alameda Health System leadership
to guide HCH operations, providing direction and oversight of strategic planning, budgeting, operations,
and quality of the HCH homeless health center.

The HCH Commission is currently seeking one qualified community member to serve on this nine-
member Commission. This specific Commission seat is earmarked towards a Commissioner who brings
skills, experience and subject matter expertise in the field of health care/hospital systems and
homelessness.

Nominees should be systems thinkers who can work collaboratively, using their energy, skills and
dedication to help sustain an operationally and fiscally strong HCH health center in support of HCH’s
mission of improving the health of persons experiencing homelessness in Alameda County. The HCH
Commission is geographically and demographically representative, with a diversity of skills and
experience, including expertise in health care, law, social services, finance, and faith communities, as
well as persons who have experienced homelessness.

The Alameda County Health Care for the Homeless Commission is chartered by an ordinance of the
Alameda County Board of Supervisors. The HCH Commission website is
http://www.achch.org/commission.html, and contains information about the Commission and the HCH
program. If you are interested in being considered for the Commission or have any questions, please
contact the Alameda County Health Care for the Homeless Program:

Mark Shotwell or David Modersbach
510-891-8902 510-667-4487
Mark.Shotwell@acgov.org David.modersbach@acgov.org
**PLEASE NOTE:**
For the initial 90 day condition, the grantee may submit a time-phased plan to come into compliance (except for the scope condition). Once that is approved, the grantee will receive a new condition granting them a 120 day implementation phase. The information in the 3rd column is to completely clear the condition, which can be done in the initial phase (no 120 day condition will be applied) or in the implementation phase.

**Please also Note:**
For any documents that need to be Board approved, the grantee may either have a Board member’s signature on the document or may submit Board meeting minutes in which the Board approved the document.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Reason Placed</th>
<th>Documents Needed for Submission</th>
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| **R.6.2 Maintaining Accurate Scope of Project – 90 day** | Alameda County’s Form 5A is not up to date. The following services that are being offered but are not in their scope of project (Form 5A).  
- Optometry  
- Ophthalmology  
- Cardiology  
- Podiatry  
- CAM  
- Orthopedic surgery | Alameda County needs to submit CISs to add the following services that are being offered but are not in their scope of project (Form 5A).  
- Optometry  
- Ophthalmology  
- Cardiology  
- Podiatry  
- CAM  
- Orthopedic surgery |
| **R.7.3 Board Composition – 90 day** | Alameda County currently has a governance waiver for the governing of their board. Alameda is not compliant with board composition because their consumer advisory board only has 8 members per their Form 6A and are required to have at least 9 members. | Alameda County needs to recruit at least one more member to their consumer advisory board to meet the minimum member size of 9. Alameda County must submit documentation verifying the consumer advisory’s board recruitment and approval of at least 1 more member. Alameda County must also submit a copy of their co-applicant agreement and bylaws which outline the criteria for becoming a board member, duties and responsibilities, and term limit. |