<table>
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<tr>
<th>Item</th>
<th>Discussion/Recommendation</th>
<th>Action</th>
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<td>A. CALL TO ORDER</td>
<td>Mark Shotwell, ACHCH Director called the meeting to order at 9:10am. Introductions</td>
<td><strong>Motion:</strong> b.cheema; second Caloca-Rivas, Yea: unanimous</td>
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| B. CLOSED SESSION | No closed session this meeting  
*Announcement that there will be closed session scheduled in 6/16/17 HCH Commission meeting for HCH Director Evaluation.* | |
| C. PUBLIC COMMENT | Public comments were invited; none were made | |
| D. CONSENT AGENDA | Review and Approve Minutes of 3/17/17 Meeting | **Motion:** b.cheema; second Caloca-Rivas, Yea: unanimous |
| E. BOARD ORIENTATION | **Review of Board Orientation topics to present:**  
David presented a review of HCH Commission Board Orientation topics which have been a part of every HCH Commission meeting. These resources are compiled at [http://www.achch.org/orientation-materials.html](http://www.achch.org/orientation-materials.html). Commissioners reviewed orientation/training process, are happy with content so far and would like more:  
- Orientation & opportunities to visit clinical services/sites  
- Specific responsibilities of HCH Commission (approval of grants, budget, staffing, policies and procedures, Committees)  
- How HCH Commission articulates with CCAB, BOS, AHS BOT and other entities  
- Brown Act ongoing review and Q&A’s  

Commission will review Commission Bylaws and Co-Applicant Agreement re: responsibilities at next meeting. | **TAB 2** |

**Evaluation of HCH Director**  
The HCH Commission must approve hiring, dismissal and evaluation of HCH Director (Mark Shotwell). Mark is nearing 6 months in his role and David provided orientation to evaluation process. HCH staff is working with County HR to make sure this unique process works right. HCH Commission is required to provide annual evaluation. Additionally Commission must authorize any changes in HRSA’s designated Program Director status, currently is David and **TAB 3**
Commissioners discussed & agreed that since they and Mark are new, and haven’t had sufficient time and experience to evaluate Mark, they will carry out the following:

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

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

### F. REGULAR AGENDA

#### 1. Board Ad Hoc Committee reports - no reports this meeting

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

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

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

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

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

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

Mark Shotwell suggested CCAB/Commission discussion in July?

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

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

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

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

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

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

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

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

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

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

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

Sam requested report from Mark re: Allen Temple presentation.

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

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

G. OTHER ITEMS

HCH Commission Selection of Chair, Vice Chair and Executive Committee

Adria: Recommend review of HCH Commission Bylaws and founding documents at next meeting.

Sam: Recommend waiting till we get all 9, or at least 8 members before development of Executive Committee. General consensus of commissioners to this recommendation.

Motion:
Boona: Moved that HCH Commission officers should be selected at July 21 HCH Commission meeting.

**Recruitment for HCH Commission seats**

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

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

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

**9th Seat (AHS/Hospital Expertise)**

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

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

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

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

**Next HCH Commission Meeting:**

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

Adjourned 11:00pm

**Motion:**

Caloca-Rivas second
McDaniel: Yea: unanimous

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* 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 2:
HCH Commission Board
Orientation
HCH Commission Orientation Materials 2016-2017

All materials are available at:

http://www.achch.org/orientation-materials.html

1. Review of Orientation Subjects
2. What Other Subjects for Learning?

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
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<tbody>
<tr>
<td>September 2016</td>
<td>HCH Commission Health Center Overview</td>
</tr>
<tr>
<td>October 2016</td>
<td>HCH Program Overview</td>
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<tr>
<td>November 2016</td>
<td>Brown Act Training, HRSA Health Center Orientation</td>
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<td>December 2016</td>
<td>ACHCH Budget Orientation</td>
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<td>January 2017</td>
<td>Health Center Contracts Orientation</td>
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<td>February 2017</td>
<td>N/A</td>
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<td>March 2017</td>
<td>Health Center Federal Context Orientation</td>
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<td>April 2017</td>
<td>HCH Quality Program Orientation</td>
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<td>May 2017</td>
<td>Commission Responsibilities: Evaluation of Director</td>
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<td>June 2017</td>
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<td>July 2017</td>
<td><em>Budget Period Renewal and Services Area Competition Orientation</em></td>
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<tr>
<td>August 2017</td>
<td><em>Program Data and Reporting Requirements Orientation</em></td>
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<td>September 2017</td>
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<td>October 2017</td>
<td><em>Orientation: The HRSA Operational Site Visit</em></td>
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<tr>
<td>November 2017</td>
<td><em>HCH Orientation: Needs Assessment</em></td>
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<td>December 2017</td>
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Tab 3:
HCH Program Director Evaluation
HCH Director Performance Evaluation 5/19/2017

1. Review Ordinance/Co-Applicant/Bylaw Language
2. Review HCH Director Job Description & County Performance Evaluation Template
3. Discuss/Develop structure of HCH Director Evaluation Process
4. HCH Director Evaluation Criteria
5. Approval of ACHCH request to HRSA to change Project Director
6. What Resources do you need

HCH Commission Ordinance:

2.124.120 Powers and Duties of the Commission.

Subject to 2.124.050 regarding the Limitation of Powers, the duties of the Commission shall be limited to the HRSA Scope of Project as follows:

- Approving applications related to the HRSA Scope of Project, including grants and designation applications and other HRSA requests regarding scope of project.
- Approving the annual HRSA Scope of Project budget and audit within appropriations made available by the board of supervisors and/or the BOT.
- Long-term strategic planning, which would include regular updating of the HRSA Scope of Project’s mission, goals, and plans, as appropriate.
- Evaluating the HRSA Scope of Project’s progress in meeting its annual and long-term goals.
- Determining the hours during which services are provided at HRSA Scope of Project’s sites that are appropriate and responsive to the community’s needs.
- Approving the selection and dismissal of, and evaluating the performance of the HCH Director, subject to those limitations on the Commission’s authority over labor relations and conditions of employment described in the Commission’s enabling ordinance, which are strictly reserved to the BOT and BOS.
- Establishing general policies and procedures for the HRSA Scope of Project that are consistent with the HRSA Scope of Project and applicable grants management requirements.
- Developing Commission member selection and dismissal procedures.
- Developing quality improvement system.
- Developing fee schedules for services, including the sliding fee discount program.

HCSA/AHS/HCH Commission Co-Applicant Agreement:

c) Personnel. Subject to the limitations outlined in this Agreement regarding the selection, evaluation, approval, and removal of the HCH Program Director, the parties agree that the BOS and AHS shall have sole authority over employment matters and development and approval of personnel policies and procedures, including but not limited to: employing or
contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project, including agreements for the provision of staff who are employees of other agencies or organizations; day-to-day management and supervision; evaluation; discipline and dismissal; salary and benefit scales; grievance procedures and processes; equal employment opportunity practices; collective bargaining agreements; and labor disputes and other labor and human resources issues. The HCH Program Director shall be an employee of HCSA. Removal of the HCH Program Director by the Commission pursuant to this Agreement shall not constitute a termination of employment nor impede the HCH Program Director’s employment relationship with HCSA or Alameda County.
Tab 4:
Encampments and Unsheltered Homeless in Alameda County – Letters
From: boona cheema [mailto:boonache@aol.com]
Sent: Tuesday, May 09, 2017 6:18 PM
To: Carson, Keith, Supv BOS Dist 5 <kcarson@acgov.org>; jarreguin@ci.berkeley.ca.us; wchan@acgov.org; wchan@co.alameda.ca.us; nmiley@acgov.org; shaggerty@co.alameda.ca.us; nmiley@co.alameda.ca.us; jarreguin@ci.berkeley.ca.us; rvalle@co.alameda.ca.us
Cc: shahn@ci.berkeley.ca.us; kworthington@cityofberkeley.info; ldroste@CityofBerkeley.info; swengraf@cityofberkeley.info; kate@kateharrisonconsulting.com; cdavila@cityofberkeley.info; pbuddenhagen@ci.berkeley.ca.us; lgardner@co.alameda.ca.us; bbartlett@ci.berkeley.ca.us

Subject: not expediency...thought fullness..govt policy has hurt the homeless in the past lets not do more of the same

i would have liked to be at the meeting tomorrow afternoon but as i am not a "government official" ive been asked to stay away... and my turn will come to give feedback ...but my concern is with elected's and government because you have the power and the purse strings

after that everything else usually gets placated with money unless we have leadership in cbo's, clergy, our educational institutions, our business community, our housed community and others who are part of civil society and that this leadership organises itself in new ways of cooperation..non NIMBY

this time it will take "all boots on the ground"....this is the human earthquake folks and the response of elected's and our department heads from public health to public protection will have to act differently

often you are driven by the purse strings ...its your job to find new revenue...a tax perhaps..please do not cut peter to pay paul..that does not work and never has

i am most concerned about the role of the elected's and government (local,state and federal) in not understanding that THIS IS AN EMERGENCY... san jose did, acted upon it, are finding land and resources and are ahead of us

i know homeless people really well from newborns to those who have died from HIV, suicide, substance abuse, cancer......identified their bodies and held them close

2 young women with severe and persistent mental illness and risk of homelessness have shared my home with me from 2013 to 2016...so i know the police response, the ambulances and when available mental health crisis response...i feel this stuff at a very deep and committed to saving lives perspective

PLEASE LETS RESOURCE WHAT IS BROKEN BEFORE SOME SHINY NEW ( well nothing is really new response)..build capacity
i know the needs of our homeless citizens, their dreams, their challenges and hopes for empowerment, voice, housing, work and wellness. Their spirit right now is weak and broken. People are giving up.

The crisis of homelessness has been with us for 50 years. It has changed. The faces have changed, the age has changed, the illnesses have gotten worse and the housing crisis has driven my children born, raised and schooled in Berkeley out of Berkeley...so you know that if our homeless folks find housing in Fairfield...they are not of our or their community anymore...they have left behind the few supports they have.

I run into teenagers and college age kids who were in homeless services as children and while some are thriving most are mentally ill, drug addicted and have fallen out of school.

We had a seven generations perspective in the 70's now replaced with rationed housing and care...yes we have many names for this "wrap around care" centralized intake, systems, .....but what we need is a SAFETYNET for every homeless person and their child, for our elders and our precious human beings who live in our communities.

I sit here remembering ESN and the Oakland and Berkeley Homeless Coalitions and the trips to jail and taking over buildings......keeping the RED cross monies to rehab our lost SRO's.

Then HUD with its well thought out but now outdated continuum of care...remember we were supposed to get rid of shelters......well here we are because we didn't build the housing so now our CBO's follow the money even at the risk of leaving so many behind and sucking the "organised voice" out of us because it's been figured out by HUD or the State or someone else.

WELL TOMORROW ITS FOR YOU TO FIGURE IT OUT!

Unfortunately our current system continues to be adult focused and perpetuates generational homelessness....because I've lived this long I see it, I see them on our streets, in our programs and I see their mothers still addicted and without mental health care.

You as elected officials and the heads of your departments at city and county levels have a huge decisions to make and hopefully you will take bold steps and not be limited by federal mandates.

Adding money to existing contracts is not always smart because the population is now living in encampments and vehicles and we do not have the best strategies in place to serve all encampment and vehicular residents...we still have a ways to go to support their
shelter and transitional and supportive housing experiences.. except for health care for the homeless and their strategy to take health care to where the folks are the rest of the system wants people to come to them....in a 10 to 5 system

the system and its workers are exhausted and many suffer from vicarious trauma as so many cbo's hired from the homeless population and as part of MHSA we hired many consumers but have not excelled at healing them and paying close attention to their needs and their power to inform us

now that i've spoken from my heart here is my brainstuff

1. Go right to solutions..CREATE NEW FUNDING SOURCES
   no task forces....no 5 year plans we have at least 20 feet of them.. no inter departmental inter city planning bodies...ACTION
2) we know what we need....shelter from the storm.. buy buildings, rehab as quickly as possible....get people out of the rain
2. create strong encampments so they dont keep burning down or raided
3. A well thought out response to opioid and amphetamine
4. Identify land as quickly as possible to create tiny home communities....Berkeley says it has no land..but if this is a regional issue freemont, hayward, san leandro, albany and other cities do...REGIONAL SOLUTIONS CORRECT?
5. Ask each place of worship to house one tiny home
6. save our children...bring in the children’s experts
7. Make one huge list of the 1% or more like the top 10% in alameda County and create a NON ELECTION year to raise funds....just in Berkeley we spent easily $250,000 or more in our last election?

Stay strong and compassionate.......act like the decisions you make tomorrow could put alameda county on the map

thanks for the listen

boona cheema
www.boonachepresents.com
510-883-4082
Ron Anderson  
2017 Foothill Blvd, Apt. 503  
Oakland CA 94606

Healthcare for the Homeless  
Community Consumer Advisory Board (CCAB)  
1404 Franklin Street, Suite 200  
Oakland CA 94612

Dear CCAB Members,

This correspondence’s intention is to give you an inside perspective from the people in the midst of that living nightmare of homelessness. My name is Ron Anderson and I qualify myself to speak on this crisis by being homeless for four hard years on the streets of Oakland.

I overcame homelessness from what St. Mary’s Center had to offer through their winter shelter, their transitional house and other programs within the center. I now have a one bedroom apartment in Oakland and I am active in their Hope and Justice program as a Senior Advocate.

On March 5th, I spent the night at the encampment near West Grand, not to tell them what they needed to do to change or what they needed to correct but to offer encouragement and let them know that anyone can overcome homelessness. We sat on milk crates on a cold March night, we ate sandwiches while I listened as they talked about their fears, despairs and why help takes so long to reach them.

The following is what was told to me in their voices. I have used “I” statements instead of their names.

This is what we deal with while living on the streets under the underpass by the Greyhound station in West Oakland.

A. Police come down here for warrant checks because they know they have given out citations for “indecent exposure” because we have no restrooms. The citations have turned into warrants because they know I am not going to court dirty and smelly, it is their way to get rid of us, slowly but surely.

B. The city is reluctant to bring in portable toilets down here. Public restrooms are a thing of the past and once the drop in center closes there is nowhere to go to use the restroom.

C. Shelters are few in Oakland and I don’t have $5 a night to stay in one, to sleep on a mat then get put out at 5:00 am to panhandle for another night. I rather sleep on the streets and spend that money on food.

D. I tried to get into that drug program near Chinatown, the next day they woke me up to take my weary body to their dock to load and unload trucks for eight hours, I just could not do it.

E. I was in the Social Services office no more than a few minutes before the Deputy escorted me out saying they got a complaint about my foul smell. I know people break wind in there and they don’t get put out.

F. I can’t get a free cell phone because I don’t have ID, so I go to the shelter to use their phone but the bulletin board information is out dated and the phone numbers are out of service.
G. I go to the drop-in center to shower just to put back on the same clothes I been wearing for weeks, which is better than putting on second hand clothes, cause I saw bed bugs on them.

H. We call the old people, “auntie” and “uncle”. I try to look out for them but they still get jacked for the food they leave in their tents either by the rats or someone else.

I. I feel we are looked at like we are a contagious disease, the way they look at me, makes me ashamed to enter a public office.

In closing, I, Ron Anderson would like to say we are a long way from that so-called light at the end of the tunnel. When you are out on the streets, hope is out of reach. I respectfully, recommend that city officials meet them half way and come down to the encampment and show that they want to help. People need a free shelter that is not tied to work requirements but tied to personal goals and where they could rest and stay longer than a day or a week. This will give us time to clear our heads, rest, talk to a case worker and help heal from the stuff we have buried inside, so we can release it and get a new outlook and hopefully a better life.

Sincerely,

Ron Anderson

and the voices your heard
510 776-5562
Ronaldanderson146@gmail.com