



**Health Care for the Homeless**  
 1404 Franklin Street, Suite 300  
 Oakland, CA 94612  
 TEL (510) 891-8950  
 FAX (510) 832-2139  
[www.achch.org](http://www.achch.org)

**Alameda County Health Care for the Homeless  
 Commission Meeting  
 1000 San Leandro Blvd, Conf Rm 325, San Leandro  
 Friday, April 17, 2026; 9:00am-11:00 am**

**Agenda**

<b>Commissioner</b>	<b>P</b>	<b>A</b>	<b>Commissioner</b>	<b>P</b>	<b>A</b>
Lois Bailey Lindsey - Secretary			Sonia Reed		
Chantel Carter			Josh Rowan		
Gloria Cox-Crowell - Vice Chair			Michelle Schneidermann, MD		
Sabrina Fuentes			Marcie Soslau Johnson		
Laura Guzmán, JD - Chair			Maximilian Thomas		
Lynette Lee			Josh Thurman		
Christine Ma, MD			Samuel Weeks, DDS		
Jaquita Marengo-Angelino					

<b>Item</b>	<b>Presenter</b>	<b>Attachment</b>	<b>Time</b>
A. CALL TO ORDER: <ul style="list-style-type: none"> <li>• Roll Call</li> <li>• Adopt agenda</li> </ul>	Laura Guzmán, JD - Chair ACHCH Commissioner		9:00 am (5 min)
B. PUBLIC COMMENT  People wishing to address items on or off agenda	Laura Guzmán, JD - Chair ACHCH Commissioner		9:05 am (5 min)
C. CLOSED SESSION <ul style="list-style-type: none"> <li>• No closed session</li> </ul>			
D. COMMISSION CONSENT ITEM 1. Approval of Commission Minutes March 20, 2026	Laura Guzmán, JD - Chair ACHCH Commissioner	<b>Attachment</b>	9:10 am (5 min)
E. DIRECTOR'S REPORT and MEDICAL REPORT	Luella Penserga, ACHCH Director	<b>Attachment</b>  <b>Attachment</b>	9:15 am (15 min)

<p>F. PRESENTATIONS-</p> <p>1. Overview-Preliminary 2025 UDS Report</p>	<p>David Modersbach, ACHCH Grants Manager</p>	<p><b>Attachment</b></p>	<p>9:30 am (15 min)</p>
<p>G. SUBRECIPIENT REPORT – ALAMEDA HEALTH SYSTEM</p>	<p>Damon Francis, MD Alameda Health System Heather MacDonald-Fine, MHA</p>	<p><b>Attachment</b></p>	<p>9:45 am (15 min)</p>
<p>H. COMMISSION ACTION ITEMS</p> <ul style="list-style-type: none"> <li>No action items</li> </ul>			
<p>I. REGULAR ITEMS</p> <p>1. Community Consumer Advisory Board (CCAB) Meeting – report from April 10, 2026</p> <p>2. Executive Committee – report from April 6, 2026</p>	<p>ACHCH Commissioner</p> <p>ACHCH Commissioner</p>	<p><b>Attachment</b></p> <p><b>Attachment</b></p>	<p>10:55 am (5 min)</p> <p>(5 min)</p>
<p>J. OTHER ITEMS –</p> <p>Next Meetings:</p> <ul style="list-style-type: none"> <li>Executive Committee: May 11, 2026, 12:00 pm-1:00 pm</li> <li>Community Consumer Advisory Board (CCAB): May 8, 12:00 pm-2:00 pm</li> <li>Budget &amp; Finance Subcommittee: April 24, 2026, 9:30 am-11:00 am</li> <li>Clinical Quality Subcommittee: May 13, 2026, 9:30 am-1:00 am</li> </ul>	<p>See list of upcoming meetings</p>		
<p>K. ADJOURNMENT</p> <p>Meeting adjourned</p> <p><b>Verified by Lois Bailey Lindsey, Secretary</b>      Signature _____ Date: _____</p>			<p>11:00 am</p>

\*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 ACHCH at least five working days before the meeting at (510) 891-8930 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The ACHCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.achch.org/>. **\*\*TELECONFERENCING GUIDELINES:** FOR TELECONFERENCED COMMISSION MEETINGS, MEMBERS OF THE PUBLIC MAY OBSERVE AND PARTICIPATE IN MEETINGS BY FOLLOWING THE INSTRUCTIONS IN THE TELECONFERENCING GUIDELINES POSTED ONLINE AT: [www.achch.org/commission](http://www.achch.org/commission)



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**Commission Meeting MINUTES**  
**1000 San Leandro Blvd, Conf Rm 325, San Leandro**  
**Friday, March 20, 2025**  
**9:00 am - 11:00 am**

<b>Commissioners Present:</b>	P	A	<b>County Staff Present:</b>	P	A
Laura Guzmán, JD, Chair		x	Kathryn Barron	x	
Gloria Cox-Crowell, Vice Chair	x		Phil Clark	x	
Lois Bailey, Secretary	x		Tri Do, MD	x	
Chantel Carter	x		LaTonya Hendrix	x	
Sabrina Fuentes	x		David Modersbach	x	
Lynette Lee	x		Luella Penserga, MPH	x	
Christine Ma, M.D.	x		Deidra Perry	x	
Jaquita Marengo-Angelino	x				
Sonia Reed	x		<b>Members of the Public Present</b>		
Josh Rowan		x	Damon Francis, MD, Alameda Health System		
Michelle Schneidermann, M.D.	x		Loretta Medellin, Alameda Health System		
Marcie Soslau Johnson	x				
Maximilian Thomas		x			
Josh Thurman	x				
Samuel Weeks, DDS	x				

<b>Item</b>	<b>Discussion</b>
A. CALL TO ORDER	Commissioner Cox-Crowell called the meeting to order. Roll Call: Quorum was achieved.  Agenda Approval: Commissioner Lee made a motion to approve the agenda. Commissioner Carter seconded the motion. <b>The motion passed unanimously.</b>
B. PUBLIC COMMENT	No public comment
C. CLOSED SESSION	The Commission entered closed session. Recording was stopped. 1. ACHCH Director’s Evaluation. The Commission meeting was reconvened to open session. Recording resumed. No reportable action.



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D. CONSENT ITEMS	<p>Commissioner Lee made a motion to approve the February 20, 2026 Commission Meeting Minutes. Commissioner Thurman seconded the motion.</p> <p><b>The motion passed unanimously.</b></p>
E. PRESENTATIONS	None
F. DIRECTOR’S REPORT	<p>Luella Penserga presented the Director’s Report (<b>see report</b>).</p> <p><b>Q.</b> Commissioner Ma asked whether Measure W-funded housing includes specific designations for income levels and unit types.</p> <p><b>A.</b> Luella responded that approximately each location is different and the size will differ according to the locations. Income level details will be provided to Commissioner Ma. David added, 300 units will be provided to the low income for people experiencing homelessness and the rest will be affordable housing units.</p> <p><b>Q.</b> Commissioner Crowell asked whether cabin programs are considered shelters and which sites have recently closed.</p> <p><b>A.</b> David clarified that cabin programs are considered shelters and noted that several City of Oakland-funded sites have closed, with some individuals transitioned to other placements.</p> <p><b>Q.</b> Commissioner Reed asked how individuals are supported when they are incorrectly placed or denied housing.</p> <p><b>A.</b> David acknowledged system challenges and stated that individuals are typically redirected to coordinated entry or housing resource centers</p> <p><b>Q.</b> Commissioner Fuentes asked whether upcoming Medi-Cal requirements will function similarly to other recertification processes.</p> <p><b>A.</b> Luella explained that new requirements will involve additional documentation and periodic renewals.</p> <p><b>Q.</b> Commissioner Fuentes asked about upcoming Medi-Cal changes and their potential impact.</p> <p><b>A.</b> Luella reported that policy changes include the elimination of certain benefits and new work requirements, which may affect approximately 88,000 individuals in Alameda County. Luella also emphasized concerns about access to care and the importance of documentation to support eligibility and the importance of strengthening clinical documentation to support exemptions.</p>
G. SUBRECIPIENT REPORT – ALAMEDA HEALTH SYSTEM	<p>Damon Frances presented the Alameda Health System Subrecipient Report (see report). <a href="#">Link</a></p>



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<p>H. COMMISSION ACTION ITEMS</p>	<p>1. AHS Street Health Contract - Luella presented a request to approve the street health contract with Alameda Health System to provide services in Zones 6, 7 and 8.</p> <p>Commissioner Fuentes made a motion to approve, and Commissioner Lee seconded the motion.  <b>Commissioner Crowell opposed. Motion passed.</b></p> <p>2. Change in Scope Submission - AHS San Leandro Bridge Clinic - David Modersbach presented a request for approval to submit a change in scope to HRSA to add the Bridge Clinic at San Leandro Hospital to the ACHCH Scope of Services.</p> <p><b>Q</b> Commissioner Fuentes asked whether the expansion to San Leandro addresses geographic gaps in substance use services, particularly in the Eden/St. Rose area, and whether similar linkage to care available at Highland would also be available at San Leandro.  <b>A.</b> Dr. Frances responded that San Leandro was prioritized based on demand and existing infrastructure. While not all services available at Highland will be replicated, the site will provide Bridge Clinic services and refer patients to Eastmont and other Alameda Health System sites for additional care. Expansion to other areas may be considered in the future.  <b>Q.</b> Commissioner Fuentes asked whether programs such as Road to Recovery will be available at the San Leandro location.  <b>A.</b> Dr. Frances clarified that the San Leandro site will provide Bridge Clinic services only and will not include all programs available at Highland.  <b>Q.</b> Commissioner Fuentes asked whether Alameda Health System is currently accepting new primary care patients to support referrals from the new site.  <b>A.</b> Dr. Frances stated that adult primary care is not currently accepting new Alameda Alliance patients due to capacity constraints, however pediatric patients are being accepted. Wait times for new patients are approximately three months.</p> <p>Commissioner Fuentes made a motion to approve, and Commissioner Bailey seconded the motion.  <b>Motion passed unanimously.</b></p>
<p>I. REGULAR ITEMS</p>	<p>Commissioners were referred to the reports of recent committee meetings that were included in the meeting packet.</p>



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	<ol style="list-style-type: none"><li>1. Community Consumer Advisory Board (CCAB) Report March 13, 2026- Presented by Commissioner Fuentes.</li><li>2. Executive Committee Report March 9, 2026- Presented by Commissioner Bailey</li><li>3. Clinical Quality Subcommittee report February 25, 2026- Presented by Commissioner Dr. Ma</li></ol>
J. OTHER ITEMS	None
K. ADJOURNMENT	The meeting was adjourned at 11:00 am.



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Date: 4/13/26  
To: ACHCH Commission  
From: Luella J. Penserga, MPH, ACHCH Director  
Subject: **ACHCH Monthly Director's Report**

The following are highlights of recent policy developments and ACHCH work since the last ACHCH Commission meeting in March 2026:

### **Alameda County**

The Board of Supervisors has named Aneeka G. Chaudhry as the new Director of the AC Health agency, effective April 12, 2026. She has served as the Interim AC Health Director since February 2025, and we're thrilled that she is now officially confirmed as Director.

### **Federal Policy**

The upcoming new Medi-Cal work requirements in January 2027 will cause many people to lose Medi-Cal coverage ([Medi-Cal cuts could strip health care from L.A.'s homeless](#), CalMatters, 3/5/26). People who fall into a federal exception category could be excused from the work requirement (for example, substance use disorders) but details have not been released yet. We are working with our AC Health policy team to monitor when the Trump Administration releases details; we do know that clinical documentation will be key to helping people with disabilities, SUDs, and other health conditions stay on Medi-Cal.

The Trump Administration ordered several states to review thousands of Medicaid files to identify people who are undocumented; so far, few needed to be disenrolled ([Trump's Hunt for Undocumented Medicaid Enrollees Yields few Violators](#), KFF Health News, 3/31/26).

### **ACHCH Health Center Program Services**

Shown below are the *average* number of patients seen by ACHCH providers for the period of Dec. 2025 – Feb. 2026 (rolling 3-month period). As a reminder, ACHCH providers are treating a range of conditions, from hypertension, heart disease, HIV, hepatitis C, asthma—to conditions



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that tend to be more prevalent among people who are unhoused than the housed (e.g., drug poisoning/overdose, injuries, respiratory conditions, infections).

*Primary and Specialty Care:*

- AHS wellness centers (Oakland, Hayward, Newark) = **725 patients/month**
- LifeLong Trust Clinic (Oakland) = **570 patients /month**
- AHS Bridge substance use disorder (SUD) clinic at Highland = **296 patients /month**
- AHS specialty clinics at Highland = **444 patients /month**
- AHS dental clinic at Highland = **80 patients /month**

*Street Health Services:*

- 14 Street Health teams (BACH, LifeLong, Roots, Tiburcio, ACHCH) = **851 patients/month**

*Shelter Health Services:*

- Shelter health staff/teams (AHS, ACHCH, Cardea) at 17 sites = **~207 patients/month**

We are currently working with the Alameda County Public Health Dept. (ACPHD) to explore strategies to support more field-based testing and treatment of HIV, Hepatitis C, and syphilis, via street health teams. Seth Gomez, PharmD with Dr. Do is organizing HIV medication (Cabenuva) trainings and are working with ACPHD to make sure that over-the-County (OTC) syphilis tests are available to street health teams. More challenging for our patients and providers is the national shortage of Bicillin (antibiotic to treat syphilis). See the accompanying ACHCH Medical Director report from Dr. Do on ACHCH clinical priorities.

AHS is developing a second AHS Bridge Clinic in San Leandro, which will increase the numbers of people who can get access to low-barrier Substance Use Disorder (SUD) treatment. Dr. Francis and David Modersbach are preparing to add the new clinic to ACHCH's federally-approved scope of service (aka list of service locations). We are getting support letters from surrounding FQHCs whose patients will also benefit from the new Bridge Clinic.

*Budget/Finance and Billing*

ACHCH completed the annual County budgeting process (aka "Maintenance of Effort" or MOE). Deidra Perry led this time-consuming effort for ACHCH and continues to work with the AC Health administration and finance team to ensure that the ACHCH budget is balanced.



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In good news, the State Dept. of Health Care Services (DHCS) approved ACHCH's Medi-Cal provider enrollment application. There still remains a lot to do and we are working with other County departments, and with AHS which hosts our Epic EHR, to set up ACHCH billing processes. Our ACHCH billing team includes Lillawa Willie, David Modersbach, Dr. Do, Casey Zirbel and Deidra Perry.

### *Community Partnerships*

H&H/ACHCH continues to strengthen partnerships and hopefully through these partnerships, we're more effective at getting people into health care, and housing. This month, we visited the Dream Youth Clinic and Cardea Health's Eddie's Place to learn more about their amazing work serving patients and the broader community.

We also visited with the "Face Mask Crew," volunteers from Allen Temple Baptist Church who outreach regularly to unhoused neighbors. Through their volunteer efforts, I met a man who they supported to complete drug rehab, and who just got into temporary housing. He has been touched by many systems. With Allen Temple, I also got to meet up again with a young mom from East Oakland who Lynette Ward, ACHCH Oakland Regional Coordinator and I met a few weeks ago. She was living in a car with her kids (including a 6-year old) and applying for jobs. She's now in a shelter. These are small examples of some wins when County, city, and community work together.

Sincerely,

A handwritten signature in black ink, appearing to read "Luella J. Penserga".

Luella J. Penserga, MPH, ACHCH Director



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Date: 4/7/26  
To: ACHCH Commission  
From: Tri Do, MD, MPH, Medical Director  
Subject: ACHCH Medical Director Report

The following report covers updates on the ACHCH system of care, direct clinical services, and quality initiatives since the last ACHCH Commission meeting.

### **Clinical Focus Areas**

The Commission's Clinical Quality Committee met on February 25, 2026 and reviewed the three clinical areas of focus: overdoses, HIV, and heart disease. ACHCH also convenes a quarterly Clinical Quality Workgroup with external stakeholders including the street health contractors, and the clinical focus areas were also reviewed in that setting.

The key question posed to these stakeholders was: What barriers and training or capacity needs to be provided to close the large disparities for these three sets of conditions?

A number of areas were identified including:

1. Being able to perform point of care testing and phlebotomy
2. Having the necessary medications to treat the conditions on hand
3. Training on providing medication assisted treatment in the field, including long-acting injectables
4. Training on HIV testing and care, including long-acting injectables
5. Lower barriers to entry into care in the brick-and-mortar system such as drug treatment
6. Being able to receive referrals from providers including hospitals for patients with these conditions
7. External factors such as reimbursements for care, Medi-Cal disenrollment under HR1

### SUD

The 2<sup>nd</sup> quarterly Workgroup meeting focused on substance use disorder (SUD). Leadership from Alameda County Behavioral Health were invited to provide an overview of low-barrier access to treatment. Attendees were elated to learn that ACBH is developing a directory of low-barrier treatment sites that people experiencing homeless can access. ACHCH is developing a SharePoint site where protocols for MAT and other healthcare topics can be shared with and between providers.

### HIV

East Bay Getting to Zero (EBGTZ) is developing protocols for street providers and is scheduled to deliver HIV trainings for street providers and ACHCH staff in April and June. ACHCH is also the recipient of a grant from HRSA on HIV street health in collaboration with EBGTZ and Alameda Health System (AHS) which is starting in May. ACHCH has obtained HIV medications including long-acting injectable medication, and has already started treatment for six patients since the start of 2026.

### Heart Disease

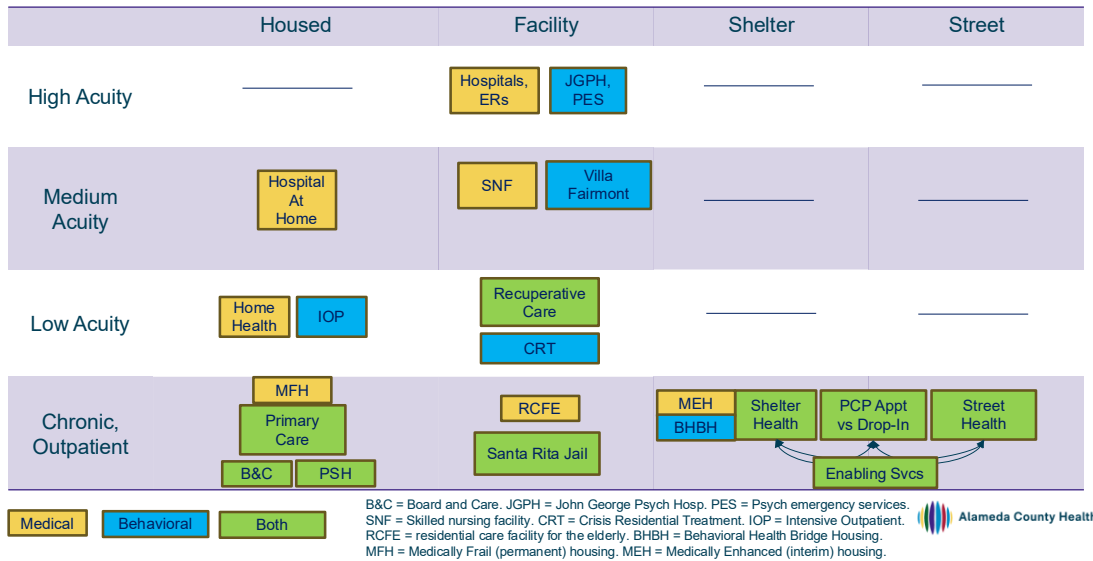
The 4<sup>th</sup> quarterly Workgroup meeting will focus on heart disease, ensuring patient receive guideline-directed therapy for heart conditions such as heart failure and coronary artery disease.



**System of Care**

We have developed a conceptual diagram for the system of healthcare for housed vs unhoused individuals in the county. This is serving as a tool for planning and coordinating services.

**Homeless System of Care vs Housed**



Each month, new partnerships with community organizations have been developed to deepen the reach and impact of clinical services, such as DREAM Youth and BayWell. ACHCH has also supported the development of nearly-finalized criteria on entry into medical respite (recuperative care) facilities.


**Quality**

ACHCH is planning to incorporate quality metrics related to the three clinical priority areas into contracts with street health contractors. The 2026-2027 year will be a “measurement year” where contractors and ACH systems will be set up for monitoring of the metrics through dashboards.

Additional health outcomes of interest include mortality; utilization of hospital, ER, specialty, primary and behavioral health care; housing; and patient satisfaction. Dashboards will also allow data to be viewed by factors relevant to health disparities including race/ethnicity, age, gender, sexual orientation, housing status, and geography.

Respectfully,

Tri Do, MD, MPH




Alameda County  
**Health Care for the Homeless**

**ACHCH 2025 HRSA Uniform Data System (UDS) Report**

Alameda County Health Care for the Homeless  
ACHCH Commission Meeting  
17 April, 2026  
David Modersbach

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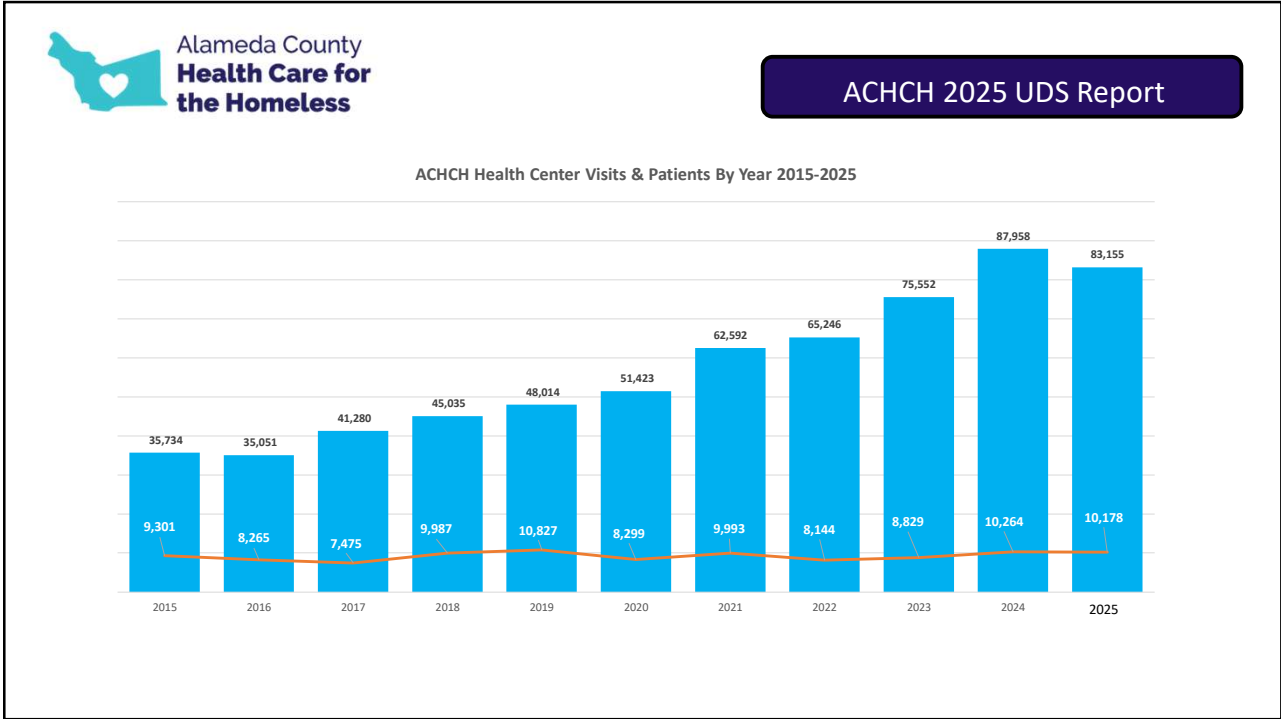


Alameda County  
**Health Care for the Homeless**

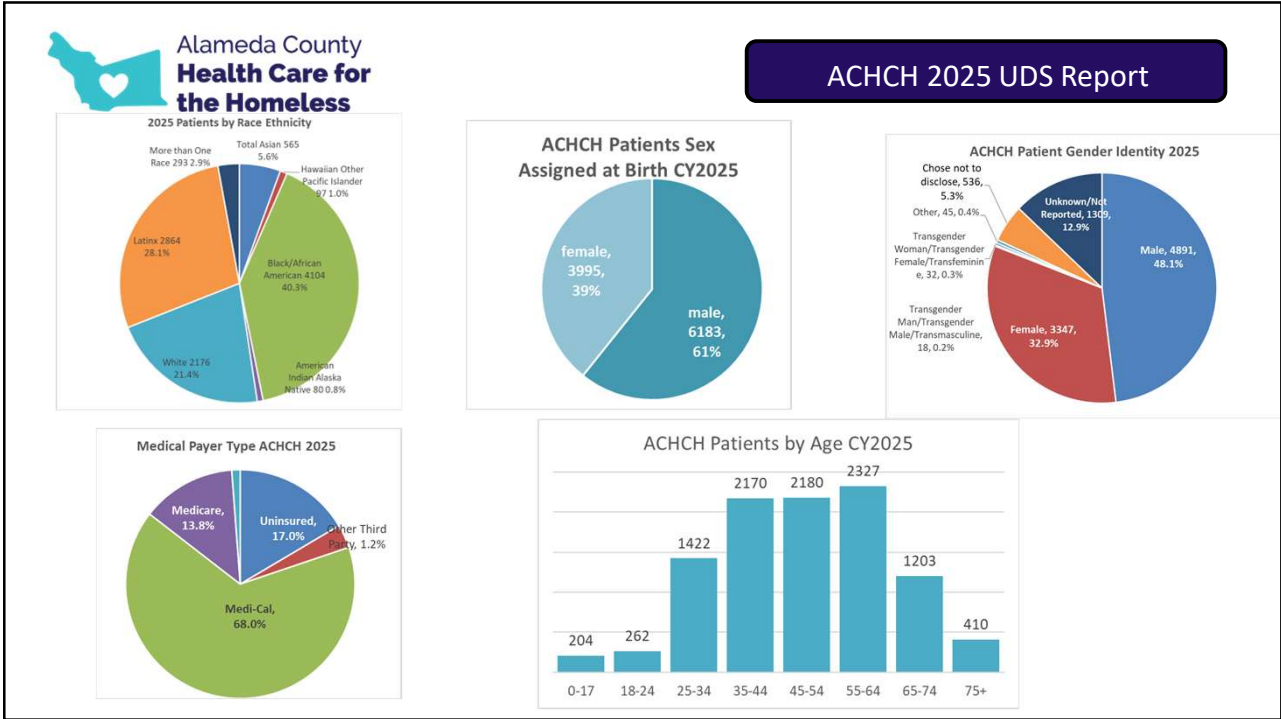
ACHCH 2025 UDS Report

The HRSA federal health center **Uniform Data System** documents the numbers of visits, patients, patient demographics, and the staffing, revenue, costs associated with all health center patient in-scope health care services provided to health center patients in the calendar year 2025.


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Alameda County  
**Health Care for the Homeless**

ACHCH 2025 UDS Report

2025	2024	2023
<b>Race:</b> People of Color 79% Black 40% Latinx 28% White 21% Asian 6% Am. Indian 1% NH/OPI 1%	<b>Race:</b> People of Color 77% Black 40% Latinx 27% White 23% Asian 6% Am. Indian 1% NH/OPI 1%	<b>Race:</b> People of Color 78% Black 39% Latinx 22% White 22% Asian 4% Am. Indian 1% NH/OPI 1%
<b>Homeless Status:</b> sheltered: 30% unsheltered 24% doubled up 44%	<b>Homeless Status:</b> sheltered: 30% unsheltered 24% doubled up 44%	<b>Homeless Status:</b> sheltered: 30% unsheltered 25% doubled up 45%
<b>Sex:</b> male 60% female 40%	<b>Sex:</b> male 60% female 40%	<b>Sex:</b> male 63% female 37%

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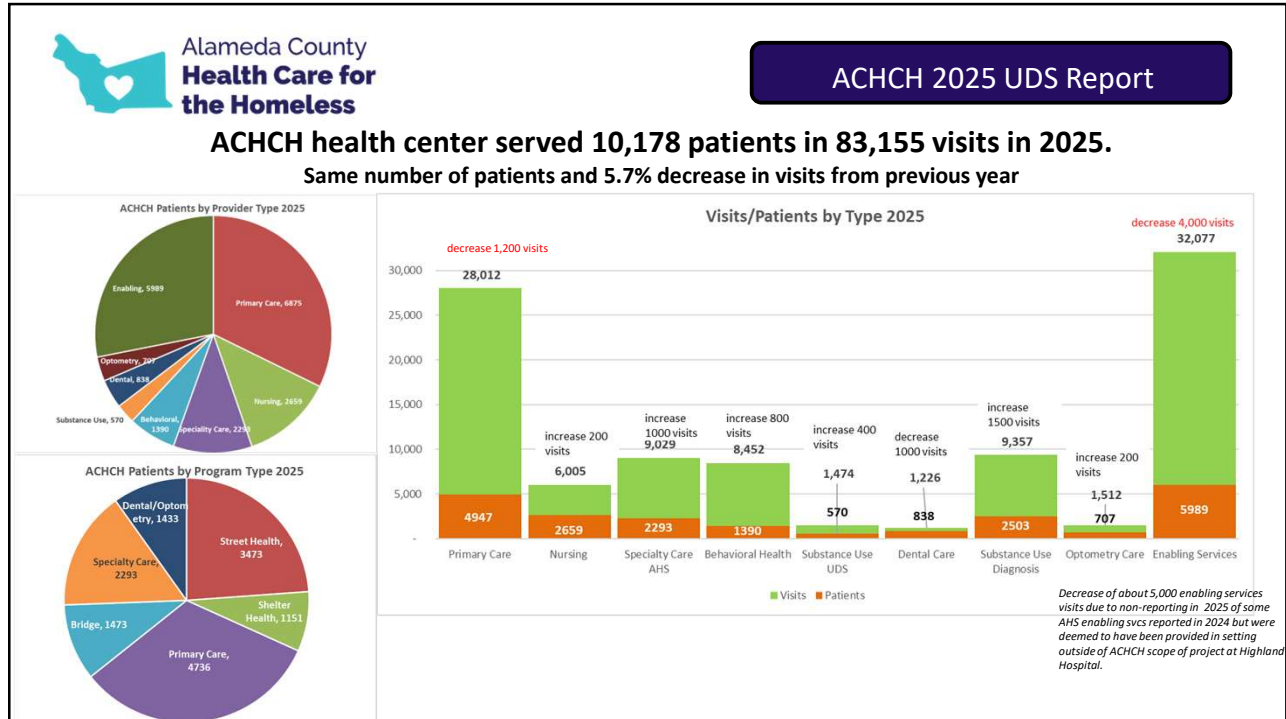
Alameda County  
**Health Care for the Homeless**

ACHCH 2025 UDS Report

In 2025, ACHCH health center services took place at the following Scope of Service Sites:

<p><b>ACHCH Directly-Provided Care</b></p> <ul style="list-style-type: none"> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">ACHCH Shelter Health Services</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">ACHCH Street Health</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">ACHCH Behavioral Health Staff embedded in TRUST</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">ACHCH Med Respite SUD Svcs</li> <li style="background-color: #00a6d6; color: white; padding: 5px;">Cardea Health Eddie's Place Bridge Housing</li> </ul>	<p><b>ACHCH-referred Contracted Care</b></p> <ul style="list-style-type: none"> <li style="background-color: #00a6d6; color: white; padding: 5px;">Fruitvale Optical</li> </ul>	<p><b>ACHCH-Directed Street Health</b></p> <ul style="list-style-type: none"> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">Lifelong Medical Care Street Health Teams Zones 9, 10,11,12,13,14</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">Tiburcio Vasquez Street Health Teams Zones 3,4,5</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">BACH Street Health Zone 1, 2</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">Abode Street Health Zone 1</li> <li style="background-color: #00a6d6; color: white; padding: 5px;">ROOTS Street Health Zone 6,7</li> </ul>	<p><b>Subrecipient Alameda Health System</b></p> <ul style="list-style-type: none"> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">Primary Care: Highland, Newark, Hayward, Eastmont Wellness Centers</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">AHS Mobile Health</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">HGH Specialty Care</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">HGH Dental Clinic</li> <li style="background-color: #00a6d6; color: white; padding: 5px; margin-bottom: 5px;">AHS Bridge Clinic</li> <li style="background-color: #00a6d6; color: white; padding: 5px;">AHS Mobile Dental</li> </ul>	<p><b>Lifelong Subawardee Primary Care</b></p> <ul style="list-style-type: none"> <li style="background-color: #00a6d6; color: white; padding: 5px;">Lifelong TRUST Health Center</li> </ul>
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**ACHCH 2025 UDS Report**

2025	2024	2023
<b>Patients: 10,178</b>	<b>Patients: 10,264</b>	<b>Patients: 8,829</b>
<b>Visits: 83,155</b>	<b>Visits: 87,958</b>	<b>Visits: 75,552</b>
<b>Medical: 31,853 (7,758 tele)</b>	<b>Medical: 32,181 (5,061 tele)</b>	<b>Medical: 28,273 (3,247 tele)</b>
<b>Telehealth: 22,727 visits</b>	<b>Telehealth: 8,722 visits</b>	<b>Telehealth: 11,795 visits</b>
<b>Enabling: 30,159 visits</b>	<b>Enabling: 36,513 visits</b>	<b>Enabling: 33,164 visits</b>
<b>Behavioral: 8,452 visits; 2,198 tele; 1,390 Patients</b>	<b>Behavioral: 7,693 visits; 1,406 tele; 1,201 Patients</b>	<b>Behavioral: 7,676 visits; 1,594 tele; 1,218 Patients</b>

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 Alameda County <b>Health Care for the Homeless</b>		ACHCH 2025 UDS Report	
2025	2024	2023	
<b>AHS Subrecipient:</b> 37,698 Visits; 5,903 Patients Mobile Health: 1,740 visit, 593Px	<b>AHS Subrecipient:</b> 49,302 Visits; 6,032 Patients Mobile Health: 1,514 visit, 439 Px	<b>AHS Subrecipient:</b> 30,967 Visits; 4,660 Patients Mobile: 1,069 visit, 373 Px	
<b>TRUST Clinic:</b> 16,035 visits, 1,511 px;	<b>TRUST Clinic:</b> 15,526 visits, 1,575 px;	<b>TRUST Clinic:</b> 18,215 visits, 1,653 px;	
<b>Street Health:</b> 26,982 visits, 3,473 Px (includes ACHCH St.Health)	<b>Street Health:</b> 21,373 visits, 3,138 Px (includes ACHCH St.Health)	<b>Street Health:</b> 22,685 visits, 3,011 Px (includes ACHCH St.Health)	
<b>Shelter Health:</b> 3,907 visits, 1094 patients (incl. AHS)	<b>Shelter Health:</b> 2,109 visits, 745 patients (incl. AHS)	<b>Shelter Health:</b> 2,818 visits, 1,061 patients (incl, AHS)	

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 Alameda County <b>Health Care for the Homeless</b>		ACHCH 2025 UDS Report	
2025	2024	2023	
<b>Dental: 1226 visits; 838 patients</b> <ul style="list-style-type: none"> <li>• AHS Eastmont Wellness 39/59</li> <li>• AHS Highland Dental: 607/893</li> <li>• AHS Mobile Dental: 228/270</li> </ul>	<b>Dental: 2,526 visits; 1022 Patients</b> <ul style="list-style-type: none"> <li>• AHS: 1495 visits; 830 Patients</li> <li>• Onsite: 1031 visits; 193 patients</li> </ul>	<b>Dental: 2,354 visits; 788 Patients</b> <ul style="list-style-type: none"> <li>• AHS: 751 visits; 492 Patients</li> <li>• Onsite: 1575 visits; 288 patients</li> </ul>	
<b>Eye Care: 1512 visits; 707 Px</b> <ul style="list-style-type: none"> <li>• Fruitvale Opt. 116 visits; 95 px</li> <li>• AHS: 1396 visits; 612 patients</li> </ul>	<b>Eye Care: 1330 visits; 700 Px</b> <ul style="list-style-type: none"> <li>• Fruitvale Opt. 124 visits; 121 px</li> <li>• AHS: 1206 visits; 582 patients</li> </ul>	<b>Eye Care: 775 visits; 566 Px</b> <ul style="list-style-type: none"> <li>• Fruitvale Opt. 261visits; 180 px</li> <li>• AHS: 505 visits; 305 patients</li> </ul>	
<b>Medication Assisted Treatment</b> 554 Patients	<b>Medication Assisted Treatment</b> 488 patients	<b>Medication Assisted Treatment</b> 462 patients	

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Alameda County  
**Health Care for  
the Homeless**

**ACHCH 2025 UDS Report**

2025	2024	2023
<b>Table 5 Total Health Center FTEs</b> <b>197.9 total FTE</b> <ul style="list-style-type: none"> <li>• ACHCH: 32.3 FTE</li> <li>• AHS: 81.6 FTE</li> <li>• Subawardee/Contractor: 84.1 FTE</li> </ul>	<b>Table 5 Total Health Center FTEs</b> <b>201.5total FTE</b> <ul style="list-style-type: none"> <li>• ACHCH: 28.3 FTE</li> <li>• AHS:94.6 FTE</li> <li>• Subawardee/Contractor: 78.3FTE</li> </ul>	<b>Table 5 Total Health Center FTEs</b> <b>188.9 total FTE</b> <ul style="list-style-type: none"> <li>• ACHCH: 29.3 FTE</li> <li>• AHS:76.4 FTE</li> <li>• Subawardee/Contractor: 83.4 FTE</li> </ul>
<b>Table 8A Total Health Center Costs:</b> <b>\$34,296,867 Total Costs</b> <ul style="list-style-type: none"> <li>• ACHCH: \$8,194,610</li> <li>• AHS: \$12,937,919</li> <li>• Subawardee/Contractor: \$13,528,537</li> </ul>	<b>Table 8A Total Health Center Costs:</b> <b>\$31,024,145 Total Costs</b> <ul style="list-style-type: none"> <li>• ACHCH: \$7,069,740</li> <li>• AHS: \$13,053,511</li> <li>• Subawardee/Contractor: \$10,900,895</li> </ul>	<b>Table 8A Total Health Center Costs:</b> <b>\$29,055,136 Total Costs</b> <ul style="list-style-type: none"> <li>• ACHCH: \$8,722,198</li> <li>• AHS: \$10,361,001</li> <li>• Subawardee/Contractor: \$10,727,534</li> </ul>
<b>Table 9D Total Health Center Patient Revenue:</b> <b>Total Patient Charges: \$26,118,418</b> Total Patient Revenue: \$15,010,721 <ul style="list-style-type: none"> <li>• ACHCH: \$0</li> <li>• AHS: \$8,666,323</li> <li>• Subawardee/Contractor: \$6,344,397</li> </ul>	<b>Table 9D Total Health Center Patient Revenue:</b> <b>Total Patient Charges: \$23,888,230</b> Total Patient Revenue: \$12,123,209 <ul style="list-style-type: none"> <li>• ACHCH: \$0</li> <li>• AHS: \$7,606,142</li> <li>• Subawardee/Contractor: \$4,517,066</li> </ul>	<b>Table 9D Total Health Center Patient Revenue:</b> <b>Total Patient Charges: \$15,801,639</b> Total Patient Revenue: \$9,150,867 <ul style="list-style-type: none"> <li>• ACHCH: \$0</li> <li>• AHS: \$4,471,822</li> <li>• Subawardee/Contractor: \$4,679,045</li> </ul>
<b>Table 9E: Total Other/Grant Revenue</b> <b>Health Center overall: \$16,426,025</b> <ul style="list-style-type: none"> <li>• ACHCH: \$9,749,916</li> <li>• AHS: \$4,877,604</li> <li>• Subawardee/Contractor: \$1,798,505</li> </ul>	<b>Table 9E: Total Other/Grant Revenue</b> <b>Health Center overall: \$15,817,253</b> <ul style="list-style-type: none"> <li>• ACHCH: \$8,138,131</li> <li>• AHS: \$6,196,766</li> <li>• Subawardee/Contractor: \$903,927</li> </ul>	<b>Table 9E: Total Other/Grant Revenue</b> <b>Health Center overall: \$18,737,399</b> <ul style="list-style-type: none"> <li>• ACHCH: \$11,410,746</li> <li>• AHS: \$5,889,179</li> <li>• Subawardee/Contractor: \$1,437,474</li> </ul>

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Alameda County  
**Health Care for  
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**ACHCH 2025 UDS Report**

2025	2024	2023
<b>Total Health Center Revenue GY2025</b>  charges \$26,118,418 costs \$34,296,867 charge to costs ratio: 76% patient revenue \$15,919,721 program revenue \$16,426,025 total revenue \$31,436,746 balance -\$2,860,121	<b>Total Health Center Revenue GY2024</b>  charges \$23,888,230 costs \$31,024,145 charge to costs ratio: 77% patient revenue \$12,123,209 program revenue \$15,817,253 total revenue \$27,940,462 balance -\$3,083,683	<b>Total Health Center Revenue GY2023</b>  charges \$15,801,639 costs \$29,055,136 charge to costs ratio: 54% patient revenue \$9,510,867 program revenue \$18,737,399 total revenue \$24,127,863 balance -\$1,166,869

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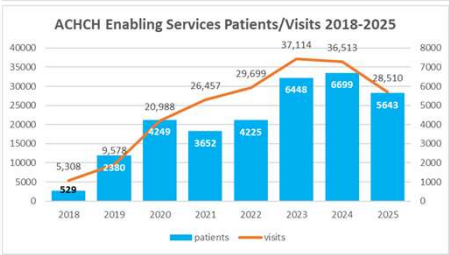
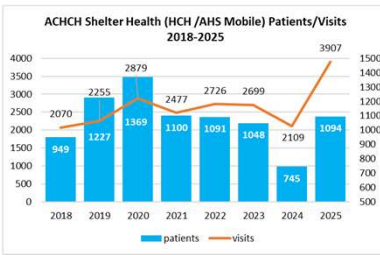
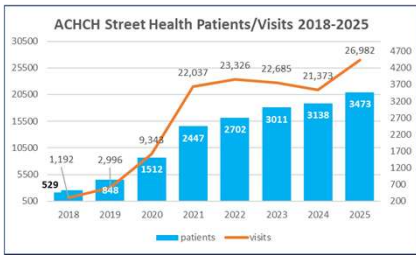
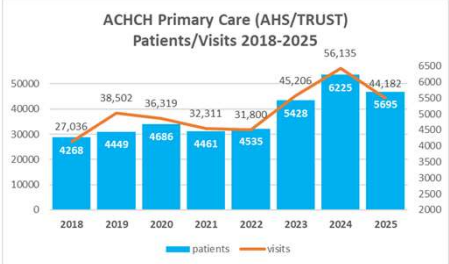
Alameda County  
**Health Care for  
the Homeless**

**Key Takeaways for 2025:**

**ACHCH 2025 UDS Report**

**ACHCH services, patients stable**

- Slowdown in AHS medical and enabling
- Increases in AHS Services including Specialty Care and AHS Bridge
- 14 Street Health Teams in full operation under ACHCH direction – numbers increasing
- Shelter Health productivity growing after EPIC rollout



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Alameda County  
**Health Care for  
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**Questions/Discussion?**



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# Homeless Health Center

## Community Health Report

4.14.26

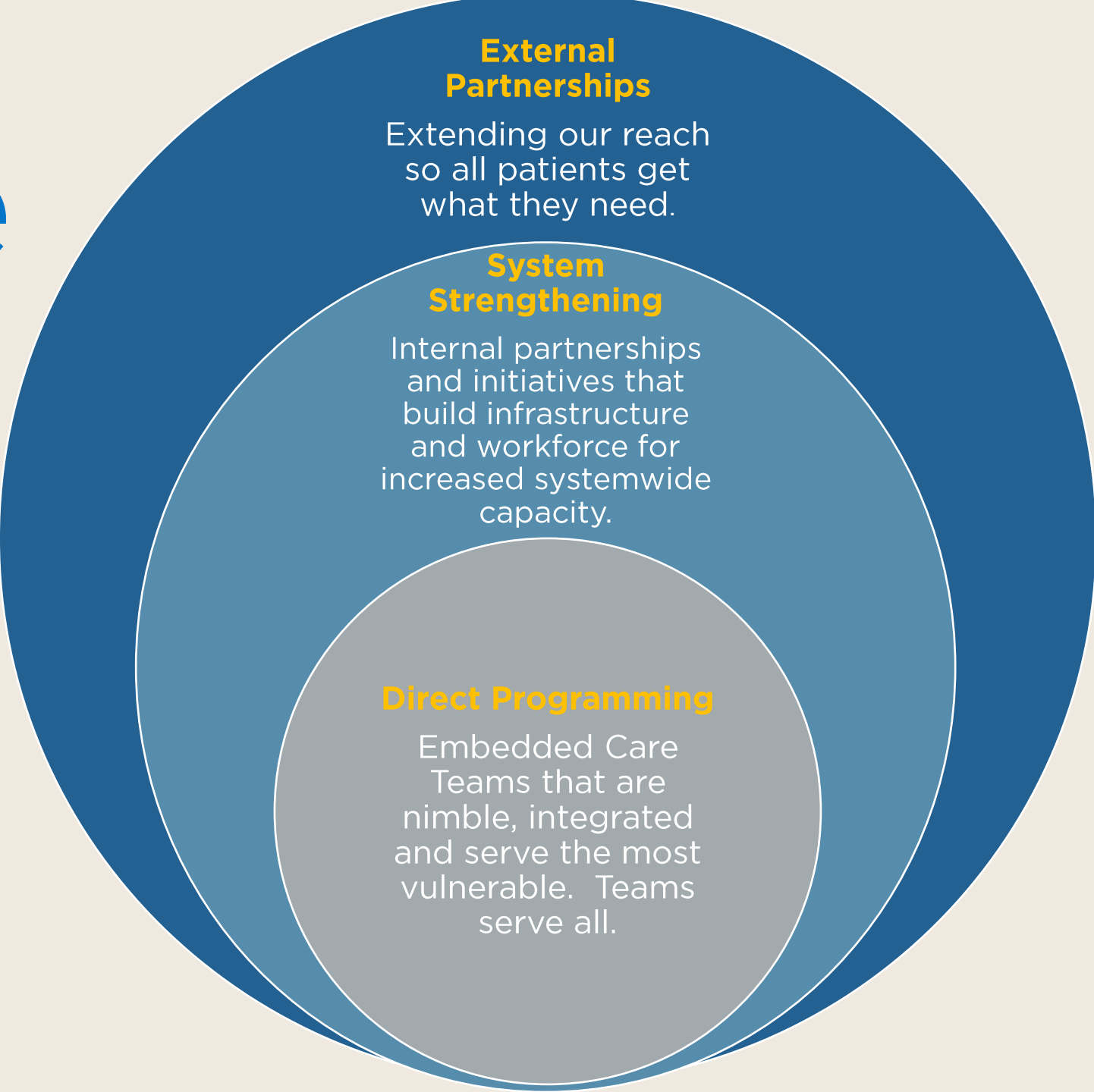
Lilly MacRae RN PHN  
Director of Community Health

The purpose of the Community Health quarterly program report is to provide consistent strategic and programmatic updates to key internal partners, including the Homeless Health Center.

# COMMUNITY HEALTH Structure

We ensure AHS patients receive **person-centered** support through the coordination of behavioral health and medical care; meaningful linkage to social resources; and education that promotes self-management skills.

This is achieved through both direct service delivery and systemwide capacity-building initiatives.



# Community Health Playbook

## How Will We Succeed?

**Empathy and relational trust** guide work and program design.

**Nurture our partnerships** and the ecosystem of care.

**Have accountability.** Report data and use it to improve it.



Community Health

# PROGRAM UPDATES

# IMPACTS of Workforce Reduction

- **Health Advocates** – Proposed Closure

*Current state* Temporary pause to all referrals and consults, due to staffing constraints. Will remain in effect until capacity is restored and timely outreach can be met.

- **Complex Care** – Proposed Reduction

*Current State* moderate reduction in services due to staffing constraints.

- **REACH and ED CHW Program**

No current impact

# REACH Implementation

Resource and Engagement after Care in the Hospital – Implemented March 9, 2026  
2 CHWs, and 12 Emergency Medicine providers (rotating)

Preliminary Data: 3/9/26 – 4/7/2026

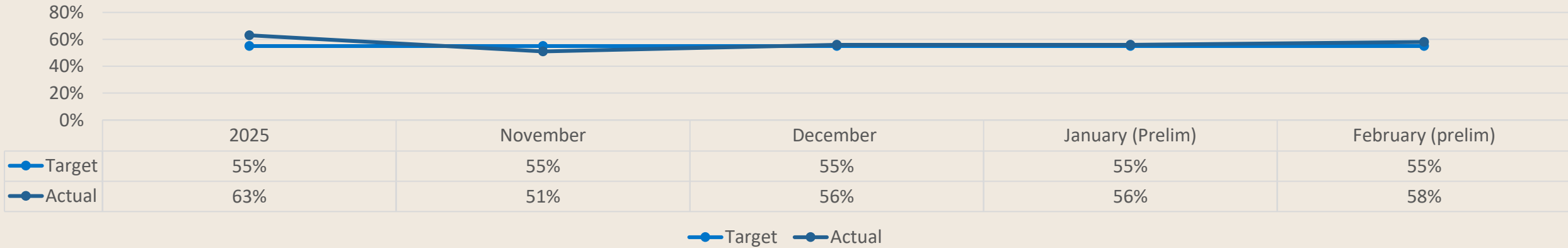
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<b>Successful Telephonic Encounters</b>	<b>365</b>
Reach Rate	73%
Attempted/Reached within 72 hours of discharge	419
Attempted/Reached outside 72 hours of discharge	87

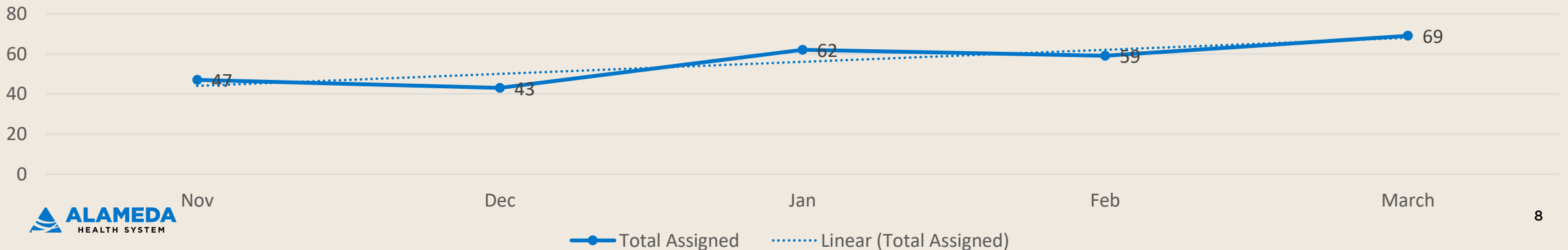
# Complex Care Management (CCM) Dashboard

CCM successfully enrolls a high proportion of patients and has seen a steady increase in new patient assignments.

Conversion Rate=rate of enrolled patients to all referred and identified



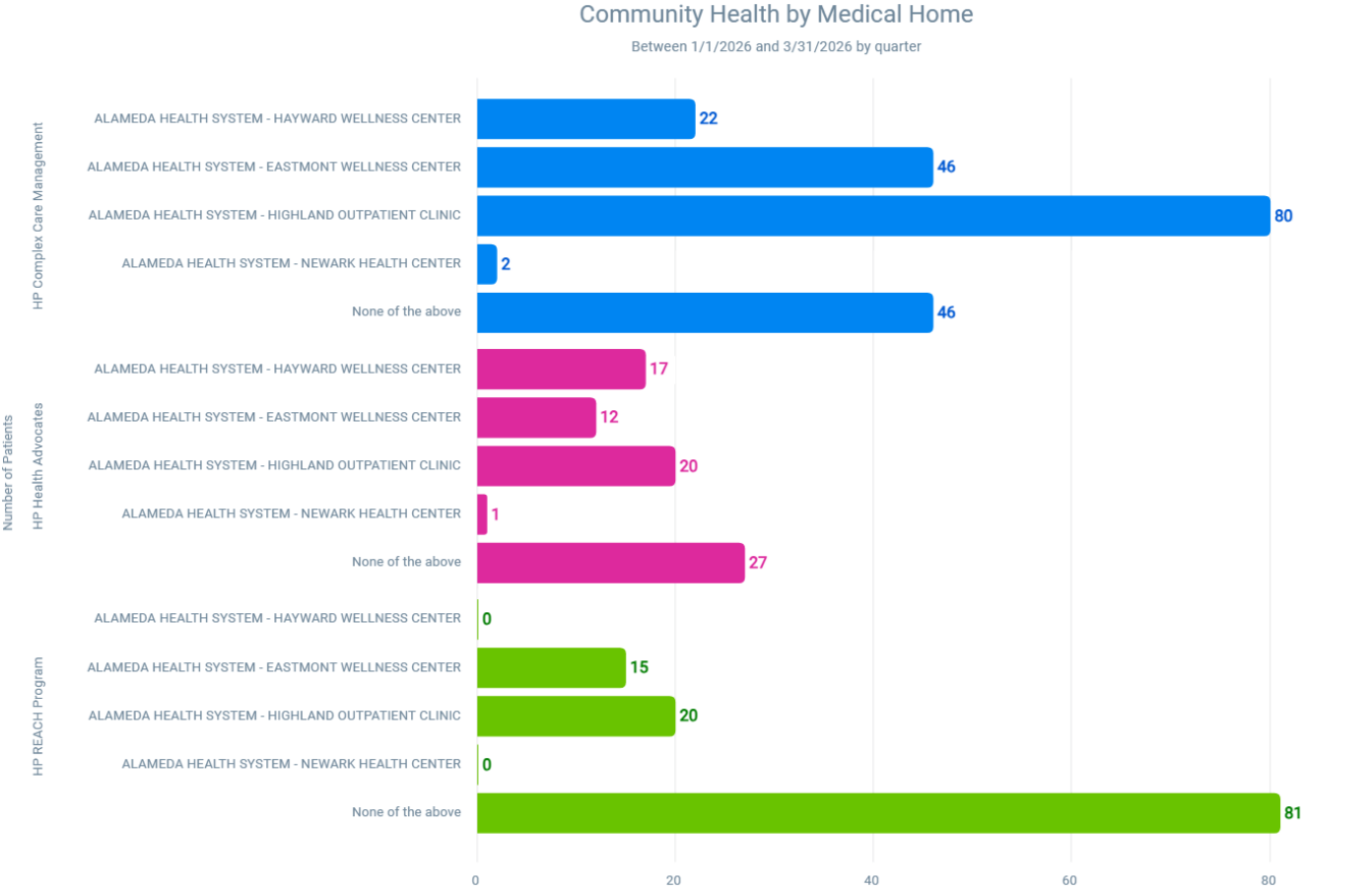
Total Assigned = all referrals and inpatient cases identified



# Medical Home Assignment by program

Complex Care is aligned with overall clinic populations

There is a high degree of patients with no medical home, particularly those identified in inpatient setting





## Community Health 1/1/2026-3/30/2026

Program	Total Enrolled/Outreach	On Homeless Population Registry
Complex Care	411	60%
Health Advocates	520	30%
REACH	895	25%

# System Strengthening Updates

## **Enhanced Care Management**

- Bridge Clinic ECM implemented in January 2026
- 1 CHW providing high volume, low intensity ECM services to Bridge patients

## **Compass Rose**

- Compass Rose is currently implemented in multiple settings with Community Health Workers across AHS:
  - Community Health (now including REACH), Specialty K-7, Adult Immunology, Mobile Health, Bridge
- Palliative Care in current build phase
- Integrated Behavioral Health scheduled for Summer kick off

## **Community Health Worker (CHW) billing**

- ED CHW and REACH CHWs currently billing for services.
- *In-Flight* – Substance Use Navigators (SUNs) and ED Linkage Navigators (HIV, Hep C linkage)

# Community Partners

## Cardea Health Medically Frail Program

- Over 5 patients have moved into new medically frail bed in last month
- Team reports that with housing stability, every other aspect of support becomes possible – connection to primary and behavioral health care, family reunification and care giver support.

“Moments like these remind us why this work matters.” Complex Care CHW

## Alameda County Behavioral Health Department Familiar Faces Pilot

- ACBHD deploying staff to Highland ED to directly support patients with very high ED use and no linkage to specialty mental health
- AHS ED social worker, physicians, security team all points of contact to ensure coordinated and patient-centered connection

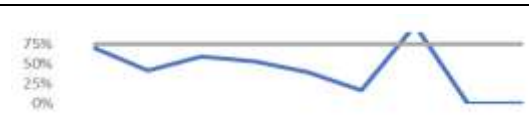


QUESTIONS?




# Low Barrier Care Report

reviewed April

Mobile Medical Clinic					
Detailed KPIs	Mar*	FY YTD	Prior Fiscal year	Benchmark	Objectives/Key Results
Visit Volume	0	925	531	42 per month/ 500 per year	Timely, effective and efficient care/Provide the right care at the right time, minimize time spent waiting for our patients
% visits utilized by people experiencing homelessness	0.0%	90.8%	76.5%	N/A	Equitable care/Health related social needs recognized and addressed
% of follow up Primary Care appointments scheduled in <30 days	0.0%	90.8%	<b>29.0%</b>	N/A	Patient Centered Care/Optimize performance regarding patient experience
% of <30 Day Follow up appointments attended	0.0%	51.0%	<b>61.0%</b>	 <p>The chart shows a blue line representing performance over time. The y-axis ranges from 0% to 75% in 25% increments. The line starts at approximately 50%, dips to 40%, rises to 50%, dips to 30%, rises to 60%, and ends at 61.0%.</p>	Timely, effective and efficient care/Provide the right care at the right time, minimize time spent waiting for our patients
Benchmarks for "% of <30 Day Follow Up..." and "Visit Volume" based on Alameda County Health Care for the Homeless Subrecipient Agreement.					
*The Mobile Health Advanced Practice Provider was on leave in March					

# Mobile Dental Clinic

Detailed KPIs	Mar*	FY YTD	Prior Fiscal year	Bench mark	Objectives/Key Results
Visit Volume	70	684	267	25 per month/300 per year	Timely, effective and efficient care/Provide the right care at the right time, minimize time spent waiting for our patients
Completed dental plans	TBD	TBD	N/A	N/A	Timely, effective and efficient care/achieve the best health outcomes
% visits utilized by people experiencing homelessness	71.4%	85.5%	75.7%	N/A	Equitable care/Health related social needs recognized and addressed
% of follow up Dental appointments <30 days attended	77.0%	79.0%	<b>56.0%</b>	 <p>The chart displays a blue line representing performance over time. The y-axis ranges from 0% to 100% in 25% increments. The line starts at approximately 75%, dips to about 60%, rises to 75%, and then remains steady at 75%.</p>	Patient Centered Care/Optimize performance regarding patient experience

Benchmarks for "% of <30 Day Follow Up..." and "Visit Volume" based on Alameda County Health Care for the Homeless Subrecipient Agreement.

## Bridge Clinic

Detailed KPIs	Mar	FY YTD	Prior Fiscal year	Benchmark	Objectives/Key Results
Visit Volume	1955	21099	10975	1037 per month/12440 per year	Timely, effective and efficient care/Provide the right care at the right time, minimize time spent waiting for our patients
30 Day Follow-up after high intensity care for substance use disorder	31.3%		48.7%	49.1%	Timely, effective and efficient care/Provide the right care at the right time, minimize time spent waiting for our patients
Completed visits utilized by people experiencing homelessness	27.6%	27.2%	22.0%	N/A	Equitable care/Health related social needs recognized and addressed
% of completed appointments that are made same day of all completed appointments	46.4%	47.8%	42.1%	N/A	Patient Centered Care/Optimize performance regarding patient experience

Benchmark for "Visit Volume" based on AHS FY2025 Budget and for "% of <30 Day Follow Up..." based on Quality Incentive Program. \* Data for QIP is rolling 12 months

Low Barrier Care components for inclusion: Drop-In; Direct phone access; Community Health Workers

# Low Barrier Care FQHC site expansions and moves

– April 2026

Project	Phase	CAB Approval	HCH Comm. Approval	HRSA Approval	Approved Capital budget	Capital spent (thru March)	Notes
New site – San Leandro Hospital Bridge	Implementation	Yes	Yes	Required	N/A	N/A	Implementation on track. Awaiting LOS to submit to HRSA.
Eastmont/Highland – Street Medicine	Implementation	N/A	N/A	N/A	N/A	N/A	Dr. Francis has met with County HCH. Next step is meeting with Comm. Health Dir. and Bridge Med Dir to review high level contract. Anticipate contract to be signed by July 1.
Eastmont – Frick Elementary dental	Delayed – Exempt from COT	N/A	N/A	N/A	N/A	N/A	Agreements signed! New Go Live date will be determined based on IT and training schedule.
Highland – E1/E2 Bridge move	Discovery – Submitted to COT	N/A	N/A	N/A	Pending discovery	N/A	ECG consultant recommendation based on inadequacy of OA1, pending dental move to HCP 3
New site – Low barrier care	Discovery	Required	Required	Required	Pending discovery	N/A	Dr. Francis has met with real estate agents. Next step is site visits for initially identified locations.

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

<b>Commissioner Liaison to the full Commission:</b>	
Sam Weeks, Sabrina Fuentes, Marcie Soslau Johnson	
<b>Last meeting date:</b>	<b>Current meeting date:</b>
3/13/2025	4/10/2026
<b>Commissioners/CCAB members in attendance:</b>	
April Anthony, Sabrina Fuentes, , Brenda Whitfield, Bennie Whitfield, Jenn Oakley, Mark Sinclair, Tasha Boggs, Amber Whitson, Jenn Oakley, Sam Weeks, CJ Newell, Tasha Boggs	
<b>ACHCH staff or Members of Public in attendance:</b>	
David Modersbach, Danielle Davidson, Rebecca Fisher, Phil Clark, Lucy Kasdin, Riko, Gerald Bryant, Brittaney Leidig-Jefferson, Nicholas McBride, Serena Clayton, Jonathan Russel, Amber Mulligan, Amy Cole-loom, Mari-Lyn Harris, Talia Rubin, Ms. Shelley, Melissa moore, Paul Sinahohn, Lucy Kasdin	
<b>Absent:</b> Marcie Johnson, Mark Smith	

**Items discussed:**

1. **Welcome & Check In, Introductions** (10 min)
2. **Announcements/Updates** (10 min)
3. **ACHCH Shelter Health Tobacco/SUD Cessation Support Group discussion** (Brittaney Leidig-Jefferson, Nicholas McBride)
4. **H&H Presentation of Measure W/Home Together Plan Updates and discussion** (Jonathan Russell)
5. **Key Issues for HCH CCAB is tracking: Discussion and updates:** (10 min)
  - Save Lives: Shelters and Emergency Department efforts; EMS efforts
  - Pet Care is Health Care
  - Shelter Standards, Monitoring and Resident Organizing –
  - Expanding Roles of People with Lived Experience –
  - Humane and Effective Encampment Resolution
6. **HCH Commission Update:** Sam deferred
7. **AHS CAB Update** Mark deferred



**Health Care for the Homeless**  
 1404 Franklin Street, Suite 300  
 Oakland, CA 94612  
 TEL (510) 891-8950  
 FAX (510) 832-2139  
[www.achch.org](http://www.achch.org)

**Alameda County Health Care for the Homeless  
 Commission Committee Report**

**Committee:**

- Executive:** Oversees Commission structure organized and moving; provides strategic guidance to staff. Meets monthly.
- Clinical Quality:** Recommends clinical measures to the full Commission; informs medical, dental, mental health, SUD programming. Meets quarterly.
- Budget and Finance:** Monitors HRSA grant budget vs actuals; recommends budgetary actions to the full Commission. Meets quarterly.

<b>Commissioner Liaison:</b>	
Laura Guzmán, JD, Chair	
<b>Last meeting date:</b>	<b>Current meeting date:</b>
March 9, 2026	April 6, 2026
<b>Commissioners in attendance:</b>	
<ul style="list-style-type: none"> <li>• Lois Bailey Lindsey</li> <li>• Gloria Cox-Crowell</li> <li>• Sabrina Fuentes</li> </ul>	<ul style="list-style-type: none"> <li>• Laura Guzmán JD</li> <li>• Samuel Weeks, DDS</li> </ul>
<b>ACHCH staff in attendance:</b>	
<ul style="list-style-type: none"> <li>• LaTonya Hendrix</li> <li>• Luella Penserga, ACHCH Director</li> </ul>	<ul style="list-style-type: none"> <li>• Deidra Perry, ACHCH Deputy Director</li> </ul>
<b>ACHCH staff Absent:</b>	
<ul style="list-style-type: none"> <li>• David Modersbach</li> </ul>	

**Items discussed:**

1. Review of agenda items for April Commission meeting
  - Director’s Report – in addition to the Director’s Report, Luella will also present the Medical Director’s Report, in Dr. Do’s absence.
  - Presentations – David will provide an overview of the 2025 HRSA Uniform Data System (UDS) Report.
  - Action Items - No action items.



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2. The Committee discussed updates related to Street Health services and transitions, and the upcoming transitions from temporary housing to permanent housing.
3. The Committee discussed voting of new officers. Several members expressed interest in stepping down and the need to recruit and prepare new leadership. Committee members suggested potential candidates and stated a willingness to support onboarding new Executive Committee members. Luella has targeted June to begin outreach to potential candidates.
4. **Informational item(s) to report to the full Commission: None**
5. **Action(s) recommended by the Committee for discussion/action by the full Commission at the next meeting: None**