

Alameda Center Senior Housing & Medical Respite



Alameda Point Collaborative (APC)

An Alameda nonprofit, APC has helped hundreds of families overcome homelessness through supportive housing, children & youth programs, and employment initiatives. APC has been awarded federal surplus property near Crab Cove for the proposed project.

Service Challenges

Homeless individuals face:

- Risk of dying alone on the streets
- Poor health due to chronic stress, hunger, assault, poor sanitation and exposure to elements and infections
- Illness that may have led to job loss & homelessness
- Challenges managing health conditions, such as diabetes and heart disease
- Life expectancy typically 20 years shorter than general population
- Isolation, stigma, loss of family and friends

Service gaps:

- Poor integration between housing and medical/social services
- High cost and inefficient health care system for homeless patients, who tend to use emergency services for medical care and have longer hospital stays
- Limited recuperative care for homeless individuals with high medical acuity
- Unnecessary and costly institutional care for some elders who could live more independently

Caring for Vulnerable Elders & Homeless Individuals with Health Conditions in Alameda County

Nonprofit, public and health care partners working together to create a Center to care for homeless seniors and individuals with acute medical needs

Proposed Center

Senior Housing – 80-90 units of senior housing and care for homeless and medically vulnerable elders. Case management, primary medical care, mental health services, assistance with activities of daily living, peer support, social and wellness programs, and palliative care.

Medical Respite – 50-bed recuperative care program providing compassionate and cost-effective care for homeless adults departing hospitals or undergoing intensive medical treatment. 24/7 medical care, mental health services, case management with linkages to housing, health and community resources. Focus on resolution of acute issues and stabilization of chronic conditions.

Primary Care Health Clinic – on-site medical and mental health clinic.

Resource Center – outreach, support and emergency supplies for City of Alameda residents experiencing homelessness or a housing crisis. Housing placement services to connect clients to safe and suitable housing.

Beneficial Outcomes

Clients will improve their health, housing status and quality of life in a dignified and supportive community environment.

Health care providers will improve homeless patient health outcomes and attain cost savings through reduced hospital readmissions, emergency room utilization & unnecessary skilled nursing placements.

The **surrounding neighborhood** will benefit from the transformation of vacant buildings into well-designed, landscaped and attractive facilities.

City of Alameda and Alameda County will expand resources for vulnerable residents and attain cost savings across systems (police, ambulance, mental health, hospital and long-term care).

Project Contacts

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Desired Innovations

Addressing the health and housing needs of the growing aging, homeless population

- Medically-enriched campus
- Trauma-informed, recovery-oriented and culturally responsive care
- Complementary housing options, health care and supportive services

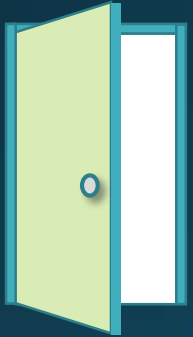


*Number homeless any given night
Alameda County: 5,629 - City of Alameda: 204*

Proposed Continuum of Resources

Alameda County - Homeless Residents/Medically Complex Conditions

- Housing for homeless seniors
- Medical Respite
- FQHC Satellite Medical and Behavioral Wellness Clinic
- Coordinated Entry System – intensive linkages to housing



City of Alameda - Homeless Residents

- Resource and Drop-in Center – emergency supplies, resources and support

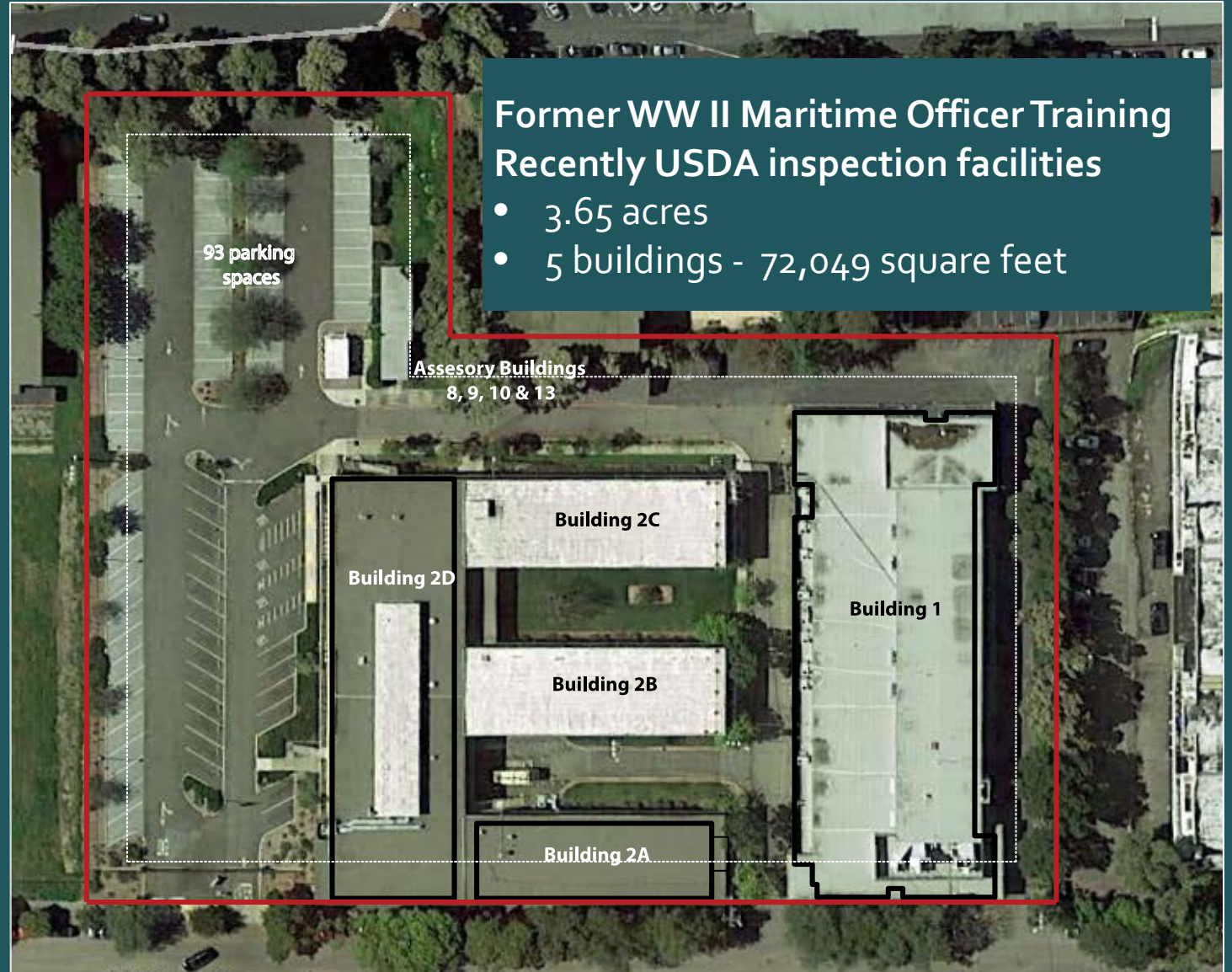
Project Site: Existing Conditions



View Across Street to Crab Cove



View from McKay Avenue



Former WW II Maritime Officer Training
Recently USDA inspection facilities

- 3.65 acres
- 5 buildings - 72,049 square feet

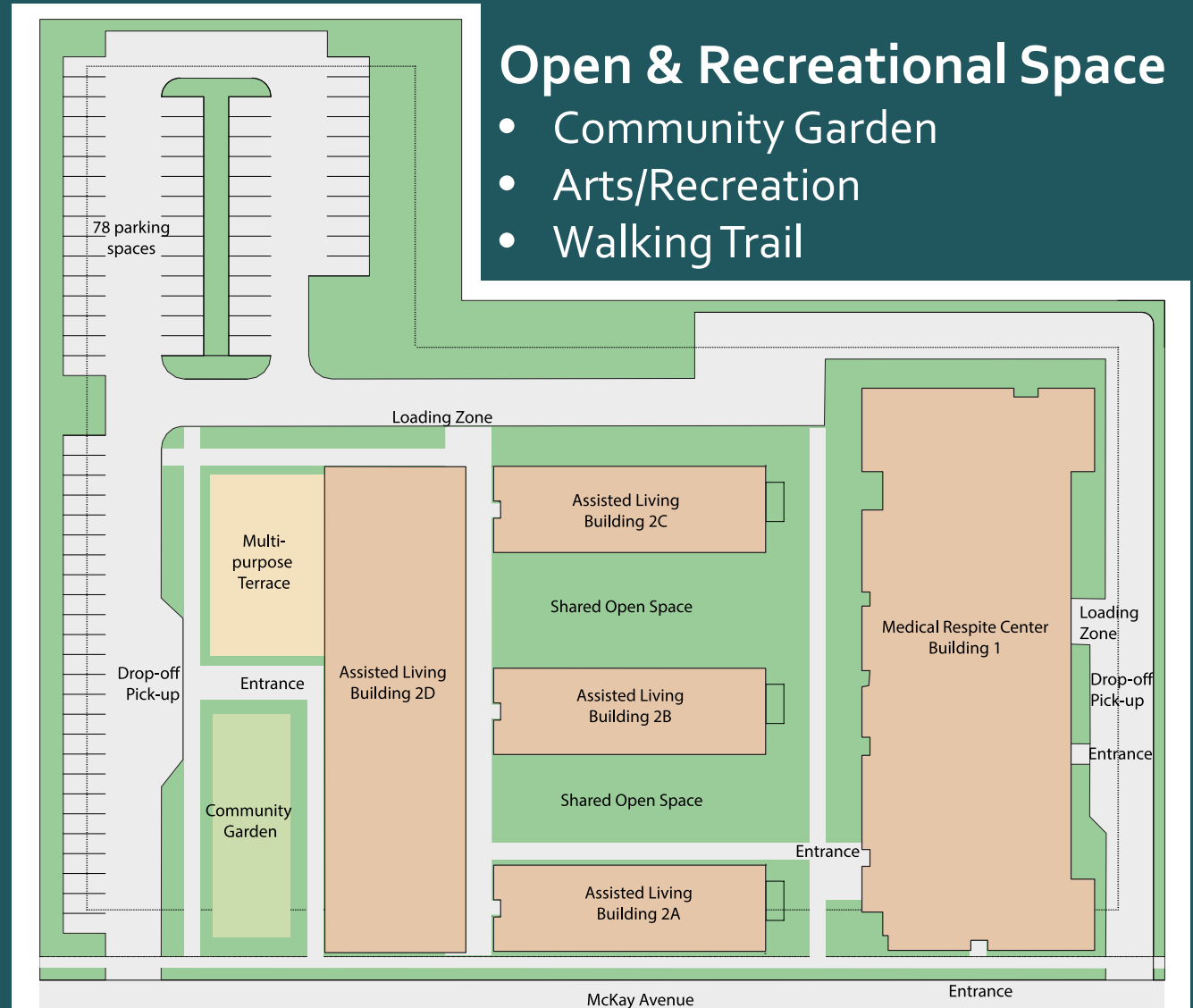
Project Site: Proposed Adaptive-Reuse

Building 1

- FQHC Satellite Medical & Behavioral Wellness Clinic
- 50 Medical Respite Beds
- Resource Center & Coordinated Service Entry

Building 2

- 90 Units Senior Housing
- Supportive Services
- Kitchen/Dining Hall
- Community Spaces



Senior Housing

Elder Care with Enriched Supportive Services

- Recovery and wellness programs
- On-site health care
- Hospice care
- Healing options - art, community gardening, yoga and acupuncture
- Assistance with personal care – activities of daily living

Medical Respite

Safe and Restorative Environment for Recuperation

- Service access 24/7
- Medical and behavioral care provided on-site by FQHC
- Intensive housing placement
- Linkages to primary care health home
- Trauma-informed care
- Holistic health services



Supporting healing and improved health for high medical acuity conditions



Resource Center

Drop-in Center for City of Alameda Residents Experiencing a Housing Crisis or Homelessness

- Advocacy and case management
- Intensive housing search and links to other services
- Access to on-site medical clinic
- Essential supplies – food, water and blankets

Project Timeline

| Date | Milestone |
|--------------------|---|
| April 28, 2017 | HUD determines parcel suitable for homeless accommodation |
| May 29, 2017 | APC files an expression of interest |
| August 8, 2017 | APC files application for Center |
| December 13, 2017 | HHS conditionally approves property transfer |
| Spring 2018 | Developer selection and start |
| Spring/Summer 2018 | Advisory group |
| Spring/Summer 2018 | Health partnerships |
| Fall 2018 | Operator selection |
| Fall 2020 | Occupancy and start-up |

HHS Conditions of Approval

Grants APC a 3-year lease acquisition

- Renewal options to not exceed a period of 20 years

Property to be conveyed as no-fee public benefit conveyance to APC upon completing:

- HHS further review of financial plan
- City Council approval to remove the “G” overlay zoning
- Environmental Analysis (EA)

Homelessness, Aging & Health

- Structural challenges – lack of affordable housing, racism, economic disparities
- Medical, substance use & mental health conditions
- Exposure to infectious disease, assault, hunger
- High emergency and acute care use
- Reduced mobility, cognitive and daily living skills
- 3-4 times mortality rates & die earlier (by 25 years)
- 44% of older homeless adults: first episode homelessness after 50 years old (Home-Hope study)



Some homeless individuals fall out of our system of care and die alone and without care

Cost of Homeless Health Care

| | | |
|--------------------------------|--|---|
| Alameda County 2010-2012 | Cost of hospitalization (2 years) | \$39,095,728 |
| | Cost per hospitalization (medical & psychiatric) | \$11,898 average |
| | Average length of stay | 7.3 days homeless 5.3 days general population |
| | Average cost for added 2 day stay per hospitalization | \$3,804 |
| | Average cost per homeless acute care \$15,242 - 2012 | \$15,000 - equal to one year of supportive housing |

Beneficial Outcomes

Clients

- Recuperative care and recovery
- Improve health and well-being
- Access to on-site health care
- Improve housing retention
- Linkages to housing resources and primary health care home
- Serene and dignified environment
- Mutual support and community

Hospitals

- Access to safe discharges
- Improve health outcomes of vulnerable populations
- Achieve cost savings
- Decrease hospital stays
- Reduce hospital readmissions
- Decrease reliance on emergency departments

Alameda City/County

- Expand resources for aging, homeless persons with health conditions
 - Improve health outcome and housing status of vulnerable populations
 - Address service gaps, i.e. limited skilled nursing facilities for population
 - Cost savings across multiple systems
-



Medical Respite – Reducing Health Costs

SACRAMENTO

\$1.07 million total annual cost avoidance for 119 patients

CHICAGO

Average reduction of 4.7 hospital stay days (12-months of follow-up)

BOSTON

50% reduction in readmission (90 days post-discharge)

SAN DIEGO

\$800,000 total annual cost avoidance for 20 patients

CINCINNATI

\$6.2 million annual cost avoidance for three hospitals

PORTLAND

\$3.5 million cost avoidance over three years for one hospital

Circle the City Medical Respite, Phoenix

Achieved **50 percent reduction** in the per-patient cost to the U.S. Centers for Medicare and Medicaid 12 months after medical respite.

Post Medical Respite Stays: Per-Patient cost went from \$2,220 to \$900 monthly average – **saving over \$4.8 million annually** (309 patients)

92% discharged to housing option, not to streets or shelter

97% transition to long-term housing primary care provider

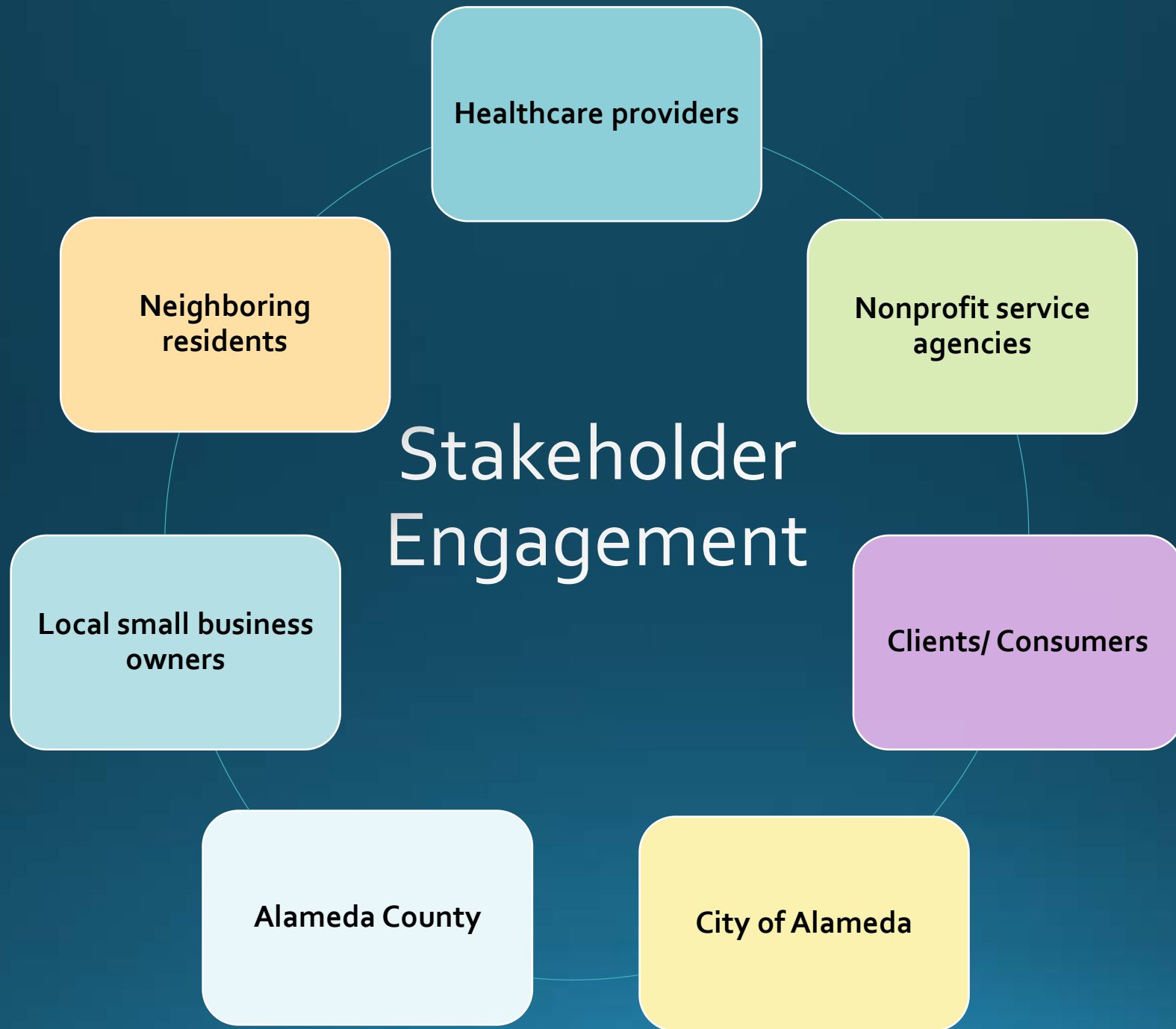
Supportive Housing for Homeless

1st Year Reductions – Los Angeles County

Source: Rand Researchers

*For every **\$1.00** Los Angeles County invested in Permanent Supportive Housing, the County **saved \$1.20** by reducing health care and other social services costs.*

| TYPE OF SERVICE | CHANGE OF USE |
|-------------------------------|---------------|
| Health Services | |
| Emergency room services | -68% |
| Inpatient stays | -77% |
| Outpatient visits | -25% |
| Mental health | |
| Inpatient stays | -2 % |
| Crisis stabilization services | -60 % |
| Outpatient visits | -25% |



Healthcare providers

Neighboring residents

Nonprofit service agencies

Stakeholder Engagement

Local small business owners

Clients/ Consumers

Alameda County

City of Alameda