

# Alameda Medical Respite and Wellness Center

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Doug Biggs, Executive Director  
[Alameda Point Collaborative](#)  
[Dbiggs@apcollaborative.org](mailto:Dbiggs@apcollaborative.org)  
510-898-7800

Bonnie Wolf, Project Director  
[bonniewolf@att.net](mailto:bonniewolf@att.net)  
510-206-1225

## Alameda Point Collaborative

- Established in 1999 with homeless accommodation at Alameda Point
- Provides Housing and Services for 500 formerly homeless residents, primarily survivors of domestic violence, veteran and families with disabilities
- 95% of clients served by APC successfully retain housing

## Opportunity

Alameda Point Collaborative and Project Partners have applied to and received conditional approval from the US Department of Health & Human Services to:

- Acquire, develop and transform a 3.65 acre property adjacent to Alameda's Crab Cove
- Create a Center to serve medically vulnerable, aging adults experiencing homelessness

## What is a homeless accommodation?

Under the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411, as amended), public bodies and eligible nonprofit organizations and institutions that are concerned with providing assistance to the homeless may apply to acquire Government property (through permit, lease, or deed) that has been determined suitable by HUD for homeless use.

Notices are published at:

[hudexchange.info/programs/title-v/suitability-listing/](http://hudexchange.info/programs/title-v/suitability-listing/)

## How the Homeless Accommodation process worked at McKay Ave.

- On April 28<sup>th</sup>, GSA issues public notice of determination of homeless suitability and availability
- Two organizations – APC and Church of Rastafarian submitted notices of interest by the deadline of May 29<sup>th</sup> and were invited to submit a full proposal, minus financial information.
- Full proposal was submitted on August 7<sup>th</sup> and on August 24<sup>th</sup> APC was informed they were the only qualified applicant, and were asked to submit capital and operating budgets by Nov. 4<sup>th</sup>
- HHS approved APC's application for the property on Dec. 13<sup>th</sup>

## Desired Innovations

*Addressing the health and housing needs of medically fragile homeless elders and homeless adults with complex health conditions in Alameda County*

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

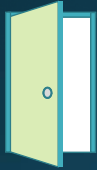


*Number homeless any given night  
Alameda County: 5,629 - City of Alameda: 204*

# Proposed Continuum of Resources

## Alameda County - Homeless Residents/Medically Complex Conditions

- Permanent Supportive Senior Housing
- Medical Respite
- FQHC Satellite Medical and Behavioral Wellness Clinic



## City of Alameda - Homeless Residents

- Resource and Drop-in Center — emergency supplies and support

# Project Site: Existing Conditions





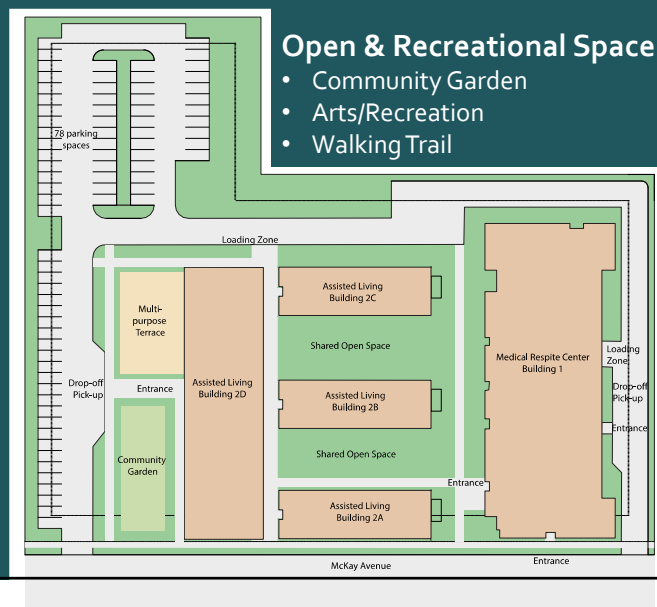
# Project Site: Approved Concept

## Building 1

- FQHC Satellite Medical and Behavioral Wellness Clinic
- 50 Medical Respite beds
- Resource Center and Coordinated Service Entry (housing linkages)
- Common Spaces

## Building 2

- 90 Assisted Living units
- Supportive Services
- Kitchen/Dining Hall
- Common Spaces



## Senior Housing

**90 units of Independent Living for Vulnerable and Homeless Elders with Enriched Supportive Services**

- Supportive and Elder Services
- Recovery and wellness programs
- On-site health care
- Assistance with personal care – activities of daily living
- Palliative/end-of-life care
- Healing options - art, community gardening, yoga and acupuncture

## Medical Respite

### 50 bed 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
- Three nutritious meals daily
- 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

# HHS Conditions of Approval

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)

## Cost of Homeless Health Care

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

## Beneficial Outcomes

### Clients

- Safe place for recuperative care
- Improve health and well-being
- Access to on-site health care
- Linkages to housing resources and primary health care home
- Serene and dignified living environment
- Mutual support and community
- Enhance housing stability

### Hospitals

- Access to safe & compassionate discharges
- Improve health outcomes of vulnerable populations and high utilizers of health systems
- Achieve cost savings
- Decrease hospital stays
- Reduce hospital readmissions
- Decrease reliance on emergency departments

### Alameda City/County

- Expand resources for medically vulnerable elders and homeless persons with health conditions
- Improve integration of health and housing resources
- Achieve cost savings across multiple systems
- Transform vacant buildings into well-designed, attractive facilities

## 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

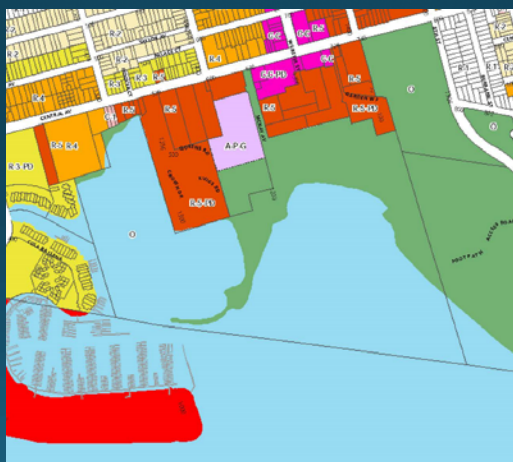
Achieved **50 percent reduction** in the per-patient cost to the U.S. Centers for Medicare and Medicaid 12 months after medical respite.

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

## Zoning and G Overlay



## A-P Zoning

A-P permitted uses	Proposed uses
<p>Medical facilities, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>(a) Dental clinics,</li> <li>(b) Hospitals,</li> <li>(c) Medical clinics,</li> <li>(d) Medical laboratories,</li> <li>(e) Nursing and convalescent homes,</li> <li>(f) Radiologist laboratories,</li> <li>(g) Rest homes,</li> <li>(h) Sanitariums.</li> </ul>	<p>A facility to provide housing and general care for highly vulnerable homeless elders with complex medical conditions.</p> <p>A facility for the recuperative care of homeless convalescing patients with medically complex conditions departing from hospitals or undergoing intensive medical treatment.</p> <p>Primary Care Health Clinic providing on-site medical and mental health care for residents and clients of the recuperative care and senior housing facilities.</p>
Offices of an administrative and professional nature	Resource Center with offices for case workers and outreach workers to meet with clients

## Dispelling some of the myths

**Myth:** The will of the voters was to make this site parkland

**Fact:** According to the settlement agreement between EBRP, State Parks and the Federal Government: East Bay and State Parks agree that the Retained Parcel(the Federal Center) may be subdivided and fully developed, by GSA, other federal tenants, or any successors in interest and assigns... East Bay and State Parks agree that they will not interfere, by legal means or otherwise, with the use or transfer of any portion of the Retained Parcel. East Bay and State Parks agree that they shall not participate in or seek to influence any change of zoning for the Retained Parcel as long as the Retained Parcel is owned by the United States or a direct purchaser... East Bay and State Parks may not oppose a project of a Direct Purchaser of the Retained Parcel from the United States.

## Dispelling some of the myths

**Myth:** It is not safe for school children to have to walk by such a facility on the way to or from Crab Cove

**Fact:** Principals of Paden and Child Unique support the project and are interested in ways their students could provide community service.

EBRP has offered to bring their naturalist programs into the center to serve the clients there.

## Dispelling some of the myths

**Myth:** Crime and Loitering will Increase

**Fact:** Other than the Resource Center, all services will be by referral and intake only, the Resource Center will be open from 10-3 and will have 7-10 visits a day. All visitors will wait on the property. There will be no lining up on the street.

APC has offered to make qualified staff at the center available to assist with homeless outreach and intervention in and around the park.

## Dispelling some of the myths

**Myth:** My property value will decrease

**Fact:**

- National Association of REALTORS®, have studied the impact of affordable/supportive housing on neighborhoods and have found “no consistent impact of federally assisted housing on nearby residential property values.”
- National Church Residences, a developer of over 5 supportive housing facilities throughout Columbus, Ohio, hired a third-party consulting firm to analyze the potential short and mid-term neighborhood impacts of their five supportive housing facilities. The conclusion of the study was that the five housing facilities have no discernible negative impact on crime and property values. In fact, most of the Comparative Areas had higher rates of crime and larger fluctuations in real estate value.