Doug Biggs

From: Doug Biggs
Sent: Wednesday, May 24, 2017 11:01 AM
To: 'Ritta, Theresa (PSC/REL/RPMS)'
Cc: rhonda.rance@gsa.gov
Subject: RE: Expression of Interest for HUD property No 54201630019

Thank you for sending me the application information. We will proceed accordingly.

Regards,

Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Ave.
Alameda, CA 94501
(510)898-7849
www.apcollaborative.org

-----Original Message-----
From: Ritta, Theresa (PSC/REL/RPMS) [mailto:Theresa.Ritta@psc.hhs.gov]
Sent: Wednesday, May 24, 2017 10:52 AM
To: Doug Biggs
Cc: rhonda.rance@gsa.gov
Subject: RE: Expression of Interest for HUD property No 54201630019

Mr. Biggs:

This is to acknowledge receipt of the Alameda Point Collaborative's below expression of interest in acquiring the subject property for assistance to homeless individuals. In accordance with Title V of the McKinney-Vento Homeless Assistance Act (Title V), all surplus real properties receive priority consideration for uses to assist the homeless. Please note that all clients must meet the definition of homeless promulgated at section 12a.1 of the joint Federal agency Title V regulation published at 45 C.F.R. Part 12a (copy attached). Eligible programs include emergency shelter, transitional housing, permanent supportive housing, and other supportive services for the homeless, etc.

Pursuant to the Federal Assets Sale and Transfer Act of 2016 (H.R. 4465), the Federal Real Property Assistance Program (FRPAP) is now required to review Title V applications in two distinct phases. An applicant is provided seventy-five (75) days to submit an initial application. Upon receipt of the initial application, the FRPAP has ten days to review the application and provide an initial determination. Applications are initially reviewed on the basis of four evaluation criteria: Services Offered, Need, Implementation Time, and Experience. If HHS determines that the applicant met those four evaluation criteria, the applicant is given forty-five (45) days to present a final application containing a reasonable financial plan for FRPAP's review and determination.

Attached is an application packet which contains instructions for completing an initial application to acquire surplus property. The applicant must complete all items of the application packet, excluding items 4.(B), 4.(C), 4.(D) and 4.(E), which pertain to the applicant's proposed financial plan, including funding sources. This initial application is due no later than Monday, August 7, 2017. If HHS determines the applicant met the initial four review criteria, HHS will notify you by letter. At that time, the applicant will be given 45 days to submit a reasonable financial plan.

Please return an initial application, by the stated due date, to rpb@psc.gov. If the application is too large to send as a PDF via email or you do not have the ability to send by email, please contact our office immediately. We will provide you the appropriate physical address to send a hardcopy.

Please note that significant costs may be associated with acquisition of real property and establishment of the proposed program. These expenses may include, but are not limited to the following: facility improvements, property surveys, environmental assessments, lead-based paint and/or asbestos abatements. GSA's attached Homeless Notice provides the minimal building requirements. If you have questions regarding these requirements, please contact GSA directly. Please be aware that applicants may identify possible sources of Federal funding through the publication Federal Programs to Help Homeless People (1993), produced by the Interagency Council on Homelessness (ICH). You may obtain a copy by visiting the HUD User Web Store at http://webstore.huduser.org/catalog/product_info.php/cPath/2/prodcuts_it/7548.

You will be notified in writing, the results of our review and determination. Please note, however, that the Department of Health and Human Services (DHHS) does not have the final authority for disposition of the property. The General Services Administration, subsequent to HHS's determination, must assign the property to HHS before it can be conveyed. Please also note that should HHS approve an application, we will not request assignment until such time as we are notified that the property is unoccupied by Federal tenants.

For general information on the application process, please contact RPMS staff on (301) 443-2265. However, if you have specific questions regarding the property (e.g., acreage, floor plans, site visit, etc.), and/or are interested in a tour, please contact Ms. Rhonda Rance, Realty Specialist, Real Property Utilization and Disposal (9PZ), U.S. General Services Administration, Mailbox 9, 50 United Nations Plaza, 4th Floor NW, Room 4345, San Francisco, CA 94102; telephone, (415) 522-3433; email, rhonda.rance@gsa.gov.

Regards,

Theresa Ritta
Office: (301) 443-6672
Mobile: (202) 823-1348

-----Original Message-----
From: Doug Biggs [mailto:DBiggs@apcollaborative.org]
Sent: Wednesday, May 24, 2017 12:56 PM
To: Ritta, Theresa (PSC/REL/RPMS)
Subject: Expression of Interest for HUD property No 54201630019

The Alameda Point Collaborative is a non-profit organization providing supportive housing for formerly homeless residents at Alameda Point - a previous homeless accommodation. We wish to submit an expression of interest for the Alameda Federal Center Northern Parcel at 620 Central Ave. Alameda, CA GSA control No 9-G-CA-1604-AD, HUD property No 54201630019.

Our request for the facility would be to utilize it for job training and drop in services for Alameda's more than 1oo unhoused homeless. I would appreciate it if you would us with the necessary application instructions so that we can complete the Expression of Interest. Thank you very much.

Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Ave.
Alameda, CA 94501

(510)898-7849
www.apcollaborative.org

Alameda Federal Center Northern Parcel
620 Central Avenue, Alameda, Alameda County, CA 94501
GSA Control No. 9-G-CA-1604-AD
HUD Property No. 54201630019

1. Description of Applicant Organization

(A) State the legal name of the applicant organization and state whether the applicant is a State, political subdivision of the State, or a private nonprofit organization, tax-exempt under section 501(c)(3) of the Internal Revenue Code of 1986, as amended. If tax exempt, include a copy of the formal exemption letter from the Internal Revenue Service.

The lead applicant organization is Alameda Point Collaborative (APC), established in 1999 to administer a homeless accommodation, repurposing housing and facilities at the decommissioned Alameda Naval Station, now known as Alameda Point. APC is a nonprofit tax-exempt organization, under section 501 (c)(3) of the Internal Revenue Code, Tax ID 94-3361364. A copy of APC's tax exemption letter is attached in the Appendix.

(B) **Provide a copy of the document showing statutory or other authority which permits your organization to acquire and hold title to real property for the proposed use. A copy of the applicable citation from the Corporations Division of the Secretary of State's office, where the applicant is registered, will satisfy this requirement. If the applicant is a nonprofit corporation, present evidence showing said corporation's authorization, under its charter, to hold title to the real estate for which it has applied. Provide a copy of the charter and State certification.**

A copy of APC's by-laws and its APC's Board of Director's resolution that authorizes the agency to hold title to the proposed real estate are attached in the Appendix.

(C) Give the address and telephone number of the applicant organization:

Alameda Point Collaborative, 677 W. Ranger Avenue, Alameda, CA 94501. Phone number: 510-898-7800; 510-455-0378. if questions arise during application review, please call Doug Biggs, Executive Director, at 510-455-0378.

(D) Given the name, title and address of the person authorized to complete this purchase. The authorized person must be the same as named in the governing board resolution.

Doug Biggs, Executive Director, Alameda Point Collaborative is the authorized person to complete this purchase. Alameda Point Collaborative, 677 W. Ranger Avenue, Alameda, CA. 94501.

(E) Identify all possible lessees, sub-organizations, affiliates, etc. that may participate in and/or operate the proposed program on the requested property, if any:

(1) Any organization listed under 1.(E) must meet the same eligibility requirements as the applicant, i.e. the organization must be a State, unit of local government, or a private non-profit organization (must be a registered 501 (c) (3) tax-exempt organization) that serves persons experiencing homelessness. Provide documentation as necessary.

The project represents a collaboration of six organizations ("Collaborating Partners") that will work in partnership together. APC will acquire the property and oversee the renovation, new construction and homeless accommodation project ("project"). The shared purpose of the Collaborating Partners is to provide complementary services to benefit an estimated 976 individuals experiencing homelessness annually at the project in Alameda, California.

Each Collaborating Partner is a distinguished leader in the delivery of trauma-informed, highly effective and best practice supportive services for persons and families experiencing homelessness in Alameda County. The Collaborating Partners will share in the planning, maintenance and operations of the proposed renovation, new construction and adaptive re-use project.

Collaborating Partners include:

- Alameda Point Collaborative (APC) - lead applicant
- Alameda County Health Care for the Homeless (ACHCH) program
- Alameda Family Services (AFS)
- Building Futures
- LifeLong Medical Care
- Operation Dignity

Together, these Collaborating Partners will provide vitally needed services for homeless individuals and families, including: medical respite, emergency shelter, employment training, Head Start/Early Head Start, assisted living, housing assistance, navigation and outreach, and domestic violence services.

Please find attached tax exempt letters confirming the nonprofit 501(c)(3) status for Alameda Point Collaborative, Building Futures, Alameda Family Services, LifeLong Medical Care and Operation Dignity in the Appendix. ACHCH is a public entity 330h Health Care for the Homeless health center based in the Alameda

County Health Care Services Agency. See attached letter regarding ACHCH government status in the Appendix.

(2) If any of the above organizations will pay rent to the applicant organization, provide a rental agreement (or draft agreement) detailing the terms of the rental amount. Rent cannot exceed the cost of utilities and maintenance for the space used by the organization paying rent.

Please see the attached draft future rental agreements between Alameda Point Collaborative and the Collaborating Partners for the purposes of leasing space for their operations in the Appendix.

(3) Provide commitment letters, memorandums of agreement, or any other documentation detailing the planning cooperation between the applicant organization and all organizations listed under 1. (E).

Please see attached commitment letters from each Collaborating Partner indicating their planned cooperation to work with APC to adapt the Alameda Federal Center Northern Parcel for homeless accommodation in the Appendix.

(F) Indicate whether the applicant organization is accredited, approved, or licensed by a Federal or State accrediting, approving, or licensing authority. If so, give the name of such authority.

Alameda Point Collaborative (APC) is not accredited, approved or licensed by a Federal or State accrediting, approving or licensing authority as this not applicable for the agency's operations. The State certified by-laws states that one of APC's social purpose is to provide facilities.

Various Collaborating Partners have received accreditation and/or licensing:

Alameda Family Services is licensed by Community Care Licensing, Child Care Licensing Division, which is part of the California Department of Social Services.

Alameda County Health Care for the Homeless program (ACHCH) is an exempt from licensure clinic under California Health and Safety Code Section 1206(B). Key sub-recipient and primary care provider Alameda Health Care is accredited by the Joint Commission and is licensed by the State of California Department of Health Care Services. The Joint Commission (TJC) sets the standards for judging the quality of health care nationwide.

LifeLong Medical Care primary care clinics and services are licensed by the State of California Department of Health Care Services and is accredited by the National Committee for Quality Assurances as a Level 3 Patient medical Health Home.

2. Description of Real Property Requested

(A) Give a general description of the requested property. The amount of the property requested should not exceed normal operating requirements. The description should include the amount of acreage and improvements, e.g., buildings, structures, etc. Identify buildings as follows:

Alameda Point Collaborative and Collaborating Partners propose acquiring 3.65 acres of surplus federal property at the former Alameda Federal Center at 620 Central Avenue, Alameda County, California 94501. The project has been designated as an accommodation for homeless use, per the determination by the U.S. Department of Housing and Urban Development (HUD) on April 28 2017.

Building No: HUD Property No. 54201630019 GSA Control No. 9-G-CA-1604-AD
Building Name: Alameda Federal Center Northern Parcel Size: 79,880 SF

The property is improved with 11 buildings constructed in 1942 as WWII-era training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG-Administrative Professional Government, allowing general office development with a government use. The most recent property use was as a laboratory for testing meat and dairy products by the U.S. Department of Agriculture.

The property is located in Alameda, California, just yards from the San Francisco Bay in an established mixed-use neighborhood that includes single and multi-family residential, retail and other commercial property and the East Bay Regional Park District's Crab Cove.

(B) Provide information for items (1) (2) (3) (4) and (5) as applicable:

(1) State whether requested acquisition is by deed or lease; if by lease, state the desired terms of years for the initial lease.

Alameda Point Collaborative is requesting acquisition by deed for the Alameda Federal Northern Parcel property. A deed is being requested instead of the standard 10-year lease, due to the significant amount of rehabilitation and financing required for the property to be utilized.

(2) Indicate any zoning/land use regulations that are applicable to the subject property, and assure that the proposed program will conform to such regulations, as may be required upon transfer of title from the United States.

The current zoning is administrative/professional with a government overlay. At the time that the property is transferred, it will need to be rezoned to remove the government overlay. The attached City of Alameda letter states that the site will need to be rezoned to remove the government overlay and that the staff will recommend that the City Council approves a rezoning that will conform to the proposed uses.

(3) State that the renovation of existing buildings and/or construction of any new buildings will meet State and local building codes/and or regulations for the proposed program of use.

The renovation of existing buildings and/or construction of any new buildings will be carried out in compliance with Alameda City code requirements, and any California building codes and/or regulations. All renovation and construction will require permitting approval and inspection of all work, to ensure compliance with local and state building codes.

(4) Report the exact description of utilities required and state how arrangements will be made for securing all needed utility services.

Existing utilities are sufficient and will be transferred to APC upon transfer of property. Utilities required are electricity, gas, water and sewer. APC will confirm with GSA that all bills are currently paid, applying for transfer of each of the utilities at the appropriate time.

(5) Identify any easements, including overhead and underground, which are reported with the property, or are to be otherwise acquired for use in connection with the property.

There are no known easements on the property.

(C) Applicants may generally acquire related personal property included with the available real property if the need and use are specifically included and justified in the application. It is subject to the same discount allowance as the real property for which you have applied. Identify such related property by an inventory attached to each copy of the application showing the description, serial number, or other adequate identification. Applicants may obtain this information from the landholding and/or disposal agency.

There is very little property left on the site other than some tables and chairs in one conference room that have not been inventoried by the disposal agency. If available, APC will acquire that furnishing.

3. Description of the Proposed Program

(A) Identify the services the applicant will provide through the use of the surplus Federal property, and include:

(1) The population to be served and service area (e.g. city, county or state)

The proposed project will serve persons experiencing homelessness in Alameda County, California. Alameda County is included in the San Francisco Bay Area, encompassing much of the East Bay Region. Alameda County covers 739 square miles and extends from the San Francisco East Bay to the rim of the California Central Valley. The County shares borders with Contra Costa, Santa Clara and San Joaquin counties and the San Francisco Bay. All areas of the County are impacted by homelessness, including its densely-populated urban centers, rural areas and agricultural areas. The highest rates of homelessness in Alameda County are found in Oakland, Berkeley, Hayward, Fremont, Livermore and Alameda.

As the 7th most populous county in the state, Alameda County's 2015 population of 1,638,215 has gown 9.4% from 2000. A 2014 analysis by *The Atlantic* found Alameda County to be the 4th most racially diverse county in the United States. Persistent social, health and economic disparities, combined with rapidly escalating rents and home foreclosures, have driven homeless rates and created a growing reality among low-income residents that they are just one hardship away from homelessness.

In Alameda County, at least 5,629 persons experience homelessness on any given night, including 3,863 unsheltered persons who are living on the streets, cars, under bridges, or other unsuitable and unsafe conditions[1]. Structural inequities result in disproportionate rates of homelessness among residents of color, particularly pronounced among African American residents.

Homeless individuals in Alameda County, congruent with national findings, experience increased premature mortality and morbidity rates as well as higher rates of mental health conditions, chronic disease, substance use, and behavioral

[1] Alameda County "2017 Homeless Point-In-Time Count and Survey."

impairments contrasted with rates of housed persons[2].

The proposed project will serve 100 percent homeless individuals and families, with the specific beneficiaries of the diverse programs identified below:

COLLABORATING PARTNER	HOMELESS POPULATION SERVED
Alameda Point Collaborative	• Homeless and chronically unemployed individuals
Alameda Family Services	• Homeless families with children birth to five. • Head Start: children from APC's supportive housing, Building Future's emergency shelter and Service Hub, and Operation Dignity's Navigation Center.
Building Futures	• Emergency Shelter: Homeless Families • Domestic Violence and Education: Survivors of Domestic Violence • Service Hub: Homeless individuals & families
Alameda County Health Care for the Homeless program and Lifelong Medical Care	• Medically fragile homeless with high acuity and medical complexity • Chronically homeless individuals • High portion tri-morbid: medical, mental health and substance abuse conditions • Priority diagnosis: post-operative care, injury, pneumonia, cancer, HIV/AIDs, neurological disease, orthopedic conditions.
Operation Dignity	• Homeless individuals (including homeless veterans and chronically homeless and unsheltered individuals)

(2) Estimated number of clients to be served in a given year

The estimated 976 clients to be served annually by the Collaborating Partners is presented in the table below:

[2] 2015 Health Care Needs Assessment of Persons Experiencing Homelessness in Alameda County.

COLLABORATING PARTNER	NUMBER OF HOMELESS CLIENTS SERVED (ANNUALLY)
Alameda Point Collaborative	• 40 homeless individuals
Alameda Family Services – Head Start	• 86 children from six months to five years of age from homeless families will be served at one time
Alameda County Health Care for the Homeless program and Lifelong Medical Care	• Medical Respite: 300 medically fragile homeless individuals • Assisted Living: 30 homeless elders with serious mental health conditions.
Building Futures	• Emergency Shelter: 150 women and children (families) • Domestic Violence Outreach and Education: 50 persons • Coordinated Entry Service Hub: 100 persons
Operation Dignity	• 200 people experiencing homelessness
Collaborating Partners (Total)	• 976 people (children, youth and adults) experiencing homelessness annually.

While some clients might receive services at multiple agencies, there is no overlap among key service providers and programs. For example, the 150 individuals served at the emergency shelter will differ from the 300 individuals served by medical respite annually.

(3) Full range of services provided to program participants

The Collaborating Partners plan to provide the following services, as presented in the table and description below:

COLLABORATING PARTNER	SERVICES/PROGRAM
Alameda Point Collaborative	• Employment Training and Job Preparedness
Alameda Family Services – Head Start	• Head Start/Early Head Start for infants and toddlers • Comprehensive child development program
Alameda County Health Care for the Homeless program and Lifelong Medical Care	• Medical Respite • Assisted Living Program
Building Futures	• Emergency Shelter for homeless families • Domestic Violence Outreach and Education • Coordinated Entry Service (CES) Hub
Operation Dignity	• Navigation Center

Alameda Point Collaborative (APC)

APC's Employment Training Program will serve an estimated 40 clients experiencing homelessness each year at the facility. Clients will comprise Alameda's current unhoused homeless population, homeless individuals living in Alameda's emergency shelters and transitional housing, and residents of APC's permanent supportive housing at Alameda Point.

1. Drop-In Employment Center

APC's Drop-in Employment Center will provide a job preparedness program for chronically homeless individuals. APC will generate same-day job readiness experiences for unhoused homeless individuals to focus on learning specific tasks. This target population typically faces myriad barriers to employment, including low educational attainment, limited access to childcare, limited past work experience, mental health and/or physical disabilities and chronic health problems.

APC's Drop-In Employment Center will facilitate client engagement in low-skill tasks to develop basic job preparedness skills, while benefiting the facility and neighborhood. Examples of low-skill training tasks include landscape maintenance, street beautification and product assembly. The Employment Center will also provide individualized support and job seeker workshops.

2. Employment Training Program

APC's Employment Training Program will promote skill development to facilitate each client's re-entry into the work force. The primary focus is enabling clients to practice carrying out job tasks in easy-to-enter employment sectors, such as building maintenance. Participants will learn tools to increase the likelihood of retaining jobs, such as learning to work together as a team, balance workplace and family responsibilities and develop healthy communication skills. APC's program will provide a supportive environment for individuals who have been absent from the workforce for lengthy periods to grow and learn from mistakes as they gain job readiness skills.

APC will conduct on-site job training opportunities for individuals experiencing homelessness in building maintenance, landscaping, and culinary skills to prepare them for employment in sectors with low barriers to entry-level jobs. APC will establish agreements with the future operators of the commercial

kitchen, property management company and landscaping business to enable APC to provide on-site training options, as possible.

The philosophy of the job training program will be to provide numerous, varied opportunities for people with significant barriers to re-enter and succeed in the workforce. The program will provide participants with intensive support to gain job readiness skills to boost their abilities to apply for and succeed in future jobs.

Alameda Family Services-Head Start/Early Head Start

Alameda Family Services (AFS) plans to provide Head Start/Early Head Start program (HS/EHS) at the project. AFS's program will offer a continuum of care for 86 children from 6 months to 5 years of age, 8 infants (6-24 months, 18 toddlers (18-36 months) and 60 preschoolers (3-5 years of age). In addition to no-cost childcare services, the HS/EHS program will provide special education, family services, parent engagement, mental health, physical health and nutrition services. Nutritious meals and snacks will be available three times daily.

The goal of the HS/EHS program will be to improve the emotional, psychological, and physical health of children and families experiencing homelessness in Alameda. Program goals include school readiness for children and parent engagement to promote the long-term success of their children. AFS has provided HS/EHS services to families living in supportive housing and emergency shelters in Alameda for over ten years.

This HS/EHS program aims to ensure that children possess the skills, knowledge and attitudes needed for school success and later learning. The classroom curriculum will Integrate the Creative Curriculum, Anti-Bias Curriculum, the Center for Social and Emotional Foundations of Early Learning Pyramid Model and developmentally appropriate practices. HS/EHS teachers will promote school readiness in the areas of language, cognitive development, early reading and math skills, approaches to learning, social-emotional development and physical development.

The program will ensure screenings and early intervention relating to each child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual and emotional skills. Mental health professionals will provide timely early identification and interventions relating to a child's mental health challenges, if applicable. The program will also ensure that each child is up-to-date with preventative and primary health care, including medical, dental and

preventative care.

The program will engage parents in a collaborative process to identify family goals, strengths and needed services. Partnership agreements will enable parents to identify family goals, strategies and timelines to achieve goals and report progress. Parents will be referred to community resources to address immediate and long-term shelter, food, housing, and related needs.

Alameda County Health Care for the Homeless (ACHCH) program and LifeLong Medical Care

ACHCH and Lifelong Medical Care will jointly operate two vitally needed programs for homeless individuals with complex medical challenges: Medical Respite and Assisted Living.

1. Medical Respite

Medical respite care provides acute and post-acute medical care for homeless persons who are too ill or frail to recover on the streets from a physical illness or injury, but are not ill enough to remain or return to the hospital. Medical respite offers a compassionate option for homeless people who are not sick enough to justify continued inpatient care, yet lack suitable options for safe recuperation.

Homelessness heightens risks for persons trying to recover from or manage multiple health conditions, such as cancer, diabetes, pneumonia, injuries and wounds. The ability to recuperate or adhere to common discharge instructions is impeded when individuals lack a place to rest, support from family caregivers, adequate hygiene, safe storage for medication or follow-up medical care.

ACHCH program and Lifelong Medical Care will collaboratively establish and operate a 40-bed Medical Respite center at the facility. The need for respite care in Alameda County is a vast and largely unmet need for homeless individuals with multiple, severe and complex health needs.

The mission of the proposed Medical Respite center is to provide recuperative care, temporary shelter and coordination of services for homeless adults being discharged from hospital inpatient stays or in process of intensive medical outpatient treatment. Clients would primarily be admitted from safety-net hospitals (Alameda Health System's Highland, San Leandro and Alameda hospitals, and Alta Bates and Summit Hospitals). Additional referrals may come from other hospitals or skilled nursing facilities in Alameda County. Respite stays

could range from several days to several months, depending on the acuity of the patient's needs and ability to link them with appropriate community-based supports post-discharge.

An on-site respite care team (seven days a week and 24 hours on call) will include registered and advance practice nurses, physicians, and medical assistants, licensed clinical social workers and community health workers. Three daily nutritious meals, a laundry facility and housekeeping will be provided on-site.

The medical respite team will provide a wide variety of medical and social services:

- Coordination with hospitals, skilled nursing facilities and other referring agencies to facilitate patient referrals and transfer of care
- Management of urgent and immediate physical and behavioral health care needs
- Nursing care, medication management, patient education, and wound care
- Health education and patient support groups
- Referrals/linkages for primary and specialty medical care
- Chronic disease monitoring and management
- Counseling and health education
- Social services and case management
- Assistance with applications for income benefits (e.g. food stamps)
- Assistance with housing applications and plans for housing post discharge
- Substance abuse and mental health referrals
- Transportation to medical and social services appointments
- Three meals a day

The clinical component of the respite program will provide: 1) initial assessment to develop a treatment plan; 2) management of health conditions to promote healing and stability; 3) prevention: care aimed at maintaining health and preventing re-hospitalization; and 4) discharge assessment to determine when patients are ready to be discharged from the medical respite setting.

Respite staff follow up with patients throughout their medical treatment and conduct discharge planning to make appropriate referrals. Discharge plans are reviewed by multi-disciplinary teams to ensure both that patients are medically ready for discharge and that referrals and follow-up services are sufficient to promote success in the community.

In addition to meeting local, state and federal regulations related to health and

safety in the medical respite program, medical respite services will follow standards set by the National Health Care for the Homeless Council's Respite Care Providers Network. These standards serve as a framework to help medical respite programs operate safely, effectively, and seamlessly with local health care systems, and to promote program development and growth:

1. **Safe and quality accommodations**: The medical respite program provides patients with space to rest and perform activities of daily living (ADLs) while receiving care for acute illness and injuries. The physical space of medical respite programs will be habitable and promote physical functioning, adequate hygiene, and personal safety.
2. **Quality environmental services:** Like other clinical settings, medical respite programs must manage infectious disease and handle biomedical and pharmaceutical waste. Medical respite programs will follow applicable local or state guidelines and regulations related to hazardous waste handling and disposal, disease prevention, and safety. Written policies and procedures described will reflect applicable local, state, or federal guidelines and regulations.
3. **Manage timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings**: Care transitions refer to the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions and care needs change. Care transition initiatives aim to improve quality and continuity of care and reduce the chances of medical errors that can occur when patient care and information is transferred to another provider.
4. **Administer high quality post-acute clinical care:** In order to ensure adequate recuperation from illness and injury, the medical respite program will provide an adequate level of clinical care. Qualified medical respite personnel will assess baseline patient health, make ongoing reassessments to determine whether clinical interventions are effective, and determine readiness for program discharge. High quality clinical care responds to the patients' needs and goals and promotes interdisciplinary team work.
5. **Assist in health care coordination and provides wrap-around support services:** This program is uniquely positioned to coordinate care for a complex population of patients who may otherwise face barriers to

adequately navigate and engage in support systems. Case managers improve coordination of care by brokering linkages to community and social supports in order to help patients transition out of homelessness and achieve positive health outcomes.

6. **Facilitate safe and appropriate care transitions from medical respite to the community**: The medical respite program has a unique opportunity to influence the long-term health and quality of life outcomes for individuals experiencing homelessness. A formal approach to the transition of care when patients are discharged from medical respite will optimize the chances for success.

7. **Driven by quality improvement**: The integrity of a medical respite program rests on its ability to provide meaningful and quality services to a complex population. As such, medical respite programs have policies and procedures in place to ensure that their personnel are qualified and effective in improving the health of people experiencing homelessness.

   Expected respite care outcomes include:

   - Provide a clean, safe and supportive residential space for recuperation
   - Prevent readmission to hospitals after discharge
   - Decrease returns to emergency rooms
   - Provide access to medical and supportive services to foster recuperation
   - Establish on-going primary health care
   - Assure follow-up with needed specialty care
   - Discharge participants to housing options
   - Engage participants in mental health and substance use treatment services.

2. <u>Assisted Living Program</u>

ACHCH and LifeLong Medical Care will collaboratively develop and operate a 25-bed Assisted Living Program at the Project. The targeted beneficiaries are homeless older adults with significant mental health and medical conditions. The proposed program will be the first Assisted Living program in Alameda County that is specifically designed to meet the intensive needs of this population.

Assisted Living offers a solution to the poignant, too frequent dilemma of homeless older adults with complex medical conditions winding up back on the streets. Even after medical respite stays, these individuals are often in dire need

of longer-term housing options linked with medical care. Without a safe housing option, these homeless individuals are at risk for further infections, worsening conditions, or to die alone and without care on the streets.

The proposed Assisted Living program will provide residents an opportunity to receive specialized medical care and supportive services in an integrated and caring environment. The program will enable older adults experiencing homelessness to address aging and end-of-life concerns with dignity and care.

Services will be similar to the medical respite program, with additional specialized nursing, medical care and end-of-life care. The proposed Assisted Living program would provide 25 beds for individuals with serious mental illness, significant health care needs, and histories of homelessness and instability.

The site would be licensed by the California Department of Social Services Community Care Licensing Division and will provide 24/7 care and supervision. Staff will provide medication management support, three meals and two snacks per day, help with daily living activities, health and wellness program, and and psychiatric care. The design and programming will focus on creating a home-like environment for residents.

The Assisted Living Program will help residents move toward more independent living situations and strive to prevent premature institutionalization in skilled nursing facilities, whenever feasible.

Building Futures

1. Emergency Shelter

Building Futures will operate a 40-bed emergency shelter serving families experiencing homelessness at the project. The shelter will be available 24-hours per day and 365 days a year. The emergency shelter will be relocated to this project from dilapidated temporary shelters, to provide a safe living environment and expand capacity from 25 beds to 40 beds.

The program will provide shelter for homeless families with supportive services, including case management, housing assistance, and life skills workshops. Mental health services will be provided by interns under clinical supervision. Residents will receive three meals, personal hygiene products, showers, clothing, laundry machines and soap, mail services, and telephone access daily.

Shelter case managers will work closely with service partners, including Kerry's Kids mobile health clinic for children; the Alameda County Health Care for the Homeless Program mobile care for adults; Alameda Unified School District's McKinney Vento liaison specialist to enroll and support students; and Alameda Family Services to provide direct referrals to Head Start childcare.

2. Domestic Violence Services

Building Futures will establish a drop-in program that features a 24-hour crisis line, counseling, safety planning, individual and peer counseling, emergency food and clothing, emergency response from law enforcement, medical advocacy and emergency response to domestic violence survivors in hospital emergency rooms and medical clinics, counseling for children, legal assistance with temporary restraining orders, court accompaniment, housing establishment assistance, and assistance to secure transitional and permanent housing. The program will serve homeless individuals who are experiencing domestic violence.

3. Coordinated Entry Service Hub

Building Futures will operate a Coordinated Entry Service Hub Satellite (CES) at the facility, as part of its designation to provide one-stop services to Alameda County residents experiencing homelessness.

The CES model is a key element of the local service delivery system established by HUD. CES has a shared and standardized method for connecting people experiencing homelessness to a range of assistance, including immediate shelter as well permanent supportive housing and intensive case management. The service hub will assess people's housing-related needs, prioritize them for resources and support clients to access applicable housing options.

The sequence of services includes: 1) access and initial problem-solving; 2) assessment and on-going housing problem-solving; 3) housing navigation; 4) housing resources; 5) mainstream systems connection; 6) housing matching and referral; and 7) move-in and other resources.

Operation Dignity

Operation Dignity's will provide a no barriers-to-enter Navigation Center that assists individuals experiencing homelessness to navigate complex systems of care. The Navigation Center will support participants to effectively address the

challenges associated with accessing multiple resources, including housing, health care, transportation and related services. The drop-in center will be open from 8 a.m. to 8 p.m. daily.

The Navigation Center will offer on-site case management, housing navigation, basic food/supplies and referrals to vitally needed community resources. The center will be staffed with two full-time case managers. A key program focus will be supporting clients to access safe and supportive housing resources, including the on-site resources offered by other Collaborating Partners.

(4) Description of housing to be provided (if applicable)

Note: If the applicant is proposing permanent housing, it much be permanent supportive housing, defined as "*long-term, affordable, community-based housing that is linked to appropriate supportive health and social services that enable homeless individuals and homeless families with disabilities to maintain housing."*

Not applicable as permanent supportive housing will not be provided at the Project.

(5) Description of any rental agreements to be developed between the applicant and prospective clients/residents (if applicable)

Not applicable

(6) Description of how the program will link housing and services

Not applicable as permanent supportive housing will not be provided at the proposed project. (The program will offer extensive supportive services and housing advocacy, as described in the application).

(B) List other facilities in the community that currently offer the same type of service(s) you propose to offer, including the number of clients and/or beds. Provide information to support the need for additional services in the community. Include any surveys, reports, or other documentation to support your analysis, such as a municipality's ten-year plan to end homelessness, local reports or surveys on the number of persons without shelter, continuum of care plans, etc.

Rates of Homelessness and Health Conditions Faced by Homeless Populations in Alameda County

Alameda County's 2015 population of 1,638,215 has grown 9.4 percent from 2000,

making it the 7th most populated county in the state. More people live below the poverty line in Alameda County than in any other Bay Area community.

Alameda County is characterized by rapidly escalating housing costs, acute social and economic disparities and a high level of residential racial segregation. Median rents have increased 25% since 2015, while median household income increased only 5%. These cost-of-living challenges and housing displacement combine with decreases in affordable housing production to drive up homelessness rates.

The causes of homelessness are rooted in structural inequities, including a lack of affordable housing, economic disparities and racial inequities. Individual challenges are also an integral part of many unique stories, including mental illness, substance use, disability, childhood adversity/trauma histories, injury and illness.

The Alameda County Health Care for the Homeless Program, in its 2015 Assessment of the Health Care Needs of Persons Experiencing Homelessness in Alameda County, estimates 20,000 county residents experienced some form of homelessness (including street, shelter, motel and doubled up) in 2015[3]. The demographics of county homelessness reflect racial disparity, with African Americans heavily overrepresented, and reflect a nationwide trend towards the aging of homelessness, with more than half of persons experiencing homelessness over age 50.

The most recent Alameda County Homeless Point-in-Time Count and Survey identified 5,629 people experiencing homelessness on the night of January 30, 2017, reflecting a 27% increase in individuals experiencing homelessness since 2015 in the county. Of these 5,629 people, 31% are sheltered and 69% are unsheltered, meaning only 1 out of 3 people experiencing homelessness in the county are sheltered. The unsheltered (3,863 individuals) are dwelling in inhospitable environments, such in encampments, parks, vehicles, vacant buildings, under freeway overpasses and on the streets. The count found that emergency and transitional shelters were full on 1/30/17, highlighting the dire need for more shelter beds. The 2017 Homeless Point-in-Time Count is attached in the Appendix.

The highest concentration of individuals experiencing homelessness in Alameda

[3] 2015 Health Care Needs Assessment of Persons Experiencing Homelessness in Alameda County : http://www.achch.org/uploads/7/2/5/4/72547769/achchp_homeless_health_care_needs_assessment_2014-2015.pdf

County is found in Oakland (2,761 persons), Berkeley (972 persons), Hayward (397 persons), Fremont (479 persons), Livermore (243 persons) and Alameda (204 persons). Over half of all survey respondents (57%) cited economic hardship as the primary reason for their homelessness.

Individuals experiencing homelessness self-reported the following health conditions: psychiatric or emotional conditions (41%), chronic health problems (36%), PTSD (29%), physical disability (27%) and drug and alcohol abuse (26%). Eighteen percent of all respondents reported having three disabling conditions.

Persons experiencing homelessness have much higher premature morbidity and mortality than the housed population, according to the comprehensive health care needs assessment for persons experiencing homelessness in Alameda County 2014-2014, conducted by the Alameda County Health Care for the Homeless Program. The study also revealed that homeless individuals experience higher rates of chronic diseases, mental health disorders, substance use, communicable diseases, and functional and behavioral impairments, compared with housed persons.

The UCSF HOPE HOME Study, a longitudinal study of the health of persons who are over 50 years old and experiencing homelessness in Oakland CA, revealed that homelessness among this population has quintupled since 1990. On any given night, there are at least 1,500 persons aged 50+ unsheltered on Alameda County streets. A high portion (40 percent) of those surveyed were homeless for the first time after their 50th birthday, meaning that specific events precipitated homelessness for a growing number of elders (death of a spouse, job loss, illness). Persons 50+ experiencing homelessness have much higher rates of chronic disease, disability, cognitive impairment and hospitalizations than the general population of their age. Mental health conditions (depression, anxiety, psychosis) are very high, as well as histories of trauma as children and adults. Approximately 10% of the HOPE/HOME participants report being discharged from hospitals within the past six months.

Vital Need for Proposed Services

Below is a chart of existing facilities highlighting pressing community need:

SERVICE	PROGRAMS and RELATED INFO	BEDS/SERVICES
Medical Respite	Bay Area Community Services/Henry Robinson Multipurpose Center/LifeLong Medical Center	10 beds Medical Respite, Oakland Limited medical services
	East Oakland Community Project Crossroads and Alameda Health System Medical Respite Program	10 beds Medical Respite, East Oakland Limited medical services
Assisted Living	No other comparable Assisted Living facility for elders in Alameda County	Scattered site with limited services, no centralized program for senior homeless population, limited capacity to serve persons with serious mental health concerns
Emergency Shelter	Shelters serve specific homeless populations – women and children, men, youth, veterans & families.	Alameda County Homeless Point-in Time Count found all shelters in County were full 1/30/17, typical for any night. Need for shelter beds far outstrips supply.
Navigation Center	No other Navigation Centers in the city of Alameda.	New center will serve unhoused individuals
Job Training	APC serves residents of its supportive housing programs at Alameda Point	APC's program is limited to existing Alameda Point residents No other job training center in Alameda
Head Start Early Head Start	AFS serves 269 children in the City of Alameda	All local programs are full, existing waiting list of 218 infants and children

Medical Respite Care and Assisted Living Programs

The need for respite care in Alameda County is vast and is a largely unmet need for individuals experiencing homelessness.

There are only 20 shelter beds for medical respite in two shelter locations in Alameda County. These existing programs serve select patients being discharged from two hospitals, provide limited medical care, and were not originally designed to accommodate individuals with serious medical conditions or mobility challenges. Current respite sites are scattered and inefficient in referral, management and care.

Homeless persons experience higher rates of chronic and acute health problems, contrasted with individuals with stable housing. Homeless persons are often discharged from hospitals without a safe bed to rest, no nutritious food to eat,

prescriptions for medications they can't afford to fill, instructions for follow-up care they cannot heed, and a lack of access to appropriate follow-up care. Without a safe living environment or family caregiving support, homeless persons often over-utilize hospital emergency departments and rely on avoidable hospitalizations.

Shelters typically are not equipped to address the complex health needs of residents. Further, residents that are required to depart shelters during the day face increased exposure to illness and may expose others to communicable diseases.

The demand for medical respite far outpaces the urgent service needs of medically fragile homeless individuals who have been recently discharged from hospitals with nowhere to go. The pressure for shortened medical stays at hospitals/managed care further exacerbates the critical problem of unhoused, medically vulnerable homeless individuals returning to the streets with no follow-up care. Hospital social workers across the county are unable to place thousands of persons experiencing homelessness released from area hospitals onto safe housing and have no option but to release them into the streets. Re-entering the streets after hospital stays compounds the health conditions of persons experiencing homelessness and increases the likelihood of re-admittance and mortality, according to the health care needs assessment conducted by the Alameda County Health Care for the Homeless program.[4]

While emergency rooms continue to be a frequent source of medical care for persons experiencing homelessness in Alameda County, they are also the most expensive and inefficient option. The skilled nursing facilities in the County are not equipped to handle the behavioral and resource issues faced by the homeless population. There is a critical need for a centralized medical respite program that creates a safety net to addresses the complex medical conditions and comprehensive needs of the homeless population.

Based on data collected by the ACHCH program from Emergency Department and hospital admissions at the county's safety net Highland Hospital[5], the most frequent types of conditions which require respite care for homeless persons discharged from hospitals include:

- **Injuries and Musculoskeletal System**: Wounds, sprains, fractures and burns.

[4] 2015 Health Care Needs Assessment of People Experiencing Homelessness in Alameda County.
[5] 2015 Assessment of Health Care Needs of People Experiencing Homelessness in Alameda County.

- **Skin and Subcutaneous Tissue conditions**: Skin diseases, ulcers, edema and wound care.
- **Respiratory System:** Asthma, flu, pneumonia, infections, TB COPD, bronchitis.
- **Circulatory System conditions:** Heart disease, hypertension, coronary artery disease and peripheral vascular disease.
- **Gastrointestinal/Liver conditions:** Hepatitis, hernia, cirrhosis, carcinomas and colorectal cancer.
- **Nervous System conditions:** Epilepsy, peripheral neuropathy and cerebrovascular accident.
- **Genitourinary System conditions:** Urinary tract infections and prostatic hypertrophy
- **Co-occurring Addiction and Mental Illness**: At least 60% of patients will have one of these co-occurring conditions.

In 2012, the total reported countywide cost of the 3,200 hospitalization discharges of persons experiencing homelessness was $39,095,728, or $11,898 per hospitalization. In that year, homeless patients were hospitalized an average of 1.5 times each, with patients having up to 17 hospitalizations. The average length of hospitalization for persons experiencing homelessness was 7.3 days, as compared with the average length of hospitalization for the general population in Alameda County of 5.3 days. The average cost per day of hospitalization of a person experiencing homelessness in Alameda County was $1,902. Thus, persons experiencing homelessness are hospitalized an average of two days longer than housed persons, at an additional cost of $3,804 per hospitalization.

For acute care hospitalizations, the total 2010-2012 cost was $27,192,168, or an average cost of $15,242 per hospitalization. The average length of hospitalization was 6.6 days, at an average cost of $3,211 per night, compared with the general population having an average stay of 4.3 days. The average cost of only one acute care hospitalization – about $15,000 -- is almost exactly the cost needed to provide one year of supportive permanent housing for a homeless patient who is a high utilizer of services.

Michelle Schneidermann MD, Medical Director of the Alameda Alliance for Health (the county's nonprofit managed care organization), states that Alameda Alliance providers could refer a minimum of ten homeless individuals per week to the proposed medical respite center. She estimates that these referrals would be comprised of homeless individuals primarily discharged from Highland Hospital as

well as homeless ambulatory clients needing stability for initiation of chemotherapy, dialysis or treatments such as skin/soft tissue infections.

Dr. Schneidermann states that, at minimum, Alameda Alliance alone envisions the need for 20 acute beds identified for a two to six week stay and 10 longer-term beds for individuals with complex health needs who could not safely be returned to the community without first establishing strong community supports. A similar 45-bed medical respite facility in San Francisco, always full, is expanding to 79 beds.

The Medical Respite program will provide a basic level of care to ensure adequate recuperation and promote greater health and life stability, including clinical assessment, oversight, clinical interventions and 24-hour bed rest. Behavioral health care services will be provided in the medical respite setting by ACHCH program providers.

The proposed Medical Respite program will provide the requisite medical services to address the needs of persons with complex, multiple and severe health needs. The proposed program represents a compassionate response to serve homeless individuals who are not sick enough for continued hospital stays, but lack safe and suitable options for recuperative care.

The proposed Medical Respite program will prevent readmissions (estimated 28-59% reduction) and reduce health complications by providing a safe environment for homeless individuals to rest, recover and access medical care. Studies on medical respite programs find program participants to be 50% less likely to experience future hospitalizations than those who are unable to access this service. Programs that achieve such outcomes offer more than just a bed to recuperate; bed rest is coupled with high quality clinical care, oversight, and a range of supportive services.

Having a larger, centrally located facility described in this application, rather than scattered sites, promotes the ability to prioritize use of beds, consolidation of staffing and stronger linkages to other programs and services. This systematic model will also increase the ability to track data outcomes and costs as well and help develop business relationships with hospitals and other funders.

Assisted Living

Assisted Living extends the respite care model by creating longer-term housing options linked to medical services for homeless older adults with complex medical and mental health concerns. The Alameda County Health Care Services Agency

(HCSA) Behavioral Health Department supports a network of licensed residential facilities for individuals with serious mental illness throughout the County. The program, known as the Housing Support Program, includes a network of 16 licensed care homes operated by 14 different private operators.

Over the past four years, Alameda County has seen a steady decline in the number of licensed residential care facilities for the elderly (RCFE)/assisted living sites able and willing to support older adults struggling with serious mental illness. The few RCFEs that remain are more inclined to be extra selective regarding who they admit in their home. As a result, elders with any complexity to their needs are unlikely to be accepted. This trend has resulted in increased rates of homelessness and prolonged institutionalization among this population.

Homelessness is rapidly rising among older adults and the elderly. Older adults have exponentially higher mortality rates than the general population, due to unmet physical, mental health and substance use treatment needs. As increasingly frail persons fall into homelessness, health and functional status declines, and persons have more difficulty performing daily living activities. These dire problems are particularly applicable to persons with co-occurring mental health conditions, as many skilled nursing facilities will not accept persons with psychiatric conditions.

Safety-net skilled nursing facilities at Alameda Health System's (AHS) Fairmont Skilled Nursing Facility are always full, as many long-term residents have nowhere else to go and live Institutionalized, while others who could benefit from rehabilitation services are forced to either remain hospitalized or be discharged to unsatisfactory settings.

The Assisted Living program will work closely with partners such as Alameda Health System's skilled nursing services to coordinate care and services to these vulnerable patients. The program will also partner with safety-net Managed Care Organization Alameda Alliance for Health, who manage a large number of potential patient utilizers of the Assisted Living Program. Assisted Living services planned for this project are based on similar services being provided at Boston's Barbara McInnis respite facility, which have proved to be sustainable, cost-saving and life-improving.

The proposed Assisted Living program addresses the vital need for long-term housing and medical care in a community setting. Assisted Living ensures that the most vulnerable homeless elders receive services for acute medical and mental health conditions. The program will provide round-the-clock care with support

services and case management services, with the goal of stabilizing residents to re-connect with community when possible.

A key element of Assisted Living will be the ability to provide caring, high-quality palliative and end-of-life care to homeless persons who need such services. The ACHCH program currently works with a network of hospice workers that find tremendous challenges in navigating end-of-life care for homeless patients with terminal conditions. Assisted Living services will offer a vital resource to hospital workers and social workers at hospitals throughout the County who are working with homeless patients to find compassionate end-of-life care.

Emergency Shelter

While offering critically needed resources, the number of emergency shelter beds are woefully inadequate to meet the alarming and growing rate of homelessness in Alameda County. Of the 5,629 persons who are homeless on any given night in Alameda County, 3,863 persons (69%) are unsheltered.[6] This means 2 out of 3 persons experiencing homelessness are not sheltered. Forty-one percent of homeless individuals surveyed, as part of the 2017 Point-in-Time Homeless Count, base their unsheltered status on the lack of available emergency shelter beds. Alameda County emergency shelters and transitional housing programs are typically full each night of the year, indicating the need for a wider safety net of shelter resources for homeless individuals and families.

Head Start/Early Head Start Child Care

AFS, though its Alameda Head Start/Early Head Start program, currently offers no-cost child care and supportive services to 269 children and families living in the City of Alameda. The slots are already filled for the upcoming year beginning in August 2017. Currently, 218 children (107 children ages 3 to 5 years old, and 111 children birth to 3 years of age) are waiting for placement, highlighting strong demand.

Employment Training and Navigation Center services will be provided at the project. These services are vital for individuals experiencing homelessness in Alameda County, including chronically homeless individuals who face multiple barriers to gain economic security and access housing and related resources.

APC offers the one existing employment program serving the City of Alameda,

[6] Alameda County "2017 Homeless Point in Time Count and Survey."

exclusively benefitting the residents at Alameda Point. The City of Alameda does not currently have a drop-in or Navigation Center for individuals experiencing homelessness. Individuals must seek out multiple agencies to meet their needs. The Navigation Center services included in this application will create a "front door" for persons experiencing homelessness in Alameda, improving access to services.

In summary, there is an acute, persistent and growing need for the range of supportive services that Collaborating Partners will provide at the project.

(C) Supply a detailed description of how acquisition of the property will meet the proposed program's specific needed. This must include:

(1) Any anticipated improvements to the property (e.g. renovations or construction)

The Collaborating Partners are proposing the renovation and reuse of Buildings 1, 2A and 2D comprising a total of 59,167 square feet. These three buildings, which have both lower asbestos remediation costs and larger floor plates, will be retained for adaptive reuse. Buildings 2B and 2C have high asbestos remediation costs. Demolishing these two buildings can provide required outdoor space and parking for the project. Accessory structures, Buildings 8, 9, 10, 11, 12 and 13, which comprise 20,713 square feet, are also to be demolished. The accessory structures no longer serve a useful purpose for the new uses. A new construction, 30,000 square-foot building is proposed for the Medical Respite Center. The project will occupy a total of 88,155 square feet of renovated and new floor area.

The existing south parking area will be reduced in size and reconfigured to provide space for the Medical Respite Center and 60 parking spaces. On the northwest property line, the existing paved area and site area created by demolition of existing accessory structures will be configured to provide an additional 30 parking spaces, for a total of 90 spaces.

(2) The time required for completion of any improvements and for bringing the property to full utilization

The time required to complete the proposed renovation and new construction to bring the property to fully utilization is 36 months

(3) A rough floor plan, including**:**

(a) Any existing improvements

See Appendix for project floor plans.

The existing property is improved with buildings constructed in 1942 as WWII- era training facilities for officers in the US Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use.

The existing main vehicular entrance that provides access to parking and the entrances to the Assisted Living Center, Medical Respite Center and Head Start is off McKay Avenue at the southern end of the site. A second vehicular entrance along the north property line provides site access for Building Futures, Operation Dignity and Alameda Point Collaborative.

Existing Building 1 will be renovated and adaptively reused by Building Futures, Operation Dignity and Alameda Point Collaborative. Existing Building 2A will be renovated and adaptively reused by Operation Dignity and Alameda Point Collaborative. Buildings 2B and 2C will be demolished to make space for required outdoor space for Building Future's shelter families and Head Start children and to meet parking requirements. Existing Building 2D will be renovated and adaptively reused for Senior Assisted Living and Head Start.

(b) <u>The location of the proposed services within the building</u>

See Appendix for project floor plans.

<u>Building 1</u>

Existing Building 1 will be renovated and adaptively reused for Building Futures' Shelter, Administrative offices, Domestic Violence Services Center and Coordinated Entry Service Hub. The Emergency Shelter will provide 40 beds to serve families, ADA bathrooms, a dining room and kitchen, common room, multiple meeting rooms for therapy and case management, computer room, office for shelter staff, children's outside play area, children's indoor play area and laundry facilities. The administrative offices and Domestic Violence services will utilize 5,000 square feet of office space for multiple staff members plus a large conference room and outdoor break area. The shelter has separate access and a fenced enclosure to promote the safety and security of the women and children in residence. Alameda Point

Collaborative will operate a Commercial Kitchen and Job Training program with storage area in Building 1. Operation Dignity's storage space for outreach supplies (food, water, hygiene supplies, etc.), warming supplies and other supplies are located in Building 1. The existing entrance for Building 1 on McKay Street is the entrance to Building Futures' services and the APC commercial kitchen.

Building 2A

Existing Building 2A will be renovated for use by APC and Operation Dignity. Operation Dignity will operate a Navigation and Outreach Center on the ground floor. A new entrance is located mid-parcel on McKay Street in Building 2A. Operation Dignity's building entrance is intentionally separated from the entrance and visibility for Building Futures and the other service providers. APC office space is on the second floor of Building 2A, with property management, site support and job training facilities. Operation Dignity staff utilizes parking spaces in the south parking area. APC staff uses parking in both the south and north parking areas.

Building 2D

Existing Building 2D will be renovated for use for Senior Assisted Living and Head Start. Senior Assisted Living comprises 16,500 square feet with 30 beds on the first and second floors. Head Start/ Early Head Start occupies the ground floor. Head Start will utilize up to 7,000 square feet to serve up to 86 infants and toddler in 6 classrooms with office space for 10 staff members and a centralized kitchen. Outdoor space requirements for daycare is provided to the rear of the building in the open space created by removing Buildings 2B and 2C.

(c) Estimated square footage use of each component of the proposed program

Table 1 presents the allocation of existing and new floor area by each Collaborating Partner. Table 1 also presents the replacement use for the demolition of Building 2B, 2C and accessory structures.

Table 1: Existing and Proposed Floor Area and Use of Property

Building	Existing Use	Floors	Existing Floor Area (Sf)	Proposed Floor Area (Sf)	Occupancy By Collaborating Partner
Building 1	Lab	2	26,412	25,400	BF, APC, OD
Building 2A	Office	2	8,673	8,673	APC, OD
Building 2B	Office	2	8,755		Demolish for Outdoor Space
Building 2C	Office	2	9,119		Demolish for Outdoor Space
Building 2D	Warehouse	2	24,082	24,082	AFS Head Start, LMC/LMC Assisted Living
Building 8	Storage/Workshop	1	818		Demolish for Parking
Building 9	Storage	1	777		Demolish for Parking
Building 10	Storage	1	255		Demolish for Parking
Building 11	Trash	1	695		Demolish for Parking
Building 12	Sewage pumping station	1	75		Demolish for Parking
Building 13	Hydraulic elevator equipment	1	220		Demolish for Parking
			79,881	58,155	
new construction			2	30,000	LMC/ACHCH Respite Center
total			**79,881**	**88,155**	

Table 2 presents proposed floor area allocation and use by Collaborating Partner, building location and number of parking spaces.

Table 2: Proposed Uses, Floor Area, Location and Parking

PROPOSED USES BY COLLABORATING PARTNER	FLOOR AREA	LOCATION	PARKING SPACES
Building Futures: Emergency Shelter, Administrative offices, Domestic Violence Services Center and Coordinated Entry Service Hub	20,000 SF	Building 1	26
Alameda Point Collaborative: Commercial Kitchen, Job Training, Storage	3,000 SF 4,335 SF 7,335 SF	Building 1 Building 2A Total	15
Operation Dignity Outreach Supplies and Storage and Operation Dignity Navigation Center	2,400 SF 4,335 SF 6,735 SF	Building 1 Building 2A Total	10
Alameda Family Services Head Start/Early Head Start Center	7,000 SF	Building 2D	12
Lifelong Medical Center and Alameda County Health Care for the Homeless program -Assisted Living Center	16,882 SF	Building 2D	18
Lifelong Medical Center and Alameda County Health Care for the Homeless program - Medical Respite Center	30,000 SF	New Building	12
TOTAL	**88,155 SF**	**TOTAL**	**90**

(d) Location, type, size and proposed use of any new structures to be built on the property (if applicable)

See Appendix for project floor plans.

The Medical Respite Center is a new, two-story, wood frame 30,000 square-foo, 40-bed building located at the west end of the site. The Center

provides medical services, common facilities and a mix of private and shared rooms centered around nursing stations. Common outdoor space for residents is on the ground floor adjacent to the entrance.

(D) Provide written recommendations, endorsements, and studies of appropriate State agencies, public officials of State and local governments, and recognized national or local sponsoring associations or organizations. Applicants should only submit information pertinent to the proposed program.

Please see endorsement and support letters from local, county and federal government agencies provided for each of the six Collaborating Partners attached in the Appendix.

(E) Demonstrate that the applicant is qualified to implement the program of use. Provide a description of:

(1) The organization's present staff in terms of numbers and qualifications

Below is a table with present staff followed by qualifications of leadership staff:

COLLABORATING PARTNER	PRESENT STAFF (TOTAL)
Alameda Point Collaborative	50 full-time and part-time
Alameda Family Services	98 staff members
Building Futures	26 full-time and 37 part-time
Alameda County Health Care for the Homeless program	Direct: 21 staff who directly provide patient care as well as oversee contracting and coordination of care services through a network of contracted and sub-recipient providers 103 FTE medical providers at 12 service sites, directly provided service sites and sub-recipient sites
Lifelong Medical Care	730 staff members 28 staff in supportive housing division
Operation Dignity	33 staff, including Leadership Team and 11 case managers.

Collaborating Partners – Leadership and Program Staff Who Will Support the Implementation of Project

Alameda Point Collaborative

Alameda Point Collaborative (APC) senior staff includes the Executive Director, Finance Director and Program Director. Senior staff are recognized for their success in managing a large federally-funded nonprofit homeless

accommodation project. Other staff that will be engaged in the proposed project include the APC Employment and Education Manager, Facilities Manager and Property Manager.

Doug Biggs, APC's Executive Director since 2008, has provided distinguished leadership for the largest supportive housing program for homeless families in the East Bay, a homeless accommodation on the decommissioned Alameda Naval Station serving 500 residents on 34 acres of land and 200 units of housing. Mr. Biggs oversees 50 staff members, manages a $3.2 million budget and advocates for supportive housing on a regional and national basis. He has provided key leadership for successful collaborative partnerships among homeless providers in the county.

Quassim Moon, APC Director of Finance and Administration, brings a strong background in nonprofit financial administration, budget management, audit compliance and financial reporting. He has directed finances at nonprofits for 23 years.

Conrad Jansz, APC Facilities Director, has expertise in facilities maintenance, construction, contract negotiations and program management.

Kevin Looney, APC Employment Manager, brings 15 years of innovative and effective successes in workforce development. He has overseen business services recruitment, youth and adult employment programs and business retention services. He teaches interviewing techniques and resume writing for job seekers.

Alameda Family Services (AFS)

Key Executive staff that will dedicate their time and expertise to project oversight include AFS's HS/EHS Director and AFS Executive Director.

Lynne Moore-Kerr, HS/EHS Director, has provided key leadership Head Start Program for the 22 years she has been employed at AFS. Ms. Moore-Kerr has developed a team that embraces parents and a diverse, multi-cultural staff. Under her leadership, Alameda HS/EHS has met the federal grantee standards and has developed collaborations with many community partners. The Head Start program was also selected in a national competition to participate in the National Center on Early Childhood Health and Wellness Health Care Institute to promote health and wellness of staff, families and children, while strengthening

the communities in which they work.

Irene Kudarauskas, MSW, Executive Director, joined Alameda Family Services as Associate Director in 1996, becoming Executive Director in 2002. Before her tenure at AFS, she started a drop-in child care program for homeless parents and implemented a city-wide respite care program in San Francisco. Under her leadership, AFS has expanded to include the Early Head Start program, extended services to seniors, expanded drug treatment services for youth and adults and developed the only shelter for homeless youth between the ages of 13-18 in Alameda County.

Head Start Teachers: Head Start teachers must have an associate, baccalaureate, or advanced degree in Early Childhood Education or a degree in a related field, with pre-school teaching experience. All AFS teachers must bring stellar dedication to children and families, excellent teaching skills and strong communications skills. Head Start teachers must have the abilities to work with parents and other adults to nurture children's physical, social, emotional and intellectual growth.

Building Futures

Building Futures has 26 full time employees and 37 part-time employees. Key leadership staff includes the Executive Director and four Senior Directors.

Liz Valera, Executive Director, began her tenure in homelessness and domestic violence services in 1993. Back then, Building Futures was a small agency operating a homeless shelter for women and children. Today, Ms. Valera leads a 74-employee, $5.5 million agency that provides a continuum of care to ensure that individuals and families can live free from homelessness and domestic violence. She has successfully administered all federal housing and/or homeless services contracts.

Sabrina Thomas, Emergency Services Director, oversees Building Futures' Homeless Shelter, Housing Assistance Program, and Coordinated Entry Services (CES). In 2009, Ms. Thomas began providing leadership to develop Building Futures' federally-funded Homelessness Prevention and Rapid Rehousing Program.

Camille Moreno, Clinical Director, received her PhD from the Wright Institute in Berkeley. Since 1995, Dr. Moreno has been serving Building Futures clients and

has been a pivotal force in developing all of the agency's Domestic Violence Safe House, Outreach, and Housing services. Dr. Moreno currently provides clinical oversight to the three branches of Building Futures' domestic violence services program.

Alameda County Health Care for the Homeless program (ACHCH)

Dr. Kathleen Clanon, Medical Director of the Alameda County Health Care Service Agency, oversees the operations of the ACHCH program. As Medical Director of the Health Care Services Agency, she focuses on integration of behavioral health and primary care in the Safety Net clinics. Ms. Clanon has extensive experience in developing systems of care for people with complex health care needs. Dr. Clanon will oversee resource allocation at the health department level, ensuring adequate funding and appropriate management capacity for Medical Respite and Assisted Living.

Mark Shotwell, Director of ACHCH in the Alameda County Health Care Services Agency, provides administrative oversight to a range of health and social service programs for people experiencing homelessness, and participates in the development of local policy related to housing, health care, and social services for low income communities. He has been a substance use counselor and administrator of supportive housing programs for homeless and disabled persons in Alameda County for fifteen years. Mr. Shotwell will oversee staffing of the Medical Respite and Assisted Living as well as develop policies and collaborative contracts.

Lucy Kasdin, Deputy Director of the Alameda County Health Care Service Agency/ ACHCH program, is a Licensed Clinical Social Worker with 8 years of experience serving homeless, aging and vulnerable persons. She provides direction and oversight over ACHCH directly-provided and contracted services and operations, including the ACHCH TRUST Clinic and other contracted homeless health care services. Ms. Kasdin will supervise Medical Respite project staff as well as develop policies and procedures for the operations of the project.

Dr. Jeffrey Seal, a community psychiatrist and the Medical Director of the ACHCH program, provides clinical and administrative expertise to a range of health and social service programs for people experiencing homelessness. He serves as an Assistant Clinical Professor at the UCSF Department of Psychiatry and School of Medicine, as well as a site director of the UCSF Public Psychiatry Fellowship. Dr.

Seal will oversee the clinical care provided at the Medical Respite and Assisted Living programs, ensuring program, state and national standards of care.

David Modersbach, Grants and Special Projects Coordinator at the ACHCH program, provides grants management and contract compliance. He works directly with the ACHCH network of community based homeless health and services providers as well as county and community agencies to produce the annual ACHCH Needs Assessment of persons experiencing homelessness. Mr. Modersbach will manage program compliance and development of facilities for the Medical Respite and Assisted Living programs.

Quyen Tran has been the Fiscal Manager of the ACHCH program since October 2013. Ms. Tran manages fiscal operations and compliance of the 330 (h) grant from HRSA and related Alameda County funds. She has 15+ years of experience working in financial and compliance management. Ms. Tran will oversee areas of financial management of the Medical Respite and Assisted Living program, including revenue, costs, procurement and fiscal management.

Heather MacDonald-Fine, Health Services Manager at Alameda Health System (AHS), the key sub-recipient partner with ACHCH program. She wrote and implemented the AHS plan for improving comprehensive care for patients experiencing homelessness. Currently, she acts as the liaison with ACHCH program and directs and supervises the activities of multiple health programs. Ms. MacDonald-Fine will provide coordination with the safety-net hospital system and ACHCH sub-recipient Alameda Health System, ensuring coordination of referrals, patient care and staffing between AHS inpatient and outpatient ambulatory care systems.

LifeLong Medical Care

The following key managers at LifeLong will provide their expertise to the Medical Respite and Assisted Living programs:

Brenda Goldstein, Psychosocial Services Director, joined LifeLong in 2006. She has fostered numerous partnerships between public and community agencies to create medical, mental health and social services systems of care for those experiencing homelessness, mental illness and lack of access to health services. Ms. Goldstein developed LifeLong's Supportive Housing Program into a nationally recognized model of care serving dually diagnosed homeless adults. She is recognized for her innovative leadership developing programs to promote

integrated primary care and behavioral health services. Ms. Goldstein received her Master's in Public Health from University of California, Berkeley.

Marty Lynch, PhD, Chief Executive Officer, has a 36-year tenure as LifeLong's CEO. He is also Chair of the Alameda Alliance for Health Board of Governors, and a board member of Center for Elders Independence and the California Primary Care Association as well as an advisor to several health policy organizations. Mr. Lynch co-founded the Elderly Sub-committee of the National Association of Community Health Centers and has served on state task forces to examine policy changes for the integration of primary care and mental health services. He is involved in public policy and research activities related to health access for the uninsured, long term care models, chronic care, and financing care for disabled populations. Mr. Lynch holds a PhD in Social and Behavioral Sciences from the UC San Francisco and an MPA from the Kennedy School of Government at Harvard. He is also a Lecturer at UC Berkeley.

Nance Rosencranz, Director of Strategic Planning & Business Development since 2005, brings 25 years of experience in planning and implementing community health programs. She has provided leadership at four other 330-funded health centers and has overseen health center construction projects ranging from $500K to $13M. She holds a Masters in Health Administration and completed a Kellogg fellowship in ambulatory care management.

Dr. Eric Henley, Chief Medical Officer, joined Lifelong in 2014 after serving as CMO for North County HealthCare in Arizona, where he initiated Patient Centered Medical Home services. Dr. Henley has held several teaching positions, published widely, and worked in numerous community health settings including Indian Health Services. He holds a M.D. from Georgetown University School of Medicine and a Master of Public Health from the Harvard School of Public Health.

Operation Dignity

Operation Dignity has 33 staff members, including its Executive Leadership team and 11 Case Managers, with six veterans on staff.

Operation Dignity has demonstrated the management and organizational acumen to oversee and operate the proposed Navigation Center. Operation Dignity's 5-person Senior Management Team includes their Executive Director, Chief Financial Officer, Outreach/Operations Director, Housing Program Director,

and Clinical Services Director.

Marguerite Bachand, Executive Director, brings over 20 years of experience leading organizations that create equity and access to education and economic opportunities. She developed a program for economically disadvantaged students at the University of California. Ms. Bachand has provided leadership for an organization that removes land mines and works with farmers on sustainable farming practices in Afghanistan and Vietnam.

Tomika Perkins, Mobile Outreach and Operations Director, brings over 23 years of distinguished advocacy and program management on behalf of chronically homeless individuals. In her 13-year tenure at Operation Dignity, she has overseen the growth of street outreach, housing assistance, and supportive services for homeless individuals. She manages the mobile outreach program that benefits the "hidden homeless," including those dwelling in the streets, encampments, and under bridges in Oakland and Alameda, CA.

(2) The range of services currently provided and the length of time any current programs have been operating:

COLLABORATING PARTNER	**CURRENT SERVICES**
Alameda Point Collaborative	Supportive Housing (since 1999) serves families experiencing homelessness Job Training (since 2003) Children and Youth Services (since 1999) Social Enterprises (since 2006)
Alameda Family Services	Head Start/Early Head Start (since 1993) serves low-income and homeless families Family Support Services (since 2013) Behavioral Health Care Services (since 1970) School-Linked Services (since 1993)

Building Futures	Emergency Shelters San Leandro Shelter (30 beds, since 1988) serves homeless women and children Midway Shelter, (25 beds, since 2001) serves homeless families Sister Me Home (20 beds, since 1995) serves domestic violence survivors Winter Warming Shelter (since 2014) serves unhoused San Leandro residents Housing Services: (since 2009) Domestic Violence Services Sister Me Home (since 1995) Service sites in San Leandro, the agency's shelters, and Alameda Country Family Resource Center (Oakland) Permanent Supportive Housing Bessie Coleman Court, (52 units opened in 2002). Serves homeless survivors of domestic violence with disabilities.
Alameda County Health Care for Homeless Program	System of health care for the homeless, including 5 primary care clinics, 1 urgent care clinic, 1 dental clinics, 2 community-based recovery centers and 5 mobile units. (since 1988)
Lifelong Medical Care	Primary medical care with 15 primary care sites (since 1977) Supportive housing programs for homeless adults (since 1998) Project Respect – case management, frequent users of emergency services (since 2005)
Operation Dignity	Supportive housing for homeless veterans (since 1994) Mobile outreach to people who are homeless and unsheltered (since 1994)

Description of Services Provided by Collaborative Partners

Alameda Point Collaborative

The Alameda Point Collaborative (APC) is a non-profit homeless provider that operates supportive housing, conducts employment training and provides services for homeless individuals and families in Alameda, California. APC is the largest provider of permanent supportive housing in the East Bay, serving 500 formerly homeless individuals, including 280 youth ages 18 and under. This supportive housing project is a homeless accommodation located at the decommissioned Alameda Naval Air Station established by a collaboration of nonprofit homeless providers.

APC combines permanent supportive housing with life skills and job skills

training, connection to services, and support to enable residents to lead stable, productive lives. APC emphasizes working with youth as the key to ending intergenerational cycles of homelessness, substance abuse, and domestic violence. APC Children and Youth Services programs support physical and emotional safety, facilitate life skills, promote creativity and learning and nurture the self-esteem of resident children and youth.

Recognizing the importance of overcoming barriers to employment as central to residents' efforts to become self-sufficient, APC provides an on-site Employment and Education Program. The program offers continuum of strategies that begin with referral and continue through employment, including: Assessment and Individualized Employment Plans, Vocational Training and Education, Job Readiness, Job Search, On-the-Job Training, Job Placement, and Job Retention.

APC's three on-site social enterprises create job opportunities, generate income and provide participants a chance to serve the Bay Area. APC's Ploughshares Plant Nursery is a retail plant nursery specializing in native, drought-tolerant and edible plants. Farm2Market farm is a job training site that also grows produce to sell to the general public. The APC commercial kitchen works with a partner agency, Foodshift to train residents in culinary skills while diverting excess and imperfect produce from the landfill into marketable products. In keeping with APC's social mission, more than half of the product produced is distributed to local food banks and emergency shelters.

Alameda Family Services

Alameda Family Services (AFS) offers a comprehensive continuum of care for children, youth and families. The agency delivers these services in community and school-based settings to support Alameda County residents, with a particular focus on serving low-income and homeless residents.

AFS has operated a Head Start program for over 25 years, expanding to include Early Head Start seven years ago. The Alameda Head Start Program was one of the first in the country to develop partnerships with agencies, including Midway Shelter and Alameda Point Collaborative to serve the unique needs of families experiencing homelessness. The program provides no-cost child care and support services for 269 children annually serving families living in the City of Alameda.

AFS has provided Behavioral Health Care Services since 1970, comprised of

counseling, substance abuse treatment for adults and adolescents, anger management and domestic violence treatment for men.

A key community resource, AFS provides Family Support Services by offering case management services. AFS has also provided School-Linked Services since 1993, offering free medical, mental health, health education and youth development services to City of Alameda high school students.

Alameda County Health Care for the Homeless program (ACHCH)

The ACHCH is a HRSA-funded 330(h) health center providing care to homeless persons throughout Alameda County since 1988. ACHCH provides its comprehensive health services through direct services provision, contracted care, collaboration and through sub-recipient relationships.

The ACHCH health system of care includes eleven fixed site locations (including five primary care clinics), one hospital-based urgent care clinic, one dental clinic, and two community-based recovery centers) and five mobile units (two mobile mental units, a mobile dental unit, and two mobile street medicine programs).

The ACHCH health center annually treats approximately 9,000 persons experiencing homelessness throughout Alameda County with approximately 27,000 visits. Services provided to homeless patients include primary care, urgent care, specialty care, behavioral health and substance use treatment, and dental and optometry services.

ACHCH is a program of the Alameda County Health Care Services Agency. Since 1988, ACHCH has coordinated a network of health centers and community-based organizations to increase access and improve care for people experiencing homelessness in Alameda Country.

LifeLong Medical Care (LifeLong)

LifeLong's core mission is to provide primary care medical services to low-income and underserved communities. Lifelong's first clinic opened in 1977 and currently operates 15 primary care sites as well as clinics embedded in school and permanent supportive housing sites. These sites provide comprehensive medical, mental health, substance use and dental services.

Services are provided at eight integrated primary care health centers in northern Alameda County and at a wide variety of street and community based programs targeting hard to reach, high-risk adults experiencing homelessness, health

challenges, substance use and mental health conditions. This combination of site-based care and grass roots, mobile field services are highly accessible, affordable, coordinated and client- centered.

Since 1998, LifeLong's supportive housing program has provided outreach and engagement to adults experiencing homelessness in order to link them to housing, support housing stabilization and foster improved health. Staff work at permanent supportive housing sites as well as with people living in subsidized scattered site housing. LifeLong serves approximately 600 people per year through its homeless services programs.

LifeLong's Project RESPECT is a program designed specifically to serve adults who are frequent users of hospital emergency services, particularly those who are homeless and challenged by behavioral health conditions. This program, established in 2005, provides intensive outreach and case management to high-risk adults who have 10 or more visits to the emergency room in one year. Case managers support clients to obtain housing and to become established with outpatient medical, mental health and recovery programs.

Building Futures

Building Futures, established in 1988, began with the operations of the 30-bed San Leandro Shelter for homeless women and children. In 1995, Building Futures opened Sister Me Home, a 20-bed safe house, adding domestic violence support services at both shelters and a 24-hour, toll-free crisis line.

Building Futures' mission is to build communities with underserved, homeless women and children where they are supportively housed and free from homelessness and family violence. Building Futures services are housing first, trauma-informed, and harm-reduction based.

Today, Building Futures' Domestic Violence Outreach Services include free and confidential support and education groups, a semi-annual 40-hour domestic violence counselor training, and presentations on the dynamics of domestic violence. Building Futures leads the San Leandro and the Alameda Domestic Violence Task Forces.

In 2001, Building Futures began operating the 25-bed Midway Shelter in Alameda to benefit homeless women and children. Building Futures has offered shelter residents a range of services to help surmount barriers to housing and

self-sufficiency. In 2002, Building Futures opened Bessie Coleman Court, 52 units of supportive transitional and permanent housing for formerly homeless survivors of domestic violence at Alameda Point. In 2009, Building Futures launched the three-year, $3 million federal stimulus-funded Mid-County Housing Resource Center. Building Futures continues to provide homeless prevention and rapid re-housing services at the Housing Resource Center. In 2014, Building Futures opened the San Leandro Winter Warming Shelter to provide overnight refuge and food to unsheltered San Leandro residents.

In partnership with the City of Oakland Community Housing Services Division and East Oakland Community Project, Building Futures launched the North County Family Coordinated Access System in 2015, a one-stop hub to connect Oakland-based families with resources to addressing their complex housing challenges. This project serves as a model for Alameda County's full service hubs providing assessment, navigation and stabilization for Alameda County residents.

Building Futures will provide a Coordinated Entry Service Hub at the project where people experiencing homelessness can receive assessment, support, intake to shelters and housing interventions.

Operation Dignity

Since 1993, Operation Dignity has provided supportive housing, mobile outreach and services to people experiencing homelessness in Alameda County, with a special focus of serving veterans experiencing homelessness.

Mobile outreach experience: Operation Dignity has 23 years of successful experience conducting street-based mobile outreach and housing navigation and placement in Oakland. The program reaches homeless persons wherever they dwell - under bridges, in encampments and on the streets. Operation Dignity has provided over 400 individuals each month with food and hygiene supplies, referring participants to shelter and other community resources, and linking participants to Housing Navigators/Case Managers (at Operation Dignity and other agencies) to assist in securing permanent housing. In FY16, Operation Dignity provided case management services to over 150 people, provided more than 28,000 units of outreach supplies and placed 132 people in stable housing or permanent housing.

Veteran housing: For 23 years, Operation Dignity has focused on the goal of ensuring that veterans have safe, welcoming and service-enriched housing

resources that provide an alternative to homelessness and isolation.

Operation Dignity has directly provided supportive housing (emergency, transitional and permanent supportive housing) for homeless veterans. Currently, Operation Dignity serves approximately 100 homeless veterans on a given night at three housing communities in Oakland, Alameda, and Berkeley. At these sites, Operation Dignity Case Managers provide housing assistance services to enable residents to secure permanent housing. Between October 2015 and September 2016, 83% of the veterans who exited Operation Dignity's transitional housing programs did so to permanent housing – well exceeding the 65% goal set by the Department of Veterans Affairs.

Supportive services in permanent housing: In recent years, Operation Dignity converted several units to permanent housing for homeless families. Since 2010, Operation Dignity has provided on-site supportive services to a 39-unit permanent housing community in Alameda (Shinsei Gardens) that serves formerly homeless households, and began service provision at another 30-unit development in 2017. Operation Dignity will provide the on-site supportive services to four future permanent housing projects, including two multi-family properties with EBALDC in Oakland (20+ units), up to 20 units of veterans housing in Alameda in partnership with Eden Housing, and 72 units of permanent housing with MidPen at Alameda Point.

(3) The proposed level of staffing and qualifications of such staff as needed for the proposed program, presented in the table below:

PROGRAM	STAFF
Medical Respite	• 1 FTE RN Manager with administrative experience and experience working with the homeless and dually diagnosed. • 3 FTE Medical Assistant/Community Health Workers – bachelor's degree, experience with population, familiar with community resources. • 0.5 FTE Primary Care Provider (MD or NP) CA licensed, prefer experience with homeless adults with complex medical and behavioral conditions. • 1 FTE RN: RN with experience with population • 9 FTE Residential Advisors: experience with population • 2 FTE: Janitorial and Security: background building maintenance and security
Assisted Living	• 1 FTE Manager with management experience, experience working with homeless and dually diagnosed population • 8 FTE Residential Advisors with experience with population • 1 FTE Social Worker: licensed, experienced with population

	• 0.25 FTE Physician: prefer experience with homeless adults with complex medical and behavioral conditions • 0.25 FTE Psychiatrist: experience with dually diagnosed with serious mental health conditions • 1.5 FTE Property Maintenance/Janitorial: relevant experience
Head Start/Early Head Start	• 1 Site Supervisor: AA degree, CDE Site Supervisor Level Permit • 1 Family Advocate: AA degree and/or Family Development Certification • 2 Lead Teachers: AA degree + CDE Master Teacher Permit • 2 Teachers: AA degree + CDE Associate Teacher Permit • 2 Assistant Teachers: 12 ECE units • 2 Aides: Enrolled in early childhood education coursework • 1 Parent Trainee: strong interest in working with pre-school children
Navigation Center	• 2 on-site Case Managers: Bachelors in social work or related experience, background in helping people experiencing homelessness and dually diagnosed, familiarity with community resources
Emergency Shelter	• 1 Shelter Manager: BA or equivalent social services agency, prior DV experience, supervisory experience, crisis management • 1 FTE Shelter Coordinator: minimum 1 year social services setting with homeless population, communication and leadership skills, program coordination • 1 FTE Shelter Case Manager – BA or equivalent social services, 2 years+ case management or direct service, preferably with homeless, domestic violence, substance use, child abuse prevention • 7 FTE Resident Advocates (2 are new) – experience working with underserved populations, knowledge of DV, trauma, child abuse • 0.5 Child Advocate – prior experience in social services field, underserved children/youth
Service Hub	• 2 FTE Homeless Outreach staff: BA equivalent human services, 2 years experience with homeless population, experience outreach and HMIS • 2 FTE Housing Navigators: BA, 2 years related work experience • 1 FTE Eligibility Coordinator: AA degree, 1 year related experience • 2 FTE Rapid Rehousing Case Manager: BA or equivalent experience, 2 years serving population, knowledge HMIS system and resources
Domestic Violence Services	• 1 FTE Domestic Violence Director: BA in social work or related field, Master's and clinic license preferred, 5 years related experience • 1 FTE Education Director: BA in social work or related field, 2 years experience offering trainings, preferably on domestic violence • 1 FTE Outreach Coordinator: AA in social work or related field or comparable experience, 1 year related experience
Employment Program and Facilities Management	• 1 FTE Employment and Training Coordinator: experience managing job readiness and training programs serving homeless individuals • 1 FTE Program Assistant: experience with population, prefer experience with job training programs • 2 FTE Facilities and Grounds Maintenance: building maintenance experience

(4) The proposed number and qualifications of new staff the applicant plans to hire, versus existing staff, to meet the demands of the proposed program

The following 45 new positions will be created for the successful implementation of the proposed project:

- **Alameda Point Collaborative** will hire *2 FTEs Facilities Manager and Building Maintenance staff*. Qualifications: Facilities management background, building maintenance background, good communication skills, punctual and responsible, able to relate to persons experiencing homelessness and mental health challenges.
- APC will hire *1 Employment Coordinator* and *1 Employment Training Assistant* with the requisite background in workforce development background, curriculum development and teaching. New hires will have the skills to initiate partnerships with employers and work effectively with individuals with multiple barriers to workplace success.
- APC will hire *1 Site Director* to manage the project, who will bring strong skills in administration, supervision and project management.
- **LifeLong Medical Center and Alameda County Health Care for the Homeless** program will hire *26 new medical, managerial, social work and residential staff as well as security/janitorial staff.* Requisite skills are highlighted in the table presented in section E (3).
- **Building Futures** will hire *1 new Shelter Manager* and *2 Resident Advocates* for their emergency shelter. The Shelter Manager will have a background in human services and supervision. The Resident Advocates will have experience working with underserved populations and domestic violence survivors.
- Building Futures will hire *2 Homeless Outreach Staff, 2 FT Housing Navigators, 1 FT Eligibility Coordinator and 2 Rapid Rehousing Coordinators* for their Service Hub. These positions require related professional experience and/or educational background, housing advocacy experience, knowledge of local resources, familiarity with HMIS and data tracking systems and excellent advocacy skills.
- **Operation Dignity** will hire *2 new Case Managers* for the Navigation Center. Qualifications of the Case Managers include a background in Social Work or

related work experience experience working with dually diagnosed individuals.

(5) Past experience and demonstrated success of the applicant relevant to the proposed program.

The relevant accomplishments and unique qualifications of the lead applicant (Alameda Point Collaborative) and the Collaborating Partners are highlighted below:

Alameda Point Collaborative

APC was established in 1999 through a collaborative effort by homeless service providers who successfully negotiated the use of repurposed vacant housing at a decommissioned Naval Air Station to support individuals and families experiencing homelessness. These founding service organizations established APC as a separate 501(c)(3) to manage the properties and provide services. This successful *supportive housing and adaptive reuse project*, serving 500 formerly homeless families, demonstrates key leadership, management and operational acumen relevant to the project.

Outcomes of APC's employment and supportive housing programs include:

APC's *Employment and Training Program* serves 50 residents monthly and graduates 15 residents from its On-the-Job Training program annually.

APC provides *supportive housing* for 500 individuals annually at a federal accommodation project. Over 95% of APC clients maintain their housing in good standing for at least one year.

Alameda County Health Care for the Homeless (ACHCH) program

ACHCH's current services are directly relevant to the Medical Respite and Assisted Living programs. These highly regarded services include *comprehensive primary care with integrated behavioral health* at five sites throughout Alameda County, urgent care at shelters and on the streets, substance use treatment, dental care, and case management.

ACHCH program provides its comprehensive health services through direct services provision, contracted care, collaboration and through sub-recipient relationship, providing homeless care in the following key areas:

- Provided *outreach services* to 1,300 homeless patients in Alameda

County

- Enabled 1,520 patients to access *urgent care* through mobile clinics
- Provided *medical home primary care* services for 5,400 homeless persons
- Provided *specialty dental care* to 400 patients at contracted dental clinics
- Provided *entry-level substance abuse services*, including drop-in centers, enabling services and recovery services at contracted community-based recovery programs benefiting 1,950 persons experiencing homelessness.

Alameda Family Services (AFS)

AFS brings proven leadership and exemplary management in its operations of *Head Start/Early Head Start* programs in Alameda since 1973. For over 25 years, AFS has been the federal Head Start grantee for the City of Alameda, adding an early Head Start Program in 2010 through a national competition. The Alameda HS/EHS provides an effective and comprehensive child development program for income eligible children and families.

AFS achieves school readiness outcomes by preparing children for school and readying families to support their child's learning. HS/EHS provides children 0-5 with diverse materials to stimulate them to think, explore and be creative. Children are encouraged to build healthy and secure relationships. As part of kindergarten preparation, children receive developmental and behavioral screenings, parent conferences and individualized child education plans. HS/EHS secures the services of mental health professionals to enable the timely identification of and intervention in family and staff concerns about a child's mental health. The program also ensures that children with disabilities access services.

Building Futures

Emergency Shelters: Building Futures operates four emergency shelters, placing a priority on connecting homeless residents to permanent housing. Comprehensive services provided to residents include case management, life skills groups, domestic violence support and education, mental health services, employment resources and children's programming.

Housing Services: Since 2009, the Housing Resource Center has provided homeless individuals and families and those in danger of becoming homeless

with case management, housing locator help, financial assistance and household assistance.

Building Futures' *Housing Navigation* program enables the provision of emergency shelter and Rapid Re-housing services, including monetary assistance, moving and rental subsidies and support services. Rapid Re-housing places a priority on moving an individual or family experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of becoming homeless.

Lifelong Medical Center (Lifelong)

Lifelong is uniquely qualified to manage and operate a Medical Respite and Assisted Living program for adults experiencing homelessness, complex health conditions, substance abuse disorders and mental health conditions.

Lifelong's has directly relevant service experience, include its accomplishments providing *intensive outreach, medical and dental care, health education/wellness services, care management, counseling, psychiatric care and substance use services*. Services are provided at eight integrated primary care health centers in northern Alameda County and at a wide variety of street and community-based programs targeting hard-to-reach, homeless adults.

LifeLong's *Trust Clinic* provides homeless adults living with chronic mental health conditions, health concerns, substance use and physical disabilities with an array of case management, housing and wellness services, medical care, behavioral health services, and streamlined admission to subsidized and supportive housing. Chronic care management for people experiencing serious mental illness and substance abuse challenges is provided via out-stationed medical care integrated at several behavioral health facilities.

Relevant to the Medical Respite and Assisted Living, Lifelong's *Project RESPECT* provides street/hospital outreach to engage frequent users of emergency departments, as well as case management, primary care, mental health, housing assistance, benefits advocacy, and transportation assistance. The program consistently demonstrates a 65 to 70% reduction in Emergency Department use for enrolled clients in over 11 years of operations.

LifeLong's *medical respite program* (5 beds) includes case management and

short-term shelter for homeless adults who are discharged from inpatient hospitalization. In addition to providing medical care and a safe place to recuperate post-discharge, LifeLong provides case management to address housing needs and other quality of life concerns. LifeLong partners with Alta Bates Summer Medical Center to implement the program.

Lifelong's service outcomes include:

Primary Medical Services: 55,000 persons served annually. Outcomes include improvements in preventative health measures and management of chronic diseases, including diabetes and hypertension

Supportive Housing Program: 500 persons served annually. Outcomes include 97% retention of housing for 12 or more months.

Project RESPECT: 35 persons served annually. Outcomes include 65% reduction in emergency department use.

Operation Dignity

Operation Dignity is recognized as a provider of effective *mobile outreach* programs as well as *supportive housing* projects that primarily benefit homeless veterans and unsheltered adults in Alameda County. Operation Dignity's programs serve approximately 900 people each year, including:

- 500 homeless people through mobile street outreach
- 300 homeless veterans and their families through veteran housing programs
- 100 formerly homeless individuals living at two supportive housing properties in Alameda, where Operation Dignity provides on-site supportive services.

(F) If need stems from an emergency resulting from a disaster, explain fully.

Not applicable

(G) If need is a result of requirements to comply with State standards, explain and enclose certifications from appropriate State departments (i.e., State statutes, court decisions, etc.)

Not applicable

(H) Identify any real estate owned or leased by the applicant organization. If applicable, include a statement that the real estate owned or leased by the

applicant organization is not suitable for the proposed program of utilization.

Alameda Point Collaborative, Applicant, does not own or lease real estate that is suitable for the proposed program of utilization. Alameda Point Collaborative controls 34 acres of land, housing and facilities at Alameda Point under a Legally Binding Agreement (LBA) and Standards of Reasonableness with the City of Alameda. The standards limit the amount of space allocated for those services, and those spaces are all fully occupied without the capacity to add additional services or clients. The Collaborating Partners do not lease or own real estate that is suitable for the proposed program of utilization.

Building Futures' current emergency shelter site in Alameda consists of four 25-year old and rapidly deteriorating mobile homes. The current site is inadequate to safely house shelter residents, especially families and people with disabilities.

LifeLong Medical Care owns and leases several buildings in Berkeley and Oakland for its medical clinics. None of the buildings are designed to accommodate residential care services.

The property owned by **Alameda Family Services** includes the main office at 2325 Clement Avenue, which is not a suitable location for classrooms. All sites are full to capacity at present. Community Care Licensing has specific requirements to be met in order for a classroom to be licensed.

The portables currently used for the AFS HS/EHS were never intended to be the permanent program site and have significant repair needs. The proposed site will focus on providing childcare for children whose parents are either staying at the emergency shelter or participating in navigation services or APC's employment program. For shelter residents, the on-site resource prevents the potential for further stress or traumatization when separating unhoused parents from their children even for short periods. On-site integrated services will promote cohesive planning and improve family well-being.

4. Renovation/Building Plans, Cost Estimates, and Ability to Finance

(A) State that the property is suitable for the proposed use and/or provide plans for its conversion, including a rough draft of the floor plan and a plat of the property showing any existing and planned improvements. If there any easements, rights of

use, zoning regulations, or other encumbrances, existing or proposed which would impede the homeless assistance program, please identify.

See Appendix for floor plans.

The property is suitable for proposed use. The 5 buildings and accessory structures were constructed in 1942 as WWII era-training facilities for officers in the US Maritime Service. The existing buildings have been in continuous use up to December 2016, are well maintained.

Asbestos-containing materials were found in Buildings 1, 2A, 2B, 2C, 8, 9, 10, 12 and 13 as part of a bulk asbestos survey conducted in October 2007. Consultation with SCA Environmental, Inc. confirmed that prior to renovation or demolition work, a comprehensive destructive asbestos sampling survey needs to be performed. A risk adjusted cost analysis is recommended to calculate more accurately actual abatement costs. The bulk asbestos survey did not destructively test potential asbestos containing materials, and made a significant cost allowance for assumed asbestos containing materials. According to SCA Environmental, many of these materials have a lower probability of containing asbestos than assumed in their abatement cost estimate.

The June 2009 Seismic Hazard Report, prepared after the Loma Prieta Earthquake, found minor structural damage in Buildings 1,2A, 2B, 2C 2D, comprised of cracks in concrete foundations, auditorium walls, truss bearing seats and concrete masonry units. Estimated costs for repairs was $274,000.

(B) – (E) not part of this application

5. Local Government Notification

(A) The applicant must provide written notification of its proposed program to the applicable unit of local government responsible for providing sewer, water, police, and fire services. Please provide copies of these notices.

Please find attached notification in the Appendix.

6. Completion of Attachments A, B and C

(A) The applicant must certify, by signature of Attachment A, its assurance of compliance with nondiscrimination, insurance, and protection and maintenance requirements.

Please find certification in Appendix.

(B) Complete the governing board resolution, enclosed as Attachment B, authorizing a representative to act on behalf of the applicant organization. Be sure to fill out the information regarding the property name and description.

NOTE: The certifying officer must be an official other than the representative named in the Resolution. Please provide a copy with the original and each copy of the application.

Please find the resolution in Appendix.

(C) The National Environmental Policy Act of 1969 (P.L. 91-190 41 U.S.C. Sections 4321-4347) requires consideration of the environmental effects that might result from major federal actions significantly affecting the quality of the human environment, including real property conveyances. Your completion of the Environmental Questionnaire found in Attachment C will assist us in evaluating any potential environmental effects arising from your proposal. You are required to provide the documentation supporting your questionnaire responses and may be required to provide more detailed information at a later time.

See attached questionnaire in Appendix.

7. Certification

See attached Applicant Certification, Resolution to Acquire Property, Environmental Questionnaire, Property and Maintenance Standards in the Appendix.

Attachments Follow This Page

Documentation of 501(c)3 or Governmental Status of Applicant and Partners

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 14 2004

ALAMEDA POINT COLLABORATIVE INC
677 9 RANGER AVE
ALAMEDA, CA 94501-0009

Employer Identification Number:
94-3361464
DLN:
17053153743024
Contact Person:
DENNIS F HANES ID# 75076
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated November, 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248206044
Aug. 30, 2016 LTR 4168C 0
23-7088243 000000 00
00018445
BODC: TE

ALAMEDA FAMILY SERVICES
2325 CLEMENT AVE STE A
ALAMEDA CA 94501

011267

Employer ID Number: 23-7088243
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Aug. 19, 2016, regarding your tax-exempt status.

We issued you a determination letter in December 1970, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

011267.691386.468664.3967 1 AT 0.399 530

ALAMEDA FAMILY SERVICES
2325 CLEMENT AVE STE A
ALAMEDA CA 94501

011267

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0248206044

BODCD-TE

Use for payments

Letter Number: LTR4168C
Letter Date : 2016-08-30
Tax Period : 000000

237088243

ALAMEDA FAMILY SERVICES
2325 CLEMENT AVE STE A
ALAMEDA CA 94501

INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201

237088243 SA ALAM 00 2 000000 670 00000000000

501(c)(3) Documentation

Building Futures with Women and Children is the "doing business as" (dba) name for Cornerstone Community Development Corporation, which has been the legal name of the organization since 1999.

All properties and assets are owned and taxes are filed in Cornerstone's name. For purposes of protecting confidentiality of battered women who stay at Cornerstone's facilities, the name Building Futures is used for day-to-day business.

Building Futures was originally incorporated as a 501(c)(3) nonprofit agency in 1988 as St. Leander Women's Refuge, and then in 1992 the name was changed to the San Leandro Shelter for Women and Children. In 1999 the Board of Directors adopted the new corporate name of Cornerstone Community Development Corporation and created the "doing business as" name of Building Futures.

1395 Bancroft Avenue San Leandro, CA 94577 tel (510) 357-0205 fax (510) 357-0688 www.bfwc.org

MAY 0 3 1999

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: APR 7 1999

Person to Contact:
John Kennedy 31-02763
Customer Service Representative
Telephone Number:
877-829-5500
Fax Number:
513-684-5936
Federal Identification Number:
94-3100741

Cornerstone Community Development
Corporation
1395 Bancroft Ave.
San Leandro, CA 94577

Dear Sir or Madam:

This letter is in response to your organization's Certified Amended Articles of Incorporation, showing a name change. We have updated your organization's name in our records.

Our records indicate that a determination letter issued in October 1989 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Cornerstone Community Development Corporation
94-3100741

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard
District Director

Internal Revenue Service

District
Director

Department of the Treasury

300 N. Los Angeles St. MS 7043
Los Angeles, CA 90012

Person to Contact:
L BARRAGAN
Telephone Number:
(213) 894-2336

Refer Reply to:
EO(0428)98
Date :
MAY 5. 1998

EIN: 94-2502308

LIFELONG MEDICAL CARE
P.O. BOX 11247
BERKELEY, CA 94712-2247

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in JULY 1978 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in JULY 1978 continues to be effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

J. Barragan

Disclosure Assistant

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

2 August, 2017

RE: Documentation of Public Center status

To Whom It May Concern:

Alameda County Health Care for the Homeless (ACHCH) is a public entity-based Federally Qualified Health Center (FQHC), funded by the United States Department of Health and Human Services/Health Resources Services Agency (HRSA) as a 330(h) Health Care for the Homeless health center program grantee (HRSA Grant# H80CS00047).

Alameda County Health Care for the Homeless is a program of the Alameda County Health Care Services Agency (HCSA), the legal entity held accountable to HRSA for carrying out the approved Health Center Program scope of project. HCSA is in turn a part of the County of Alameda, a public enter.

The ACHCH program provides primary care, urgent care, specialty care and enabling services to some 9,000 county residents experiencing homelessness annually, in some 30,000 annual patient visits. Services are directly provided in mobile clinics, and in eleven clinical sites operated by county staff, subrecipient safety-net hospital system Alameda Health System and program community-based subcontractors.

Alameda County Health Care for the Homeless an exempt from licensure clinic, under California Health and Safety Code Section 1206 (b).

If there are any questions, please feel free to phone 510-667-4487 or email to the following address: david.modersbach@acgov.org

Sincerely,

David Modersbach
Grants Manager/Special Projects
Alameda County Health Care for the Homeless Program

ALAMEDA COUNTY
AUDITOR-CONTROLLER AGENCY
STEVE MANNING
AUDITOR-CONTROLLER/CLERK-RECORDER

August 1, 2016

TO WHOM IT MAY CONCERN:

TAX EXEMPT STATUS – COUNTY OF ALAMEDA GOVERNMENT

This is to certify that the County of Alameda is a political subdivision of the State of California, and, therefore, is not subject to federal or state income taxes.

The purpose of this certification is to provide confirmation for the Alameda County Health Care for the Homeless Program, which operates out of the Alameda County Health Care Agency.

The County of Alameda's federal tax identification number is 94-6000501.

If you have any questions, please call the Auditor-Controller's Office at (510) 272-6565.

Steven Manning.

Steven Manning
Auditor-Controller/Clerk-Recorder

Central Collections Division
1221 Oak St., Rm 220
Oakland, CA 94612
Tel: (510) 208-9900
Fax: (510) 208-9932

Office of the Auditor-Controller
Melissa Wilk, Chief Deputy Auditor
1221 Oak St., Rm 249
Oakland, CA 94612
Tel: (510) 272-6565
Fax: (510) 272-6502

Clerk-Recorder's Office
1106 Madison Street, 1st Floor
Oakland, CA 94607
Tel: (510) 272-6362
Fax: (510) 208-9858

Internal Revenue Service

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Date: December 30, 2003

Person to Contact:
Ms. Edwards 31-07427
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
94-3176007

Operation Dignity Inc.
1504 Franklin St., Ste 102
Oakland, CA 94612

Dear Sir or Madam:

This is in response to your request of December 30, 2003, regarding your organization's tax-exempt status.

In March 1996 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Operation Dignity Inc.
94-3176007

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

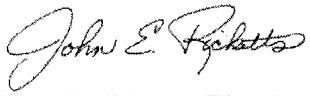
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing.
For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

Letters of Commitment from Applicant and Partner Agencies

Alameda Point Collaborative

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

The Alameda Point Collaborative is submitting this application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501. The property is improved with buildings constructed in 1942 as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use.

The proposed homeless accommodation project is being submitted by Alameda Point Collaborative on behalf on a number of Project Partners that serve homeless individuals and families in Alameda County. Our Board of Directors has reviewed and authorized this submission. APC is authorized to acquire, own and operate facilities to implement the proposed center. The proposed center will serve 976 homeless individuals annually in Alameda County.

In Alameda County, there are at least 5,629 persons who experience homelessness on a given night, including 3,863 unsheltered persons. The project would establish complementary uses to meet the needs of Alameda County's homeless population including: medical respite center, assisted living program, emergency shelter, homeless navigation center, supportive services, job training, childcare, and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

In addition to serving as the lead applicant and project coordinator, APC will provide employment training and workforce development services at the Alameda Federal Northern Parcel Project, targeted at providing homeless clients a low barrier track to employment. APC has been providing employment training services for our clients at our permanent supportive housing development at Alameda Point for 16 years with significant and consistent success,

677 West Ranger Avenue, Alameda, California 94501
510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org

enabling homeless clients to gain basic job skills and obtain and maintain career path employment.

As the property manager at Alameda Point, APC also has a 16-year record of effectively managing federal facilities transferred for homeless accommodations. APC has the skilled management team, direct service staff as well as organizational and reporting systems to successfully implement and manage the proposed project. APC has worked in partnership with many of the Collaborating Partners to meet the complex and multiple needs of persons experiencing homelessness. APC has also successfully completed two previous homeless accommodations, resulting in 200 units of permanent supportive housing for homeless families and individuals, and an additional 90 units commencing construction soon..

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will fill unmet service gaps and realize significant and lasting benefits for homeless individuals and families.

Sincerely,

Doug Biggs
Executive Director
Alameda Point Collaborative.

677 West Ranger Avenue, Alameda, California 94501
510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org

Alameda Family Services

August 1, 2017

This is to affirm our commitment to partner with Alameda Point Collaborative and the project partners to jointly apply for the acquisition and adaptive reuse of the Alameda Federal Center Northern Parcel at 620 Central Avenue in Alameda, California. This collaborative project will enable the Partner organizations to provide medical respite, outreach services, child care, emergency shelter, job training, housing assistance and domestic violence services for individuals and families experiencing homelessness.

We look forward to working in partnership to provide vitally needed services benefitting homeless populations in Alameda County.

Sincerely,

Irene Kudarauskas, MSW
Executive Director

2325 Clement Ave., Suite A
Alameda, CA 94501
(510) 629-6300
AlamedaFamilyServices.org

LifeLong Medical Care
Health Services For All Ages
a californiahealth.center

Leading the Way to a Healthier Community
LifeLong Over 60 Health Center • LifeLong Ashby Health Center • LifeLong Downtown Oakland
LifeLong East Oakland • LifeLong West Berkeley • LifeLong Howard Daniel Clinic • LifeLong Dental Care
LifeLong TRUST Health Center • LifeLong Eastmont Health Center • LifeLong Immediate Care Berkeley
LifeLong Brookside Richmond • LifeLong Brookside San Pablo • LifeLong Brookside Dental Care
LifeLong Richmond Health Center • LifeLong William Jenkins Health Center • LifeLong Urgent Care San Pablo LifeLong Marin Adult Day Health Center • LifeLong Pinole Health Center • LifeLong Rodeo Health Center
LifeLong School-Based Health Services

July 31, 2017

To Whom It May Concern:

This support letter affirms our commitment to partner with Alameda Point Collaborative and the project partners to jointly apply for the acquisition and adaptive reuse of the Alameda Federal Center Northern Parcel at 620 Central Avenue in Alameda, California. This collaborative project will enable the Partner organizations to provide medical respite, outreach services, child care, emergency shelter, job training, housing assistance and domestic violence services for individuals and families experiencing homelessness.

We look forward to working in partnership to provide vitally needed services benefitting homeless populations in Alameda Country.

Sincerely,

Brenda Goldstein, MPH
Psychosocial Services Director

Building Futures
1395 Bancroft Avenue, San Leandro, CA 94577
510 357-0205 • www.bfwc.org
24-HOUR CRISIS LINE: **1-866-A-WAY-OUT**

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta and Whom it May Concern;

This support letter affirms our commitment to partner with Alameda Point Collaborative and the project partners to jointly apply for the acquisition and adaptive reuse of the Alameda Federal Center Northern Parcel at 620 Central Avenue in Alameda, California.

This collaborative project will enable the Partner organizations to provide medical respite, outreach services, child care, emergency shelter, job training, housing assistance and domestic violence services for individuals and families experiencing homelessness.

We look forward to working in partnership to provide vitally needed services benefitting homeless populations in Alameda County.

Sincerely,

Liz Varela
Executive Director

OPERATION DIGNITY

3850 San Pablo Ave. #102, Emeryville, CA 94608
Tel: 510-287-8465 Fax 510-287-8469

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance Program
Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20857

Dear Ms. Ritta:

This support letter affirms Operation Dignity's commitment to partner with Alameda Point Collaborative and the project partners to jointly apply for the acquisition and adaptive reuse of the Alameda Federal Center Northern Parcel at 620 Central Avenue in Alameda, California.

This collaborative project will enable the partner organizations to provide medical respite, outreach services, child care, emergency shelter, job training, housing assistance and domestic violence services for individuals and families experiencing homelessness.

Operation Dignity specifically proposes (contingent on project approval and available funding) to operate a drop-in Navigation Center, providing homeless individuals and those at risk of homelessness with housing navigation, case management, and support accessing community resources.

We look forward to working in partnership to provide vitally needed services benefiting residents of Alameda who are homeless.

Sincerely,

Marguerite Bachand
Executive Director

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

August 2, 2017

To Whom It May Concern:

This support letter affirms the commitment of the Alameda County Health Care for the Homeless Program (ACHCH), a program of the County of Alameda Health Care Services Agency, to partner with Alameda Point Collaborative and project partners to jointly apply for the acquisition and adaptive reuse of the Alameda Federal Center Northern Parcel at 620 Central Avenue in Alameda, California.

This collaborative project will enable the Partner organizations to provide medical respite care services, outreach services, child care, emergency shelter, job training, housing assistance and domestic violence services for individuals and families experiencing homelessness.

We look forward to working in partnership to provide vitally needed services benefitting homeless populations in Alameda County.

Sincerely,

Kathleen Clanon MD, Medical Director
Alameda County Health Care Service Agency

Letters of Support and Attestations of Previous Experience

City of Alameda California

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20814

Dear Ms. Ritta:

I am writing this letter on behalf of the City of Alameda to endorse the application by the Alameda Point Collaborative (APC) and partner agencies to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel, at 620 Central Avenue, Alameda, CA 94501. The primary agencies involved in the proposed project – Alameda Point Collaborative, Building Futures, Alameda County Health Care for the Homeless, LifeLong Medical Care, Operation Dignity, and Alameda Family Services, have worked closely with the City of Alameda for more than a decade, effectively serving the needs of our homeless. The City has also actively supported development of this proposal.

The proposed homeless accommodation project is submitted to the U.S. Department of Health and Human Services by a collaborative partnership of several agencies that serve homeless individuals and families in Alameda County. The project would establish complementary uses to benefit persons experiencing homelessness including: medical respite center, assisted living program, emergency shelter, homeless navigation center, supportive services, job training, childcare and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

The property being requested is improved with buildings constructed in 1942, as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use. Upon transfer to APC, City staff will recommend to the City Council that the zoning be amended to support the proposed uses of the project.

Office of the City Manager

2263 Santa Clara Avenue, Room 320
Alameda, California 94501
510.747.4700 • manager@alamedaca.gov

The lead applicant, Alameda Point Collaborative, has a 16-year record of accomplishment providing effective services that benefit homeless individuals and families in Alameda. The City partners with APC on many initiatives, and over that period, APC has successfully and effectively operated permanent supportive housing at Alameda Point, an existing federal homeless accommodation at a former naval base. APC's supportive housing programs provide safe housing and case management services for 200 homeless families. APC's workforce development programs have created jobs and improved economic security for many formerly homeless individuals and families. In addition, APC's workforce development program has created several social enterprises, such as Ploughshares Nursery and a commercial kitchen, bringing extra value to the larger Alameda community.

Doug Biggs, Executive Director, has effectively led Alameda Point Collaborative since 2009. APC has the skilled management team, and direct service staff, as well as organizational and reporting systems, to successfully implement and manage the proposed project. In addition, the City also has a contract with Operation Dignity, one of the partner agencies, to provide street outreach to homeless people. Operation Dignity has effectively met the outreach goals of the existing contract and has the expertise to provide the proposed navigation services. Lastly, Alameda has benefited greatly by having Building Futures operate our emergency shelter. This shelter has one of the best placement outcomes in the county.

Earlier this year, a number of City of Alameda staff (including myself), our Mayor and a member of our City Council participated in a County wide homeless count. We were able to see first-hand the alarming increase in the number of Alamedans who have become homeless. The proposed Alameda Federal Center Northern Parcel Homeless Accommodation Project will realize significant and lasting benefits for homeless individuals and families, at precisely the time these services are most needed. City staff stand ready to take whatever steps are needed, including recommending support of the proposed project to the City Council and ensuring its ultimate success in serving the needs of Alameda's homeless population.

Sincerely,

Jill Keimach
City Manager

JK:jo

EveryOneHome
Ending Homelessness
in Alameda County

August 2, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to or endorse the application being submitted by the Alameda Point Collaborative and partner agencies to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501.

The proposed homeless accommodation project submitted by Alameda Point Collaborative on behalf on a number of Project Partners will serve homeless individuals and families in Alameda County. The project would establish complementary uses including: medical respite center, emergency shelter, homeless navigation center, supportive services, job training, childcare and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

EveryOne Home is responsible for facilitating Alameda County's Continuum of Care (CoC) Program, and developing and guiding strategies to end homelessness in our county. We also conduct a biannual homeless count. The most recent homeless count, conducted in January 2017 showed a significant rise in the number of homeless in our community. With an increase of nearly 40% in homelessness in the last two years, the need for a variety of services has never been greater. From the homeless count, we know that 69% of the homeless population are unsheltered which means we have people living in tents, parks, vehicles, vacant buildings, underpasses, etc. It is evident that there needs to be more services available for people experiencing homelessness.

The Alameda Point Collaborative has been an important partner agency in the Continuum of Care administered by EveryoneHome, and has consistently met or exceeded program goals. Executive Director Douglas Biggs has been an active member of a number of EveryoneHome policy committees, including the Leadership Board.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families. We support the proposal submitted by APC.

Sincerely,

Elaine de Coligny,
Executive Director

ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
REBECCA GEBHART, Interim Director

ADMINISTRATION & INDIGENT HEALTH
1000 San Leandro Blvd., Suite 300
San Leandro, CA 94577
TEL (510) 618-3452
FAX (510) 351-1367

July 31, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to support the ongoing participation of the Alameda County Health Care Services Agency (HCSA) in planning and discussions related to the application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501. The proposed project will realize significant benefits for an estimated 976 individuals experiencing homelessness annually, including children, families, domestic violence survivors, medically fragile elders and veterans.

The proposed homeless accommodation project is submitted by Alameda Point Collaborative (APC) on behalf on a number of Project Partners that are recognized homeless providers in Alameda County. The project would establish complementary uses including: medical respite center, assisted living program, emergency shelter, homeless navigation center, supportive services, job training, Early Headstart program and outreach services. These programs will provide vitally needed supportive services, health care and shelter to benefit homeless individuals and families.

HCSA is a county agency comprised of four distinct departments – Indigent Health/Administration, Public Health, Behavioral Health, and Environmental Health. Housing issues and homelessness impact the work of all four departments. HCSA operates Alameda County's federally designated Health Care for the Homeless program, a Behavioral Health Housing Services Office, and a Section 1115 Medicaid Waiver program known as Alameda County Care Connect that includes a Housing Solutions for Health unit.

HCSA is a collaborating Partner for the proposed adaptive reuse project. Together with LifeLong Medical Care and other partner agencies, HCSA intends to support the operations of the Medical Respite and Assisted Living programs. The proposed medical respite facility would serve 20-40 clients at a point in time and an estimated 320 clients per year. The assisted living facility would have a 20-25 bed capacity and target older adults experiencing homelessness with histories of serious mental illness, institutionalization, and housing instability, serving an estimated 30 individuals a year.

As part of the proposed development of this site, HCSA intends to work with the Alameda Point Collaborative to identify start-up and ongoing financial and operational resources for a county-wide medical respite facility and an assisted living program. Our Health Care for the Homeless program currently partners with existing medical respite programs throughout Alameda County.

The proposed respite program at this site would allow for expanded services, program consolidation, and significantly improved quality of service. The proposed new facility would fill a growing need for medical respite beds with on-site, focused medical care and supportive services. The proposed medical respite program will be the first space in the county designed to provide a safe environment with medical care to benefit medically vulnerable homeless individuals who are not sick enough to remain in hospital settings, and are too sick to return to the streets. The assisted living program will pioneer the first community-based program serving homeless elders with serious mental health conditions in Alameda County.

As a county agency, we fund more than $30 million per year of housing and health-related services through contracts with community-based organizations. In addition, we have more than 15 full-time equivalent county staff with expertise in the areas of integrated health care, housing, and homelessness. Our agency plays a significant role in our local HUD Continuum of Care Council (CoC) and currently serves as the lead county agency for financing and overseeing contracts for our coordinated entry system for addressing homelessness. HCSA has an ongoing partnership with our county Housing and Community Development (HCD) department to ensure collaborative and effective investments in housing and service programs. We have the internal capacity and intention to support a collaborative project with APC on this parcel.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families. Please support this initial proposal that will help address significant needs in our local community.

Sincerely,

Robert Ratner, MPH, MD
Alameda County Health Care Services Agency
Director of Strategy, Housing Solutions for Health
Director, Behavioral Health Housing Services Office
1404 Franklin St., STE 200
Oakland, CA 94612
(510) 891-8925
robert.ratner@acgov.org

VA Medical Center
10535 Hospital Way, Mather, CA 95655
Community Living Center (CLC)
150 Muir Road, Martinez, CA 94553
VA Outpatient Clinics:
280 Cohasset Road, Chico, CA 95926
5342 Dudley Avenue, McClellan, CA 95652
201 Walnut Avenue, Mare Island, CA 94592
150 Muir Road, Martinez, CA 94553

VA Outpatient Clinics (continued):
2221 Martin Luther King, Jr. Way, Oakland, CA 94612
351 Hartnell Avenue, Redding, CA 96002
103 Bodin Circle, Bldg. 778, Travis AFB, CA 94535
425 Plumas Boulevard, Yuba City, CA 95991
Oakland Behavioral Health Clinic
525 21st Street, Oakland, CA 94612
Telephone Care: 1-800-382-8387
Website: www.northerncalifornia.va.gov/

Department of Veterans Affairs
VA Northern California Health Care System (VANCHCS)
10535 Hospital Way, Mather, CA 95655

In Reply Refer To: 612/

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance Program
Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to support the participation of Operation Dignity, in partnership with Alameda Point Collaborative, in the application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501. The property is improved with buildings constructed in 1942 as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use.

Alameda Point Collaborative is submitting this application on behalf on a number of Project Partners, including Operation Dignity, that serve homeless individuals and families in Alameda County. The project would establish complementary uses including: medical respite center, assisted living program, emergency shelter, homeless navigation center, supportive services, job training, Early Head Start program and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

Operation Dignity's role in this project will be to operate a drop-in and navigation center for homeless individuals and families in Alameda. Operation Dignity will provide drop-in clients with case management and housing navigation, as well as food, hygiene supplies, a warming/cooling center, and other critical services that do not currently exist in Alameda, and will serve as an entry and referral point for the other partner services on-site.

The VA has contracted with Operation Dignity since 1994 to outreach to Veterans experiencing homelessness and provide them with emergency shelter, transitional and permanent housing, and

comprehensive supportive services. Operation Dignity has specifically served homeless Veterans in Alameda since 1997, when it opened Dignity Commons, a supportive housing community that currently offers 54 beds of transitional housing and supportive services for Veterans and their families. Across all its programs, Operations Dignity serves approximately 250 homeless Veterans annually; in FY16, 83% of Veterans in its transitional housing programs exited to permanent housing.

Operation Dignity has successfully provided homeless Veterans with outreach, engagement, and housing-focused case management, helping them exit to permanent housing and increase income, for more than two decades. Their partnerships (including close partnerships with APC and other Alameda-based providers, as well as Veteran-serving organizations throughout the region), knowledge of the local community experiencing homelessness, and twenty years of experience serving populations with special needs make Operation Dignity a strong partner in this proposal.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families, including Veterans.

Please do not hesitate to contact me for further information.

Sincerely,

Tracy Pullar, LCSW
Homeless Program Manager
VA Northern California Health Care System
150 Muir Road
Martinez, CA 94553
(925) 372-2463

CITY OF OAKLAND

LIONEL J. WILSON BUILDING • 150 FRANK H. OGAWA PLAZA, SUITE 4340 • OAKLAND, CALIFORNIA 94612

Department of Human Services
Community Housing Services Division

(510) 238-3121
FAX (510) 238-7207
TDD (510) 238-3254

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to support the participation of LifeLong Medical Care in the Alameda Point Collaborative application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501. The property is improved with buildings constructed in 1942 as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use.

The proposed homeless accommodation project is submitted by Alameda Point Collaborative on behalf of of Project Partners that serve homeless individuals and families in Alameda County. The project would establish complementary uses including: medical respite, assisted living, emergency shelter, homeless navigation center, supportive services, job training, Early Headstart program and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

LifeLong Medical Care proposes to provide medical respite services at the Alameda Federal Northern Parcel Project. LifeLong has collaborated and contracted with the City of Oakland for more than 8 years providing outreach and case management services for homeless adults who are moving from the streets into permanent housing. They have been successful in supporting very high risk clients to maintain housing and get connected to critical benefits such as income, health care and other social services. LifeLong has a skilled management team, direct service staff and organizational and reporting systems to successfully implement and manage the proposed project.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families.

Sincerely,

Lara Tannenbaum, Acting Manager
Community Housing Services
City of Oakland, Human Services Department

CITY OF OAKLAND

LIONEL J. WILSON BUILDING • 150 FRANK H. OGAWA PLAZA, SUITE 4340 • OAKLAND, CALIFORNIA 94612

Department of Human Services
Community Housing Services Division

(510) 238-3121
FAX (510) 238-7207
TDD (510) 238-3254

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to support the participation of LifeLong Medical Care in the Alameda Point Collaborative application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501. The property is improved with buildings constructed in 1942 as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use.

The proposed homeless accommodation project is submitted by Alameda Point Collaborative on behalf of of Project Partners that serve homeless individuals and families in Alameda County. The project would establish complementary uses including: medical respite, assisted living, emergency shelter, homeless navigation center, supportive services, job training, Early Headstart program and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

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The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families.

Sincerely,

Lara Tannenbaum, Acting Manager
Community Housing Services
City of Oakland, Human Services Department

Health, Housing &
Community Services Department
Housing & Community Services Division

July 27, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to support the participation of LifeLong Medical Care in the Alameda Point Collaborative application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501. The property is improved with buildings constructed in 1942 as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use.

The proposed homeless accommodation project is submitted by Alameda Point Collaborative on behalf of Project Partners that serve homeless individuals and families in Alameda County. The project would establish complementary uses including: medical respite, assisted living, emergency shelter, homeless navigation center, supportive services, job training, Early Headstart program and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

LifeLong Medical Care proposes to provide medical respite services at the Alameda Federal Northern Parcel Project. LifeLong has collaborated and contracted with the City of Berkeley for more than 15 years providing outreach and case management services for homeless adults who are moving from the streets into permanent housing. They have been successful in supporting very high risk clients to maintain housing and get connected to critical benefits such as income, health care and other social services. LifeLong has a skilled management team, direct service staff and organizational and reporting systems to successfully implement and manage the proposed project.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families.

Sincerely,

Kristen S. Lee, Manager
Housing & Community Services Division

ALAMEDA COUNTY COMMUNITY DEVELOPMENT AGENCY

HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT

Chris Bazar
Agency Director

Linda M. Gardner
Housing Director

224 West Winton Ave
Room 108

Hayward, California
94544-1215

phone
510.670.5404

fax
510.670-6378

TTY
510.265.0253

www.acgov.org/cda

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to support the participation of Cornerstone Community Development Corporation, dba Building Futures with Women and Children, in the application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501.

The property is improved with buildings constructed in 1942 as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government — allowing general office development with a current government use.

The proposed homeless accommodation project is being submitted by Alameda Point Collaborative on behalf of Project Partners, all of which serve homeless individuals and families in Alameda County. The project would establish complementary uses including a medical respite center, assisted living program, emergency shelter, homeless navigation center, supportive services, job training, Early Headstart program, and outreach services.

All beneficiaries of the project are homeless individuals and families. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit individuals and families experiencing homelessness. At the site, Building Futures would provide Alameda residents with shelter and supportive services, assessment for housing services, and domestic violence outreach and counseling services.

Alameda County Housing and Community Development has worked closely with building Futures for over 25 years. We hold contracts with them for Permanent Supportive Housing, Emergency Shelter, and Rapid Rehousing services. Over the course of our decades-long partnership, Building Futures has consistently and effectively implemented the scope of work needed to achieve their program objectives.

ALAMEDA COUNTY hcd Housing & Community Development

Building Futures is an Alameda County leader with has an outstanding record of accomplishment serving homeless individuals and families and helping to end their homelessness. Since the agency's founding, it has grown from a single overnight shelter to an Alameda County leader with a budget of $5.7 million, providing a continuum of care from crisis intervention to shelter to permanent housing. Building Futures has the skilled senior management team and direct service staff, as well as the organizational infrastructure and reporting systems to successfully implement and manage the proposed project.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families. Thank you for the opportunity to support Building Futures' participation in this project.

Sincerely,

Linda M. Gardner
Director Housing and Community Development

CITY OF OAKLAND

LIONEL J. WILSON • 150 FRANK H. OGAWA PLAZA, SUITE 4340 • OAKLAND, CALIFORNIA 94612

Department of Human Services
Community Housing Services Division

(510) 986-2721
FAX (510) 238-3661
TDD (510) 238-3254

August 1, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance Program
Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

I am writing to support the participation of Operation Dignity, in partnership with Alameda Point Collaborative, in the application to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501. The property is improved with buildings constructed in 1942 as WWII era-training facilities for officers in the U.S. Maritime Service, with a total of 11 buildings comprising 79,880 square feet with 93 parking spaces. The property is zoned APG – Administrative Professional Government, allowing general office development with a current government use.

Alameda Point Collaborative is submitting this application on behalf on a number of Project Partners, including Operation Dignity, that serve homeless individuals and families in Alameda County. The project would establish complementary uses including: medical respite center, assisted living program, emergency shelter, homeless navigation center, supportive services, job training, Early Headstart program and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families.

Operation Dignity's role in this project will be to operate a drop-in and navigation center for homeless individuals and families in Alameda. Operation Dignity will provide drop-in clients with case management and housing navigation, as well as food, hygiene supplies, a warming/cooling center, and other critical services that do not currently exist in Alameda, and will serve as an entry and referral point for the other partner services on-site.

CITY OF OAKLAND

LIONEL J. WILSON • 150 FRANK H. OGAWA PLAZA, SUITE 4340 • OAKLAND, CALIFORNIA 94612

Department of Human Services
Community Housing Services Division

(510) 986-2721
FAX (510) 238-3661
TDD (510) 238-3254

The City of Oakland has contracted with Operation Dignity to conduct mobile street outreach to encampments in the city since 2001. Its current scope of work includes five weekly days of outreach between 7 a.m. and 8 p.m.; distributing harm reduction supplies such as food, water bottles, hygiene kits, and clothing; and street- and office-based case management, including

housing navigation, assistance with benefits acquisition, transportation to shelters and warming/cooling centers, and referral to program partners. Operation Dignity's mobile outreach team serves more than 400 people in a given month, and distributed more than 28,000 supplies to people in need last year.

Operation Dignity has a strong history of collaboration with both public and private agencies. It has provided critical outreach services in multiple collaborations with the City of Oakland and partner agencies to engage adults who were chronically homeless and/or frequent users of emergency services and prioritize them for housing. It has also worked closely with OPD and Public Works to engage individuals who are homeless and frequent users of services. Through Operation Dignity's skill in outreach and engagement and history of rapport with individuals experiencing homelessness, it connects these individuals to housing navigation, health care, and other services.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families. Please do not hesitate to contact me for further information.

Sincerely,

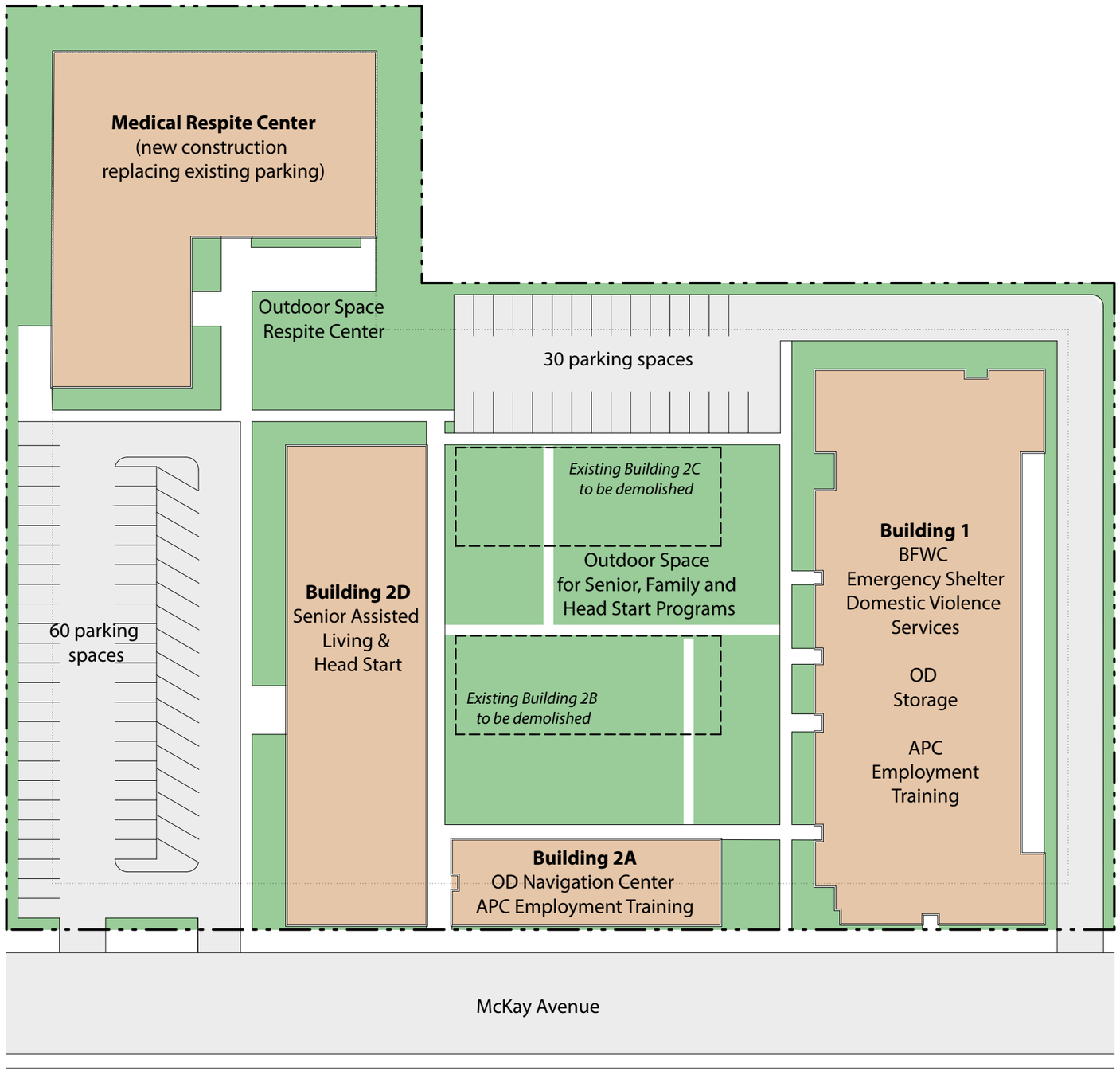
Lara Tannenbaum

Lara Tannenbaum
Community Housing Services, Acting Manager
City of Oakland, Human Services Department

Floor Plans for Existing and Proposed Uses

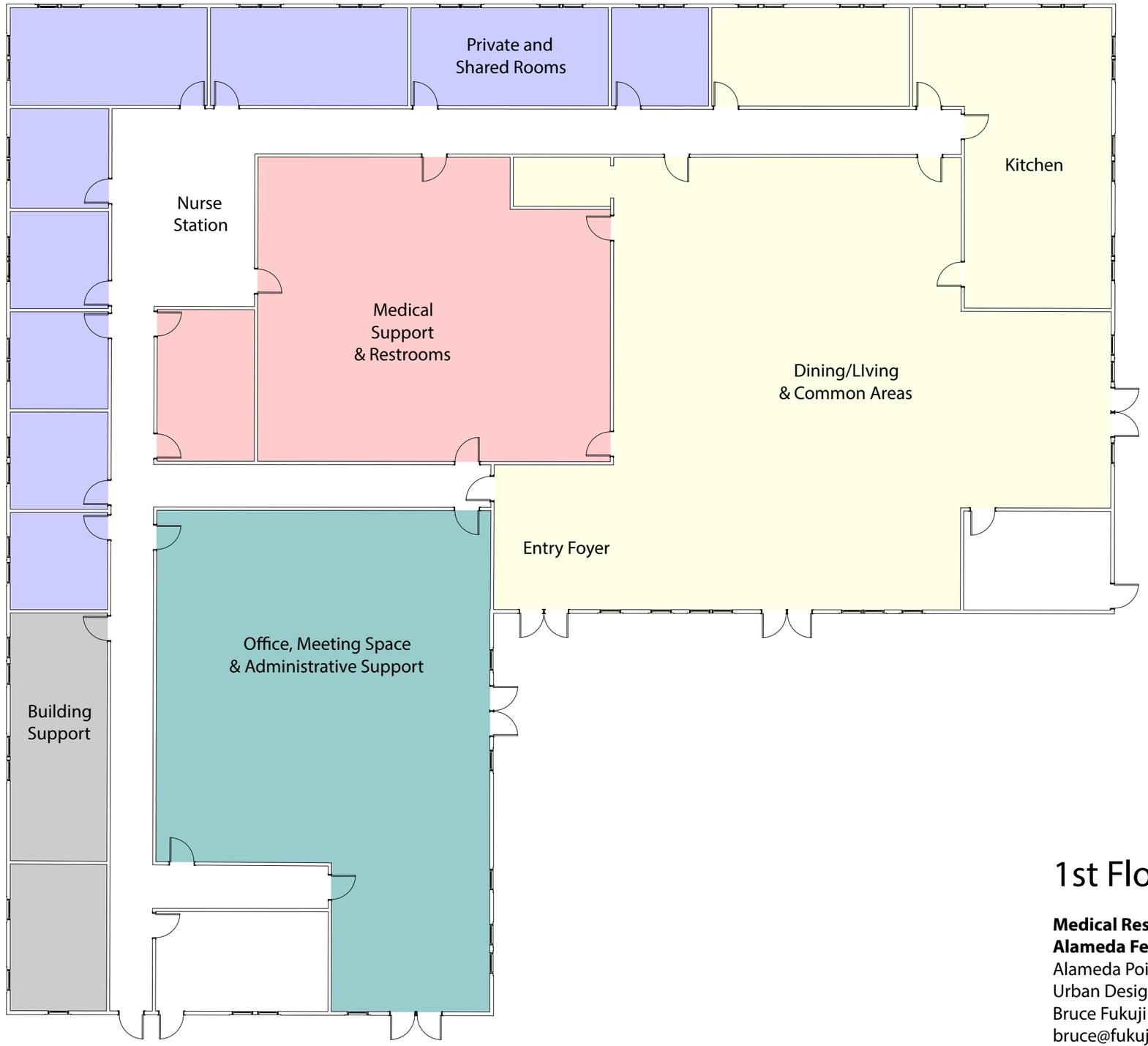
Existing Conditions

Alameda Federal Center
Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17



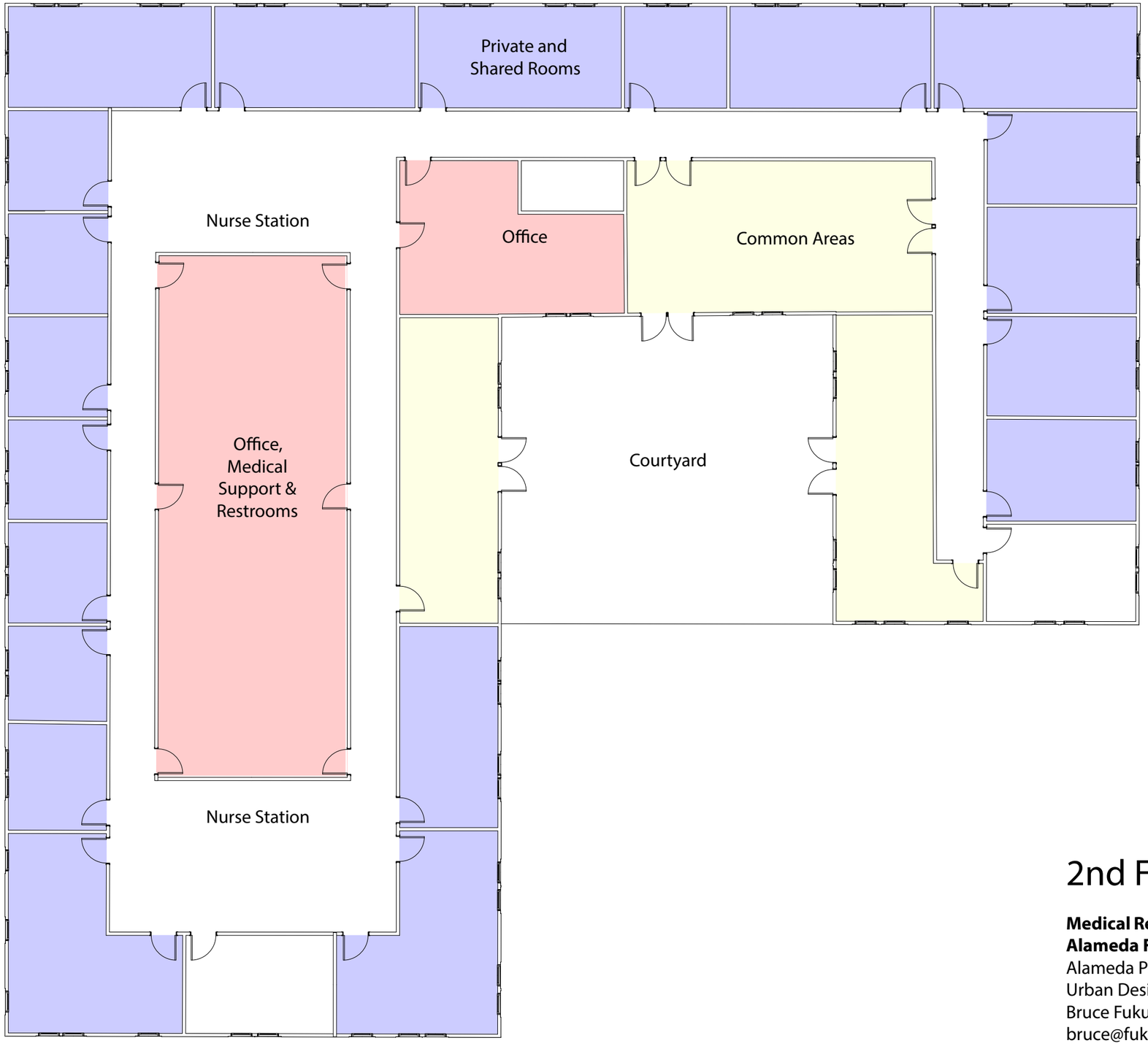
Site Plan

Alameda Federal Center
Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17



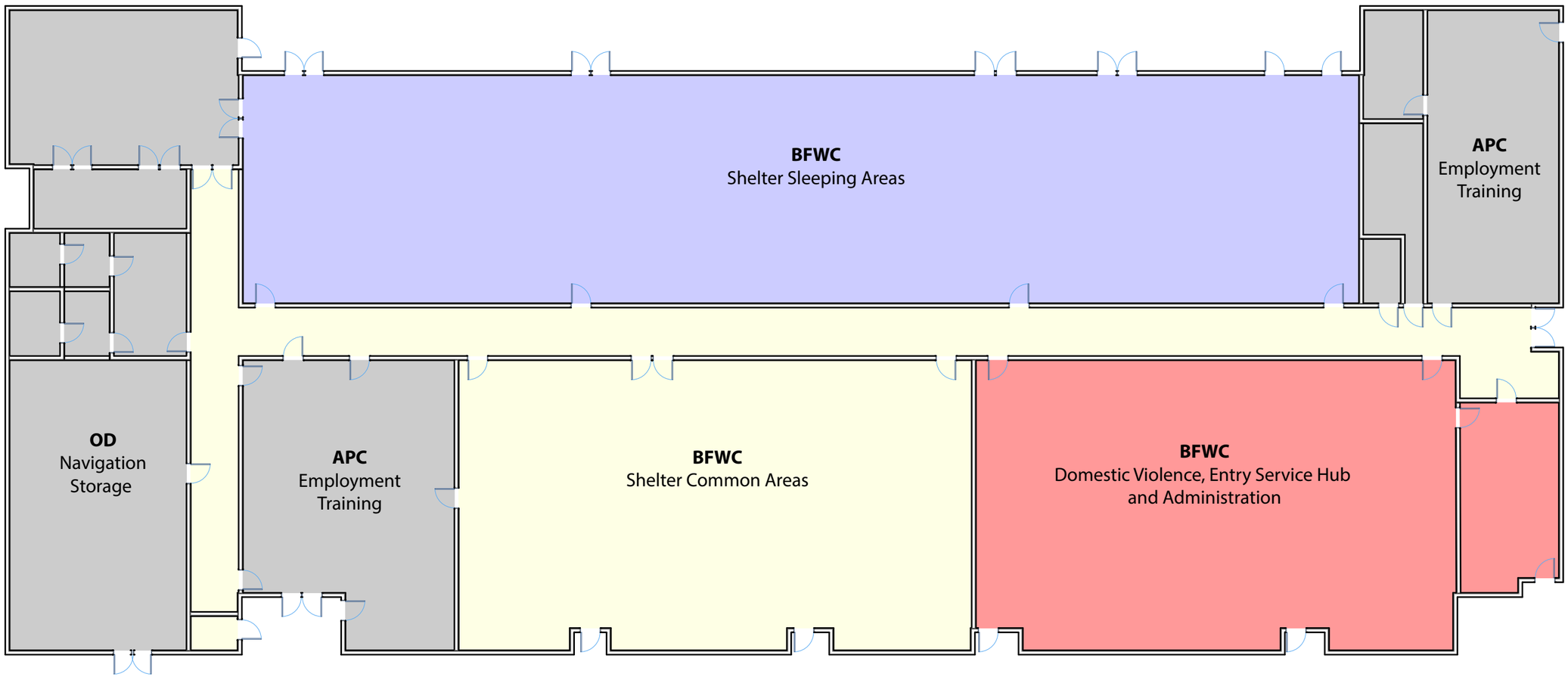
1st Floor Plan

Medical Respite Center
Alameda Federal Center
Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17



2nd Floor Plan

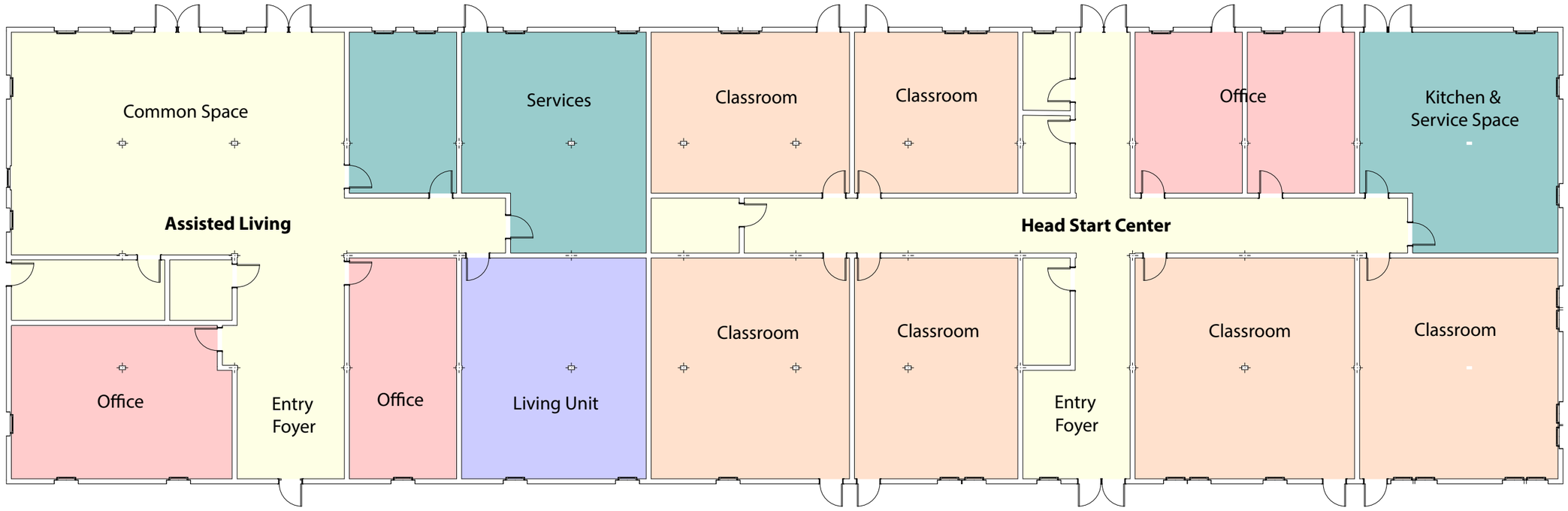
Medical Respite Center
Alameda Federal Center
Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17



1st Floor Plan

Building 1 - BFWC, APC and Operation Dignity
Alameda Federal Center

Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17



1st Floor Plan

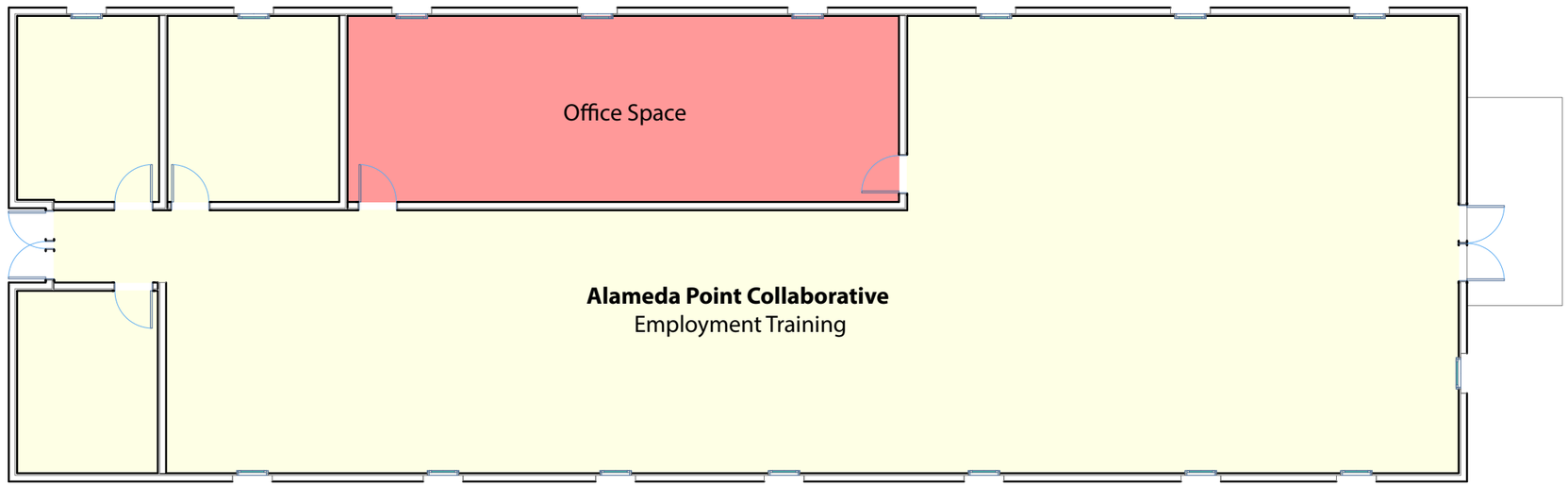
Building 2D - Assisted Living & Head Start
Alameda Federal Center

Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17

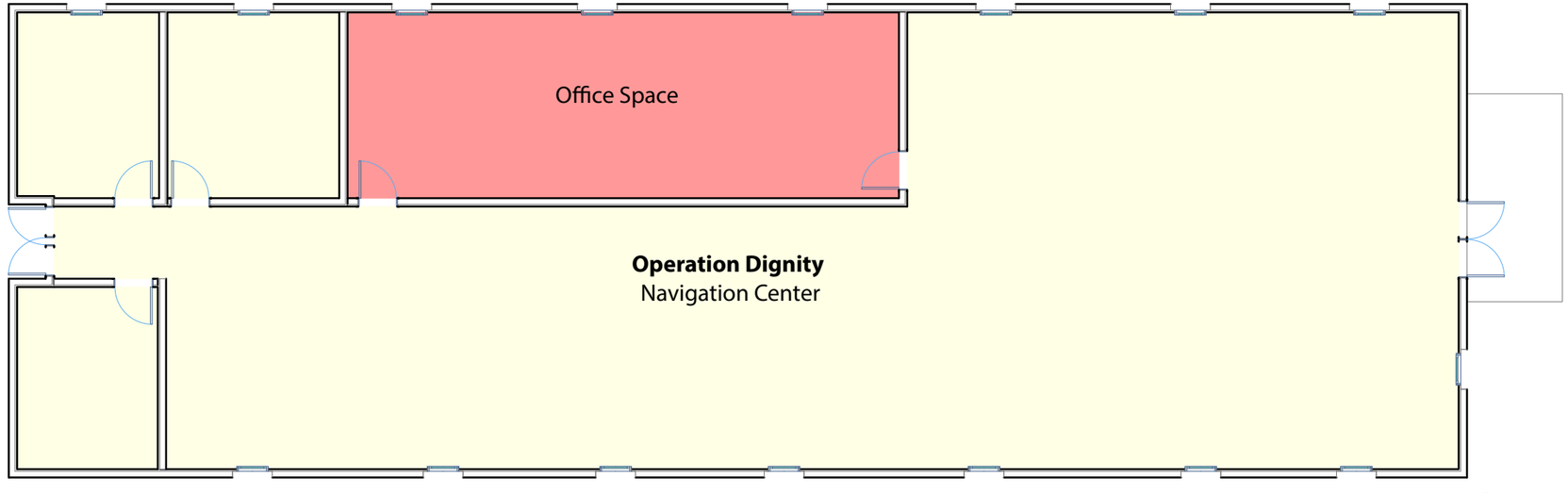
2nd Floor Plan

Building 2D - Assisted Living & Head Start
Alameda Federal Center

Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17



2nd Floor Plan



1st Floor Plan

Building 2A - Operation Dignity & APC

Alameda Federal Center
Alameda Point Collaborative
Urban Design Innovations
Bruce Fukuji Architect/Urban Planner
bruce@fukuji.com - 510 558-8871
8/1/17

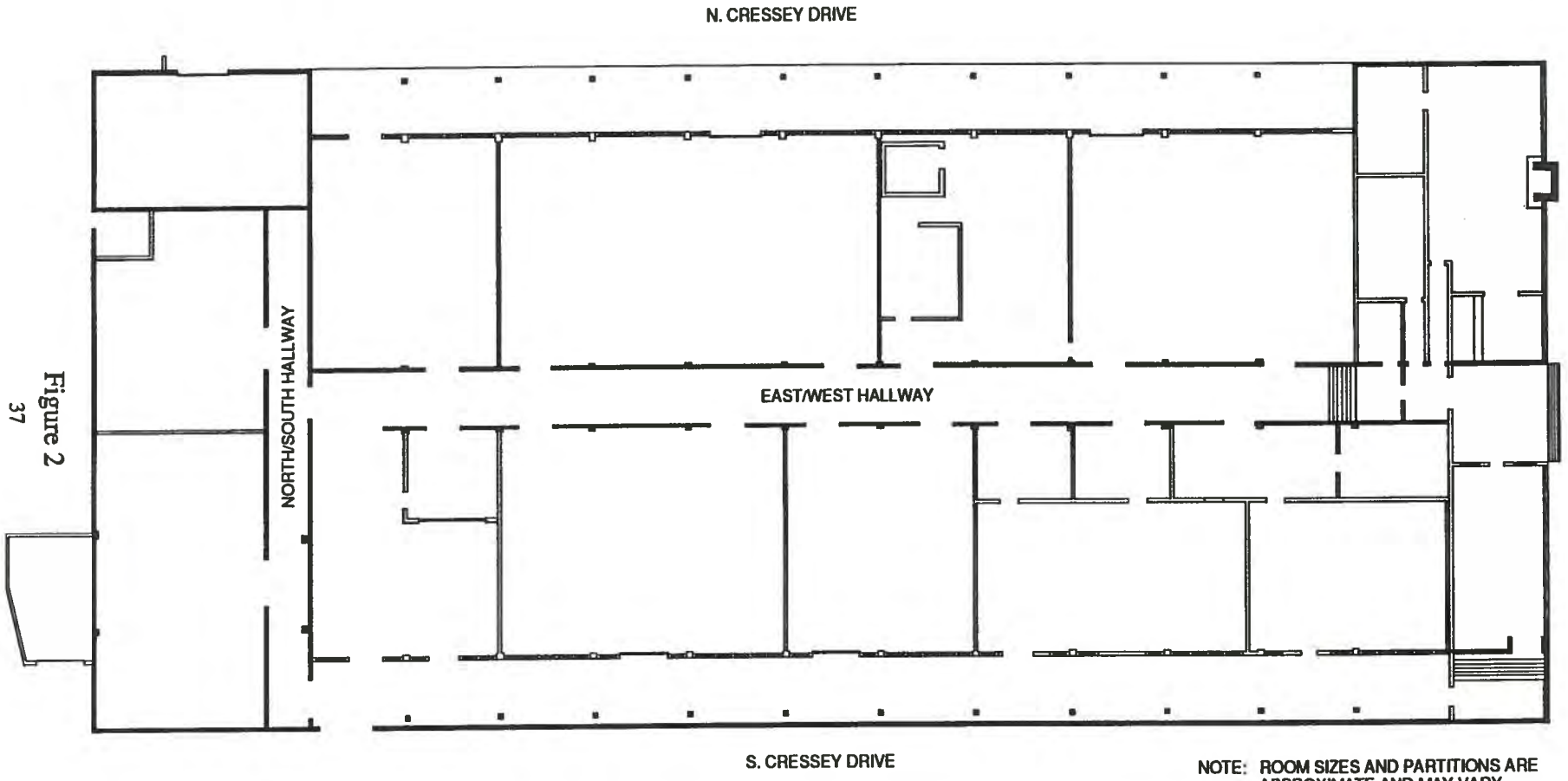
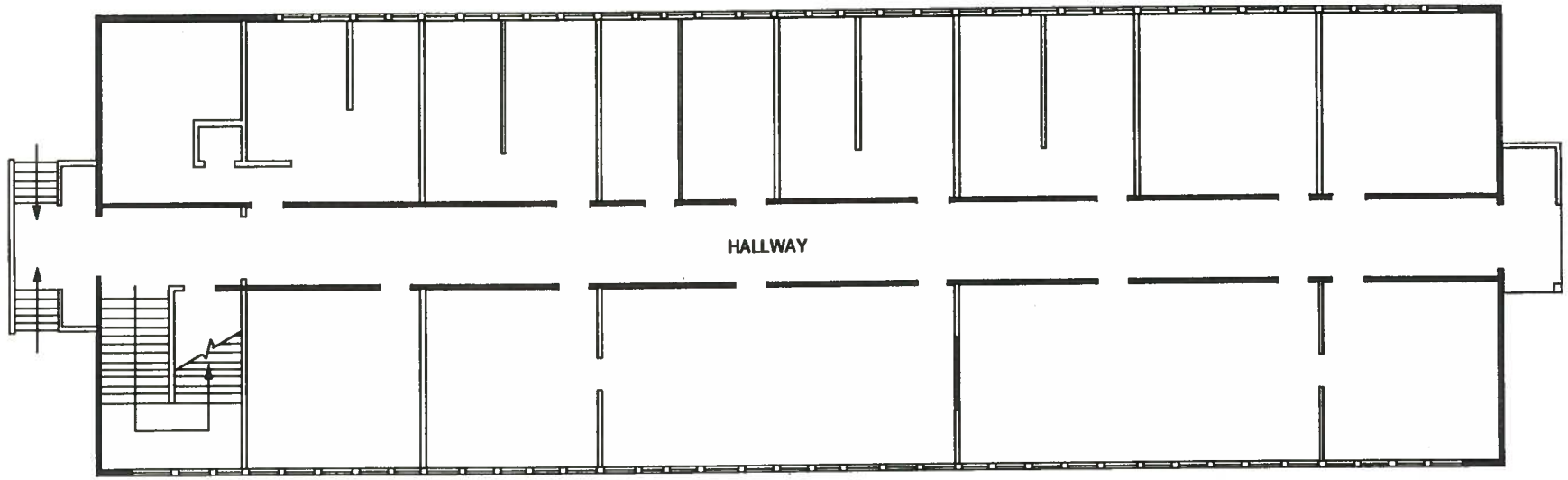


Figure 2

FLOOR PLAN - BUILDING NO. 1

ALAMEDA FEDERAL CENTER

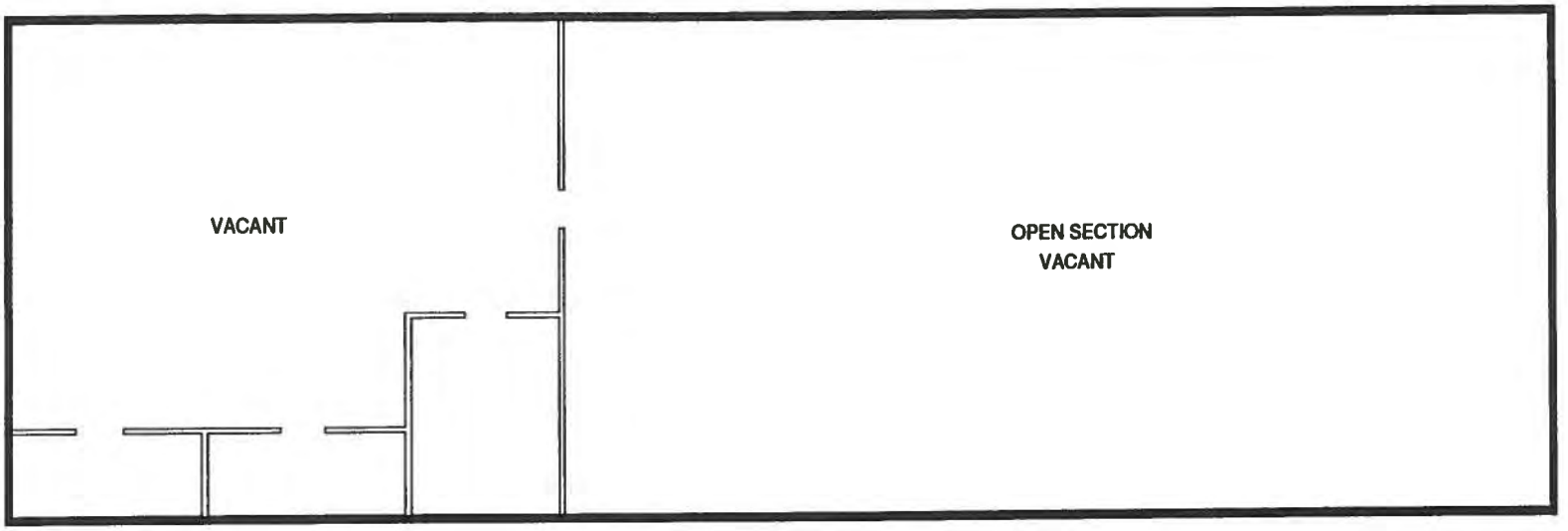
Figure 3



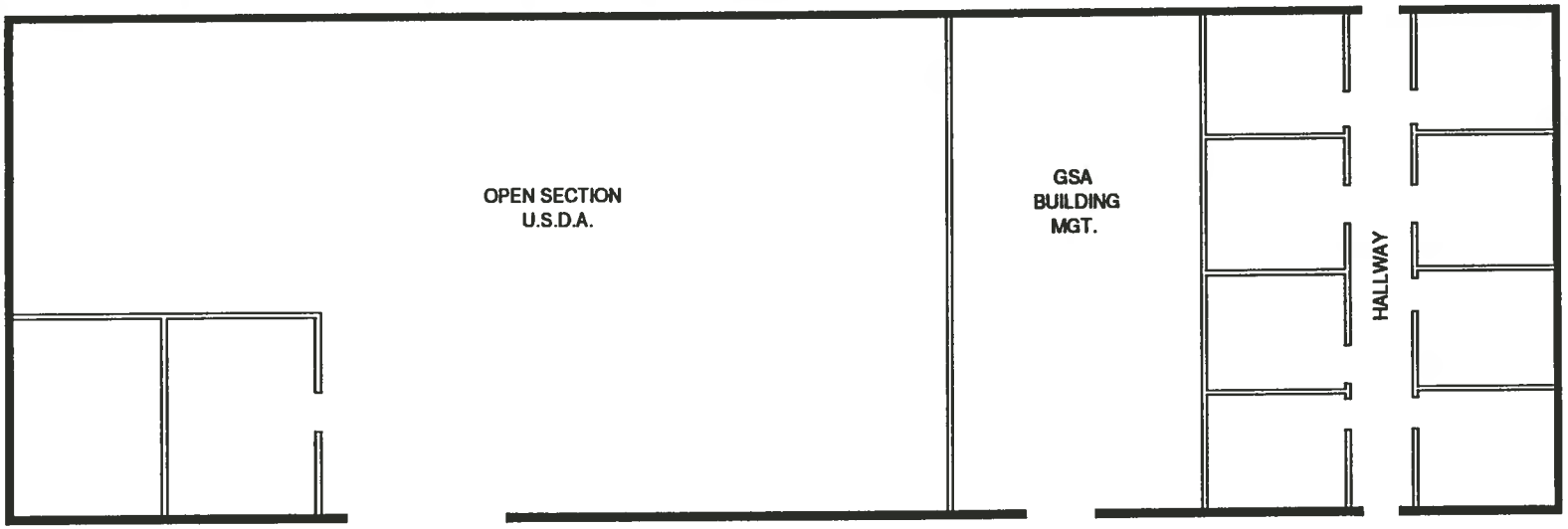
NOTE: ROOM SIZES AND PARTITIONS ARE APPROXIMATE AND MAY VARY.

FLOOR PLAN - TYPICAL FIRST AND SECOND FLOORS FOR BUILDINGS NO. 2A, 2B, 2C, 2E, 2F, 2G, 5, 6, AND 7.

ALAMEDA FEDERAL CENTER



SECOND FLOOR PLAN



FIRST FLOOR PLAN

NOTE: ROOM SIZES AND PARTITIONS ARE APPROXIMATE AND MAY VARY.

NORTH

FLOOR PLAN - BUILDING NO. 2D

ALAMEDA FEDERAL CENTER

Figure 4

Local Government Notification

Alameda Point Collaborative

August 1, 2017

Jill Keimach
City Manager
City of Alameda
2263 Santa Clara Ave. Room 320
Alameda, CA 94501

Re: Notice of Application for Federal Property at McKay Ave.

Dear Ms. Keimach;

On April 28th, 2017, the General Services Administration of the United States issues a combined notice of determination of homeless suitability and availability for the Alameda Federal Center Northern Property (McKay Ave.) located at 620 Central Ave. in Alameda.

As you know we have been working closely with the city to develop a proposal, and we are very appreciative of your support. Per the terms of the application to acquire the property, we are required to provide written notification of our proposed program to the applicable unit of local government responsible for providing sewer, water, police, and fire services. The City of Alameda is the applicable unit of local government responsible for providing police and fire services.

This letter constitutes written notification that APC proposes to acquire the above property for the purposes of establishing complementary uses including: medical respite center, emergency shelter, homeless navigation center, supportive services, job training, childcare and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families. We do not believe that the project will place any additional burdens on police and fire services, and in fact by helping unhoused homeless get access to housing and treatment we will actually reduce the demand on services.

As we move forward on the project we look forward to working with you and appropriate staff to ensure the impact on services and the community is positive. Thank you.

Sincerely,

Doug Biggs
Executive Director
Alameda Point Collaborative

677 West Ranger Avenue, Alameda, California 94501
510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org

Alameda Point Collaborative

August 1, 2017

Alexander R. Coate
General Manager
East Bay Municipal Utility District
P.O. Box 24055 MS 42
Oakland, CA 94623-1055

Re: Notice of Application for Federal Property at McKay Ave. in Alameda

Dear Mr. Coate;

On April 28th, 2017, the General Services Administration of the United States issues a combined notice of determination of homeless suitability and availability for the Alameda Federal Center Northern Property (McKay Ave.) located at 620 Central Ave. in Alameda.

Per the terms of the notice to acquire the property, we are required to provide written notification of the proposed program to the applicable unit of local government responsible for providing sewer, water, police, and fire services. EBMUD is the applicable unit of local government responsible for providing water and sewer services.

This letter constitutes written notification that APC proposes to acquire the above property for the purposes of establishing complementary uses for homeless individuals and families, including: medical respite center, emergency shelter, homeless navigation center, supportive services, job training, childcare and outreach services. These programs will reduce homelessness and provide vital supportive services, health care and shelter to benefit homeless individuals and families. We do not believe that the project will place any additional burdens on water and sewer servcies

As we move forward on the project we look forward to working with you and appropriate staff to ensure the impact on services and the community is positive. Thank you.

Sincerely,

Doug Biggs
Executive Director
Alameda Point Collaborative

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Attachments A, B, C and Certification

ATTACHMENT A

APPLICANT CERTIFICATION

1. The applicant will not discriminate on the basis of race, color, national origin, religion, sex, age, familial status, or handicap in the use of the property, and will maintain the records required to demonstrate compliance with the following Federal laws: section 606 of the Federal Property and Administrative Services Act of 1949; the Fair Housing Act (42 U.S.C. § 3601-19); Executive Order 11063 (Equal Opportunity in Housing), as applicable; Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d to d-4) (Nondiscrimination in Federally Assisted Programs); Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681); the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07) and implementing regulations; and the prohibitions against otherwise qualified individuals with handicaps under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Architectural Barriers Act Accessibility Standards (ABAAS) (36 CFR 1191, Appendices C and D); and all other implementing regulations for the above listed statutes.

2. The applicant agrees for itself, its successors and assigns, that it shall insure all conveyed improvements against loss, damage, or destruction. If any such loss, damage, or destruction shall occur during the period grantee holds title to said property subject to conditions subsequent 1 through 5, said insurance and all monies shall be held in trust by the grantee, its successors or assigns, and shall be promptly used by the grantee for the purpose of repairing such improvements and restoring the same to their former condition and use or for the purpose of replacing said improvements with equivalent or more suitable improvements or, if not so used, the grantee shall cause to be paid over to the Treasurer of the United States that part of the insurance proceeds that is attributable to the Government's reversionary interest in the property lost, damaged, or destroyed, determined on the basis of the fair market value of the facilities at the time of the loss, damage, or destruction.

3. The applicant covenants and agrees for itself, its successors and assigns, that in the event the grantor exercises its option to revert all right, title, and interest in the property to the grantor, or the grantee voluntarily returns title to the property, the grantee shall provide protection to and maintenance of the property until such time as the title reverts to and is accepted by the grantor. Such protection and maintenance shall, at a minimum, conform to the standards prescribed by the General Services Administration in its Customer Guidance for Real Property Disposal in effect as of the date of the deed, as referred to in the Federal Management Regulations (FMR) §102-75.965 (41 CFR 102-75.965). A copy of the applicable portions are attached **(Attachment D)** to the application.

ALAMEDA POINT COLLABORATIVE

Name of Applicant

EXECUTIVE DIRECTOR 7/31/17

Signature and Title of Authorized Official Date

DOUGLAS BIGGS

Print Name of Authorized Official

Alameda Point Collaborative

RESOLUTION TO ACQUIRE PROPERTY

Whereas, certain real property owned by the United States, located in the County Alameda of State of California, has been declared surplus and is subject to assignment for disposal for homeless purposes by the Secretary of Health and Human Services under the provisions of Section 203(k)(1) of the Federal Property and Administrative Services Act of 1949, as amended, and Title V of the McKinney-Vento Homeless Assistance Act, as amended; and the rules and regulations promulgated pursuant thereto, more particularly described as follows:

Alameda Federal Center Northern Parcel
620 Central Avenue , Alameda Ca 94501
GSA Control No. 9-G-Ca-1604-Ad
HUD Property No. 54201630019
APN: 074-1305-026-2

Whereas, the Alameda Point Collaborative needs and can utilize said property for public health purposes in accordance with the requirements of said Acts and the rules and regulations promulgated pursuant thereto, of which this Board is fully informed, including commitments regarding use and time within which such use shall commence.

Now, Therefore, Be It Resolved, that the Alameda Point Collaborative has legal authority, is willing, and is in a position financially and otherwise to assume immediate care and maintenance of the property, and that Douglas Biggs, Executive Director of the Alameda Point Collaborative is hereby authorized, for and on behalf of the Alameda Point Collaborative to do and perform any and all acts and things which may be necessary to carry out the foregoing resolution, including the preparing, making, and filing of plans, applications, reports, and other documents; the execution, acceptance, delivery, and recordation of agreements, deeds and other instruments pertaining to the transfer of said property; and the payment of any and all sums necessary on account of the purchase price thereof, including fees or costs incurred in connection with the transfer of said property for surveys, title searches, appraisals, recordation of instruments, or escrow costs, together with any payments by virtue of nonuse or deferral of use of the property.

If the applicant is unable to place the property into use with the time limitation indicated below (or determines that a deferral of use should occur), it is understood that the Alameda Point Collaborative will pay to the Department of Health and Human Services for each month of nonuse beginning twelve (12) months after the date of the deed, or thirty-six (36) months where construction or major renovation is contemplated, the sum of 1/360 of the then market value for each month of nonuse.

If the Department of Health and Human Services approves the application, the board will file a copy of the application and standard deed/lease with their permanent minutes.

Alameda Point Collaborative Board of Directors
Legal Title of Governing Body of Applicant

677 W. Ranger Ave.
Address

Alameda	CA	94501
City	State	Zip Code

I Michele S McGarraugh hereby certify that I am the Co-Chair of the APC Board of Directors and that the foregoing resolution is a true and correct copy of the resolution adopted by the vote of a majority of members of the APC Board of Directors present at a meeting of said Board on July 20th 2017 at which a quorum was present.

Signature of Certifying Officer

CURRENT CONDITION OF PROPERTY

1. If there are any structures on the property:

a. List the year in which they were built.

1942

b. If the structure is over fifty (50) years-old:

i. Is the structure on the National Register of Historic Places?

No

ii. Contact the State Historic Preservation Officer (SHPO) to determine if the proposed use will adversely impact a historic property. Document and provide a copy of any response from the SHPO.

East Bay Regional Park obtained a no adverse impact from SHPO in order to demolish identical property on the southern part of the site in order to expand park area. We have requested but not yet received a copy of the clearance from SHPO.

2. Describe any current contamination or adverse environmental condition of the requested property and the ground water below the property. This includes lead-based paint and asbestos in any current structures on the property. Applicants should also list any publicly known contamination on neighboring sites, including if there are any sites on the U.S. Environmental Protection Agency's National Priorities List (NPL) within 1 mile of the property (available at http://www.epa.gov/superfund/sites/npl/npl.htm). An in-depth search is not required.
The site does have asbestos contamination, which will be dealt with in the rehab and reconstruction

3. State any known institutional controls on the property due to environmental contamination (this may include use restrictions, covenants, deed notices, etc. imposed by a prior owner or local, State, or Federal agency).
None

4. Provide copies of any relevant land use plans (Federal, state, or local) for the requested property, and explain any known conflict(s) between the proposed use and any relevant land use plans.
General plan map is attached

WASTE AND POLLUTION

5. What kind/amount of waste will the proposed program create (e.g. municipal waste, construction debris, hazardous waste)? Municipal waste and construction waste caused by rehab and reconstruction.

a. If there will be any hazardous waste produced/disposed of on the property, please detail which activities will produce the waste. Such activities include, but are not limited to, dry cleaning, air conditioning repair and service, motor pools, automobile repair, welding, services stations, gas stations, landscaping, agricultural and farming activities, print shops, hospitals, clinics, and medical facilities.

Demolition of existing buildings and rehab will generate asbestos waste, which will be disposed of in compliance with all local state and federal regulations.

b. Detail the disposal plans for any hazardous waste.
A licensed abatement contractor will be hired to property remediate and dispose of all contaminated construction waste

6. What pollution prevention measures, if any, does the applicant plan for the location, design, construction, or operation of the proposed use (including soil, sedimentation, or erosion controls, and source reduction/recycling)?
APC will implement drought tolerant landscaping and comprehensive recycling throughout the site. Wherever possible solar and other alternative forms of energy production will be installed.

7. Does your State or local government require a storm water control plan for the proposed use of the property?
The state of California does have stormwater regulations which APC will comply with. Locally is required to implement its Clean Water Program as a condition of the National Pollutant Discharge Elimination System(NPDES) permit for the City's storm drain system. The conditions of this permit direct municipal compliance with the Federal Clean Water Act to protect the quality of local stormwater runoff.

CIties in the Bay Area are responsible for controlling stormwater pollution by complying with the Municipal Regional Stormwater NPDES Permit issued by the San Francisco Bay Regional Water Quality Board. The City of Alameda implements the Municipal Regional Stormwater NPDES Permit requirements with all other Alameda County local agencies as a co-permittee in the Alameda County Clean Water Program. APC will ensure it is in compliance with Alameda' stormwater regulations

SURROUNDING COMMUNITY
8. What is the scope of the use of the surrounding property (e.g. residential, commercial, or mixed-use), and is the proposed use uncharacteristic of the area?
The surrounding community consists of high density housing (condomiums and apartment complexes) and a business district (shops, restaurants, professional offices, etc.) Adjacent to the site is Crab Cove, an East Bay Regional Park. The proposed use of the site is compatible and characteristic of the area

9. Will there be any change in the community noise level, relevant to the time of day, due to the proposed use of the property?
While it was utilized as a federal lab, there was noise generated by the fan and ducting system for the laboratories. This noise level will be significantly reduced in the proposed use

10. Describe any direct or indirect effect on near by parkland, other public lands, or areas of recognized or scenic value.
The site is adjacent to a public park. APC will install landscaping that is compatible with the surrounding parklands and improve and replace existing structures to enhance the appeal of the site

11. Will the proposed use of the property emit, or cause to be emitted, any air pollutants?
No

12. Will the proposed use of the property change the amount of carbon dioxide and other green house gases released as compared to the prior use of the property?
In rehabbing existing spaces and constructing new spaces, APC will implement energy conservation measure to reduce carbon dioxide and greenhouse gases

PUBLIC RESOURCES
13. Does the proposed program require the construction/development of any new public facilities or services (e.g. schools, medical facilities, roads, sewage, or public transportation)?
No

14. Will the proposed use of the property require an increase in or the generation of more energy/electricity? (Contact the local utility or supplier and document the name and date of contact.)
Not known at this time but will likely reduce electrical demand
15. Will the proposed use of the property require an increase in other non-electric utilities such as natural gas?
No

16. Will the proposed use of the property change the amount of solid waste generated on the property compared to the prior use?
No
17. Will the proposed use of the property increase the amount of wastewater in need of treatment from the property compared to the prior use?
No

FEDERAL LAW
18. Safe Drinking Water:
a. Is the property in proximity to an EPA designated sole source aquifer?
No

b. Will the proposed use of the property change the amount of drinking water needed as compared to the prior use?
Not significantly

19. Floodplains:
a. Is the property located in a flood plain?
No
b. Will the proposed use of the property encourage development in a floodplain?
No
20. Wetlands and Navigable Waters (lakes, rivers, streams, etc.; including any ditch, culvert, or other source of water that has a hydrologic connection to a larger body of water):
a. Are there any wetlands or water resources on or near the property?
The location is near the San Francisco bay
b. Does the proposed use of the property require construction in wetlands?
No
c. If construction is required, will there be any dredging or filling of a wetland or water resource?
No

21. Coastal Zone Management:
a. Will the proposed use of the property directly affect a designated Coastal Zone?
(Coastal Zones are not necessarily the just area immediately next to the coast; some zones encompass the entire State, such as Florida, or major watersheds such as the Chesapeake Bay watershed.)
No
b. If so, provide the State Coastal Zone Management Plan and highlight any potential conflicts?
(Each State adjacent to a coast, including those located in the Great Lakes region, should have a State office to manage its coastal zone development and use.)
22. Wild and Scenic Rivers:
a. Is the property located near a wild, scenic, or recreational river area?
No

b. If so, will the proposed use create conditions inconsistent with the character of the river?
N/A

23. Farmland Protection:
a. Will the proposed use of the property convert any agricultural lands to nonagricultural uses?
No

24. Wilderness:
a. Is the property located near a designated Wilderness Area or other public land with a similar designation?
No

b. If so, will the proposed program have any direct or indirect affect on the Wilderness Area or public land?
N/A

25. Endangered Species:
a. Does the property have, or is it located near, any critical habitat of an endangered or threatened species?
No

b. Will the proposed use of the property affect, directly or indirectly, any Federal or State listed endangered or threatened species?
No

DUE DILIGENCE
26. Demonstrate that the applicant has performed due diligence to ensure that the proposed use of the property will not result in a known violation of applicable (Federal, State, or local) laws or regulations that protect the environment or public health and safety. If the proposed use will result in a known violation, explain fully.
The GSA has provided APC with reports documenting previous uses of the site, including utility consumption and reports on known contaminations (asbestos). APC has also met with Alameda City Staff to review zoning, flood plain and other land use issues.

27. Describe, within reason, any known controversy over the environmental effects of the proposed use for the property.
None are known at this time

local) laws or regulations that protect the environment or public health and safety. If the proposed use will result in a known violation, explain fully.

27. Describe, within reason, any known controversy over the environmental effects of the proposed use for the property.

CERTIFICATION

28. Either complete a copy of the below certification or complete and remove this page from the application.

I, DOUGLAS BIGGS, certify that the information in the
(Name of Authorized Official)
Environmental Questionnaire is true, correct, and accurate to the best of my knowledge.

I understand that HHS may require more environmental information prior to either the approval/disapproval of the application or transfer of the requested property. Such information may include, but is not limited to, Environmental Assessments or Environmental Impact Statements.

ALAMEDA POINT COLLABORATIVE
Name of Applicant

[signature] EXECUTIVE DIRECTOR 7/31/17
Signature and Title of Authorized Official Date

DOUGLAS BIGGS
Print Name of Authorized Official

(A) The applicant must certify, by signature of **Attachment A**, its assurance of compliance with nondiscrimination, insurance, and protection and maintenance requirements.

(B) Complete the governing board resolution, enclosed as **Attachment B**, authorizing a representative to act on behalf of the applicant organization. Be sure to fill out the information regarding the property name and description.

NOTE: The certifying officer must be an official other than the representative named in the Resolution. Please provide a copy with the original and each copy of the application.

(C) The National Environmental Policy Act of 1969 (P.L. 91-190 42 U.S.C. Sections 4321-4347) requires consideration of the environmental effects that may result from major Federal actions significantly affecting the quality of the human environment, including real property conveyances. Your completion of the Environmental Questionnaire found in **Attachment C** will assist us in evaluating any potential environmental effects arising from your proposal. **You are required to provide the documentation supporting your questionnaire responses and may be required to provide more detailed information at a later time.**

7. Certification

I, DOUGLAS BIGGS, certify that the information in this application
(Name of authorized official)
is true, accurate and complete to the best of my knowledge. I also understand that the Department of Health and Human Services' (HHS's) approval of this application does not constitute the final decision on whether to transfer the property. Authority to assign the property for transfer rests with the disposal agency, not HHS.

ALAMEDA POINT COLLABORATIVE
Name of Applicant

[signature] EXECUTIVE DIRECTOR 7/31/17
Signature and Title of Authorized Official Date

DOUGLAS BIGGS
Print Name of Authorized Official

If you have any questions regarding the application, or the application process, please call Real Property Disposal, Real Property Management Services, at (301)443-2265. Applicants can receive additional assistance if they have any problems with the application/transfer process by contacting the National Law Center on Homelessness and Poverty at (202)638-2535. For general information on other homeless assistance programs or grants, call the Interagency Council on Homelessness at (202)708-4663.

Supplemental Supporting Documents

2175183

State of California

SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of ____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 8 1999

Bill Jones

Secretary of State

Sec/State Form CE-107 (rev. 9/98)

OSP 98 13524

2175183

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

AUG 24 1999

BILL JONES, Secretary of State

ARTICLES OF INCORPORATION

OF

ALAMEDA POINT COLLABORATIVE, INC.

ARTICLE I

The name of this corporation is Alameda Point Collaborative, Inc.

ARTICLE II

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of California for charitable purposes.

A. The specific charitable purposes of this corporation are:

1. To raise the economic, educational, and social levels and enhance the quality of life of residents of Alameda, County, California, especially those who are low-income, homeless, or otherwise disadvantaged.

2. To foster and promote community-wide interest and concern for the problems of residents to the end that (a) educational and economic opportunities may be expanded; (b) sickness, poverty, crime, and environmental degradation may be lessened; and (c) racial tensions, prejudice, and discrimination, economic and otherwise, may be eliminated.

3. To provide said residents with employment, casework, housing, healthcare, and other social services, including emergency, transitional and long-term social services.

4. To promote cooperation and coordination among community organizations, and between community organizations and individuals, government agencies, and the private sector, in meeting the needs of said residents for jobs and decent, affordable housing, community facilities, and other services.

5. To provide facilities and other assistance to other community organizations and voluntary associations serving said residents, thus enhancing the ability of said organizations and associations to provide such services.

6. To provide information to said residents about programs or other opportunities that can improve their lives and the health of their neighborhood, and to stimulate participation by said residents in such programs and opportunities, thereby empowering residents in their efforts to achieve social and economic justice.

B. The general purposes and powers are to have and exercise all rights and powers conferred on nonprofit public benefit corporations under the laws of California, provided, however, that this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this corporation.

ARTICLE III

The name and address in the State of California of this corporation's initial agent for service of process is John Brauer, 224 W. Winton Ave., Room 108, Hayward, CA 94544-1215.

ARTICLE IV

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Service Code. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Service Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law).

B. No substantial part of the activities of this corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, nor shall this corporation participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

ARTICLE V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all

debts and liabilities of this corporation shall be distributed to a non-profit fund, foundation, or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

Date: August 23, 1999

(Signature of Incorporator)

John R. Brauer
(Typed Name of Incorporator)

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

(Signature of Incorporator)

STANDARDS OF REASONABLENESS FOR HOMELESS USES AT ALAMEDA NAVAL AIR STATION

The Base Closure Community Redevelopment and Homeless Assistance Act of 1994 requires closing military bases to make reasonable accommodations to meet the needs of the homeless. It indicates that homeless service providers may submit notices of interest requesting a public benefit conveyance for these purposes. This law requires a homeless element to be part of the Base Reuse Plan, indicating the reasonable accommodations in the reuse effort.

The Alameda County Homeless Providers Base Conversion Collaborative was formed in 1994 to enable homeless providers to work in concert to access former federal military property in the East Bay. In February, 1995, the Alameda Base Reuse and Redevelopment Authority (ARRA) recognized the Homeless Collaborative as the entity representing Homeless Providers in the reuse process.

The ARRA and the Alameda County Homeless Providers Base Conversion Collaborative recognize the great degree of uncertainty facing the City of Alameda, displaced workers at the installation, and the East Bay community in general, as a result of the closure of the Naval Air Station. But while base closures significantly impact local economies such as the City of Alameda, they also provide a unique opportunity to utilize base resources to create new economic and housing opportunities to help stem the tide of homelessness in our community.

The ARRA and The Homeless Providers Collaborative are committed to being a part of those immediate and long term strategies which make the regional economy healthier and environmentally stable, while involving all parts of the community in the planning process and which improve our local quality of life.

In order to cooperatively carry out this vision, the Alameda Reuse and Redevelopment Authority and the Alameda County Homeless Providers Base Conversion Collaborative, in conjunction with Congressmember Ronald V. Dellums' staff, and East Bay Conversion and Reinvestment Commission staff, developed and negotiated **Standards of Reasonableness** to delineate reasonable standards of homeless uses at the Naval Air Station with respect to housing, jobs, economic development activity and occupancy & capital improvements.

In developing these standards it is recognized that current base workers must have priority for base reuse, and that nothing in this agreement is intended to conflict with collective bargaining agreements. These standards were developed with the understanding that all activity must be in compliance with local, state, and federal law.

Both the ARRA and the Homeless Providers Collaborative understand the necessity of completing the Base Reuse Plan by December, 1995. Both entities will work in good faith to complete each step in the process in a timely fashion.

STANDARDS OF REASONABLENESS

I. HOUSING

a) **Family Housing**
Twenty percent of the base "family housing" units available for reuse or an equivalent number of like units in the community ~~should~~ will be made available to homeless providers for permanent and transitional housing. Assuming that the Coast Guard will receive 582 units of family housing, 20 percent of the remaining units available for reuse will equal 186 units available for homeless providers. These provisions apply only to existing housing on the Base.

Family units are multi-bedroom units in either single family or multi-unit buildings. "Available for reuse" means those units that have not been reserved by the Coast Guard or other federal agencies and are directly under the discretionary authority of the Local Reuse Authority. "Like units" means units of approximately the same size, type, and condition as those units on the bases. "Community" means throughout Alameda County.

b) **Barracks Housing**
200 rooms of service-enriched transitional, permanent, or emergency housing, or an equivalent number of like units in the community. Rooms are defined as spaces that can be occupied by 1-2 people. Emergency housing service providers will provide 24 hour housing and support services. No space will be utilized for overnight emergency shelters that operate for only limited hours.

II. JOBS

a) **ARRA Hiring**
To the extent that the ARRA hires staff to do grounds and/or building maintenance, as opposed to contracting with independent companies to perform these functions, the Reuse Authority will have as a goal to hire 15% of these workers from the ranks of the homeless.

The ARRA will also have a goal to award 15 percent of the dollar value of general service contracts for janitorial services, grounds maintenance, and light general contracting to qualified agencies who will employ homeless workers to execute the necessary work.

b) **Homeless Hiring Goals for Private Employers**
Agreements between the ARRA and individual private employers will include a goal to hire 15%, of new jobs created, from the ranks of the homeless. Employers will be asked to report to the ARRA on their efforts to hire homeless workers once per year (see Section II (b) below).

c) **One Stop Hiring Center**
A "one-stop" hiring entity established and operated by homeless service providers will be designed to refer bona-fide homeless applicants to employers seeking to hire new employees. This entity will ensure that all applicants are eligible; that these applicants have appropriate skills and/or are eligible for appropriate training relative to the job openings; and that the applicants are "job ready." Pre-notification of jobs for the homeless will be provided by the employer to the hiring center.

d) **Service Contracts**
Any employer subject to the 15 % hiring goal, including the ARRA, may use contractors who hire the homeless to perform certain functions. The use of such contractors will count in meeting the employer's homeless employment goals.

e) **Joint Ventures**
For profit businesses and government agencies (such as school districts, parks and recreation districts, etc.) will be encouraged to enter into joint venture contracts with non-profit agencies serving the homeless with the goal of creating job training and employment opportunities for homeless people, as well as generating an income stream for the joint venture partners.

Groups entering into joint venture agreements with homeless provider service organizations will be exempted from the 15% monitoring & reporting requirements as described under Economic Development, Section h below.

f) **Ongoing Collaboration**
In order to create incentives for employer participation, The Homeless Element in the Final Community Reuse Plan should include language that calls for an ongoing collaboration between the ARRA and the Homeless Collaborative or its successor.

g) **Non-profit Job Developers**
The entity responsible for matching homeless job applicants with job openings shall also maintain a list of service organizations that hire homeless workers. This list shall serve as a further resource to companies located at the former NAS Alameda who may wish to contract for certain services including construction, grounds and building maintenance, etc.

h) **Compliance**
The ARRA will conduct an annual evaluation/monitoring of employers at the former NAS Alameda to determine how well they are meeting the 15% homeless hiring goal. If little success is being achieved in this area, the ARRA will work with the Homeless Collaborative or its successor to improve mechanisms for providing hiring opportunities for the homeless.

III. *ECONOMIC DEVELOPMENT*

a) **Business and Office Development Space**
Opportunities for economic development activities to provide jobs for the homeless have been divided into categories based on the type of building under consideration. Space for economic development will be make available at the base, or in equivalent space in the community. Homeless providers using buildings for economic development purposes will not pay the ARRA "rent," however, these providers will be responsible for making all improvements necessary to make the buildings habitable; will be responsible for ongoing building maintenance and operating costs; and will pay a public service fee as necessary (see Sections IV and V below). Space to be utilized by homeless providers is as follows:

1. OFFICE/CLASSROOM SPACE-25,000 sq. ft.
2. SPECIAL PURPOSE/INDUSTRIAL SPACE-2 opportunities
3. INSTITUTIONAL SPACE-2 opportunities

4. RECREATIONAL/RETAIL SPACE-2 opportunities

5. WAREHOUSE/GENERAL PURPOSE SPACE-150,000 sq. ft if the Alameda County Food Bank is part of this request. Otherwise, the maximum square footage is 75,000.

IV. *OCCUPANCY AND CAPITAL IMPROVEMENTS*

a) All buildings will be transferred as a public benefit conveyance or leased to homeless providers for a period of time sufficient to obtain any necessary financing. No rent will be charged by the ARRA. If the program holding the building lease wishes to charge rent to clients, those rent revenues can be used by the program for its own purposes, including funding program operations.

b) The ARRA will provide assistance to homeless programs to finance capital improvements to buildings if necessary as a part of any debt financing program the ARRA undertakes. Debt financing could include floating bonds, or accessing some type of revolving loan fund that the federal government may set up. However, the programs would be required to pay back their portion of the debt.

c) Programs will have one year from the time they take possession of the buildings to begin operating on the Base. If after the one year time period, the original provider can not perform, Alameda County Department of Housing and Community Development will have six months to find an alternate program. Once identified, that program will have one year to begin operating. If after one year, the second program cannot perform, the building will revert back to the ARRA.

If substantial rehabilitation is involved, then homeless providers will have up to 1 additional year to become operational. What constitutes substantial rehabilitation and additional construction time will be negotiated on a case by case basis and then incorporated into the legally binding agreements.

V. *PUBLIC SERVICE FEE*

Homeless providers, as well as other recipients of public benefit conveyances, will ~~should be asked to~~ pay a "public service fee" in lieu of property taxes to offset the costs of providing basic municipal services to these buildings, including police, fire, public works, etc., if this is deemed necessary by the ARRA to assist in offsetting the fiscal impacts of the Community Reuse Plan on the City of Alameda.

VI. *PROGRAM FINANCING*

The ARRA will work with providers to jointly seek funding opportunities to assist the homeless providers in operating programs at NAS Alameda on an ongoing basis.

Exhibit G
Amended Standards of Reasonableness

FIRST AMENDMENT TO THE STANDARDS OF REASONABLENESS

This First Amendment to the Standards of Reasonableness ("SOR"), entered into this _____ day of October, 1999, by and between the ALAMEDA REUSE AND REDEVELOPMENT AUTHORITY ("ARRA"), a joint powers authority duly organized and existing under the laws of the State of California, THE HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT OF THE COUNTY OF ALAMEDA, a subdivision of the State of California ("HCD"), and THE ALAMEDA COUNTY HOMELESS PROVIDERS BASE CONVERSION COLLABORATIVE, an association of non-profit public benefit 501(c)(3) corporations, and THE ALAMEDA POINT COLLABORATIVE, INC.,a public benefit 501(c)(3), (collectively referred to as "Collaborative"), is made with reference to the following:

RECITALS:

A. In May, 1995, the original Standards of Reasonableness Agreement was entered into by and between ARRA, the County and the Collaborative(hereinafter "SOR").

B. The parties now desire to modify the SOR on the terms and conditions set forth herein.

NOW, THEREFORE, it is mutually agreed by and between and undersigned parties as follows:

1. Paragraph Ib) of the SOR is amended to read:

"**b) Barracks Housing**

75 rooms of service-enriched transitional, permanent, or emergency housing, or an equivalent number of like units in the community. Rooms are defined as spaces that can be occupied by 1-2 people. Emergency housing service providers will provide 24 hour housing and support services. No space will be utilized for overnight emergency shelters that operate for only limited hours."

2. Paragraph IV b) of the SOR is amended to read:

"b) The ARRA will provider assistance to homeless programs to finance capital improvements to buildings if necessary as a part of any debt financing program the ARRA undertakes. Debt financing could include floating bonds, or accessing some type of revolving loan fund that the federal government may set up. The portion of the debt that the programs would be required to pay, which was estimated in 1998 to be Three Million Six Hundred Thousand Dollars ($3,600,000) shall be met solely from the APIP Low and Moderate Income Housing Funds (20% tax-increment set-aside funds), as such funds become

available over the lifetime of the APIP."

3. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this modification of Agreement to be executed on the day and year first above written.

ARRA:

ALAMEDA REUSE AND REDEVELOPMENT AUTHORITY, a joint powers authority duly organized and existing under the laws of the State of California

By: _____

Its Executive Director

APPROVED AS TO FORM:

By _____

Date: 3-

HCD:

HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT OF THE COUNTY OF ALAMEDA, a subdivision of the state of California

By: _____

Its: Director CDA

APPROVED AS TO FORM:

By _____

LORENZO E. CHAMBLISS

Collaborative:

ALAMEDA POINT COLLABORATIVE, INC., a nonprofit California public benefit corporation and ALAMEDA COUNTY HOMELESS PROVIDERS BASE CONVERSION COLLABORATIVE, an association of nonprofit California public benefit 501 (c) (3) corporations

Elaine deColigny, Member of Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

Jim Franz, Member of Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

Rick Lewis, Member of Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

Alex McElree, Member of Alameda Point Collaborative Board of Directors, Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member, and Executive Director of Operation Dignity

Dan Sawislak, Member of Alameda Point Collaborative Board of Directors, Alameda County Homeless Providers Base Conversation Collaborative Steering Committee Member, and Executive Director of UA Housing

James Thomas, Member of Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

SECOND AMENDMENT TO THE STANDARDS OF REASONABLENESS

This Second Amendment to the Standards of Reasonableness ("SOR"), entered into this _____ day of December, 1999, by and between the ALAMEDA REUSE AND REDEVELOPMENT AUTHORITY ("ARRA"), a joint powers authority duly organized and existing under the laws of the State of California, THE HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT OF THE COUNTY OF ALAMEDA, a subdivision of the State of California ("HCD"), and THE ALAMEDA COUNTY HOMELESS PROVIDERS BASE CONVERSION COLLABORATIVE, an association of non-profit public benefit 501(c)(3) corporations, and THE ALAMEDA POINT COLLABORATIVE, INC.,a public benefit 501(c)(3), (collectively referred to as "Collaborative"), is made with reference to the following:

RECITALS:

A. In May, 1995, the original Standards of Reasonableness Agreement was entered into by and between ARRA, the County and the Collaborative(hereinafter "SOR"), and amended in October 1999.

B. The parties now desire to further modify the SOR on the terms and conditions set forth herein.

NOW, THEREFORE, it is mutually agreed by and between and undersigned parties as follows:

1. Paragraph III a)2. of the SOR is amended to read:

> "2. SPECIAL PURPOSE/INDUSTRIAL SPACE--2 opportunities; These two opportunities are entirely satisfied by: 1) the interim lease or long-term lease of the 4 acres described as Parcels 98 and 99 for a community garden, and 2) the interim lease or long-term lease of Building 92."

2. Paragraph III a)4. of the SOR is amended to read:

> "4. RECREATIONAL/RETAIL SPACE. 1 opportunity; This opportunity is entirely satisfied by the interim lease or long-term lease of Building 607."

3. Paragraph III a)5. of the SOR is amended to read:

> "5. WAREHOUSE/GENERAL PURPOSE SPACE-This opportunity, with or without the Alameda County Food Bank, is entirely satisfied by the interim lease or long-term lease of Building 92, which contains approximately 89,000 sq/ft."

4. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this modification of Agreement to be executed on the day and year first above written.

ARRA:

ALAMEDA REUSE AND REDEVELOPMENT AUTHORITY, a joint powers authority duly organized and existing under the laws of the State of California

By: _____

Its _____

APPROVED AS TO FORM:

By _____

HCD:

HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT OF THE COUNTY OF ALAMEDA, a subdivision of the state of California

By: _____

Its: _____

APPROVED AS TO FORM:

By _____

Collaborative:

ALAMEDA POINT COLLABORATIVE, INC., a nonprofit California public benefit corporation and ALAMEDA COUNTY HOMELESS PROVIDERS BASE CONVERSION COLLABORATIVE, an association of nonprofit California public benefit 501 © (3) corporations

_____

Elaine deColigny, Member of Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

_____

Jim Franz, Member of

Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

_____

Rick Lewis, Member of Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

Alex McElree, Member of Alameda Point Collaborative Board of Directors, Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member, and Executive Director of Operation Dignity

Dan Sawislak, Member of Alameda Point Collaborative Board of Directors, Alameda County Homeless Providers Base Conversation Collaborative Steering Committee Member, and Executive Director of UA Housing

James Thomas, Member of Alameda Point Collaborative Board of Directors and Alameda County Homeless Providers Base Conversion Collaborative Steering Committee Member

THIRD AMENDMENT
TO THE
STANDARDS OF REASONABLENESS

This Third Amendment to the Standards of Reasonableness ("**Third Amendment**") is made and entered into as of January 2, 2007, by and among the Alameda Reuse and Redevelopment Authority, a joint powers authority duly organized and existing under the laws of the State of California (the "**ARRA**"), Alameda County, through its Department of Housing and Community Development, a political subdivision of the State of California ("**HCD**"), and the Alameda Point Collaborative, Inc., a California nonprofit public benefit corporation ("**APC**").

RECITALS

This Third Amendment is entered upon the basis of the following facts, understandings and intentions of the Parties.

A. A team representing public and nonprofit agencies, including current and prospective homeless service providers working with APC (successor in interest to the Alameda County Homeless Providers Base Conversion Collaborative), negotiated a statement of policies and standards called the "Standards of Reasonableness" (the "**Original Standards of Reasonableness**") which delineate reasonable uses of property at the former Alameda Naval Air Station for provision of services to the homeless, including provision of housing, jobs, economic development activity and occupancy and capital improvements. The Original Standards of Reasonableness were adopted by the ARRA Governing Body on May 3, 1995.

B. On October 6, 1999, the ARRA formally approved a Memorandum of Understanding ("**MOU**"), entered into by the ARRA, the Community Improvement Commission of the City of Alameda, the Housing Authority of the City of Alameda, the City of Alameda, HCD and APC, which amended the Original Standards of Reasonableness. The MOU was fully executed on February 22, 2000.

C. The Original Standards of Reasonableness were further amended in October 1999 by that certain First Amendment to the Standards of Reasonableness entered into by the parties (the "**First Amendment**"), and in December 1999 by that certain Second Amendment to the Standards of Reasonableness entered into by the parties (the "**Second Amendment**").

D. This Third Amendment, together with the Original Standards of Reasonableness, as amended by the MOU, the First Amendment and the Second Amendment, hereinafter shall be referred to collectively as the "Standards of Reasonableness."

E. The parties now desire to further modify the Standards of Reasonableness in the manner set forth herein.

NOW, THEREFORE, it is mutually agreed by and among the undersigned parties as follows:

1. Paragraph III(a)(3) of the Standards of Reasonableness is amended to read:

"3. INSTITUTIONAL SPACE—2 opportunities; 1 opportunity is entirely satisfied by the interim lease or long-term lease of Building 613 for the following permitted uses: The sole purpose for which the leased premises may be used by the tenant or authorized subtenants, contractors, subcontractors, or licensees of Provider, is to provide homeless assistance programs. The homeless assistance programs may include, for example, child care, food services, health care and related referrals, life skills training, addiction recovery support, job training and placement, individual and family therapy, case management, and assistance in maintaining housing."

2. This Third Amendment may be executed in counterparts, each of which shall constitute an original, and all of which together shall constitute one and the same instrument.

3. Except as otherwise expressly modified by the terms of this Third Amendment, the Standards of Reasonableness remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties, by and through representatives duly authorized to act, have executed this Third Amendment on the day and year first above written.

ARRA:

ALAMEDA REUSE AND REDEVELOPMENT AUTHORITY,
a joint powers authority formed under California law

By: _____

Name: DEBRA KURITA

Title: EXECUTIVE DIRECTOR

Approved as to form:

By: _____

Name: Teresa L. Highsmith

Title: City Attorney

[*Signatures continued.*]

HCD:

ALAMEDA COUNTY HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT,
a political subdivision of the State of California

By: _____

Name: Linda M. Gardner

Title: Housing Director

Approved as to form:

By: _____

Name: _____

Title: _____

APC:

ALAMEDA POINT COLLABORATIVE, INC.,
a California nonprofit public benefit corporation

By: _____

Name: _____

Title: _____

HCD:

ALAMEDA COUNTY HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT,
a political subdivision of the State of California

By: _____

Name: _____

Title: _____

Approved as to form:

By: _____

Name: _____

Title: _____

APC:

ALAMEDA POINT COLLABORATIVE, INC.,
a California nonprofit public benefit corporation

By: Susan Sigler

Name: Susan Sigler

Title: Executive Director

General Plan Diagram

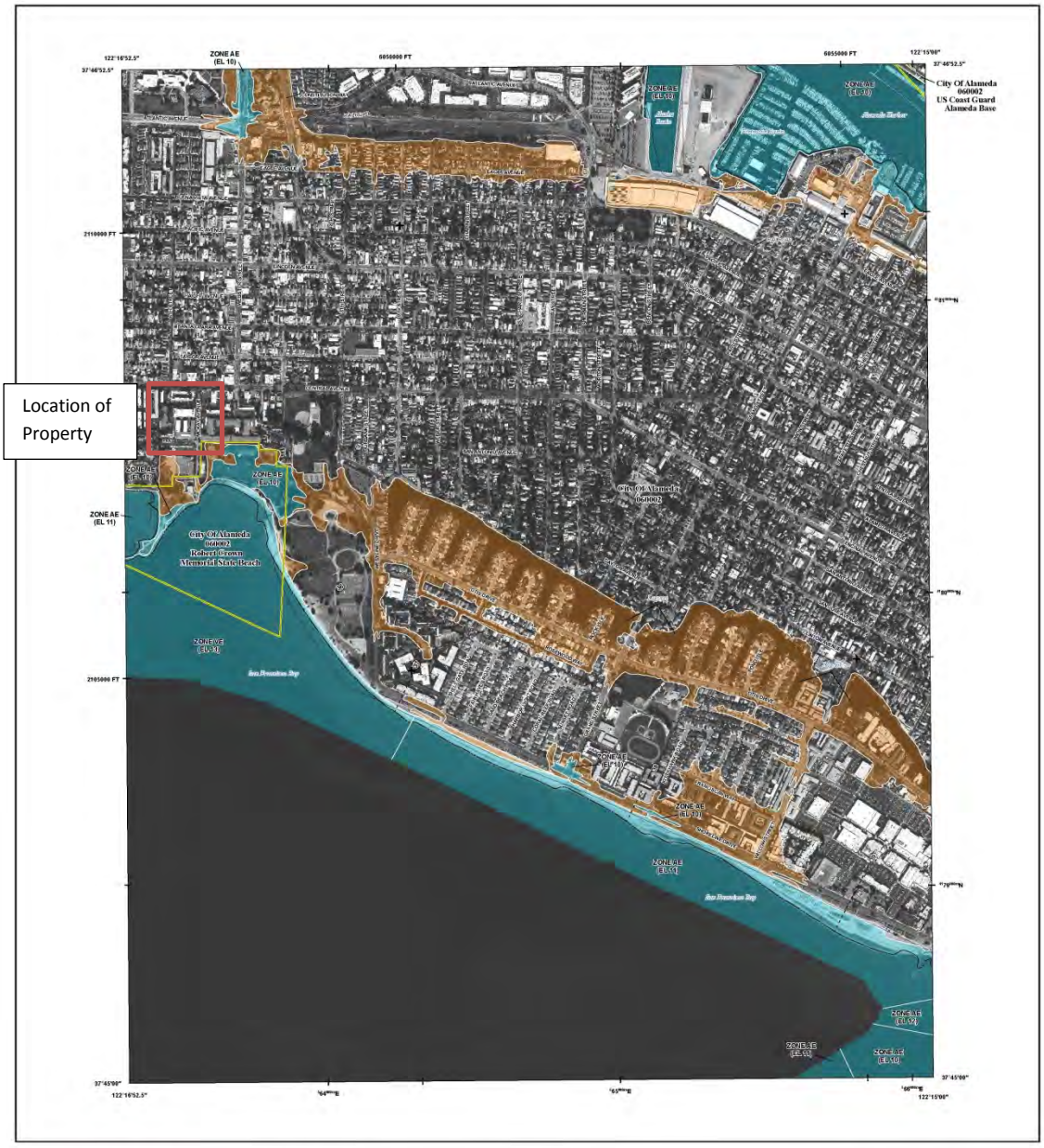
CITY OF Alameda

Community Development Department, Planning Division
2263 Santa Clara Ave, Rm 190
Alameda, CA 94501
(510) 747-6805

0 900 1,800 3,600 5,400 Feet

- Low-Density Residential
- Medium Density Residential
- Neighborhood Business
- Community Commercial
- Office
- Business Park
- Specified Mixed Use
- General Industry
- Commercial Recreation
- OpenSpace/Habitat
- Parks & Public Open Space
- Public/Institutional/Schools
- Federal Facilities

Edited
October 2016



FLOOD HAZARD INFORMATION

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

THE INFORMATION DEPICTED ON THIS MAP AND SUPPORTING DOCUMENTATION ARE ALSO AVAILABLE IN DIGITAL FORMAT AT HTTP://MSC.FEMA.GOV

SPECIAL FLOOD HAZARD AREAS
- Without Base Flood Elevation (BFE)
- With BFE or Depth
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD
- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile
- Future Conditions 1% Annual Chance Flood Hazard
- Area with Reduced Flood Risk due to Levee See Notes

OTHER AREAS
- NO SCREEN: Areas of Minimal Flood Hazard
- Area of Undetermined Flood Hazard

GENERAL STRUCTURES
- Channel, Culvert or Storm Sewer
- Accredited or Provisionally Accredited Levee, Dike or Floodwall
- Non-accredited Levee, Dike or Floodwall
- 15.2 / 17.5: Cross Sections with 1% Annual Chance Water Surface Elevation (BFE)
- Coastal Transect
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature
- 513: Base Flood Elevation Line (BFE)

OTHER FEATURES
- Limit of Study
- Jurisdiction Boundary

NOTES TO USERS

For information and questions about this map, available products associated with this FIRM including historic versions of this FIRM, how to order products or the National Flood Insurance Program in general, please call the FEMA Map Information eXchange at 1-877-FEMA-MAP (1-877-336-2627) or visit the FEMA Map Service Center website at http://msc.fema.gov. Available products may include previously issued Letters of Map Change, a Flood Insurance Study Report, and/or digital versions of this map. Many of these products can be ordered or obtained directly from the website. Users may determine the current map date for each FIRM panel by visiting the FEMA Map Service Center website or by calling the FEMA Map Information eXchange.

Communities annexing land on adjacent FIRM panels must obtain a current copy of the adjacent panel as well as the current FIRM index. These may be ordered directly from the Map Service Center at the number listed above.

For community and countywide map dates refer to the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in the community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

Base map information shown on this FIRM was derived from Coastal California LiDAR and Digital Imagery dated 2011. USDA NAIP 2012 imagery scaled in several not covered by the Coastal California imagery.

SCALE

Map Projection: Universal Transverse Mercator Zone 10N, North American Datum 1983; Vertical Datum: NAVD 88

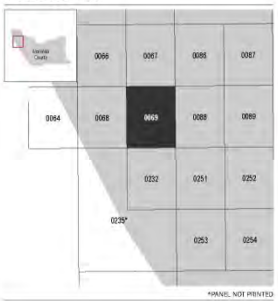
N

1 inch = 500 feet 1:6,000

0 250 500 750 1,000 2,000 Feet

0 125 250 500 Meters

PANEL LOCATOR



*PANEL NOT PRINTED

FEMA

National Flood Insurance Program

NATIONAL FLOOD INSURANCE PROGRAM

FLOOD INSURANCE RATE MAP

ALAMEDA COUNTY, CALIFORNIA and Incorporated Areas

PANEL 69 OF 725

FEMA

Panel Contains:

COMMUNITY	NUMBER	PANEL	SUFFIX
ALAMEDA, CITY OF	060002	0069	H

PRELIMINARY 4/16/2015

VERSION NUMBER 2.3.2.0

MAP NUMBER 06001C0069H

MAP REVISED

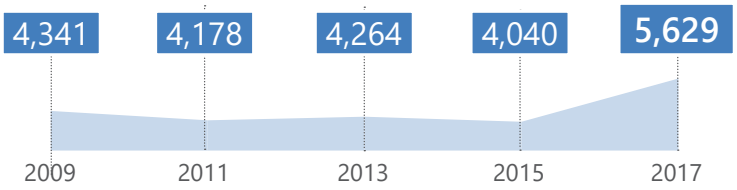
ALAMEDA COUNTY 2017 EVERYONE COUNTS

HOMELESS POINT-IN-TIME COUNT AND SURVEY

Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2017 Alameda County Point-in-Time Count was a community-wide effort conducted on January 30, 2017. The entire county was canvassed by teams of volunteers and guides with lived experience. In the weeks following the street count, a survey was administered to 1,228 unsheltered and sheltered homeless individuals, in order to profile their experience and characteristics.

2017 Homeless Census Population



2017 Sheltered/Unsheltered Population

31% Sheltered (n=1,766)

69% Unsheltered (n=3,863)

Age

Under 18	18-24	25-59	60+
9%	18%	63%	10%

Gender

58% Men

41% Women

1% Transgender

Race/Ethnicity

(Top Responses)

17% Latino	49% Black or African American	30% White
83% Non-Latino	15% Multi-ethnic	3% American Indian or Alaskan Native

Residence Prior to Homelessness

82% Alameda County

Length of Time in Alameda County

LESS THAN 1 YEAR	1-4 YEARS	5-9 YEARS	10 YEARS OR MORE
19%	16%	9%	57%

Subpopulations

Chronically Homeless | 1,652 Individuals

15% Sheltered — 85% Unsheltered

Veterans | 531 Individuals

29% Sheltered — 71% Unsheltered

Unaccompanied Transitional Age Youth | 919 Individuals

26% Sheltered — 74% Unsheltered

2017 Sheltered/Unsheltered Population by City

	Sheltered	Unsheltered
OAKLAND	859	1,902
UNION CITY	0	40
BERKELEY	308	664
EMERYVILLE	0	29
HAYWARD	84	313
NEWARK	42	28
FREMONT	197	282
DUBLIN	0	21
LIVERMORE	102	141
PLEASANTON	0	18
ALAMEDA	94	110
PIEDMONT	0	0
ALBANY	0	66
UNINCORPORATED	26	194
SAN LEANDRO	54	55
TOTAL	1,766	3,863

Household Breakdown

Single Adults | 4,533 Households with 4,846 members

22% Sheltered — 78% Unsheltered

Families | 270 Families with 711 members

96% Sheltered — 4% Unsheltered

Unaccompanied Children | 72 Individuals

14% Sheltered — 86% Unsheltered

Foster Care

15% of survey respondents have been in the foster system.

Justice System Involvement

14% of respondents spent one or more nights in jail/prison/juvenile hall in the past year.

Post K-12 Education

5% of respondents were currently enrolled in a vocational program or college.

Self Reported Health

Current health conditions affecting housing stability or employment of the

(Note: Multiple response question, numbers will not total to 100%)

- 41% Psychiatric or emotional conditions
- 36% Chronic health problems
- 29% Post-Traumatic Stress Disorder
- 27% Physical disability
- 26% Drug or alcohol abuse
- 10% Traumatic brain injury
- 5% AIDS/HIV related

Disabling Conditions

Respondents reported the number of condtions that limited their ability to maintain work or housing. Many reported multiple conditions.

- 17% of survey respondents reported having one disabling condition.
- 12% of survey respondents reported having two disabling conditions.
- 18% of survey respondents reported having three disabling conditions.

First Homelessness Episode

39% Yes 61% No

40% of those experiencing homelessness for the first time were homeless for one year or more

Age at First Episode of Homelessness

13% 0-17	21% 18-24	34% 25-39
16% 40-49	15% 50-64	2% 65+

Primary Cause of Homelessness

(Top 6 Responses)

57% Money Issues	16% Personal Relationships	12% Mental Health Issues
12% Substance Use Issues	10% Phsycial Health Issues	6% Incarceration

What Might Have Prevented Homelessness

(Top 4 Responses)

42% Rent Assistance	36% Employment Assistance
24% Benefits/ Income	22% Mental Health Services

Duration of Current Episode of Homelessness

- 6% 30 days or less
- 36% 1-11 months
- 58% 1 year or more

Not Interested in Housing

2%

Only 2% of survey respondents said they were not interested in **Independent, Affordable Rental Housing or Housing with Supportive Services.**

Services and Assistance

73% of survey respondents reported receiving benefits

Services Currently Accessing

(Top 6 Responses)

69% Free Meals	49% Emergency Shelter	30% Health Services
22% Drop-in Center	16% Mental Health Services	12% Job Training/ Employment Services

Reasons for Not Accessing Shelter Services

(Top 6 Responses)

41% They are full	40% Bugs and germs	29% They are too crowded
22% Concerns for personal safety	20% There are too many rules	18% They are too far away

*Subpopulation Definitions

Chronically Homeless

An individual with a disabling condition or a family with a head of household with a disabling condition who:

- Has been continuously homeless for 1 year or more and/or;
- Has experienced 4 or more episodes of homelessness within the past 3 years.

Veterans

Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Families

A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

Unaccompanied Children

Children under the age of 18 who are homeless and living without a parent or legal guardian.

Transition-Age Youth

Young adults between the ages of 18 and 24 years old.

Alameda County will release a comprehensive report of The EveryOne Home 2017 Homeless Count and Survey in Summer 2017. For more information about EveryOne Home and effort to address homelessness in Alameda County please visit www.EveryOneHome.org

Source: Applied Survey Research. (2017). Alameda County Homeless Census & Survey. Watsonville, CA.

EveryOne Counts! 2017
Alameda County's Homeless Persons Point-In-Time Count

State of Homelessness in Alameda County

New, More Comprehensive Count Methodology Gives Us a New Baseline

- The 2017 Point-In-Time Count recorded 5,629 people experiencing homelessness the night of January 30, 2017.
- 3,863 (69%) are unsheltered—living in tents, parks, vehicles, vacant buildings, underpasses, etc.
- 345 volunteers and 99 Guides covered every census tract in the county at dawn to enumerate those who were unsheltered.

People Experiencing Homelessness Are Our Neighbors and Want Housing

- 82% of respondents said they lived in Alameda County before becoming homeless.
- 50% had lived here for 10 years or more.
- Only 2% of respondents were not interested in housing. Homelessness is not a choice.

Lack of Affordable Housing Causes Homelessness

- More than half of respondents said that economic hardship was the primary cause of their homelessness.
- Median rents have increased 25% since 2015 while median household income increased only 5%.
- Alameda County lost 74% of state and federal funding for affordable housing production, creating a dire shortage of units.

Current Homeless and Housing Service System Is Deploying Best Practices, Functioning at Capacity, and Is Under Resourced to Meet the Growing Need

- Our Homeless Services System serves 11-12,000 people per year with 3,000 being sustained in permanent supportive housing.
- Shelters and transitional housing were full on January 30, 2017, with 1,766 people staying in them. That's 1 bed for every 3 people experiencing homelessness.
- Each year providers exit at least 1,500 to permanent housing, while over 2,500 people become homeless.

All people deserve the dignity of a home.
We can get there with the commitment and resources of our entire community.

1. Developers and funders, exceed the commitment of 20% of new rental units for those at 20% of Area Median Income and below in local bond measures (Measure A1 and Measure KK).
2. Voters, pressure State of California lawmakers to create new sources of long-term revenue dedicated to producing and preserving affordable housing (SB 2).
3. Property owners and landlords, commit to renting to our homeless neighbors.
4. Local elected officials, jointly develop and implement equitable, compassionate actions for addressing unsheltered homelessness at a Summer 2017 Leadership Summit
5. Providers, continue best practices such as Housing First and Coordinated Entry
6. Citizens, businesses and faith communities, help formerly homeless people make their place a home. Contribute at www.everyonehome.org or click here.

Visit www.EveryOneHome.org for more information about EveryOne Counts! and Alameda County's efforts to end homelessness.

Donate to the "Make It a Home Fund"

Local Non-profit providers help over 1,500 people a year move back into permanent housing, often with very little of what it takes to make a rental a home. Every $500 donated will help an individual or family settle it and make a fresh start. Selected households will get dishes, bedding, toiletries, cleaning supplies, and other essential home items. Any size contribution helps. Thank you to BBI Construction and Home of Christ 6 Church for their inaugural gifts to launch the fund.

Additional Information

New Methodology:

The "street-blitz" methodology covered every census tract in Alameda County between the hours of 6-9 a.m. using 345 volunteers and paid 99 currently or recently homeless guides to help identify those who were unsheltered. In 2017 our data was collected from a four step process: one day observation based street count (100% canvas), a dedicated transition aged youth count (targeted outreach), sheltered count (HMIS and administrative data from shelters and transitional housing programs), and survey (1,228 individuals residing in unsheltered locations, shelters, and transitional housing in the days following the count) to gather demographic information; health, housing, and veteran history; and services utilization.

From 2003-2015 we used a service-site methodology where individuals utilizing meal service sites, food pantries, drop-in centers, and mobile street outreach programs in Alameda County were surveyed for their housing status, demographic information; health, housing, and veteran history; and services utilization. Surveys were weighted and extrapolated to estimate totals.

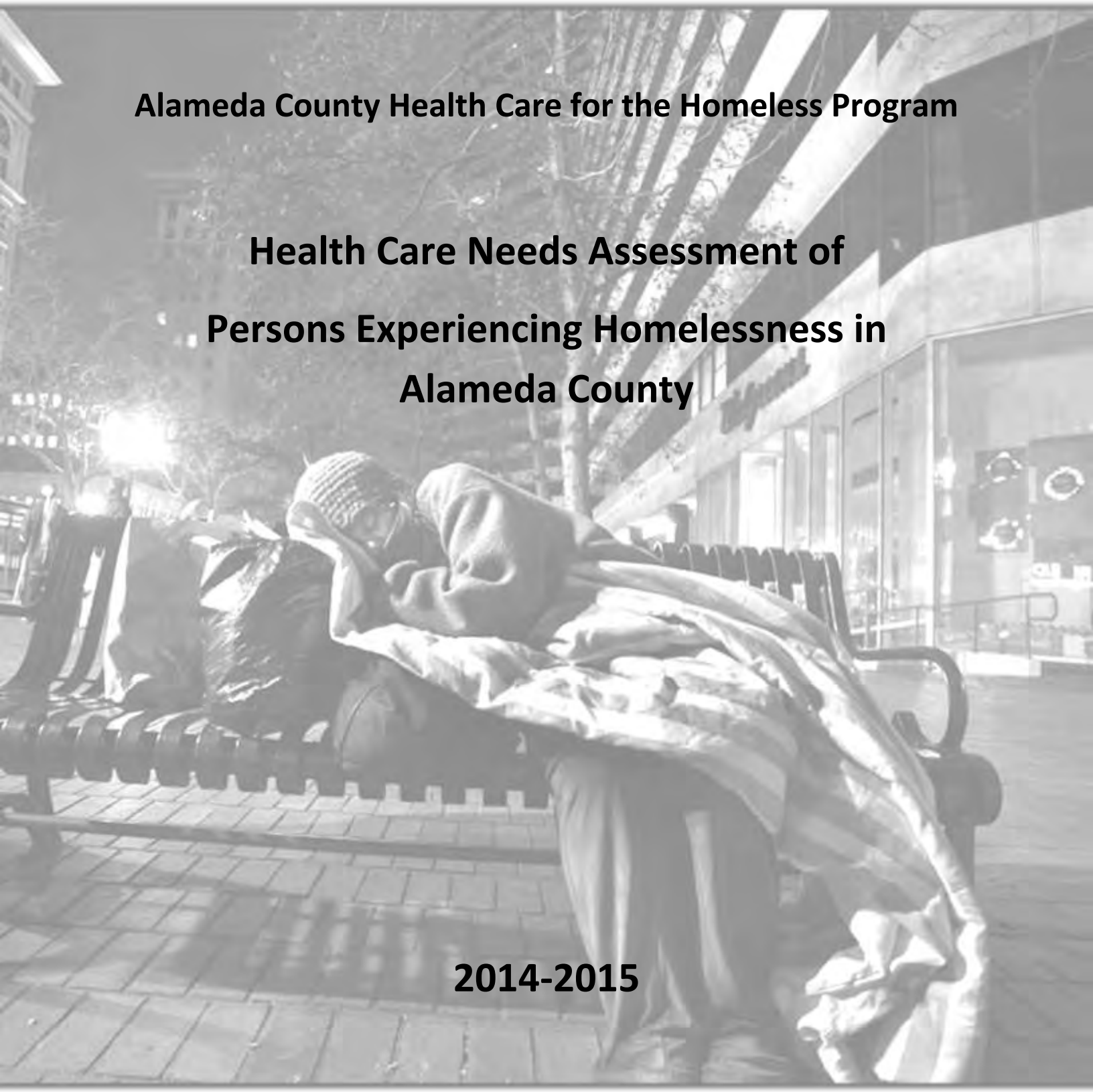
Demand for Affordable Units Outstrips Supply:

Alameda County has 3rd largest population of Extremely Low Income rent burdened in California, behind San Francisco and Los Angeles. The majority (70%) of extremely low income households are spending more than 50% of their income on rent. Alameda County needs 60,173 more affordable rental homes to meet the needs of the lowest income renters.

In Alameda County, the median asking rent is $2,593. This is 3x higher than the maximum CalWorks grant for a family of three, 7x higher than the max General Assistance (GA) grant, and almost 3x higher than the maximum Supplemental Security Income/State Supplemental Payment (disability) monthly income.

Coordinated Entry:

The goal of coordinated entry is to divert people from entering homelessness and/or match and connect people quickly with services and long-term supportive housing. Coordinated entry assesses people's housing-related needs, prioritizes them for resources, and links those in need to a range of types of assistance, including immediate shelter and longer-term housing focused programs. Establishing coordinated entry has been done already in Berkeley and Oakland (families only), and new entry points are planned to expand this fall such that the entire county is covered. Coordinated Entry's impact is constrained without access to permanent housing and sufficiently scaled housing-focused programs.



Alameda County Health Care for the Homeless Program

Health Care Needs Assessment of Persons Experiencing Homelessness in Alameda County

2014-2015

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H80CS00047 Health Center Cluster grant amount $2,939,000. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government

Executive Summary

In Alameda County, at least 4,300 persons experience homelessness on any given night, and at least 18,000 persons – over 1% of Alameda County residents -- will experience homelessness during the year. The causes of homelessness are based primarily on structural factors: a lack of affordable, adequate housing worsened by economic, health and social disparities -- in other words, a safety net that permits millions of persons to fall to the streets. Individual factors that push people towards homelessness include poverty, mental illness, substance use, disability, injury and illness, and family instability.

Patient data from this Alameda County Health Care for the Homeless Program needs assessment supports national findings that persons experiencing homelessness have much higher premature morbidity and mortality than the housed population, and experience higher rates of chronic diseases, mental disorders, substance use, communicable diseases and functional and behavioral impairments than housed persons.

Because of high levels of serious health conditions among the population of persons experiencing homelessness, and the high costs of uncoordinated treatment, there is an urgent need to address the health care needs of persons experiencing homelessness. Simultaneously, recognizing that housing is health care, we must address the underlying reasons for homelessness itself.

This report presents Needs Assessment findings of the Alameda County Health Care for the Homeless Program, carried out in 2014-2015. The goal is to identify health care capacity and deficits, and improve coordination for care and resources for persons experiencing homelessness, within our larger goal of ending homelessness in Alameda County.

Major findings include:

- Homeless persons are experiencing levels of mortality and morbidity at rates much higher than the general population.
- While an increasing number of homeless persons are gaining medical insurance, there are significant barriers to accessing primary, behavioral and specialty health care services, especially services specifically tailored to the complex needs of persons experiencing homelessness.
- Emergency rooms are still the most frequent – and the most expensive – source of medical care for persons experiencing homelessness. Emergency room and hospital-based treatment are inefficient and extremely costly manners to solve complex health conditions compounded by homelessness.
- Persons experiencing homelessness are growing older, averaging 50 years of age. Aging homeless persons suffer from age-related conditions similar to a housed population 20-30 years older than them.
- Stakeholder interviews reveal a great deal of fragmentation among the many county-wide providers who care for homeless persons. Persons experiencing homelessness interact with hospitals, social service agencies, HMO payers, nursing, criminal justice system, city outreach staff, outpatient clinics, free clinics, shelters and service providers, without sufficient coordination or adequate resource-sharing.
- While on a county-wide level, mental health services and access are improving, the high level of mental health needs among homeless persons means a great shortage of integrated mental health services.
- Substance abuse interventions and resources are hard to access, fragmented and not aligned with emerging and best practices for persons experiencing homelessness.

- There is a need for increased medical respite. Thousands of persons experiencing homelessness are released from area hospitals onto the streets, exacerbating their health conditions and making re-admittance and mortality more likely. Yet only 18 medical respite beds exist in the county.
- Even with expanded Medi-Cal and Denti-Cal enrollment, there is a great need for increased capacity and access to dental services for persons experiencing homelessness.

Recommendations

- Expand availability of Housing First-based permanent housing for persons experiencing both episodic and chronic homelessness, with housing coordination located throughout the system of care throughout all regions of Alameda County.
- Ensure that dedicated access to services specific to persons experiencing homelessness is expanded at primary care, mental health, dental, substance use and benefits programs throughout the county.
- Expand care coordination throughout the system of care, including hospitals, emergency departments, social services, criminal justice, housing providers, mental health, substance use treatment, etc. In addition to coordination of care, it is critical to track and account for costs (and cost savings) related to care of persons experiencing homelessness.
- Expand Permanent Supportive Housing combined with appropriate Critical Time Intervention and Assertive Community Treatment for persons with high needs (especially aging, vulnerable behavioral health, and chronically ill populations).
- Expand coordinated street outreach services to identify and support vulnerable unsheltered persons living in streets, encampments, cars, etc.
- Expand countywide training approaches to develop the capacity of homeless programs and staff to implement and provide evidence-based practices (EBPs) and emerging best practices in the field of homeless health care and housing services.
- Introduce targets relating to the health of homeless persons in local health plans, including financial targets to support programs addressing homelessness in medical and behavioral care.

Table of Contents:

Chapter 1:

Introduction & Methods

Background

Alameda County Health Care for the Homeless Program (ACHCHP) is a Health Department-based 330(h) Health Care for the Homeless Program operating with Federal HRSA/BPHC Health Center 330(h) funding since 1988. ACHCHP's target population is persons experiencing homelessness throughout the entire Alameda County. ACHCHP ensures that health care services, including primary care, dental, mental health, recovery and case management services are available to persons experiencing homelessness. Under federal HRSA/BPHC regulations, ACHCHP is required to demonstrate and document the needs of our target population, updated as appropriate.

Focus of Needs Assessment

This Needs Assessment is designed to support ACHCHP's mission of improving the health status of homeless persons throughout Alameda County, and will be used to inform community planning and mobilization in our common goal of ending homelessness in Alameda County.

The 2014 ACHCHP Needs Assessment has four areas of focus:

1) Estimate the yearly prevalence of homelessness in Alameda County;
2) Describe key demographics and subpopulations among those experiencing homelessness;
3) Map and describe the key health care resources and utilization by persons experiencing homelessness;
4) Identify health care needs and barriers faced by persons experiencing homelessness.

Methods

The population of persons experiencing homelessness is very heterogeneous, and data sources are varied, and even definitions of homelessness differ according to sources. In order to assess health care services among homeless persons residing in Alameda County we used a variety of data sources, both primary data and existing (or secondary) data:

1. **Prevalence of Homelessness:** To determine the total numbers of persons experiencing homelessness in Alameda County and broadly describe demographics of the overall population, we used the four following sources of data:
    - Alameda County Point In Time Homeless Count (2013)
    - Alameda County HMIS homeless services utilization data (2013)
    - Countywide UDS health care utilization data (2013)
    - Alameda County School District homeless student data (2013)

2. **Homeless Demographics and Subpopulations:** In describing and highlighting the key demographics and subpopulations among persons experiencing homelessness, we have drawn from the following studies:
    - HOPE HOME Study of Aging Homeless in Oakland UCSF 2013-2015 (a study of persons 50+ and over experiencing homelessness.
    - RTI Urban Health Study II 2011-2013 data set (a study of active drug users in the East Bay)

- Inside the Social Safety Net, a 2013-2014 evaluation of the General Assistance program carried out by Roots Community Health Center on behalf of Alameda County Social Services Agency
- Alameda County AIDS Housing Needs Assessment 2014, produced by Spiegelman and Associates for the Alameda County Community Development Agency and Housing and Community Development Department.
- Area-specific homeless utilization and recommendations from Livermore Mayor's Summit on Homelessness (5/2014), and Eastern Alameda County Human Services Needs Assessment carried out in 2011, and the April Showers homeless services survey in San Leandro 2013.

3. **Utilization and Services:** To describe utilization of community health care resources by persons experiencing homelessness in hospitals, emergency departments, community clinics, etc., we utilized the following sources of care utilization data:
    - California Office of Statewide Health Planning and Development (OSHPD) hospital discharge utilization data (2011-2013)
    - Alameda Health System ambulatory care and psychiatric homeless utilization data (2013-2014)
    - Alameda County Medically Indigent Care Reporting System (MICRS) utilization data (2012-2013)
    - ACHCHP UDS health care utilization data (2012-2013)
    - Community assets mapping carried out by HCH staff Oct/Nov 2014 compiling current homeless health care resources.

4. **Needs and Barriers**: Primary source data was created to identify and articulate the needs and barriers experienced by persons experiencing homelessness. This was done in two ways:
    - Survey of 150 persons experiencing homelessness, and receiving (or not receiving) ACHCHP services at locations throughout Alameda County
    - Stakeholder interviews of 14 key homeless services providers, including health care, shelter, outreach and housing providers.

Staff of the Community Assessment Planning and Evaluation unit of the Public Health Department supplied additional demographic and statistical data, as well as providing support in methodology, secondary sources analysis, and the carrying out of surveys.

Chapter 2:

Alameda County Demographics and Root Causes of Homelessness

A. Alameda County:

Alameda County covers 739 square miles and extends from the San Francisco East Bay to the rim of the California Central Valley. The County shares borders with Contra Costa, Santa Clara and San Joaquin counties and the San Francisco Bay, has rugged rural reaches, and agricultural expanses as well as densely-populated urban centers. And no area of the County—a mix of urban, suburban and semi-rural communities—is untouched by homelessness. Dense urban cities such as Oakland, Berkeley, Fremont, Hayward, and Newark are just a few of 14 cities and unincorporated areas served by the Alameda County Health Care for the Homeless Program (ACHCHP).

The County is noted for its geographical, economic and ethnic diversity, with almost two-thirds of its population being ethnic minorities. Alameda County's 2013 population of 1,578,891 has grown 9.4% from 2000, making it the 7th most populous county in the state. The most recent U.S. Census data report that non-Hispanic Whites make up 34 percent, Asian & Pacific Islanders 29 percent, Latinos 23 percent, Blacks 13 percent, and American Indians and Alaska Natives 1 percent of the county population. Females comprise 51 percent and males 49 percent of the population. Approximately 43 percent speak a language other than English at home (U.S. Census Bureau 2012). Between 2000 and 2010, there was an increase in the number of Asian/Pacific Islanders and a decline in the number of Black/African Americans in Alameda County.

Alameda County is best characterized by high levels of social and economic disparity and a high level of racial residential segregation (See **Figure 1**). More people live below the poverty level in Alameda County than in any other Bay Area community .Ninety-one percent of the residents of very low income neighborhoods in the county are people of color. Local communities of formerly migrant seasonal farm workers, some newly arrived and some more solidly established, continue to grow. Some of the highest rates of home foreclosures in the US are combined with some of the nation's highest rental and housing costs. Increasing employment, health and educational disparities create systematic exclusion from health care for poor and working-class persons — in close proximity to some of the best medical resources in the world.

Alameda County contains seventeen HRSA-defined Medically Underserved Areas (MUAs) and at least fourteen Medically Underserved Populations (MUPs). These are locations and populations lacking access to basic primary care, mental health and dental health services—especially in the southern regions of the county.

Neighborhood and Population Poverty and Health

In Alameda County, neighborhood poverty and health outcomes are very closely related, showing a clear social gradient in health. With each increase in neighborhood poverty, there is a decline in life expectancy (**Figure 2**). There is a nearly seven year difference in life expectancy between the affluent neighborhoods and those with very high poverty in the county (**Figure 2**). Mortality and morbidity rates

for conditions such as hypertension, asthma, stroke, heart disease COPD, diabetes, are significantly higher in lower income neighborhoods than more affluent neighborhoods across the county[1].

Figure 1

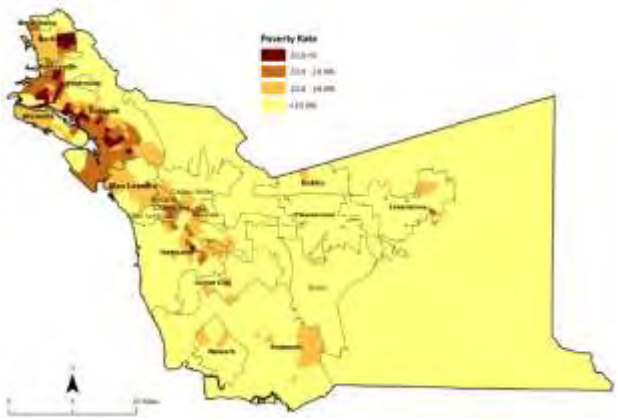
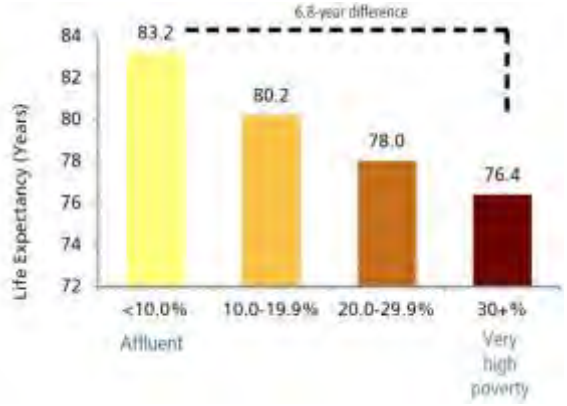


Figure 2

Alameda County Life Expectancy by Neighborhood Poverty Level—A Social Gradient in Health



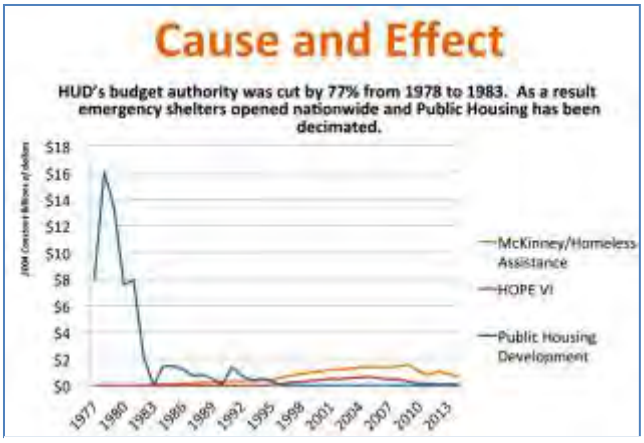
Source: CAPE Unit Alameda County Public Health Department

Root Causes of Homelessness in Alameda County

In Alameda County as throughout the United States, an ongoing history of discriminatory policies and practices tied to race, ethnicity, and socioeconomic status has produced differences in access to resources like housing, and opportunities for health across neighborhoods. Intentional policies and systemic conditions-- like mental health deinstitutionalization, discriminatory mortgage underwriting, redlining, income disparity, unemployment and underemployment, cuts to safety net and health programs, unequal school systems, tremendous growth in the penal system targeting of communities of color -- have created the conditions for concentration of poverty, housing instability and homelessness especially among poor communities of color.

Nationally, homelessness was legislated through government policies beginning in the 1970's, as the federal government dramatically decreased its role in providing housing and safety net programs, slashing HUD budgets by 77% between 1978-1983[2] (See **Figure 3**). The widespread emergence of homelessness was viewed as a temporary local problem which would be corrected by market forces, emergency shelters and homeless assistance programs. These efforts have failed to address the underlying problem of insufficient funding for low-income housing.

Figure 3



Source: Without Housing, WRAP 2014

[1] ALAMEDA COUNTY HEALTH DATA PROFILE, 2014 Community Assessment Planning and Evaluation Unit of the Alameda County Public Health Department.

[2] Without Housing, Western Regional Advocacy Project, 2014

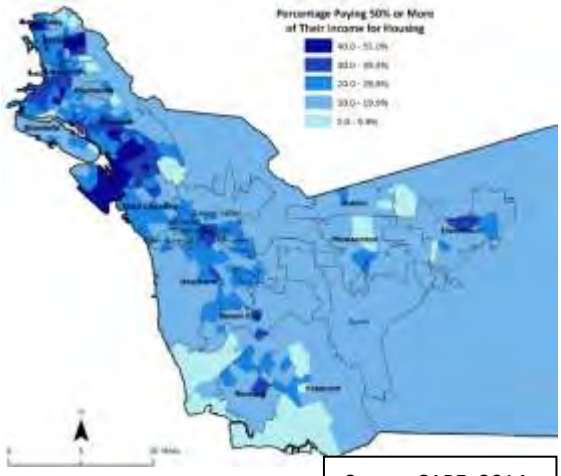
Current Housing Burden in Alameda County

In 2013, Alameda County had a affordable housing shortfall of 58,480 units, meaning that there are only 36,000 low income units available for the 100,000 (60,905 extremely low-income and 40,000 very low-income) neediest households in the County[3]. From 2013-2014, only 2,000 new housing units were built countywide (almost all not affordable), while between 2010 and 2014, over 100,000 new residents moved to Alameda County[4], either drawn by high tech jobs or forced out of San Francisco.

Rising rents and Bay Area-wide gentrification are increasing the burden on low-income renters in Alameda County (**Figure 4** and **Figure 5**): Oakland had the highest rent increases in the United States at 9.1 percent in 2014, with mean 1 bedroom rents now at $1,934, a 41% increase since 2010. 13.2% of the county population (208,413) lives below the federal poverty level[5]. This includes 53,547 persons living on SSI ($877/month) and 21,000 persons receiving cash assistance such as General Assistance or TANF. Recession-related foreclosures resulted in 25,000 homes lost in Oakland between 2007 and 2012, not just affecting homeowners, as 40% of persons evicted due to foreclosures were tenants[6].

Figure 4

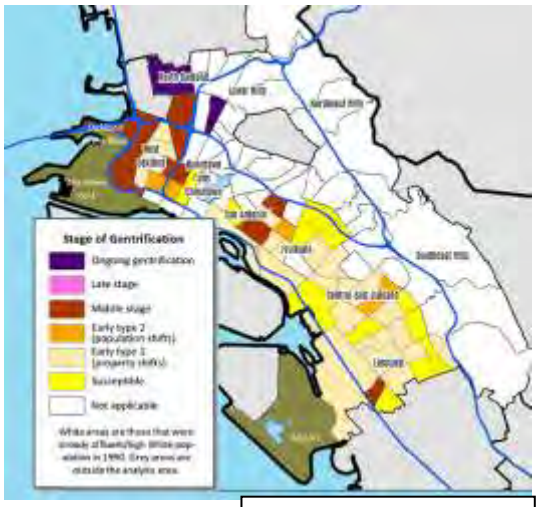
Percentage of renters paying 50%+ of their Income for Housing



Source CAPE, 2014

Figure 5

Stages of Gentrification – Oakland 2014[7]



Source Causa Justa, 2014

Even as Alameda County's shortfall of affordable homes has become more acute, the State of California has reduced its direct funding for affordable housing dramatically. State Housing Bonds are exhausted, meaning the elimination of tens of millions of dollars in investment to provide homes to low- and moderate-income households in Alameda. The elimination of Redevelopment funds led to a loss of

[3] HOW ALAMEDA COUNTY'S HOUSING MARKET IS FAILING TO MEET THE NEEDS OF LOW-INCOME FAMILIES, California Housing Partnership Corporation, 2013.

[4] Census: Bay Area leads state in population growth, Contra Costa Times 3/27/2015 http://www.contracostatimes.com/breaking-news/ci_27794736/census-bay-area-leads-state-population-growth

[5] US Census, COMPARATIVE DEMOGRAPHIC ESTIMATES 2011-2013 American Community Survey 3-Year Estimates, Alameda County

[6] Development Without Displacement – Resisting Gentrification in the Bay Area, *Causa Justa* and Alameda County Public Health Department, 2014.

[7] Development Without Displacement – Resisting Gentrification in the Bay Area, *Causa Justa* and Alameda County Public Health Department, 2014

more than $56.7 million annually in local investment in the production and preservation of affordable homes in Alameda County. Exacerbating the state cuts are continued cuts in affordable housing by the federal government. Cuts to HOME and Community Development Block Grants (CDBG) have resulted in the loss of another $8.7 million in county funding. This adds up to an 89% decrease in state and federal funding for affordable homes in Alameda County since 2008[8].

[8] HOW ALAMEDA COUNTY'S HOUSING MARKET IS FAILING TO MEET THE NEEDS OF LOW-INCOME FAMILIES, California Housing Partnership Corporation, 2013

Chapter 3

Findings: Prevalence of Homelessness in Alameda County

Homeless Prevalence in Alameda County

Accurately determining the number of persons experiencing homelessness is complex and political, with risk of underreporting and differing definitions of homelessness. Methods used to count homeless persons include: **Point-in-time count or PITC**, a count the number of homeless persons in a given point in time; and **Homeless Services Utilization Count**, of which we look at the numbers of persons who received homeless services (health care and housing/support services and school homeless services). Through these data sources we can develop an estimate of the number of people who experience homelessness over a given period of time (**period prevalence count**). Finally a **Homeless Registry** can be utilized to gathering detailed, person-specific data about persons experiencing homelessness that service providers can then use to expedite housing, determine the scope of homelessness, and track changes over time.

Definitions of Homelessness

There are three federal definitions of homelessness, each depending on funding source:

Entity:	**HUD – Department of Housing and Urban Development**	**HHS/HRSA**	**Schools/Department of Education**
Funding Source applied to:	HUD housing, Supportive Housing Programs, Emergency Solutions Grants, Shelter+Care, HMIS data system	Health Center programs including HCH Program and FQHC Community Health Centers.	Eligibility for school district-based support services for homeless students.
Reference:	24 CFR Parts 91, 582, and 583[9]	Section 330 of the Public Health Service Act (42 U.S.C., 254b)[10]	McKinney-Vento Act Sec. 725(2); 42 U.S.C. 11435(2)[11]
Definitions including places or place of residence:	• Streets or places unfit for human habitation • Shelters or transitional programs • Fleeing from domestic violence • About to be evicted • **Does not** include persons who are doubled up in an unstable	• Streets, shelters, programs, and **includes** persons who are doubled up in an unstable situation.	• Streets, shelters, programs, and **includes** families who are doubled up due to lack of alternative accommodations.

[9] https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf
[10] http://bphc.hrsa.gov/policiesregulations/legislation/index.html
[11] http://center.serve.org/nche/ibt/sc_eligibility.php

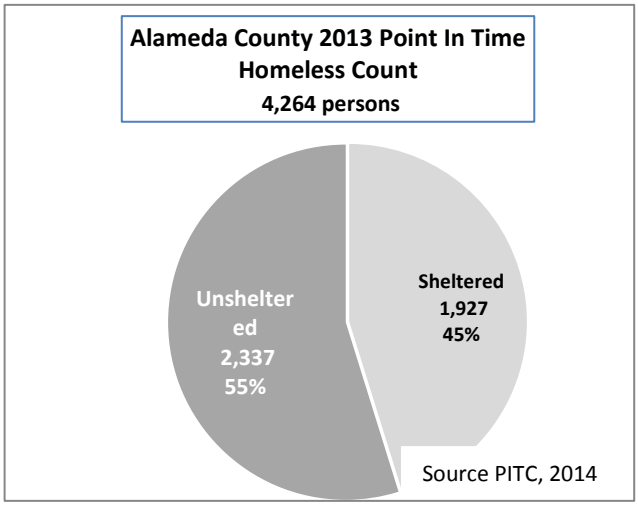
	situation		

Alameda County Point In Time Count January 29, 2013:

Beginning in 2003, Alameda County HCD has conducted a point-in-time biennial Homeless Point In Time Count (PITC) per HUD mandate. The PITC data and analysis is available at http://www.everyonehome.org/resources_homeless_count.html. The last PITC was held on January 29, 2013.[12] On that night, surveyors identified 4,264 persons as experiencing homelessness. Of those, 1,927 were sheltered (living in shelters or transitional housing) and 2,337 persons were identified as unsheltered, living on streets, cars or places unfit for human habitation (**Figure 6**).

Alameda County's 2013 Point In Time Count uses a methodology based on the federal Housing and Urban Development (HUD) definition of homelessness.

Figure 6



HUD's definition excludes persons in precarious living situations, sleeping on floors or couches of families or others, living day-to-day or week-to-week in motels or SROs, in tenuous overcrowded situations, or trading sex for shelter. Persons in these homeless situations, defined as homeless by HRSA and Department of Education, are *not* represented in these counts.

The Point In Time Count does not include in its count unsheltered homeless persons living out of sight, not using support services, and who cannot be identified to participate. These are the hardest to reach groups. Point-in-time counts overestimate chronic homelessness and underestimate short periods of homelessness such as persons and families whose homelessness is episodic.

The Point In Time Count counts those experiencing homelessness on a single night. To estimate how many persons will experience homelessness throughout the year, extrapolation is utilized. According to HUD, multiplying the PITC number by 2.45 would produce an estimate of total persons experiencing homelessness as defined by HUD criteria, or 10,452 persons[13]. According to analysis published by the Urban Institute (2000), multiplying the PITC single night count by a low of 4.15 to a high of 5.18 can give a rough estimate of yearly prevalence of homelessness, under an expanded HRSA definition[14]. ***This suggests that between 17,695 persons and 22,087 persons experienced homelessness (as defined by HRSA) in Alameda County in 2013***[15]

[12] Key Findings and Policy Implications From the 2013 Alameda Countywide Homeless Count and Survey Report www.everyonehome.org/media/resources_homeless-count13.pdf

[13] U.S. Department of Housing and Urban Development (HUD). (2011). The 2010 Annual Homeless Assessment Report to Congress. Washington, DC. **HUD's 2010 Annual Homeless Assessment Report to Congress** , found 649,917 persons homeless in a one-night PITC count in 2010, and reported 1,593,150 persons homeless during the calendar year. This ratio of 2.45, gives us a low-end estimate of 10,452 persons experiencing homelessness as defined by HUD criteria, in Alameda County during 2013.

[14] A New Look at Homelessness in America, Martha Burt, Urban Institute, 2000, http://www.urban.org/publications/900302.html#burt

[15] National Coalition for the Homeless, http://www.nationalhomeless.org/factsheets/How_Many.html

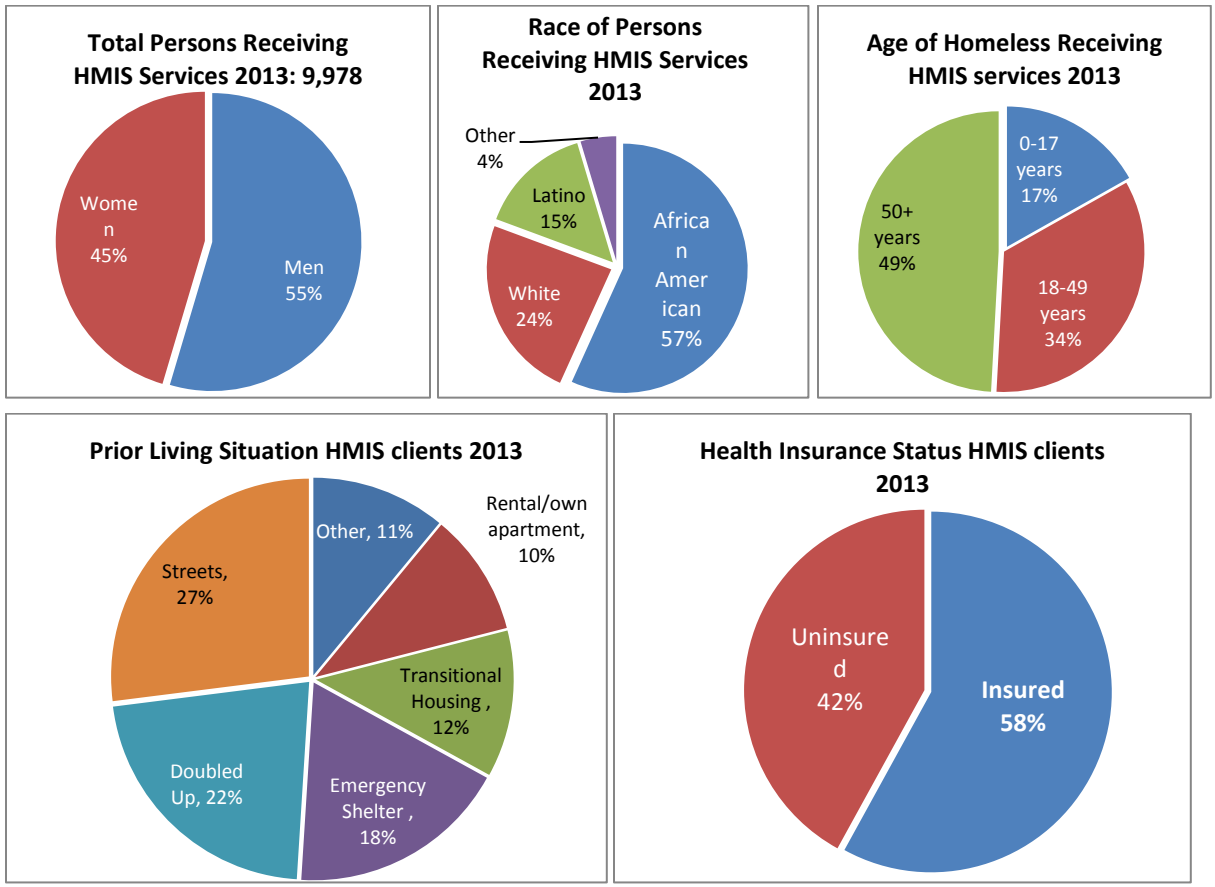
Homeless Services Utilization Count: ***Homeless Management Information System (HMIS)***

Utilization of homeless services is another way to estimate the total number of homeless persons. Since 2003, Alameda County HCD has implemented a County-wide Homeless Management Information System (HMIS) as a requirement for recipients of HUD funding. Many, but not all, county homeless shelters, housing and services providers input utilization data into the HMIS. Homelessness is defined using the narrow HUD criteria (not including persons that are doubled up). Alameda County Housing and Community Development counted a total of 9,978 persons utilizing HMIS services for 2013.

In addition to undercounting the doubled-up and hidden homeless, not eligible for many services, this number likely undercounts the number of persons who denied homeless services for other reasons, those who do not seek services, and services providers who do not report data in the HMIS system.

A broad overview of demographics of these 9,978 persons experiencing homelessness who utilized county HMIS homeless services in 2013 is in **Figure 7**[16]. This population is 55% male, disproportionally (57%) African American, over half have medical insurance, a third have zero income, and 15% have employment income, and the average age is just below 50 years old. 18% of the households are families with children, 82% single persons..

Figure 7



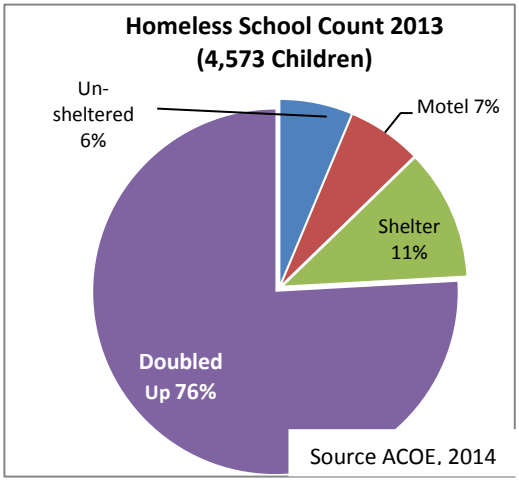
Source HMIS, 2014

[16] EveryOne Home, Alameda County Housing and Community Development, CY2013 HMIS Utilization Report System Wide without Permanent Supportive Housing and Services to Permanent Supportive Housing.

Homeless Services Utilization Count: Homeless School Count

The School Count is a method to include homeless families that normally do not access shelters, are more likely to be doubled up or living in motels, and are not likely to be counted in a Point In Time Count. The McKinney-Vento Act provides support services for homeless children attending public and charter schools throughout Alameda County[17] [18].

Figure 8



The Alameda County Office of Education collects data on homeless students from 17 school districts and charter schools in the County. The total count for 2013 was 4,573 students registered as homeless[19] (**See Figure 8**). This is an undercount, as it does not include children not enrolled in public preschool programs, and homeless children and youth not identified by school officials.

Although all these 4,573 school children were eligible for educational assistance, 76% of them are ineligible for HUD-funded shelter, short-term or permanent housing programs, as they are living in doubled-up or in a motel, and do not fit HUD/HMIS criteria for homelessness.

According to HMIS homeless utilization data (shelters, support services), 38% of children in families meeting HUD homeless criteria are under age 5, and not of school age. Thus the true count of homeless children is higher, or 7,376 children aged 0-18. Assuming that there is an average of 2 children per family, and an estimated 50% of these families headed by a single parent, there are at least another 5,531 adults living with the homeless children. **Based on the 2013 Homeless School Count, an estimated 12,908 persons living within family units (including parents and children under 18 years) experienced homelessness in Alameda County in 2013**. Again, this number includes only those living in family units, and does not include single persons.

Finding: Homeless Prevalence in Alameda County 2013

Following the HHS definition of homelessness (including doubled-up persons), and utilizing the methodology used by Urban Institute[20], ACHCHP estimates that **a minimum of 18,000 Alameda County residents experienced homelessness** at some point during 2013. This number, likely an undercount, amounts to some 1.16% of the total Alameda County population.

[18] If a child's family is homeless (according to HRSA definitions) they are able -- under the federal McKinney-Vento Act -- to access free transportation and to attend their school of origin regardless of where their family temporarily resides. Schools must register homeless children even if they lack normally required documents, such as immunization records or proof of residence. The state of California creates procedures, including dispute resolution procedures, to ensure that homeless children are able to attend school. Local school districts appoint Local Education Liaisons to ensure that school staff is aware of these rights, to provide public notice to homeless families (at shelters and at school) and to facilitate access to school and transportation services.

[19] California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS) report run 11/20/2014, for academic year 2013-2014.

[20] A New Look at Homelessness in America, Martha Burt, Urban Institute, 2000, http://www.urban.org/publications/900302.html#burt

Based on countywide HMIS utilization data capturing city of last residence, we can roughly estimate the total numbers of persons who experienced homelessness in 2013 by city in Alameda County (**Figures 9 and 10**):

Figure 9

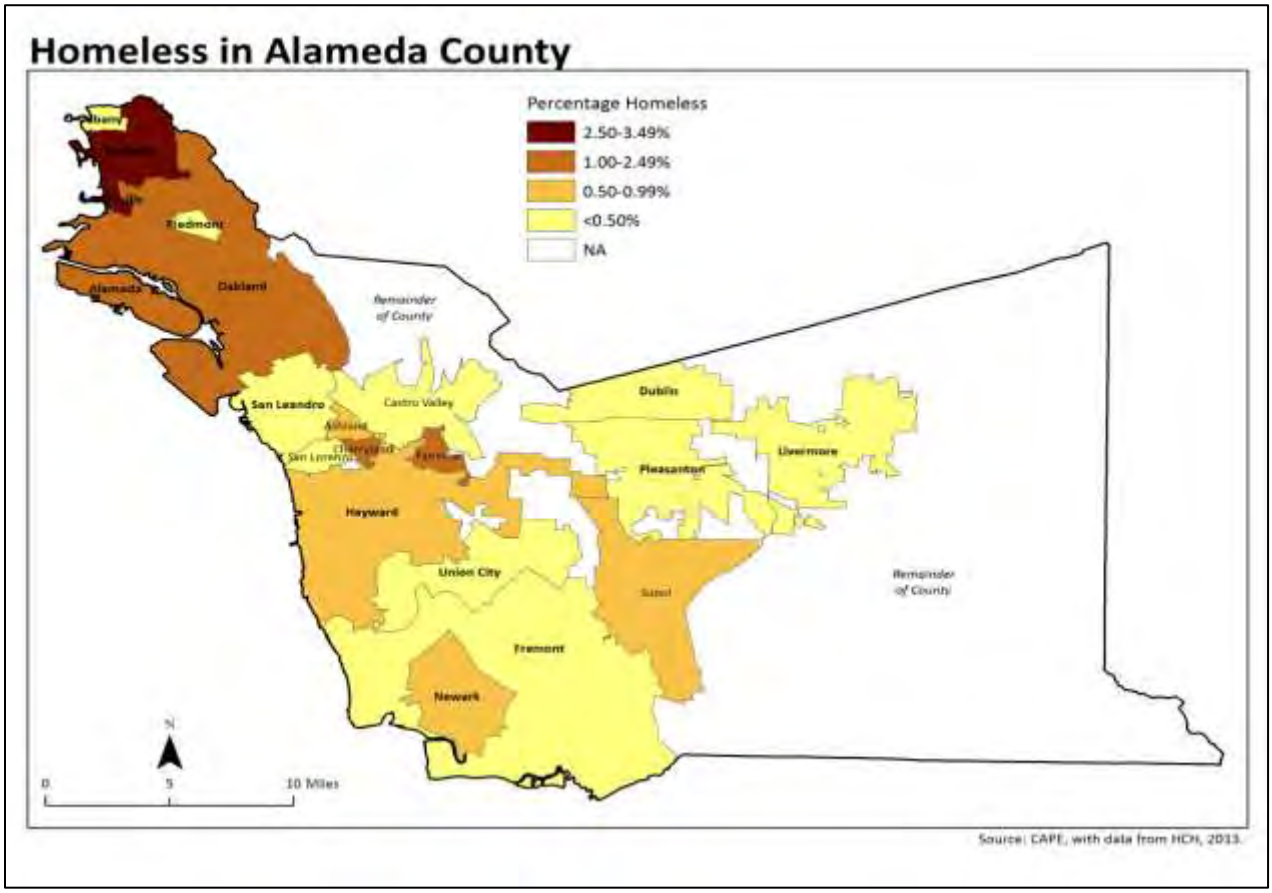


Figure 10: Estimated yearly prevalence count of persons experiencing homelessness in Alameda County by city:

City:	Population	Estimated Homeless	%	City:	Population	Estimated Homeless	%
Total	1,544,833	18,000	1.2%	Hayward	147,695	1,209	0.8%
Alameda	75,083	790	1.1%	Livermore	82,392	297	0.4%
Albany	18,851	74	0.4%	Newark	43,259	227	0.5%
Ashland*	22,214	153	0.7%	Oakland	398,269	9,297	2.3%
Berkeley	114,385	3,115	2.7%	Piedmont	10,899	27	0.3%
Castro Valley*	62,528	211	0.3%	Pleasanton	71,962	125	0.2%
Cherryland*	14,919	158	1.1%	San Leandro	86,105	427	0.5%
Dublin	50,738	59	0.1%	San Lorenzo*	24,037	94	0.4%
Emeryville	10,651	376	3.5%	Sunol*	973	8	0.8%
Fairview*	10,150	108	1.1%	Union City	70,946	274	0.4%
Fremont	219,754	970	0.4%	Rest of County	9,023	0	0.0%

Homeless Registries:

Increasingly, communities are creating local homeless registries. These are detailed, by-name lists of persons living in shelters, cars and streets, as identified by outreach workers, volunteers and social services providers. A registry can be used to define the scope of homelessness, track changes over time, and most importantly, prioritize those most vulnerable and those at risk of dying on the street, to be connected with housing and services that meet their needs. Homeless registries are currently maintained in dozens of US cities, promoted by the work of 100K Homes campaigns throughout the country.

The Alameda County Behavioral Health Care Services, EveryOne Home and HCH Program have developed a pilot homeless registry for Alameda County, called **Home Stretch**. Home Stretch will build a single list of chronically homeless people prioritized by vulnerability, barriers to housing, and cost to other systems such as health care, social services and law enforcement through the use of a coordinated assessment. The prioritized list will be used to match highly vulnerable homeless people to permanent housing and services more effectively than our current system. Referrals to this registry come from 30 different community partner agencies.

There are 259 persons currently on the Home Stretch list. These persons are all chronically homeless, 60% men, with an average age of 48 years, and 82% have a history of involvement with county behavioral health (mental health and substance use) services. 50% of persons on the Alameda County Home Stretch list have been homeless for over than 5 years[21].

[21] Home Stretch – Data Summary: July 1, 2014, Housing Services Office, Alameda County Behavioral Health Care Services.

Chapter 4

Findings: Health Care Issues of Persons Experiencing Homelessness

Mortality and Morbidity

Findings from nationwide studies show that mortality (rates of death and premature death) and morbidity (rates of disease) are substantially increased among persons experiencing homelessness. Death rates for persons experiencing homelessness vary, but typically are 3-4 times those of the general population[22] [23]. This is especially noteworthy for example, among younger homeless women, who have from 4 to 31 times a greater risk of dying compared to similarly aged housed women[24], and persons recently released from prison, who experience a 5-7 times higher rate of death[25]. Most frequent causes of death for persons experiencing homelessness include heart disease, opiate overdose, and violence and unintentional injuries.

Homeless Death Counts – Dying on the Streets

The Alameda County Coroner's office presently does not record homeless/housing status of decedents, making it hard, though not impossible, to determine how many persons are dying while homeless in Alameda County. Many other health departments (Sacramento, Seattle, Portland, Denver, Philadelphia, NYC, and Santa Barbara) maintain and produce annual reports of deaths of persons experiencing homelessness, and analyze this data to develop community responses. Below are statistics from a few localities:

Locality	Time Period	Amount of deaths
Sacramento, CA[26]	2003-2013	Average 46 per year
Seattle King County, WA[27]	2010	Average 60 deaths/year
Denver, CO[28]	2012	140 deaths in 2012
Portland, OR[29]	2011	47 deaths
Santa Barbara, CA[30]	2009-2011	Average 49 deaths/year

[22] Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period, J.J. O'Connell, JAMA Internal Medicine 2013.
[23] The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations Fazel, Seena, Kushel. The Lancet 2014.
[24] Chung and Wang, Risk of death among homeless women: a cohort study and review of the literature, CMAJ 2010.
[25] Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009, Annals of Internal Medicine, 2013; National Vital Statistics Report (NVSR) "Deaths: Final Data for 2011."
[26] Sacramento County Homeless Deaths Report: 2002 - 2013
[27] Seattle King County, Health Care for the Homeless Network Annual Report 2010
[28] We Will Remember 2012:H o m e l e s s D e a t h R e v i e w, Colorado Coalition for the Homeless
[29] **DOMICILE UNKNOWN** Medical Examiner Review of deaths among people experiencing homelessness in Multnomah County in 2011
[30] Deaths Among Homeless Persons in Santa Barbara County 1/1/2010 to 12/31/2011 Annual Report

Most homeless death counts are carried out by Medical Examiners who only analyze deaths of individuals who appear to have died from specific causes or circumstances such as accidents, toxic substances, or outside of medical care (at home or on streets), and do not include persons experiencing homelessness who die under medical care of a physician. As such, the most frequent causes of deaths on the streets include substance abuse/overdose, unintentional injuries, suicide and homicide.

Health Problems of Persons Experiencing Homelessness in Alameda County

Conditions experienced by homeless persons on the streets or in shelters often exacerbate existing health conditions, or create new ones, and complicate medical treatment plans. It has been well documented that homeless people experience health problems at rates higher than housed people. Poor diet, substance use, chronic daily stress and exposure to the elements increase displaced people's risk for complications of chronic illness and premature mortality. Health conditions requiring regular, uninterrupted treatment, such as diabetes, hypertension, tuberculosis, HIV, addictions, and mental illness, are extremely difficult to manage without a stable residence.

Medical Conditions among Persons Experiencing Homelessness

Site of Service Rank	**HCHP Mobile Clinics (street shelter, TRUST Clinic)** **2012-2013**	**HCHP Contracted Clinics 2012-2013**	**AHS Highland Emergency Dept** **2014**	**Alameda County Hospitalization Data** **2011-2012**
1	Mental Health Involvement	Hypertension	Injuries/Violence	Mental Health Hospitalization
2	Respiratory infections	Diabetes	Mental Health Involvement	Skin and tissue infections/disorders[31]
3	Musculoskeletal Pain	Musculoskeletal Pain	Alcohol/drug-related	Respiratory
4	Dental Problems	Women's Issues	Musculoskeletal	Circulatory/heart
5	Podiatry/Foot	Respiratory related	Hypertension	Alcohol/drug-related
6	Hypertension	Mental Health involvement	Pain/Chronic Pain	Gastrointestinal

Source HCH Data 2014

The above lists the six most common health problems seen by medical providers treating persons experiencing homelessness at HCH mobile clinics, HCH contracted clinics, the Highland hospital Emergency Department and at countywide hospitals. Among the most common health problems for adult men and women were mental health and substance abuse related disorders. However, mental health and substances use are generally not the primary reasons that clients sought medical care, as infections, pain and other issues are often primary reasons, especially in mobile clinic settings.

Prevalence of Selected Conditions:

[31] Based on OSHPD 2010-2012 Hospital discharge data; #2 ranking of diagnosis groups was "Other".

The below findings are selected health conditions of particular importance and impact upon persons experiencing homelessness. These and other conditions are explored in more detail in **APPENDIX 3**.

- **Diabetes**: The HCH Program estimates that approximately 16% of persons experiencing homelessness in Alameda County suffer from diabetes, over twice the rate of the county general population. This rate is estimated according to the racial, class and socioeconomic makeup of persons experiencing homelessness in Alameda County, as well as compounding factors such as diet, stressors, drug and alcohol use.
- **Hypertension**: The rate of hospitalization for hypertension for persons experiencing homelessness is twice the county baseline rate. A high number of homeless persons are tobacco smokers, and have diet and weight issues. An estimated 50% of homeless persons are thought to have high blood pressure[32], and 35% of homeless patients surveyed by the HCH Program identified hypertension as a health issue for them.
- **Tobacco Use:** A strong downturn in tobacco use in Alameda County is not reflected in the population of persons experiencing homelessness. An estimated 80% of persons treated by the HCH program are current smokers, as compared to 11.7% countywide.
- **Depression and Other Mental Health conditions**: The HCH Program estimates that at least 50% of the population of persons experiencing homelessness has had at least one major depressive episode in the past year, as compared to approximately 9% of the general population who have experienced severe psychological distress in the past year. 53% of HCH survey respondents reported that they cannot access mental health care when needed.
- **Substance Use:** In the 2013 Point In Time Count, 73% of homeless persons who reported substance abuse were unsheltered, living on the streets. Substance misuse is involved in at least 25% of homeless ED visits, and substance use was the single most common factor involving the top 20 high ED utilizers. Significant barriers to care exist, with 48% of HCH patients surveyed reporting that they couldn't access substance abuse services when needed.
- **HIV Infections:** Although HIV seroprevalence is about 0.33% of the total county population[33], the amount of persons experiencing homelessness with HIV in Alameda County is twenty times higher, or around 4.3%
- **Oral Health**: Through client surveys and chart reviews, the HCH Program estimates that 70% of persons experiencing homelessness have not visited a dentist in the past year. Improved dental access was identified as a key concern of 60% of homeless patients surveyed by the HCH Program, and 40% reported current dental pain and problems.
- **Age-related Conditions**: As the homeless population ages, incidence of cognitive age-related conditions (functional and cognitive impairment, falls, urinary incontinence) increase dramatically. Homeless 50+ year olds have higher rates of age-related conditions than a general population comparison 20 years older[34] [35].
- **Unintentional Injuries**: Unintentional injuries account for at least 10% of AHS ED visits, higher than the general housed population. Injuries include falls, assaults, burns, head injuries, poisoning, traffic injuries, and self-harm. Traumatic brain injury is an important category of unintentional injury in

[32] Modifiable cardiovascular risk factors among individuals in low socioeconomic communities and homeless shelters, Kim, Family Community Health 2008.
[33] State of the HIV Epidemic in Alameda County, HIV AIDS Epidemiology Unite, ACPHD 2013.
[34] Geriatric syndromes in older homeless adults, Brown, Mitchell. Journal of Internal Medicine, 2012
[35] Unpublished Data from UCSF HOPE HOME Study: Aging Homeless in Oakland, funded by National Institute of Aging, Principal Investigator Margot Kushel MD

homeless population, and is thought to be a risk factor for both becoming homeless and remaining homeless[36].

The above conditions are explored in more detail in **APPENDIX 3,** Health Care Utilization of Homeless Patients**,** and in **APPENDIX 4,** Key Barriers and Health Indicators among Homeless Persons in Alameda County**.**

[36] The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations Fazel, Seena, Kushel. The Lancet 2014.

Chapter 5

Findings: Key Subpopulations of Persons Experiencing Homelessness

Identified in this needs assessment are subpopulations among the larger group of persons experiencing homelessness. The following key subpopulations and issues have been identified through studies, analysis of services and through interviews with providers.

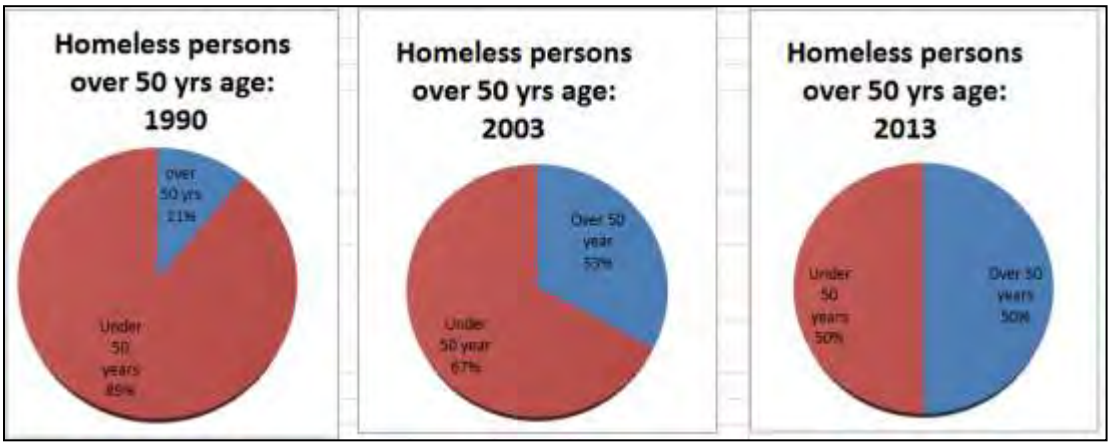
- Aging homeless 50+years
- Persons with mental illness
- Persons using drugs and alcohol
- Indigent Persons receiving General Assistance
- Undocumented Persons/Day Laborers
- Persons with Criminal Justice System involvement
- Homelessness and food insecurity
- Homeless Youth
- Dental issues

Aging Homeless in Alameda County:

The HCH Program is a participant in the UCSF HOPE HOME Study[37], a longitudinal study of the health of persons 50+ who are experiencing homelessness. Researchers interviewed a cohort of 350 persons and followed 213 of them. Key findings emerging from this important study include the following:

- The average age of unsheltered adults in Alameda County has increased to 50 years – the number of persons who are over 50 years old and experiencing homelessness has quintupled since 1990 (**Figure 11**). On any given night, there are at least 1,500 persons aged 50+ unsheltered on Alameda county streets.

Figure 11

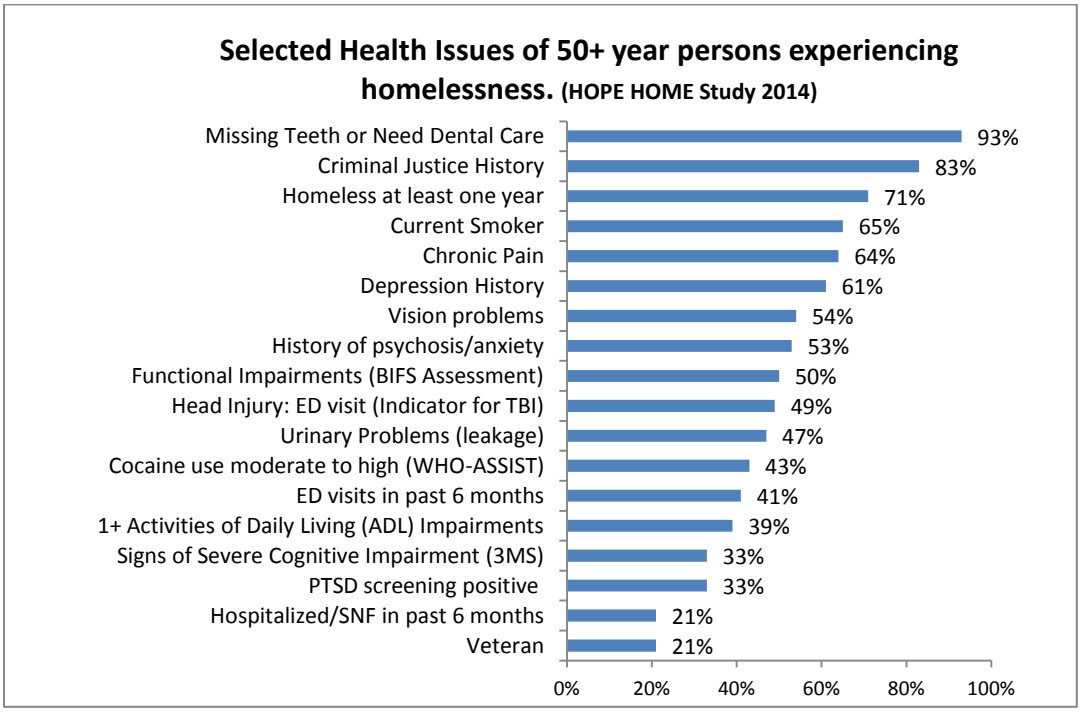


Source HOPE, 2014

[37] Unpublished Data from UCSF HOPE HOME Study: Aging Homeless in Oakland, funded by National Institute of Aging, Principal Investigator Margot Kushel MD

- Contrary to the perception that older homeless people have been homeless for their entire adulthood, 40% of those surveyed were never homeless prior to their 50th birthday. This means that for a growing number of elders, specific circumstances: death of spouse or relatives, job loss, illness, are precipitating factors in becoming homeless.
- Persons 50+ experiencing homelessness have health problems similar to those 20-30 years older. Homeless 50+ year persons have much higher rates of chronic disease, disability, "geriatric conditions," cognitive impairment, and hospitalizations than the general population of their age. Dental and oral health issues are of serious concern, tobacco, drug and alcohol use are high. Mental health conditions (depression, anxiety, psychosis) are very high, as well as histories of trauma (as both children and adults), and traumatic brain injuries. Some key health issues faced by 50+ persons experiencing homeless, identified in the HOPE HOME Study are listed on **Figure 12**:

Figure 12



Source HOPE, 2014

- Services directed at older adults should recognize that aging happens earlier in poverty populations: those 50 and older should be considered "older" for purposes of service provision.
- There are many opportunities for prevention of homelessness among older persons: those who are housed and in the workforce prior to age 50 and then experience a crisis (loss of job, death of family member or spouse) could likely be identified and offered stabilization services before homelessness starts. Others, with cognitive impairment, substance abuse and mental health problems will need more support: Supportive housing or other interventions will be appropriate

This study reinforces ACHCHP's observation of a growing population of aging persons without housing – shut out of the work force, often disabled and unable to qualify for Medi-Cal or SSI disability income until age 62, frequently becoming homeless due to illness, loss of a job or death of a spouse or family

member. At age 62 most persons qualify a social security income of $830/month – exactly the Federal Poverty Level but too much to qualify for food stamps – and not adequate to afford housing, food, utilities, transportation and health[38].

Although seniors 62+ qualify for subsidized senior housing, ACHCHP conducted a survey of county senior housing providers in 2014: 9 out of 10 of the county's 137 low-income senior housing apartments had closed waiting lists, and the "open" 16 had waiting lists ranging from 2-8 years[39].

Mental Health Conditions and Homelessness: "The Walking Wounded"

According to the 2013 Point In Time Count, an estimated 20% of Alameda County's homeless persons suffer from serious mental illnesses (SMI), including schizophrenia, major personality disorders, schizoaffective disorders, and serious bi-polar disorders are among the most common. This means on any given night, some 1,100 persons with SMIs are homeless in Alameda County.[40] In past 10 years, the number of homeless with severe mental illness counted in the Point In Time Count has doubled. About 60 percent of persons with serious mental illnesses are unsheltered, sleeping on the sidewalks, in parks or wherever they can find a spot.

ACHCHP works closely with the Alameda County Behavioral Health Care Services (ACBHCS) and the Alameda Health System (AHS) to improve treatment, support services, access and housing opportunities for homeless persons with SMIs. ACBHCS has been the funding and implementation of Full Service Partnerships (FSP) – services-enriched supportive permanent housing – for homeless persons with SMIs.

There is not enough money for permanent, supportive housing for those with mental health issues. Funding from the Mental Health Services Act -- or Proposition 63, which passed in 2004 and placed a 1 percent tax on individual income of more than $1 million – was used to create permanent supportive housing in 2006 and 2007, but now much MHSA funding is being used to sustain supportive services, and new sources of housing funds have been cut in recent years.

There is a tremendous level of "lower-acuity" mental illnesses – including depression, anxiety, and other mood disorders – among persons who are experiencing homelessness. These conditions, although "lower-acuity," are extremely debilitating, carrying tremendous impacts on physical health. Left untreated, homelessness can exacerbate these conditions, deepening physical and mental illness, isolation, and causing chronic homelessness. For patients using HCH clinical services, mental health services are not a first priority, but even still, mental health co-involvement is diagnosed very frequently, and is the sixth most common factor (behind hypertension, diabetes, musculoskeletal pain and dental issues) that HCH patients are treated for.

Until recently, in Alameda County, persons with low-acuity mental health conditions could not access County mental health services, as the program treated only persons diagnosed with severe chronic and persistent mental illness. The "walking wounded," are *estimated* to be some 50% of the patients treated by ACHCHP – were left to try to patch together some sort of care as best they can, often with the help of ACHCHP case managers and clinicians. Their needs for intensive therapy, diagnosis and case management is provided by the ACHCHP TRUST Clinic. Additionally the ACBHCS is working with Community Health Clinic Network providers to strengthen the provision of integrated behavioral health care within a primary care setting for persons with "lower-acuity" behavioral health diagnoses.

[38] Going Gray in the Golden State: The Reality of Poverty Among Seniors in Oakland, California. The Oakland Institute 2006
[39] http://www.alamedasocialservices.org/public/services/elders_and_disabled_adults/docs/SENIOR_HOUSING_GUIDE_2012_English.pdf
[40] 2013 Alameda Countywide Homeless County and Survey

Approximately 30-50% of lower-acuity mentally ill homeless are dually-diagnosed with co-occurring substance use disorders. There is a great shortage of recovery programs for homeless persons. At any given time, all of the 16 residential recovery programs are full, with waiting lists of up to 3-6 months for entry.

Drug and Alcohol Users

Persons experiencing homelessness are disproportionately affiliated with serious health problems, including the frequent use of alcohol and other drugs which heighten the morbidity rate among the population.

Interviews with homeless services providers reinforce the finding that the level and provision of adequate drug and alcohol recovery services in Alameda County at all levels has been insufficient, fragmented and in large part lacking important innovative and evidence-based treatment services such as: medical model treatment services, integrated mental health and substance use services, outreach services, peer-based recovery programs, supportive living environments, and intensive case management services.

In the 2013 Point In Time Count, 30% of homeless persons counted reported chronic substance abuse, and of those reporting chronic substance abuse, 73% of them, or 1,000 persons, were unsheltered on the night of the count. The percentage of persons experiencing homelessness that report chronic substance abuse in Alameda county has hovered around 30% for the past ten years[41].

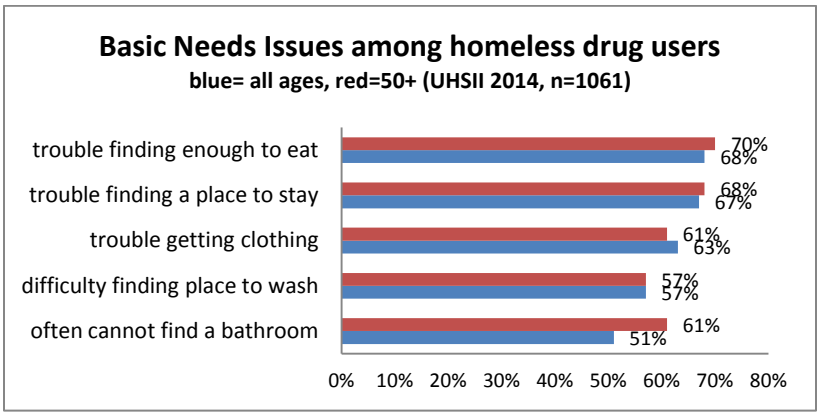
The **Urban Health Study II** is a longitudinal study of 2,094 active drug and alcohol users in Oakland, carried out by RTI for UCSF. This study is still underway, and researchers shared data on the 51% (1,061) of the participants of the study who were experiencing homelessness[42]. 32% of persons surveyed were living on the streets, cars or abandoned houses, 48% were doubled up, 8% in shelters or programs.

Some of the key lessons from this data include:

- **Difficulties in accessing basic needs:** The majority of homeless persons with drug and alcohol had difficulty in finding basic resources such as shelter, places to wash and use bathrooms, clothes and food. See **Figure 13**:

[41] 2013 Alameda Countywide Homeless County and Survey
[42] Unpublished Data, RTI International, Health and Criminal Justice Involvement among Drug Users in Oakland, CA, lead investigator Jennifer Lorvick.

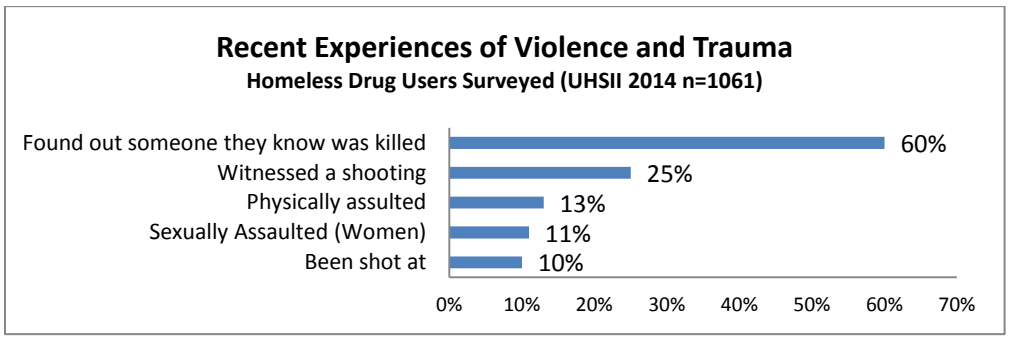
Figure 13



Source RTI 2014

- **Tremendous criminal justice system involvement with persons experiencing homelessness**: Almost everyone surveyed -- 99% of men and 89% of women -- had a criminal justice history; and over half of all persons surveyed – 61% of men and 46% women – had been arrested in the past year.
- **Recent experiences of violence and trauma**: 60% had learned a friend/relative/acquaintance was killed recently; 25% had witnessed a shooting; 13% had been the victim of assault; 11% of women had been sexually assaulted, 11% of men had been shot at (**Figure 14**):

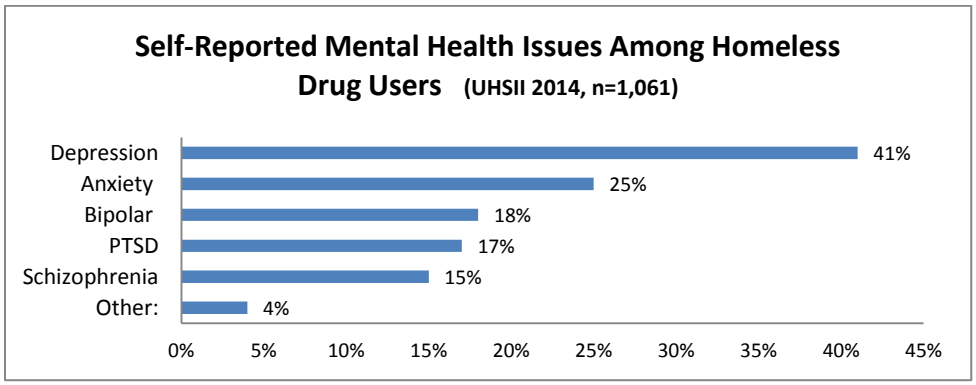
Figure 14



Source: RTI 2014

- **Mental Health Co-Factors**: Drug users experiencing homelessness reported that they had been diagnosed with depression, anxiety, bipolar disease, schizophrenia, and PTSD at rates much higher than average (**Figure 15**):

Figure 15



Source RTI Intl, 2014

- **Unmet Health Care Needs:** Although over half of the persons surveyed had health coverage, some 55% reported having unmet dental needs, 25% reported that they couldn't access mental health services as needed, and 25% reported trying and being unable to access drug/alcohol recovery services within the past six months.

General Assistance Recipients:

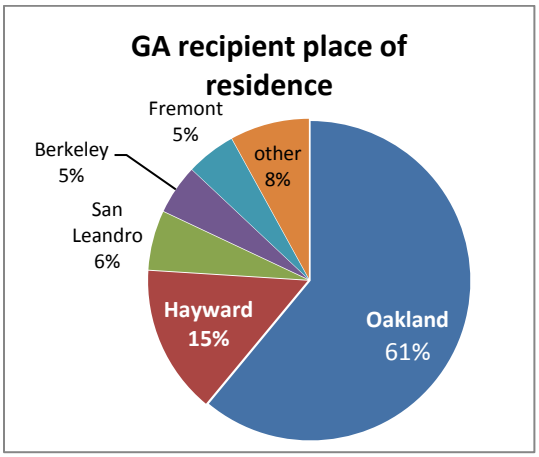
Alameda County's GA Program, administered by the Alameda County Social Services Agency, provides qualified, indigent individuals with a maximum cash loan of $336 per month for a total of 3 months ("three month time limit") during any 12 month period. Undocumented individuals are not eligible for GA. Homeless individuals who qualify for assistance may opt to live in a shelter through Community Housing and Shelter Services (CHASS). GA recipients who are deemed to be "unemployable" due to mental or physical disabilities are able to receive cash payments beyond 3 months, and depending on severity of disability, are referred to county or community programs for benefits advocacy.

To assess the impact of budget cuts and programmatic changes on Alameda County's GA program, the Social Services Agency carried out a comprehensive analysis of the GA program. Roots Community Health Center produced a report and evaluation of the existing GA program regarding its impact on GA recipients.[43] Following are key findings among the population of GA recipients experiencing homelessness:

- Approximately 1% of the Alameda County population receives GA in an average year.
- **Employability:** The percentage of persons on the GA caseload that are determined to be unemployable due to physical or mental disabilities has risen to from 24% in 2010 to a rate of 78% in 2013.
- **Homeless/Marginally Housed:** The majority of GA recipients are homeless or precariously housed. 47% of GA survey respondents are doubled up, 16% in their own apartment, and 15% on the streets, 8% stayed in a rented room or in transitional housing, and the remaining 15% were previously incarcerated, or staying in a drug treatment facility, or hospital.
- **Criminal History:** 61% of GA survey respondents have criminal records which present a barrier to employability.
- **Place of residency**: GA recipients are likely to be Oakland residents, see **Figure 16:**

[43] Inside the Safety Net – 2014 Alameda County General Assistance Evaluation, Roots Health, Inc under contract of the Alameda County Social Services Agency.

Figure 16



Source Roots,2014

- **GA utilizers can be looked at in two groups, "first time users"** who are applying for GA for the first time, usually as a result of employment loss and termination of unemployment benefits; and **"Frequent Users"** who have received GA in at least 3 of the preceding 6 years:

First Time GA Users	Frequent GA Users
• Rate follows unemployment rates • 25% of current GA caseload • 60% Men • 56% African American, 20% White	• Rate stays same regardless of unemployment rate • 35% of current GA caseload • 73% African American • 50% African American Men

- **Reductions in GA spending**: In 1991-1994, Alameda County allocated as much as 4% of the total operating budget to the GA Program. After plummeting significantly in 1994, funds directed towards GA have trended between approximately 1-2% of the budget, and, during the past 6 years, budgetary expenditures on GA have remained below 1.3%.

Undocumented Persons Experiencing Homelessness

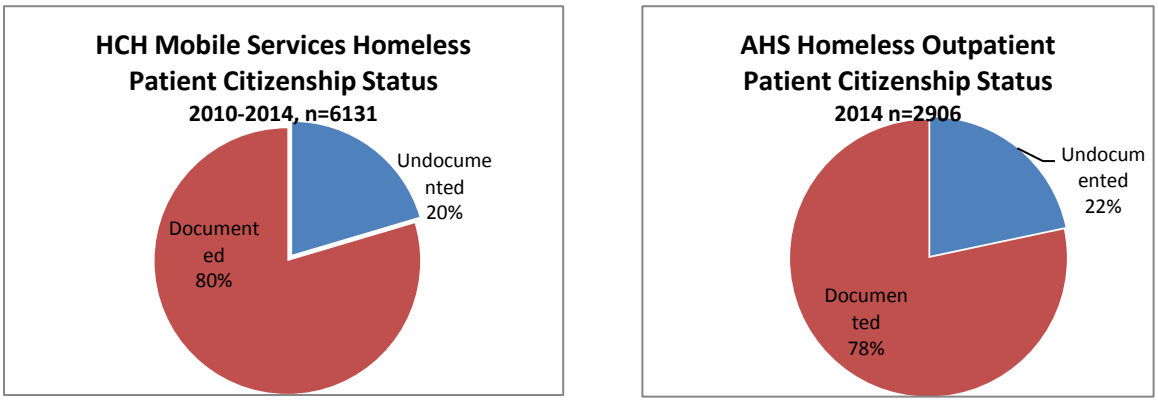
An estimated 225,000 undocumented persons, making up 15% of the county population, are excluded from subsidized housing, food stamps, entitlement programs, education, most jobs, and medical coverage under the ACA. Frequently, migrant field and farm workers, undocumented immigrants often "end up" in Alameda County after unsuccessfully seeking agricultural jobs, and must compete for hard-to-find "day labor" jobs, for low wages in vulnerable and dangerous settings. Day laborers, mostly single men, almost exclusively must live in overcrowded tenuous living situations, in encampments or on the streets.

Although citizenship status is not reported in patient registration, undocumented persons make up at least 20% of the homeless persons treated on ACHCHP mobile health clinics (1,251 at three Day Laborer sites only), and, in 2014, an estimated 21% of homeless patients treated at AHS outpatient clinics[44] (see **Figure 17**). For HCH mobile services patients, almost all undocumented persons are of Latin American

[44] Estimate made by counting patients not eligible for medi-cal, and covered by HealthPAC, an indigent care health coverage program which covers a primarily undocumented population.

origin, mainly Guatemala and Mexico. Undocumented homeless persons treated at AHS outpatient clinics are of a more mixed origin status, 80% are Latina/o, and 20% are from other countries around the world.

Figure 17



Source HCH data, 2014

Day laborers treated by the HCH program frequently suffer from stress-induced mental (PTSD, depression) and physical illnesses (skeletal-muscular and podiatric injuries, fungal infections, skin rashes and exposure, as well as infectious diseases. Most day laborers speak Spanish only, and some only speak indigenous languages, presenting severe challenges for receiving adequate medical care for often-complex cases. As there are only eight shelter beds in Alameda County for monolingual Spanish speaking persons (Oakland Catholic Worker Shelter), Latina/os are vastly underserviced in the shelter population. Finally, neighboring counties of Contra Costa and Santa Clara have passed legislation to prohibit undocumented persons from receiving non-emergency medical services, increasing the burden on Alameda County's HealthPAC indigent care program.

Re-Entry: Homelessness and the Prison System

Between 2010-2013, approximately 12% of the homeless men treated on ACHCHP mobile clinics were men who are on parole, probation or had some involvement with the state prison system. The California prison system is now the largest provider of mental health care in the state. However, a large number of seriously mentally ill prisoners are not diagnosed and treated while incarcerated. The California prison population has aged, with four out of 10 age 40 or over, with one in seven prisoners 50 or older,[45] many with multiple health problems. As the healthcare costs for prisoners have soared, increasingly common are expedited releases for prisoners with complex medical problems[46]. It is estimated that 39% of the 125,000 prisoners released each year in California are released at risk of "residential instability"[47]. Two thirds of GA respondents surveyed replied that they had become homeless within three months of being released from prison[48].

A county goal for jail system realignment process is to address housing and health services for persons being released from county jails. At least 18% of the 957 persons on the Alameda County Post Release

[45] Aging Behind Bars --Trends and Implications of Graying Prisoners in the Federal Prison System, Urban Institute, 2014
[46] R. Jan Gurley, MD http://www.reportingonhealth.org/blogs/more-prisonhomeless-churn 4/11/2011
[47] COMPAS Validation Study: Final Report, California Department of Corrections and Rehabilitation, August 15, 2010
[48] Inside the Safety Net – 2014 Alameda County General Assistance Evaluation, Roots Health, Inc under contract of the Alameda County Social Services Agency.

Community Supervision caseload were identified as homeless in 2014[49]. Under the realignment housing program, ex-offenders who are identified as lacking housing are referred to three community based organizations (Abode, Berkeley Food and Housing Project, and East Oakland Community Project) for shelter, transitional and long-term housing assistance. Between July 2012 and June 2014, this program assisted almost 200 ex-offenders, providing housing related exits to 126 of them.

Law Enforcement and Criminalization of Homelessness: Homeless persons, especially mentally disabled homeless persons, face harassment, citations and jailing by local law enforcement agencies and private security firms. In 2010, HCH program consumers participated in a survey carried out by the Western Regional Organizing Project, in which the outreach found that 76% of mentally-disabled homeless persons had reported being stopped, ticketed, harassed or arrested due to "quality of life" offenses, and 59% of these had reported having Bench Warrants issued for their arrest. Over 40% of homeless persons with severe mental illness have been jailed at some point in their lives[50].

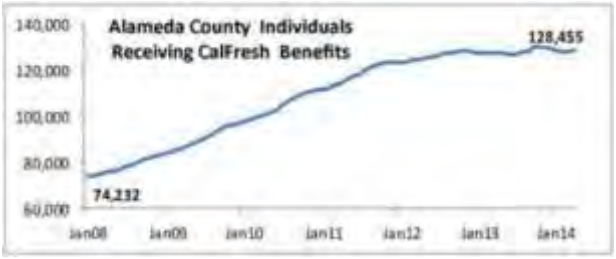
Homeless and Caring Court is a special court session is focused solely on the homeless and formerly homeless and meets bi-monthly to resolve nonviolent infractions and misdemeanor cases, such as traffic violations, tickets for public intoxication, trespassing, or sleeping in a park after dark. The program serves about 300 persons experiencing homelessness per year, and receives funding from the Foundation of the State Bar of California and the Administrative Office of the Courts, among other groups. Program records show that between 2004 and 2012 the program helped 1,940 defendants resolve 6,020 misdemeanor and infraction cases.

Although homeless people have no choice but to perform life-sustaining conduct in public places, many cities continue to treat these activities as criminal.

Food and Nutrition

As poverty and hunger increase, 33.8% of the adult population is food insecure,[51] overall county obesity rate continues to be a problem as 53.2% of the population is overweight or obese, while children's obesity rate remains at 10%. The number of individuals receiving CalFresh benefits (food stamps) has risen 120% in the past six years (**Figure 18**). For homeless persons, access to nutritious meals is a serious problem. Obviously, the lack of opportunity to cook – or be cooked for – at home, limits homeless persons to eat, when they can, at "cheap" fast-food restaurants, in soup kitchens, church meal programs, and when possible, in shelters.

Figure 18



Source: Human Impact Budget Report 2014,

The impact of "food insecurity" on the minds and bodies of a homeless person is profound – the combination of hunger, lack of nourishing food, stress, and ingestion of fatty (fast food) and starchy and salty (soup kitchen) foods greatly impacts the health of persons already suffering from — or at risk of – hypertension, chronic heart disease, diabetes, high cholesterol, and depression.

[49] Alameda County Probation Department Adult Services Division Monthly Post-Release Community Supervision (PRCS) Caseload Update,August 2014

[50] Western Regional Advocacy Project, Ongoing research, Paul Boden, www.wraphome.org, April 2011.

[51] Food insecurity is defined: "limited or inadequate ability to obtain nutritionally adequate and safe foods; the inability to acquire those foods in a socially acceptable way" Local Needs Assessment Youth – Food Stamp Nutrition Education Program Alameda County 10/2010.

In Alameda County one in five residents visited the Alameda County Food Bank's 275 distribution agencies.[52]. The Food Bank is sometimes able to provide a "homeless basket" of foods that are easier to prepare without a kitchen, on an occasional basis to homeless persons.

In 2014, FEMA Emergency Food and Shelter National Board Program announced another round of cuts to Bay Area safety net food and shelter programs. This has meant an end to funding which the HCH program had utilized for emergency shelter, motel voucher and emergency food for homeless persons.

Homeless Youth

The 2013 Point In Time count identified about 435 young persons, aged 13-24, as homeless in January 2013. This is about 10% of the entire homeless population. The population of youth experiencing homelessness includes persons who have spent their entire lives in a permanent state of housing precarity, fleeing from abusive environments, living in homelessness, between various caretakers, and/or shuttled through institutions such as foster care, etc. These homeless youth suffer disproportionately high rates of chronic physical and mental illness at an early age, and have a high rate of contact with the law enforcement and legal system.

Oral Health

Dental health contributes in important ways to overall health. Research has pointed to possible associations between chronic oral infections and cardiovascular disease, stroke, fatal heart attacks, bacterial pneumonia, and premature birth, as well as making the control of diabetes more difficult. In addition, attentive oral health care can contribute to early detection of a wide variety of other illnesses. A thorough oral examination can detect signs of nutritional deficiencies as well as a number of systemic diseases, including microbial infections, immune disorders, injuries, and some cancers. However, only an estimated 30% of persons experiencing homelessness in Alameda County were able to access dental care in the past year.

A priority need for all homeless subpopulations in the county is access to dental exams, prophylaxis and opportunities to treat dental problems while they are more minor, before the only affordable treatment for acute pain and infection is tooth extraction. Missing teeth severely affects the self-esteem of people experiencing homelessness and impact efforts to seek employment and reintegrate back into mainstream society. But most importantly, lack of access to dental care for homeless individuals results in pain and suffering and permanent loss of teeth with serious, long-term consequences for both nutritional and overall health.

In Alameda County, Denti-Cal benefits have returned for many adult services. However there is a severe bottlenecks in accessing dental care. The majority of dentists do not accept Denti-Cal, because of the low reimbursement rates. According to partner interviews, the folding of CHIP into Medi-Cal means a prioritization of children's dental care, meaning long delays and waits for adult services at safety-net clinics.

In the HCH Client Surveys, 70% of respondents named dental access as their most pressing need, second only to housing.

[52] Alameda County Food Bank, 2014 Policy Report, www.accfb.org

Chapter 6 Findings:
HCH Survey of Persons Experiencing Homelessness

In September/October 2014, HCH staff and partners carried out a survey of persons both utilizing and not utilizing HCH services. A three page survey was given at HCH sites, at subcontractor sites, and in street/outreach settings, in Berkeley, Oakland, Hayward, San Leandro, and Newark. A total of 150 persons completed the survey. Support in creating and interpreting the client survey was provided by the Community Assessment Planning and Evaluation division of the Public Health Department. Key demographic factors of survey respondents generally resembled that of HCH program patients, county HMIS homeless services utilizers. The demographics breakdown of respondents are found in **Appendix 2** of this Needs Assessment.

Overall findings are shared below, detailed in **Appendix 2**, and incorporated into the overall recommendations of this Needs Assessment. Overall, client surveys show a population who cobble together fragmented care, suffer disproportionately from chronic and acute health care problems, and face many barriers accessing care.

Hunger and Poor Nutrition: Almost a third of respondents reported that the often go hungry. Most respondents eat at soup kitchens, two thirds do not receive food stamps. Eighty percent of respondents are not able to cook for themselves, and 27% of them couldn't do so even if they had access to cooking facilities.

Fragmented Health Care: Persons experiencing homelessness use the Emergency Department as their primary source of medical care.

> **Emergency Department use:** 62% surveyed responded that they had used Emergency Departments in the past year, including 45% of respondents who identified Highland Hospital ED as a source of medical care. ED utilizers averaged 3.5 ED visits per year, and 34% of ED visitors reported no visits to other medical clinics during the year.
>
> **Frequent Hospitalizations**: Almost 30% of respondents reported hospitalization within the past year, averaging 3.4 times, and 34% of them reported no visits to other medical clinics during the year.
>
> **Poor Utilization of Primary Care Health Homes:** 45% of respondents reported no visits to community, outpatient or primary care clinics. 23% said that they use the HCH van or Abode HOPE clinic services, and a small number used free clinics or the VA.

Many Barriers to Care Reported: Respondents reported barriers to dental, primary care, substance use and mental health care, frequently citing lack of transportation, inability to pay, dissatisfaction with providers, long waits, and other barriers to care.

Frequent Health Problems: 96% of respondent reported some sort of health problems. Dental problems were most common, followed by hypertension, optometry and foot care needs. In almost all categories, health problems were reported at a much higher rate than housed population.

Concurrent Mental Health and Substance Use: Almost a third reported mental health problems and one in five reported drug problems and one in five reported alcohol problems. Of those who reported a mental illness, almost 40% reported a concurrent drug use problem. Of those reporting drug problems, 56% reported a concurrent mental illness.

Self Reported Needs: Not surprisingly the overwhelming need was for housing and housing assistance, marked by 72% of the respondents. Other highly rated needs were dental care, access to food, medical care, transportation and clothing, mental health counseling, case management, substance abuse treatment, job help and cell phones.

Findings are detailed in **Appendix 2**.

Chapter 7:
Findings: Stakeholder Interviews

We know that the causes of homelessness are based primarily on structural factors: a lack of affordable, adequate housing, combining with economic, health and social disparities -- in other words, a safety net that permits millions of persons to fall to the streets. Our common goal is to build a stronger safety net that ensures housing and health care for all. At the same time, our common efforts to improve the health of persons experiencing homelessness mean work on an individual patient level to stabilize mental health, substance use, acute and chronic health issues, income, legal and family problems.

At least 200 different entities (governmental and community) provide some sort of services to persons experiencing homelessness in Alameda County, in at least 370 locations throughout the county. It is critical to hear the voices of those who provide services and advocate for the needs of persons experiencing homelessness.

Stakeholder Interviews:

A series of stakeholder interviews was carried out by HCH staff in October-November 2014. In-depth interviews were carried out with 15 homeless health and services providers throughout the county[53]. Stakeholders were given a standard list of questions and invited to share impressions. Findings are shared below and are incorporated into our recommendations.

Overall findings from these interviews support a perception of fragmented homeless support services and a need for more coordination of homeless services throughout Alameda County. Key findings around this issue include:

- Barriers in coordinating on patient care across the system of care, from hospital admittance, care and discharge, to services in income and benefits, legal assistance, criminal justice, shelter, and especially permanent housing.
- Lack of communication between major systems around patient costs and utilization, especially critical around vulnerable and costly high utilizer patients who need extra coordination.
- Providers described an environment in which homeless providers must be an expert at multiple systems -- often without adequate training -- to provide a range of critical services for an ever-changing number of clients, lacking the bandwidth to follow complicated patients through complex systems in a timely manner.

Other key needs frequently expressed by providers included:

- The need for more dedicated housing stock; Improved training and capacity for mental health services integrated in case management;
- Health care and housing for homeless persons with high needs or serious mental health disorders;
- Substance use services, including expanded medical-model and evidence-based treatment options;
- Integration of more housing coordination into homeless services;
- Lack of sufficient respite care and hospital discharge resources.

[53] List of all stakeholders interviewed.

- The need for expanded outreach for hard-to-reach street homeless, along with expanded linkages between street outreach providers and housing and system of care.

Finally, while stakeholders lauded HealthPAC and the County's implementation of the Affordable Care Act, there was a consensus that delays in access to primary care, dental, mental health and substance use treatment is still a huge barrier for persons experiencing homelessness. Especially noted was the difficulty that newly-eligible homeless persons have in accessing much-needed dental care.

Chapter 8:
Recommendations and HCH Program Priorities

Countywide data collected by Alameda County Health Care for the Homeless Program supports national findings that persons experiencing homelessness have much higher premature morbidity and mortality than the rest of the population, with higher rates of chronic diseases, mental disorders, substance use, communicable diseases and functional and behavioral impairments than the housed population.

Because of high levels of serious health conditions among the population of persons experiencing homelessness, and the high costs of uncoordinated treatment, there is an urgent need to address both the health care needs of persons experiencing homelessness, improve coordination of care and resources, while working to address and mediate the underlying reasons for homelessness.

Recommendations

1. **Expand availability of Housing First-based permanent housing for persons experiencing both episodic and chronic homelessness, with housing coordination located throughout the system of care throughout all regions of Alameda County.**

   The premise of Housing First is that housing will: improve the health and social status of a person experiencing homelessness, improve their use of primary care and outpatient services, and reduce their utilization of hospitals, jails and emergency services, thereby reducing costs[54]. Housing must be a first-line response to the personal health problems of homeless individuals. The creation of additional affordable housing must be understood as a critical public health responsibility, to correct health disparities, control of communicable disease and for efficient and effective health care planning and spending. The Alameda County Public Health Department has long understood the role of housing as a determinant of health, and has played an historic role in developing and enforcing housing standards. The health effects of modern homelessness demand that the County renew and broaden its advocacy role to insist that affordable housing is a necessary prerequisite to eliminate homelessness.

2. **Ensure that dedicated access to health care services specific to persons experiencing homelessness is expanded at primary care, mental health, dental, substance use and benefits programs throughout the county.**

   Even with expanded Medi-cal enrollment, a key finding of the HCH patient survey is that persons experiencing homelessness report delays in accessing critical care services like primary care, dental, mental health, substance use and specialty care services. Health system constraints and provider limitations prevent most clinical providers from providing the comprehensive, patient-centered care that persons experiencing homelessness require. Primary health-care services specifically tailored to homeless individuals have been shown to be more effective than standard care and are more likely to achieve higher quality of outcomes[55]. Examples of dedicated homeless health care include the HCH TRUST Clinic, HCH mobile dental case management, and comprehensive care provided at the AHS HOPE Clinic, and same-day clinical access at AHS's Same Day Clinic.

[54] http://www.nhchc.org/wp-content/uploads/2011/10/Housing-is-Health-Care.pdf
[55] http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61133-8.pdf

3. **Expand care coordination throughout the system of care, including hospitals, emergency departments, social services, criminal justice, housing providers, mental health, substance use treatment, etc. In addition to coordination of care, it is critical to track and account for costs (and cost savings) related to care of persons experiencing homelessness.**

   There is a great need to identify vulnerable and high-risk individuals, many of whom are high utilizers of certain types of care. Current care systems are siloed, providers are unaware of others working with patients There is a need to track vulnerable individuals, measure their system usage and the effectiveness of their care, and understand both costs, and cost savings, on an per-user basis.

   A tremendous initiative to share information across systems is San Francisco Department of Public Health's Coordinated Care Management System[56]. This unified data sharing system links together human services providers, housing providers, heath care including hospitals, clinics, long term care, outreach, mental health and substance use, public health, emergency medical services and private hospitals, clinics and programs. This approach must be multidisciplinary, collaborative and coordinated, and include families, patients and providers to engage clients and coordinate care planning.

4. **Expand Permanent Supportive Housing combined with appropriate Critical Time Intervention and Assertive Community Treatment for persons with high needs (especially aging, vulnerable behavioral health, and chronically ill populations).**

   Permanent supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. PSH is a proven, efficient way to address homelessness by helping people who face the most complex challenges, such as mental illness, chemical dependency, and HIV/AIDS, become stably housed[57]. While some persons experiencing episodic homelessness may need a "light touch" i.e., linkages to housing, resources and services, it is important to identify and provide for those who will need more intensive, long-term care and support, to reduce debilitating and costly chronic homelessness.

5. **Expand coordinated street outreach services to identify and support vulnerable unsheltered persons living in streets, encampments, cars, etc.**

   There are currently only a handful of dedicated homeless outreach workers covering the entire county. A strong model of homeless outreach involved dedicated staff, providing geographically coordinated outreach services, identifying and engaging with vulnerable hard-to-reach persons, to provide or facilitate site-based services (medical, mental health and substance use) and linkages to permanent housing. These outreach staff perform important public health roles, for example during extreme weather, natural disasters or in disease outbreaks. ACHCHP is currently working to develop a street medicine outreach team based on successful models in Pittsburg,[58] and Santa Clara.[59] A countywide system of best practice in terms of homeless outreach can be found in Philadelphia, with well-coordinated homeless outreach, crisis services, safe havens and cafes, housing first teams, and cold weather responses[60].

[56] http://caph.org/wp-content/uploads/2014/12/Whole-Person-Care_Target-Population_Martinez_PPT-and-Handout.pdf
[57] http://www.cnhed.org/blog/2011/11/permanent-supportive-housing-a-cost-effective-alternative-in-the-district-of-columbia/
[58] http://www.pmhs.org/operation-safety-net/
[59] http://www.scvmc.org/services/homeless/Pages/services-programs.aspx
[60] http://dbhids.us/homeless-services/

6. **Expand countywide training approaches to develop the capacity of homeless programs and staff to implement and provide evidence-based practices (EBPs) and emerging best practices in the field of homeless health care and housing services.**

   A well-trained workforce equipped to implement evidence-based practices (EBPs) is a critical component of preventing and ending homelessness. While there has been an increasing emphasis on implementing EBPs in homeless service settings, a gap persists between research and practice. The most important clinical and social work is done in settings (clinics, shelters, streets) where demand for services is great, resources are scarce, and access to training is limited. There is a pressing need to identify feasible training approaches that can enhance providers' capacity to implement empirically-supported approaches. Examples of homeless-related EBPs mentioned in stakeholder interviews include: Motivational Interviewing, Trauma Informed Care, Medical Respite, Integrated Dual Disorders Treatment, Trauma-Focused Cognitive Behavioral Therapy, and Harm Reduction.

7. **Introduce targets relating to the health of homeless persons in local health plans, including financial targets to support programs addressing homelessness in medical and behavioral care**.

   Providing clinical health care for homeless individuals requires a special skill set not routinely taught in public health, public administration or in medical schools. Major funders of countywide health care services, such as the County, the CHCN and HMOs such as Alameda Alliance for Health and Anthem Blue Cross should take steps to ensure that appropriate benchmarks for homeless care are established and met, including standards for timely access to care, screening for homelessness and housing precarity, and standards for development of engagement, interpersonal relationships and peer support, integration into community resources, appropriate clinical care and advocacy activities.

HCH Program Priorities

1. **Expand access to care for persons experiencing homelessness:**

   Expand homeless access to dental services. Contracting for dental care, especially for high-need patients, combined with dental case management. Evaluate effectiveness of current dental contracting. Partner with AHS for expanded access at HGH dental clinics and exploration of mobile dental services to expand screening and preventative dental care. Coordinate and advocate with HealthPAC for expansion of dental services. Partner with key community providers to monitor access and quality of dental care for persons experiencing homelessness.

   Expand homeless access to Primary Care services in Hayward area. Persons experiencing homelessness in the Hayward and South Hayward area face poor access to primary care and dental services. A priority is to increase same-day and same-week homeless access to the new Hayward Wellness Center, improve coordination and access to care at Tiburcio Vasquez Health Center, increase coordination with are mobile clinic providers (HCH and HOPE van) and area homeless services providers.

2. **Integrate Housing and Care Coordination into HCH Services**

   TRUST Clinic: Open TRUST Clinic permanent site as part of HCH scope of services. Develop and carry out screening and linkage of disabled homeless from mobile clinic sites into TRUST Clinic services to provide ongoing comprehensive mental health, substance use, benefits and primary care services and expedite access to benefits for indigent disabled person.

AHS Care and Housing Coordination: Expand coordination and linkage between HCH social workers and outreach staff and AHS Homeless-focused Care Team for care coordination of homeless patients receiving services at AHS outpatient clinics and HCH mobile clinics.

County Housing Coordination: Expand coordination and linkage between HCH Program (management, social workers and outreach staff) with Alameda County Behavioral Health Care Services Housing Services Office, especially around Housing First initiatives such as Home Stretch, Welcome Home and Homes for Health.

3. Initiate Clinical and Care Coordination-based HCH-AHS Mobile Clinic services:

Implement mobile clinic services care team led clinically by Alameda Health System clinicians, integrating HCH social work, providing psychosocial assessment, housing and care coordination to patients served in mobile clinic setting. Goal care team is to supplement urgent acute and chronic care with ongoing care coordination (primary care homes, housing services coordination, access to behavioral health services).

4. Expand Outreach Services

Implement Street Medicine program to provide street-based clinical and care coordination outreach services to homeless persons on streets and encampments. Key partners will be contracted care providers, current outreach providers and community partners.

5. Better Incorporate Patient Voice into HCH Services

The HCH program will commit to improving patient input and feedback into HCH services, through carrying out annual client surveys and patient satisfaction questionnaires. Program will also strengthen consumer role in program governance.

Appendix 1:
Alameda County Homeless Health Care Resources

The Alameda County Health Care for the Homeless Program

The Alameda County Health Care for the Homeless Program is the primary service provider in the County for the population of persons experiencing homelessness, offering services at some 40 sites throughout Alameda County, at mobile clinic-based sites, HCH clinics, subcontractor clinic and community programs, and Alameda Health Systems outpatient clinics. **Figure 34** is a map of services delivery sites on the HCH Program federal scope of services:

Figure 34

The following is a more descriptive overview of the safety-net health care resources used by indigent, uninsured and homeless persons in Alameda County, both as part of the ACHCHP Scope of Services, and in the larger community. This table includes approximate numbers of persons served annually and wait times for services:

Health Program utilized by homeless persons	Type	Wait for enrollment / appt	# homeless treated / yr
Sites on the ACHCHP Scope of Services			
Alameda County Health Care for the Homeless Program	LHD-based HCH program, Mobile van visits 30 homeless sites; contracted health care and enabling services throughout County	Mobile clinic visits most sites on a monthly basis.	2,300
Alameda County Health Care for the Homeless TRUST Clinic	LHD-Based HCH program Clinic with behavioral health, case management and housing services,	2-6 mo wait on Social Services Agency "queue" for enrollment.	220
Alameda Health System Highland Hospital, Same Day, Eastmont, Hayward and Newark Clinics, (John George Psychiatric Pavilion, Fairmont Skilled Nursing and Physical Therapy not on HCHP Scope of Services).	Safety-net hospital, 5 subrecipient FQHC clinics, specialty care, dental, psychiatric hospital, long-term care, skilled nursing, emergency department.	2-4 months primary care; up to 6 months specialty care. Same Day appointments at HGH Same Day Clinic	•5000 homeless Outpatient •1100+ Hospitalized •2,500 homeless ED patients •1,500 homeless psychiatric hospitalizations
Axis Health Clinic, Livermore, Pleasanton	FQHC Clinic 2 sites in East County	2-3 months wait for new appointment	1100 patients
East Oakland Recovery Center	Community substance abuse recovery program. Contracted by ACHCHP.	No wait	1500 patients 2500 visits
La Clinica de la Raza, Oakland	FQHC + dental 2 sites. Dental and Optometry contracts with ACHCHP.	Wait of 1-3 months for new appointments	718 patients
Lifelong Medical Care, Berkeley & Oakland	FQHC + dental 5 sites. Primary Care and enabling svcs contracts with ACHCHP	2 month wait when enrolling new patients;	451 patients
On Site Dental Foundation, South County	Mobile dental service contracted by ACHCHP.	Weekly visits to ACHCHP shelter sites.	200 patients
Second Chance Recovery, Newark	Drug/Alcohol recovery contracts with ACHCHP	No wait for service	500 patients 3000 visits
Tri-City Health Center Fremont	FQHC primary care, 3 sites. Contracted by ACHCHP. Primary care provider for Abode HOPE mobile clinic.	1 month wait, same day drop ins available.	918
West Oakland Health Council, West Oakland and East Oakland	FQHC 2 sites. Contracted by ACHCHP.	2 month wait	723
County and Community-Based Homeless Health Care Services			
Alameda County HealthPAC	Persons below 200% FPL who are not eligible for Medi-Cal enrollment.	Indigent primary and behavioral coverage (1115 Waiver). 1 month wait for enrollment.	All uninsured homeless are eligible. Approximately 39,000 persons

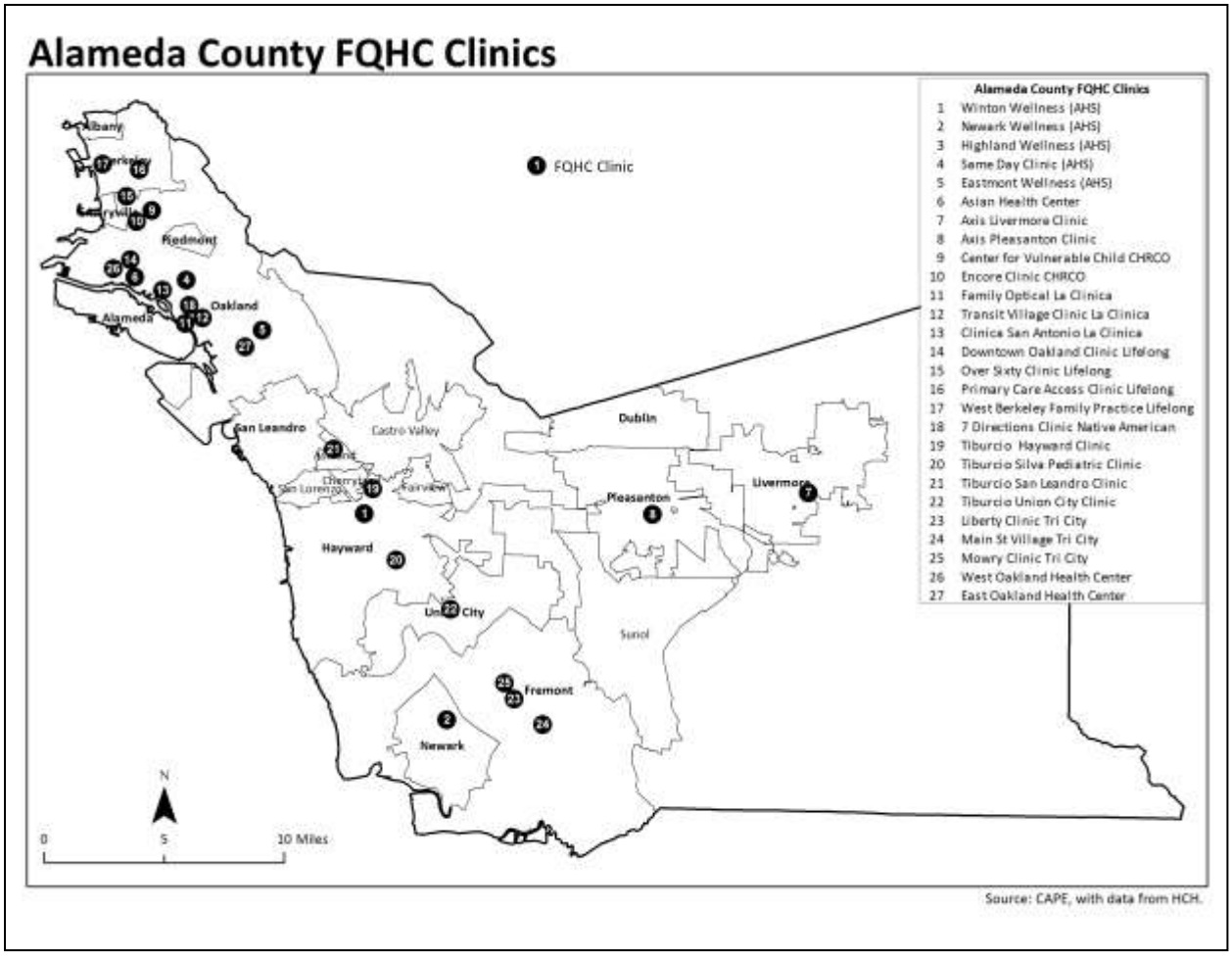
			enrolled.
Alameda Alliance for Health	County nonprofit HMO serving most low-income Medi-Cal recipients.	Primary Care, Specialty Care, Mental Health – Medicaid (Medi-Cal) provider	Persons on Medicaid/ Medi-Cal
Asian Health Services, Oakland	FQHC Clinic sites	2 months next appointment; no homeless services	14
Alameda County Behavioral Health Care Services Agency	Mental Health Service Sites throughout County; Mobile Crisis Unit; ACCESS phone. Subcontracted MH services and D/A services	Severe Persistently Mentally Ill persons only in Service Teams.	1,507 homeless treated for BH 2,005 homeless treated for D/A
Berkeley Mental Health	(Berkeley) Mental Health Services	Severe Persistently Mentally Ill persons only	750 year
Children's Hospital	FQHC clinical and hospital care for children experiencing homelessness	Children	3,500
Dental	Alameda County Medical Center Dental Clinic	Safety net County dental provider. 1-3month wait for appointments or drop-in. Episodic only.	700
Dental	4 FQHC dental: WOHC, Lifelong, La Clinica, Native American Heath Center, Tiburcio Vasquez.	Dental services, Clinic patients only; long waits for Medi-Cal covered dental services, no services for uninsured.	300
Free Clinics	Berkeley Free Clinic, RotaCare, Malta Clinic, Suitcase, Ashland, Street Level	Very limited Primary Care, dental, volunteer services. Lotteries for high-need services	Unknown.
Full Service Partnerships (service-enriched housing partnerships)	MHSA funds	Scattered sites, case management, Lifelong. All wait lists closed	2,400 units in County; 100-300 slots available annually
Healthy Oakland – Healthy Communities Clinic	Non-FQHC nonprofit community clinic	Homeless and re-entry primary care services no wait	Unk
HOPE Van – Abode Housing Fremont	Mobile clinic homeless in South County. Street outreach services in South County	4 South County mobile clinic sites, outreach efforts, collaboration Tri-City Health Center	900 patients, 2,264 mobile clinic visits 2,060 outreach encounters
Juvenile Justice Center	Youth inmates	Primary Care and Mental Health	Unknown
Methadone and Harm Reduction Programs	4 methadone programs; four needle exchanges, HIV harm reduction outreach.	Not County-funded, self-pay or Medicaid,	-
Native American Health Center Oakland	FQHC + dental 2 sites	1-3 month when enrolling new patients	90
Outpatient recovery Programs	6 longer term outpatient recovery programs	Dual Diagnosis Many inaccessible to uninsured	-
Prison Health Care Services	Santa Rita Jail and Oakland Jail	Primary Care and Mental Health	-

Residential Recovery Programs in Alameda County	16 residential recovery programs ; 1 detox, 311 beds on any given night	Much greater demand for recovery services: Wait up to 6 months	-
Tiburcio Vasquez Health Center Hayward	FQHC 2 sites	2-4 month wait when enrolling new patients	105

FQHC Clinics

There are currently nine Federally Qualified Health Centers operating in 33 locations throughout Alameda County, all of whom provide some levels of health services to persons experiencing homelessness. In addition to these permanent sites, there are also 27 School Based Health satellite clinics operating in Alameda County. **Figure 35** is a map of the major permanent FQHC clinic sites in Alameda County:

Figure 35

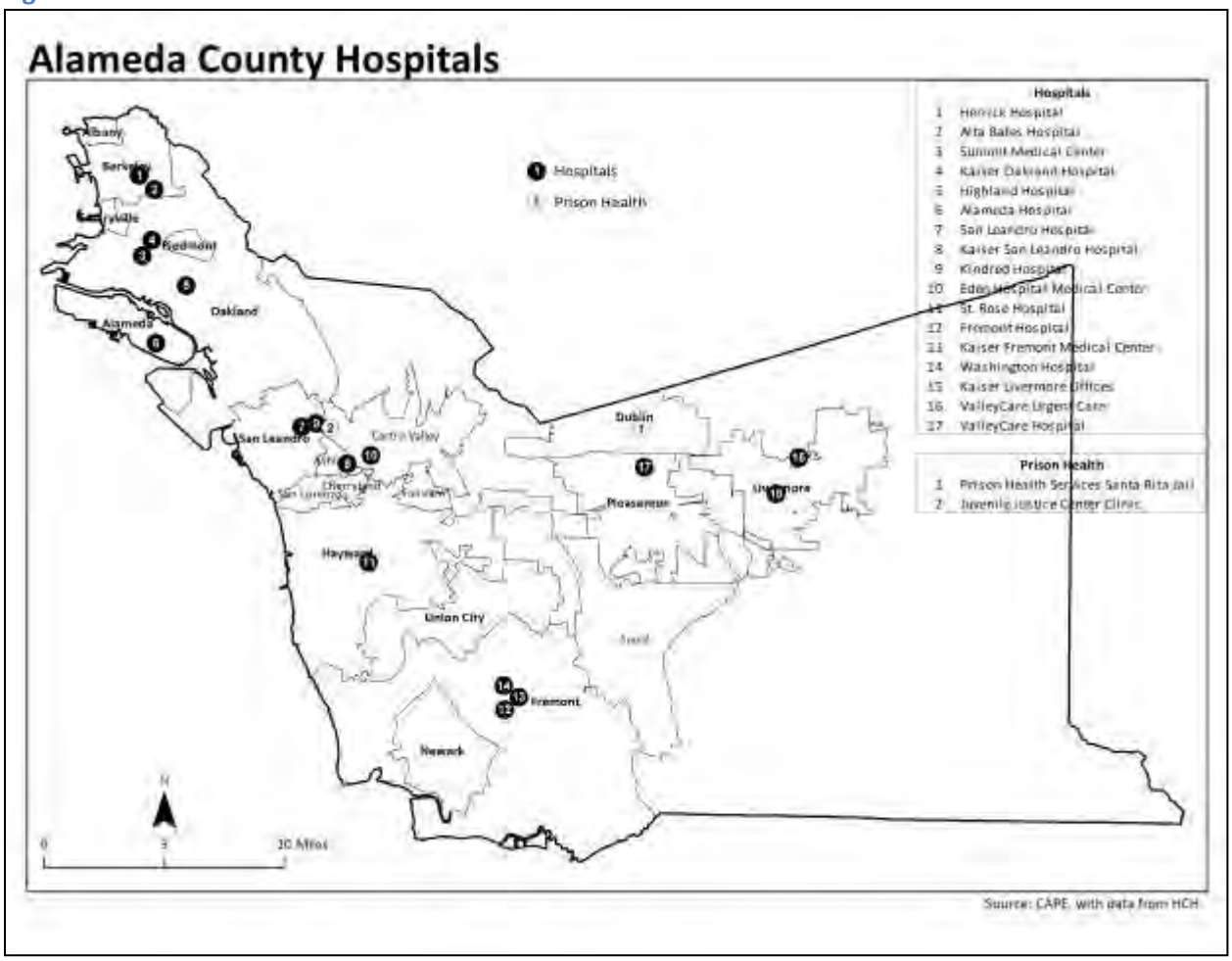


Hospitals:

There are seventeen hospitals serving Alameda County, including emergency departments at twelve hospitals. Health services are provided at two jails in Alameda County, for adults at Santa Rita jail in

Dublin and for minors at the Juvenile Justice Center in San Leandro. Overall, there are 2,969 hospital beds at 21 facilities, as well as 383 skilled nursing beds in Alameda County, with 107,000 total hospital discharges annually. **Figure 36** is a map of Alameda County hospitals with some utilization by persons experiencing homelessness:

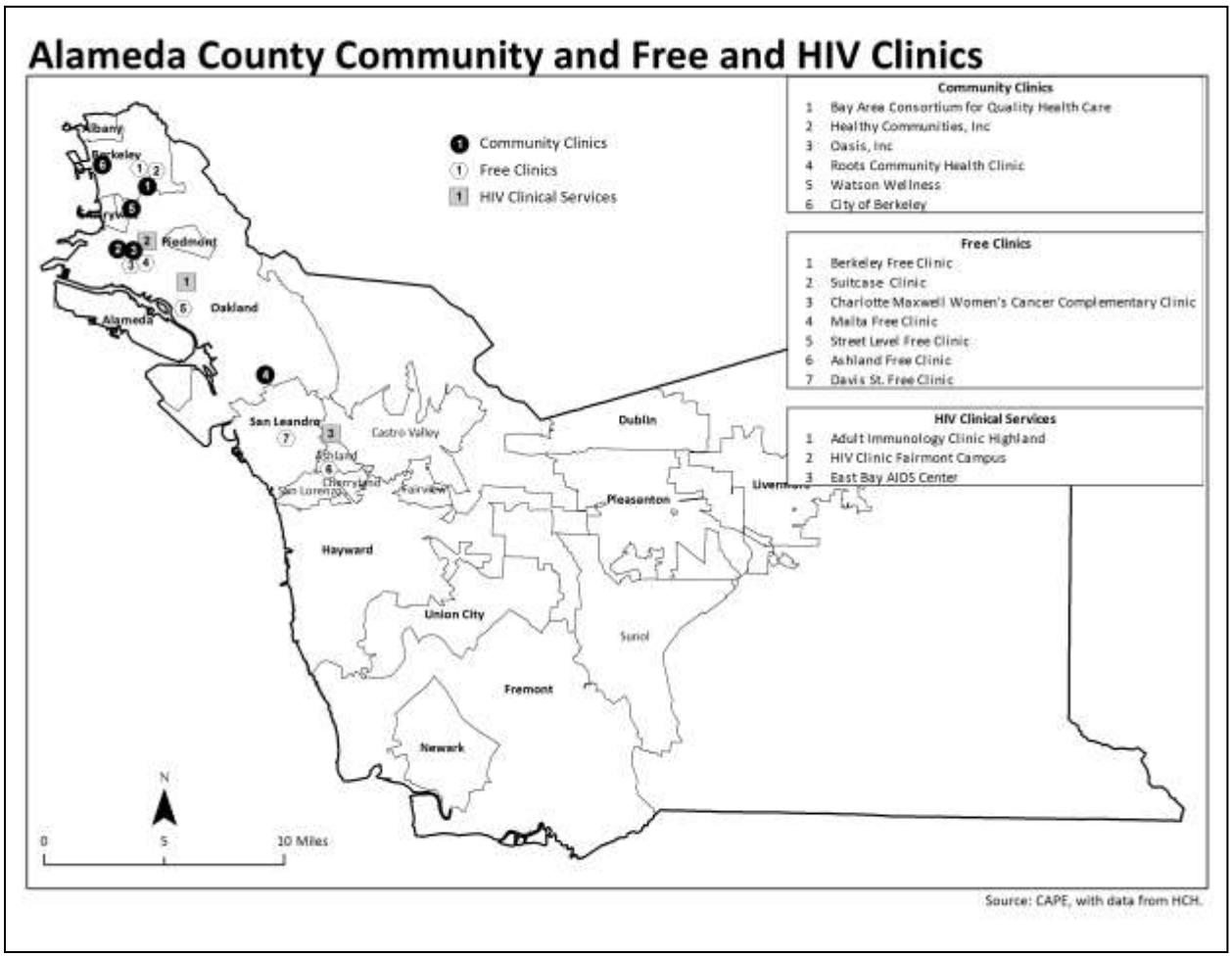
Figure 36



HIV Clinics, Free Clinics and Community Clinics:

There are seven free clinics providing clinical care to uninsured persons including those experiencing homelessness in Alameda County, however none in the Tri Valley (east) County, and none south of Hayward. There are also several community clinics that serve a low-income population or that provide specialty services such as hepatitis care. Finally, safety net HIV clinical care is provided in four HIV clinics, in addition to other community clinics and private providers (**Figure 37**)

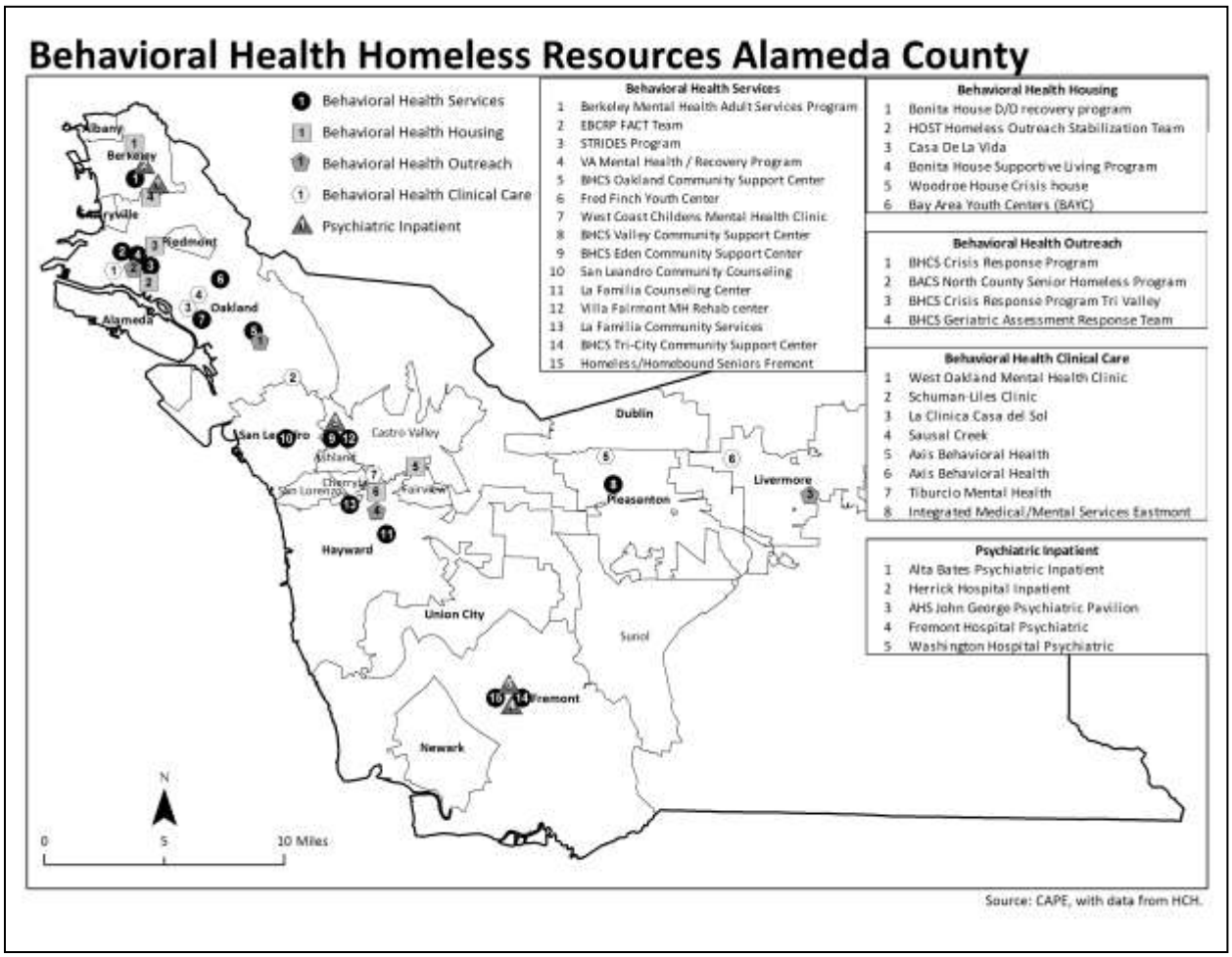
Figure 37



Behavioral Health Resources for Homeless Persons:

Out of the 52,470 persons treated for mental health conditions by the Alameda County department of Behavioral Health Care Services, at least 2,019 were screened as homeless, however, this is surely a great undercount, as 17,065 were counted as "unknown." Behavioral health services for homeless persons in Alameda County include 5 psychiatric inpatient hospitals, mental health clinics and integrated primary care/mental health clinics, a range of youth, adult and senior mental health services, adult support centers, outreach and supportive and group housing for persons with serious mental illnesses. These services are mapped on **Figure 38:**

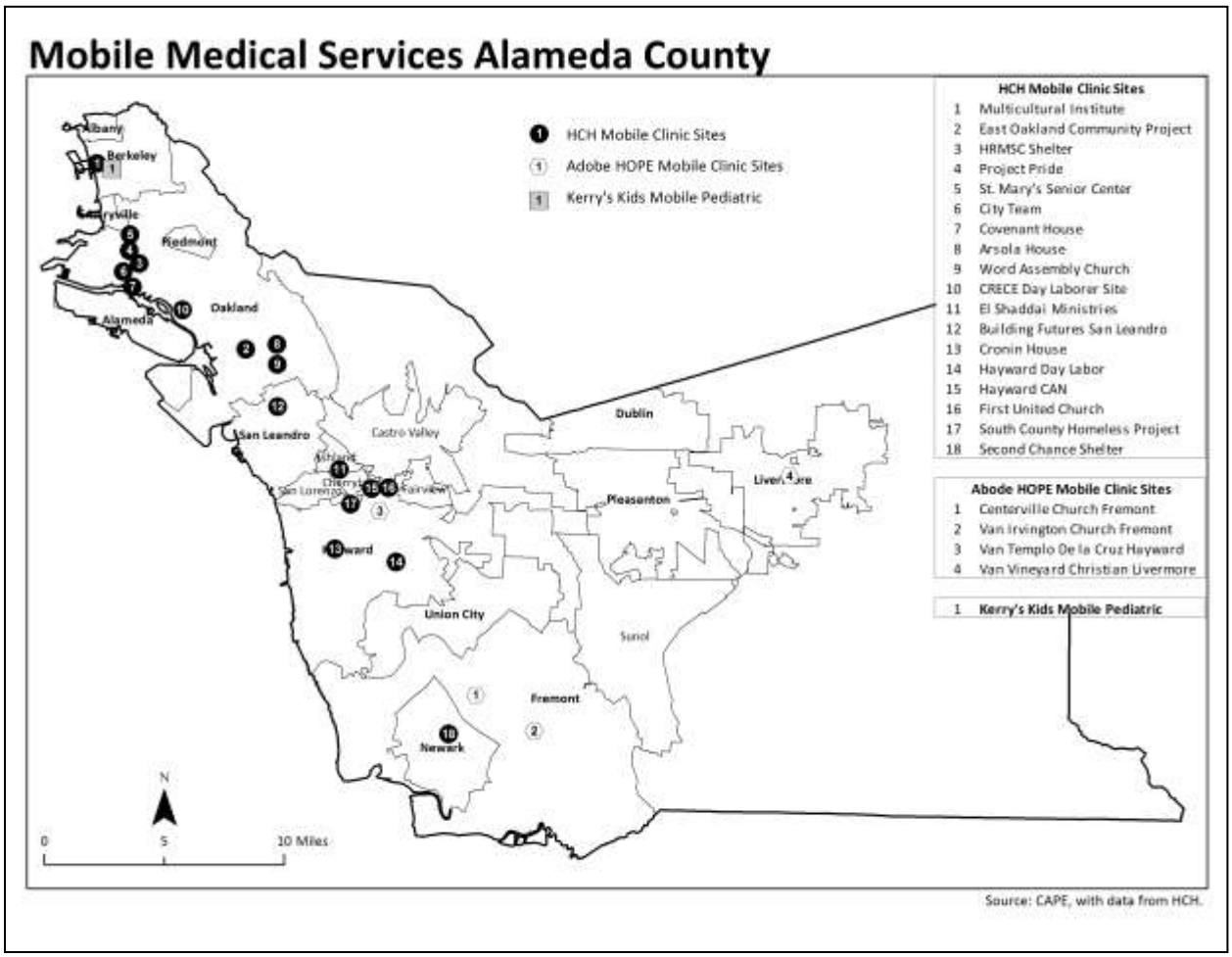
Figure 38



Mobile Medical Homeless Services:

In addition to the three organizations providing mobile clinical care (the HCH Program, Abode's HOPE Medical Clinic, the Kerry's Kids mobile pediatric clinic), mobile HIV prevention services such as Cal PEP provide some testing and referrals to homeless persons, and harm reduction services are provided to an injection drug-using population at sites in Oakland, Berkeley and Hayward. See **Figure 39**:

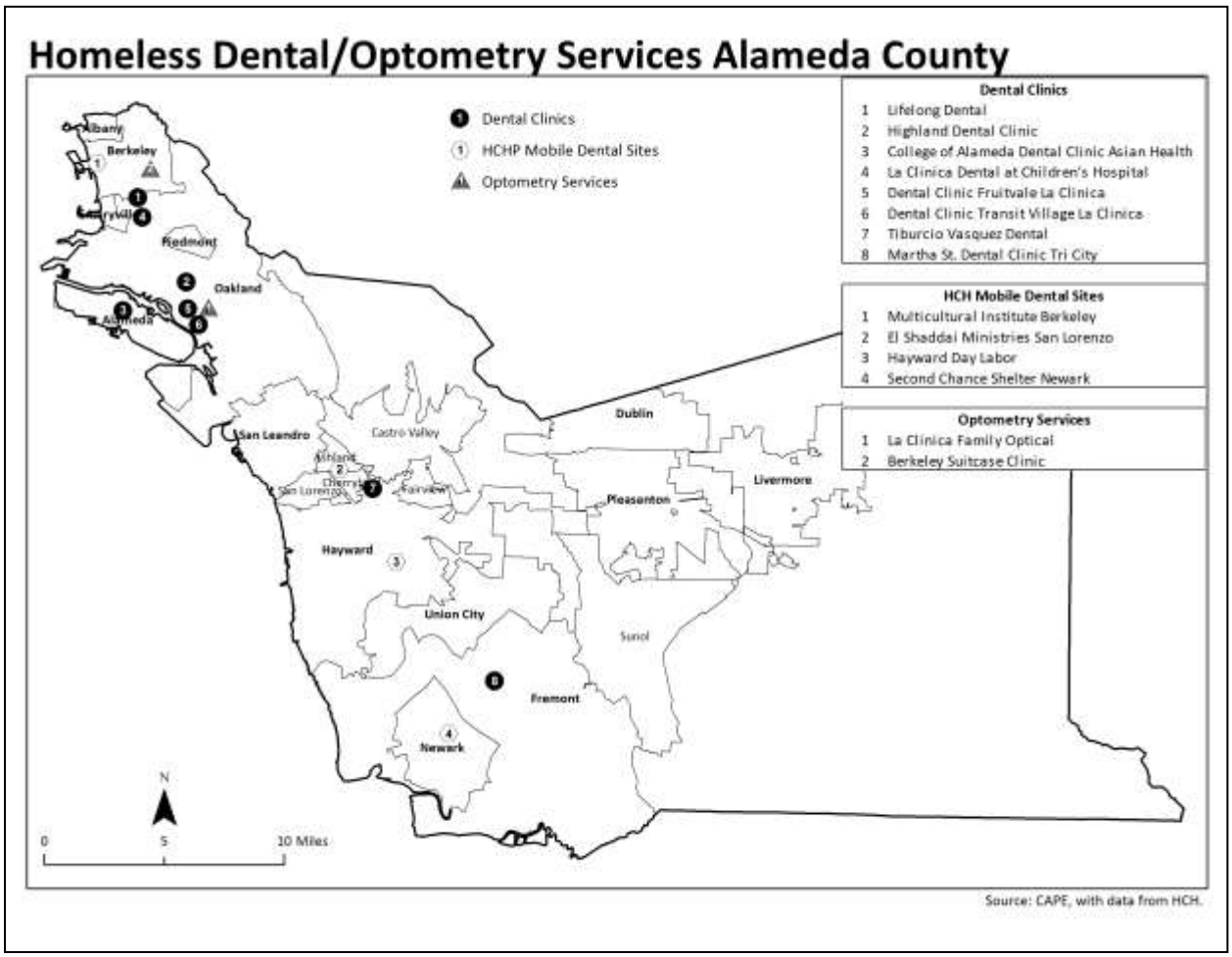
Figure 39



Dental Care/Optometry:

Figure 40 shows mobile dental services provided by the HCH Program at three sites in Alameda County, while safety net dental care is provided at the Highland Hospital dental clinic. Dental care is provided at five FQHC Clinics. Some limited dental services are provided by free clinics in Berkeley, Oakland and San Leandro. As of 2014, persons experiencing homelessness have had limited success (due to long waits) in accessing dental services at 50 dentists and clinics who are now accepting Denti-Cal. Optometry services are also a newly-returned Medi-Cal covered service, however glasses are not covered by Medi-Cal at the 58 optometrists currently accepting Medi-Cal. There are three sources of free optometry/glasses services, in Berkeley's Suitcase clinic and HCH Program subcontracts at La Clinica.

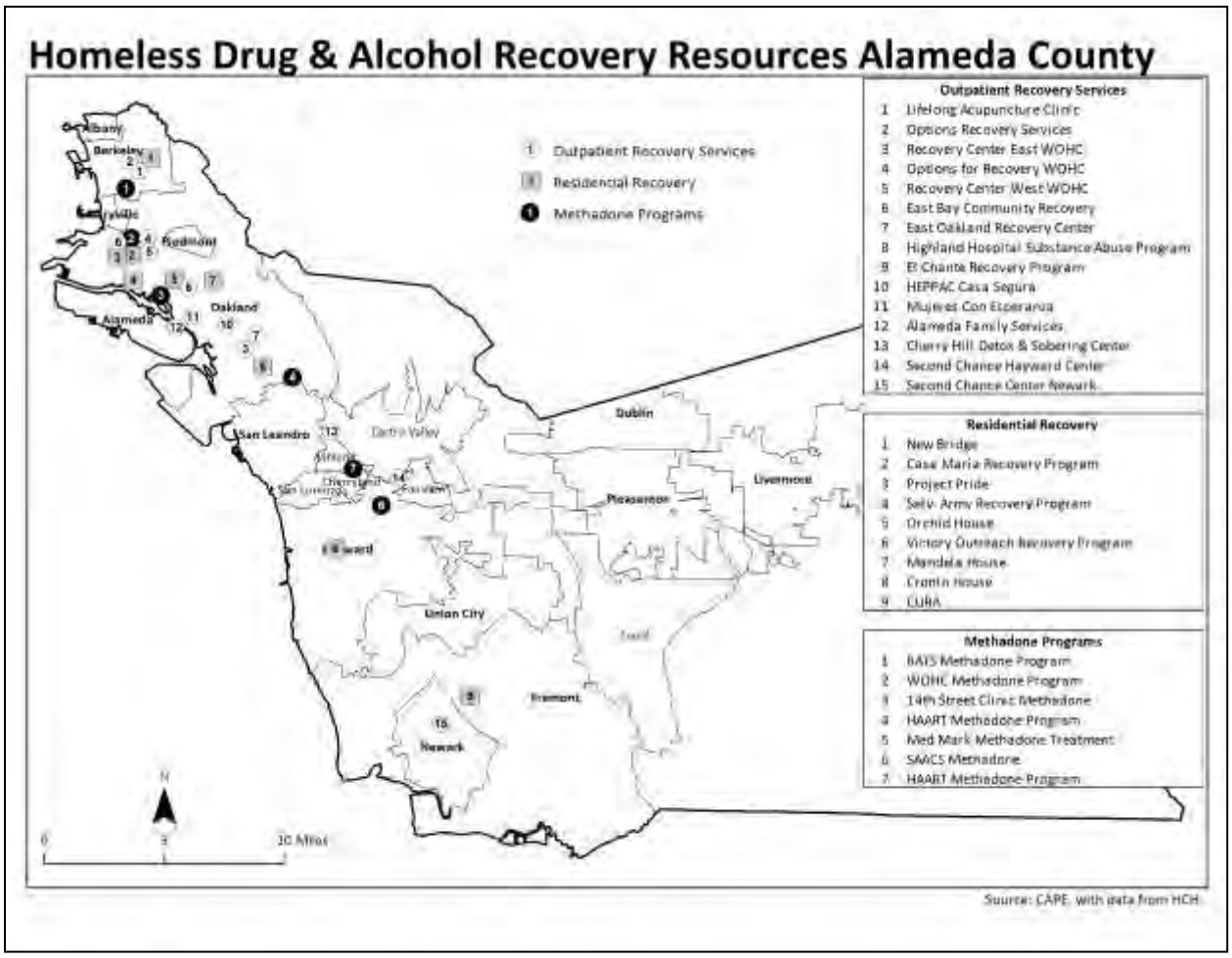
Figure 40



Drug/Alcohol Recovery and Treatment Services:

There are limited, and often hard to access drug and alcohol treatment and recovery services available to persons experiencing homelessness. These services, shown on **Figure 41,** can be grouped into four areas: detox/sobering centers; inpatient or residential drug/alcohol recovery facilities; outpatient and community recovery programs; and finally methadone programs for persons using opiates. In 2013, the HCH program provided drug/alcohol services to 1,128 persons experiencing homelessness, while the Alameda County Behavioral Health Care Services funded substance abuse services for at least 2,005 persons experiencing homelessness. Due to the scarcity of drug and alcohol services in the East County, Axis Community Health Center has recently expanded integrated drug and alcohol recovery services into primary care services available to homeless persons.

Figure 41



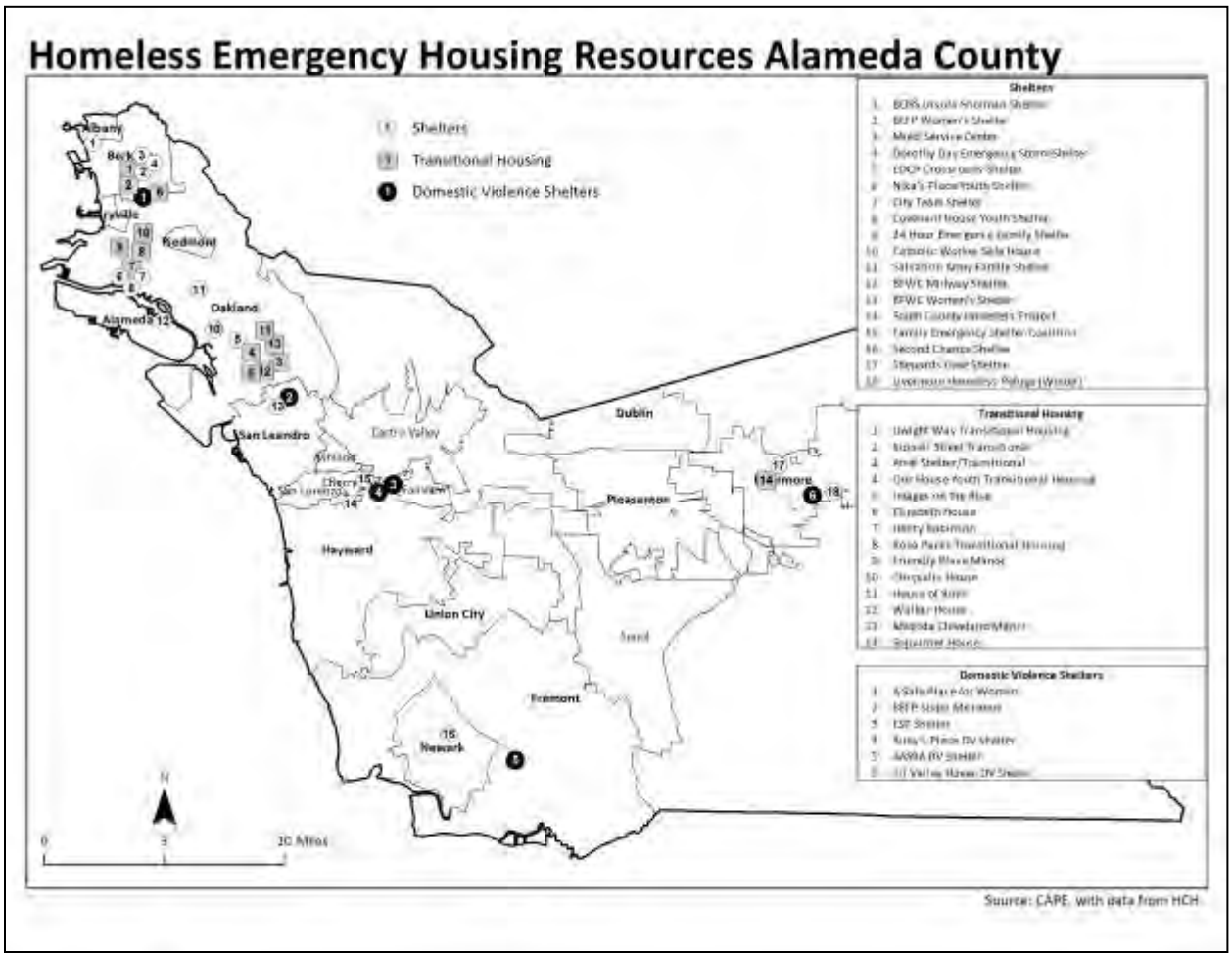
Emergency Shelter and Housing for Persons Experiencing Homelessness:

Currently, Alameda County currently has approximately 713 emergency shelter, and 1163 transitional housing units for the estimated 4,500 persons experiencing homelessness on any given night. During winter months, shelter capacity can be augmented by "warming stations" which open on rainy or cold nights in eight locations, providing up to 165 additional indoor cots or mats.

The number of emergency shelter beds has dropped by 35% from 2009, from 1,104 to 713 beds. This is due to cutbacks in transitional and emergency housing due to State and local budget cuts[61]. Transitional beds reduced from 1,274 to 1,163, a drop of 9%. There are currently 1,876 total beds in Alameda County, a drop of 21% from 2009's 2,378 beds. Consequently, the number of persons who are unsheltered has increased by 19% between 2009 and 2013. See **Figure 42** for shelter locations:

[61] Alameda County Emergency Solutions Grant funding was cut by 35% between 2012 and 2013, and strict limits imposed on the amount of ESG allocation which can be used for emergency shelters.

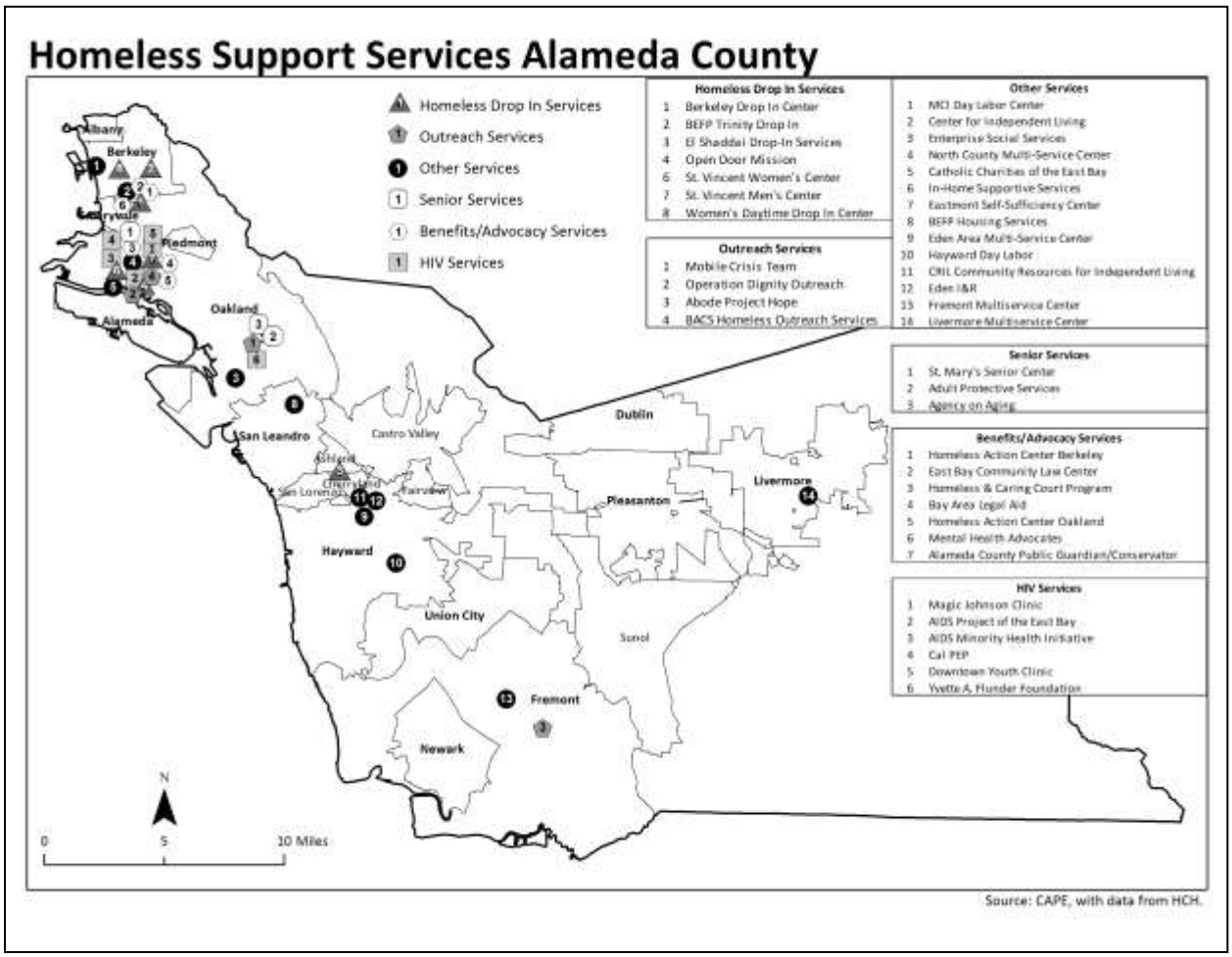
Figure 42



Support Services for Persons Experiencing Homeless

Some the services provided to persons experiencing homelessness include drop-in centers (all located in the North County region, except one in San Lorenzo); street outreach services (only four organizations providing this critical service); HIV support and prevention services; benefits advocacy services (mostly located in the North County region); and other services such as day laborer and immigrant services, disability services, senior services, etc. Please see **Figure 43** for a map of these services:

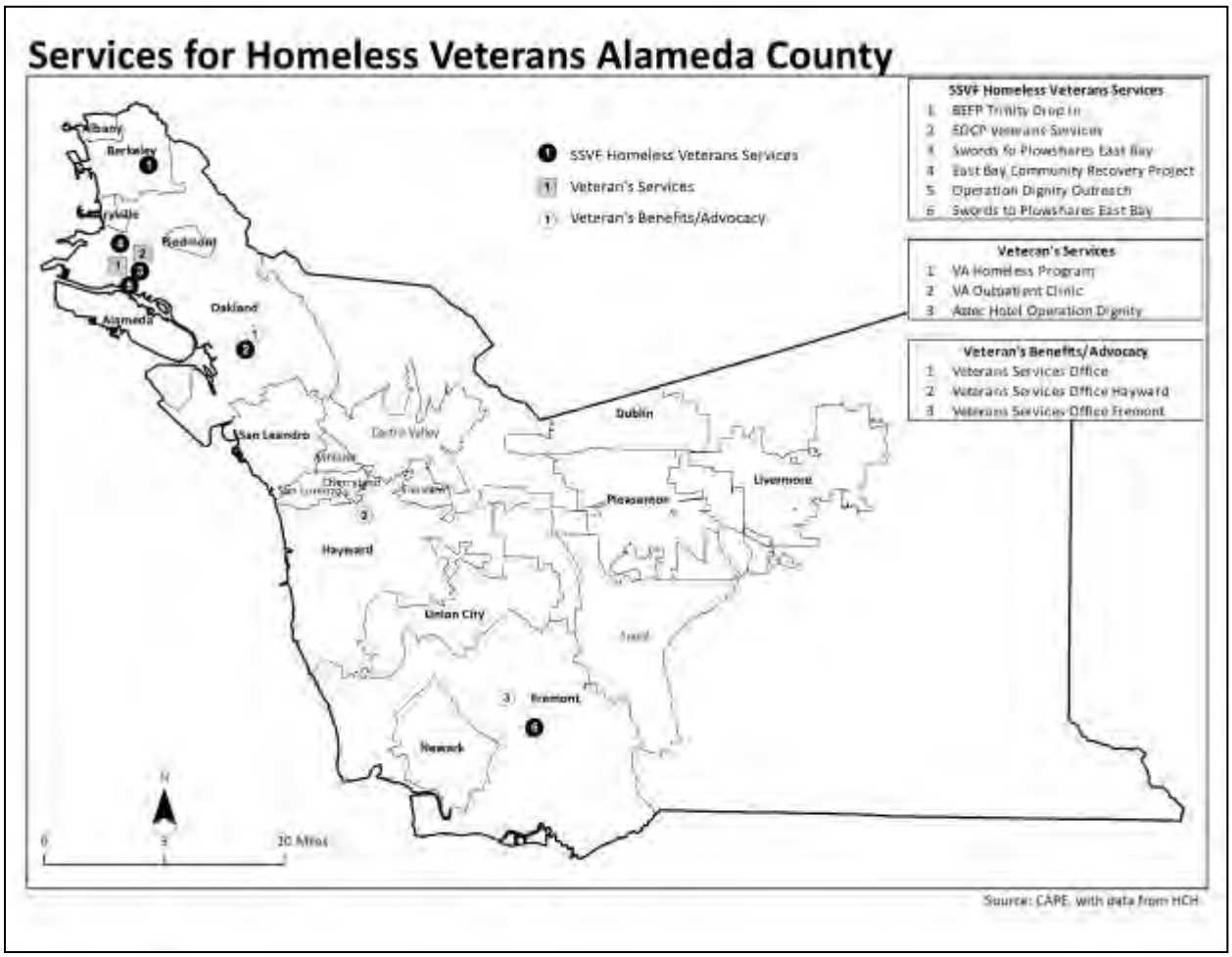
Figure 44



Services for Homeless Veterans:

Homeless veterans account for an estimated 9% of the persons receiving HMIS homeless services throughout Alameda County in 2013. A veteran who has received an honorable discharge could qualify for Support Services for Veterans Families and connect with services and housing by accessing one of the SSVF agencies, and can connect with the Veterans Administration for medical and mental health care. See **Figure 45**:

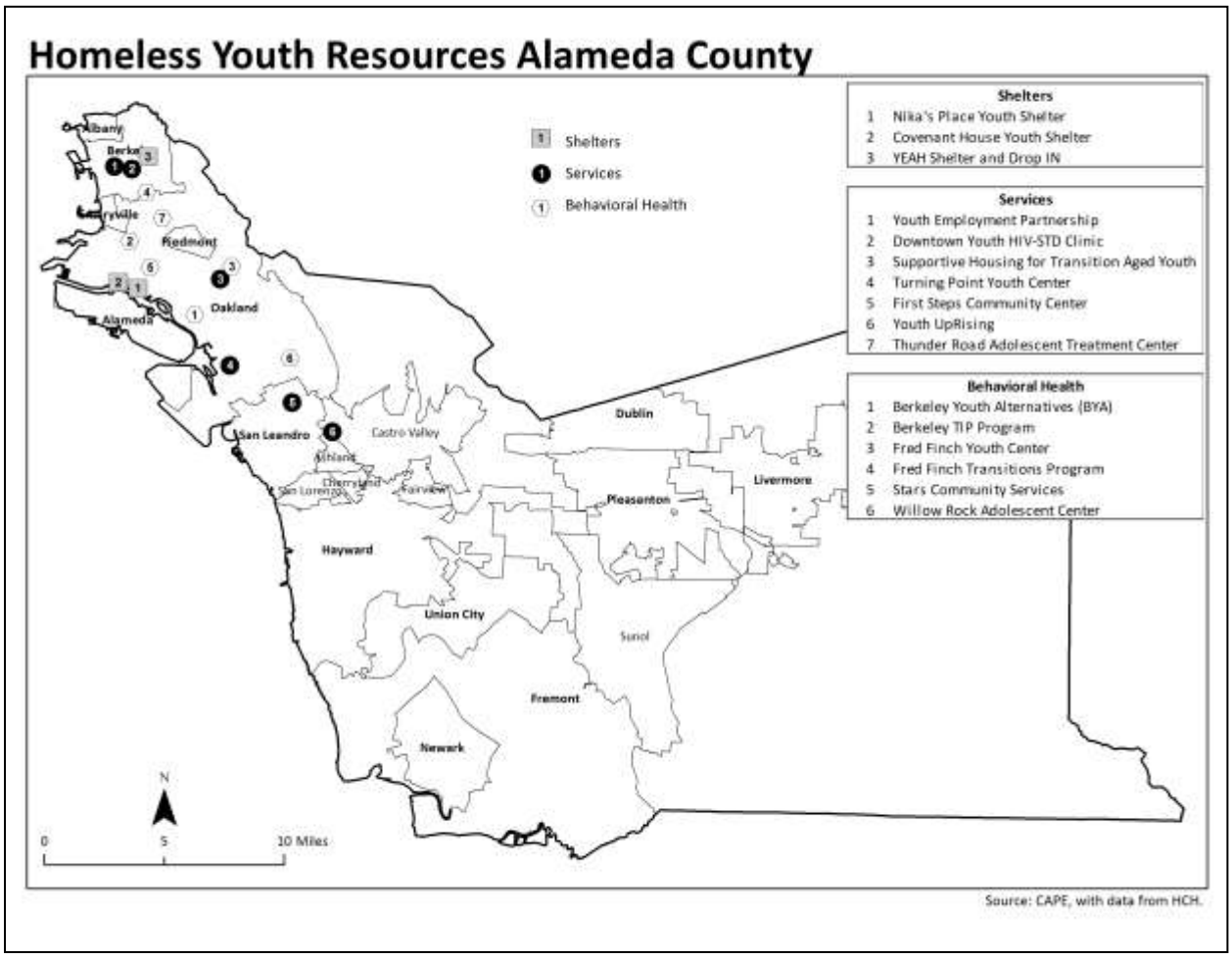
Figure 45



Services for Homeless Youth:

Unaccompanied transition age youth between ages 14 and 24 make up an estimated 10% of sheltered and unsheltered homeless, according to the 2013 Point In Time Count. Specialized services to try and meet the needs of this population are mapped on **Figure 46**:

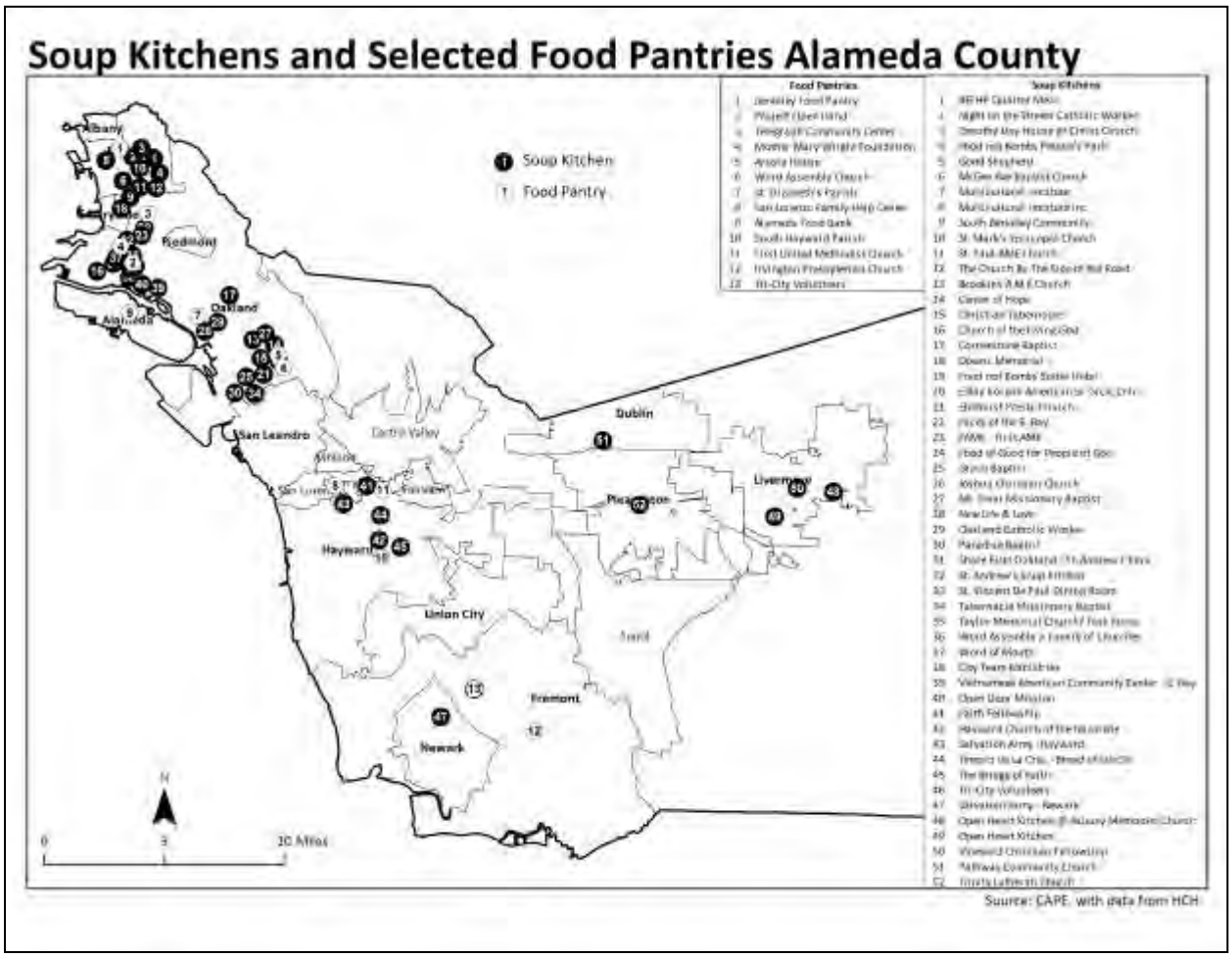
Figure 46



Meal Sites and Food Pantries for Persons Experiencing Homelessness

Most meal sites are sponsored by church groups, providing a meal weekly or monthly. A few larger sites, such as St. Vincent DePaul provide meals daily. Food programs and meal sites are concentrated more in the North County area, and are difficult to access in the southern and eastern reaches of Alameda County. Meal sites and food pantries are coordinated by the Alameda County Food bank, serving some 49,000 adults, children and seniors in Alameda county every week, annually serving one out every five county residents. **Figure 47** shows regular meal sites which can be accessed by persons experiencing homelessness. This map is not comprehensive in showing the food pantry sites used by persons experiencing homelessness:

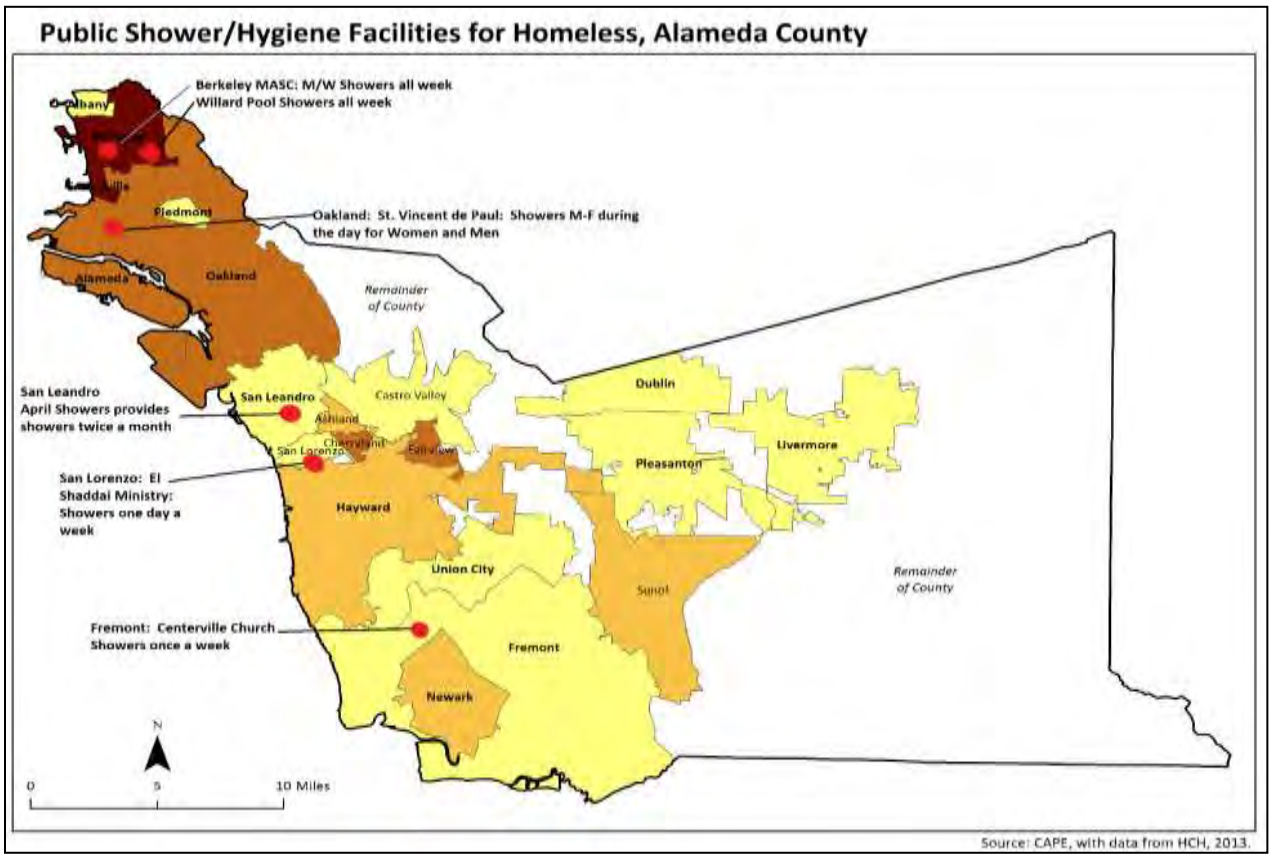
Figure 47



Homeless Hygiene: Toilets and Showers for Unsheltered Homeless:

The 2013 Point In Time count estimated at least 2,337 Alameda County residents living unsheltered, on the streets on a single night in January 2013. At least three thousand more persons were staying in shelters or sleeping informally (doubled up, couch surfing). For persons experiencing homelessness, access to hygiene facilities such as toilets and showers, is essential for human dignity and maintenance of personal and public health. However, **Figure 48** shows that hygiene facility access is extremely limited in Alameda County:

Figure 48



Showers: There are only six locations where unsheltered homeless persons can shower in the County, only four accessible in a daily basis, all four in the North county.

Toilets: The only city maintaining an inventory of toilets available to homeless persons is Berkeley. However even in Berkeley there are no 24-hour toilets available. This applies to all cities in Alameda County, as public park toilets are locked at night. The city of Hayward has only two public toilets in downtown, both of which are locked at night. In the absence of public toilets, homeless persons must attempt to use private businesses or are forced to defecate or urinate in public.

According to the Occupational Safety and Health Administration (OSHA) requirements[62] for restrooms in the workplace roughly equate to two restrooms for every forty employees. With 2,337 persons unsheltered at a single point in time, this would require a minimum of 60 accessible public restrooms throughout the County. Investment in public restrooms to meet the needs of the homeless population and the public in general are being carried out in several cities, including San Francisco, Denver, Portland. Such measures help homeless individuals meet their basic needs, improve public and personal health, and alleviate the strain on libraries and private businesses, and on law enforcement officers who ticket people who are homeless for public defecation or urination.

[62] 2013, Occupational Safety and Health Administration, "Code of Federal Regulations, Title 29 Labor, § 1910.141 Sanitation." Although the County is not a "workplace," OSHA calculations are based on biological, health and safety needs appropriate for any concentration or population of individuals. Note that OSHA defines restrooms as necessarily including potable water.

Appendix 2:
Complete HCH Survey of Persons Experiencing Homelessness in Alameda County

HCH Patient Survey:

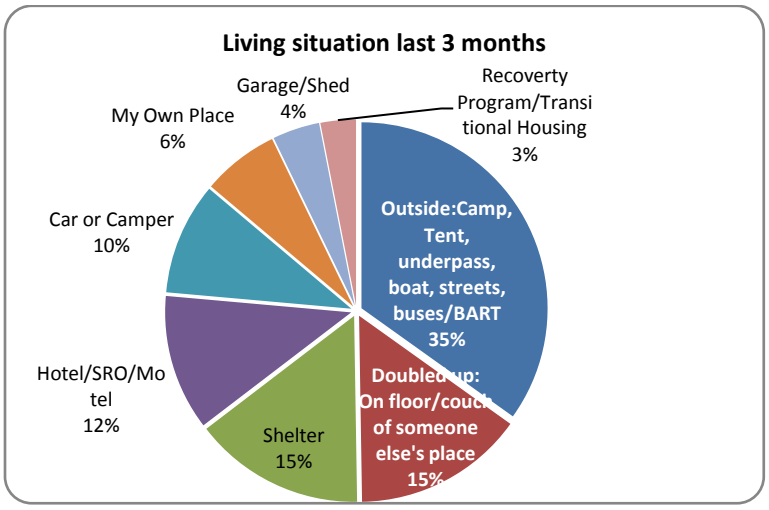
In September/October 2014, HCH staff and partners carried out a survey of persons both utilizing and not utilizing HCH services. A three page survey was given at HCH sites, at subcontractor sites, and in street/outreach settings, in Berkeley, Oakland, Hayward, San Leandro, and Newark. A total of 150 persons completed the survey.

Baseline profile of persons surveyed: Total 150 Persons Completed Survey	
Sex	*Men 77%* *Women 23%*
Race	*African American 34.5%* *White 32.4%* *Latino 20.7%* *Native American 6.2%* *Not filled out/other 6.2%*
Age	*Average age: 50* *Range 22 to 80 yrs old*
Length of time Homeless	*63% have been homeless 1 or more years.*
Source of Income	*71% have no income (GA, none, odd jobs, recycling). 5% have a job, and 33% have SSI, VA or a pension.*
Medical Insurance	*35% are uninsured (including those with HealthPAC indigent coverage).*
Length of Residency in Alameda County	*51% have lived in Alameda County all their lives. 36% have lived for over 5 years.*
Born in US?	Yes: 79% No: 21% (Guatemala, Mexico, Honduras, El Salvador)

Current living situation:

49% of the respondents lived outside, on the streets, in encampments, cars, garages, sheds, boats, and buses. 18% of respondents were staying in shelters, transitional housing or recovery programs, some 15% reported being doubled up, and 12% reported they were living in motels or in transient SRO hotels. A few respondents had their own place, either persons who had just moved in to housing, and folks who were doubled up but considered their shared quarters stable enough to be called “their own place.”
See Figure 19:

Figure 19



Length of homelessness/Residency in Alameda County

Source: HCH 2014

The majority of persons had been homeless at least 1 year, and a quarter of respondents had been homeless for over 5 years. 37% had been homeless less than a year. The majority of persons surveyed had lived in Alameda County all their lives. 3% had relocated within the past year. 11% had lived here between 1-5 years, 36% over five years, and 51% for their entire lives. **See Figures 20** and **21**:

Figure 20

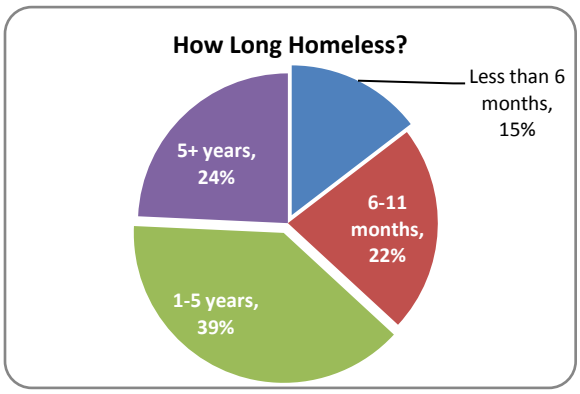
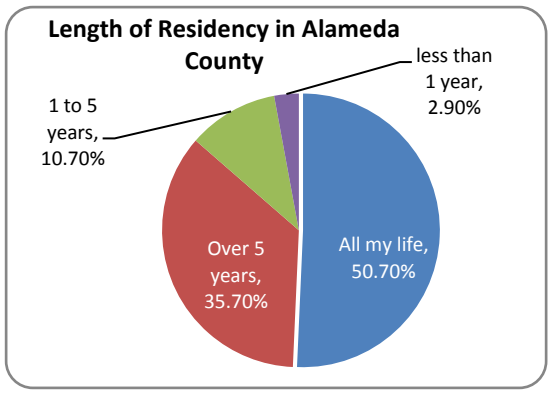


Figure 2

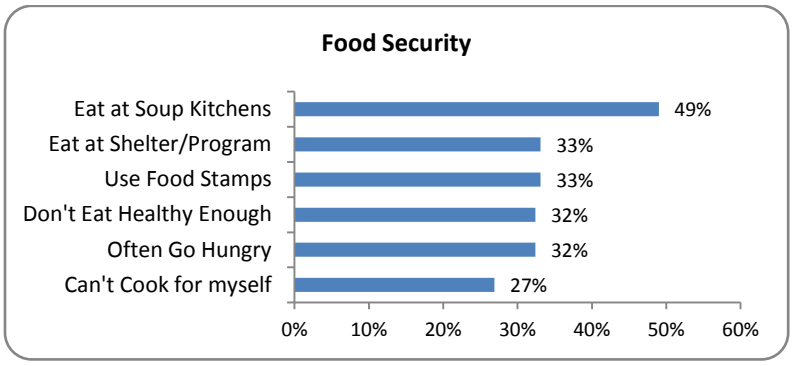


Source: HCH 2014

Food and Nourishment:

About half of the respondents said that they eat at soup kitchens and a third at shelters and transitional programs. Two-thirds did not receive any food stamps. Over a third reported that they feel like they do not eat healthy enough. Almost a third reported that they often go hungry, and 27% said they could not cook for themselves. About one in five reported that they managed to cook for themselves at least occasionally by sharing a kitchen, or improvising a cooking facility in a campsite or hotel room. A frequent comment of respondents regarded a lack of nutritious food in soup kitchens. **See Figure 22:**

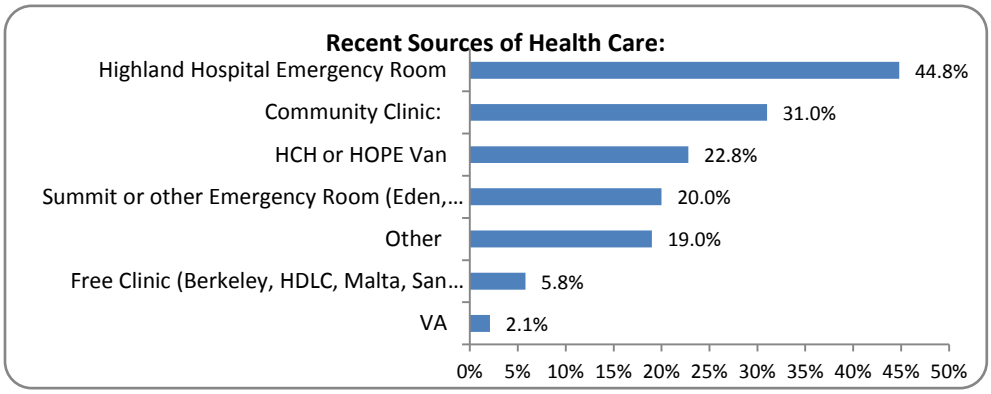
Figure 3



Sources of Health Care:

Respondents were asked where they have gone recently when they are sick or need health care. Almost 60% surveyed responded that they used Emergency Departments as a source of health care, including 45% of respondents who identified Highland Hospital ED as a source of medical care. Only 31% indicated that they utilize community clinics. 23% said that they use the HCH van or Abode HOPE clinic services, and a small number used free clinics or the VA. **See Figure 23**:

Figure 23



Source: HCH 2014

Recent Hospitalizations

29.4% of homeless respondents reported 1+ hospitalization visits in past year: Of those who did have at least one visit, the number of visits ranged between 1 and 20 visits, and average among those who did visit hospital was **3.4 visits**. 34.1% of those who reported a hospital visit in past year reported no visits to medical clinic in past year (14 persons). **See Figures 24** and **24**:

Figure 4

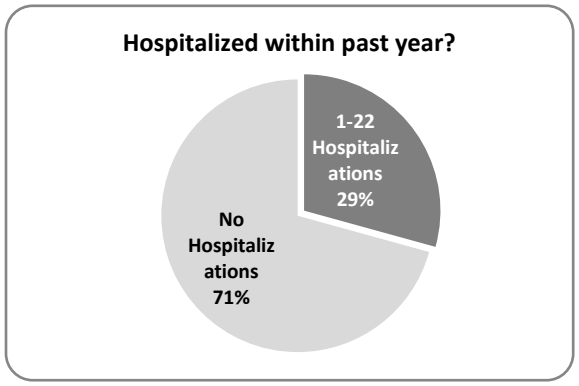
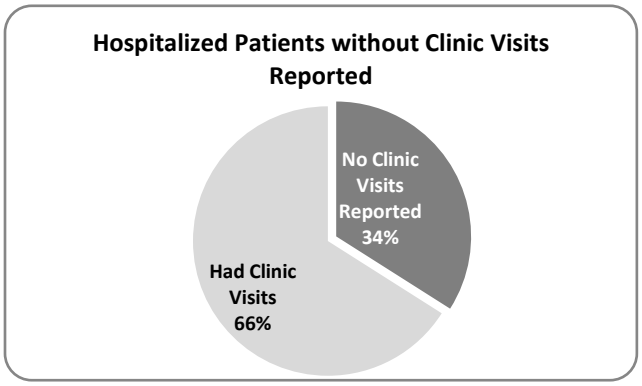


Figure 25



Source: HCH 2014

Recent Emergency Department Utilization:

61.7% reported 1+ ED visits in past year. Of those who did visit the ED, the number of visits ranged between 1 and 25 visits. The average among those with ED visits was **3.5 visits.** 34.1% of those who reported an ER visit in past year reported no visits to medical clinics in past year (38 persons). See **Figures 26** and **27**:

Figure 26

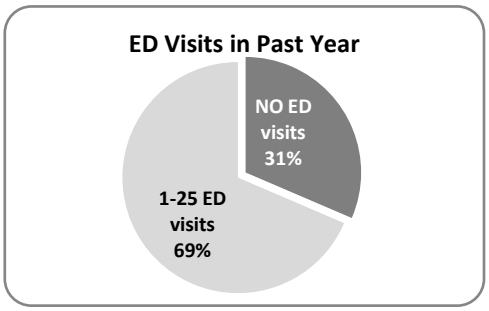
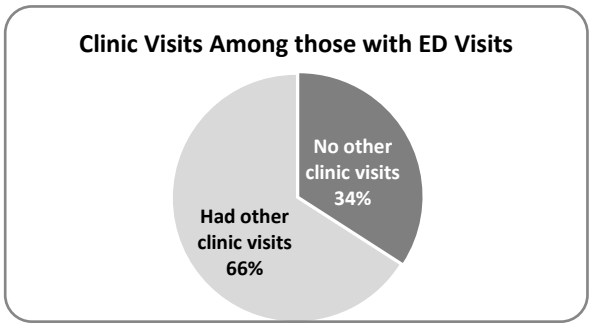


Figure 27

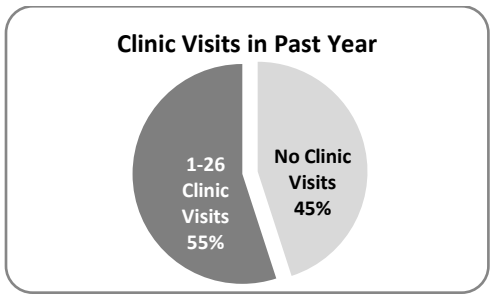


Source: HCH 2014

Medical Clinic Utilization:

45% of respondents reported no visits to community, outpatient or primary care clinics. 55.0% reported at least one medical clinic visits in the past year. Of those who did have at least one visit, the number of visits ranged between 1 and 26 visits. The average among those who did visit clinics was 4.0 visits. See **Figure 28**:

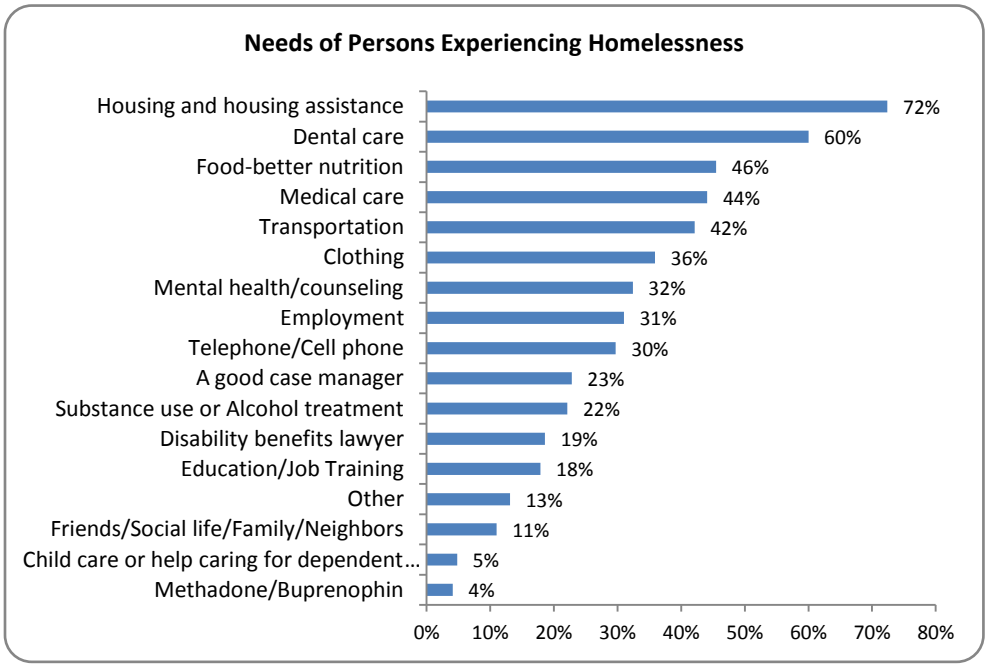
Figure 28



Source: HCH 2014

Respondents were asked to identify some of their most important needs, checking from a supplied list and being asked if there were other needs. Not surprisingly the overwhelming need was for housing and housing assistance, marked by 72% of the respondents. Other highly rated needs were dental care, access to food, medical care, transportation and clothing, mental health counseling, case management, substance abuse treatment, job help and cell phones. **See Figure 29**:

Figure 29

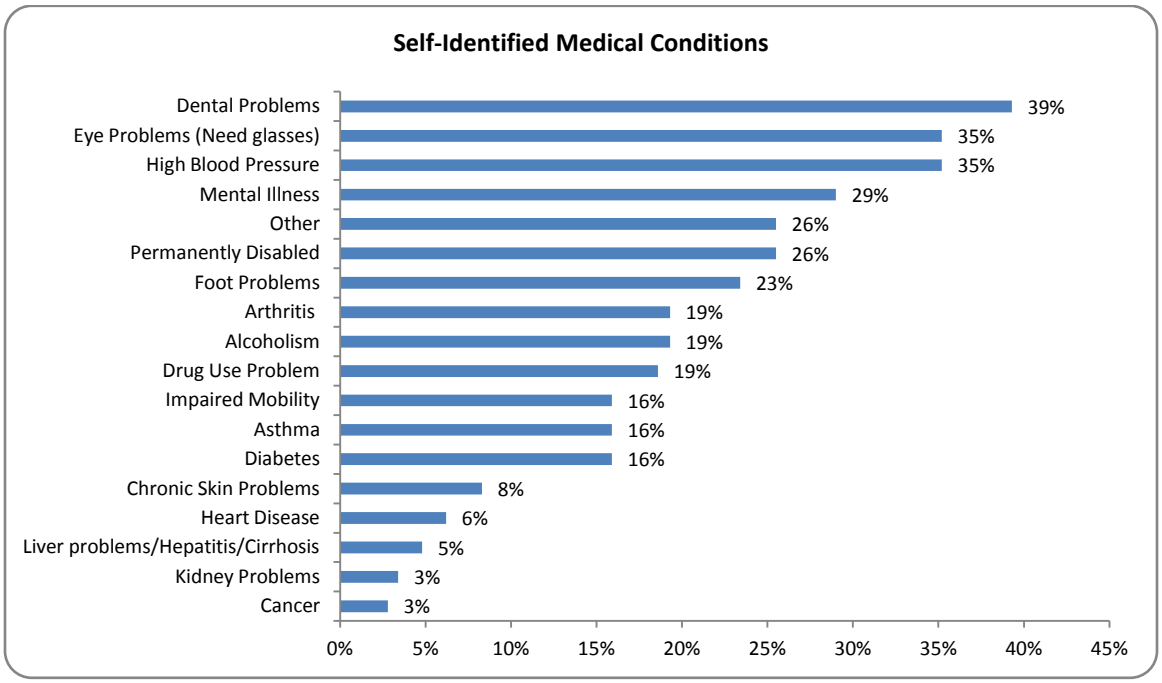


Source: HCH 2014

Identified Health Conditions:

Respondents were asked to list any health conditions that they suffered from. 96% of respondents indicated that they had some sort of health problems. Almost 40% reported dental problems, and over a third reported hypertension, and optometry needs (need glasses). Almost a third reported mental health problems and one in five reported drug problems and one in five reported alcohol problems. Of those who reported a mental illness, almost 40% reported a concurrent drug use problem. Of those reporting drug problems, 56% reported a concurrent mental illness. Overall, the most frequent responses are in **Figure 30:**

Figure 30



Source: HCH 2014

The other category included: Chronic pain, especially musculoskeletal, hearing problems, hernia, hip replacement, bladder and incontinence, heart problems, hepatitis C.

Self-rating of health:

46.2% of respondents rated their health as fair, poor, or very sick, while 49% rated their health as good or better. Over 57% reported that they feel they are not employable due to physical or mental disabilities. See **Figure 31** and **32**:

Figure 31

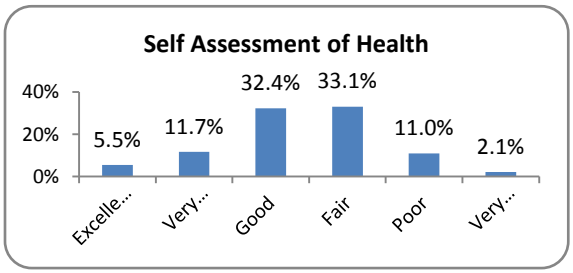
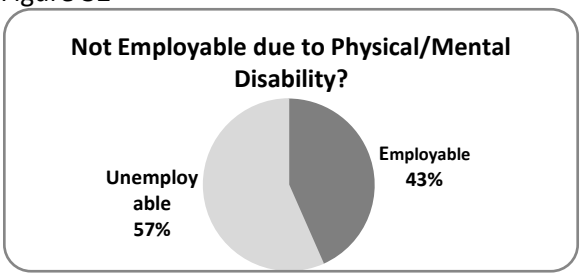


Figure 32

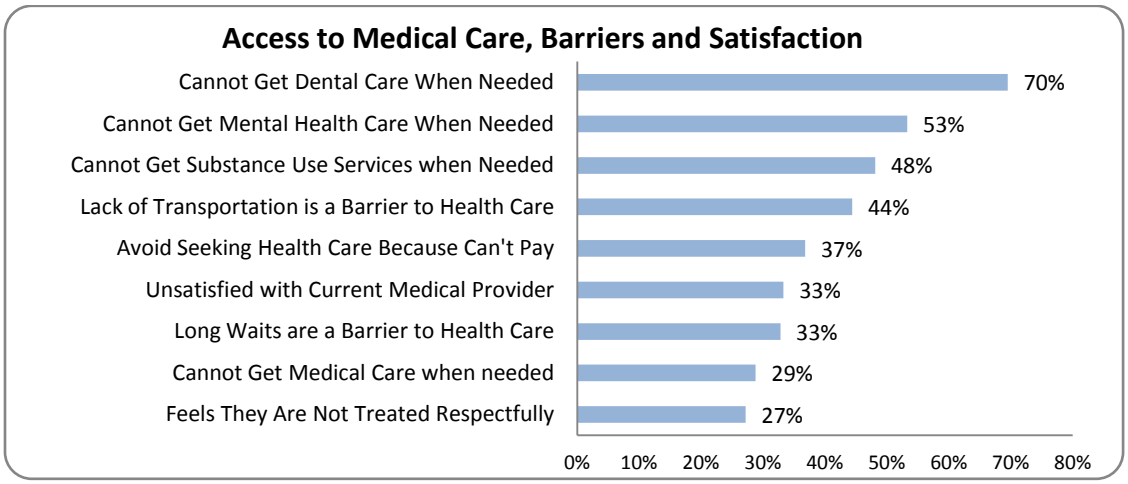


Source: HCH 2014

Access to Medical Care & Services:

A goal of the survey was to determine how persons experiencing homelessness feel they are able to access quality care that they need. Many respondents did not answer some or all of the questions, but clearly respondents felt that they cannot access dental, substance use and mental health services when they need them. Surveyors reported a significant number of persons indicating that they can access medical care in a timely manner by "going to the Emergency Room." Below are some of the responses provided by respondents to questions around access, barriers and patient satisfaction. **See Figure 33**:

Figure 33



Source: HCH 2014

Appendix 3:

Health Care Utilization among Persons Experiencing Homelessness in Alameda County

Alameda County Health Care for the Homeless Program

In 2013, The Alameda County Health Care for the Homeless Program provided services to 10,013 homeless patients, representing some 56% of the estimated 20,000 persons experiencing homelessness in Alameda County. Over a period of 5 years, the number of patients served by the HCH Program has grown by 28%.

In 2013, 10,013 homeless patients were served in 37,352 visits. Medical care was provided to 8,200 persons in 22,320 medical visits. 3,487 persons received non-medical services such as drug/alcohol recovery, case management, benefits, and other enabling services in 14,989 service encounters. 2,048 persons were treated on HCH mobile clinics, TRUST Clinic or other HCH sites in 7,500 encounters. 2,840 persons were treated at subcontracting programs and clinics in 14,877 encounters, and 5,958 patients were treated at Alameda Health System outpatient clinics in 15,124 visits. **Figures 49** and **50** provides a breakdown of HCH services by patients and visit location

Figure 49

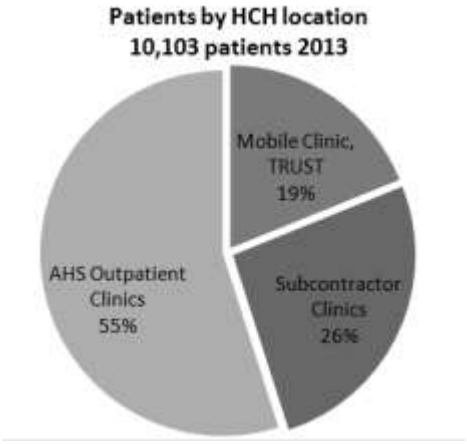
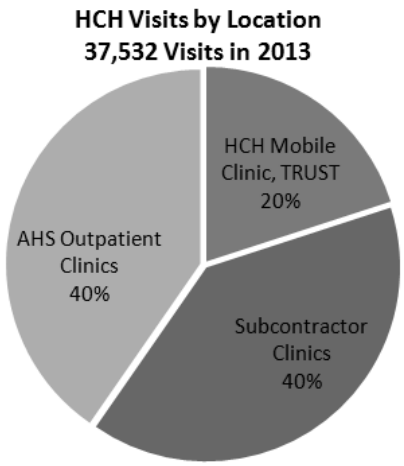


Figure 50



Source: HCH 2014

Throughout the HCH program, the median age of HCH patients was 47 years old, and, 51% of patients were female. On mobile clinic HCH clinics, the median age was 48 years, while 59% of patients served were men. In 2013, almost 80% of patients served were uninsured, and persons of color made up 85% of patients served. All patients served were under 200% of the Federal Poverty Level, and 98% below 100% of the FPL. See **Figure 51** and **Figure 52**:

Figure 51

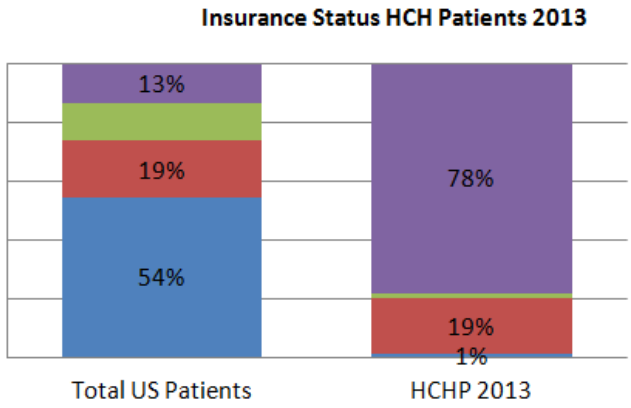
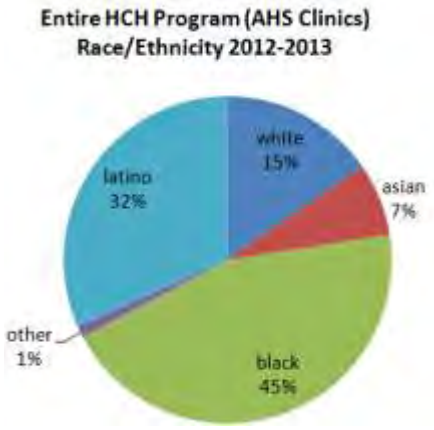


Figure 52



Source: HCH 2014

Housing status (where a homeless person is currently living) is very diverse throughout the HCH program. On mobile clinics and TRUST program, 12% of patients treated reported living on the streets, 37% doubled up with others, and 43% in shelters, programs and transitional housing. In subcontracted clinics and AHS outpatient clinics, 63% of patients served were doubled up, 22% in shelters or programs, and 7% living on streets.

2012-2013 Two-Year HCH Utilization Overview:

In assessing HCH medical and social services utilization, we chose to look at the last two calendar years, 2012 and 2013. In these two past years, 15,410 homeless persons received services in 70,562 encounters throughout the HCH program.

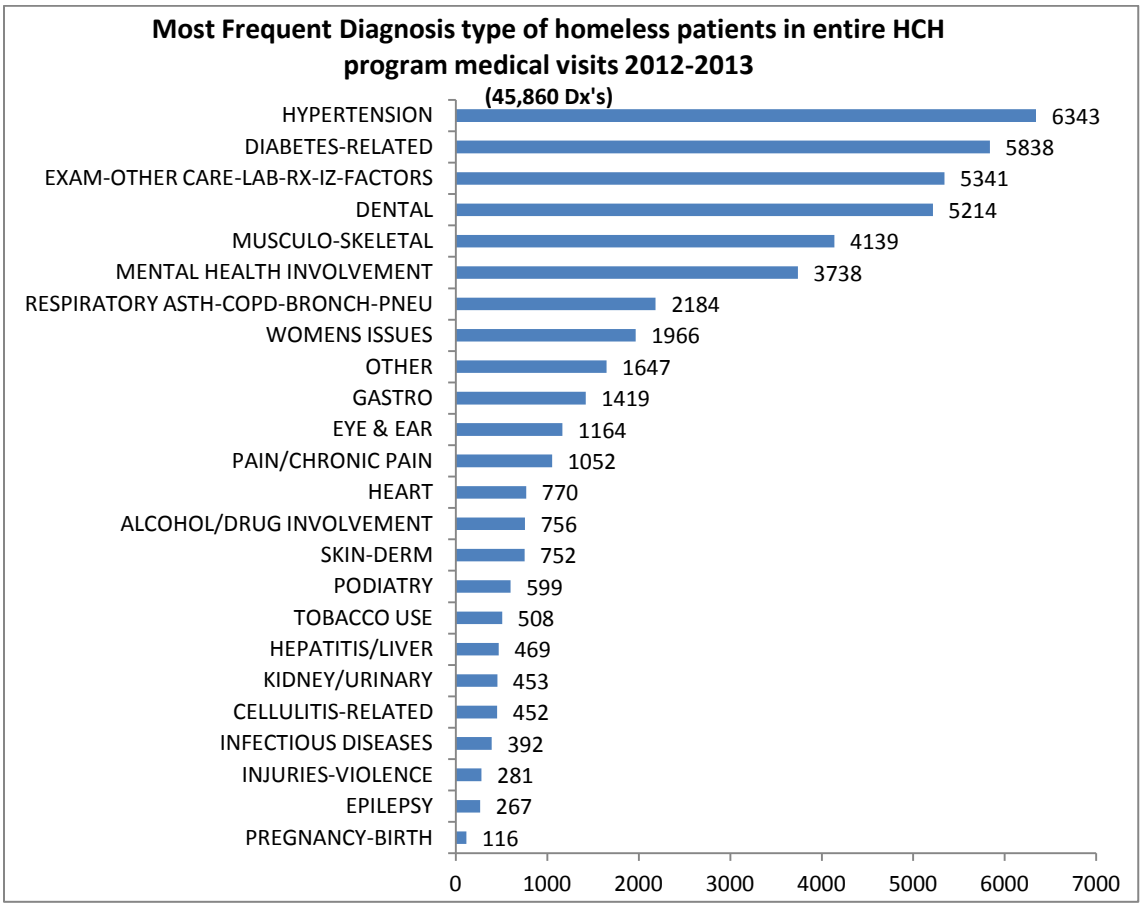
Medical Services:

In analyzing medical services provided we evaluated all ICD9 diagnosis codes, V codes for patient characteristics and procedures, associated with each patient visit, not just the primary diagnosis. This is because many patients will be treated for a simple complaint, while underlying issues, such as hypertension, mental health or substance use are noted by clinicians as secondary conditions. Diagnoses were organized into groups in order to better understand the nature of a very heterogeneous group of patients.

During CY2012-2013, HCH Program provided clinical medical services to 12,518 persons experiencing homelessness in 44,182 medical visits. These medical visits took place on HCH mobile medical clinics at 28 sites throughout Alameda County, at the HCH offices, the TRUST Clinic, the St. Vincent stable site clinic, at 7 subcontracted community clinics, and at 5 Alameda Health System outpatient clinics.

HCH Program-wide medical utilization: Figure 53 is a list of the diagnosis types for homeless medical visits throughout the HCH program, including subcontractor medical and dental clinics, and HCH mobile services, including mobile dental services, TRUST Clinic and AHS outpatient clinics. The most frequently made diagnoses and co-conditions among patients experiencing homelessness were chronic diseases like hypertension and diabetes, followed by dental treatment, and treatment for musculoskeletal problems. Mental health and substance use were frequently reported diagnoses and co-conditions:

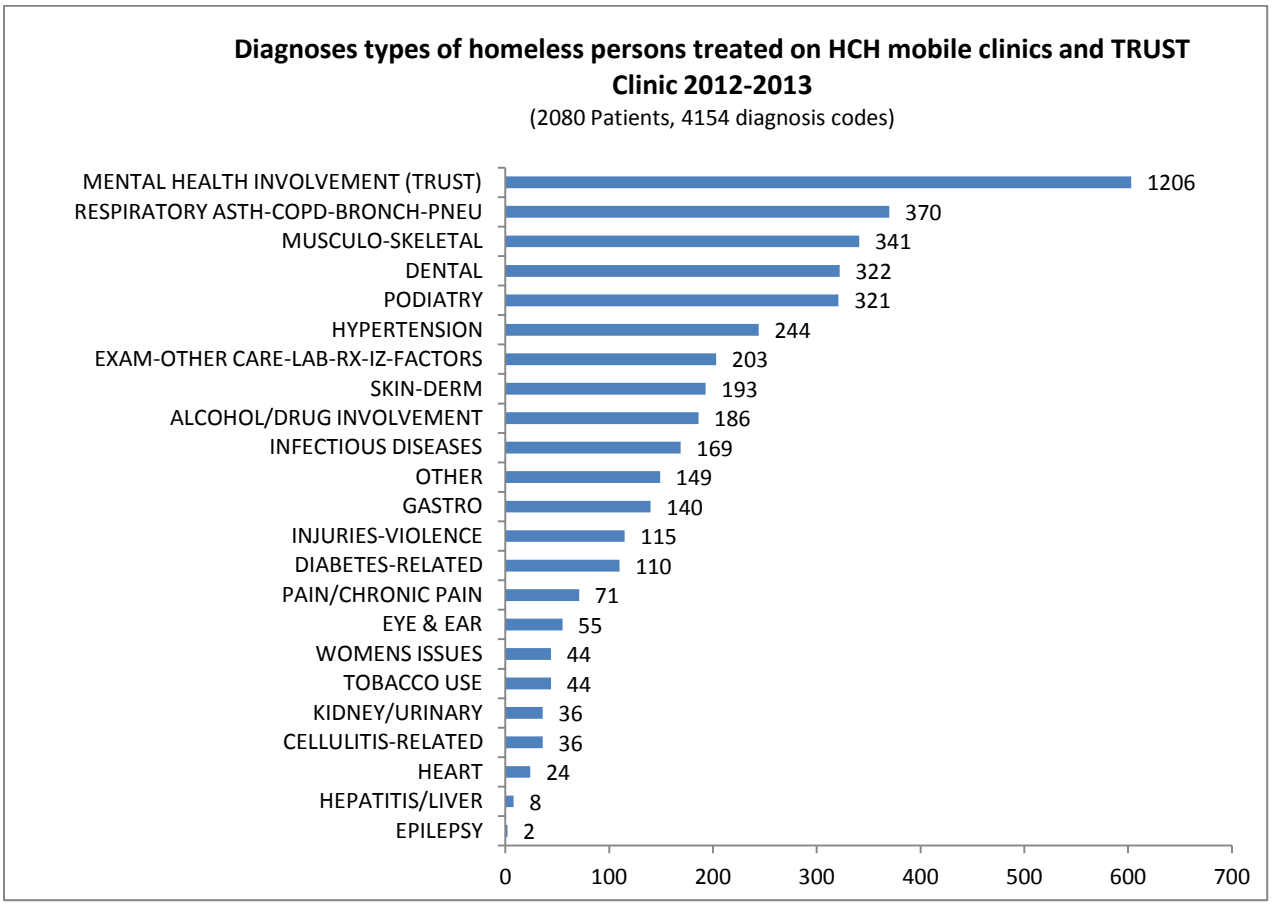
Figure 53



Source: HCH 2014

HCH Directly-Provided Mobile, Dental, St. Vincent and TRUST Clinic Medical Utilization: The frequency of diagnoses for patients directly treated by HCH clinicians on mobile medical clinics, the TRUST Clinic and St. Vincent stable site clinic is shown on **Figure 54**. Patients treated at these sites were 43% African American, 28% Latino and 19% White; almost 60% were men, with a median age of 46 years.

Figure 54

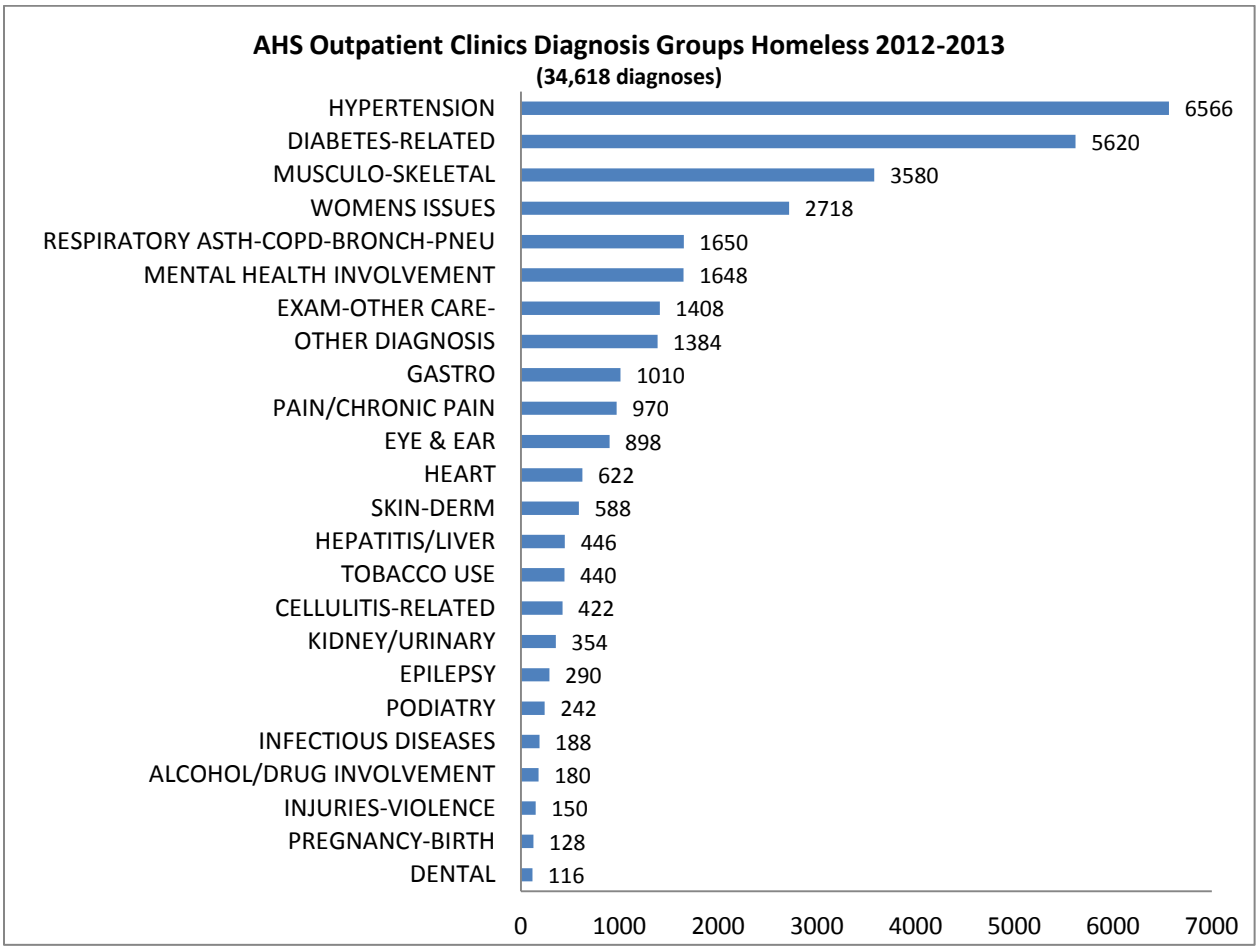


Source: HCH 2014

Among patients treated directly by HCH programs (above), the overwhelming majority of mental health diagnoses were among patients at the TRUST Clinic, due to the frequency and intensity of mental health treatment provided to disabled indigent homeless TRUST Clinic patients. Almost all TRUST Clinic patients had mental illness diagnoses and involvement, while patients treated on mobile clinic and St. Vincent clinic had fewer, but often undiagnosed and unreported, mental illness and substance use involvement. The most common diagnoses and conditions among patients treated on mobile clinic included musculoskeletal pain, respiratory infections and problems, dental conditions, foot and skin problems, and hypertension. The TRUST Clinic had an average of 6 mental health visits per person, mobile medical clinics averaged 1.4 visits per patient, while the mobile dental clinics averaged 5.8 visits per patient.

AHS Outpatient Clinics: Finally, **Figure 55** shows diagnosis groups ranked by frequency for homeless persons treated by clinicians at 5 Alameda Health System outpatient clinics (Eastmont, Highland, Newark, Hayward and Same Day Clinic) in 2012-2013. During the two past years 8,457 homeless patients were treated in 30,000 visits at the five AHS outpatient clinics:

Figure 55



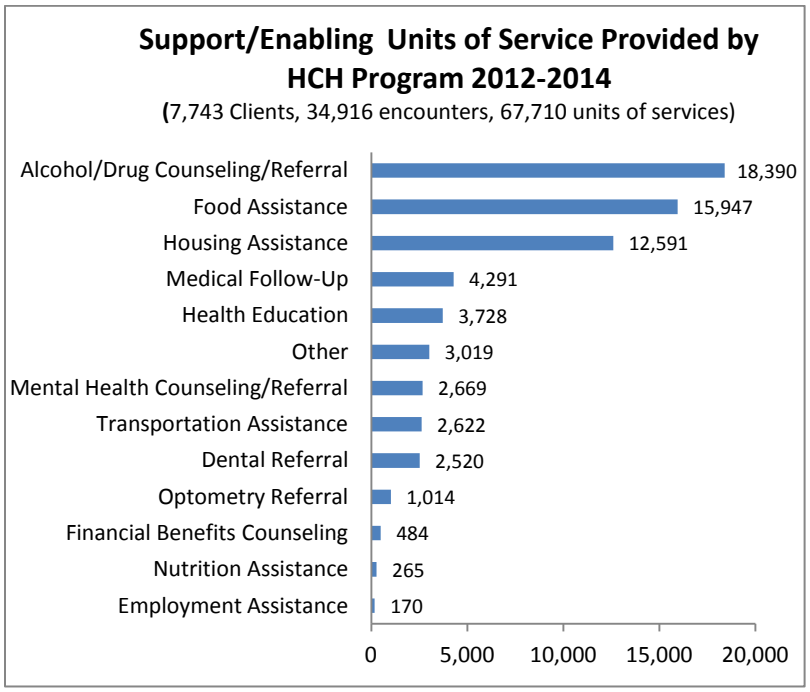
Source: HCH 2014

Of patients treated at the five AHS outpatient clinics, the most frequent diagnoses and co-conditions included hypertension and diabetes. Other frequent conditions included musculoskeletal problems, women's health issues, and respiratory conditions. Mental health involvement was frequent, and alcohol/drug involvement was not frequently reported at outpatient clinics. The median age of outpatients was 45 years old, and females were 57% of outpatient visitors. There were an average of 3.6 visits per patient during the two years 2012-2013.

Enabling/Support Services:

Case management, alcohol/drug counseling, food, housing, health education, enrollment and other support services, defined by HRSA as "enabling services" were provided to 81% of patients treated on HCH sites, mobile clinics, and community subcontractor sites (excluding AHS clinics). Almost all patients treated on mobile clinics received enabling services from HCH social workers. By far, the most common enabling services provided to clients experiencing homelessness included alcohol and drug recovery services (including counseling and referrals), food assistance and housing assistance (including referrals to shelters, housing case management, and assistance in locating permanent and emergency housing). See **Figure 56** for an itemization of the type and frequency of enabling/support services provided by the HCH program:

Figure 56

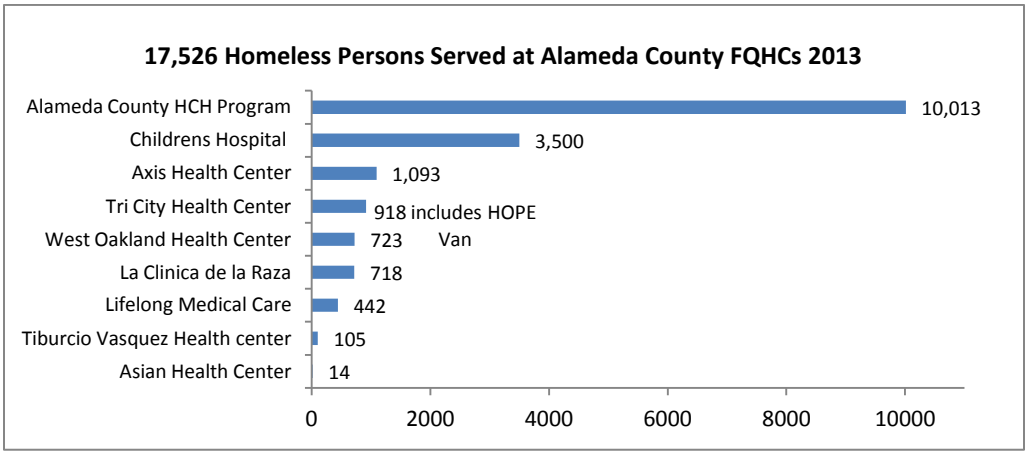


Source: HCH 2014

Other Homeless Medical Clinics in Alameda County:

Low-income persons, including those experiencing homelessness are served by 10 Federally Qualified Health Center (FQHC) clinics (including the HCH program), who provide annual Uniform Data System reporting to HRSA/BPHC. In 2013, all Alameda County FQHCs reported a total 17,526 persons experiencing homelessness. This number includes duplication, with some patients receiving services at numerous clinics. See **Figure 57**:

Figure 57



Source: UDS 2014

While the HCH Program keeps detailed data on homeless persons served through the program, most FQHCs are not required to screen for homeless status, meaning an undercounting of persons experiencing homelessness. Beginning in 2014, the Alameda County Health Care Services Agency has

mandated documentation and reporting of homeless status on persons treated under the county's indigent health care program HealthPAC. But for the large percentage of patients who receive medi-cal, screening for homelessness and adjusting health care and social services to support persons experiencing homelessness is not standardized at most clinics.

Hospitalizations of Persons Experiencing Homelessness

The California Office of Statewide Health Planning and Development (OSHPD) keeps figures on patient who are admitted to hospitals, including very limited reporting on persons identified as homeless. Currently OSHPD requires hospitals to identify homeless persons by code ZZZZZ in their zip code. As most persons experiencing homelessness are able to supply some sort of address, a large, unknown number of homeless persons are not marked down as such in OSHPD reporting. OSHPD does not follow homeless Emergency Department utilization. The ACPHD CAPE unit provides the following data analysis of homeless hospital utilization for the calendar years 2010-2012[63]:

Homeless Hospitalizations by Location 2010-2012

Eleven medical hospitals and three psychiatric facilities in Alameda County reported 3,286 hospitalization discharges of 1,915 persons identified as homeless, identified by code ZZZZZ (**Figure 58**). These ZZZZZ patients are actually a small subset of all persons experiencing homelessness, however the data still provides a window to assess the health of the population. 54% of hospitalizations were for acute medical care, 45% were for psychiatric care, and 2% for long-term nursing/rehab (**Figure 59**). 53.5% of all County homeless hospitalizations were at two facilities, Alameda Health System's Highland Hospital and John George Psychiatric Pavilion.

[63] California Office of Statewide Health Planning and Development, Hospital Annual Utilization Data, 2010-2012

Figure 59

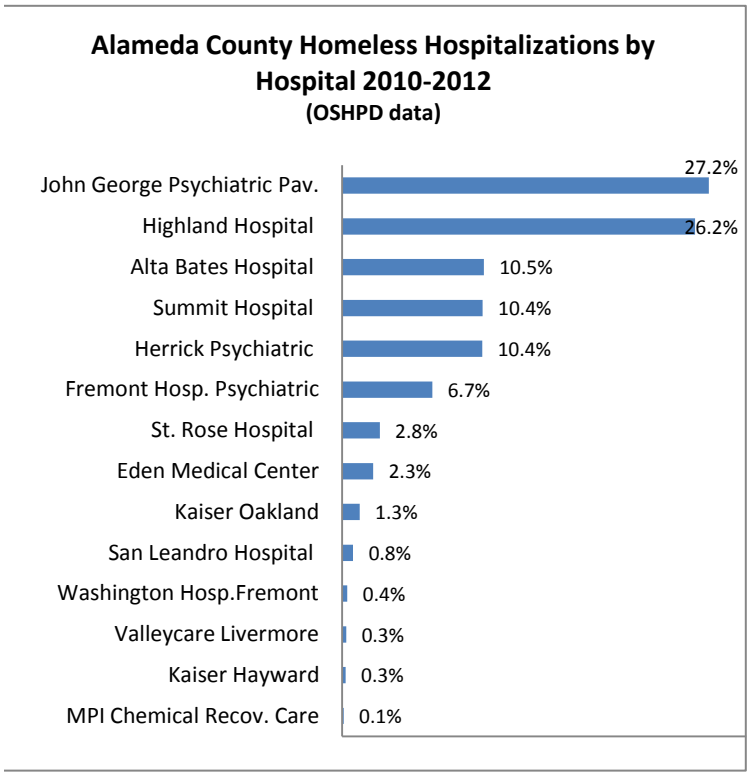
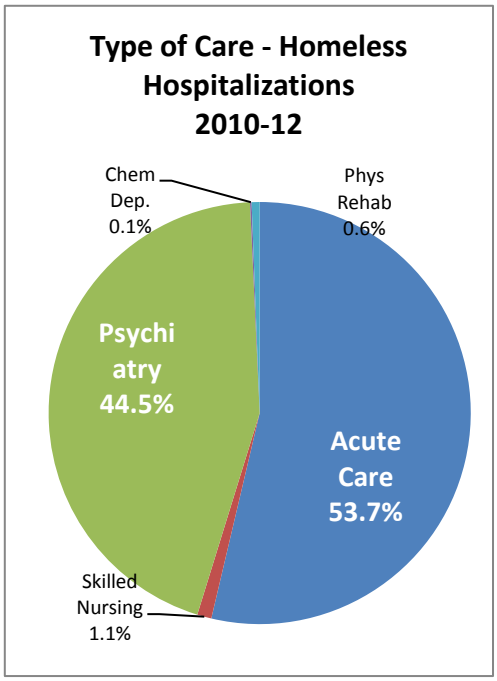


Figure 59

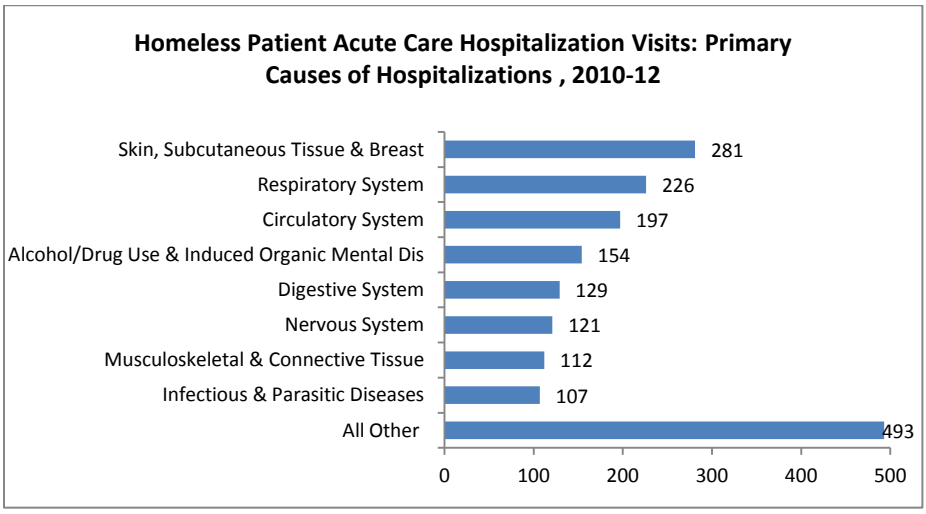


Source: CAPE/OSHPD 2014

Acute Care Homeless Hospitalization:

The majority of acute care hospitalizations took place at a single hospital, AHS's Highland Hospital. Of the countywide 1,784 homeless hospitalizations for acute medical conditions, the breakdown of their conditions was for a wide range of conditions, led by skin infections/cellulitis, respiratory and circulatory diseases and alcohol/drug related conditions (**Figure 60**):

Figure 60



Source: CAPE/OSHPD 2014

It is interesting to note that for the acute care hospitalizations, substance abuse was coded as a concurrent diagnosis in almost half (47%) of hospital admissions. Additionally, mental illness was coded as a concurrent diagnosis in 27% of acute care admissions.

Mental Health Homeless Hospitalizations:
Over 60% of countywide psychiatric hospitalizations take place at AHS John George Psychiatric Pavilion. Of the 1,424 homeless persons hospitalized in a psychiatric facility, 25% had a primary diagnosis of severe mental illness, making them eligible for placement in a County behavioral health adult service team. However, the remaining 75%, while still suffering from debilitating mental health conditions, face difficulty accessing integrated mental health services.

Lengths of Stay and Costs of Homeless Hospitalization:

From 2010-2012, the total reported cost of homeless hospitalization was $39,095,728, or $11,898 per hospitalization. In the year 2012 alone, patients were hospitalized an average of 1.5 times each, with one patient alone having 17 hospitalizations. The average length of hospitalization for persons experiencing homelessness was 7.3 days, as compared with the average length of hospitalization for the general population in Alameda County of 5.3 days[64]. The average cost per day of hospitalization of a person experiencing homelessness in Alameda County was $1,902. Thus, persons experiencing homelessness are hospitalized an average of two days longer than housed persons, at an additional cost of $3,804 per hospitalization.

For psychiatric hospitalizations, the total cost was $11,903,560 from 2010-2012, or an average of $8,360 per psychiatric hospitalization. The average length of hospitalization was 8.2 days, for an average cost of $984 per night, compared to an average length of hospitalization of 8.4 days for the general population.

For acute care hospitalizations, the total 2010-2012 cost was $27,192,168, or an average cost of $15,242 per hospitalization. The average length of hospitalization was 6.6 days, at an average cost of $3,211 per night, compared with the general population having an average stay of 4.3 days.

The average cost of only one acute care hospitalization – about $15,000 -- is almost exactly the cost needed to provide a year of supportive permanent housing to a vulnerable homeless patient who is a high utilizer of services.

Emergency Department Utilization

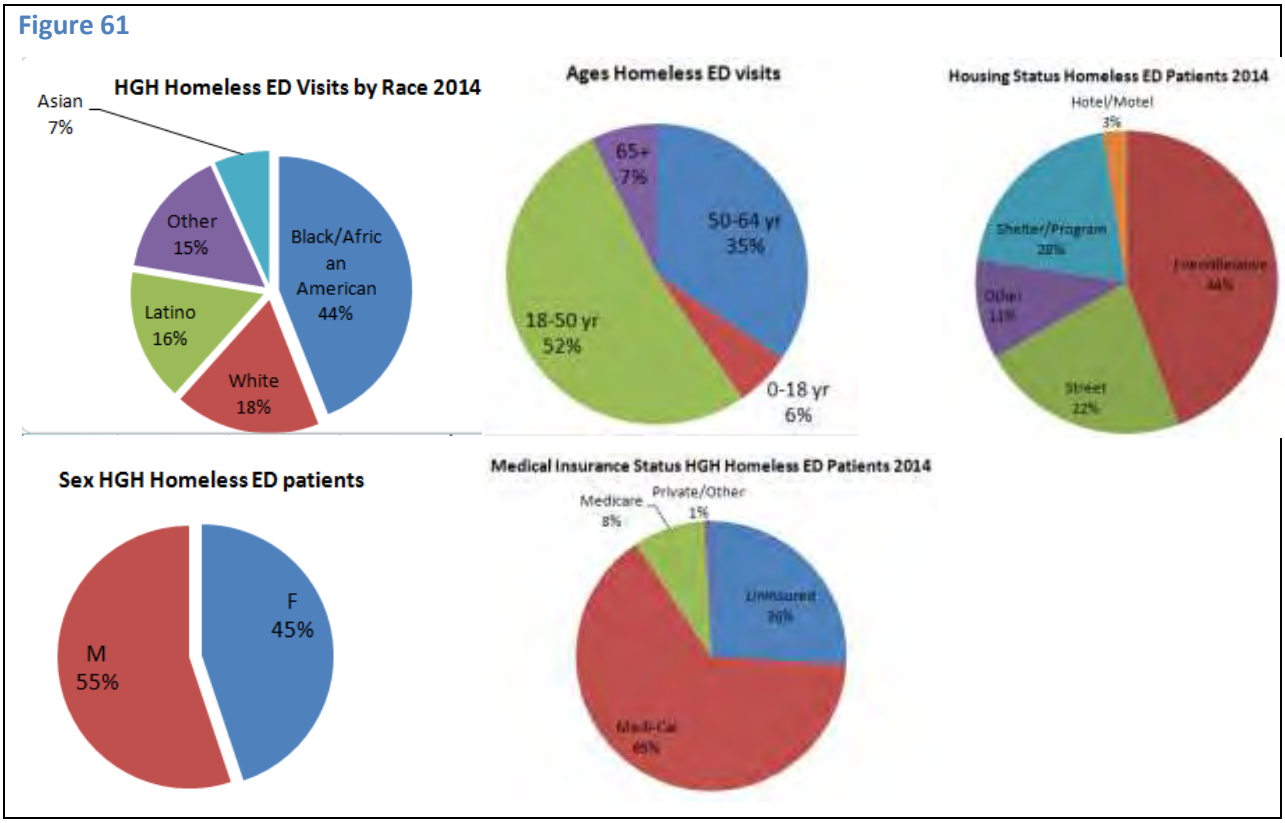
The first source of medical care for uninsured persons is frequently the Emergency Department (ED). Alameda County hospitals reported a total of 455,296 ED visits in 2013. The large majority of ED visits by homeless persons in Alameda County take place at the Alameda Health System (AHS) Highland Hospital in Oakland. There is currently no centralized data source for homeless ED visits for all county-wide EDs. Further, most hospitals do not screen for nor capture homeless or housing status of persons treated at EDs. However, in recent years AHS has made great strides in reporting homeless status at Highland ED, and we can analyze ED utilization data reported to the HCH program by Alameda Health System (AHS) Highland Hospital from the first half of CY2014.

AHS ED data shows that in the first half of 2014, 1,305 persons screened as experiencing homelessness made 2,674 ED visits to Highland Hospital. Based on this utilization, we can estimate 2,585 homeless persons making 5,300 visits in 2014. In 2013 AHS reported 80,834 total ED visits, meaning that persons

[64] California Office of Statewide Health Planning and Development, Hospital Annual Utilization Data, 2013

experiencing homelessness make at least 7% of ED visits. Below is a breakdown of homeless ED visits by age, race, sex, housing and payer status (for the first six months of 2014) (**Figure 61**):

Figure 61



Source: HCH/AHS Data 2014

Types of ED visits

ACHCHP carried out an analysis of ED utilization data supplied by AHS for patients who were registered as homeless. Diagnosis codes, including diagnosis, accident (E), and supplemental (V) associated with persons experiencing homelessness treated at Highland ED during 2014 are analyzed in **Figure 62 and Figure 62B**):

Figure 62

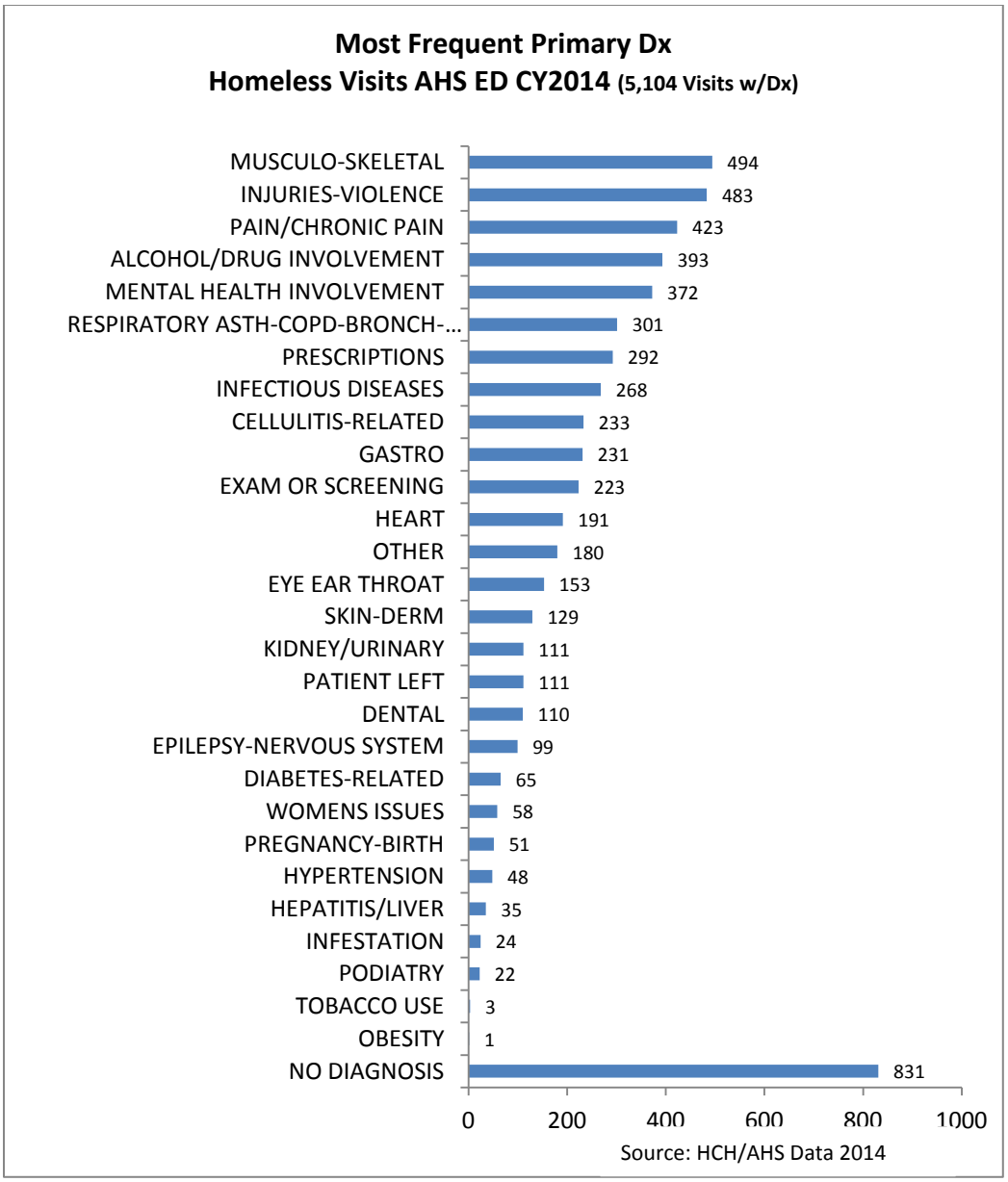


Figure 62 shows primary diagnoses associated with ED visits. The most frequent primary diagnoses for ED visits are injuries caused by musculoskeletal problems, accidents or violence, chronic or acute pain. . Of note are frequent ED visits for mental health and drug/alcohol related conditions, including examinations of homeless persons brought by authorities on route to a psychiatric stay or drug/alcohol detox. **Figure 62B** lists all recorded diagnosis codes, including secondary codes, which shows the frequency of health conditions such as tobacco use and mental health and drug and alcohol misuse among homeless ED visitors. Noteworthy is the fact that in almost 40% of homeless ED visits, drug/alcohol or mental health conditions were documented as primary or secondary factors (**Figure 63**):

Figure 62B

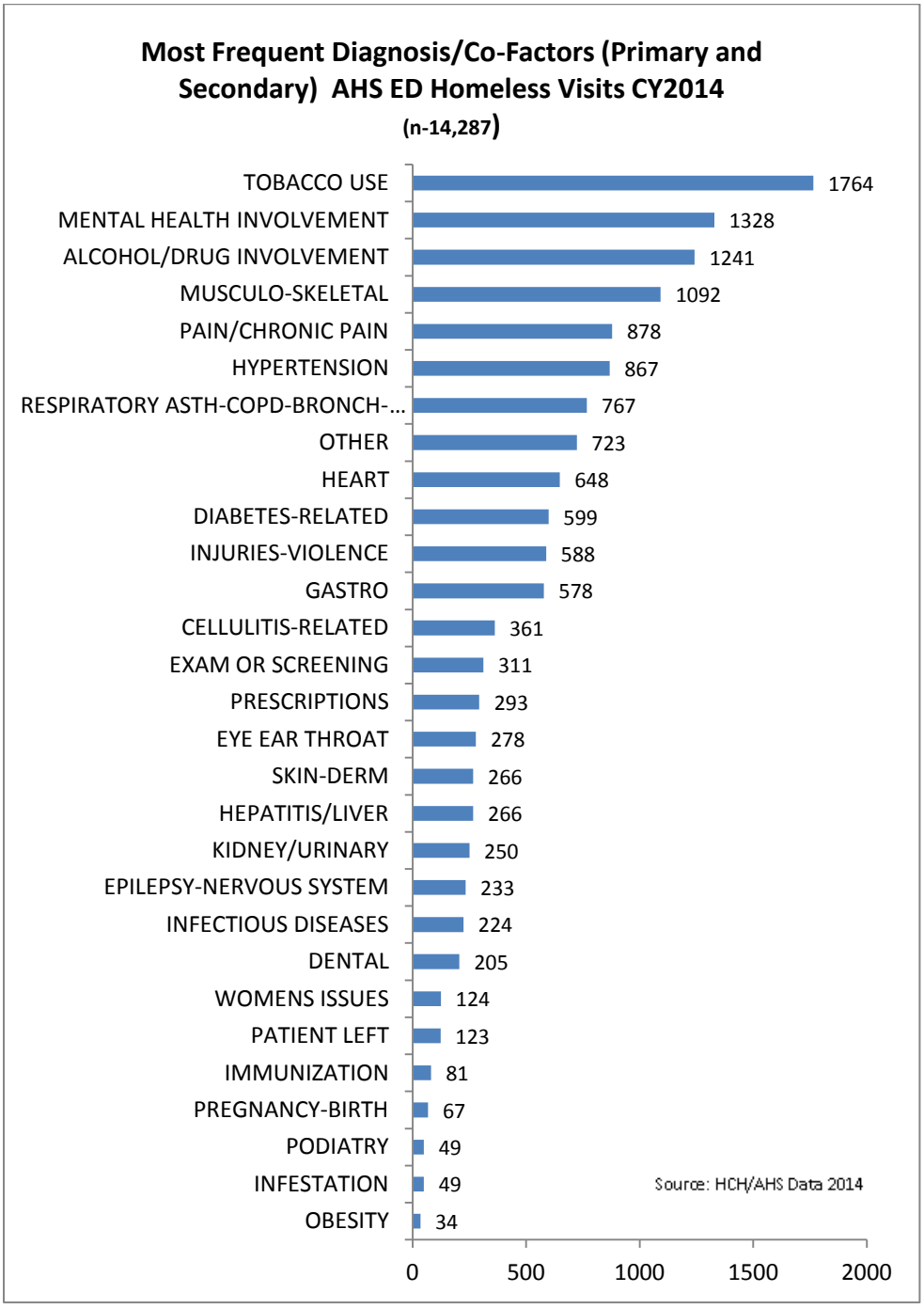
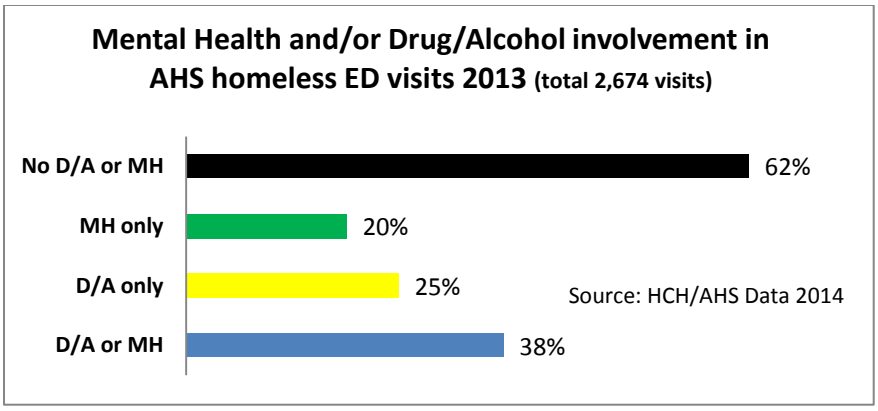


Figure 63



Avoidable ED visits

482 of the 2,674 homeless ED visits, or 18%, can be considered 'Avoidable' by Medi-Cal standards, visits that could have been more appropriately treated in primary or urgent care settings. This is twice the county baseline of avoidable ED visits (9.5%)[65]. The vast majority of such visits for the homeless population fall into one of a few categories: psychiatric or other court-ordered examinations, visits to the ED for prescription medication refills, pain (e.g., head and back), and infections (respiratory, UTI, skin).

Homeless Frequent ED Users

Analysis of ED visit data from the first half of 2014 shows that of the 1,305 homeless ED visitors, twenty "high utilizers" made 324 visits or 12% of all visits. These Top 20 patients made between 11 and 55 ED visits each, with an average of 16.1 visits in six months. Homeless patients with at least 3 visits in six months made up over half of total ED visits. Homeless frequent users are largely male (69%), African American (64%), with a median age of 48 years (**Figure 65**):

[65] **A L A M E DA C OU N T Y H E A LT H DATA PROFILE**, 2014 Alameda County Community Assessment Planning and Evaluation Unit.

Figure 64

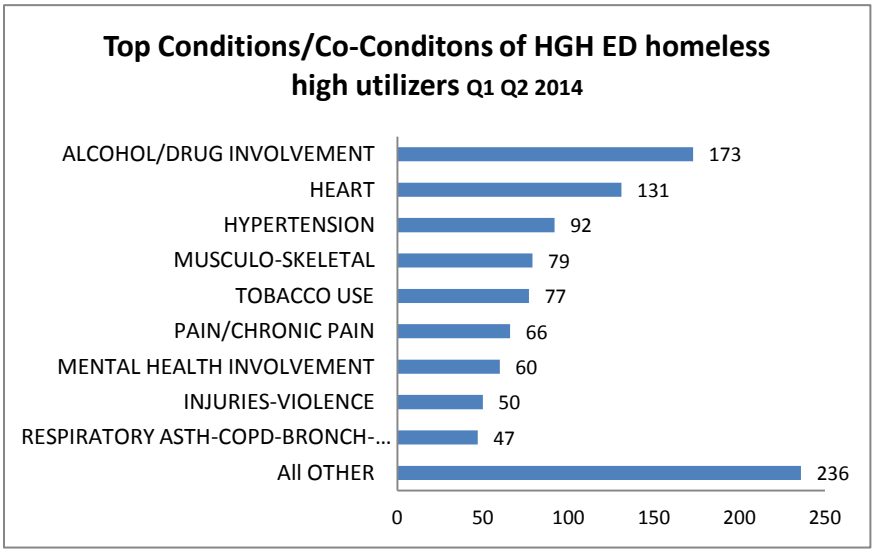
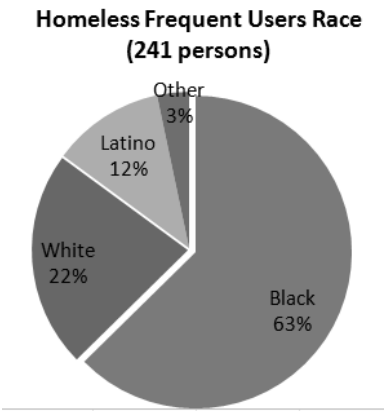


Figure 65



Source: HCH/AHS Data 2014

Mental health, substance abuse and chronic health conditions, are common among high utilizers, reinforcing national trends among high ED utilizers (**Figure 64**). Substance use was the single most common factor involving the top 20 high ED utilizers. At least 40% of AHS ED high utilizers have had some contact with the HCH program within the past five years.

Appendix 4:
Core Barriers and Health Indicators
(HRSA Need For Assistance Worksheet)

Core Barriers, Core Health Indicators and Other Health Indicators Affecting Homeless:

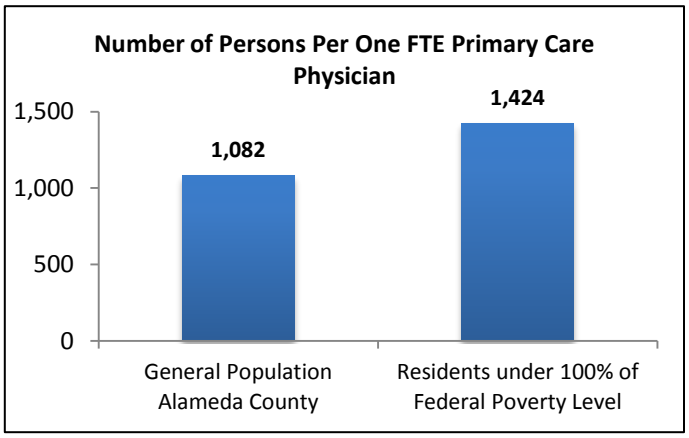
The Health Resources Services Administration requires HRSA/BPHC Health Center grantees to report on selected core health indicators, barriers, and other health indicators affecting the grantee's target population. In the case of ACHCHP, the core population is persons experiencing homelessness throughout the catchment area of Alameda County. ACHCHP must present data on 3 selected *core barriers* and health indicators affecting the population of persons experiencing homelessness in Alameda County:

CORE BARRIERS to primary health care access for people experiencing homelessness within Alameda County:

1.The ratio of population to one Primary Care Physician FTE

General Population: The last published data regarding the ratio of general population to Primary Care Physicians FTE in Alameda County in 2006 was 1,082 residents per primary care physician[66]. According to OSHPD data, there are 133 community primary care physicians[67],[68] providing safety net care for low-income persons in Alameda County[69]. If we compare that number to the number of persons at or below 100% of the Federal Poverty Level (FPL) in Alameda County (189,466) we arrive at a figure of 1,424 residents per FTE primary care physician, 32% higher than the county average (**Figure 66**).

Figure 5



Source: HCH 2014

This number reveals the challenge faced by the county as health care reform is implemented: Alameda County safety-net primary providers are stretched well beyond capacity, and resources to expand primary care capacity have been slower to come than expected under the Affordable Care Act.

California continues to have one of the lowest Medicaid reimbursement rates in the nation, and when the ACA-mandated rate increase for primary care physicians expires, and simultaneous 10% cuts in Medi-Cal reimbursement went into effect on 1/1/2015, it will be difficult for those doctors to continue taking on new patients and keep their doors open for business. Growing rolls of Medi-Cal eligible

[66] Dartmouth Atlas of Health Care, http://www.dartmouthatlas.org/data/region/profile.aspdx?loc=55
[67] California Office of Statewide Health Planning and Development (OSHPD), Primary Care and Specialty Clinics Annual Utilization Data CY 2013.
[68] Increasing Access to Health Care for Low-Income Uninsured Residents of Alameda County, Alameda County 2007 Baseline Assessment, Alameda County Access to Care Collaborative
[69] Alameda Alliance for Health primary care provider search run 11/2014 https://secure.healthx.com/PublicService/ProviderDirectoryV2/ProviderSearch.aspx?bc={f85752f6-5c4d-4326-9ed3-1ef5525b0a18}&serviceid={bdb91e58-8dba-49cd-a075-530c0b565c5f}

persons and decreasing private providers accepting new Medi-Cal or Medicare patients place greater pressure on community clinics. The result is longer waits for scheduled appointments, and increased pressure on providers and clinics to see more patients in a day and limited lengths of appointments. Currently waits for available appointments range from three weeks to four months at clinics throughout the County[70].

Homeless Population**:** Persons experiencing homelessness need comprehensive assessments to address multiple and related care issues, including behavioral health care, in a single appointment. Open scheduling systems, drop-in appointment availability and the ability to flex schedules to address inter-related issues, including provision of enabling services such as case management, benefits advocacy, and housing assessment, is critical. Care needs to be located near other services such as meals and shelter programs to ensure access to care for homeless individuals whose lives can be chaotic, and focused on competing priorities.

2. The percentage of the population at or below 200 percent of poverty

General Population: An estimated 28.7%[71]of the total county population lives at or below 200% poverty. Based on the US Census Bureau 2013 population estimate, this is equal to 453,141 individuals. Approximately 13.2% of the total county population lives below 100% of the FPL, about 208,413 persons.

Homeless Population: According to 2013 HCHP UDS data for patients identifying as homeless at registration for a visit at a safety net clinic, 99.99% of the homeless population is at or below 200% of poverty and 97.1% of the homeless population lives at or below the 100% poverty line. The homeless population has the highest percentage of individuals living in poverty in the county. An obvious implication of this data is the fact that any fee for health care services, at any level, is a significant barrier to care for this population.

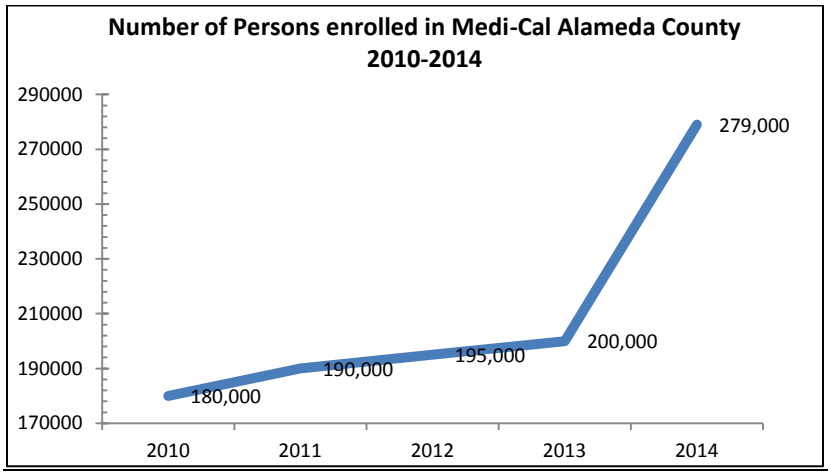
3. The percentage of the population that is uninsured

General Population: Through the Affordable Care Act (ACA) and Medi-Cal expansion, some 60,000 persons became eligible for Medi-Cal in 2014. 42,000 of them, including all homeless persons who had received ACHCHP services, were automatically transitioned to Medi-Cal in the beginning of 2014.

Alameda County will have approximately 100,000 persons under 200% of the FPL who are uninsured[72], approximately 7% of the population. These include undocumented persons ineligible for Medi-Cal, and persons eligible for Medi-Cal who are not enrolled (**Figure 67**).

[70] Reporting from Alameda County Health Care Services Agency and reporting from ACHCHP social workers 11/2014.
[71] http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_3YR_S2702&prodType=table.
[72] 2014 Human Impact Budget Report, Alameda County http://www.acgov.org/hib/reports.htm

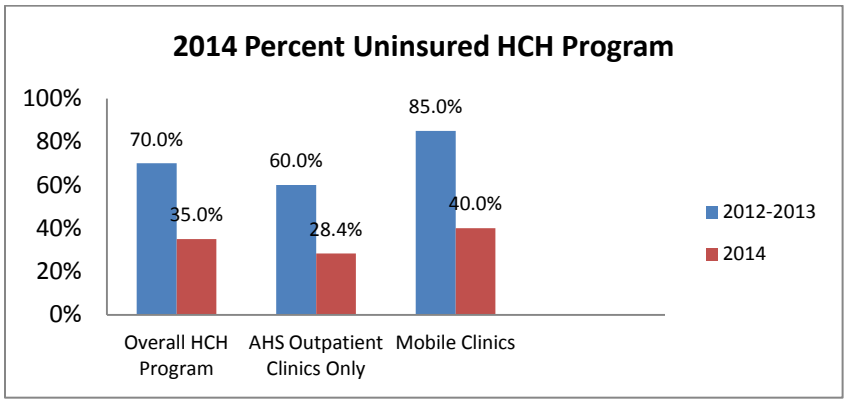
Figure 67



Source: HCSA 2014

Homeless Uninsured: According to the 2013 UDS, 74% of homeless patients seen by ACHCHP were uninsured. During 2013, ACHCHP staff worked to transition every eligible person into Medi-Cal, and by late 2014, the number of uninsured homeless served by the HCH program has dropped to 35% (**Figure 68**).

Figure 68



Source: HCH 2014

HEALTH STATUS/Core Health Indicators of the homeless target population

HRSA-funded Health Center programs are required to report on indicators for each of six core health categories (diabetes, cardiovascular disease, cancer, prenatal and perinatal health, child health, and behavioral health), and two other health and access indicators that best characterize the needs of the homeless target population.

1. **Diabetes**

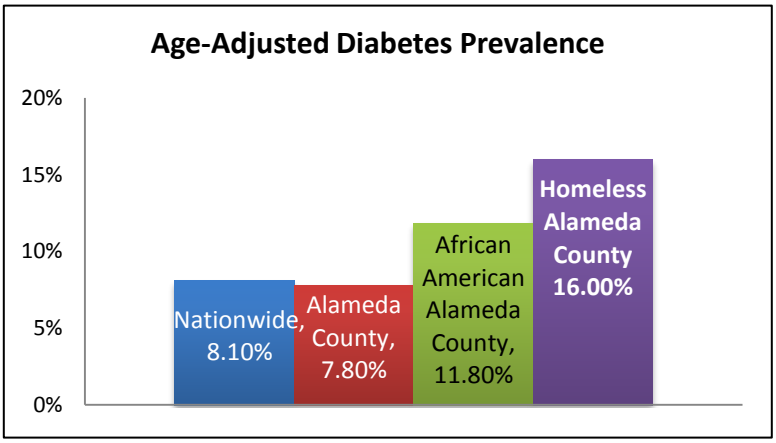
Diabetes in the Alameda County homeless target population
Diabetes Adult Prevalence Rate (Percentage of Adult Population with diagnosis of Diabetes)
Target – County Homeless Population: 16% (by proxy population method)

Service Area – County General Population: 7.8%

According to the 2010 Alameda County Health Report,[73] there is an overall diabetes rate of 7.8% in Alameda County. To calculate a diabetes prevalence rate specific to the homeless target population at the county level, we look at the race, class and place disparities in diabetes prevalence throughout Alameda County. The racial/ethnic make-up of Alameda County homeless population is skewed towards much higher representation of African Americans, who have a 66% higher rate of diabetes than average. Persons experiencing homelessness in Alameda County share characteristics with lower income ethnic and racial minority populations that also have higher percentages of uninsured, lower educational and literacy levels, and frequent barriers to health care access that would double and sometimes triple baseline mortality rates[74].

Figure 69

Source: HCSA 2014



UDS roll-out data shows that in California 10.4% of patients of FQHC clinics had a diagnosis of diabetes in 2013. Diabetes diagnosis was self-identified by 16% of respondents in the 2014 HCH Patient Survey, and was a primary or secondary diagnosis in 13.6% of HCH patients treated in mobile clinics and primary settings, and 16.3% of HCH patients treated in a primary care (non-mobile clinic) setting (2012-2013 HCH UDS data). It was also reported at a rate of 15% among homeless persons over age 50[75].

We believe that the amount of homeless persons with diabetes in Alameda County would be greater than these estimates, and arrived at an estimate of a diabetes prevalence rate of at least 16% among persons experiencing homelessness (**Figure 69**).

As in the general population, diabetes in the homeless population can lead to serious complications and premature death. Diabetes can lead to blindness, kidney damage, cardiovascular disease, and lower-limb amputations. Persons with poorly controlled diabetes (A1c > 9%) are three times more likely to have severe periodontitis than those without diabetes, and diabetics are more likely to die with pneumonia or influenza than people who do not have diabetes. Homeless adults are already at higher risk for complicated pneumonia and influenza and infections in general. People with diabetes are three times as likely to die of cardiovascular diseases, and smoking and diabetes together make a person 11 times more likely to die of a heart attack or stroke.[76]

[73] *County of Alameda, Public Health Department. The Health Of Alameda County, Cities and Places, 2010. Alameda County, CA. September 2010.*

[74] Saydah S, Lochner K. Socioeconomic Status and Risk of Diabetes-Related Mortality in the U.S. *Public Health Reports* 2010;125(3):377-388.

[75] Unpublished Data from UCSF HOPE HOME Study: Aging Homeless in Oakland, funded by National Institute of Aging, Principal Investigator Margot Kushel MD

[76] *Socioeconomic Status and Risk of Diabetes-Related Mortality in the United States, Sharon Saydah, PhD, CDC, PHR Webcast, August 31, 2010, www.PublicHealthreports.org*

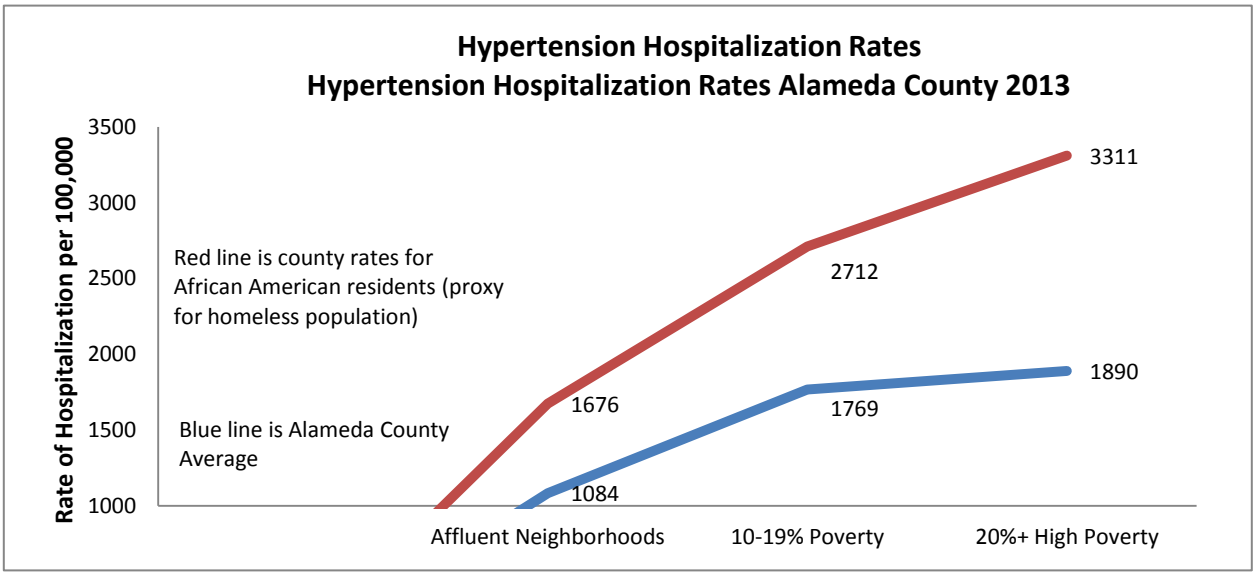
A primary goal ACHCHP, is to effectively assist homeless adults with diabetes to lower their risk for complications by controlling blood glucose, blood pressure, and blood lipids**.**

2. Cardiovascular Disease

Hypertension hospital admission in the Alameda County homeless target population
Hypertension hospital admission rate (18 years and older; per 100,000)
Target - County Homeless Population: 3,331 per 100,000 (by proxy population method)
Service Area – County General Population: 1,890 per 100,000 (age adjusted)

For people experiencing homelessness there is a need for assistance to monitor and lower cholesterol and blood pressure, to maintain a healthy weight, to manage or prevent diabetes, to get support for quitting smoking, and as appropriate, to increase physical activity, to reduce their risk of developing heart disease. In the absence of data regarding hypertension hospitalization rates of homeless persons, we used a proxy method to estimate a base number for homeless hypertension hospitalizations. Extrapolating using the race, income and education breakdown of persons experiencing homelessness, we compared this population with that of African American residents of Alameda County who live in high poverty neighborhoods, and used this population as a proxy for all homeless persons throughout Alameda County, arriving at a hypertension hospitalization rate of 3,311 per 100,000, or almost twice the county baseline. See **Figure 70**.

Figure 70



Source: CAPE 2014

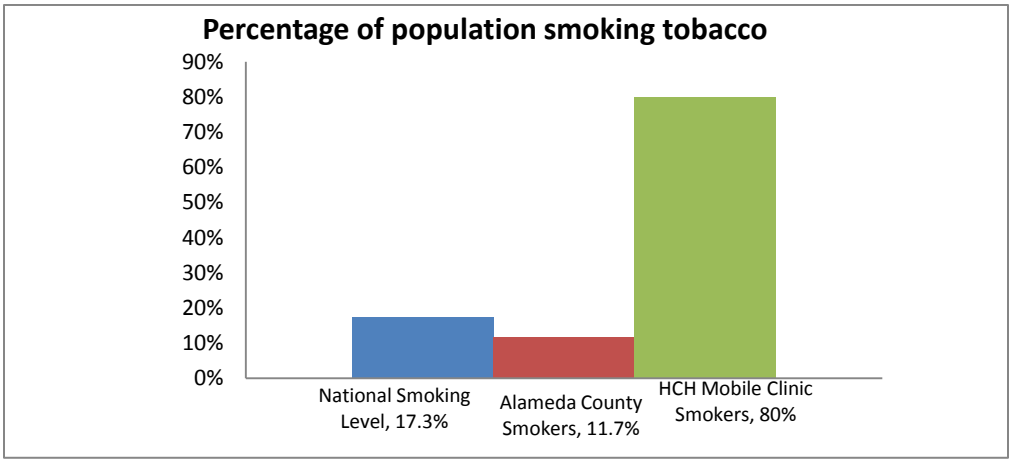
Cardiovascular disease is still the number one cause of mortality in the U.S. There is a high rate of tobacco use among homeless adult populations in Alameda and more support is needed to help individuals to access support for smoking cessation. A high number of homeless adults have mental illness and substance abuse disorders and are at greater risk for weight gain side effects of psychiatric medications, and for interruptions in medication management for hypertension.

3. Cancer

Cancer in the Alameda County homeless target population
Percent of adults who currently smoke cigarettes
Target – County Homeless Population: estimated 80%
Service Area – County General Population: 11.7% National Level: 17.3%

Smoking disproportionately affects the economically disadvantaged and the uneducated in America. It is estimated that between 70% and 80% of homeless adults in the United States smoke tobacco[77]. By comparison, only 17.3% of adults in the national general population are smokers. In Alameda County, about 11.7% of the general population smokes tobacco. A review of smoking status documented by HCH mobile clinic staff in 2012-2013 shows over 80% homeless persons treated on HCH mobile medical clinics patients admitted to being current smokers. According to the data from the HOPE HOME study, 65% of homeless persons 50+ are active smokers[78]. See **Figure 71**:

Figure 71



Source: HCH 2014

ACHCHP works with partners in the Public Health Department Tobacco program, Behavioral Health Care Services Tobacco Cessation projects, and is working to spearhead efforts to discourage smoking within shelters. Finally ACHCHP is making major quality improvement efforts towards documenting efforts that clinical staff already makes to identify tobacco use status, urge patients to quit, and most importantly, provide homeless patients with support, pharmacologic therapy and counseling to help them quit smoking.

4. Cancer

Prenatal and Perinatal Health in the Alameda County homeless target population
8% Pregnant Low-Income Women smoke during pregnancy
Target – County Homeless Population: 25% (by proxy population method)

[77] http://www.nationalhomeless.org/factsheets/tobacco.html
[78] Unpublished Data from UCSF HOPE HOME Study: Aging Homeless in Oakland, funded by National Institute of Aging, Principal Investigator Margot Kushel MD

Service Area – County General Population: 6.6%
National Median Benchmark: 14.1%

Homeless women are at higher risk to give birth to low birth weight babies as the result of higher rates of alcohol and drug and tobacco use during pregnancy, late entry into prenatal care, interrupted prenatal care, poor diet, unstable housing, stress, and lack support during pregnancy. Homeless persons, especially homeless mentally ill, as well as homeless persons recovering from drug and alcohol abuse, have an unusually high rate of tobacco use, ranging upwards of 70%, and tobacco use is the leading cause of preventable morbidity and mortality in the United States.

The baseline estimate for numbers of women who smoke during pregnancy in Alameda County is 6.6% based on the Maternal and Infant Health Assessment (MIHA) study. Housing status is not factored into this study; however similar studies show elevated levels of smoking by homeless mothers ranging from 9.8% (Los Angeles to 26% (Baltimore PRAM 2013)[79]. With this data, we can estimate that the percentage of pregnant women experiencing homelessness who smoke could be approximately 25%. A review of the very small number of pregnant women treated on mobile clinics by the HCH program between 2012-2013 reveals that approximately 75% of them were still smoking.

ACHCHP does not provide prenatal services as part of its HCH program, but does work closely with County programs targeted to women with High Risk Pregnancy who are receiving prenatal care in the community. ACHCHP also works with partners in the Public Health Department Tobacco Cessation program, and is working to spearhead efforts to discourage smoking within shelters. Finally ACHCHP is making major quality improvement efforts towards documenting efforts that clinical staff already makes to identify tobacco use status, urge patients to quit, and most importantly, provide homeless patients with support, pharmacologic therapy and counseling to help them quit smoking.

5. Children's Health

Child Health in the Alameda County homeless target population
Pediatric asthma hospital admission rate (2-17 year olds; per 100,000)
Target – County Homeless Population: 1,200 per 100,000 (children <5yr)
Service Area – County General Population: 431 per 100,000 (children <5yr)
National Median Benchmark: 116 per 100,000 (2-17 year olds; per 100,000)

In the absence of asthma hospitalization data for children 0-17 experiencing homelessness in Alameda County, a proxy method will be used to arrive at this hospitalization rate. In Alameda County, almost one in five, or 18.6% of children and adolescents ages 0-17 years are estimated to have ever been diagnosed with asthma, compared with 14.8% of children and adolescents in California. Overall hospitalization rates in Alameda County are recorded for 0-5 year olds. Among both males and females, African Americans have three to five times higher asthma hospitalization rates than any other racial/ethnic group in 2009-2011. Using African American boys and girls 5 years and younger, living in

[79] Los Angeles Mommy and Baby (LAMB) Projects survey data 2010, Maryland PRAMS Focus on Homelessness Among Maryland Women Giving Birth 2004-2010

Oakland and San Leandro, as a proxy for children experiencing homelessness, we develop an estimated rate of asthma hospitalization for children experiencing homelessness of 1,200 per 100,000 persons.[80]

6. Behavioral Health

Behavioral Health in the Alameda County homeless target population
Percent of adults with at least one major depressive episode in the past year
Target – County Homeless Population: 50% (extrapolation)
Service Area – Nationwide Benchmark: 6.6% Alameda County: 8.9% of general population has experienced severe psychological distress in past year

According to State of California estimates[81] Alameda County, some 4.4% of the general population suffers from serious mental illness, a number which jumps by 73% to 7.4% for persons living below 200% of the poverty level. Using a broader definition of need for mental health services, we see that 12.5% of the general population – a number which increases by 50% among persons living below 200% of the poverty level to 18.5%.

The HCH Program estimates that at least 50% of persons experiencing homelessness suffer from moderate to severe depression. Data from the 2003 Health Care for the Homeless (HCH) User Survey[82], which included HCH participants, revealed that 42% of respondents over the age of 13 reported having experienced at least one symptom of depression in the past month. 47% of homeless women meet the criteria for a diagnosis of major depressive disorder[83]. 67% of homeless patients at the HCH TRUST Clinic were diagnosed with a major depressive disorder, while 8.3% of HCH patients treated at primary care clinics were diagnosed with a major depressive episode during 2012-2013. 30% of HCH patients surveyed disclosed that they suffered from some sort of mental illness. 41% of homeless persons surveyed in the Urban Health Study II reported depression[84], while 61% of the homeless 50+ year olds reported a history of depression.

Evidence based research shows that mental health screening is important only if the conditions exist to provide supportive and culturally relevant access to treatment for the homeless population, including primary care for chronic health conditions, smoking and drug/alcohol cessation support, benefits advocacy, suicide risk assessment, and access to supportive housing that is integrated into as many settings and sites as possible[85].

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[80] Alameda County Health Data Profile, 2014 County of Alameda Community Assessment Planning and Evaluation department. Pg 80.

[81] California Mental Health Prevalence Estimates by County 2012, based on 2000 census data, California Department of Health Care Services, http://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf

[82] http://www.nhchc.org/wp-content/uploads/2012/02/KeyPrevHealthMeas_FINAL.pdf

[83] American Psycological Association, Homelessness and Health, http://www.apa.org/pi/ses/resources/publications/homelessness-health.aspx

[84] Unpublished Data, RTI International, Health and Criminal Justice Involvement among Drug Users in Oakland, CA, lead investigator Jennifer Lorvick.

[85] http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/depression-in-adults-screening?ds=1&s=, Among homeless persons, depression screening should be part of preventive care in conjunction with

7. Other Conditions #1:

HIV infection prevalence among Persons Experiencing Homelessness in Alameda County
HIV infection prevalence
Target – County Homeless Population: 4.3% of persons experiencing homelessness
Service Area – Nationwide Benchmark: 0.20% of total population Alameda County: 0.35% of general population

HIV infection levels are disproportionately high – some 12 times higher than the county rate -- among persons experiencing homelessness in Alameda County. From a 2014 patient survey carried out for the Alameda County HIV Housing Needs Assessment[86], it is estimated that 187 persons living with HIV are homeless at one point in time in Alameda County, approximately 4.3% of the county homeless population. Another 239 persons living with HIV, or 9%, are unstably housed. Almost one-half (45.2%) of the low-income HIV/AIDS population in Alameda County is now or has recently (i.e., within the past three years) been homeless or unstably housed. An estimated 426 low-income HIV+ residents of Alameda County who are in primary care are homeless or unstably housed; that is, one in four low-income persons living with HIV in the county who does not have a rental subsidy.

Other estimates of HIV seropositivity come from the 2013 Point In Time Count where an estimated 2.3% of homeless persons self-identified as HIV+[87], and the UCSF HOPE/HOME study, in which 5.5% of the 50+ year old homeless persons in the study self-identified as HIV+.

8. Other Conditions #2:

Oral Health: Visits to Dentist or Dental Clinic in Previous Year
Percent of adults without a visit to a dentist or dental clinic in the past year for any reason
Target – County Homeless Population: estimated 70%
Service Area – Nationwide Benchmark: 30.4% of total population Alameda County: 31% of general population

effective delivery of care. Potential barriers to depression screening in homeless health care settings are related to the services required for treatment, including lack of counseling services, specialists who prescribe appropriate medications, pharmaceutical services and ability to maintain routine follow-up care. Cultural beliefs and attitudes regarding mental health issues, including depression, can also be barriers to the provision of depression screening and care. The USPSTF (2009b) recommends screening in clinical settings that have the resources available to provide "adequate diagnosis, effective treatment, and follow-up." It is unlikely that clinical settings that do not have the resources and support care systems available can positively impact depression outcomes. Therefore, staff-assisted depression care supports should be prioritized so that accurate diagnosis, effective treatment and follow-up can be offered to all individuals presenting for care.

[86] Alameda County AIDS Housing Needs Assessment, 2014, Spiegelman and Associates
http://www.acgov.org/cda/hcd/documents/AIDSHousingNeedsAssessment-Part1.pdf

[87] 2013 PITC

In Alameda County, 69.1% of the general adult population had visited a dentist or dental clinic in the past year for any reason[88] The HCH Program estimates that among homeless persons, this ration is reversed, at least, to an estimate of 70% without a visit to a dentist in the past year. The nationwide NHCHP users study in 2003 found that over half of homeless adults surveyed nationally had not seen a dentist in two years or more[89]. Just 7.8% of the persons experiencing homelessness treated by the HCH program in 2012-2013 were able to access dental treatment through the HCH program. In the HOPE HOME study of homeless 50+ year olds, 71% of respondents had not seen a dentist in the past year, and 40.6% had not seen a dentist in over 5 years, while 93% report missing teeth, almost 60% missing over half of their teeth.[90]

[88] http://apps.nccd.cdc.gov/BRFSS-SMART/MMSARiskChart.asp?yr=2012&MMSA=281&cat=OH&qkey=8471&grp=0
[89] http://www.nhchc.org/wp-content/uploads/2012/02/hh-0603.pdf
[90] Unpublished Data from UCSF HOPE HOME Study: Aging Homeless in Oakland, funded by National Institute of Aging, Principal Investigator Margot Kushel MD

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

August 11, 2017

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center Northern Parcel
620 Central Avenue
Alameda, Alameda County 94501
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This will acknowledge receipt of an application from the Alameda Point Collaborative (applicant) to acquire the above-referenced property to assist homeless individuals pursuant to Title V of the McKinney Vento Homeless Assistance Act (Title V). A review of the application indicates that it is deficient. Please provide responses for incomplete/deficient information using the exact format of the Title V application. Provide documentation as necessary to support responses within the application. As examples, the following deficiencies are noted.

(*Please note that this may not be an exhaustive list of all the information needed to complete the application.)*

2. <u>Description of Real Property</u> –

Item 2(B)(2) - The application indicates that the property is currently zoned APG – Administrative Professional Government. The property must be rezoned to allow for the proposed homeless assistance project. The application included a letter from the Alameda City Manager stating that "Upon transfer to APC, City staff will recommend to the City Council that the zoning be amended to support the proposed uses of the project." Is the applicant able to provide written certification from the City Council (or appropriate office having jurisdiction) stating that the property can be rezoned as required?

Please note that pursuant to 45 C.F.R. §12.3(d) "transfers will be made only after the applicant has certified that the proposed program is not in conflict with State or local zoning restrictions, building codes, or similar limitations." This applies to transfers of Federal property by deed. An applicant applying for a lease for a property is not required to comply with local zoning requirements.

Item 2(B)(4) – According to GSA's "*Combined Notice of Determination of Homeless Suitability and Availability and Notice of Surplus Determination"* dated April 28, 2017, water, sewer (and some electrical) lines are shared with an adjacent parcel owned by East Bay Regional Parks District. The recipient of the subject property will be required to

separate the utilities. Is the Applicant aware of this requirement? How will the applicant assure this is accomplished as part of its renovation/development project?

3. <u>Description of Program</u> –

Item 3(A)(3) – Among other things, the application discusses two separate programs that appear to have similar purposes/services: Building Futures' Coordinated Entry Service Hub, and Operation Dignity's Navigation Center. Please describe how these two programs differ so as not to duplicate services. If services are duplicative, please justify.

Item 3(A)(4) – The applicant responded "not applicable" considering it does not propose permanent supportive housing. However, the applicant is proposing emergency shelter and an assisted living facility, both of which have housing components. Therefore, please describe these programs in detail, including but not limited to, estimated length of client stay, admission criteria (if any), how living facilities will be secured from other program components, etc. For instance, what safety measures does the applicant propose for client safety considering its plan to house the Assisted Living Program and Head Start in Building 2D?

Item 3(E)(4) – Of the 66 positions the applicant proposes for operation of the various programs on site, 45 are expected to be new hires. Is there are adequate pool of professionals in which the applicant and its partnering agency can draw to fill these needed positions? Has the applicant factored in the hiring and training of staff in the 36 month timeframe it proposes to have the facility fully utilized and operational?

Do the applicant and the partner organizations have the capacity to continue their current efforts to serve homeless populations in addition to the proposed project? For instance, will LifeLong Medical Center continue to its current operations in addition to the proposed service or will it combine resources into the surplus property?

Responses to the above-stated deficiencies will be considered as an addendum to your initial application. Please submit your response electronically (PDF) to, rpb@psc.hhs.gov, no later than close of business Friday, August 25, 2017. Upon our receipt of the requested information, we will continue with our review.

Should you have any questions, please do not hesitate to contact me by email, Theresa.ritta@psc.hhs.gov, or telephone at 301-443-6672.

Sincerely,

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

Alameda Point Collaborative

August 24, 2017

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center
Department of Health and Human Services
Rockville, Maryland 20857

Re: Alameda Federal Center Northern Parcel
620 Central Avenue
Alameda, Alameda County 94501
GSA No.: 9-G-CA-1604-AD

Dear Ms. Ritta;

Thank you for your letter of August 11th seeking additional details and information on our application to acquire the above referenced property. Following are the deficiencies in the application that you noted, and our responses:

Description of Real Property –

Item 2(B)(2) - The application indicates that the property is currently zoned APG – Administrative Professional Government. The property must be rezoned to allow for the proposed homeless assistance project. The application included a letter from the Alameda City Manager stating that "Upon transfer to APC, City staff will recommend to the City Council that the zoning be amended to support the proposed uses of the project." Is the applicant able to provide written certification from the City Council (or appropriate office having jurisdiction) stating that the property can be rezoned as required?

Please note that pursuant to 45 C.F.R. §12.3(d) "transfers will be made only after the applicant has certified that the proposed program is not in conflict with State or local zoning restrictions, building codes, or similar limitations." This applies to transfers of Federal property by deed. An applicant applying for a lease for a property is not required to comply with local zoning requirements.

Please refer to the attached letter from the City of Alameda, providing additional information on the rezoning process.

677 West Ranger Avenue, Alameda, California 94501
510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org

Item 2(B)(4) – According to GSA's "Combined Notice of Determination of Homeless Suitability and Availability and Notice of Surplus Determination" dated April 28, 2017, water, sewer (and some electrical) lines are shared with an adjacent parcel owned by East Bay Regional Parks District. The recipient of the subject property will be required to separate the utilities. Is the Applicant aware of this requirement? How will the applicant assure this is accomplished as part of its renovation/development project?

Alameda Point Collaborative (APC) is aware that the site shares water sewer and some electrical lines with an adjacent parcel. APC will file permits to install separate water, sewer and electrical meters on site as part of the permitting process required for the rehabilitation of the buildings. APC will include the standard cost of installing new metering in the rehab budget. APC will be required and comply with the need to install a new sewer lateral as well.

3. **Description of Program –**

Item 3(A)(3) – The application discusses two separate programs that appear to have similar purposes/services: Building Futures' Coordinated Entry Service Hub, and Operation Dignity's Navigation Center. Please describe how these two programs differ so as not to duplicate services. If services are duplicative, please justify.

Building Futures and Operation Dignity will have strong areas of collaboration as well as clear program distinctions regarding the scope of services and target populations at the Navigation Center and Coordinated Service Hub at the facility.

Population

Building Futures will primarily serve homeless women and families, with an emphasis on survivors of domestic violence. This population is the core beneficiaries of Building Futures' programs. Operation Dignity's Navigation Center will focus on serving homeless veterans and unsheltered individuals who dwell in encampments and on the streets. This population is the core beneficiaries of Operation Dignity's programs.

Scope of Services

The purpose of Building Futures' Alameda County Coordinated Entry System (CES) is to offer individuals facing homelessness with housing-focused services. CES will serve as a response system for County residents experiencing a housing crisis. The service will assess and prioritize people for programs and connect them to a Housing Resource Center for a range of housing-related interventions, including emergency shelter, transitional housing, permanent housing, rapid re-housing and other supportive services.

The CES is not designed as a drop-in service center. Rather, the CES brings the "front door to clients" through street outreach and field and phone-based screening, assessment, prioritization and referrals. Referrals will be provided in the areas of housing workshops, food pantries, primary care, mental health services, legal services and children and family services.

Please see attached CES flow chart.

Operation Dignity's drop-in center will provide a no-barrier service center to enable chronically homeless people with complex challenges to engage in formal services. Clients will be able to access basic supports, including food, water, and other supplies. Case management will focus on progressive engagement rather than immediate service use.

Operation Dignity's Navigation Center will close the gap between homeless programs that offer service-disconnected persons with free meals without deeper service connections and programs that offer long-term housing navigation with limited basic needs/engagement support. The Navigation Center will ensure that homeless individuals who will come for a meal, but not necessarily for housing services, can still be engaged and build rapport with service providers. Case managers will engage participants during street outreach and support them to access the drop-in center. The focus of Case Managers will be on building trust with participants over time, using motivational interviewing to elicit goals, helping participants identify their existing strengths and providing information that housing services are available when they are ready to access housing resources.

The Navigation Center will offer a lower level of engagement for people than the CES Hub, which is focused on helping people secure housing and other resources. Operation Dignity's focus on meeting basic needs – offering food, water, a place to keep warm – will build rapport with chronically homeless people people with barriers to engagement, rather than serve individuals prepared to access housing assistance. Over time, as these individuals seek deeper service engagement, Operation Dignity can refer clients to the CES Hub and other on or off-site partners.

Item 3(A)(4) – The applicant responded "not applicable" considering it does not propose permanent supportive housing. However, the applicant is proposing emergency shelter and an assisted living facility, both of which have housing components. Therefore, please describe these programs in detail, including but not limited to, estimated length of client stay, admission criteria (if any), how living facilities will be secured from other program components, etc. For instance, what safety measures does the applicant propose for client safety considering its plan to house the Assisted Living Program and Head Start in Building 2D?

Permanent Housing

We did not check the PSH box as both the temporary housing programs (emergency shelter and medical respite care) and permanent living facilities (assisted living) will utilize their own central kitchen facilities. As these housing programs do not have a kitchen in each unit, they do not meet the technical definition of a "housing unit" or permanent living facilities under both the Alameda Zoning code and Low Income Housing Tax Credits.

The section provides detailed program information as well as information regarding the design features that promote child safety.

See attached table for presentation of a detailed description of the Emergency Shelter, Medical Respite and Assisted Living programs.

Safety and Security – Design Aspects

The safety and security needs of children and families are addressed through the layout of the facilities as follows:

- Crime Prevention Through Environmental Design (CPTED) principles, a nationally recognized approach to ensure community safety and security, are employed in the design of the site plan for the property.
- The location, access, and visibility of women and children are controlled to maintain a safe, protected environment from potential on or off-site threats.
- Women and children who are survivors of domestic violence are located at Building 1 on the north end of the property. This Building Futures facility is a separate, enclosed, fenced and secure environment. A discrete, gated entrance for vehicles and an individual building entrance is located on the north end of MaKay Avenue. Dedicated parking for Building Futures clients and employees is on site. The Building Futures facility is separate from and not accessible by clients served at the Medical Respite Center, Navigation Center and Assisted Living Center.
- Clients of Operation Dignity's Navigation Center can only enter and exit Building 2A off McKay Avenue. Navigation Center clients do not have access to facility grounds, parking or outdoor space.
- Clients of the Medical Respite Center occupy a new building located at the southern end of the property. The Respite Center is enclosed by a security fence, as an independent and separate facility. Clients enter the Medical Respite Center through a security gate from the south parking area. The Respite Care center provides private outdoor space separate from the other service providers.

- Head Start and the Assisted Living Center are located in a Building 2D. Head Start occupies the ground floor with an individual, controlled entrance from the south parking area. Children's supervised outdoor space is accessed from the north side of the building, as a separate outdoor space, enclosed and fenced from access by the clients from the other on-site services.
- The Assisted Living Center has an individual building entrance on the ground floor of Building 2 accessible from the south parking area. Facility services and community space are on the ground floor. Living units with common spaces are on the second floor. A dedicated outdoor space for assisted living residents is located on ground floor of the north side of the building, fenced from access by clients of the other service providers.
- The entire facility is secured from unwanted entry with a perimeter fence and three separate entry gates, with one each for Building Futures, Operation Dignity's Navigation Center, and the Medical Respite Center, Assisted Living and Head Start.

Item 3(E)(4) – Of the 66 positions the applicant proposes for operation of the various programs on site, 45 are expected to be new hires. Is there are adequate pool of professionals in which the applicant and its partnering agency can draw to fill these needed positions? Has the applicant factored in the hiring and training of staff in the 36-month time frame it proposes to have the facility fully utilized and operational?

New Hires

There is an adequate pool of persons for the jobs that will be created by the Applicant - Alameda Point Collaborative (APC) and the Collaborating Partners at the facility.

Project planning has factored in the hiring and training of staff in the 36-month time frame to ensure that the facility is fully utilized and operational. All of the organizations involved in the project pay competitive salaries and benefits and have strong reputations as excellent workplaces. Recruiting and filling positions is generally not considered a challenge for APC and partners.

Many of the proposed positions are entry-level positions that benefit from having relevant "lived experiences." These positions will offer people with limited professional training and experience with excellent career opportunities. APC will utilize its existing job training program at Alameda Point to recruit, train and prepare formerly homeless residents to fill appropriate positions.

LifeLong Medical Care and Alameda County Health Care for the Homeless (ACHCH) program will draw upon its coordination with the County of Alameda and the Alameda Health System to recruit and train employees for the Medical Respite and Assisted Living programs. Both the hospital and managed care systems have strong hiring processes

and a large pool of prospective employees to recruit and train.

The largest number of new jobs (20 employees) are entry-level community health workers and residential advisors. There is a large pool of applicants hired for their relevant "lived experiences," rather than specialized training and education. There is a small number of high level MDs and nurses to be employed by the project which has been factored into the project plans.

As a part of the County of Alameda Heath Care Services Agency, the Alameda County Health Care for the Homeless program draws upon the Human Resources division of the County of Alameda for recruitment and hiring of the diverse staff needed for the Medical Respite and Assisting Living projects. The HR division provides state and local mandated support services to the ACHCH program including recruitment, examinations, position classification, salary administration, grievance resolution, disciplinary appeals, labor negotiations, unemployment insurance, employee benefits, and dental insurance, as well as in training, departmental personnel support services, and child/family care programs.

Addition staffing may also come through partner Alameda Health System, which itself counts upon a human resources department capable of providing the pool, recruitment and staffing of providers throughout a multi-site hospital system. Alameda Health System can dedicate residents and interns to provide medical care at this facility as a training institution providing residencies in Primary Care, Transitional Care and Geriatric Care.

The County of Alameda is committed to providing pipeline job training opportunities through three health care pipeline training programs (the Center for Healthy Schools and Communities Health Careers Pipeline, Alameda County Health Pipeline Partnership Hiring Program) providing job training and site-based employment. These job training programs can be used to staff the medical respite and assisted living facilities.

Do the applicant and the partner organizations have the capacity to continue their current efforts to serve homeless populations in addition to the proposed project? For instance, will LifeLong Medical Care continue to its current operations in addition to the proposed service or will it combine resources into the surplus property?

Agency Capacity

As the Lead Applicant, Alameda Point Collaborative (APC) has the capacity to operate the proposed programs without any adverse impact to its current programs. APC's financial and administrative systems are robust and equip APC to effectively launch and manage the increased programs.

Lifelong will consolidate its five existing respite beds which provide limited level services. For the proposed project, Lifelong will enter into an extensive agreement with area hospitals and managed care to operate a centralized medical respite facility with

higher levels of medical care.

LifeLong Medical Care has been in lengthy planning discussions with the County and major hospitals to establish the proposed project. As such, Lifelong is ready and poised to provide the leadership for the delivery of these vitally needed services for medically fragile homeless populations in Alameda County. Lifelong has strong administrative and fiscal infrastructure with a distinguished service delivery system.

LifeLong has vast organizational capacity to manage its 25 sites including 15 primary care clinics, a $750 million budget and 700 employees. LifeLong's proficiency in launching new programs is demonstrated by its establishment of 5 new sites in the last 2 years. LifeLong has a successful track record establishing new programs and hiring qualified personnel for effective operations. LifeLong has successfully overseen the construction and renovation of its facilities with collaborating project partners.

Both Building Futures and Alameda Family Services are moving current operations to the proposed facility. Building Futures will expand the emergency shelter beds from 25 to 40 beds. These programs are currently housed in deteriorating temporary facilities. Current operations will be enhanced by the proposed project.

Operation Dignity has been planning for a drop-in center to augment its extensive street outreach program. The new program will strengthen the agency's responsiveness to chronically homeless and unhoused individuals.

Thank you very much for the opportunity to provide additional clarification on our proposed uses. Please do not hesitate to contact me if you need any additional information as you move forward to your decision.

Sincerely,

Doug Biggs
Executive Director

City of Alameda • California

August 21, 2017

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center
Department of Health and Human Services
Rockville, Maryland 20857

Subject: Alameda Point Collaborative Application for Alameda Federal Center Northern Parcel, 620 Central Avenue Alameda, Alameda County 94501 GSA No.: 9-G-CA-1604-AD

Dear Ms. Ritta,

In response to your August 11, 2017 letter and request to Mr. Biggs of the Alameda Point Collaborative, the City of Alameda is pleased to provide the following additional information.

The federally owned property at 620 Central Avenue in Alameda is currently zoned AP – Administrative Professional with a Government (G) Overlay Zoning. The G Overlay is a zoning designation that the City of Alameda applies to all federally owned property. The G Overlay Zoning District states that when and if the land with a G Overlay is transferred from Federal ownership to private ownership, the new private owner must apply for a rezoning to remove the G Overlay. The intent of this requirement is to allow the City of Alameda City Council, which is the legislative body that is authorized to change the zoning, to review the proposed use of the land and ensure that an appropriate zoning designation is applied for the private use. The G Overlay zoning designation is an acknowledgement by the City of Alameda that when the land is in federal ownership, the federal government is not obligated to comply with local city zoning requirements.

Therefore, the Department of Health and Human Services should understand that:

- Any private owner selected to receive or purchase the property at 620 Central Avenue will require a rezoning of the property, unless the future owner is a federal agency or an agency of the State of California. The need for a rezoning is not unique to the Alameda Point Collaborative application. If your department interprets the need for a rezoning as a conflict with 45 C.F.R. §12.3(d) which states that "transfers will be made only after the applicant has certified that the proposed program is not in conflict with State or local zoning restrictions, building codes, or similar

Community Development Department
2263 Santa Clara Avenue, Room 190
Alameda, California 94501-4477
510.747.6800 • Fax 510.865.4053 • TTY 510.522.7538

limitations", your department is going to be severely limited in its ability to transfer the property.

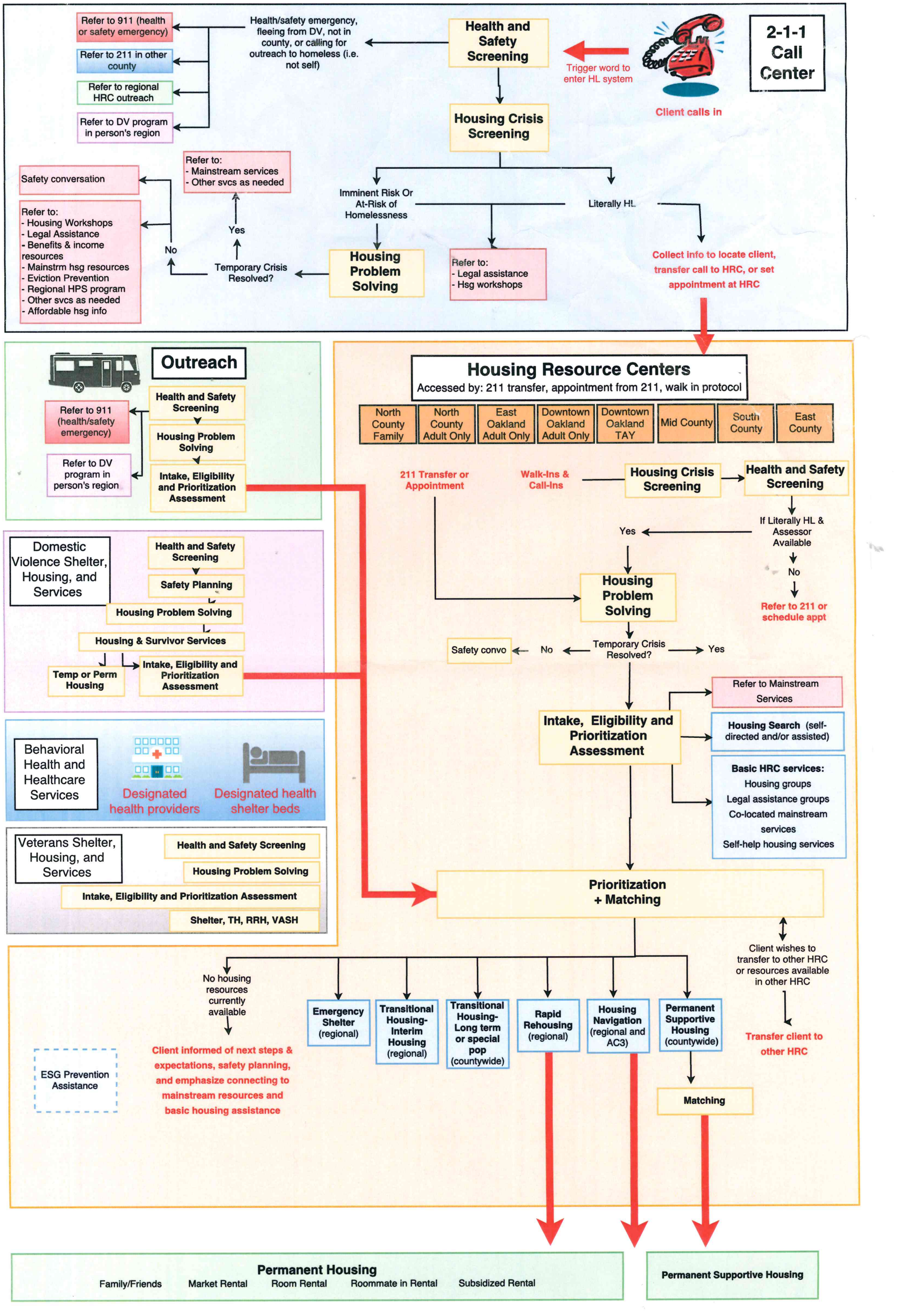
- A rezoning is a legislative act that can only be taken after a noticed public hearing, by the City Council, upon receipt of a recommendation of the City Planning Board. The Planning Board cannot make a recommendation without holding a noticed public hearing on the matter. Therefore, the city staff is unable to "provide written certification from the City Council" that the City Council will approve the rezoning, but as we said in the prior letter, City staff is prepared to recommend the proposed rezoning to support the Alameda Point Collaborative uses.

Regarding the specifics of the Alameda Point Collaborative proposed uses, their rezoning proposal would be fairly simple. All of their proposed uses are consistent with the underlying AP zoning district with the exception of the proposed emergency shelter. Therefore, their rezoning application would be limited to a request to remove the G-Overlay District and add emergency shelters to the list of uses that are either permitted or conditionally permitted within the AP Zoning District. All of their other proposed uses are already either permitted or conditionally permitted within the AP Zoning District.

If you have any questions about the zoning process for the property at 620 Central Avenue, please do not hesitate to contact me a 510-747-6899 or dpotter@alamedaca.gov.

Sincerely,

Debbie Potter,
Community Development Director


2-1-1 Call Center
Client calls in
Trigger word to enter HL system
Health and Safety Screening
Health/safety emergency, fleeing from DV, not in county, or calling for outreach to homeless (i.e. not self)
Refer to 911 (health or safety emergency)
Refer to 211 in other county
Refer to regional HRC outreach
Refer to DV program in person's region
Housing Crisis Screening
Imminent Risk Or At-Risk of Homelessness
Literally HL
Housing Problem Solving
Refer to:
- Legal assistance
- Hsg workshops
Collect info to locate client, transfer call to HRC, or set appointment at HRC
Temporary Crisis Resolved?
Yes
No
Refer to:
- Mainstream services
- Other svcs as needed
Safety conversation
Refer to:
- Housing Workshops
- Legal Assistance
- Benefits & income resources
- Mainstrm hsg resources
- Eviction Prevention
- Regional HPS program
- Other svcs as needed
- Affordable hsg info
Outreach
Refer to 911 (health/safety emergency)
Refer to DV program in person's region
Health and Safety Screening
Housing Problem Solving
Intake, Eligibility and Prioritization Assessment
Housing Resource Centers
Accessed by: 211 transfer, appointment from 211, walk in protocol
North County Family
North County Adult Only
East Oakland Adult Only
Downtown Oakland Adult Only
Downtown Oakland TAY
Mid County
South County
East County
211 Transfer or Appointment
Walk-Ins & Call-Ins
Housing Crisis Screening
Health and Safety Screening
If Literally HL & Assessor Available
Yes
No
Refer to 211 or schedule appt
Housing Problem Solving
Temporary Crisis Resolved?
Safety convo
No
Yes
Domestic Violence Shelter, Housing, and Services
Health and Safety Screening
Safety Planning
Housing Problem Solving
Housing & Survivor Services
Temp or Perm Housing
Intake, Eligibility and Prioritization Assessment
Intake, Eligibility and Prioritization Assessment
Refer to Mainstream Services
Housing Search (self-directed and/or assisted)
Basic HRC services:
Housing groups
Legal assistance groups
Co-located mainstream services
Self-help housing services
Behavioral Health and Healthcare Services
Designated health providers
Designated health shelter beds
Veterans Shelter, Housing, and Services
Health and Safety Screening
Housing Problem Solving
Intake, Eligibility and Prioritization Assessment
Shelter, TH, RRH, VASH
Prioritization + Matching
Client wishes to transfer to other HRC or resources available in other HRC
Transfer client to other HRC
No housing resources currently available
Client informed of next steps & expectations, safety planning, and emphasize connecting to mainstream resources and basic housing assistance
ESG Prevention Assistance
Emergency Shelter (regional)
Transitional Housing- Interim Housing (regional)
Transitional Housing- Long term or special pop (countywide)
Rapid Rehousing (regional)
Housing Navigation (regional and AC3)
Permanent Supportive Housing (countywide)
Matching
Permanent Housing
Family/Friends
Market Rental
Room Rental
Roommate in Rental
Subsidized Rental
Permanent Supportive Housing

Program Descriptions - Emergency Shelter, Assisted Living and Medical Respite

Program Detail	Emergency Shelter	Assisted Living	Medical Respite
Target Population	Families experiencing homelessness	Aging, vulnerable, homeless patients requiring longer term care in recovering from illness/injury, requiring ongoing rehabilitation services or nursing care but not sufficiently acute as to require hospitalization or subacute/skilled nursing clinical care, and/or who require hospice/End of Life palliative care.	Homeless adults 18-80 with injuries or medical conditions who are hospitalized or receiving medical care and require acute or post-acute medical care, are too ill or frail to recover on the streets or shelters, but do not require hospitalization for their condition.
Number of Beds and Clients Served annually	40 beds; approximately 175 served annually.	30 beds; approximately 50 aging, medically frail patients will be provided with longer-term assisted living services annually.	40 beds; approximately 300 medically fragile homeless adults provided with medical respite annually.
Age Range	0-90	50+	18-80
Description of Service	Residents receive three meals a day and snacks, personal hygiene products, showers, clothing, laundry machines and soap, mail services, and telephone access. Case management, housing assistance, information and referral, assistance in securing benefits and employment, life skills workshops, money management and other workshops, and transportation vouchers. Clients also receive domestic violence education, family and child counseling therapy services, mobile health clinics, and advocacy with K-12 students.	Provision of facility based residential nursing care and related services for aging vulnerable homeless patients, provision of longer-term (2+mo) care in recovering from illness/injury, needing rehabilitation services, or with acute medical conditions including mental illness and behavioral health conditions; who require hospice/End of Life palliative care; or who are unable to care for themselves in housing, but do not require hospitalization. Provision of help with activities of daily living such as eating, bathing, toilets, etc. provision of appropriate therapeutic care to facilitate independence and work with patients to discharge to least restrictive available living environments. Services include nursing care, patient care coordination with primary, behavioral and palliative care providers, housing and benefits case management, community integration efforts and services, life-enhancing activities to meet recreation, spiritual, clothing, haircuts and exercise needs.	Provision of facility based residential nursing and clinical care for homeless adults with acute medical care who require time-limited recuperative care, including: Acute medical care, medication storage, dispensing and pharmacy services, case management (benefits, housing and education, transportation), behavioral health clinical care including substance use and pain management services, meals, security, care coordination with medical and service providers, and provision of life-enhancing activities to meet recreation, spiritual, clothing, haircuts, and exercise needs.

Referral Process	Through Mid-County Coordinated Entry service hub.	Preadmission authorization required; as beds available; evaluation of condition and need for assisted living/skilled nursing care. Referral provided by, HCH primary care partners, hospital providers and other partners.	Medical respite preadmission authorization required, through MOU with community providers including Alameda Health System hospital providers, Summit/Alta Bates hospital system, HCH primary care partners and other referral agencies on an as needed basis. Referrals will include a standardized assessment and intake sheet, faxed to On-Call nurse for evaluation and discussion with referring medical professional.
Admission Criteria	• Literal Homelessness • Families with children under 18 • Assessed and prioritized through Coordinated Entry service hub	• Homeless • Referred from collaborating health care provider in Alameda County • Over 50 years of age OR documented End of Living stage • Requires skilled services: assistance with activities of daily life (showers, dressing, grooming, cueing for medication) at least 5 days/week • Medical care needs which require nursing care for greater than 4 weeks (including wound, respiratory, rehabilitative, fluids, medications, ostomy, pain management, enteral tube, diabetic care, central lines). • In hospice care or under End of Life palliative care.	• Homeless • Referred from collaborating health care facility in Alameda County • Medically and behaviorally stable enough to accept and receive care and not interrupt care of others. • Acute medical problem requiring short-term respite care • Independent in mobility transfer, feeding, not a fall-risk • Agreeable to admission and receiving care • Independence in Activities of Daily Living • Have scheduled subspecialty follow-up appointments • Priority diagnosis may include: post-operative care, injury, pneumonia, cancer, HIV/AIDs, neurological disease, orthopedic conditions.
Exclusion Criteria	Single individuals	• Patients will be screened for criminal history including registered sex offender status, arson, may be criteria for exclusion according to program procedures. • Active contagious air-borne respiratory illness	• Patients will be screened for criminal history including registered sex offender status, arson, may be criteria for exclusion according to program procedures. • Active contagious air-borne respiratory illness • Patients requiring a level of clinical care beyond that of Medical Respite standards will be excluded. • CIWA (alcohol withdrawal) >10.
Documentation Required		Baseline level of function, summary of medical history	Provider referral form Medical Respite Referral Packet: Chest X-Ray/TB clearance, Patient History, Discharge Summary, Labs, psychiatric/DA consultation, social services information, Physical, medication and supplies reconciliation form, homelessness verification, disease verification Form, follow up appointments.
Length of Stay	Average is three months.	2 months to End of Life.	1 to 12 weeks according to medical necessity.

Staffing Personnel	Oversight by Emergency Services Director, One full-time shelter coordinator, FT case manager, a part-time child advocate, part time therapist, 24 hour staffing by resident advocates.	MD medical director, Supervising RNs, LVNs, nursing students, licensed therapists, psychiatrist, cleaning staff, enabling services staff (CHW, activity leaders), security staff	MD Medical Director, Supervising RNS, LVNS, nursing students, psychiatrist, cleaning staff, enabling services staff (CHWs activity leaders) security staff
Discharge Planning	Goal of shelter is to find housing, every family will work with staff on applying for and attaining permanent housing and needed services.	Plan of care developed by staff w/patient, with nursing and rehab goals; development of community reintegration plan to meet needs, promote independence, recovery and ensure medical safety.	Plan of care developed by staff w/patient, upon agreement of entry, in coordination with referring clinical provider, with nursing and rehab goals; development of community reintegration plan to meet needs, promote independence, recovery and ensure medical safety. Possible coordination with on site shelter.
Hours of Operation	24/7/365	24 hours/day. Referrals MF 9-5. Physician clinical care available 8 hours/day. Nursing care available 24 hours a day.	24 hours/day. Referrals MF 9-5. Physician clinical care available 8 hours/day. Nursing care available 24 hours a day.
Emergency Care Policy		1. Emergency Equipment: Fully equipped crash cart for Codes, easily accessible AEDs. Emergency drug kits. 2. Emergency Procedures Protocols for medical, behavioral, psychiatric emergencies. 3. Emergency protocols/MOU with Alameda Hospital ED, first responders, Mental Health Crisis Unit. 4. DNR/DNI orders protocols. 5. After hours clinical care available through Alameda Health System clinical coverage.	1. Emergency Equipment: Fully equipped crash cart for codes, easily accessible AEDs. Emergency drug kits. 2. Emergency Procedures Protocols for medical, behavioral, psychiatric emergencies. 3. Emergency protocols/MOU with Alameda Hospital ED, first responders, Mental Health Crisis Unit. 4. After hours clinical care available through Alameda Health System clinical coverage.
Day to day operation	Shelter will be staffed by 24 hours a day resident advocates with managers and directors available by phone or in person for on call needs.	• Weekly disposition rounds (RN Case manager, team case manager, supervising MD, providers, psychiatrist, as available. • Daily activities (health, exercise, occupational, recreation, governance) available based on patient needs. • Three meals daily	• Disposition Rounds daily RN case manager, team case manager, team provider, supervising MD, psychiatrist, team nurse (as available). • Daily activities (health, exercise, occupational, recreation, governance) available based on patient needs. • Patients able to access 24-hour bedrest if needed. • Three meals daily.
Medication	Medication storage unit locked under supervision of program manager.	Medication storage unit locked under supervision of program manager. Patients able to access Respite pharmacy under care of clinician.	On site pharmacy registered with California Board of Pharmacy under medical license of ACHCSA. Stock pharmacy operated under HCSA program policies and procedures.
Medical Supplies		Assisted living medical supplies stocked from main medical supply room in Medical Respite center. Managed by medical facilities manager.	All medical respite medical supplies stored and stocked in main medical supply room. Managed by medical facilities manager.
Laboratory Tests		All laboratory services provided will be those explicitly covered under CLIA waiver.	All laboratory services provided will be those explicitly covered under CLIA waiver.

Medical Infectious Waste; Linens and Laundry	Staff and residents wash all linens and laundry.	• Color-coded system for waste and linen. Medical/Infectious waste disposed in red biohazardous waste containers. Outside contractor employed to collect and dispose of biohazardous waste per CA Dep't Health Care Svcs regulations. Procedures/records maintained by medical facilities manager. • All soiled linen and laundry will be handled according to universal precautions. Outside contractor employed to clean soiled linen and laundry. • Standard and transmission-based precautions according to policies and procedures and OSHA.	• Color-coded system for waste and linen. Medical/Infectious waste disposed in red biohazardous waste containers. Outside contractor employed to collect and dispose of biohazardous waste per CA Dep't Health Care Svcs regulations. Procedures/records maintained by medical facilities manager. • All soiled linen and laundry will be handled according to universal precautions. Outside contractor employed to clean soiled linen and laundry. • Standard and transmission-based precautions according to policies and procedures and OSHA.
Clinic Cleaning	Shelter will be cleaned thoroughly on a daily basis and as needed by staff and clients.	Clinic and patient living space will be cleaned thoroughly on a daily basis and as needed by housekeeping staff.	Clinic and patient living space will be cleaned thoroughly on a daily basis and as needed by housekeeping staff. Clinical spaces deep-cleaned on weekly basis.
Quality Improvement/Quality Assurance planning		Clinic Medical Director will direct staff-wide QI/QA committee efforts to review utilization, discharge, incident reports, program, patient complaints, OSHA compliance, infectious disease issues and quality improvement measures, pharmacy/medication, credentialing and privileging issues. Medical director will serve on larger health center-wide QI/QA planning.	Clinic Medical Director will direct staff-wide QI/QA committee efforts to review utilization, discharge, incident reports, program, patient complaints, OSHA compliance, infectious disease issues and quality improvement measures, pharmacy/medication, credentialing and privileging issues. Medical director will serve on larger health center-wide QI/QA planning.
Clinical Supervision	Clinical supervision at weekly case conference ensures that case managers and resident advocates receive support and training around client issues and issues that come up for staff (secondary trauma, for example).	Clinical supervision provided according to Credentialing and Privileging policies and procedures and state law. All clinical services supervised by Clinic Medical Director. Disposition Rounds daily RN case manager, team case manager, team provider, supervising MD, psychiatrist, team nurse (as available). Outside record review provided by Nurse Manager (discharge summary, records, etc.) basis of patient care plan.	Clinical supervision provided according to Credentialing and Privileging policies and procedures and state law. All clinical services supervised by Clinic Medical Director. Disposition Rounds daily RN case manager, team case manager, team provider, supervising MD, psychiatrist, team nurse (as available). Outside record review provided by Nurse Manager (discharge summary, records, etc.) basis of patient care plan.

Security/Safety	Shelter will be staffed by 24 hours a day resident advocates with managers and directors available by phone or in person for on call needs.	• Screening of Patients before admission • 24-hour staff on site • Relationship with local police • Alarm system and video security • OSHA-compliant patient and staff security precautions • Standard, contact and transmission-based precautions based on policies and procedures. • Blood and body fluid exposure flow chart. • Limited patient access to other areas of project (child care, shelter, etc.)	• Screening of Patients before admission • 24-hour staff on site • Relationship with local police • Alarm system and video security • OSHA-compliant patient and staff security precautions • Standard, contact and transmission-based precautions based on policies and procedures. • Blood and body fluid exposure flow chart. • Limited patient access to other areas of project (child care, shelter, etc.)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

August 31, 2017

Transitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center
620 Central Avenue
Alameda, California
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This Department has completed its review of Alameda Point Collaborative's August 7, 2017 application and August 24, 2017 amendment (collectively hereinafter the "initial application") for acquisition of the above-referenced property pursuant to Title V of the McKinney Vento Homeless Assistance Act, as amended. The initial application was reviewed based on the following criteria: services offered; need; and experience. Alameda Point Collaborative met all evaluation review criteria and therefore, is granted an opporuntity to submit a final application detailing its financial plan.

Please complete items 4.(B), 4.(C), 4.(D) and 4.(E), of the attached application which pertain to the applicant's proposed financial plan, including funding sources. If any funding sources are not currently available or have not been awarded, please be certain to provide evidence of the applicant's likelihood of obtaining necessary funding, such as past success in obtaining similar funding. Your final application is due 45 days from the date of this letter. Therefore, please submit your final application as a PDF via email to rpb@psc.gov, no later than close of business, Monday, October 16, 2017. If you are unable to submit electronically, please call me on (301) 443-6672 for instructions.

Upon receipt of your final application we will continue with our review. Please note that environmental review is ongoing. Considering Alameda Point Collaborative proposes major construction, additional information is likely to be required.

Should you have any questions, please do not hesitate to contact me on the above-referenced number or by email, Theresa.Ritta@psc.hhs.gov.

Sincerely yours,

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

November 3, 2017

Transmitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center Northern Parcel
620 Central Avenue
Alameda, Alameda County 94501
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This will acknowledge receipt an email dated October 30, 2017 from Ms. Bonnie Wolf, on behalf of Alameda Point Collaborative (applicant), requesting to amend the applicant's approved August 7, 2017, amended on August 24, 2017, proposal for use of the above-referenced property for homeless assistance purposes. The email contained a Project Summary and 2017 Project Description of Alameda Medical Respite and Wellness facility. A review of the revised project proposal indicates that it is deficient. Please address the following items for our continued review and determination.

- APC states that its "assisted living" program is not the licensed medical definition of assisted living. Does it still intend to obtain licensure as stated in the original application? Will the program still provide round the clock medical care and case management services? Please explicitly describe the proposed clientele.
- APC proposes to expand its Respite and Assisted Living programs; however, APC did not explain the impact the expansion would have on the proposed staffing. Please describe changes in staffing needs, as applicable.
- Please update the number of clients APC hopes to serve annually, including a breakdown of men to women ratio.
- Describe how the proposed project will affect the originally proposed utilization and renovation/construction plans of the subject property. Submit a rough floor plan, including:
  (1) the location of the proposed services within the buildings;
  (2) estimated square footage use of each program component; and
  (3) location, type, size, and proposed use of new structures to be built.
- Describe the implementation time to complete any improvements for the new project and for bringing the property to full utilization.
- Will the proposed program conform to zoning ordinances considering there will no longer be emergency shelter on the property or will a variance be required?
- Please verify if the letters of support from the City of Oakland, City of Berkley, Department of Veteran Affairs, etc. from the previous application, still support the revised proposal as well.

Responses to the above items will be considered as an addendum to your initial application. Please submit your response electronically (PDF) to, rpb@psc.hhs.gov, no later than close of business Friday, November 10, 2017. Upon our receipt of the requested information, we will continue with our review.

Should you have any questions, please do not hesitate to contact me by email, Theresa.ritta@psc.hhs.gov, or telephone at 301-443-6672.

Sincerely,

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

Alameda Point Collaborative

November 9, 2017

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center
Department of Health and Human Services
Rockville, Maryland 20857

Project: **Alameda Federal Center Northern Parcel 620 Central Avenue Alameda, Alameda County 94501 GSA No.: 9-G-CA-1604-AD**

Responses to HHS Questions regarding Updated Program Description Letter dated 11/03/17

1) **APC states its "assisted living" program is not the licensed definition of assisted living. Does it still intend to obtain licensure as stated in the original application? Will the program still provide round the clock medical care and case management services? Please explicitly describe the proposed clientele.**

   a) Licensing

   While the proposed program has similar goals and program elements as traditional assisted living, the program has been structured as a supportive housing program to assure the financial viability for the development of permanent, medically and service-enriched housing resources for this population. The financial structure of the project shaped the decision to not obtain licensure as an assisted living facility. Tenants will pay 30 percent of their income (typically SSI) for rent. Residents will benefit from privacy in their housing unit, affordable rent and enhanced access to on-site medical and mental health care.

   The on-site Federally Qualified Health Center (FQHC) is licensed by the State of California as a primary care clinic. The program will utilize FQHC licensed clinicians, including a physician and psychiatrist, nurse practitioners and/or physician assistants, licensed clinical social workers and nurses to provide extensive clinical care for residents.

   Supportive housing programs have state licensing requirements that relate to property management. APC will be in full compliance with these licensing requirements. APC will do its due diligence in issuing an RFP to identify an appropriate and qualified property management company.

   The project will offer residents a high-quality, beautiful and dignified living environment. The program will support older homeless adults to improve health and wellness outcomes as well as experience end-of-life in a supportive community.

   The proposed "Assisted Living" program is medically-enriched supportive housing for older, homeless and medically fragile homeless adults. There is no local supportive housing program combined with intensive medical and behavioral health services for this vulnerable population. The proposed program has been designed to address a vital gap in services for aging homeless adults with complex medical and mental health conditions in Alameda County.

   The proposed program, similar to traditional assisted living, provides a facility and staff to foster independent living for aging adult residents in a community setting. The proposed program will offer services that are typical in traditional assisted living, including three meals daily in a common dining

area, daily recreational and social activities, personal care assistance, transportation to appointments, housekeeping and a shared community environment.

The proposed housing and service program model has been designed to specifically meet the needs of medically vulnerable homeless adults. The enriched service package includes:

- Intensive psychosocial programs
- Skill-building groups to foster independent living
- On-site recovery programs
- Integration of hospice care
- Access to on-site medical and behavioral health clinic
- In-home medical care
- Coordination with primary, behavioral and palliative care providers
- Support for clients to reconnect with family
- Community integration services

Because we expect that 100 percent of residents will be Medi-Cal recipients with disabilities, they will be also eligible for in-home supportive services (IHSS) benefits. These benefits will assure that residents will be assisted with Activities of Daily Living (ADLs), such as showering and dressing.

b) Coverage

The project will provide 24-hour medical care and case management services to provide oversight and coverage for Assisted Living and Medical Respite residents. A Certified Nurse Assistant will provide coverage for the overnight shift and will be able to assist residents, including the facilitation of emergency care when needed.

c) Proposed Assisted Living Clients

The Assisted Living program will provide supportive housing resources with intensive services and on-site medical care. Clients will primarily be older adults with complex medical and mental health conditions. There is no supportive housing program in Alameda County that specifically benefits the growing population of aging homeless persons who need intensive medical and behavioral health care. These individuals are experiencing significant declines in their cognitive and mental health status. The existing local programs are not designed to address complex medical and mental health conditions of an aging homeless population.

A key element of the program will be the provision of hospice care for clients who are experiencing end-of-life concerns (separate program provides this service). Homeless individuals tend to prematurely age and die 25 years sooner than the general population. Homeless adults in their 50's typically show cognitive declines and medical conditions that are typically seen in housed persons in their 70's and 80's. These clients need additional services, including access to medical and behavioral health services, in order to maintain independence within a residential and a community setting.

The medical respite program will provide recuperative care for homeless persons with high medical acuity to recover from an illness or injury. These clients face grave risk for further infections and re-hospitalization if they are discharged back to the streets. Medical respite clients will be primarily referred from safety-net hospitals, managed care, Alameda Paramedics, skilled nursing facilities and other service programs.

2) **Proposed Staffing for Alameda Medical Respite and Wellness Center**

Program	New Employment – Project Staff/position
Assisted Living/Permanent Supportive Housing	1 FTE Program Manager (Residential Services) 1 FTE Assistant Program Manager 4 FTE Social Workers .5 FTE Residential Maintenance Staff
Medical Respite	.5 FTE Medical Director (MD) 9 FTE Certified Nursing Assistants (CNAs)/ Licensed Vocational Nurses (LVNs)
FQHC Health Clinic (Medical and Behavioral Health)	1 FTE Clinic Director 1 FTE Nursing Manager 1 FTE Registered Nurse 3.5 FTE Physician Assistants/Nurse Practitioners .25 FTE Psychiatrist 1 FTE Lead Supervising Licensed Social Worker (LCSW) 4 FTE Medical Assistants 3 FTE Case Managers 1 FTE Licensed Social Worker (LCSW) 1 FTE Receptionist
Transitional Housing	.5 FTE Case Manager
Resource Center/CES	2 FTE Case Managers
Employment	1 FTE Employment Coach
Kitchen and Dining	1 FTE Kitchen and Dining Manager 1 FTE Cook 4.5 FTE Kitchen and Dining Staff
Transportation Program	.5 FTE Transportation Coordinator 2 FTE Drivers
Housekeeping	.5 FTE Housekeeping Manager 3 FTE Housekeeping and Linens Staff
Total employment	**48.75 positions**

3) **Clients Served Annually, including a breakdown of men to women ratio**

a) Anticipated Clients Served Annually

Program	Capacity	Capture/Turn-over	Clients Served (Annually)
Assisted Living	90 units	10% turnover	100
Medical Respite	38 beds	95% capture (36) 30-day average stay	432
Transitional Housing	12 beds	20-day average stay	216
Resource Center/CES			200
Employment			40
Total			**988 clients served annually**

Notes:

Health Clinic clients were not counted in this table as this would be duplicating the clients participating in the Medical Respite, Assisted Living, Transitional Housing and Resource Center programs.

Transitional Housing residents might represent some duplicative counts.

Client Count: The client count of 976 persons in our initial application did not account for client duplication. This more refined plan enables better accounting for overlapping clients.

b) Male/Female Ratio

Assisted Living will strive for a balanced and equal male/female client ratio. Assisted Living residents will be comprised of clients that have been prioritized by the Coordinated Entry System housing search program. As such, male: female ratios will fluctuate but the project will strive for overall balance.

Medical respite clients will be referred from safety-net hospitals, managed care organizations, paramedics and other community service organizations. The male/female ratio of medical respite will likely reflect the 2017 Homeless Count for Alameda County. Of the 5,629 persons experiencing homelessness on a given night in 2017, 58% were male, 41% were female and 1% were transgendered. These ratios will fluctuate, based on client medical need and hospital referrals.

4) **Describe how the proposed project will affect the originally proposed utilization and renovation/construction plans of subject property. Submit a rough floor plan, including:**

a) The location of the proposed services within the buildings

Please see attached floor plans. The proposed plans fully utilize the existing buildings. The proposed floor area of 72,049 SF is slightly less than the GSA reported existing floor area of 76,029 SF as a result of the following factors: differences in estimating floor area without a use of as-built drawings, adjustments to the proposed perimeter of Building 1 to increase daylight into the building, not designating the reuse of unoccupied mechanical space in the upper level mezzanine of Building 1, and removing floor area on the second floor of Building 2A for emergency egress.

The location of the proposed services within the buildings is as follows:

Programs	Building – Location of Service
Medical Respite	Building 1
Transitional Housing	Building 1
Assisted Living	Building 2A, 2B, 2C and 2D
Resource Center	Building 1
Medical Clinic	Building 1
Mental Health Clinic	Building 1
Housekeeping/Laundry	Building 1
Kitchen & Dining	Building 2D
Employment Services	Building 1

b) Estimated square footage use of each program component

Programs	Building 1	Building 2 a,b,c	Building 2d	Total
Medical Respite	16,797			16,797
Transitional Housing	1,093			1,093
Assisted Living		26,684	21,354	48,038
Resource Center	742			742
Medical Clinic	1,272			1,272
Mental Health Clinic	1,007			1,007
Housekeeping/Laundry	398			398
Kitchen & Dining			2,414	2,414
Employment Services	288			288
Total	**21,597**	**26,684**	**23,768**	**72,049**

c) Location, type, size and proposed use of new structures to be built

The buildings will be renovated for the proposed use and there will be no new construction in the current plan. The proposed renovation of the property will attain cost savings, compared to new construction. The buildings are in good condition and fully occupied since November 2016 by the U.S.D.A. inspection facility. There is still a full-time maintenance engineer on the site who ensures that all mechanical, electrical, plumbing and heating systems as well as building grounds are in working order.

5) Describe the implementation time to complete any improvements for the new project and for bringing the property to full utilization.

There will be no change in the 36-month implementation period to bring the property to full utilization.

6) **Will the proposed program conform to zoning ordinances considering there will be no longer be emergency shelter on the property or will a variance be required?**

Per the letter from the City of Alameda to addressed to Ms. Ritta, U.S. Department of Health and Human Services, dated August 21, 2017 (2nd to last paragraph) and follow-up conversations, "all uses other than the emergency shelter are permitted or conditionally permitted uses within the AP Zoning District."

Since the shelter is no longer a part of the project, no variance will be required. The removal of the G overlay will still be required.

7) **Please verify if the letters of support from the City of Oakland, City of Berkeley, Department of Veteran Affairs, etc. from the previous application, still support the revised proposal as well.**

Please find the attached letters confirming continued support for the revised application:

a) Updated Letter from the City of Oakland and the City of Berkeley affirming their support for the current project, including their statements that the current concept "improves and strengthens an already strong proposal and will fill a critical gap in services for Alameda County's homeless population."

b) The Department of Veteran Affairs has not altered their support of the project as Operation Dignity's role in the project is consistent with the original application. We were unable to get an updated letter due to time constraints. The revised project provides additional vital resources for the homeless veteran community due to the increase in supportive housing units. If the project is successful in securing HUD VASH vouchers, this will directly provide permanent housing resources for homeless veterans, consistent with the goals of the Department of Veterans Affairs.

c) All other partners are reconfirming their support and committing to specific funding or in-kind involvement. We are compiling those letters and will include them in the financial submission we will be sending on or before Nov. 15th.

Please don't hesitate to contact me if you have any questions.

Sincerely,

Doug Biggs
Executive Director
Alameda Point Collaborative
510-898-7849

Doug Biggs

From: bonnie Wolf <bonniewolf@att.net>
Sent: Monday, October 30, 2017 4:46 PM
To: Ritta, Theresa (PSC/RLO/RPMS)
Cc: Doug Biggs
Subject: Re: Re schedule: APC application for Alameda Federal North Parcel
Attachments: 2017 Project Description of Alameda Medical Respite and Wellness .docx; ATT00001.htm; PROJECT SUMMARY.docx; ATT00002.htm

Hi Ms. Ritta:

As discussed, attached is an updated project description. As you can see, we have made the following proposed program design changes, based on extensive planning about the optimal programs at the site:

- Increased the number of assisted living beds significantly, due to the profound need for medically-enriched permanent supportive housing resources for medically vulnerable, aging homeless adults in Alameda County.

- Decided not to include the EarlyHead Start and emergency shelter programs at this site,

- Included an on-site FQHC Medical and Behavioral Wellness Clinic to serve medical respite patients, assisted living residents and Resource Center clients. LifeLong Medical Care has operated similar clinics.

We look forward to discussing the program design enhancements and changes with you. Please let Doug and I know if you have any questions.

Warm Regards,

Bonnie

Bonnie Wolf
Project Director, Alameda Medical Respite and Wellness Center
510-206-1225

Project Description
Alameda Medical Respite and Wellness Center

Vision

The Alameda Point Collaborative (APC) and project partners are applying to the U.S. Department of Health and Human Services to acquire, develop and transform a 3.65 acre property in Alameda, California. The proposed Alameda Medical Respite and Wellness Center (Center) will primarily serve medically vulnerable, aging adults experiencing homelessness in Alameda County.

The unique project vision will provide the following programs to address the needs of homeless persons with medically complex and behavioral health conditions in Alameda County:

- 30-40 bed Medical Respite program
- 80-90 "Assisted Living" – medically-enriched supportive housing units
- 5-10 Transitional Housing beds
- Federally Qualified Health Clinic (FQHC) satellite medical and behavioral wellness clinic
- Coordinated Entry Service Hub (intensive linkages to housing)
- Employment Training program
- Indoor and outdoor common spaces for residents
- Common Dining Area
- Transportation to link clients with services and community

Programs that will specifically target residents of the City of Alameda that are experiencing homelessness include:

- Resource Center – drop-in center with case management support and emergency supplies
- Warming and Cooling Shelter
- Coordinated Entry Service Hub (intensive linkages to housing)

The property for the proposed Center is located just yards from the San Francisco Bay and the East Bay Regional Park District's Crab Cove. The site, designated as federal surplus property, is eligible for adaptive reuse as a homeless accommodation project. The site includes 5 buildings with 79,880 square feet of floor area. The property was constructed in 1942 as WWII-era training facilities for officers in the U.S. Maritime Service. The buildings require extensive renovation for the proposed project.

Alameda Point Collaborative (APC), the lead agency, submitted an application to the U.S. Department of Health and Human Services to acquire and develop the site. APC submitted the application with the following partners: Alameda County Health Care Services Agency (Health Care for the Homeless program), Building Futures, LifeLong Medical Care and Operation Dignity.

The program model will integrate the principles of trauma-informed care, culturally responsive practice, recovery oriented care and peer engagement. These principles will shape all aspects of operations.

The model of care will address recent growth of geriatric, medical and psychosocial challenges associated with a rapidly aging homeless population. The "heart" of the Center will focus on creating sanctuaries of healing relationships and mutually supportive community.

Beneficial Outcomes

The Center's continuum of housing operations includes short-term housing (warming/cooling center, medical respite, transitional housing) as well as permanent supportive housing. The on-site medical clinic will ensure intensive medical and behavioral health services. The Resource Center will offer a place to rest, obtain emergency food and clothing supplies, and connect with caring community. Intensive housing placement will support clients to find safe housing options. Hospice will be integrated into the medical respite and assisted living programs to offer dignified end-of-life care when needed. Extensive recreational, cultural and group learning activities will take place in shared indoor and outdoor common spaces and in the broader community.

Clients will achieve the following beneficial outcomes:

- Improved health from acute illness and chronic conditions
- Improved housing status and exits from homelessness
- Improved quality of life through connections to on-going health care, income and social services
- Stronger connections to family and community
- Enhanced end-of-life experience through hospice care

Hospitals/Managed Care Plans will realize the following beneficial outcomes:

- Improved access to healing environments for medically vulnerable clients
- Decreased hospital stays
- Reduced hospital readmissions
- Decreased reliance on emergency departments
- Cost savings and operational efficiencies

City of Alameda and Alameda County will realize the following beneficial outcomes:

- Safe and welcoming alternatives to the streets for adults experiencing homelessness
- Addition of vitally needed resources for homeless persons with medical and behavioral health conditions
- Reduced public cost of homelessness across multiple systems (emergency, hospital and criminal justice)

Vital Need

In Alameda County, at least 5,629 persons experience homelessness on any given night, including 3,863 unsheltered persons who live in parks, cars under bridges or other unsuitable conditions.[1] At least 18,000 individuals or greater than 1 percent of Alameda County residents will experience homelessness in a year. Of the 204 persons counted as homeless in the city of Alameda on any given night in 2017, many are chronically homeless seniors with significant health issues

The proposed Center will address significant service gaps in Alameda County, including:

- Limited assisted living, skilled nursing or hospice options for our most vulnerable citizens
- No medical respite options for persons with high medical acuity
- Lack of systems-level response to meet the service and housing needs of a rapidly aging homeless population with significant cognitive and behavioral health challenges
- Limited prevention and early intervention for controllable medical conditions
- Lack of affordable housing for aging and disabled seniors on a fixed income

Alameda County is the 7th most populated county in California, with a population of 1,638,215 in 2015. Alameda County has the highest number of residents living below the poverty line compared to other Bay Area communities. The pathways in and out of homelessness reflect a complex interaction between structural factors (lack of affordable housing, racial inequities and economic disparities), individual circumstances (job loss, mental illness, childhood adversity and health conditions) and systems failures (limited resources and service delivery gaps).

Individuals experiencing homeless face profound disparities in acute and chronic health conditions and utilize acute care services more frequently the general population. Adults who experience prolonged homelessness have mortality rates three to four times that of the general population. Premature aging is pronounced as people experiencing homelessness die 25 years earlier than housed persons.[2] Health problems stem from and are exacerbated by inadequate access to safe shelter and nutritious food, and exposure to communicable diseases, chronic stress and violence.

Persons experiencing homelessness stay in the hospital longer and have higher readmission rates than the general population. Patients experiencing homelessness tend to utilize emergency rooms in place of primary care, contributing to higher hospitalization costs. Homeless people find it almost impossible to adhere to hospital discharge instructions on the streets and in shelters, due to a lack of hygienic and predictable environments and safe places to store their medications.

<u>National Data Health Costs</u>

The disproportionate utilization of acute care is indicated by the following national data:

- Hospital stays for homeless patients average two days longer than housed patients.
- Thirty-day readmission rates at Emergency Departments are 5.7 times higher for homeless individuals than the general population.[3]
- Readmission rates are nearly twice as high as other patients, costing approximately $4,000 more per visit than most patients in the U.S.[4]

- Homeless patients visit Emergency Departments 6 times per year, compared to 1.6 times for persons with stable housing.[5]
- In Boston, approximately 6,500 homeless individuals used emergency rooms 4 times more than other low-income residents, costing the state's health care system $16 million a year.[6]
- San Francisco spends an average of $87,480 per person on an annual basis for the inpatient costs of the sickest people on the streets.[7]

Alameda County Health Costs

People experiencing homelessness have a higher level of medical care and associated costs:

- From 2010-2012, the total reported cost of hospitalizations for persons experiencing homelessness in Alameda County was $39,095,728 or $11,898 per hospitalization. [8]
- The average length of hospitalization for persons experiencing homelessness was 2 extra days - 7.3 days, as compared to 5.3 days for the general population in 2012.[9]
- The average cost of an additional 2 day stay for homeless persons was an additional $3,804 per hospitalization in 2012.
- In 2012, Alameda County had an average cost of $15,000 per hospital admission of a homeless person – equivalent to the approximate cost of one year of permanent supportive housing.[10]

Center Programs

Medical Respite

The proposed 30-40 bed Medical Respite program will enable individuals experiencing homelessness to recover in a safe and nurturing environment, while accessing medical care and supportive services. The program will have a special emphasis of benefiting persons with high medical acuity compounded by behavioral health challenges.

Medical Respite is a cost-effective, safe and humane discharge alternative for homeless individuals. There are 80 medical respite programs in the U.S. which are improving health outcomes of vulnerable populations and achieving significant cost savings for health systems. Medical respite care refers to short-term recuperative housing that provides acute and post-acute medical care for homeless individuals after a hospitalization, medical procedure or emergency. The goal is to facilitate a process of recovery that homelessness often prevents or impedes at a lower cost than hospital care.

Medical respite represents a critical window to address short-term medical needs of clients, while helping them to connect to the resources they need to exit homelessness, such as primary care, support services and housing resources. These resources enable clients to achieve health recovery and improve their long-term housing status.

Examples of beneficial health system cost savings relating to medical respite include:

- In Boston, patients who had access to medical respite care had a 50% reduction of hospital readmissions within 90 days discharge, compared to patients that are discharged to their own care.[11]
- Average rate of hospital admissions declined by 35% and the average emergency room visits declined by 45% for medical respite participants in the year following medical respite care, according to a federal study.[12]

Cost Savings from Medical Respite [1]	
Los Angeles, CA	$3 million total annual savings for hospitals
Portland, OR	$3.5 million savings over 3 years from one hospital
Cincinnati, OH	$6.2 million total annual savings for three hospitals
Santa Clara, CA	$1 million savings in first 2 years for seven hospitals

Without respite care after hospital discharge, homeless individuals with high acuity and complex medical conditions are at risk for worsening health complications or susceptible to die alone and without care on the streets. The program will provide the "bridge" from acute care to health stabilization. Medical Respite referrals will be coordinated with East Bay safety-net hospitals, managed care plans, skilled nursing facilities and other referring agencies to facilitate transfer of care.

The program will provide:

- medical services for acute and chronic conditions
- behavioral health services for mental health conditions
- case management and service coordination
- nutritious meals
- transportation to medical appointments and community linkages
- opportunities for healing such as art and animal therapy
- outdoor options, such as community gardening and walking trail

Length of stay in medical respite will depend on the acuity of the patient's health condition and successful housing placements. Aftercare planning begins immediately, with an intensive focus of supporting clients to gain access to long-term primary medical care and safe, suitable and affordable housing.

Medical and behavioral health clinicians, based at the on-site clinic, will provide health care services to medical respite residents. Medical services will include: urgent care, follow-up care for acute and chronic conditions, medication management, health education, pain management, and behavioral health counseling. Staff will include nurses, physicians, nurse assistants, nurse practitioners and community health workers.

Case managers, social workers and peer advocates will be trained in an integrative framework of trauma-informed, culturally responsive and recovery-oriented care. Clients will be supported to gain self-care skills, utilize community primary care, honor their resiliencies, realize health recovery, secure suitable housing and rebuild their lives.

The anticipated outcomes of the proposed Medical Respite program include:

Client	Hospital
• Access to a nurturing environment that supports recovery and wellness	• Reduced costs for acute care hospitals and the health system
• Improved health outcomes for participants	• Decreased unnecessary hospital stays
• Increased connection to community primary health	• Reduced over-reliance on emergency services
• Improved housing status	• Reduced preventable readmissions

Medical respite will be a main entry point into the Center. As clients attain improved health, longer residential care may be needed for full recovery or to obtain appropriate housing. Transitional beds will provide a step-down 28-day alternative for people who need less medical care and still need temporary housing to recover. Medical respite clients will have access to assisted living units when available. The on-site Coordinated Entry System will provide extensive housing search for medical respite clients.

Service-Enriched Supportive Housing/ "Assisted Living"

The 75-90 bed "assisted living" program will provide independent, supportive housing resources. These residents will have access to medical and behavioral health care at the on-site clinic. The program will provide attractive, clean and comfortable living spaces. The service-enriched programming will foster independent and healthy living as well as community participation.

The envisioned "assisted living" is not the licensed medical definition of assisted living. The program promotes independent living in studio apartment units for clients capable of self-care. The on-site case management team works with residents of the assisted living units to access on-site medical and behavioral health services, develop independent living skills, discover their unique sense of purpose, participate in community programs, and pursue recovery goals.

As in traditional assisted living, some residents will experience their end-of-life while residing at these units. A key service provided will be on-site hospice care, coordinated through the County Hospice Providers Coalition and a supportive community setting.

Anticipated staffing dedicated to the assisted living program includes a Program Manager, Assistant Program Manager, Nurse, Maintenance worker and housekeepers. The assisted living program will also be strengthened by community counselors/recreational assistants. These staff will encourage residents to participate in healthy skill development and community-oriented activities to support residents to achieve individual goals, promote recovery and strengthen family/social relationships. Staff will check with residents daily to assess clients and monitor service delivery for support services, medication administration and sense of well-being. The Medical Clinic will provide clinical services relating to resident's medical and behavioral health concerns.

Individual Support Services can include:

- Medical and Behavioral Wellness services at the on-site clinic.
- Creative opportunities
- Access to volunteer opportunities
- Support to pursue hobbies and interests

Psychosocial Rehabilitation Classes in topics such as:

- Daily Life Skills
- Social Engagement
- Relapse Prevention
- Positive Coping skills

Recovery and Support Groups including:

- On-site AA, NA, DRA and other twelve-step recovery groups, mental health recovery groups and socialization groups
- Tobacco cessation support

Recreational Activities such as:

- Walks, outings, cultural events and physical activities offered on a daily basis

Independent Living Skills Group Training featuring:

- Living skills groups with topics such as money management, budgeting, personal health, nutrition and exercise.
- Field trips to promote independent living skills such as banking and grocery shopping.

Medical Clinic

The Center will provide a FQHC satellite medical clinic offering primary medical, mental health and wellness services. The clinic will be open up to 30 hour hours a week. Medical and behavioral health staff will be available for on-site clinic visits as well as home visits for medical respite patients, assisted living residents and Resource Center clients.

The Medical Clinic will provide:

- Medical care for clients with complex and chronic medical conditions
- Behavioral health care services
- Access to psychiatric consultation
- Medication assisted treatment for substance use (opioids, alcohol, tobacco)
- Related health care including nutrition, podiatry and wound care
- Holistic care to promote healing, reduce pain and alleviate PTSD (e.g. acupuncture)
- Care coordination between community primary care and mental health providers, specialists and hospitals.

The Medical Clinic will employ an integrated care model that serves the whole person. In addition, the Center will establish a clear and regular communications and care system between staff at all the facilities and the medical clinic. This communication system will optimize care coordination, assure that patient goals and needs are at the heart of the care plans, and that the staffing team is aligned to support the patient's health and wellness goals.

Resource Center/Coordinated Entry System (CES)

The Resource Center will provide a safe and welcoming environment for residents of the city of Alameda that are experiencing a housing crisis and homelessness. Some of these residents are the newly homeless, having fallen on hard times and sleeping in their cars or other unsuitable environments.

The drop-in center will provide essential supplies, including food, water, showers and a place to stay warm and dry. The program will offer a welcoming space that is a touchstone for clients to "hang their hats" and dwell in a safe space.

Resource Center outreach staff will focus on building rapport with clients. Case Managers will bring a flexible, strengths-based and collaborative focus to assessing and addressing client goals. The Resource Center will offer reliable, no-barrier access to build client trust and engagement.

The Coordinated Entry Service Satellite (CES) will provide intensive housing linkages for Medical Respite and Resource Center clients. These short and long-term housing options will include emergency shelter, transitional housing as well as permanent housing. The CES prioritizes serving homeless persons that are most in need of housing resources.

Employment Training

Employment training and placement services for individuals experiencing homelessness will be provided by Alameda Point Collaborative (APC) utilizing the Individual Placement and Support (IPS) model of supported employment. IPS is utilized by the Alameda County Vocational Rehabilitation Program and has been effective in helping homeless and other people living with behavioral health conditions work at private sector jobs. IPS programs use a rapid job search approach to help job seekers obtain jobs rather than assessments, training and counseling.

The first face-to-face contact with employers occurs rapidly – within 30 days of the client's expression of interest in employment. The employment services will be closely integrated with mental health treatment teams. IPS services at the Center will be staffed by an APC employment counselor who will work closely with mental health staff at the Medical Clinic and other mental health providers contracting with the county. The IPS services will have both an external focus (placing users of the Resource Center in employment throughout the community) and an internal focus (supporting IPS placements from contracting agencies employed at the center in the kitchen, dining, grounds, caregiving, landscaping and other positions).

Supporting Programs

Transportation

The Center will develop a robust transportation program for Center residents. The transportation program will be comprised of a mixture of utilizing Center owned vehicles with staff drivers as well as para-transit and public transportation. The transportation program will include:

- Provide transportation to medical respite from hospitals and other community sites
- Link people back to communities of choice and social networks
- Help people with move-in from streets to assisted living units
- Take residents to field trips
- Support residents to access social services
- Bring clients to follow-up medical services
- Take clients to potential housing placements

Food Program

The Center will provide healthy, nutritious meals that are served three times a day in a common dining area. The food program will focus on food as a key community-building activity that promotes healthy living, fosters positive self-care, and affirms diverse cultural identities. These meals will be provided for all residents of medical respite, transitional housing and assisted living as well as clients of the Resource Center.

Summary

The Alameda Medical Respite and Wellness Center is an integrative and multi-stakeholder initiative to acquire, develop and transform federal surplus property as a Center that provides vitally needed resources for vulnerable and homeless residents of Alameda County. The Center will provide a continuum of housing options and intensive services that will primarily serve homeless individuals who are aging, have complex medical and behavioral health conditions, and tend to "fall out" of the current system of care.

Programs will be designed to support individuals experiencing homelessness to attain positive health, social and housing outcomes and attain enhanced overall wellness. The principles of trauma-informed care, culturally responsive practice and recovery-oriented care will provide an overarching and integrative framework. The objective of this unique blend of programs is to create safe environments for individuals to recover and rebuild their lives in in the context of a mutually caring and service-enriched community environment.

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1 Alameda County "2017 Homeless Point-in-Time Count and Survey."

2 O'Connell II (2005). Premature Mortality in Homeless Populations: A Review of the Literature, Nashville: National Health Care for the Homeless Council, Inc.

3 Shepard, D and Shetler, D "The Business Case for Medical Respite Service," 2016

4 National Health Care for the Homeless. Medical Respite Care: Financing Approaches." June 2017.

5 Kushel, Md, Vittinghoff, E and Hass, JS. (2001) Factors associated with the health care utilization for homeless persons. JAMA 285:200-206.

6 Bharel, M. Journal of the American Public Health Association.

7 http: motherjones.com/politics/2016/06/homeless-san-francisco-medical-respite-health-care-aging

8 Health Care Needs Assessment of People Experiencing Homelessness in Alameda County 2014-2015, Alameda Health Care for the Homeless Program http://www.achch.org/uploads/7/2/5/4/72547769/achchp_homeless_health_care_needs_assessment_2014-2015.pdf

9 Health Care Needs Assessment of People Experiencing Homelessness in Alameda County 2014-2015, Alameda Health Care for the Homeless Program http://www.achch.org/uploads/7/2/5/4/72547769/achchp_homeless_health_care_needs_assessment_2014-2015.pdf

10 Health Care Needs Assessment of People Experiencing Homelessness in Alameda County 2014-2015, Alameda Health Care for the Homeless Program http://www.achch.org/uploads/7/2/5/4/72547769/achchp_homeless_health_care_needs_assessment_2014-2015.pdf

11 Kertesz, SG, Posner, MA, O'Connell, JJ, Swain, S, Mullins, AN, Shwartz, M, & Ash, AS. (2009). Post-hospital medical respite care and hospital readmission of homeless persons. Journal of Prevention & Intervention in the Community. 37(2), 129-142.

12 Edgington, S, Shepard DS, Zeng W, Tschampl CA, Shelter D, Leackfeldt G, Baily E and Chancy, D. (2016) Medical Respite for people experiencing homelessness: a preliminary analysis. National Summit for Health Care Innovation Awards, Round 2.

PROJECT SUMMARY – Alameda Medical Respite and Wellness Center

The Alameda Point Collaborative (APC) submitted an application to the US Department of Health and Human Services to acquire, develop and transform a 3.65 acre property in Alameda, California. The proposed Alameda Medical Respite and Wellness Center will primarily serve medically vulnerable, aging and homeless adults with complex medical conditions in Alameda County. APC's project partners include: Alameda County Health Care Services Agency (Health Care for the Homeless program), Building Futures, LifeLong Medical Care and Operation Dignity.

The unique project vision features:

- 30-40 bed Medical Respite program
- 80-90 Assisted Living units – medically-enriched Supportive Housing
- 5-10 Transitional Housing beds
- Federally Qualified Health Clinic (FQHC) satellite medical and behavioral wellness clinic
- Resource Center and warming/cooling program
- Hospice Care
- Coordinated Entry Service Hub (intensive linkages to housing)
- Employment Training program
- Common Dining Area serving three nutritious meals daily
- Transportation to link clients with services and community

The property for the proposed Center is located just yards from the San Francisco Bay and the East Bay Regional Park District's Crab Cove. The site, designated as federal surplus property, is eligible for adaptive reuse as a homeless accommodation project. The site includes 5 buildings with 79,880 square feet of floor area. The buildings require extensive renovation for the proposed project.

Clients will achieve the following beneficial outcomes:

- Improved health from acute illness and chronic conditions
- Improved housing status and exits from homelessness
- Improved quality of life through connections to on-going health care, income and social services
- Stronger connections to family and community
- Enhanced end-of-life experience through hospice care

Hospitals/Managed Care Plans will realize the following beneficial outcomes:

- Improved access to healing environments for medically vulnerable clients
- Decreased hospital stays
- Reduced hospital readmissions
- Decreased reliance on emergency departments
- Cost savings and operational efficiencies

City of Alameda and Alameda County will realize the following beneficial outcomes:

- Safe and welcoming alternatives to the streets for adults experiencing homelessness
- Addition of vital resources for homeless persons with medical and behavioral health conditions
- Reduced public costs of homelessness across multiple systems (emergency, hospital and criminal justice)

Alameda Point Collaborative

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center
Department of Health and Human Services
Rockville, Maryland 20857

Re: Alameda Federal Center
620 Central Avenue
Alameda, California
GSA No.: 9-G-CA-1604-AD

Dear Ms. Ritta,

Attached please find our submission information to complete items 4.(B), 4.(C), 4.(D) and 4.(E), of the 2017 FPAP Title V application for the above reference federal surplus property. We will be sending you responses to the questions you asked in your 11/13/17 email by 11/17 at the latest.

Alameda Point Collaborative (APC) the Lead Applicant, has undertaken significant due diligence to develop a project that is economically feasible and sustainable. We have led a multi-stakeholder planning process to ensure that that the program design for the Alameda Medical Respite and Wellness Center meets vital needs for chronically homeless aging individuals with significant medical and behavioral issues – an underserved and large population in Alameda County.

APC will be the General Partner with the overall responsibility of acquiring, planning, renovating, operating and monitoring the success of the proposed project. APC will be the General Partner with LifeLong Medical Center for Building One operations – including medical respite and the FQHC satellite Medical and Behavioral Wellness health clinic. If we gain approval from HHS to acquire the site, APC will select, through an extensive RFP process, a co-developer to renovate, finance and operate the permanent supportive housing "assisted living" portion of the project utilizing the low income housing tax credit program and private activity tax exempt bonds.

APC is the largest supportive housing provider for homeless families in the East Bay, Alameda County, California. APC has significant experience in effectively providing leadership for and management of comparable homeless accommodation projects APC developed and manages 200 units of supportive housing on the decommissioned Alameda Naval Station serving 500 residents on 34 acres of land. APC has 50 staff members and manages a $3.2 million annual budget. APC's core programs include: supportive housing, job training, children and youth programs and social enterprises – all designed to build economic security, permanent housing and supportive services to empower individuals and families to exit homeless and rebuild their lives in a supportive and service-enriched community environment.

APC is currently serving as the General Partner on a project with Mid-Pen Housing to rebuild APC's existing 200 units of supportive housing and increase our supportive housing resources with an additional 67 units of housing at Alameda Point. Similar to the proposed Alameda Medical Respite and Wellness Center, this project will be financed primarily by tax credit financing. APC is also a partner with the Alameda Housing Authority to construct 90 units of permanent supportive housing for families on

federally surplus Navy property in Alameda. APC has the development acumen, leadership expertise and demonstrated staffing capacity to successfully manage the proposed project.

In preparing this application, APC has allocated from our general reserves, the architectural, finance and program consultant expertise required in order to develop a viable project. We have meet with providers and funders at the local, regional, state and national level, who are all strong proponents of the project given its significant benefits for aging, medically vulnerable and homeless individuals. APC is committed to allocating an additional $100,000 towards maintenance of all aspects of the site until the start of renovation.

The cornerstone of the operation of the medical respite program, and FQHC medical and behavioral health satellite clinic is APC's association with LifeLong Medical Center("Lifelong"). APC plans to form an LLC or partnership with Lifelong to plan and execute the renovations of Building 1 and to finance those leasehold improvements with tax exempt bonds. Lifelong is a Federally Qualified Health Center serving Alameda, Contra Costa and Marin counties. Under their California license, LifeLong operates 15 primary care sites, 3 dental clinics, supportive housing program, school-based health centers, and adult day health center. LifeLong has over 700 staff members and serves over 55,000 individuals annually. Life Long has contributed extensively to the planning of the proposed program model and reviewed all plans for staffing, compensation, licensing, and clinic operations.

APC plans to solicit a co-developer non-profit housing organization with extensive development expertise to successfully oversee the renovation of Buildings 2A, 2B, 2C and 2D as permanent supportive housing utilizing the low income housing tax credit program and private activity tax exempt bonds. APC has experience with Mid-Peninsula Development Company, our co-developer in two other current projects. We anticipate releasing a Request For Proposals to at least three financially capable non-profit developers to select a development partner with APC in the renovation, financing and operation of the permanent supportive housing "assisted living" portion of the project.

The major sources of capital funding for the Alameda Medical Respite and Wellness Center include tax exempt private activity bonds and low income housing tax credits. We anticipate issuance of $23,900,000 in tax exempt private activity bonds to finance the leasehold improvements for the permanent supportive housing segment of our project, which amount would be reduced to $8,070,000 after one year of occupancy, using loan proceeds from our California No Place Like Home program ($5,250,000) and $10,580,000 of paid in Low Income Housing Tax Credit equity. We also anticipate issuance of $8,716,098 of non-profit corporation bonds to fund the renovations of Building 1 for the medical respite, transitional housing, clinics, and resource center activities. APC has conferred with its banking partner, Bank of Marin, to determine that the proposed terms and loan structuring will be feasible and attractive when the bonds are offered. Refer to ability to secure comparable financing

APC also commits to the following contributions for the project:

To defer $2,375,000 of the developer fee during the construction and development period for the permanent supportive housing, and to permanently defer $173,055 of the developer fee.

To defer the developer fee during construction and development of the Building 1 area, and to permanently defer $100,000 of the developer fee.

To contribute $98,750 toward the costs of Component 10, Employment Services. Specifically, we will utilize funds available to APC by virtue of being a qualified Community Based Development Organization (CBDO).

Lastly, APC is committed to providing the staffing needed to guide the project through a successful and expeditious development process. Bonnie Wolf has served as the APC project Manager for this project since its inception and will continue to fulfill that role through the implementation phase, ensuring continuity, and continuing to build on the many great partnerships that have come together because of this project. APC will dedicate 25% of my time to this project as well, and is prepared to bring on other consultants and advisors as needed. As previously mentioned APC is also prepared to carry on maintenance and security to keep the site in the excellent condition it is in today.

I want to thank you very much for the rigorous process you have required of us. It has helped tremendously in making sure we did an appropriate level of due diligence. Today we are extremely excited about the potential of the Alameda Medical Respite and Wellness Center. We believe it will fill a critical gap in the continuum of services for homeless individuals, and also serve as an innovative model for a collaborative effort to end homelessness. We look forward to your favorable response, and are ready to move on to the next phase. Please don't hesitate to contact me if you have any questions.

Sincerely,

Doug Biggs
Executive Director
Alameda Point Collaborative

4. Renovation/Building Plans, Cost Estimates, and Ability to Finance

(A) State that the property is suitable for the proposed use and/or provide plans for its conversion, including a rough draft of the floor plan and a plat of the property showing any existing and planned improvements. If there are any easements, rights of use, zoning regulations, or other encumbrances, existing or proposed, which would impede the homeless assistance program, please identify.

The project proposes renovation of five existing Buildings 1, 2A, 2B, 2C and 2D comprising the existing project buildings as shown in (Exhibit 4 – A-1 Plans). Exhibit 4-A-2 Floor Areas, presents a table of how floor area is allocated by Program Components 1 through 10.

We have not identified any significant impediments to the proposed homeless services program, either physical or under the zoning ordinance. Since we plan to utilize existing building spaces, the project does not need the more extensive building approvals that would be required for new construction or demolition followed by reconstruction of the existing buildings.

The City of Alameda has confirmed that the proposed uses are allowed within the zoning designation for the site, with the exception that a "G" overlay, restricting uses to "Governmental" uses, that must be removed to permit the Alameda Point Collaborative and its designated non-profit partners (not government entities) to carry out the program without governmental sponsorship. Based on discussions with the City of Alameda elected officials and City staff, we are confident that the process to remove the "G" overlay and approve the requested renovations of existing structures can be completed by June 1, 2018.

(B) Detail the estimated costs anticipated to prepare the property for full utilization, including:

(1) Renovations to existing facilities;
(2) Construction of new facilities; and
(3) Changes to the land areas (e.g. parking, recreational, open space).

In brief, the costs in these categories are:

(1) Renovations to existing facilities: $ 34,206,306
(2) Construction of new facilities: $ 0 (no such activity)
(3) Changes to site and exteriors: $ 3,975,000

Please see the detailed project capital sources and uses budget (at Exhibit 4 – B – 1). We have prepared separate schedules for the permanent supportive housing component 3 – assisted living and the ancillary services -kitchen and dining, laundry and housekeeping and van transportation in Buildings 2A,

2B, 2C and 2D, and a separate schedule for the capital costs for Component 1 Medical Respite, Component 2 Transitional Housing, Component 4 Resource Center, Component 5 medical clinic, Component 6 mental health clinic and Component 10 employment services all located within Building 1. The combined sequence of sources and uses in the project predevelopment and construction schedule is also shown below (Exhibit 4 – D -1).

Bldgs. 2A, 2B, 2C and 2D	Building 1
Component 3, Assisted Living	Component 1, Medical Respite
Component 7, Kitchen and Dining	Component 2, Transitional Housing
Component 8, Linens and Housekeeping	Component 4, Resource Center
Component 9, Van Transportation	Component 5, Medical Clinic
	Component 6, Behavioral Health Clinic
	Component 10, Employment Services

NOTE: Any future improvements or renovations to the requested property planned for an unknown future date after the property is in use, unless detailed in full including proposed plans and a cost estimate in this application, are considered speculative and must receive approval from HHS prior to commencing construction.

(C) Detail the estimated costs anticipated to operate the program, including any maintenance costs.

The overall cost to operate the programs (all components except assisted living) is $8,322,077. Of this amount $7,557,717 includes staffing, maintenance, utilities, and reserves, and leasehold finance payments of $529,958 per year, leaving distributable net income of $764,360 from non-assisted living operations.

The cost to operate the assisted living component is $1,312,161 per year, with net operating income of $512,895 before leasehold improvement debt financing, equal to $476,395 per year, generating distributable net income of $36,500 from the assisted living component.

Please see the six separate annual budgets for the FQHC program components (Component 1 Medical Respite, Component 2 Transitional Housing, Component 4 Resource Center, Component 5 Medical Clinic, Component 6 Behavioral Health Clinic and Component 10 Employment Services).

Three annual budgets for ancillary services (Component 7: Kitchen and Dining, Component 8: Linens and Housekeeping, and Component 9: Van Transportation), and

Annual budget for Component 3: Assisted Living, (included at Exhibit 4 – C -1).

(D**) Give a full and complete statement of the ability to finance, operate, and maintain the property requested. Identify the source of funding for converting the property for its intended use, including any new improvements. Identify funding sources for program operations separately. Be sure to include the capital outlay budget and the following, if applicable:**

(1) Special building funds;

Alameda Housing Authority $350,000 first year allocation toward predevelopment capital costs, and additional capital grant in the following two years of $150,000 and $100,000 each to total $600,000 (quarterly cash flow sources/uses schedule Exhibit 4-D-1).

Funding is anticipated from the State No Place Like Home program in the capital budget for $5,250,000 and also $2,511,000 one-time deposit to the Capitalized Operating Subsidy Reserve (COSR) from the No Place Like Home Program, pursuant to state Regulations.

(2) **Undistributed reserve**;

Contingency amounts for Buildings 1 and Building 2A, 2B, 2C and 2D equals $1,396,527.
Working capital reserve funded from permanent sources equals $638,383.

(3) **Property tax rate**;

Under California law (Section 214 (g) of the Revenue and Taxation Code), the permanent supportive housing restricted to homeless or low income is exempt from property taxes, and the homeless program facilities are also exempt under Revenue and Taxation Code Section 201.

(4) Funds available for personnel and maintenance (include any expected volunteer resources, if applicable);

A detail of the list of job titles, compensation rates, associated employment costs, and program administrative overhead totals $4,621,180 per year for 48.75 Full Time Equivalent job positions, (see Exhibit 4 – D - 4).

Maintenance costs include a schedule which totals $533,460 per year for the homeless services program and equipment, and $81,600 for maintenance in the assisted living component, additionally.

Utility costs are estimated at $187,360 for the site. Please refer to Exhibit 4 – C – 1 for detailed annual maintenance, utility, personnel, and other costs overall and for each homeless program component.

(5) **Amount raised by taxation**;

Specifically, no part of the operating budget is directly raised by governmental taxation. The major sources of operating income are as follows:

From daily charge rates of Federally Qualified Health Center:	6,127,260
From hospitals and referring health care discharge agencies:	499,956
From supportive housing rents at 30% of income:	275,768
From VASH, Section 811 and other Section 8 sources:	960,356
From transitional housing daily payments (less than 30% income):	38,016
From meal charges of supportive housing tenants (voluntary):	516,334

From tenant housekeeping, linen, and van transit service package:	149,883
From Building Futures CES on-site costs	196,812
Internal payments for food (Med. Respite, Trans Hsg, Clinics)	711,752
Internal payments for linens and housekeeping	296,425
Internal payments for van services	219,790
Per Ride Charges $3 Round Trip	55,391
Alameda Point Collaborative/City of Alameda for Employment	98,750
Total, Income Sources	10,147,133

(6) **State appropriation**;

Specifically, no part of the operating budget is from continuing State appropriations, but, State appropriations pay the annual debt service on the majority of bond payments used to fund the No Place Like Home capital and operating subsidy payments.

(7) Other (contracts, services, federal payments, fund-raisers, grants, etc.) NOTE: If the funding sources under "Other" are of a general nature, the application should provide details for each source listed under "Other", including any past grants, uses of past grants, prior fund-raising activities, commitment letters, details of awards, etc.

There is no "OTHER" undetailed general or charitable funding, although the project will continue to seek grants and governmental support for its programs. The project is feasible without additional assistance, but, any additional assistance received would offset either capital or operating costs, resulting in surpluses over budget which would be used to reduce tax exempt debt for the improvements to building 1.

NOTE: HHS prohibits commercial incoming-producing activity (i.e. not rental income) on transferred property, except in such cases where the income-producing activity's goods and/or services relate directly to the approved program. Any income produced, must return to the approved program in order to defray the costs of operation and maintenance, and the applicant must account for such income in their fiscal records.

E If the applicant contemplates that major construction/renovation is necessary to make the property suitable for full utilization, and funds are not currently available, give plans and proposed sources of funding to carry out the proposed program and development. Please include the estimated amount of funds each source will provide, including any anticipated grants.

The sources of capital funding for the Building 1 renovation are:

Leasehold Tenant Improvements Tax Exempt Financing (CHFFA)	$8,716,098
City of Alameda Housing Authority (CDBG)	600,000
Deferred Developer Fee	100,000
Solar Equipment Net Credits	100,000
Total, Leasehold Improvement Costs Building 1:	9,516,098

The sources of capital funding for the Building 2A, 2B, 2C and 2D renovations are:

Leasehold Tenant Improvement Tax Exempt Financing (CDLAC)	8,070,000
Net Low Income Housing Tax Credit Equity	15,172,152
No Place Like Home State Loan	5,250,000
Deferred Developer Fee	173,055
Solar Equipment Net Credits	300,000
Total, Permanent Supportive Housing (assisted living) Financing	28,665,208

Alameda Medical Respite and Wellness Center

Exhibit 4 – A – 1 Architectural Plans

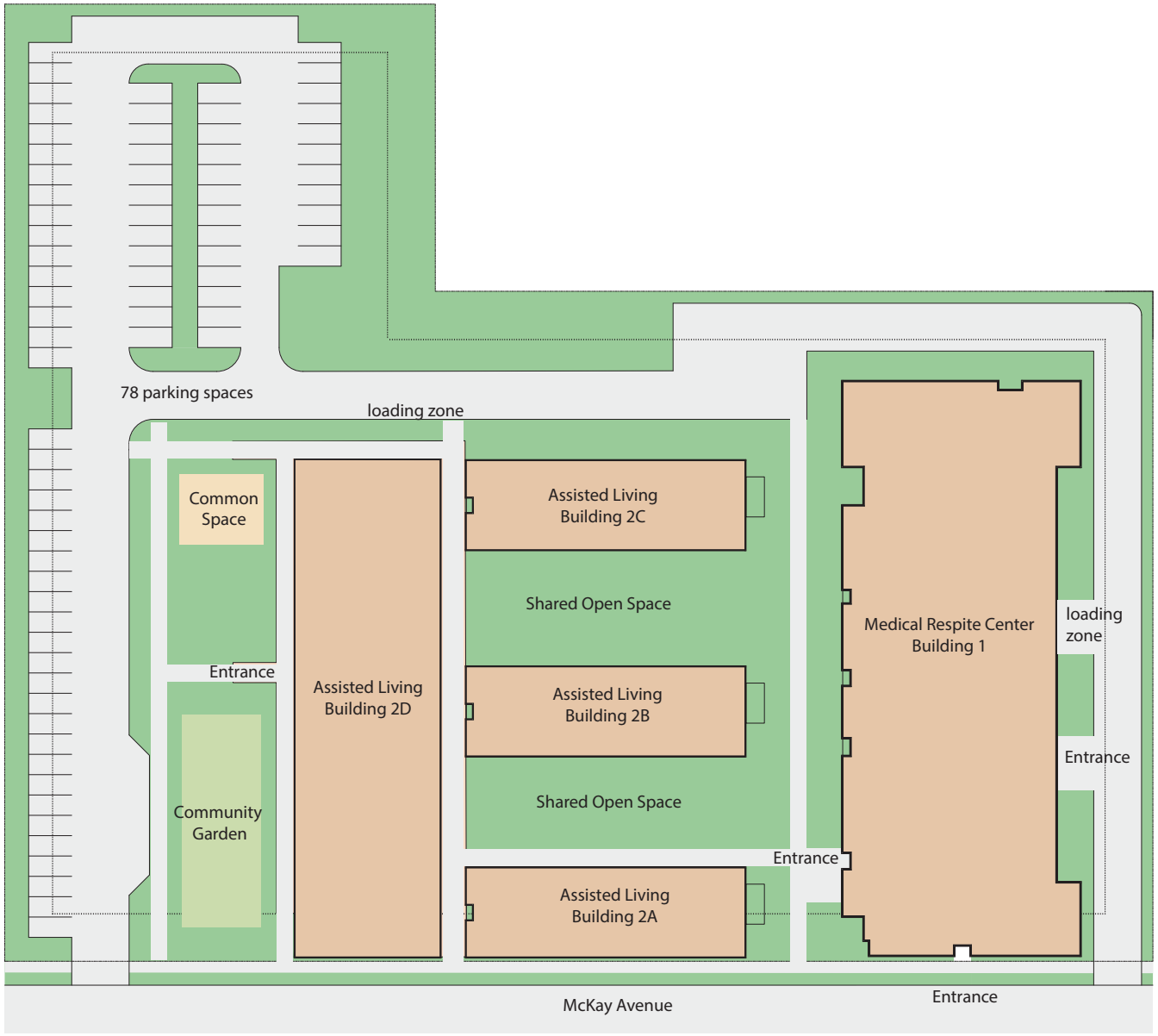
Please see the attached seven pages of architectural floor plans, isometric, aerial photo of existing structures and site plan.

We have determined that the principal structures, Building 1, presently housing the Department of Agriculture's laboratories, and Buildings 2A, 2B, 2C. and 2D, intermittently used as office spaces and storage spaces, can be converted at reasonable expense, to our proposed office and residential uses and supporting services, at lower cost than demolition and reconstruction of new buildings for this purpose. This determination recognizes that new development on this site would be severely constrained and impacted in cost at the many higher standards for new buildings, than the projected cost of reusing existing structures and avoiding significant environmental, architectural, and related lengthy City reviews.

The presentation scale of these drawings is necessarily limited (to 8 ½" x 11" format) for this submission, but full-scale (24" x 36") documents are available upon request.

Aerial Photo - Existing Site

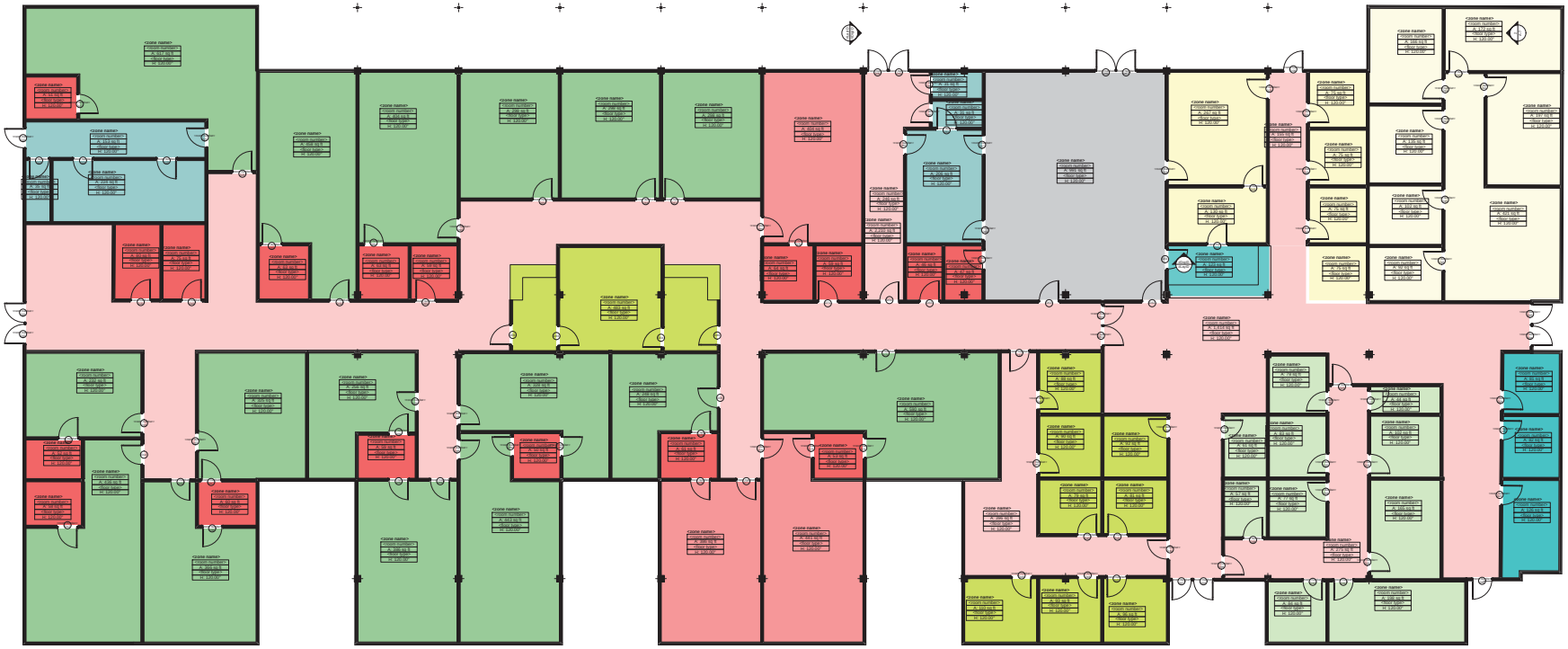
Fukuji Architecture & Planning - bruce@fukuji.com - 510 558-8871



Site Plan

Alameda Center for Medical Respite and Wellness - Alameda Point Collaborative and Partners - 11/5/17

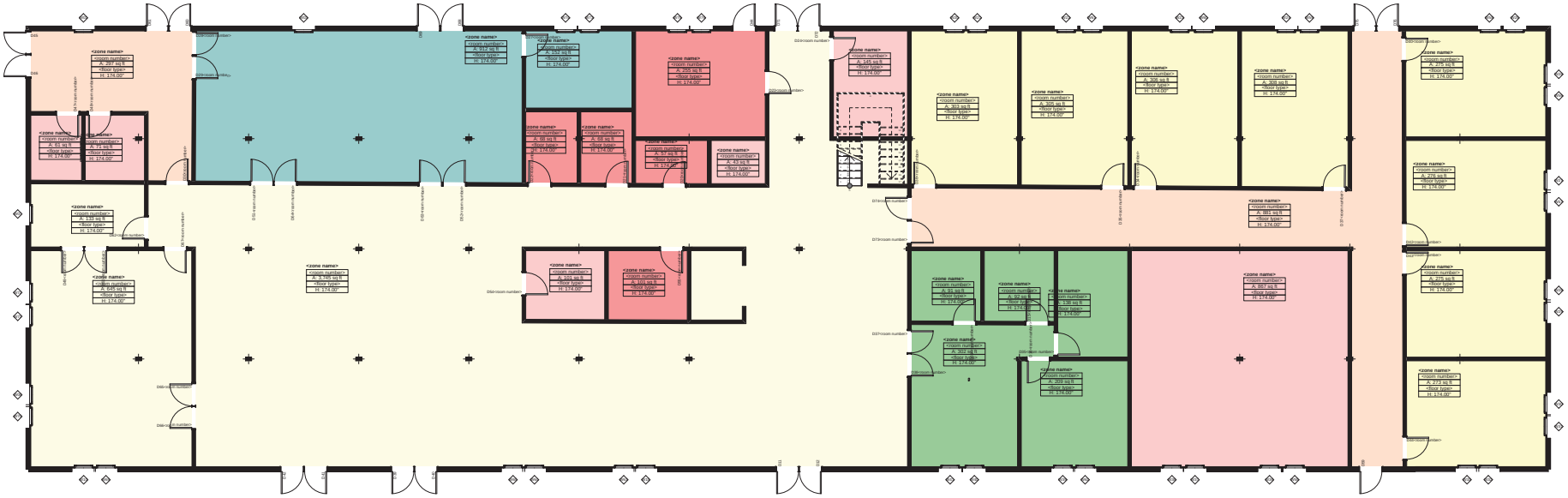
Fukuji Architecture & Planning - bruce@fukuji.com - 510 558-8871



Building 1 - Medical Respite Center - 1st Floor Plan

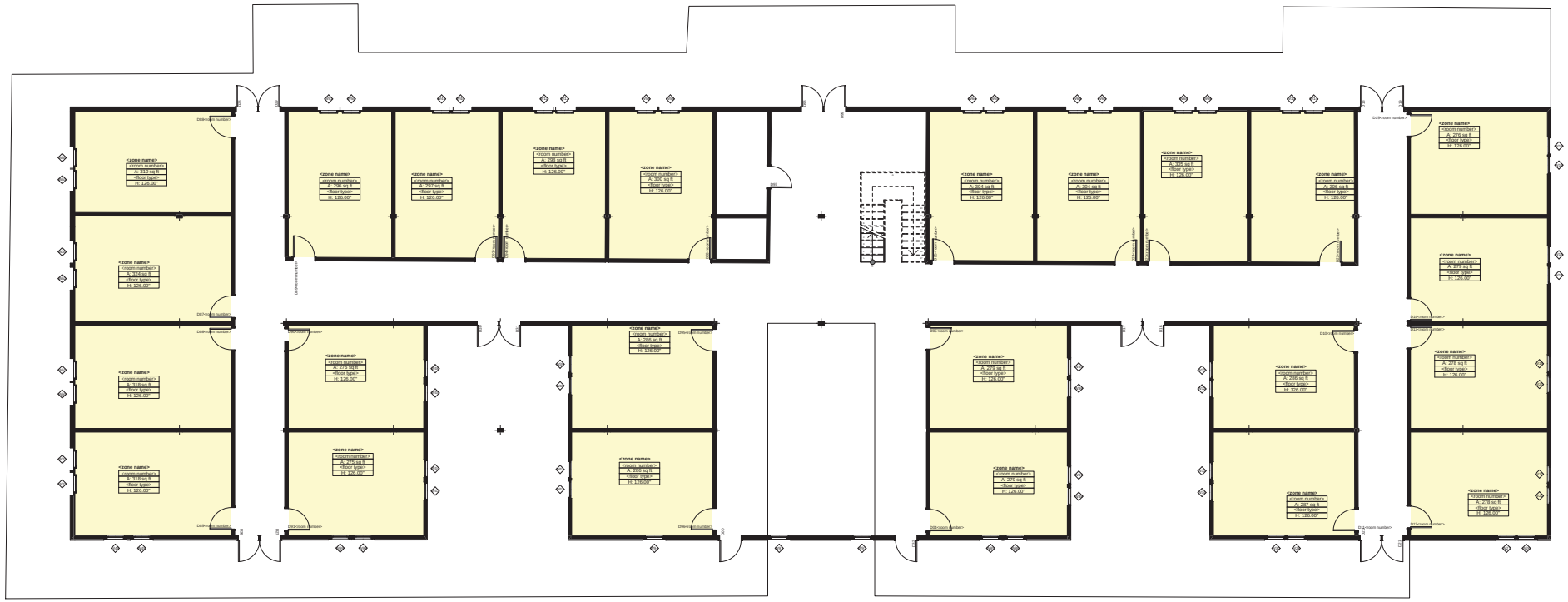
Alameda Center for Medical Respite and Wellness - Alameda Point Collaborative and Partners - 11/5/17

Fukuji Architecture & Planning - bruce@fukuji.com - 510 558-8871



Building 2D - Assisted Living - 1st Floor Plan

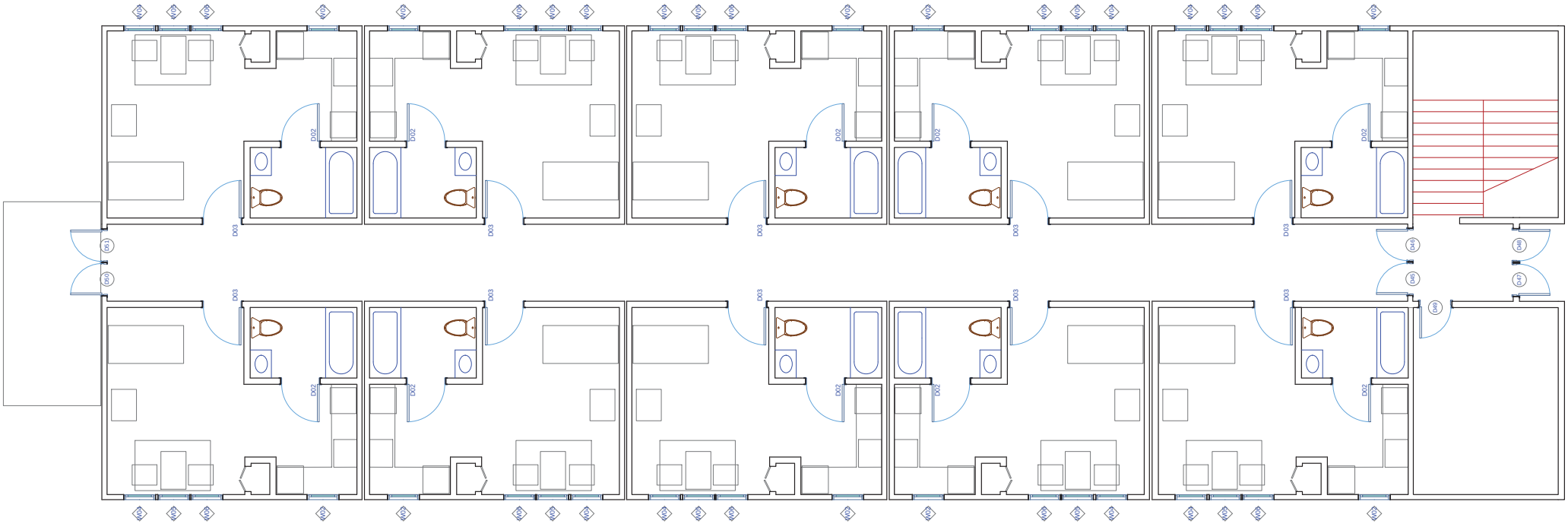
Fukuji Architecture & Planning - bruce@fukuji.com - 510 558-8871



Building 2D - Assisted Living - 2nd Floor Plan

Alameda Center for Medical Respite and Wellness - Alameda Point Collaborative and Partners - 11/5/17

Fukuji Architecture & Planning - bruce@fukuji.com - 510 558-8871



Buildings 2A, 2B and 2C - Assisted Living - Typical Floor Plan

Alameda Center for Medical Respite and Wellness - Alameda Point Collaborative and Partners - 11/5/17

Fukuji Architecture & Planning - bruce@fukuji.com - 510 558-8871

Alameda Medical Respite and Wellness Center

Exhibit 4 – A – 2 Floor Areas

Please see the attached table listing the floor areas for each of the 10 components of housing and services at the project, with sub-totals of areas for Building 1 (FQHC operations) and Buildings 2A, 2B, and 2C "assisted living" and for Building 2D for "assisted living" and other supporting services, as well as totals across all buildings.

Please note that "van services, Component 9" has no space allocation because the vehicle parking does not occupy space in the building, and the dispatcher will share a desk in the Resource Center (Component 4).

there is no floor are allocated for van transportation

components	building 1	building 2 a b c	building 2d	total
Component 1, Medical Respite, Building 1	16,797		-	16,797
Component 2, Transitional Housing, Building 1	1,093		-	1,093
Component 3, Assisted Living, Building 2A, 2B, 2C and 2D		26,684	21,354	48,038
Component 4, Resource Center, Building 1	742		-	742
Component 5, Medical Clinic, Building 1	1,272		-	1,272
Component 6, Mental Health Clinic, Building 1	1,007		-	1,007
Component 7, Housekeeping and Laundry, Building 1	398		-	398
Component 8, Kitchen and Dining, Building 2D			2,414	2,414
Component 9, Van Transportation, Building 2 D	-		-	-
Component 10, Employment Services, Building 1	288		-	288
total	21,596	26,684	23,768	72,048

Alameda Medical Respite and Wellness Center

Exhibit 4 – B – 1

Project Capital Budget, Contractor's Estimate, Sources and Uses Schedules

Project Capital Budget - $38,181,306 Value Added to $21,200,000 Existing Buildings and Land

The project capital budget includes both the estimated value of the existing buildings and site, as is, as well as the value-added building improvements and renovations, site renovation costs, fees, charges, movable equipment and cash reserves required to commence operations of the Alameda Medical Respite and Wellness Center. We anticipate obtaining a parcel map from the City of Alameda to create a separate parcel for Building 1 and its surrounding site, which will be used by the Federally Qualified Health Center to operate the medical and mental health satellite clinic, the medical respite, the transitional housing, the Resource Center and related programs. The second parcel will comprise the balance of the site and Buildings 2A, 2B, 2C, and 2D for the Permanent Supportive Housing ("assisted living").

We anticipate utilizing long term leases (20 years with extension option to 30 years) of the interior volumes of the buildings, one to the partnership of the Alameda Point Collaborative and the LifeLong Medical, Inc. (FQHC organization) for the improvements and operation of the Building 1 programs, and a second to a limited partnership in which Alameda Point Collaborative is the managing general partner and an investor group serves as the limited partner to renovate and operate the Permanent Supportive Housing.

We have determined that the value of the existing land and buildings is $21,200,000. Generally, a site valuation of $150 per square foot for vacant, developable land for office, commercial and industrial development is consistent with trends in the county area, and low (about 25%) for land on Alameda island. For valuations of building areas, the indicated value of $265 per square foot is about 15% higher than surrounding county area sales, but is approximately 15% lower than indicative Alameda island sales.

The capital budget simply recognizes the value of the land and building resources in the overall project and valuation, which greatly helps to make the planned homeless services and housing affordable to the largely-indigent population affordable within their limited incomes or funding sources.

We anticipate tenant improvement costs (hard costs of construction plus all soft costs) to the leasehold of $28,665,208 for the Component 3, Buildings 2A, 2B, 2C and 2D Permanent Supportive Housing, about $597 per square foot of added value or $311,578 per unit. These figures are very much in line with comparable major renovation projects for affordable housing in the surrounding county. An allocation of existing building value of $8,000,000 and land value of $8,000,000 is made from the $21.2 million.

We anticipate tenant improvement costs to the leasehold for the Building 1 LifeLong Medical, Inc. (FQHC) and related programs to be $9,516,098, with an allocation of existing building and land value of

$5,200,000. This equates to improvement costs of $440.64 per square foot and a completed total valuation including land and existing buildings of $681 per square foot.

Contractor's Estimate - $29,327,075

The project architect and Alameda Point Collaborative have solicited advice and cost estimates from a reputable local general contractor (included at this Exhibit). Various alternatives for demolition and reconstruction were considered, and accurate measurements of volumes and quantities were made, in order to compare to other similar local projects. Based on this information, the cost estimate for hard costs and general contractor soft costs was completed November 8, 2017 with knowledge of the intended uses, areas, and floor plans as attached at Exhibit 1 – A – 1, for 72,048 square feet.

The estimate was generally prepared by building segment with demolition, site, and overhead costs added. The estimate totals $29,327,078.

Sources of Financing and Uses of Financing Schedules

As discussed above, total project costs for the leasehold improvements equals $38,181,306, of which, we have determined $9,516,098 will be incurred for Building 1 and the LifeLong Medical, Inc. (FQHC) program areas, and $28,665,208 will be incurred for the Buildings 2A, 2B, 2C, and 2D Permanent Supportive Housing activities.

We anticipate a relatively simple financing structure and sources for the Building 1 renovation. We anticipate creating a building leasehold for a new LLC or partnership comprised of the Alameda Point Collaborative and LifeLong Medical, Inc. As eligible 501/c/3 organizations, tax exempt private activity bonds are anticipated as the major financing source. The California Health Facilities Financing Authority, sponsored by the State Treasurer's office would be available to serve as the Issuer. Frequently, unrated, privately-placed issues have been originated with long term interest rates of approximately 4.50% including all on-going service fees. A loan of $8,716,098 with interest rate of 4.50%, fixed for 15 years, amortized over 30 years is anticipated. This loan would require annual payments of $529,958, or $44,163 per month from operational income of the programs in Building 1.

The project has also received a funding commitment of $600,000 in Community Development Block Grants by the Alameda Housing Authority. These funds would be utilized as predevelopment funds, followed by renovation funding, at the rate of $350,000 available in 2018 and $150,000 and $100,000 in each of 2019 and 2010.

Additionally, installation of solar electric generation equipment and related energy equipment is anticipated, generating $100,000 in rebates or net equity into the project. Finally, the developer (Alameda Point Collaborative, the project sponsor) anticipates a developer fee of $150,000 to lead the renovation team, and will re-invest $100,000 of this amount into the capital cost of the Building 1 project.

Sources of Financing: Building 1

Tax exempt, 501/c/3 private activity bond	$ 8,716,098
Solar electric rebates/credits	$ 100,000
Alameda Housing Authority CDBG	$ 600,000
Alameda Point Collaborative	$ 100,000
Total Costs	$ 9,516,098

We anticipate a relatively typical financing structure and sources for the low income housing tax credit project located within the Building 2A, 2B, 2C and 2D renovations. We anticipate creating a tenant interior building leasehold for a new limited partnership comprised of the Alameda Point Collaborative as managing general partner and a low income housing tax credit investor. A construction loan of $23,900,000 would be reduced to $8,070,000 after occupancy and deferred payment of LIHTC equity, with interest rate of 4.25%, fixed for 18 years, amortized over 30 years is anticipated. This loan would require annual payments of $476,395, or $39,700 per month (about $431.52 per unit per month).

The project has also received a preliminary funding commitment of $5,250,000 in No Place Like Home secondary loan funding by Alameda County. These funds would be utilized for the permanent loan funding of the project.

Additionally, the developer (Alameda Point Collaborative, the project sponsor) anticipates a developer fee to lead the renovation team, and will re-invest $173,055 of this amount into the capital cost of the Building 2A, 2B, 2C and 2D Permanent Supportive Housing project.

Sources of Financing: Building 2A, 2B, 2C, and 2D Permanent Supportive Housing Project

Construction Period

Tax exempt, private activity bond	$23,900,000
General Contractor Retention	$ 114,385
LIHTC Limited Partner Initial Equity	$ 2,275,823
Alameda Point Deferred Developer Fee	$ 1,875,000
Alameda Point Collaborative	$ 500,000
Total Costs	$28,665,208

Permanent Period

Tax exempt, private activity bond	$ 8,070,000
No Place Like Home program loan	$ 5,250,000
LIHTC Limited Partner Final Equity	$15,172,153
Alameda Point Collaborative	$ 173,055
Total Costs	$28,665,208

BBI CONSTRUCTION
1155 Third St. Suite 230
Oakland, CA 94607
Tel (510) 286-8200
Fax (510) 286-8210
License No. 787890

PROPERTY NAME: **Alameda Center for Medical Respite and Wellness**
Owner: **Collaborative(s)**
Budget Date: **11/8/17**
Assumed Construction Duration: **14 Months**

Conceptual Budgeting for Alameda Federal Center

11/8/2017 0:00

	Description	Qty.		Unit Cost	Amount	Sub	Comments
1							
2							
3	**Building 1 - Previously Labs**				-		AC
4	Demolition / Basic Abatement	21,446	sf	15	321,690		
5	Equipment Demolition / Basic Abatement	21,446	sf	16	343,136		
6	Structural	21,446	sf	50	1,072,300		
7	Interior Buildout	21,446	sf	215	4,610,890		
8	Private Bathrooms	15	ea	14,000	210,000		
9	Shower Rooms	5	ls	20,000	100,000		
10	Exterior Envelope				-		
11	Exterior Paint	12,750	sf	4	51,000		
12	Windows & Doors	3,188	sf	150	478,200		
13	Roofing/Flashing - patching Only	21,446	sf	1	21,446		
14	***Subtotal Bldg 1***					**7,208,662**	
15							
16	**Building 2A - Previously Offices**						No AC
17	Demolition / Basic Abatement	8,752	sf	15	131,280		
18	Structural	8,752	sf	50	437,600		
19	Interior Buildout	8,752	ls	202	1,767,904		
20	Exterior Paint	4,200	sf	4	16,800		
21	Doors & Windows	1,140	ls	150	171,000		
22	Roofing/Flashing	4,336	sf	23	99,728		
23	***Subtotal Bldg 2A***					**2,624,312**	
24							
25	**Building 2B - Previously Offices**						No AC
26	Demolition / Basic Abatement	8,766	sf	15	131,490		
27	Structural	8,766	sf	50	438,300		
28	Interior Buildout	8,766	ls	202	1,770,732		
29	Exterior Paint	4,200	sf	4	16,800		
30	Doors & Windows	1,140	sf	150	171,000		
31	Roofing/Flashing - patching Only	4,374	sf	1	4,374		
32	***Subtotal Bldg 2B***					**2,532,696**	
33							
34	**Building 2C - Previously Offices**						
35	Demolition / Basic Abatement	9,166	sf	15	137,490		No AC
36	Structural	9,166	sf	50	458,300		
37	Interior Buildout	9,166	ls	202	1,851,532		
38	Exterior Paint	4,200	sf	4	16,800		
39	Doors & Windows	1,140	sf	150	171,000		
40	Roofing/Flashing - patching Only	4,560	sf	1	4,560		
41	***Subtotal Bldg 2C***					**2,639,682**	
42							
43	**Building 2D - Previously Warehouse**						No AC
44	Demolition / Basic Abatement	23,768	sf	15	356,520		
45	Structural	23,768	sf	50	1,188,400		
46	Interior Buildout	23,768	sf	202	4,801,136		
47	Common Area Bathrooms 1st Floor	4	ea	30,000	120,000		
48	Breakroom Kitchen/Service Space	1	ea	300,000	300,000		
49	Individual Bathrooms	10	ea	15,000	150,000		
50	Individual Kitchenettes	10	ea	42,500	425,000		
51	Exterior Envelope				-		
52	Exterior Paint	12,000	sf	4	48,000		
53	Doors & Windows	4,540	sf	150	681,000		
54	Roofing/Flashing	12,041	sf	23	276,943		
55	***Subtotal Bldg 2D***					**8,346,999**	
56							
57							
58	**Demolition/Basic Abatement for Parking & Outdoor Space**						
59	Building 8 Storage/Workshop 818 SF	818		10	8,180		
60	Building 9 Storage 777 SF	777		10	7,770		
61	Building 10 Storage 255 SF	255		10	2,550		
62	Building 11 Trash 695 SF	695		10	6,950		
63	Building 12 Sewage Pumping Station / Hydraulic Elevator				-		
64	Building 13 Equipment 220 SF	220		10	2,200		
65	***Subtotal Demo for Parking/Outdoor***					**27,650**	
66							
67	***Elevator***						
68	Lift -		NIC		-		
69	***Subtotal Elevator***					-	
70							
71	***New Landscaping& Parking***						
72	Landscaping 20,713 SF	20,713	sf	33	683,529		
73	Parking - 78 Spaces Total	78	ea	338	26,364		
74	***Subtotal Landscaping & Parking***					**709,893**	
75							
77							
78							
79	**Total Building and Site**				**24,089,894**	**24,089,894**	
80	General Conditions	16	Months	85,000	1,360,000	1,360,000	
81	Insurance				508,998	508,998	
82	Contractor Fee				1,557,534	1,557,534	
83	Bond				275,164	275,164	
84	Tax				138,958	138,958	
85	Contingency @ 7.5%				1,396,527	1,396,527	
86							
87	**Base Budget**				29,327,075	29,327,075	
88							
89							

90 The above budget is based on BBI's interpetation of information provided.
91 The budget only includes the items identified.
92 All items shown as NIC are **not** included in the contract
93 Ground remediationis **not** included in this budget.

Alameda Point Collaborative, Version 5b
4% LIH Credits,Prev. Wage
Non-PREVAILING WAGE

Development Cost Budget

Non-Residential Portions
Alameda Point Collaborative, Version 5b

I. ESTIMATED COST AND SOURCE OF FUNDS

						Component 3 Only "assisted living"	Total Project Costs	Building 1 Programs "FQHC-led programs"		
A.	**BUILDING ACQUISITION**									
	SITE ACQUISITION					8,000,000	10,600,000	2,600,000		
						8,000,000	10,600,000	2,600,000	0	
B. SOFT COSTS										
	DEVELOPER OVERHEAD AND PROJECT MANAGMENT				2,875,000		3,025,000		150,000	DEVELOPER OVERHEAD AND PROJECT MANAGMEI
	ARCHITECT AND ENGINEER				600,000		700,000		100,000	ARCHITECT AND ENGINEER
	Land Use Consultants				50,000		50,000			Other Consultants
	Structural,Landscape, Electrical, Mech, Other Engineers				150,000		170,000		20,000	Structural, Elec., Mech., Landscape
	CIVIL ENGINEER AND SURVEYOR				40,000		45,000		5,000	CIVIL ENGINEER AND SURVEYOR
	LEGAL AND ACCOUNTING				115,000		150,000		35,000	LEGAL AND ACCOUNTING
	TAX CREDIT APPLICATION FEES AND EXPENSES				73,001		93,001		20,000	CHFFA FEES AND EXPENSES
	AFFORDABLE HOUSING CONSULTANT				125,000		155,000		30,000	Finance CONSULTANT
	APPRAISAL AND MARKET STUDY				28,000		43,000		15,000	APPRAISAL AND MARKET STUDY
	CITY and Other Fees	Schedule: A			184,000		209,000		25,000	CITY and Other Fees
	SCHOOL FEES	Per DU: $630.65	PER SF =	$1.15	58,020		63,020		5,000	SCHOOL FEES
	Off-sites, furniture	(non TCAC basis) see Schedule: B			1,000,000		2,000,000		1,000,000	Off-sites, furniture
	Property Taxes (Cons. Terr Rate %=				20,000		20,000			Property Taxes (Cons. Term)
	Cons. Period Title, Escrow, Recording				35,000		50,000		15,000	Cons. Period Title, Escrow, Recording
	Title and Recording: Permanent Loan				25,000		37,000		12,000	Perm. Loan Recording and Title
	Phase 1 Report				10,000		15,000		5,000	Phase 1 Report
	Due Diligence				55,000		65,000		10,000	Due Diligence
	Insurance				120,000		160,000		40,000	Insurance
	Total Rent Reserve Costs/Trans Reserve				538,383		638,383		100,000	Rent Reserve
	Soft Cost Conting, Misc and Marketing				80,000		105,000		25,000	Soft Costs
	TOTAL SOFT COSTS					6,181,403	7,793,403	1,612,000		**TOTAL SOFT COSTS**
C. HARD COSTS										
	2 Managers	300 SF EACH	600 SF							
	27 NPLH Studios	300 SF EACH	8,100 SF							
	63 LIHTC Studios	300 SF EACH	18,900 SF							
	92 TOTAL UNITS		27,600 SF							
	1 Covered Parking Spaces	SF								
	Dwelling Unit Portion	27,600	270.54 $ /SF		7,466,849	270.54				
	Covered Parking		12000.00 $/SP		12,000		13,920,292		6,453,443	Building Interior Construction
	Common Facilities	22,852	270.54 $/SF		6,182,334		12,000		0	Covered Parking 12000.00
	Commercial Facilities (Lump SUM Non-S	0			271		6,182,334		0	Common Facilities 343.25
	SITE IMPROVEMENTS		35000.00 $/DU		3,220,000		0 271		0 0	
	SUBTOTAL HARD COST Net New DU	50,452	**$334.60 /SF**		16,881,454		3,975,000		755,000	SITE IMPROVEMENTS
	CONTRACTOR GEN REQUIRES		12.34%		**2,083,120**		24089894 24,089,897		7,208,443	SUBTOTAL HARD COST
	CONTRACTOR PROFIT/OVERHEAD		8.04%		**1,357,534**		2,283,120		200,000	CONTRACTOR GEN REQUIRES
	TOTAL CONSTRUCTION Per Unit = 220,892		**$402.80 /SF**		20,322,108		1,557,534		200,000	CONTRACTOR PROFIT/OVERHEAD
	CONTINGENCY		6.38%		**1,296,527**		27,930,551		7,608,443	**TOTAL CONSTRUCTION**
	Total Construction and Contingency		**$428.50**		$234,985 / unit	**21,618,635**	1,396,527		100,000	CONTINGENCY
							29,327,078	7,708,443		**Total Construction and Contingency**

D. FINANCING	fees+pts.	int. cost	i rate	amt.	term (days)	util.	**int. + fees**					
Construction/Interim:												
Developer Fee deferred	0	0	0.00%	1,875,000	300	1	0					
Institutional Construction Lc	**239,000**	**202,456**	3.95%	23,900,000	120	0.6523	441,456	358,994	537,111		95,655	Construction Loan at 65% of Total Cost 65%
Permanent Loan	160,700	0	4.25%	16,070,000	0	1	160,700		160,700			
Total Financing Costs							**602,156**		797,811	195,655		
				$/SF:	*$/Unit:*							
TOTAL PROJECT COST				**$885.30**	**485,491**		**44,665,208**		**59,381,306**	**14,716,098**		

II. SOURCE OF FUNDS, CASH REQUIREMENT AND CONSTRUCTION LOAN

							LTC:				
	Owner Equity Land Value	Principal: 8,000,000	Int.+Pts.	0	Accrued	18%	8,000,000				
Equity	Developer Fee Loan	Principal: 1,875,000	Int.+Pts.	0	Accrued	4%	1,875,000		150,000	Developer Fee	1.02%
	OWNER Cash Equity	Principal: 8,000,000	Int.+Pts.	263,014	Non-Accrued	18%	8,000,000		5,200,000	Land Equity	35.34%
	Construction Loan "holdbacks" net of dev. Fee					0%	114,385		600,000	Alameda Housing Authority CDBG	4.08%
	Alameda Point Collaborative					1%	500,000				0.00%
	NPLH Funding	0	Int.+Pts.	0		0%	0				0.00%
Equity	Limited Partners			**15.00%**		5%	2,275,823				0.00%
1stLien	(Req.) CONSTRUCTION LOAN					54%	23,900,000		8,766,098	Construction Loan	59.57%
	TOTAL COST					100%	44,665,208	14,716,098			

III. SOURCE OF FUNDS, PERMANENT PERIOD

				LTC		
	Deferred Developer Fee			0%	173,055	100,000 Deferred Developer Fee 0.68%
	Owner Equity Land Value			17.91%	8,000,000	2,600,000 Owner Equity Land Value 17.67%
	Alameda Point Collaborative			0.00%	0	0.00%
2nd	NPLH Funding			11.75%	5,250,000	0.00%
	Net Income From Operations During Construction			0.00%	0	0.00%
Equity	Solar Credits 30%	0		0.00%	0	100,000 Solar Credits 30% 0.68%
	OWNER Equity in Bldgs			17.91%	8,000,000	2,600,000 OWNER Equity in Bldgs 17.67%
Equity	Net Equity		**99.99%**	33.97%	15,172,152	600,000 Alameda Housing Authority CDBG 4.08%
						0 Historic Tax Credits 0.00%
1st Lien	PERMANENT LOAN			18.07%	8,070,000	8,716,098 Required Debt Level (30 yr, 4.5%) 59.23%
	TOTAL COST			100.00%	44,665,208	14,716,098

DCB

Summary of Leasehold Improvement Loan Financing

Building 1 – Federally-Qualified Health Center and Alameda Point Collaborative Operations

Annual Gross Income, Operating Costs, Net Income and Debt

Component		All Sources of Income	All Operating Costs	Operating Income (loss)	Debt Service	Net Income to Reserves
1	Medical Respite	1,358,556	1,664,943	(306,387)		
2	Transitional Housing	112,995	147,677	(34,682)		
4	Resource Center / CES	196,812	196,812	-		
5	Medical Cinic	4,203,960	3,270,944	933,016		
6	Mental Health Clinic	1,065,300	443,986	621,314		
7	Food, Kitchen and Dining Services	711,752	689,401	22,351		
8	Linens, Housekeeping	296,465	296,465	-		
9	Van Transportation	275,181	275,181	-		
10	Employment Services	98,750	98,750	-		
1,2 and 4 to 10 Components	FQHC / Alameda Point Lead	8,319,771	7,084,159	1,235,612	529,958	
Loan Amount $8,716,098		Loan Terms: 4.50% interest, 360 amort., due 180 months		Net Income After Debt		705,654

Alameda Point Collaborative, Version 5b	Development Cost Budget
4% LIH Credits,Prev. Wage Non-PREVAILING WAGE	

I. ESTIMATED COST AND SOURCE OF FUNDS

A.	**BUILDING ACQUISITION**							8,000,000
	SITE ACQUISITION							8,000,000
B. SOFT COSTS								
	DEVELOPER OVERHEAD AND PROJECT MANAGMENT					2,875,000		
	ARCHITECT AND ENGINEER					600,000		
	Structural,Landscape, Electrical, Mech, Other Engineers					150,000		
	CIVIL ENGINEER AND SURVEYOR					40,000		
	LEGAL AND ACCOUNTING					115,000		
	TAX CREDIT APPLICATION FEES AND EXPENSES					73,001		
	AFFORDABLE HOUSING CONSULTANT					125,000		
	APPRAISAL AND MARKET STUDY					28,000		
	CITY and Other Fees	Schedule:	A			184,000		
	SCHOOL FEES	Per DU:	$630.65	PER SF =	$1.15	58,020		
	Off-sites, furniture	(non TCAC basis) see Schedule:	B			1,000,000		
	Cons. Period Title, Escrow, Recording					35,000		
	Title and Recording: Permanent Loan					25,000		
	Phase 1 Report					10,000		
	Due Diligence					55,000		
	Insurance					120,000		
	Total Rent Reserve Costs/Trans Reserve					538,383		
	Soft Cost Conting, Misc and Marketing					80,000		
	TOTAL SOFT COSTS							6,181,403
C. HARD COSTS								
	0 Transitional	100 SF EACH		0 SF				
	27 NPLH Studios	300 SF EACH		8,100 SF				
	63 LIHTC Studios	300 SF EACH		18,900 SF				
	92 TOTAL UNITS			27,600 SF				
	1 Covered Parking Spaces	SF						
	Dwelling Unit Portion	27,600		270.54 $ /SF		7,466,849	270.54	
	Covered Parking			12000.00 $/SP		12,000		
	Common Facilities	22,852		270.54 $/SF		6,182,334		
	Commercial Facilities (Lump SUM Non-S	0				271		
	SITE IMPROVEMENTS			35000.00 $/DU		3,220,000		
	SUBTOTAL HARD COST Net New DU	50,452		**$334.60 /SF**		16,881,454		
	CONTRACTOR GEN REQUIRES			12.34%		**2,083,120**		
	CONTRACTOR PROFIT/OVERHEAD			8.04%		**1,357,534**		
	TOTAL CONSTRUCTION Per Unit =	220,892		**$402.80 /SF**		20,322,108		
	CONTINGENCY			6.38%		**1,296,527**		
	Total Construction and Contingency			**$428.50**		$234,985	/ unit	**21,618,635**

D. FINANCING	fees+pts.	int. cost	i rate	amt.	term (days)	util.	**int. + fees**
Construction/Interim:							
Developer Fee deferred	0	0	0.00%	1,875,000	300	1	0
Institutional Construction Lc	**239,000**	**202,456**	3.95%	23,900,000	120	0.6523	441,456
Permanent Loan	160,700	0	4.25%	16,070,000	0	1	160,700
Total Financing Costs							**602,156**
				$/SF:	*$/Unit:*		
TOTAL PROJECT COST				**$885.30**	**485,491**		**44,665,208**

II. SOURCE OF FUNDS, CASH REQUIREMENT AND CONSTRUCTION LOAN							*LTC:*	
	Owner Equity Land Value	Principal:	8,000,000	Int.+Pts.	0	Accrued	18%	8,000,000
Equity	Developer Fee Loan	Principal:	1,875,000	Int.+Pts.	0	Accrued	4%	1,875,000
	OWNER Cash Equity	Principal:	8,000,000	Int.+Pts.	263,014	Non-Accrued	18%	8,000,000
	Construction Loan "holdbacks" net of dev. Fee						0%	114,385
	City of Alameda						1%	500,000
	NPLH Funding		0	Int.+Pts.	0		0%	0
Equity	Limited Partners				**15.00%**		5%	2,275,823
1stLien	(Req.) CONSTRUCTION LOAN						54%	23,900,000
	TOTAL COST						100%	44,665,208

III. SOURCE OF FUNDS, PERMANENT PERIOD				*LTC*	
	Deferred Developer Fee			0%	173,055
	Owner Equity Land Value			17.91%	8,000,000
	City of Alameda			0.00%	0
2nd	NPLH Funding			11.75%	5,250,000
	Net Income From Operations During Construction			0.00%	0
Equity	Solar Credits 30%	0		0.00%	0
	OWNER Equity in Bldgs			17.91%	8,000,000
Equity	Net Equity		**99.99%**	33.97%	15,172,152
1st Lien	PERMANENT LOAN			18.07%	8,070,000
	TOTAL COST			100.00%	44,665,208

Alameda Point Collaborative, Version 5b 4% LIH Credits,Prev. Wage	15 Year Operating Budget

Median Income, 4 Person Household

Unit	# Units	% of Med..	Description	Gross Rent Level	Less: Utility Allow.	Net Monthly Total	Annual Increase	Year 1 2018	2 2019
A	0	30.00%	Transitional	264	0	0	2.5%	0	0
B	2	45.00%	Managers	822	0	1,644	2.5%	19,728	20,221
C	27	30.00%	NPLH Studios	548	0	14,796	2.5%	177,552	181,991
D	63	60.00%	LIHTC Studios	1,096	0	69,048	2.5%	828,576	849,290
	92	Total Units		Total Residential Income		85,488	929	1,025,856	1,051,502
				P/U/M	Vac. %				
			Hskpg/Laundry/Serv	$122.50	0.98	11,270.00	2.5%	135,240	138,621
			Meals	$422.11	0.98	38,057.44	2.5%	456,689	468,106
			RA to 60% from Reserve				2.5%	0	0
			HA RA to 40% AMI				2.5%	0	0
			HA RA To 60% Level	$360.00	0	22,680.00	2.5%	272,160	278,964
			Total, Net Non-Residential Income			72,007.44		864,089	885,691
			Gross Potential Income			72,937	calc.	1,889,945	1,937,194
			Est. Res. Vacancy %		5.00%				
			Residential Vacancy $			4,274.40	calc.	51,293	52,575
			Non-Res. Vacancy		5.00%	3600.3719	calc.	13,608	13,948
			Total, Vacancy Losses			7874.77	calc.	64,901	66,523
			Effective Gross Income			152,087		1,825,044	1,870,671

Projected Net Income

NET INC FROM OPERATIONS	**496.29**	30.02%	45,659		547,908	555,220
Inst. Loan Debt Service	431.52	4.25%	8,070,000	360.00	476,395	476,395
HTF Second Loan Debt Service	0.00	4.00%	0	360	0	0
Dev. Loan	53.82	2.50%	173,055	180	59,413	66,725
Partnership Management Fee	0.00		0		6,000	6,000
Asset Management Fee	5.43		500.00		6,000	6,000
Net Income After Debt and/or Lease	10.96		0		100	100

Loan Amortization Schedules

Developer Loan (beginning of period)	173,055	173,055	117,968
Level Amort. Payment	13,847	13,847	9,995
Simple Interest Only		4,326	2,949
Less Payments Made		59,413	66,725
Adj. to Prin. Balance		-55,087	-63,776
Remaining Term	180	180	168

Permanet Loan Calculation

		Calculated Loan:
Debt Service Coverage Ratio		115.00%
First Mortgage Payment	(per mo.)	$39,703
First Mortgage Interest Rate		4.25%
First Mortgage Term		360.00 mos.
First Mortgage Loan Amount		8,070,797

3 2020	4 2021	5 2022	6 2023	7 2024	8 2025	9 2026	10 2027
0	0	0	0	0	0	0	0
20,727	21,245	21,776	22,320	22,878	23,450	24,037	24,638
186,541	191,204	195,984	200,884	205,906	211,054	216,330	221,738
870,523	892,286	914,593	937,458	960,894	984,916	1,009,539	1,034,778
1,077,790	1,104,735	1,132,353	1,160,662	1,189,678	1,219,420	1,249,906	1,281,154
142,087	145,639	149,280	153,012	156,837	160,758	164,777	168,896
479,809	491,804	504,099	516,702	529,620	542,860	556,432	570,342
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
285,938	293,087	300,414	307,924	315,622	323,513	331,601	339,891
907,834	930,530	953,793	977,638	1,002,079	1,027,131	1,052,809	1,079,129
1,985,624	2,035,264	2,086,146	2,138,300	2,191,757	2,246,551	2,302,715	2,360,283
53,889	55,237	56,618	58,033	59,484	60,971	62,495	64,058
14,297	14,654	15,021	15,396	15,781	16,176	16,580	16,995
68,186	69,891	71,638	73,429	75,265	77,147	79,075	81,052
1,917,437	1,965,373	2,014,508	2,064,870	2,116,492	2,169,404	2,223,639	2,279,230
562,523	569,812	577,079	584,319	591,524	598,687	605,801	612,857
476,395	476,395	476,395	476,395	476,395	476,395	476,395	476,395
0	0	0	0	0	0	0	0
55,547	0	0	0	0	0	0	0
6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
100	100	88,685	95,924	103,130	110,293	117,406	124,462
54,192	0	0	0	0	0	0	0
4,887	0	0	0	0	0	0	0
1,355	0	0	0	0	0	0	0
55,547	0	0	0	0	0	0	0
-54,192	0	0	0	0	0	0	0
156	144	132	120	108	96	84	72

Proposed Loan:		Exact fr. calculations:				
115.01%	**DSCR**	44,665,208	TPC	Debt Service (Ln:Value		
39,700	**Mo./PMT**	8,070,000	1st TD	1st TD	18.07%	1st
4.25%	**int. rate**	16,000,000	Land+E Bldgs	3rd TD	35.82%	2nd
30	**Term**	5,250,000	NPLH + Solar	2nd TD	11.75%	3rd
8,070,000	**Amount**	**15,172,152**	Equity	Equity	33.97%	
8,070,000		173,055	Dev./GC Loan	Developer	0.39%	

11 2028	12 2029	13 2030	14 2031	15 2032
0	0	0	0	0
25,254	25,885	26,532	27,195	27,875
227,282	232,964	238,788	244,757	250,876
1,060,647	1,087,164	1,114,343	1,142,201	1,170,756
1,313,182	1,346,012	1,379,662	1,414,154	1,449,508
173,119	177,447	181,883	186,430	191,091
584,601	599,216	614,196	629,551	645,290
0	0	0	0	0
0	0	0	0	0
348,388	357,098	366,025	375,176	384,555
1,106,107	1,133,760	1,162,104	1,191,157	1,220,935
2,419,290	2,479,772	2,541,766	2,605,310	2,670,443
65,659	67,301	68,983	70,708	72,475
17,419	17,855	18,301	18,759	19,228
83,079	85,155	87,284	89,466	91,703
2,336,211	2,394,616	2,454,482	2,515,844	2,578,740

619,846	626,761	633,591	640,326	646,956
476,395	476,395	476,395	476,395	476,395
0	0	0	0	0
0	0	0	0	0
6,000	6,000	6,000	6,000	6,000
6,000	6,000	6,000	6,000	6,000
131,452	138,366	145,196	151,931	158,562

0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
60	48	36	24	12

	Per Unit
Price/Unit	485,491
TD Loan/Unit	87,717
TD Loan/Unit	173,913
TD Loan/Unit	57,065
Equity/Unit	164,915
Dev. Loan	1,881

Alameda Point Collaborative, Version 5b
4% LIH Credits,Prev. Wage

Projected Operating Budget — 15 Year Projection of Expenses

Description	Per Unit Month	% of Effective Gross Inc	Monthly Total	Annual % incr. Projected	1 2020	Annual Totals 2 2021
Corporate Taxes	0.82	0.05%	75	3.00%	900	927
Bonded Indebtedness	1.09	0.07%	100	2.00%	1,200	1,224
Property Taxes (w Non-Profit General)	0.00	0.00%	0	2.00%	0	0
Total, Taxes	1.90	0.12%	**175**		**2,100**	**2,151**
Hazard Insurance	17.39	1.05%	1,600	3.00%	19,200	19,776
Liability Insurance	17.39	1.05%	1,600	3.00%	19,200	19,776
Total, Insurance	34.78	2.10%	**3,200**		**38,400**	**39,552**
Advertising	0.54	0.03%	50	3.00%	600	618
Office Expense	2.61	0.16%	240	3.00%	2,880	2,966
Legal Fees	8.70	0.53%	800	3.00%	9,600	9,888
Accounting expense	8.70	0.53%	800	3.00%	9,600	9,888
Telephone	26.09	1.58%	2,400	3.00%	28,800	29,664
Offsite Mgnt./N-Profit MGP	76.12	4.60%	7,003	2.50%	84,042	86,143
Manager's Rent	8.93	0.54%	822	3.00%	9,864	10,160
Payroll/Salary	104.09	6.30%	9,576	3.00%	114,912	118,359
Manager's Soc Sec Tax	8.87	0.54%	816	3.00%	9,795	10,089
Manager's UI	3.28	0.20%	302	3.00%	3,619	3,727
Manager's Fringe	9.78	0.59%	900	3.00%	10,800	11,124
Manager's Worker's Comp.	12.43	0.75%	1,144	3.00%	13,725	14,137
Subtotal, Manager's Expense	147.39	8.92%	13,560	3.00%	162,715	167,596
Total, Management Expenses	270.14	16.34%	**24,853**		**298,237**	**306,763**
Appliance Replacement	3.26	0.20%	300	3.00%	3,600	3,708
Personal Property Repl/Repair	6.52	0.39%	600	3.00%	7,200	7,416
Maintenance Material/Supplies	29.35	1.78%	2,700	3.00%	32,400	33,372
Maintenance Service Contracts	21.74	1.32%	2,000	3.00%	24,000	24,720
Ext/Landscape Labor	6.52	0.39%	600	3.00%	7,200	7,416
Landscape Materials	1.09	0.07%	100	3.00%	1,200	1,236
Other Landscape Expenses	0.00	0.00%	0	3.00%	0	0
Subtotal, Landscape Expenses	7.61	0.46%	700	3.00%	8,400	8,652
Maintenance Staff Rent	0.00	0.00%	0	3.00%	0	0
Maintenance Staff Salary	0.00	0.00%	0	3.00%	0	0
Maintenance Soc Sec	0.00	0.00%	0	3.00%	0	0
Maintenance UI	0.00	0.00%	0	3.00%	0	0
Maintenance Fringe	0.00	0.00%	0	3.00%	0	0
Maintenance Worker's Comp.	0.00	0.00%	0	3.00%	0	0
Subtotal, Maint. Staff Expense	0.00	0.00%	0	3.00%	0	0
Exterminating	5.43	0.33%	500	3.00%	6,000	6,180
Total, Maintenance Expenses	73.91	4.47%	**6,800**		**81,600**	**84,048**
Electricity (Common)	2.72	0.16%	250	3.00%	3,000	3,090
Natural Gas (common)	2.72	0.16%	250	3.00%	3,000	3,090
Water/Sewer	10.87	0.66%	1,000	3.00%	12,000	12,360
Trash/Rubbish	6.52	0.39%	600	3.00%	7,200	7,416
Total, Utility Expenses	22.83	1.38%	**2,100**		**25,200**	**25,956**
Services Funding	728.26	44.05%	67,000	3.00%	804,000	828,120
Reserves for Replacement	25.00	1.51%	2,300	0.00%	27,600	27,600
Total, Reserves	753.26	45.57%	**69,300**	3.00%	**831,600**	**855,720**
Total, Exps and Reserves	**1156.83**	**70%**	**106,428**	**3.00%**	**1,277,137**	**1,315,451**
	13881.92					

3 2022	4 2023	5 2024	6 2025	7 2026	8 2027	9 2028	10 2029
955	983	1,013	1,043	1,075	1,107	1,140	1,174
1,248	1,273	1,299	1,325	1,351	1,378	1,406	1,434
0	0	0	0	0	0	0	0
2,203	**2,257**	**2,312**	**2,368**	**2,426**	**2,485**	**2,546**	**2,608**
20,369	20,980	21,610	22,258	22,926	23,614	24,322	25,052
20,369	20,980	21,610	22,258	22,926	23,614	24,322	25,052
40,739	**41,961**	**43,220**	**44,516**	**45,852**	**47,227**	**48,644**	**50,103**
637	656	675	696	716	738	760	783
3,055	3,147	3,241	3,339	3,439	3,542	3,648	3,758
10,185	10,490	10,805	11,129	11,463	11,807	12,161	12,526
10,185	10,490	10,805	11,129	11,463	11,807	12,161	12,526
30,554	31,471	32,415	33,387	34,389	35,420	36,483	37,577
88,296	90,504	92,766	95,086	97,463	99,899	102,397	104,957
10,465	10,779	11,102	11,435	11,778	12,131	12,495	12,870
121,910	125,567	129,334	133,215	137,211	141,327	145,567	149,934
10,391	10,703	11,024	11,355	11,696	12,047	12,408	12,780
3,839	3,954	4,073	4,195	4,321	4,450	4,584	4,721
11,458	11,801	12,155	12,520	12,896	13,283	13,681	14,092
14,561	14,998	15,448	15,911	16,389	16,880	17,387	17,908
172,624	177,803	183,137	188,631	194,290	200,119	206,122	212,306
315,536	**324,560**	**333,845**	**343,396**	**353,222**	**363,332**	**373,732**	**384,432**
3,819	3,934	4,052	4,173	4,299	4,428	4,560	4,697
7,638	7,868	8,104	8,347	8,597	8,855	9,121	9,394
34,373	35,404	36,466	37,560	38,687	39,848	41,043	42,275
25,462	26,225	27,012	27,823	28,657	29,517	30,402	31,315
7,638	7,868	8,104	8,347	8,597	8,855	9,121	9,394
1,273	1,311	1,351	1,391	1,433	1,476	1,520	1,566
0	0	0	0	0	0	0	0
8,912	9,179	9,454	9,738	10,030	10,331	10,641	10,960
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
6,365	6,556	6,753	6,956	7,164	7,379	7,601	7,829
86,569	**89,167**	**91,842**	**94,597**	**97,435**	**100,358**	**103,368**	**106,469**
3,183	3,278	3,377	3,478	3,582	3,690	3,800	3,914
3,183	3,278	3,377	3,478	3,582	3,690	3,800	3,914
12,731	13,113	13,506	13,911	14,329	14,758	15,201	15,657
7,638	7,868	8,104	8,347	8,597	8,855	9,121	9,394
26,735	**27,537**	**28,363**	**29,214**	**30,090**	**30,993**	**31,923**	**32,880**
852,964	878,553	904,909	932,056	960,018	988,819	1,018,483	1,049,038
27,600	27,600	27,600	27,600	27,600	27,600	27,600	27,600
880,564	**906,153**	**932,509**	**959,656**	**987,618**	**1,016,419**	**1,046,083**	**1,076,638**
1,354,914	**1,395,562**	**1,437,428**	**1,480,551**	**1,524,968**	**1,570,717**	**1,617,838**	**1,666,374**

11 2030	12 2031	13 2032	14 2033	15 2034
1,210	1,246	1,283	1,322	1,361
1,463	1,492	1,522	1,552	1,583
0	0	0	0	0
2,672	**2,738**	**2,805**	**2,874**	**2,945**
25,803	26,577	27,375	28,196	29,042
25,803	26,577	27,375	28,196	29,042
51,606	**53,155**	**54,749**	**56,392**	**58,083**
806	831	855	881	908
3,870	3,987	4,106	4,229	4,356
12,902	13,289	13,687	14,098	14,521
12,902	13,289	13,687	14,098	14,521
38,705	39,866	41,062	42,294	43,563
107,581	110,270	113,027	115,853	118,749
13,256	13,654	14,064	14,486	14,920
154,432	159,065	163,837	168,752	173,815
13,164	13,558	13,965	14,384	14,816
4,863	5,009	5,159	5,314	5,473
14,514	14,950	15,398	15,860	16,336
18,446	18,999	19,569	20,156	20,761
218,675	225,235	231,992	238,952	246,121
395,440	**406,766**	**418,417**	**430,405**	**442,738**
4,838	4,983	5,133	5,287	5,445
9,676	9,966	10,265	10,573	10,891
43,543	44,849	46,195	47,580	49,008
32,254	33,222	34,218	35,245	36,302
9,676	9,966	10,265	10,573	10,891
1,613	1,661	1,711	1,762	1,815
0	0	0	0	0
11,289	11,628	11,976	12,336	12,706
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
8,063	8,305	8,555	8,811	9,076
109,664	**112,953**	**116,342**	**119,832**	**123,427**
4,032	4,153	4,277	4,406	4,538
4,032	4,153	4,277	4,406	4,538
16,127	16,611	17,109	17,622	18,151
9,676	9,966	10,265	10,573	10,891
33,867	**34,883**	**35,929**	**37,007**	**38,117**
1,080,509	1,112,924	1,146,312	1,180,701	1,216,122
27,600	27,600	27,600	27,600	27,600
1,108,109	**1,140,524**	**1,173,912**	**1,208,301**	**1,243,722**
1,716,365	**1,767,856**	**1,820,891**	**1,875,518**	**1,931,784**

Summary of Leasehold Improvement Loan Financing

Building 1 – Federally-Qualified Health Center and Alameda Point Collaborative Operations

Annual Gross Income, Operating Costs, Net Income and Debt

Component		All Sources of Income	All Operating Costs	Operating Income (loss)	Debt Service	Net Income to Reserves
1	Medical Respite	1,358,556	1,664,943	(306,387)		
2	Transitional Housing	112,995	147,677	(34,682)		
4	Resource Center / CES	196,812	196,812	-		
5	Medical Cinic	4,203,960	3,270,944	933,016		
6	Mental Health Clinic	1,065,300	443,986	621,314		
7	Food, Kitchen and Dining Services	711,752	689,401	22,351		
8	Linens, Housekeeping	296,465	296,465	-		
9	Van Transportation	275,181	275,181	-		
10	Employment Services	98,750	98,750	-		
1,2 and 4 to 10 Components	FQHC / Alameda Point Lead	8,319,771	7,084,159	1,235,612	529,958	
Loan Amount $8,716,098		Loan Terms: 4.50% interest, 360 amort., due 180 months		Net Income After Debt		705,654

Alameda Medical Respite and Wellness Center

Exhibit 4 – C – 1

Project Total and Component Operating Budgets

The planned operations of the Alameda Medical Respite and Wellness Center address the needs of homeless adults with a wide range of housing, service and medical needs. The project is structured to transition clients from their primary contact at the Center through the resource center or medical respite program, and on to timely outplacement to permanent supportive or independent living housing in the community. The Center also provides transitional housing for up to 28 days' extension as well as long term housing in the 90 on-site permanent supportive housing units.

A range of services is needed to support medically fragile, aging and homeless individuals to gain independent living skills and better health outcomes. The Resource Center will support clients through intensive outplacement to housing and links to primary care and supportive services. The on-site satellite medical clinic and mental health clinic will address clients' complex medical and behavioral health care conditions. The kitchen and dining services, housekeeping and linen services, van transportation, and employment services support the daily needs of residents both in the Center and to facilitate their re-integration into the community.

A separate operating budget for each of the program components, showing diverse sources of income and the various costs to operate is included in this Exhibit.

The ownership of the building improvements for the Component 3, Permanent Supportive Housing ("assisted living") is intended to be organized and segregated into a limited partnership to permit the use of low income housing tax credits to raise substantial capital funding. The operating budget for Component 3, is therefore shown in one summary. The balance of the 9 other components is aggregated. We then present an overall statement of income, costs, and debt service for all 10 components.

Component			All Sources of Income	All Operating Costs	Operating Income (loss)	Debt Service	Net Income to Reserves
	1	Medical Respite	1,358,556	1,664,943	(306,387)		
	2	Transitional Housing	112,995	147,677	(34,682)		
	3	Permanent Supportive Housing (assisted living)	1,825,056	1,312,161	512,895		
	4	Resource Center / CES	196,812	196,812	-		
	5	Medical Clinic	4,203,960	3,270,944	933,016		
	6	Mental Health Clinic	1,065,300	443,986	621,314		
	7	Food, Kitchen and Dining Services	711,752	689,401	22,351		
	8	Linens, Housekeeping Van	296,465	296,465	-		
	9	Transportation	275,181	275,181	-		
	10	Employment Services	98,750	98,750	-		
3 only		Permanent Supportive Housing (assisted living)	1,825,056	1,312,161	512,895	476,395	36,500
All-3		FQHC / Alameda Point Lead	8,319,771	7,084,159	1,235,612	529,958	705,654
All		All Programs and Activities	10,144,827	8,396,320	1,748,507	1,006,353	742,154

Alameda Point Collaborative First Year Operating Budget
Alameda, CA

Overall Operating Costs, (All Non-Assisted Living Plus Assisted Living)

Projected Income From Tenants, Clients, Program Sources

		Annual
Effective Number of Clients - Contacts		205,039
1 MR FQHC Service Billing		858,600
1MR Hospital and Referring Clinics Capacity Charge		499,956
1MR from Project Reserve	(306,387)	-
2 Transitional Tenant Daily at $8.80		38,016
2 Transitional Food Charges Daily $14.07		59,645
2 Transitional Linens, Van Daily Charges $4.17		17,640
2 Transitional To Project Reserve	(34,682)	-
3 Net Rent From Tenants		275,768
3 Meal Payments from Tenants		456,689
3 Housekeeping, Linens, and Van Payments from tenants		132,243
3 Housing Rent Subsidies, COSR, Section 8 and VASH		960,356
4 Resource Center - Building Futures CES		196,812
5 Medical Clinic FQHC Service Billing		4,203,960
5 Medical Clinic to Project Reserve	933,016	-
6 Mental Health Clinic FQHC Service Billing		1,065,300
6 Mental Health Clinic To Project Reserve	621,314	-
7 Kitchen Charges		711,752
7 Kitchen To Project Reserve	22,350	-
8 Housekeeping and Linens Charges		296,465
9 Van Transportation Charges Per Round Trip		55,391
9 Van Transportation Charges To Components		219,790
10 Employment - Alameda Point Colaborative and City of Alameda		98,750
Net Funding from Project Sources	1,235,611	10,147,133
From (To) Project Net Income Reserve	To:	**1,235,612**
Assisted Living Debt Service and Distributable Cash		577,231

Projected Operating Budget — First Year Operating Expenses

Description	*Per Client Month*	% of Effective Gross Inc	Monthly Total	Annual % incr. Projected	ALL 1 2016
Corporate Taxes	0.04	0.08%	667	3.00%	8,000
Bonded Indebtedness	0.01	0.01%	108	2.00%	1,300
Property Taxes (w Non-Profit General)	0.00	0.00%	-	2.00%	0
Total, Taxes	0.05	0.09%	**775**		**9,300**
Hazard Insurance	0.26	0.52%	4,358	3.00%	52,300
Liability Insurance	1.44	2.91%	24,617	3.00%	295,400
Total, Insurance	1.70	3.43%	**28,975**		**347,700**
Advertising	0.02	0.03%	277	3.00%	3,320
Office Expense	0.17	0.34%	2,840	3.00%	34,080
Legal Fees	0.21	0.43%	3,600	3.00%	43,200
Accounting expense	0.45	0.91%	7,717	3.00%	92,600
Telephone/Internet/TV	0.35	0.71%	5,967	3.00%	71,600
Offsite Mgnt./N-Profit MGP	5.85	11.83%	100,041	3.00%	1,200,493
Manager's Rent	0.05	0.10%	822	3.00%	9,864
Payroll/Salary	3.35	6.77%	57,271	3.00%	687,248
Manager's Soc Sec Tax	0.25	0.50%	4,218	3.00%	50,620
Manager's UI	0.07	0.13%	1,122	3.00%	13,468
Manager's Fringe	0.32	0.65%	5,500	3.00%	66,000
Manager's Worker's Comp.	0.22	0.44%	3,762	3.00%	45,140
Subtotal, Manager's Expense	4.25	8.60%	72,695	3.00%	872,340
Total, Management Expenses	11.30	22.84%	**193,136**		**2,317,633**
Appliance Replacement	1.44	2.91%	24,570	3.00%	294,840
Personal Property Repl/Repair	0.35	0.71%	6,032	3.00%	72,380
Maintenance Material/Supplies	0.48	0.97%	8,167	3.00%	98,000
Maintenance Service Contracts	0.55	1.10%	9,333	3.00%	112,000
Ext/Landscape Labor	0.06	0.13%	1,060	3.00%	12,720
Landscape Materials	0.01	0.02%	210	3.00%	2,520
Other Landscape Expenses	0.00	0.00%	0	3.00%	0
Subtotal, Landscape Expenses	0.08	0.17%	1,400	3.00%	16,800
Exterminating	0.06	0.12%	1,000	3.00%	12,000
Total, Maintenance Expenses	2.95	5.96%	**50,372**		**604,460**
Electricity (Common)	0.19	0.39%	3,275	3.00%	39,300
Natural Gas (common)	0.15	0.31%	2,592	3.00%	31,100
Water/Sewer	0.29	0.58%	4,900	3.00%	58,800
Trash/Rubbish	0.28	0.57%	4,847	3.00%	58,160
Total, Utility Expenses	0.91	1.85%	**15,613**		**187,360**
Client Sevices Payroll/Salary	11.39	23.02%	**194,667**		**2,336,003**
Client Servicer's Soc Sec Tax	0.80	1.61%	**13,650**		**163,797**
Client Service's UI	0.39	0.79%	**6,648**		**79,774**
Client Service's Fringe	1.43	2.89%	**24,425**		**293,100**
Client Service's Worker's Comp.	0.60	1.20%	**10,178**		**122,133**
Subtotal, Client Service's Expense	14.61	29.51%	**249,567**		**2,994,807**
Food and Materials Costs	4.35	8.79%	**74,313**		**891,752**
Staff Training	0.28	0.56%	**4,700**		**56,400**
General Operating Reserve	1.37	2.76%	23,375	0.00%	280,500
Linen/Hskpg/Van	2.59	5.23%	44,257	3.00%	531,078
Reserves for Replacement	0.55	1.12%	9,442	0.00%	113,300
Total, Reserves	4.51	9.11%	**77,073**	3.00%	**924,878**
Total, Exps and Reserves	**40.65**	**82%**	**694,524**	**3.00%**	**8,334,290**
	40.65				

Alameda Point Collaborative First Year Operating Budget
Alameda, CA

Overall Operating Costs, (All Non-Assisted Living) Components

Projected Income From Tenants, Clients, Program Sources

		Annual
Client Contact Capacity		246,165
Avg. Participation Rate		82.84%
Effective Number of Clients - Contacts		203,935
1 MR FQHC Service Billing		858,600
1MR Hospital and Referring Clinics Capacity Charge		499,956
1MR from Project Reserve	(306,387)	-
2 Transitional Tenant Daily at $8.80		38,016
2 Transitional Food Charges Daily $14.07		59,645
2 Transitional Linens, Van Daily Charges $4.17		17,640
2 Transitional To Project Reserve	(34,682)	-
4 Resource Center - Building Futures CES		196,812
5 Medical Clinic FQHC Service Billing		4,203,960
5 Medical Clinic to Project Reserve	933,016	-
6 Mental Health Clinic FQHC Service Billing		1,065,300
6 Mental Health Clinic To Project Reserve	621,314	-
7 Kitchen Charges		711,752
7 Kitchen To Project Reserve	22,350	-
8 Housekeeping and Linens Charges		296,465
9 Van Transportation Charges Per Round Trip		55,391
9 Van Transportation Charges To Components		219,790
10 Employment - Alameda Point Colaborative and City of Alameda		98,750
Net Funding from Project Sources	1,235,611	8,322,077
Other Funding Between (Non-AL #3) Components		-
From (To) Project Net Income Reserve	To:	**1,235,612**
All Operating and Reserve Costs		7,027,759

Projected Operating Budget — First Year Operating Expenses

Description	*Per Client Month*	% of Effective Gross Inc	Monthly Total	Annual % incr. Projected	ALL 1 2016
Corporate Taxes	0.00	0.09%	592	3.00%	7,100
Bonded Indebtedness	0.00	0.00%	8	2.00%	100
Property Taxes (w Non-Profit General)	0.00	0.00%	-	2.00%	0
Total, Taxes	0.00	0.04%	**283**		**3,400**
Hazard Insurance	0.01	0.40%	2,758	3.00%	33,100
Liability Insurance	0.11	3.32%	23,017	3.00%	276,200
Total, Insurance	0.13	3.72%	**25,775**		**309,300**
Advertising	0.00	0.03%	227	3.00%	2,720
Office Expense	0.01	0.37%	2,600	3.00%	31,200
Legal Fees	0.01	0.40%	2,800	3.00%	33,600
Accounting expense	0.03	1.00%	6,917	3.00%	83,000
Telephone/Internet/TV	0.02	0.51%	3,567	3.00%	42,800
Offsite Mgnt./N-Profit MGP	0.43	12.75%	88,418	3.00%	1,061,019
Manager's Rent	0.00	0.00%	-	3.00%	0
Payroll/Salary	0.23	6.88%	47,695	3.00%	572,336
Manager's Soc Sec Tax	0.02	0.49%	3,402	3.00%	40,825
Manager's UI	0.00	0.12%	821	3.00%	9,849
Manager's Fringe	0.02	0.66%	4,600	3.00%	55,200
Manager's Worker's Comp.	0.01	0.38%	2,618	3.00%	31,415
Subtotal, Manager's Expense	0.29	8.53%	59,135	3.00%	709,625
Total, Management Expenses	0.85	24.93%	**172,886**		**2,074,627**
Appliance Replacement	0.12	3.50%	24,270	3.00%	291,240
Personal Property Repl/Repair	0.03	0.78%	5,432	3.00%	65,180
Maintenance Material/Supplies	0.03	0.79%	5,467	3.00%	65,600
Maintenance Service Contracts	0.04	1.06%	7,333	3.00%	88,000
Ext/Landscape Labor	0.00	0.07%	460	3.00%	5,520
Landscape Materials	0.00	0.02%	110	3.00%	1,320
Other Landscape Expenses	0.00	0.00%	-	3.00%	0
Subtotal, Landscape Expenses	0.00	0.01%	70	3.00%	840
Exterminating	0.01	0.20%	1,383	3.00%	16,600
Total, Maintenance Expenses	0.22	6.41%	**44,455**		**533,460**
Electricity (Common)	0.01	0.44%	3,025	3.00%	36,300
Natural Gas (common)	0.01	0.34%	2,342	3.00%	28,100
Water/Sewer	0.02	0.56%	3,900	3.00%	46,800
Trash/Rubbish	0.02	0.61%	4,247	3.00%	50,960
Total, Utility Expenses	0.07	1.95%	**13,513**		**162,160**
Client Sevices Payroll/Salary	0.88	25.79%	**178,875**		**2,146,500**
Client Servicer's Soc Sec Tax	0.06	1.77%	**12,284**		**147,405**
Client Service's UI	0.03	0.89%	**6,190**		**74,278**
Client Service's Fringe	0.12	3.41%	**23,625**		**283,500**
Client Service's Worker's Comp.	0.04	1.29%	**8,914**		**106,973**
Subtotal, Client Service's Expense	1.13	33.15%	**229,888**		**2,758,656**
Food and Materials Costs	0.18	5.15%	**35,744**		**428,932**
Staff Training	0.02	0.68%	**4,700**		**56,400**
General Operating Reserve	0.11	3.37%	23,375	0.00%	280,500
Linen/Hskpg/Van	0.16	4.70%	32,585	3.00%	391,025
Reserves for Replacement	0.04	1.03%	7,142	0.00%	85,700
Total, Reserves	0.31	9.10%	**63,102**	3.00%	**757,225**
Total, Exps and Reserves	**2.87**	**84%**	**585,647**	**3.00%**	**7,027,759**
	34.46				

38 Medical Respite Beds, Component #1
Projected Income From Tenants or Clients

					Annual
Max Clients					38
Participation Rate					95%
Effective Number of Clients					36.1
				An Cont	
FQHC for out-patient visits	265.00	9	360	3240	858,600
Hospitals and Referring Agencies	38.47	36.1	360		499,956
Other Sponsoring Agencies	-	10	360		-
Client Charge (typical SSI income level)	-	36.1	360		-
reserved					
Charitable Foundations and Contributions					-
Net Funding from Non-Project Sources					1,358,556
From Project Net Income Reserve				**From:**	(306,386.83)

Total, Expenses and Reserve Costs - **1,664,942.95**

Projected Operating Budget

First Year Operating Expenses

Component **Description**	***Per Client Month***	% of Effective Gross Inc	Monthly Total	Annual % incr. Projected	1 and 2 1 2019
Corporate Taxes	0.00	0.00%	0.00	3.00%	0
Bonded Indebtedness	0.00	0.00%	0.00	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	0.00	2.00%	0
Total, Taxes	0.00	0.00%	**0.00**		**0**
Hazard Insurance	13.85	0.36%	500.00	3.00%	6,000
Liability Insurance	55.40	1.44%	2,000.00	3.00%	24,000
Total, Insurance	69.25	1.80%	**2,500.00**		**30,000**
Advertising	0.00	0.00%	0.00	3.00%	0
Office Expense	5.54	0.14%	200.00	3.00%	2,400
Legal Fees	11.54	0.30%	416.67	3.00%	5,000
Accounting expense	27.70	0.72%	1,000.00	3.00%	12,000
Telephone/Internet/TV	16.62	0.43%	600.00	3.00%	7,200
Offsite Mgnt./N-Profit MGP	485.77	12.64%	17,536.17	3.00%	210,434
Manager's Rent	0.00	0.00%	0.00	3.00%	0
Payroll/Salary	207.76	5.41%	7,500.00	3.00%	90,000
Manager's Soc Sec Tax	17.97	0.47%	648.75	3.00%	7,785
Manager's UI	0.47	0.01%	16.87	3.00%	202
Manager's Fringe	23.55	0.61%	850.00	3.00%	10,200
Manager's Worker's Comp.	5.71	0.15%	206.25	3.00%	2,475
Subtotal, Manager's Expense	255.45	6.65%	9,221.87	3.00%	110,662
Total, Management Expenses	1058.08	27.53%	**38,196.57**		**458,359**
Appliance Replacement	6.93	0.18%	250.00	3.00%	3,000
Personal Property Repl/Repair	55.40	1.44%	2,000.00	3.00%	24,000
Maintenance Material/Supplies	27.70	0.72%	1,000.00	3.00%	12,000
Maintenance Service Contracts	27.70	0.72%	1,000.00	3.00%	12,000
Ext/Landscape Labor	0.00	0.00%	0.00	3.00%	0
Landscape Materials	0.00	0.00%	0.00	3.00%	0
Other Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Exterminating	2.31	0.06%	83.33	3.00%	1,000
Total, Maintenance Expenses	120.04	3.12%	**4,333.33**		**52,000**
Electricity (Common)	22.16	0.58%	800.00	3.00%	9,600
Natural Gas (common)	8.31	0.22%	300.00	3.00%	3,600
Water/Sewer	27.70	0.72%	1,000.00	3.00%	12,000
Trash/Rubbish	13.85	0.36%	500.00	3.00%	6,000
Total, Utility Expenses	72.02	1.87%	**2,600.00**		**31,200**
Client Sevices Payroll/Salary	1278.95	33.28%	**46,170.00**		**554,040**
Client Servicer's Soc Sec Tax	87.61	2.28%	**3,162.65**		**37,952**
Client Service's UI	25.58	0.67%	**923.40**		**11,081**
Client Service's Fringe	18.70	0.49%	**675.00**		**8,100**
Client Service's Worker's Comp.	38.37	1.00%	**1,385.10**		**16,621**
Subtotal, Client Service's Expense	1449.20	37.71%	**52,316.15**		**627,794**
Food and Materials Costs	433.44	11.28%	**15,647.09**		**187,765**
Staff Training	55.40	1.44%	**2,000.00**		**24,000**
General Operating Reserve	33.47	0.87%	1,208.33	0.00%	14,500
Linen/Hskg/Van	510.91	13.29%	18,443.77	3.00%	221,325
Reserves for Replacement	41.55	1.08%	1,500.00	0.00%	18,000
Total, Reserves	585.93	15.25%	**21,152**	3.00%	**253,825**
Total, Exps and Reserves	**3843.36**	**100%**	**138,745**	**3.00%**	**1,664,943**
	46120.30				

12 Transitional Housing Beds, Component #2

Projected Income From Tenants or Clients

Unit	# Units	% of Median	Description	Rent Level	Less: Utility Allow.	Net Monthly Total	Annual Increase	2019 Year 1 23-Aug-19
A	12	30%	Transitional	264	0	3,168	2.50%	38,016
B	0	60%	Managers	822	0	-	2.50%	-
C	0	30%	NPLH Studios	548	0	-	2.50%	-
G	0	60%	LIHTC Studios	1,096	0	-	2.50%	-
	12		Total Residential Income	264.00 P/U/M		3,168		38,016
			Linen/Hskpg/Van/Misc Serv	125.00		1,470	2.50%	17,640
			Food Portion Service Incom	422.66		4,970	2.50%	59,645
			Total, Non-Residential Income			6,440		77,285
			Operating Subsidy (Assisted Living)		2.5%	-		-
			Gross Potential Income			9,608	calc.	115,301
			Est. Res. Vacancy %		2.0%			
			Residential Vacancy $			63	calc.	760.32
			Non-Res. Vacancy		2.0%	129	calc.	1,545.71
			Total, Vacancy Losses			192	calc.	2,306
To Project Net Income Reserve:							From:	(34,682)
Total, Effective Gross Income						**9,416.28**		**112,995**

Projected Operating Budget

First Year Operating Expenses

Component **Description**	***Per Unit Month***	% of Effective Gross Inc	Monthly Total	Annual % incr. Projected	1 2019
Corporate Taxes	6.25	0.80%	75	3.00%	900
Bonded Indebtedness	0.69	0.09%	8	2.00%	100
Property Taxes (w Non-Profit General)	0.00	0.00%	0	2.00%	0
Total, Taxes	6.94	0.88%	**83**		**1,000**
Hazard Insurance	13.89	1.77%	167	3.00%	2,000
Liability Insurance	13.89	1.77%	167	3.00%	2,000
Total, Insurance	27.78	3.54%	**333**		**4,000**
Advertising	0.00	0.00%	0	3.00%	0
Office Expense	0.00	0.00%	0	3.00%	0
Legal Fees	16.67	2.12%	200	3.00%	2,400
Accounting expense	41.67	5.31%	500	3.00%	6,000
Telephone/Internet/TV	19.44	2.48%	233	3.00%	2,800
Offsite Mgnt./N-Profit MGP	156.94	20.00%	1,883	3.00%	22,599
Manager's Rent	0.00	0.00%	0	3.00%	0
Payroll/Salary	0.00	0.00%	0	3.00%	0
Manager's Soc Sec Tax	0.00	0.00%	0	3.00%	0
Manager's UI	0.00	0.00%	0	3.00%	0
Manager's Fringe	0.00	0.00%	0	3.00%	0
Manager's Worker's Comp.	0.00	0.00%	0	3.00%	0
Subtotal, Manager's Expense	0.00	0.00%	0	3.00%	0
Total, Management Expenses	234.72	29.91%	**2,817**		**33,799**
Appliance Replacement	1.67	0.21%	20	3.00%	240
Personal Property Repl/Repair	5.42	0.69%	65	3.00%	780
Maintenance Material/Supplies	22.22	2.83%	267	3.00%	3,200
Maintenance Service Contracts	16.67	2.12%	200	3.00%	2,400
Ext/Landscape Labor	5.00	0.64%	60	3.00%	720
Landscape Materials	0.83	0.11%	10	3.00%	120
Other Landscape Expenses	0.00	0.00%	0	3.00%	0
Subtotal, Landscape Expenses	5.83	0.74%	70	3.00%	840
Exterminating	4.17	0.53%	50	3.00%	600
Total, Maintenance Expenses	55.97	7.13%	**672**		**8,060**
Electricity (Common)	2.08	0.27%	25	3.00%	300
Natural Gas (common)	2.08	0.27%	25	3.00%	300
Water/Sewer	15.00	1.91%	1,800	3.00%	2,160
Trash/Rubbish	6.67	0.85%	800	3.00%	960
Total, Utility Expenses	25.83	3.29%	**310**		**3,720**
Client Sevices Payroll/Salary	142.50	18.16%	**1,710**		**20,520**
Client Servicer's Soc Sec Tax	12.33	1.57%	**148**		**1,775**
Client Service's UI	4.13	0.53%	**50**		**595**
Client Service's Fringe	41.67	5.31%	**500**		**6,000**
Client Service's Worker's Comp.	11.40	1.45%	**137**		**1,642**
Subtotal, Client Service's Expense	212.03	27.02%	**2,544**		**30,532**
Food and Dining Costs	424.77	54.13%	**5,097**		**61,167**
Staff Training	16.67	2.12%	**200**		**2,400**
General Operating Reserve	0.00	0.00%	0	0.00%	0
Linen/Hskpg/Trans	0.00	0.00%	0	3.00%	0
Reserves for Replacement	20.83	2.65%	250	0.00%	3,000
Total, Reserves and Services	20.83	2.65%	**250**	3.00%	**3,000**
Total, Exps and Reserves	**1025.54**	**131%**	**12,306**	**3.00%**	**147,677**
PUPA	**12306.45**				

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

92 Supportive Housing Apartments, Component #3

Projected Income From Tenants or Clients

Unit	# Units	% of Median	Description	Rent Level	Less: Utility Allow.	Net Monthly Total	Annual Increase	2019 Year 1 23-Aug-19
A	0	30%	Transitional	264	0	-	2.50%	-
B	2	60%	Managers	822	0	1,644	2.50%	19,728
C	27	30%	NPLH Studios	548	0	14,796	2.50%	177,552
G	63	60%	LIHTC Studios	1,096	0	69,048	2.50%	828,576
	92	Total Residential Income		929.22 P/U/M		85,488		1,025,856
		Linen/Hskpg/Van/Misc Serv		122.23	0.98	11,020	2.50%	132,243
		Food Portion Service Incom		422.11	0.98	38,057	2.50%	456,689
		Total, Non-Residential Income				49,078		588,932
		Sec. 8 Subsidy (ad'l)		360	2.5%	22,680		272,160
		Gross Potential Income				157,246	calc.	1,886,948
			Est. Res. Vacancy %		3.28%			
			Residential Vacancy $			3,548	calc.	42,574.92
			Non-Res. Vacancy		3.28%	1,610	calc.	19,316.98
			Total, Vacancy Losses			5,158	calc.	61,892
Effective Gross Income						**152,088.04**		**1,825,056**

Projected Operating Budget

First Year Operating Expenses

Component Description	Per Unit Month	% of Effective Gross Inc	Monthly Total	Annual % incr. Projected	2019 Year 1
Corporate Taxes	0.82	0.05%	75	3.00%	900
Bonded Indebtedness	1.09	0.07%	100	2.00%	1,200
Property Taxes (w Non-Profit General)	0.00	0.00%	0	2.00%	0
Total, Taxes	1.90	0.12%	**175**		**2,100**
Hazard Insurance	17.39	1.05%	1,600	3.00%	19,200
Liability Insurance	17.39	1.05%	1,600	3.00%	19,200
Total, Insurance	34.78	2.10%	**3,200**		**38,400**
Advertising	0.54	0.03%	50	3.00%	600
Office Expense	2.61	0.16%	240	3.00%	2,880
Legal Fees	8.70	0.53%	800	3.00%	9,600
Accounting expense	8.70	0.53%	800	3.00%	9,600
Telephone/Internet/TV	26.09	1.58%	2,400	3.00%	28,800
Offsite Mgnt./N-Profit MGP	76.13	4.60%	7,004	3.00%	84,042
Manager's Rent	8.93	0.54%	822	3.00%	9,864
Payroll/Salary	104.09	6.30%	9,576	3.00%	114,912
Manager's Soc Sec Tax	8.87	0.54%	816	3.00%	9,795
Manager's UI	3.28	0.20%	302	3.00%	3,619
Manager's Fringe	9.78	0.59%	900	3.00%	10,800
Manager's Worker's Comp.	12.43	0.75%	1,144	3.00%	13,725
Subtotal, Manager's Expense	147.39	8.92%	13,560	3.00%	162,715
Total, Management Expenses	270.14	16.34%	**24,853**		**298,237**
Appliance Replacement	3.26	0.20%	300	3.00%	3,600
Personal Property Repl/Repair	6.52	0.39%	600	3.00%	7,200
Maintenance Material/Supplies	29.35	1.78%	2,700	3.00%	32,400
Maintenance Service Contracts	21.74	1.32%	2,000	3.00%	24,000
Ext/Landscape Labor	6.52	0.39%	600	3.00%	7,200
Landscape Materials	1.09	0.07%	100	3.00%	1,200
Other Landscape Expenses	0.00	0.00%	0	3.00%	0
Subtotal, Landscape Expenses	7.61	0.46%	700	3.00%	8,400
Exterminating	5.43	0.33%	500	3.00%	6,000
Total, Maintenance Expenses	73.91	4.47%	**6,800**		**81,600**
Electricity (Common)	2.72	0.16%	250	3.00%	3,000
Natural Gas (common)	2.72	0.16%	250	3.00%	3,000
Water/Sewer	10.87	0.66%	1,800	3.00%	12,000
Trash/Rubbish	6.52	0.39%	800	3.00%	7,200
Total, Utility Expenses	22.83	1.38%	**2,100**		**25,200**
Client Sevices Payroll/Salary	171.65	10.38%	**15,792**		**189,503**
Client Servicer's Soc Sec Tax	14.85	0.90%	**1,366**		**16,392**
Client Service's UI	4.98	0.30%	**458**		**5,496**
Client Service's Fringe	8.70	0.53%	**800**		**9,600**
Client Service's Worker's Comp.	13.73	0.83%	**1,263**		**15,160**
Subtotal, Client Service's Expense	213.90	12.94%	**19,679**		**236,151**
Food and Dining Costs	419.22	25.36%	**38,568**		**462,820**
Staff Training	0.00	0.00%	**0**		**0**
General Operating Reserve	0.00	0.00%	0	0.00%	0
Linen/Hskpg/Trans	126.86	7.67%	11,671	3.00%	140,053
Reserves for Replacement	25.00	1.51%	2,300	0.00%	27,600
Total, Reserves and Services	151.86	9.19%	**13,971**	3.00%	**167,653**
Total, Exps and Reserves	**1188.55**	**72%**	**109,347**	**3.00%**	**1,312,161**
PUPA	**14262.62**				

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

Resource Center, Component #4
Projected Income From Tenants or Clients

		Annual
Clients, 200 Alameda Homeless Plus Respite, Transitional and Supportive		2400
From Respite, Transitional and Supportive Housing		1740
Participation Rate		75%
Effective Number of Clients Per Month		259
Building Futures CES		196812
reserved		0
reserved		0
reserved	$ -	-
reserved	0%	-
Charitable Foundations and Contributions		-
Net Funding from Non-Project Sources		196,812
From Project Net Income Reserve	From:	0

Total, Expenses and Reserve Costs	-	**196,812**

Projected Operating Budget

First Year Operating Expenses

Component **Description**	***Per Customer Month***	% of Effective Gross Inc	Monthly Total	Annual % incr. Projected	4 1 2019
Corporate Taxes	0.00	0.00%	0.00	3.00%	0
Bonded Indebtedness	0.00	0.00%	0.00	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	0.00	2.00%	0
Total, Taxes	0.00	0.00%	**0.00**		**0**
Hazard Insurance	0.16	0.25%	41.67	3.00%	500
Liability Insurance	1.93	3.05%	500.00	3.00%	6,000
Total, Insurance	2.09	3.30%	**541.67**		**6,500**
Advertising	0.19	0.30%	50.00	3.00%	600
Office Expense	1.16	1.83%	300.00	3.00%	3,600
Legal Fees	0.32	0.51%	83.33	3.00%	1,000
Accounting expense	1.93	3.05%	500.00	3.00%	6,000
Telephone/Internet/TV	1.93	3.05%	500.00	3.00%	6,000
Offsite Mgnt./N-Profit MGP	6.44	10.16%	1,666.67	3.00%	20,000
Manager's Rent	0.00	0.00%	0.00	3.00%	0
Payroll/Salary	32.96	52.00%	8,528.00	3.00%	102,336
Manager's Soc Sec Tax	2.26	3.56%	584.17	3.00%	7,010
Manager's UI	0.66	1.04%	170.56	3.00%	2,047
Manager's Fringe	1.93	3.05%	500.00	3.00%	6,000
Manager's Worker's Comp.	1.98	3.12%	511.68	3.00%	6,140
Subtotal, Manager's Expense	39.79	62.77%	10,294.41	3.00%	123,533
Total, Management Expenses	51.77	81.67%	**13,394.41**		**160,733**
Appliance Replacement	0.00	0.00%	0.00	3.00%	0
Personal Property Repl/Repair	0.32	0.51%	83.33	3.00%	1,000
Maintenance Material/Supplies	0.39	0.61%	100.00	3.00%	1,200
Maintenance Service Contracts	0.19	0.30%	50.00	3.00%	600
Ext/Landscape Labor	0.00	0.00%	0.00	3.00%	0
Landscape Materials	0.00	0.00%	0.00	3.00%	0
Other Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Exterminating	0.19	0.30%	50.00	3.00%	600
Total, Maintenance Expenses	1.10	1.73%	**283.33**		**3,400**
Electricity (Common)	0.39	0.61%	100.00	3.00%	1,200
Natural Gas (common)	0.19	0.30%	50.00	3.00%	600
Water/Sewer	0.39	0.61%	100.00	3.00%	1,200
Trash/Rubbish	0.39	0.61%	100.00	3.00%	1,200
Total, Utility Expenses	1.35	2.13%	**350.00**		**4,200**
Client Sevices Payroll/Salary	0.00	0.00%	**0.00**		**0**
Client Servicer's Soc Sec Tax	0.00	0.00%	**0.00**		**0**
Client Service's UI	0.00	0.00%	**0.00**		**0**
Client Service's Fringe	0.00	0.00%	**0.00**		**0**
Client Service's Worker's Comp.	0.00	0.00%	**0.00**		**0**
Subtotal, Client Service's Expense	0.00	0.00%	**0.00**		**0**
Food and Materials Costs	0.00	0.00%	**0.00**		**0**
Staff Training	0.00	0.00%	**0.00**		**0**
General Operating Reserve	0.00	0.00%	0.00	0.00%	0
Linen/Hskpg/Van	7.08	11.17%	1,831.59	3.00%	21,979
Reserves for Replacement	0.00	0.00%	0.00	0.00%	0
Total, Reserves	7.08	11.17%	**1,832**	3.00%	**21,979**
Total, Exps and Reserves	**63.39**	**100%**	**16,401**	**3.00%**	**196,812**

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

Medical Clinic, 7 Exam Rooms, 30 Hours/Week, Component #5
Projected Income From Tenants or Clients

						Annual
Client Capacity	7	2	8	3.75		15864
Effective Rate						100%
Effective Number of Clients Per Month					420	1322
FQHC PPS Rate per Contact		265				4203960
reserved						-
reserved						-
reserved						-
reserved						
Charitable Foundations and Contributions						-
Net Funding from Non-Project Sources						4,203,960
From (To) Project Net Income Reserve					To:	933,016

Total, Expenses and Reserve Costs	**272,579**	**3,270,944**

Projected Operating Budget

First Year Operating Expenses

Component	*Per Client*	% of Effective		Annual % incr.	5 1
Description	***Month***	Gross Inc	Monthly Total	Projected	2019
Corporate Taxes	0.08	0.03%	100	3.00%	1,200
Bonded Indebtedness	0.00	0.00%	-	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	-	2.00%	0
Total, Taxes	0.08	0.03%	**100**		**1,200**
Hazard Insurance	0.76	0.29%	1,000	3.00%	12,000
Liability Insurance	9.46	3.57%	12,500	3.00%	150,000
Total, Insurance	10.21	3.85%	**13,500**		**162,000**
Advertising	0.00	0.00%	-	3.00%	0
Office Expense and Supplies	0.76	0.29%	1,000	3.00%	12,000
Legal Fees	0.76	0.29%	1,000	3.00%	12,000
Accounting expense	1.01	0.38%	1,333	3.00%	16,000
Telephone/Internet/TV	0.76	0.29%	1,000	3.00%	12,000
Offsite Mgnt./N-Profit MGP	41.24	15.56%	54,516	3.00%	654,189
Manager's Rent	0.00	0.00%	-	3.00%	0
Payroll/Salary	11.35	4.28%	15,000	3.00%	180,000
Manager's Soc Sec Tax	0.78	0.29%	1,028	3.00%	12,330
Manager's UI	0.23	0.09%	300	3.00%	3,600
Manager's Fringe	0.95	0.36%	1,250	3.00%	15,000
Manager's Worker's Comp.	0.68	0.26%	900	3.00%	10,800
Subtotal, Manager's Expense	13.98	5.27%	18,478	3.00%	221,730
Total, Management Expenses	58.49	22.07%	**77,327**		**927,919**
Consumable/Disposable Supplies	15.13	5.71%	20,000	3.00%	240,000
Personal Property Repl/Repair	1.77	0.67%	2,333	3.00%	28,000
Maintenance Material/Supplies	2.27	0.86%	3,000	3.00%	36,000
Maintenance Service Contracts	2.27	0.86%	3,000	3.00%	36,000
Ext/Landscape Labor	0.30	0.11%	400	3.00%	4,800
Landscape Materials	0.08	0.03%	100	3.00%	1,200
Other Landscape Expenses	0.00	0.00%	-	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	-	3.00%	0
Exterminating	0.76	0.29%	1,000	3.00%	12,000
Total, Maintenance Expenses	22.57	8.52%	**29,833**		**358,000**
Electricity (Common)	0.61	0.23%	800	3.00%	9,600
Natural Gas (common)	0.61	0.23%	800	3.00%	9,600
Water/Sewer	0.76	0.29%	1,000	3.00%	12,000
Trash/Rubbish	1.51	0.57%	2,000	3.00%	24,000
Total, Utility Expenses	3.48	1.31%	**4,600**		**55,200**
Client Sevices Payroll/Salary (12.5 FTE, $27/hr)	65.48	24.71%	**86,566**		**1,038,792**
Client Servicer's Soc Sec Tax	4.49	1.69%	**5,930**		**71,157**
Client Service's UI	3.27	1.24%	**4,328**		**51,940**
Client Service's Fringe	10.61	4.00%	**14,025**		**168,300**
Client Service's Worker's Comp.	4.58	1.73%	**6,060**		**72,715**
Subtotal, Client Service's Expense	88.43	33.37%	**116,909**		**1,402,904**
Food and Materials Costs	0.00	0.00%	**-**		**0**
Staff Training	1.89	0.71%	**2,500**		**30,000**
General Operating Reserve	9.46	3.57%	12,500	0.00%	150,000
Transportation/Van Service	9.31	3.51%	12,310.06	3.00%	147,721
Reserves for Replacement	2.27	0.86%	3,000.00	0.00%	36,000
Total, Reserves	21.04	7.94%	**27,810**	3.00%	**333,721**
Total, Exps and Reserves	**206.19**	**78%**	**272,579**	**3.00%**	**3,270,944**

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

Mental Health Clinic, 3 Exam Rooms, 30 Hours/Week, Component #6
Projected Income From Tenants or Clients

	Clinicians	clients / hour	hours	days		Annual
Client Capacity	2	1.35	8	3.75		4020
Participation Rate	0					100%
Effective Number of Clients Per Month					332.1	335
FQHC PPS Rate per Contact		265				1,065,300
reserved						-
reserved						-
reserved						-
reserved						
Charitable Foundations and Contributions						-
Net Funding from Non-Project Sources						1,065,300
From (To) Project Net Income Reserve					To:	621,314
Total, Expenses and Reserve Costs					**36,999**	**443,986**

Projected Operating Budget

First Year Operating Expenses

Component	*Per Client*	% of Effective	Monthly	Annual % incr.	6 1
Description	***Month***	Gross Inc	Total	Projected	2019
Corporate Taxes	0.30	0.11%	100	3.00%	1,200
Bonded Indebtedness	0.00	0.00%	-	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	-	2.00%	0
Total, Taxes	0.30	0.11%	**100**		**1,200**
Hazard Insurance	0.75	0.28%	250	3.00%	3,000
Liability Insurance	14.93	5.63%	5,000	3.00%	60,000
Total, Insurance	15.67	5.91%	**5,250**		**63,000**
Advertising	0.00	0.00%	-	3.00%	0
Office Expense	0.75	0.28%	250	3.00%	3,000
Legal Fees	0.75	0.28%	250	3.00%	3,000
Accounting expense	3.98	1.50%	1,333	3.00%	16,000
Telephone/Internet/TV	1.00	0.38%	333	3.00%	4,000
Offsite Mgnt./N-Profit MGP	22.09	8.34%	7,400	3.00%	88,797
Manager's Rent	0.00	0.00%	-	3.00%	0
Payroll/Salary	0.00	0.00%	-	3.00%	0
Manager's Soc Sec Tax	0.00	0.00%	-	3.00%	0
Manager's UI	0.00	0.00%	-	3.00%	0
Manager's Fringe	0.00	0.00%	-	3.00%	0
Manager's Worker's Comp.	0.00	0.00%	-	3.00%	0
Subtotal, Manager's Expense	0.00	0.00%	-	3.00%	0
Total, Management Expenses	28.56	10.78%	**9,566**		**114,797**
Appliance Replacement	1.49	0.56%	500	3.00%	6,000
Personal Property Repl/Repair	0.75	0.28%	250	3.00%	3,000
Maintenance Material/Supplies	1.49	0.56%	500	3.00%	6,000
Maintenance Service Contracts	1.00	0.38%	333	3.00%	4,000
Ext/Landscape Labor	0.00	0.00%	-	3.00%	0
Landscape Materials	0.00	0.00%	-	3.00%	0
Other Landscape Expenses	0.00	0.00%	-	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	-	3.00%	0
Exterminating	0.15	0.06%	50	3.00%	600
Total, Maintenance Expenses	4.88	1.84%	**1,633**		**19,600**
Electricity (Common)	0.60	0.23%	200	3.00%	2,400
Natural Gas (common)	0.60	0.23%	200	3.00%	2,400
Water/Sewer	0.75	0.28%	250	3.00%	3,000
Trash/Rubbish	1.49	0.56%	500	3.00%	6,000
Total, Utility Expenses	3.43	1.30%	**1,150**		**13,800**
Client Sevices Payroll/Salary	31.04	11.72%	**10,400**		**124,800**
Client Servicer's Soc Sec Tax	2.13	0.80%	**712**		**8,549**
Client Service's UI	0.62	0.23%	**208**		**2,496**
Client Service's Fringe	7.46	2.82%	**2,500**		**30,000**
Client Service's Worker's Comp.	0.93	0.35%	**312**		**3,744**
Subtotal, Client Service's Expense	42.19	15.92%	**14,132**		**169,589**
Food and Materials Costs	0.00	0.00%	-		**0**
Staff Training	0.00	0.00%	-		**0**
General Operating Reserve	12.44	4.69%	4,167	0.00%	50,000
Linen/Hskpg/Van	0.00	0.00%	0.00	3.00%	0
Reserves for Replacement	2.99	1.13%	1,000.00	0.00%	12,000
Total, Reserves	15.42	5.82%	**5,167**	3.00%	**62,000**
Total, Exps and Reserves	**110.44**	**42%**	**36,999**	**3.00%**	**443,986**

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

Preparation Kitchen and Dining, Component #7
Projected Income From Tenants or Clients

						Annual
Client Capacity	1	2.7	152	365		149796
Participation Rate						98%
Effective Number of Clients Per Month				week:	2983.741	12233.34
Nominal Per Meal Charge		4.75				711,752
reserved						-
reserved						-
reserved						-
reserved						
Charitable Foundations and Contributions						-
Net Funding from Non-Project Sources						711,752
From (To) Project Net Income Reserve					To:	22,350

	Monthly Cost	Ann. Cost
All Operating and Reserve Costs	**57,450**	**689,401**

Projected Operating Budget — First Year Operating Expenses

Component	*Per Client*	% of Effective	Monthly	Annual % incr.	7 1
Description	***Month***	Gross Inc	Total	Projected	2019
Corporate Taxes	0.01	0.17%	100.00	3.00%	1,200
Bonded Indebtedness	0.00	0.00%	0.00	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	0.00	2.00%	0
Total, Taxes	0.00	0.00%	**0.00**		**0**
Hazard Insurance	0.02	0.42%	250.00	3.00%	3,000
Liability Insurance	0.08	1.69%	1,000.00	3.00%	12,000
Total, Insurance	0.10	2.11%	**1,250.00**		**15,000**
Advertising	0.01	0.28%	166.67	3.00%	2,000
Office Expense	0.02	0.42%	250.00	3.00%	3,000
Legal Fees	0.02	0.42%	250.00	3.00%	3,000
Accounting expense	0.05	1.12%	666.67	3.00%	8,000
Telephone/Internet/TV	0.02	0.51%	300.00	3.00%	3,600
Offsite Mgnt./N-Profit MGP	0.17	3.51%	2,083.33	3.00%	25,000
Manager's Rent	0.00	0.00%	0.00	3.00%	0
Payroll/Salary	0.54	11.24%	6,666.67	3.00%	80,000
Manager's Soc Sec Tax	0.04	0.77%	456.67	3.00%	5,480
Manager's UI	0.01	0.22%	133.33	3.00%	1,600
Manager's Fringe	0.04	0.84%	500.00	3.00%	6,000
Manager's Worker's Comp.	0.03	0.67%	400.00	3.00%	4,800
Subtotal, Manager's Expense	0.67	13.75%	8,156.67	3.00%	97,880
Total, Management Expenses	0.97	20.02%	**11,873.33**		**142,480**
Appliance Replacement	0.02	0.42%	250.00	3.00%	3,000
Personal Property Repl/Repair	0.03	0.56%	333.33	3.00%	4,000
Maintenance Material/Supplies	0.03	0.56%	333.33	3.00%	4,000
Maintenance Service Contracts	0.04	0.84%	500.00	3.00%	6,000
Ext/Landscape Labor	0.00	0.00%	0.00	3.00%	0
Landscape Materials	0.00	0.00%	0.00	3.00%	0
Other Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Exterminating	0.01	0.17%	100.00	3.00%	1,200
Total, Maintenance Expenses	0.12	2.56%	**1,516.67**		**18,200**
Electricity (Common)	0.04	0.84%	500.00	3.00%	6,000
Natural Gas (common)	0.03	0.67%	400.00	3.00%	4,800
Water/Sewer	0.04	0.84%	500.00	3.00%	6,000
Trash/Rubbish	0.04	0.84%	500.00	3.00%	6,000
Total, Utility Expenses	0.16	3.20%	**1,900.00**		**22,800**
Client Sevices Payroll/Salary	1.38	28.54%	**16,929.00**		**203,148**
Client Servicer's Soc Sec Tax	0.09	1.96%	**1,159.64**		**13,916**
Client Service's UI	0.03	0.57%	**338.58**		**4,063**
Client Service's Fringe	0.20	4.17%	**2,475.00**		**29,700**
Client Service's Worker's Comp.	0.04	0.86%	**507.87**		**6,094**
Subtotal, Client Service's Expense	1.75	36.10%	**21,410.09**		**256,921**
Food and Materials Costs	1.23	25.29%	**15,000.00**		**180,000**
Staff Training	0.00	0.00%	**0.00**		**0**
General Operating Reserve	0.30	6.18%	3,666.67	0.00%	44,000
Linen/Hskpg/Van	0.00	0.00%	0.00	3.00%	0
Reserves for Replacement	0.07	1.40%	833.33	0.00%	10,000
Total, Reserves	0.37	7.59%	**4,500**	3.00%	**54,000**
Total, Exps and Reserves	**4.70**	**97%**	**57,450**	**3.00%**	**689,401**

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

Housekeeping and Linens, Component #8
Projected Income From Tenants or Clients

						Annual
Client Capacity	1	0.3	137	365		15001.5
Participation Rate						95%
Effective Number of Clients Per Month					289.6631	1187.619
Per Change Charge		20.80				296464.7
reserved						-
reserved						-
reserved						-
reserved						
Charitable Foundations and Contributions						-
Net Funding from Project Sources						296,465
From Project Net Income Reserve					From:	-
From Project Components 1-5						
All Operating and Reserve Costs					**24,705**	**296,465**

Projected Operating Budget

First Year Operating Expenses

Component	*Per Client*	% of Effective		Annual % incr.	8 1
Description	***Month***	Gross Inc	Monthly Total	Projected	2019
Corporate Taxes	0.08	0.40%	100.00	3.00%	1,200
Bonded Indebtedness	0.00	0.00%	0.00	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	0.00	2.00%	0
Total, Taxes	0.00	0.00%	**0.00**		**0**
Hazard Insurance	0.21	1.01%	250.00	3.00%	3,000
Liability Insurance	0.21	1.01%	250.00	3.00%	3,000
Total, Insurance	0.42	2.02%	**500.00**		**6,000**
Advertising	0.00	0.00%	0.00	3.00%	0
Office Expense	0.17	0.81%	200.00	3.00%	2,400
Legal Fees	0.21	1.01%	250.00	3.00%	3,000
Accounting expense	0.56	2.70%	666.67	3.00%	8,000
Telephone/Internet/TV	0.17	0.81%	200.00	3.00%	2,400
Offsite Mgnt./N-Profit MGP	1.26	6.07%	1,500.00	3.00%	18,000
Manager's Rent	0.00	0.00%	0.00	3.00%	0
Payroll/Salary	2.11	10.12%	2,500.00	3.00%	30,000
Manager's Soc Sec Tax	0.14	0.69%	171.25	3.00%	2,055
Manager's UI	0.04	0.20%	50.00	3.00%	600
Manager's Fringe	0.42	2.02%	500.00	3.00%	6,000
Manager's Worker's Comp.	0.13	0.61%	150.00	3.00%	1,800
Subtotal, Manager's Expense	2.84	13.65%	3,371.25	3.00%	40,455
Total, Management Expenses	5.21	25.05%	**6,187.92**		**74,255**
Appliance Replacement	0.21	1.01%	250.00	3.00%	3,000
Personal Property Repl/Repair	0.14	0.67%	166.67	3.00%	2,000
Maintenance Material/Supplies	0.14	0.67%	166.67	3.00%	2,000
Maintenance Service Contracts	0.21	1.01%	250.00	3.00%	3,000
Ext/Landscape Labor	0.00	0.00%	0.00	3.00%	0
Landscape Materials	0.00	0.00%	0.00	3.00%	0
Other Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Exterminating	0.04	0.20%	50.00	3.00%	600
Total, Maintenance Expenses	0.74	3.58%	**883.33**		**10,600**
Electricity (Common)	0.42	2.02%	500.00	3.00%	6,000
Natural Gas (common)	0.42	2.02%	500.00	3.00%	6,000
Water/Sewer	0.63	3.04%	750.00	3.00%	9,000
Trash/Rubbish	0.42	2.02%	500.00	3.00%	6,000
Total, Utility Expenses	1.89	9.11%	**2,250.00**		**27,000**
Client Sevices Payroll/Salary	8.64	41.53%	**10,260.00**		**123,120**
Client Servicer's Soc Sec Tax	0.59	2.84%	**702.81**		**8,434**
Client Service's UI	0.17	0.83%	**205.20**		**2,462**
Client Service's Fringe	1.64	7.89%	**1,950.00**		**23,400**
Client Service's Worker's Comp.	0.26	1.25%	**307.80**		**3,694**
Subtotal, Client Service's Expense	11.30	54.34%	**13,425.81**		**161,110**
Food and Materials Costs	0.00	0.00%	**0.00**		**0**
Staff Training	0.00	0.00%	**0.00**		**0**
General Operating Reserve	0.84	4.05%	1,000.00	0.00%	12,000
Linen/Hskpg/Van	0.00	0.00%	0.00	3.00%	0
Reserves for Replacement	0.39	1.86%	458.33	0.00%	5,500
Total, Reserves	1.23	5.90%	**1,458**	3.00%	**17,500**
Total, Exps and Reserves	**20.80**	**100%**	**24,705**	**3.00%**	**296,465**

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

Transportation Van Service, Component #9
Projected Income From Tenants or Clients

						Annual
Client Capacity	1	0.35	149	365		19034.75
Participation Rate						97%
Effective Number of Clients Per Month					375.2786	1538.6
Per Ride Charge (RT)		3				55391.1225
Transportation Charges (Internal)						219,790
reserved						-
reserved						-
reserved						
Charitable Foundations and Contributions						-
Net Funding from Non-Project Sources						275,181
From (To) Project Net Income Reserve					From:	0
From Project Components 1-4						219,790.36
All Operating and Reserve Costs					**22,932**	**275,181**

Projected Operating Budget

First Year Operating Expenses

Component	*Per Client*	% of Effective		Annual % incr.	9 1
Description	***Month***	Gross Inc	Monthly Total	Projected	2019
Corporate Taxes	0.06	0.44%	100.00	3.00%	1,200
Bonded Indebtedness	0.00	0.00%	0.00	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	0.00	2.00%	0
Total, Taxes	0.00	0.00%	**0.00**		**0**
Hazard Insurance	0.16	1.09%	250.00	3.00%	3,000
Liability Insurance	0.97	6.54%	1,500.00	3.00%	18,000
Total, Insurance	1.14	7.63%	**1,750.00**		**21,000**
Advertising	0.00	0.00%	0.00	3.00%	0
Office Expense	0.13	0.87%	200.00	3.00%	2,400
Legal Fees	0.16	1.09%	250.00	3.00%	3,000
Accounting expense	0.43	2.91%	666.67	3.00%	8,000
Telephone/Internet/TV	0.13	0.87%	200.00	3.00%	2,400
Offsite Mgnt./N-Profit MGP	0.97	6.54%	1,500.00	3.00%	18,000
Manager's Rent	0.00	0.00%	0.00	3.00%	0
Payroll/Salary	1.62	10.90%	2,500.00	3.00%	30,000
Manager's Soc Sec Tax	0.11	0.75%	171.25	3.00%	2,055
Manager's UI	0.03	0.22%	50.00	3.00%	600
Manager's Fringe	0.32	2.18%	500.00	3.00%	6,000
Manager's Worker's Comp.	0.10	0.65%	150.00	3.00%	1,800
Subtotal, Manager's Expense	2.19	14.70%	3,371.25	3.00%	40,455
Total, Management Expenses	4.02	26.98%	**6,187.92**		**74,255**
Vehicle Replacement	1.95	13.08%	3,000.00	3.00%	36,000
Personal Property Repl/Repair	0.06	0.44%	100.00	3.00%	1,200
Maintenance Material/Supplies	0.06	0.44%	100.00	3.00%	1,200
Maintenance Service Contracts	1.30	8.72%	2,000.00	3.00%	24,000
Ext/Landscape Labor	0.00	0.00%	0.00	3.00%	0
Landscape Materials	0.00	0.00%	0.00	3.00%	0
Other Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Exterminating	0.00	0.00%	0.00	3.00%	0
Total, Maintenance Expenses	3.38	22.68%	**5,200.00**		**62,400**
Electricity (Common)	0.03	0.22%	50.00	3.00%	600
Natural Gas (common)	0.02	0.15%	33.33	3.00%	400
Water/Sewer	0.04	0.26%	60.00	3.00%	720
Trash/Rubbish	0.02	0.15%	33.33	3.00%	400
Total, Utility Expenses	0.11	0.77%	**176.67**		**2,120**
Client Sevices Payroll/Salary	4.45	29.83%	**6,840.00**		**82,080**
Client Servicer's Soc Sec Tax	0.30	2.04%	**468.54**		**5,622**
Client Service's UI	0.09	0.60%	**136.80**		**1,642**
Client Service's Fringe	0.97	6.54%	**1,500.00**		**18,000**
Client Service's Worker's Comp.	0.13	0.89%	**205.20**		**2,462**
Subtotal, Client Service's Expense	5.95	39.90%	**9,150.54**		**109,806**
Food and Materials Costs	0.00	0.00%	**0.00**		**0**
Staff Training	0.00	0.00%	**0.00**		**0**
General Operating Reserve	0.27	1.82%	416.67	0.00%	5,000
Linen/Hskpg/Van	0.00	0.00%	0.00	3.00%	0
Reserves for Replacement	0.03	0.22%	50.00	0.00%	600
Total, Reserves	0.30	2.04%	**467**	3.00%	**5,600**
Total, Exps and Reserves	**14.90**	**100%**	**22,932**	**3.00%**	**275,181**

Alameda Point Collaborative
Alameda, CA

First Year Operating Budget

Employment Services, Component #10
Projected Income From Tenants or Clients

						Annual
Client Capacity	102	0.075	0.714286	365		1994.46429
Participation Rate						50%
Effective Number of Clients Per Month					20.26895	83.1
Client Charge		3				0
Transportation Charges (Internal)						-
Alameda Point Collaborative/City of Alameda CES Contribution						98,750
reserved						-
reserved						
Charitable Foundations and Contributions						-
Net Funding from Non-Project Sources						98,750
From (To) Project Net Income Reserve					From:	-

All Operating and Reserve Costs **8,229** **98,750**

Projected Operating Budget

First Year Operating Expenses

Component	*Per*	% of		Annual	9
	Client	Effective	Monthly	% incr.	1
Description	*Month*	Gross Inc	Total	Projected	2019
Corporate Taxes	0.20	0.20%	16.67	3.00%	200
Bonded Indebtedness	0.00	0.00%	0.00	2.00%	0
Property Taxes (w Non-Profit General)	0.00	0.00%	0.00	2.00%	0
Total, Taxes	0.00	0.00%	**0.00**		**0**
Hazard Insurance	0.60	0.61%	50.00	3.00%	600
Liability Insurance	1.20	1.22%	100.00	3.00%	1,200
Total, Insurance	1.80	1.82%	**150.00**		**1,800**
Advertising	0.12	0.12%	10.00	3.00%	120
Office Expense	2.41	2.43%	200.00	3.00%	2,400
Legal Fees	1.20	1.22%	100.00	3.00%	1,200
Accounting expense	3.01	3.04%	250.00	3.00%	3,000
Telephone/Internet/TV	2.41	2.43%	200.00	3.00%	2,400
Offsite Mgnt./N-Profit MGP	4.01	4.05%	333.33	3.00%	4,000
Manager's Rent	0.00	0.00%	0.00	3.00%	0
Payroll/Salary	60.17	60.76%	5,000.00	3.00%	60,000
Manager's Soc Sec Tax	4.12	4.16%	342.50	3.00%	4,110
Manager's UI	1.20	1.22%	100.00	3.00%	1,200
Manager's Fringe	6.02	6.08%	500.00	3.00%	6,000
Manager's Worker's Comp.	3.61	3.65%	300.00	3.00%	3,600
Subtotal, Manager's Expense	75.12	75.86%	6,242.50	3.00%	74,910
Total, Management Expenses	88.27	89.14%	**7,335.83**		**88,030**
Vehicle Replacement	0.00	0.00%	0.00	3.00%	0
Personal Property Repl/Repair	1.20	1.22%	100.00	3.00%	1,200
Maintenance Material/Supplies	0.00	0.00%	0.00	3.00%	0
Maintenance Service Contracts	0.00	0.00%	0.00	3.00%	0
Ext/Landscape Labor	0.00	0.00%	0.00	3.00%	0
Landscape Materials	0.00	0.00%	0.00	3.00%	0
Other Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Subtotal, Landscape Expenses	0.00	0.00%	0.00	3.00%	0
Exterminating	0.00	0.00%	0.00	3.00%	0
Total, Maintenance Expenses	1.20	1.22%	**100.00**		**1,200**
Electricity (Common)	0.60	0.61%	50.00	3.00%	600
Natural Gas (common)	0.40	0.41%	33.33	3.00%	400
Water/Sewer	0.72	0.73%	60.00	3.00%	720
Trash/Rubbish	0.40	0.41%	33.33	3.00%	400
Total, Utility Expenses	2.13	2.15%	**176.67**		**2,120**
Client Sevices Payroll/Salary	0.00	0.00%	**0.00**		**0**
Client Servicer's Soc Sec Tax	0.00	0.00%	**0.00**		**0**
Client Service's UI	0.00	0.00%	**0.00**		**0**
Client Service's Fringe	0.00	0.00%	**0.00**		**0**
Client Service's Worker's Comp.	0.00	0.00%	**0.00**		**0**
Subtotal, Client Service's Expense	0.00	0.00%	**0.00**		**0**
Food and Materials Costs	0.00	0.00%	**0.00**		**0**
Staff Training	0.00	0.00%	**0.00**		**0**
General Operating Reserve	5.01	5.06%	416.67	0.00%	5,000
Linen/Hskpg/Van	0.00	0.00%	0.00	3.00%	0
Reserves for Replacement	0.60	0.61%	50.00	0.00%	600
Total, Reserves	5.62	5.67%	**467**	3.00%	**5,600**
Total, Exps and Reserves	**99.02**	**100%**	**8,229**	**3.00%**	**98,750**

Alameda Medical Respite and Wellness Center

Exhibit 4 – D – 1

Project Capital Cash Flows and Sources/Uses Continuity

Three schedules have been prepared to demonstrate the project timeline from acquisition through renovation and occupancy, as well as continuity of project funding sources and uses.

The first schedule shows overall "leasehold improvement" costs for Building 1 and separately for Buildings 2A, 2B, 2C and 2D, then a combination of the two financing elements.

Please note that an allocation is shown for "developer fee" in both the Building 1 and Buildings 2A through 2D budgets of $5,000 per month through the start of construction in the 3rd quarter of 2019 (although this may occur sooner). From this allocation, funding will be available for providing site and building security. Please note, as well, an allocation of $20,000 per year in this period for insurance, which will be placed in the amount of adjusted replacement cost for the buildings and $500,000 with a $1 million excess liability rider, naming the federal General Services Administration and/or federal Department of Health and Human Services for losses, as applicable.

The general contractor will carry more extensive coverage during on-site construction activities, shown between the 3rd quarter of 2019 and the fourth quarter of 2020. We anticipate all permanent financing will be placed and the construction loans paid off by the first quarter of 2021, after operations commence not later than the fourth quarter of 2019.

Alameda Medical Respite and Wellness Center

Schedule of Capital Uses and Sources	Supportive Housing ("assisted living") Buildings 2A, 2B, 2C and 2D ONLY	FQHC Programs in Building 1 ONLY	Total Capital Costs
BUILDING ACQUISITION	8,000,000	2,600,000	10,600,000
SITE ACQUISITION	8,000,000	2,600,000	10,600,000
	(not included in financing)		
DEVELOPER OVERHEAD AND PROJECT MANAGMENT	2,875,000	150,000	3,025,000
ARCHITECT AND ENGINEER	600,000	100,000	700,000
Structural,Landscape, Electrical, Mech, Other Engineers	150,000	20,000	170,000
CIVIL ENGINEER AND SURVEYOR	40,000	5,000	45,000
LEGAL AND ACCOUNTING	115,000	35,000	150,000
TAX CREDIT APPLICATION FEES AND EXPENSES	73,001	20,000	93,001
AFFORDABLE HOUSING CONSULTANT	125,000	30,000	155,000
APPRAISAL AND MARKET STUDY	28,000	15,000	43,000
CITY and Other Fees	184,000	25,000	209,000
SCHOOL FEES	58,020	5,000	63,020
Off-sites, furniture	1,000,000	1,000,000	2,000,000
Cons. Period Title, Escrow, Recording	35,000	15,000	50,000
Title and Recording: Permanent Loan	25,000	12,000	37,000
Phase 1 Report	10,000	5,000	15,000
Due Diligence	55,000	10,000	65,000
Insurance	120,000	40,000	160,000
Operating Loss Reserve	538,383	100,000	638,383
Soft Cost Conting, Misc and Marketing	80,000	25,000	105,000
Other Costs and Soft Cost Contingency	333,013	655	333,668
Dwelling Unit Portion	7,466,849	6,453,443	13,920,292
Covered Parking	12,000	0	12,000
Common Facilities	6,182,334	0	6,182,334
Commercial Facilities	271	0	271
SITE IMPROVEMENTS	3,220,000	755,000	3,975,000
CONTRACTOR GEN REQUIRES	2,083,120	200,000	2,283,120
CONTRACTOR PROFIT/OVERHEAD	1,357,534	200,000	1,557,534
CONTINGENCY	1,296,527	100,000	1,396,527
Institutional Construction Loan	441,456	195,000	636,456
Permanent Loan	160,700	0	160,700
Total Project Costs	28,665,208	9,516,098	38,181,306

Alameda Medical Respite and Wellness Center
Schedule of Capital Uses and Sources
FQHC Programs in Building 1 ONLY

		2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	
BUILDING ACQUISITION	2,600,000														
SITE ACQUISITION	2,600,000														
	(not included in financing)														
DEVELOPER OVERHEAD AND PROJECT MANAGMENT	150,000	3000	3000	3000	3000	3000	3000	20000	20000	20000	20000	20000	20000	12000	150,000
ARCHITECT AND ENGINEER	100,000	8000	8000	8000	8000	8000	8000	8000	8000	8000	8000	8000	8000	4000	100,000
Structural,Landscape, Electrical, Mech, Other Engineers	20,000	2000	2000	2000	2000	2000	2000	2000	2000	2000	2000	0	0	0	20,000
CIVIL ENGINEER AND SURVEYOR	5,000	0	0	0	0	4000	0	0	0	0	0	0	0	1000	5,000
LEGAL AND ACCOUNTING	35,000	4000	0	0	1000	0	0	25000	0	0	0	0	0	5000	35,000
CHFFA APPLICATION FEES AND EXPENSES	20,000					4000		16000							20,000
FINANCE CONSULTANT	30,000	0	0	0	0	10000	10000	10000	0	0	0	0	0	0	30,000
APPRAISAL AND MARKET STUDY	15,000					4000		3000	8000						15,000
CITY and Other Fees	25,000	6000	6000	6000				7000				0			25,000
SCHOOL FEES	5,000							5000							5,000
Off-sites, furniture	1,000,000							100000		200000	200000	200000	200000	100000	1,000,000
Cons. Period Title, Escrow, Recording	15,000							15000							15,000
Title and Recording: Permanent Loan	12,000													12000	12,000
Phase 1 Report	5,000				5000										5,000
Due Diligence	10,000					3000	3000	4000							10,000
Insurance	40,000	1000	1000	1000	1000	1000	1000	4000	4000	4000	4000	4000	4000	10000	40,000
Operating Loss Reserve	100,000													100000	100,000
Soft Cost Conting, Misc and Marketing	25,000	1000	1000	1000	1000	1000				10000				10000	25,000
Other Costs and Soft Cost Contingency	655	0	0	0	0	0	0	0	0	0	0	0	0	655	655
Bldg 1 Interior Rebuild	6,453,443							1100000	1100000	1100000	1100000	1100000	953443		6,453,443
Covered Parking	0												0		0
Common Facilities	0							0	0	0	0	0	0		0
Commercial Facilities	0												0		0
SITE IMPROVEMENTS	755,000							120000	120000	120000	120000	120000	155000		755,000
CONTRACTOR GEN REQUIRES	200,000							28000	28000	28000	28000	28000	60000		200,000
CONTRACTOR PROFIT/OVERHEAD	200,000							28000	28000	28000	28000	28000	60000		200,000
CONTINGENCY	100,000							14000	14000	14000	14000	14000	30000		100,000
Institutional Construction Loan	195,000							5000	13000	21000	29000	37000	45000	45000	195,000
Permanent Loan	0							0						0	0
Total Project Costs	9,516,098	25000	21000	21000	21000	40000	27000	1514000	1345000	1555000	1553000	1559000	1535443	299655	9,516,098
Construction Period Sources															
Construction Loan (Leasehold Improvements)	8,766,098	0	0	0	0	0	0	1,514,000	1,100,000	1,555,000	1,553,000	1,559,000	1,485,443	-345	8,766,098
City of Alameda Housing Authority CDBG	600,000	25000	21000	21000	21000	40000	27000	0	245000				50000	150000	600,000
Deferred Developer Fee	150,000													150,000	150,000
General Contractor Remaining Retention	0													0	0
Total Construction Financing	9,516,098	25,000	21,000	21,000	21,000	40,000	27,000	1,514,000	1,345,000	1,555,000	1,553,000	1,559,000	1,535,443	299,655	9,516,098
Permanent Financing Sources															
Permanent Loan (Leasehold Improvements)	8,716,098														8,716,098
City of Alameda Housing Authority CDBG	600,000														600,000
Solar Tax Credit Net Equity	100,000														100,000
Deferred Developer Fee	100,000														100,000
General Contractor Remaining Retention	0														0
Total Construction Financing	9,516,098														9,516,098

Alameda Medical Respite and Wellness Center
Schedule of Capital Uses and Sources
Supportive Housing ("assisted living") Buildings 2A, 2B, 2C and 2D ONLY

		2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	
BUILDING ACQUISITION	8,000,000														
SITE ACQUISITION	8,000,000														
(not included in financing)															
DEVELOPER OVERHEAD AND PROJECT MANAGMENT	2,875,000	12000	12000	12000	12000	12000	12000	60000	60000	60000	60000	60000	60000	2443000	2,875,000
ARCHITECT AND ENGINEER	600,000	45000	45000	45000	45000	45000	45000	45000	45000	45000	45000	45000	45000	60000	600,000
Structural,Landscape, Electrical, Mech, Other Engineers	150,000	11000	11000	13000	13000	13000	13000	13000	13000	10000	10000	10000	10000	10000	150,000
CIVIL ENGINEER AND SURVEYOR	40,000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	4000	40,000
LEGAL AND ACCOUNTING	115,000	4000	4000	1000	1000	25000	25000	25000	25000	0	0	0	0	5000	115,000
TAX CREDIT APPLICATION FEES AND EXPENSES	73,001					4000		69001							73,001
AFFORDABLE HOUSING CONSULTANT	125,000	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	5000	125,000
APPRAISAL AND MARKET STUDY	28,000					4000		16000	8000						28,000
CITY and Other Fees	184,000	6000	6000	6000				140000				26000			184,000
SCHOOL FEES	58,020							58020							58,020
Off-sites, furniture	1,000,000							100000			400000	400000		100000	1,000,000
Cons. Period Title, Escrow, Recording	35,000							35000							35,000
Title and Recording: Permanent Loan	25,000													25000	25,000
Phase 1 Report	10,000				10000										10,000
Due Diligence	55,000					25000	10000	20000							55,000
Insurance	120,000	4000	4000	4000	4000	4000	4000	14000	14000	14000	14000	14000	14000	12000	120,000
Operating Loss Reserve	538,383													538383	538,383
Soft Cost Conting, Misc and Marketing	80,000	12000	12000	12000	12000	12000				10000				10000	80,000
Other Costs and Soft Cost Contingency	333,013	0	0	0	0	0	0	70000	70000	70000	70000	20000		33013	333,013
Dwelling Unit Portion	7,466,849							1400000	1400000	1400000	1400000	1400000	466849		7,466,849
Covered Parking	12,000												12000		12,000
Common Facilities	6,182,334							1100000	1100000	1100000	1100000	1100000	682334		6,182,334
Commercial Facilities	271												271		271
SITE IMPROVEMENTS	3,220,000							525000	525000	525000	525000	525000	595000		3,220,000
CONTRACTOR GEN REQUIRES	2,083,120							300000	300000	300000	300000	300000	583120		2,083,120
CONTRACTOR PROFIT/OVERHEAD	1,357,534							200000	200000	200000	200000	200000	357534		1,357,534
CONTINGENCY	1,296,527							225000	225000	225000	225000	225000	171527		1,296,527
Institutional Construction Loan	441,456							24456	27000	44000	61000	78000	95000	112000	441,456
Permanent Loan	160,700							80000						80700	160,700
Total Project Costs	28,665,208	107000	107000	106000	110000	157000	122000	4532477	4025000	4016000	4423000	4416000	3105635	3438096	28,665,208
Construction Period Sources															
Construction Loan (Leasehold Improvements)	23,900,000	107000	107000	106000	110000	157000	122000	2,256,654	4,025,000	4,016,000	4,423,000	4,416,000	3,105,635	948,711	23,900,000
Limited Partner Equity (Low Income Housing Tax Credits)	2,275,823							2,275,823							2,275,823
Deferred Developer Fee	2,375,000													2,375,000	2,375,000
General Contractor Remaining Retention	114,385													114,385	114,385
Total Construction Financing	28,665,208	107,000	107,000	106,000	110,000	157,000	122,000	4,532,477	4,025,000	4,016,000	4,423,000	4,416,000	3,105,635	3,438,096	28,665,208
Permanent Financing Sources															
Permanent Loan (Leasehold Improvements)	8,070,000														8,070,000
State "No Place Like Home" Capital Loan	5,250,000														5,250,000
Limited Partner Equity (Low Income Housing Tax Credits)	15,172,152														15,172,152
Deferred Developer Fee	173,055														173,055
General Contractor Remaining Retention	0														0
Total Construction Financing	28,665,207														28,665,207

Alameda Medical Respite and Wellness Center

Exhibit 4 – D – 4

Project Detail of Personnel Costs

LifeLong Medical, Inc. (FQHC) will jointly plan and operate under its State of California license the medical respite, medical satellite clinic and mental health clinic, and will administer the transitional housing and sub-contracts for Resource Center and employment services. The project includes three components of services provided exclusively to other program components, specifically, food, kitchen and dining services for 1,300 meals per week, housekeeping and linen services for 1,188 room changes per month, and handicapped-accessible van services providing 1,540 round trip shuttles per month.

In total, we project 48.75 Full Time Equivalent positions, ranging in skill levels from bus drivers and kitchen workers to supervising medical doctor and psychiatrist. Total payroll is estimated at $3,843,138 per year, an average employee cost of $78,834.

The average workforce on the 3.75 days per week of the satellite medical and mental health clinic operation would include 33 positions. For the other 3.25 days per week, day-time staffing is estimated as 20 persons. We project between 3.8 and 3.0 positions, respectively, for the night time and late night time shifts.

Alameda Point Collaborative
Alameda Medical Respite and Wellness Center

Summary of Staffing Across All Programs and Components

			Building 1 Collaborative	Building 2 Collaborative	Total Project	Typical Persons on Duty: 3.75 Day Clinic Hours	Other 3.25 Day Time Hours	Second Shift	Third Shift	Total Avg Hours Per Day
Component #1 - **Medical Respite**, 38 Beds										
		Off-site Management Costs	140000		140000					
0.50	FTE	Medical Director (MD)	90000		90000	0.5				2.81
		Medical Director Associated Costs	20662		20662					
9.00	FTE	CNAs or LVNs (30/hr)	554040		554040	2	2.575	2	2	50.59
		Social Worker Associated Costs	72754		72754					
Component #2 - **Transitional Housing**, 12 Beds										
		Off-site Management Costs	9000		9000					
0.50	FTE	Case manager ($28/hr)	20520		20520			0.87		4.89
		Social Worker Associated Costs	10012		10012					
Component #3 - **Permanent Supportive Housing**, assited living										
		Off-site Management	84,042		84042					
1.00	FTE	Program Manager (Residential Services)		60912	60912	1	0.62			5.21
1.00	FTE	Assistant Program Manager (Res. Srvcs)		54000	54000	0.88	1			5.21
0.50	FTE	Residential Maintenance Worker ($23.40/hr)		24000	24000	0.5				2.61
4.00	FTE	Social Worker ($23/hr)		189250	189250		1.15	1	1	22.49
		Component #3 Associated Staff Costs		61822	61822					
Component #4 - **Resource Center**										
1.00	FTE	Resource Center Case manager Director	50000		50000	1	1			5.62
1.00	FTE	Assistant Case Manager	47336		47336	1	1			5.62
		Resource Center Staff Associated Costs	21197		21197					
Component #5 - Medical Clinic										
		Off-site Management Costs	360000		360000					
1.00	FTE	Clinic Director (MD), $180k x 1	180000		180000	1				5.62
1.00	FTE	Nursing Manager, $100,000	100000		100000	1				5.62
0.25	FTE	Psychiatrist,0.25 FTE at $180k	45000		45000	0.25				1.30
1.00	FTE	Registered Nurse, $48.73/hr	100000		100000	1				5.62
3.50	FTE	Physician Assistants/ Nurse Practitioners	350000		350000	3.5				19.67
4.00	FTE	Medical Assistants	229824		229824	4				22.49
3.00	FTE	Case Manager, $25/hr	172368		172368	2.15	2.15			16.86
1.00	FTE	Receptionist, $20/hr	41600		41600	1				5.62
		Medical Clinic Staff Associated Costs	405842		405842					

Component #6 - Mental Wellness Clinic									
	Off-site Management Costs	120000		120000					
1.00	FTE Licensed Clinical Social Worker (lead)	62400		62400	1	0			5.62
1.00	FTE Licensed Social Worker	62400		62400	1				5.62
-	FTE reserved	0		0	0				-
	Mental Health Clinic Staff Associated Costs	33630		33630					
Component #7 - Kitchen and Dining									
	Off-site Management Costs		25000	25000					
1.00	FTE Kitchen and Dining Manager ($80,000 slary)		80000	80000	0.71	0.71			5.65
1.00	FTE Cook ($19/hr)		38988	38988	0.71	0.71			5.65
4.50	FTE Kitchen and Dining Workers ($18/hr)		166212	166212	3.16	3.16			25.28
	Kitchen and Dining Staff Associated Costs		71653	71653					
Component #8 - Housekeeping and Linens									
	Off-site Management Costs		18000	18000					
0.50	FTE Housekeeping and Linens Coord.($60,000 salary)		30000	30000	0.71	0.71			2.83
3.00	FTE Housekeeping and Linen Workers ($20/hr)		123120	123120	2.15	2.15			16.86
	Housekeeping and Linens Staff Associated Costs		48435	48435					
Component #9 - Van Transportation									
	Off-site Management Costs		18000	18000					
0.50	FTE Transportation Coordinator ($60,000 salary)		30000	30000	0.5	0.5			2.83
2.00	FTE Transportation Workers ($20/hr)		82080	82080	2	2			11.24
	Transportation Staff Associated Costs		38171	38171					
Component #10 - Employment Program									
	Off-site Management Costs	4000	0	4000					
1.00	FTE Employment Manager ($60,000 salary)	60000	0	60000	0.71	0.71			5.65
	Employment Staff Associated Costs	14910	0	14910					
48.75	FTE	3,461,537	1,159,643	4,621,180	33.43	20.15	3.87	3.00	275.08

Alameda Medical Respite and Wellness Center

Assumptions for Medical and Wellness Clinic Utilization

Input A - From Medical Respite

		Visits/Day	Clinic Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)
38 Beds	Maximum Capacity	0.75	20.5	584.25	30	292.125	123
36 Beds	**Proj. Avg. Utilization**	**0.7**	**20.5**	**516.6**	**30**	**258.3**	**123**
34 Beds	Lower Thresh. Utilization	0.65	20.5	453.05	30	226.525	123

Input B - From Transitional Beds

		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)
12 Beds	Maximum Capacity	0.2	20.5	49.2	30	24.6	123
11 Beds	**Proj. Avg. Utilization**	**0.2**	**20.5**	**45.1**	**30**	**22.55**	**123**
10 Beds	Lower Thresh. Utilization	0.2	20.5	41	30	20.5	123

Input C - From Supportive Housing (assisted living)

		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)
90 Beds	Maximum Capacity	0.4	20.5	738	30	369	123
89 Beds	**Proj. Avg. Utilization**	**0.4**	**20.5**	**729.8**	**30**	**364.9**	**123**
88 Beds	Lower Thresh. Utilization	0.4	20.5	721.6	30	360.8	123

Input D - From Navigation Center

(Daily)		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)
17 Clients	Maximum Capacity	0.1	20.5	34.85	30	17.425	123
15 Clients	**Proj. Avg. Utilization**	**0.1**	**20.5**	**30.75**	**30**	**15.375**	**123**
13 Clients	Lower Thresh. Utilization	0.1	20.5	26.65	30	13.325	123

All Inputs

(Daily)		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)	
157 Clients	Maximum Capacity	**68.6**	**20.5**	**1406.3**	**30**	**703.15**	123	
151 Clients	Proj. Avg. Utilization	**64.5**	**20.5**	**1322.25**	**30**	**661.125**	123	**15867**
145 Clients	Lower Thresh. Utilization	**60.6**	**20.5**	**1242.3**	**30**	**621.15**	123	

Alameda Medical Respite and Wellness Center

Assumptions for Mental Health Clinic Utilization

Input A - From Medical Respite

		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)	Indicated Exam Rooms	Estimated PPS for FQHC	Estimated Revenue
38 Beds	Maximum Capacity	0.2	20.5	155.8	30	77.9	123	1.266667	265	41,287
37 Beds	**Proj. Avg. Utilization**	**0.12**	**20.5**	**91.02**	**30**	**45.51**	**123**	**0.74**	**265**	**24,120**
36 Beds	Lower Thresh. Utilization	0.1	20.5	73.8	30	36.9	123	0.6	265	19,557

Input B - From Transitional Beds

		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)	Indicated Exam Rooms	Estimated PPS for FQHC	Estimated Revenue
12 Beds	Maximum Capacity	0.07	20.5	17.22	30	8.61	123	0.14	265	4,563
11 Beds	**Proj. Avg. Utilization**	**0.07**	**20.5**	**15.785**	**30**	**7.8925**	**123**	**0.128333**	**265**	**4,183**
10 Beds	Lower Thresh. Utilization	0.07	20.5	14.35	30	7.175	123	0.116667	265	3,803

Input C - From Supportive Housing (assisted living)

		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)	Indicated Exam Rooms	Estimated PPS for FQHC	Estimated Revenue
90 Beds	Maximum Capacity	0.14	20.5	258.3	30	129.15	123	2.1	265	68,450
89 Beds	**Proj. Avg. Utilization**	**0.1**	**20.5**	**182.45**	**30**	**91.225**	**123**	**1.483333**	**265**	**48,349**
88 Beds	Lower Thresh. Utilization	0.08	20.5	144.32	30	72.16	123	1.173333	265	38,245

Input D - From Resource Center

(Daily)		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)	Indicated Exam Rooms	Estimated PPS for FQHC	Estimated Revenue
17 Clients	Maximum Capacity	0.25	20.5	87.125	30	43.5625	123	0.708333	265	23,088
15 Clients	Proj. Avg. Utilization	0.15	20.5	46.125	30	23.0625	123	0.375	265	12,223
13 Clients	Lower Thresh. Utilization	0.1	20.5	26.65	30	13.325	123	0.216667	265	7,062

All Inputs

(Daily)		Visits/Day	Days	Tot. Visits, Per Month	Avg. Duration	Monthly Hours	Clinic Hrs (3.75x4.1x 8)	Indicated Exam Rooms	Estimated PPS for FQHC	Estimated Revenue
157 Clients	Maximum Capacity	**25.29**	**20.5**	**518.445**	**30**	**259.2225**	123	**4.215**	265	**137,388**
152 Clients	Proj. Avg. Utilization	**16.36**	**20.5**	**335.38**	**30**	**167.69**	123	**2.726667**	265	**88,876**
147 Clients	Lower Thresh. Utilization	**12.64**	**20.5**	**259.12**	**30**	**129.56**	123	**2.106667**	265	**68,667**

4024.56

Alameda Medical Respite and Wellness Center

Letters of Commitment

LifeLong Medical Care
Health Services For All Ages
a californiahealth center

Leading the Way to a Healthier Community
LifeLong Over 60 Health Center • LifeLong Ashby Health Center • LifeLong Downtown Oakland
LifeLong East Oakland • LifeLong West Berkeley • LifeLong Howard Daniel Clinic • LifeLong Dental Care
LifeLong TRUST Health Center • LifeLong Eastmont Health Center • LifeLong Immediate Care Berkeley
LifeLong Brookside Richmond • LifeLong Brookside San Pablo • LifeLong Brookside Dental Care
LifeLong Richmond Health Center • LifeLong William Jenkins Health Center • LifeLong Urgent Care San Pablo LifeLong Marin Adult Day Health Center • LifeLong Pinole Health Center • LifeLong Rodeo Health Center
LifeLong School-Based Health Services

November 7, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance Program Real Property Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20814

RE: LifeLong Medical Care Participation in the Alameda Medical Respite and Wellness Center

Dear Ms. Ritta:

Please accept this letter as LifeLong Medical Care's strong interest in participating as a key partner in the proposed Alameda Medical Respite and Wellness Center development and operations.

LifeLong is a Federally Qualified Health Center serving Alameda, Contra Costa and Marin counties. Under our California license we operate 15 primary care sites, 3 dental clinics, supportive housing program, school based health centers and adult day health center and we serve more than 55,000 individuals a year. We have a diverse staff of more than 700 including physicians, mid-level practitioners, psychiatrists, LCSWs, psychologists, RNs, non-licensed case managers, and many ancillary staff to support our clinical operations. Our mission is to provide high-quality health and social services to underserved people of all ages with a particular focus on creating models of care for the elderly, people with disabilities and high risk populations.
LifeLong has deep experience developing programs to serve adults experiencing homelessness, mental illness and challenges with substance use. These efforts include:

- 20 years providing case management, mental health and medical care embedded in 10 permanent supportive housing sites for
- Street outreach, housing search and case management to 200 adults in scattered site housing
- Four years of experience providing respite care to homeless adults discharged from inpatient hospital and skilled nursing care
- Intensive street outreach and case management for frequent users of emergency services at two large urban hospitals
- Operation of a primary clinic in downtown Oakland, in collaboration with the county Health Care for the Homeless program, that exclusively serves homeless and high risk adults using a model focused on addressing social determinants of health and providing integrated care.
- Integration of primary care providers into treatment teams at three mental health outpatient clinics operated by county and community based behavioral health organizations
- Provision of medication assisted treatment at 5 of our primary care clinics to support patients to address substance use issues
- An RN run care transitions unit which facilitates transfer of care of patients using hospital services back to community services and includes daily interaction with hospital discharge planners and use of IT tools to support seamless communication between systems of care.

Alameda Point Collaborative is the lead agency to provide for the acquisition, renovation, financing, project planning, monitoring of results, and allocation of duties to the participating agencies in the project reviewed and approved by the federal Department of Health and Human Services.

We plan to join Alameda Point Collaborative as a partner in a limited partnership to plan and execute extensive tenant improvements and equipment installations in Building 1, which will contain the medical respite, transitional housing, employment center, resource center, medical and mental health clinics. We will utilize tax exempt financing in the limited partnership, as well as typical leasehold tenant improvement financing, which will be amortized from allowable payments of the Federally Qualified Health Care services to the clients of the Alameda Medical Respite and Wellness center project.

As a partner in this project, LifeLong brings not only depth of experience with the proposed services, but also the capacity to leverage significant funding for the project. We plan to operate a clinic on site that serves medical respite clients as well transitional and permanent housing residents. This clinic will include medical and mental health services as well as case management and wellness services. Given our current negotiated rate with the state of California, we anticipate an FQHC PPS rate of approximately $265 per billable service which will contribute significantly to support both staffing and operations of the facilities. We are very experienced with the rapid development of new clinic sites (5 in the past 2 years) and with operating in highly collaborative models.

We are very excited about this opportunity to create a robust system of care to addresses significant existing local gaps in service for homeless and medically vulnerable individuals. We anticipate achieving significant positive outcomes including:

- Reducing utilization of emergency departments in place of primary health care.
- A compassionate discharge option for homeless patients who do not require continued hospitalization, yet need a place to recuperate from an illness or injury, potentially also decreasing their hospital length of stay.
- A safe alternative to avert unnecessary hospitalization and readmission.
- Supporting patients to link with primary care providers for long-term health improvement.

We look forward to developing a long-term and mutually beneficial partnership with the Alameda Point Collaborative and the other partners to improve health and housing outcomes for the most vulnerable residents in our county.

Sincerely,

Marty Lynch, PhD
Chief Executive Officer

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

REBECCA GEBHART, Interim Director

ADMINISTRATION & INDIGENT HEALTH
1000 San Leandro Boulevard, Suite 300
San Leandro, CA 94577
TEL (510) 618-3452
FAX (510) 351-1367

November 10, 2017

Theresa Ritta, Program Manager

Federal Real Property Assistance Program Real Property Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20814

Dear Ms. Ritta:

As a key project partner, the Alameda County Health Care Services Agency (HCSA) is writing to express our strong support for the proposed Alameda Medical Respite and Wellness Center. We have been members of the Advisory Team that has shaped the program design of the project. This Advisory Team, led by the Alameda Point Collaborative (APC), ensures that the proposed project addresses vital housing and service needs of homeless, aging and medically vulnerable individuals in Alameda County.

To support the success of the Alameda Medical Respite and Wellness Center, the Alameda County Behavioral Health Services is committed to making the following financial contributions to the project:

- Support an application to the California Department of Housing and Community Development (HCD) Department for $5,250,000 of No Place Like Home (NPLH) housing loan funds for the capital needs of the project AND $2,511,000 in funding from the same program for a Capitalized Operating Subsidy Reserve (COFR) to act as rent subsidy for the project

- An estimated $500,000/year of redirected funds to support the operations of the medical respite program to purchase beds for persons with severe mental illness and significant physical health care needs

HCSA is a county agency comprised of four distinct departments – Indigent Health/Administration, Public Health, Behavioral Health, and Environmental Health. Housing issues and homelessness impact the work of all four departments. HCSA operates Alameda County's federally designated Health Care for the Homeless program, a Behavioral Health Housing Services Office, and a Section 1115 Medicaid Waiver program known as Alameda County Care Connect that includes a Housing Solutions for Health unit.

As a county agency, we fund more than $30 million per year of housing and health-related services through contracts with community-based organizations. In addition, we have more than 15 full-time equivalent county staff with expertise in the areas of integrated health care, housing, and homelessness. Our agency plays a significant role in our local HUD Continuum of Care Council (CoC) and currently serves as the lead county agency for financing and overseeing contracts for our coordinated entry system for addressing homelessness. HCSA has an ongoing partnership with our county Housing and Community Development (HCD) department to ensure collaborative and effective investments in housing and service programs. We have the internal capacity and intention to support a collaborative project with APC on this parcel.

The approval from the U.S. Department of Health and Human Services will enable APC to acquire, renovate, finance and manage the property for its proposed use as a homeless accommodation project. The project will primarily serve homeless adults with complex medical and behavioral health conditions in Alameda County.

The unique project vision provides a continuum of housing resources with extensive medical and mental health services, including:

- 90 Assisted Living units – medically-enriched Supportive Housing
- 38 bed Medical Respite program
- 12 Transitional Housing beds
- Federally Qualified Health Clinic (FQHC) satellite medical and behavioral wellness clinic
- Resource Center and Coordinated Entry Service Hub (intensive linkages to housing)
- Employment Training program
- Common Dining Area serving three nutritious meals daily

We are strong proponents of the proposed system of care to address significant local gaps in services for homeless and medically vulnerable individuals. The innovative program model will realize significant client benefits through its integration of trauma-informed, culturally responsive and recovery-oriented care.

We anticipate that the project will achieve significant positive outcomes, including:

- Welcoming drop-in alternative to the streets for adults experiencing homelessness
- Supportive housing resources that will enable rapid rehousing of homeless residents
- Medical and behavioral health care for homeless persons with medical and mental health conditions
- Compassionate discharge option for homeless patients who do not require continued hospitalization, yet need a place to recuperate from an illness or injury
- Dignified end-of-life care in a supportive community setting
- Reduced public costs across multiple systems (emergency, hospital and criminal justice)

We look forward to developing a long-term and mutually beneficial partnership with the Alameda Point Collaborative and the participating partners to improve health, housing and quality of life outcomes for the most vulnerable residents in our county.

Sincerely,

Robert Ratner, MPH, MD
Housing Services Director
Alameda County Health Care Services Agency – Behavioral Health Department
510.891.8925
Robert.ratner@acgov.org

KAISER PERMANENTE®

Kaiser Foundation Health Plan, Inc.
Northern California Region

November 14, 2017

Theresa Ritta
Program Manager
Federal Real Property Assistance Program Real Property Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20814

Dear Ms. Ritta:

I am writing to express the interest of Kaiser Permanente in developing a partnership with Alameda Point Collaborative and LifeLong Medical Care to support the operations of the proposed medical respite program. This medical respite program will uniquely serve homeless persons with complex medical and behavioral health conditions residing in Alameda County, California.

Kaiser Permanente is a proponent of the establishment of the proposed Alameda Medical Respite and Wellness Center. The Center's 40 medical respite beds, 90 assisted living units, FQHC satellite medical and behavioral health clinic, and supportive services will provide critically needed resources for homeless individuals with high medical acuity.

Kaiser Permanente is exploring how best to support efforts to address homelessness in the City of Oakland and Alameda County. Our organization is considering providing support that include short, medium and long-term interventions that will focus on prevention, homeless navigation centers, supportive services, affordable housing and medical respite.

Kaiser Permanente will consider the following support to ensure the success of this partnership:

- Funding recuperative beds
- One-time capital investment
- Provision of technical assistance

Kaiser Permanente understands the pressing need for discharge options that address the unique needs of homeless patients who no longer require continued hospitalization, yet need a safe place to recuperate after an illness or injury. It is nearly impossible for these patients to recover if they return to the streets, putting them at risk for deteriorating health and re-hospitalization. Medically vulnerable and homeless individuals have disproportionately higher chronic and acute medical conditions than the general population in Alameda County.

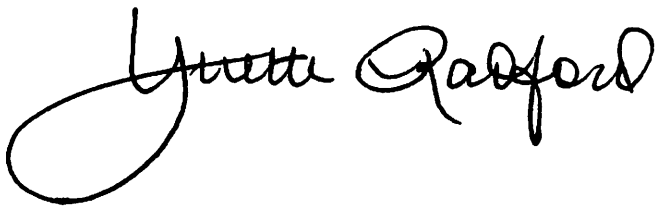
1950 Franklin Street, 3rd Floor
Oakland, CA 94612

The proposed medical respite program and on-site medical clinic will provide a safe and healing resource for hospitals to discharge homeless persons with high medical acuity. These patients will have the opportunity to recover during their stay at medical respite as well as improve their long-term health and housing status.

Additionally, Kaiser Permanente is supportive of the proposed assisted living program at the Center which provides permanent, medically-enriched supportive housing resources for medically vulnerable, aging adults experiencing homelessness. There is no assisted living or supportive housing resource in our county that integrates permanent housing with intensive medical services for this growing population.

We look forward to working in partnership with the Alameda Point Collaborative and LifeLong Medical Care to promote improved health and housing outcomes for the most vulnerable residents in our county.

Sincerely,



Yvette Radford
Vice President, External & Community Affairs

ALAMEDA
HEALTH SYSTEM

November 9, 2017

Theresa Ritta
Program Manager
Federal Real Property Assistance Program Real Property Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20814

Dear Ms. Ritta:

I am writing to express the strong interest of the Alameda Health System (AHS) to enter into a partnership with the Alameda Point Collaborative and LifeLong Medical Care to establish the proposed medical respite program. To support the success of the project, AHS is interested in:

- purchasing or "leasing" recuperative beds or a monthly basis for our clients and
- providing in-kind contribution of staff.

The medical respite program will benefit homeless persons with complex medical and behavioral health conditions in Alameda County, California. The Center's proposed 38 medical respite beds, 90 assisted living units, 10 transitional beds, FQHC satellite medical and behavioral health clinic, and extensive supportive services will provide critically needed resources for homeless individuals with high medical acuity.

AHS is a safety-net hospital and health care system in Alameda County, CA that provides outpatient and inpatient care to a culturally-diverse, primarily low-income population of which many are homeless and/or marginally housed. AHS operates three acute care hospitals, including Alameda Hospital in the City of Alameda, CA. Alameda Hospital is the only hospital on the island and is a leader in providing emergency, inpatient, outpatient and wellness services to the community. In addition, to acute care facilities, AHS operates a psychiatric hospital, a rehabilitation/skilled nursing facility and four wellness centers.

AHS understands the importance of partnership in the development of respite care services. For example, AHS partnered with a local homeless shelter and the Alameda County Health Care Services Agency to establish Crossroads, a 10-bed respite unit for homeless men. The program provides medical support and assistance to patients who have long-term housing needs and who no longer require hospitalization. The Respite Unit also has a chemical dependency counselor who is available to all patients.

AHS has a pressing need for discharge options that address the unique needs of homeless patients who no longer require continued hospitalization, yet need a safe place to recuperate after an illness or injury. Homeless and medically vulnerable individuals have disproportionately higher chronic and acute medical conditions than the general population. It is nearly impossible

for these patients to recover if they return to the streets, putting them at risk for deteriorating health and re-hospitalization.

The proposed medical respite program will provide a safe and healing resource for AHS to discharge homeless persons with high medical acuity. These patients will have the opportunity to recover during their stay at medical respite as well as improve their long-term health and housing status. The proposed program will achieve the following beneficial outcomes:

- Provide a compassionate discharge option for homeless patients who do not require continued hospitalization, yet need a place to recuperate from an illness or injury.
- Provide a safe alternative to avert unnecessary hospitalization.
- Support patients to link with primary care providers for long-term health improvement.
- Reduce utilization of emergency departments in place of primary health care.

Alameda Health System looks forward to partnering with the Alameda Point Collaborative and LifeLong Medical Care to promote improved health and housing outcomes for the most vulnerable residents in our county.

Sincerely,

Delvecchio Finley
Chief Executive Officer

ALAMEDA
Alliance
FOR HEALTH
Health care you can count on.
Service you can trust.

November 14th, 2017

Theresa Ritta, Program Manager

Federal Real Property Assistance Program Real Property Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20814

Dear Ms. Ritta:

I am writing to express the interest of the Alameda Alliance for Health to enter into a partnership with the Alameda Point Collaborative and LifeLong Medical Care to establish the proposed medical respite program. The medical respite program will benefit homeless persons with complex medical and behavioral health conditions in Alameda County, California.

As the Chief Executive Officer for the Alameda Alliance for Health, I intend to recommend a multi-year grant towards the capital needs of the project, which is subject to the approval of the Alliance's Board of Governors. Based on the operational readiness of the Alameda Point Collaborative and LifeLong Medical Care, the Alameda Alliance for Health may also provide operational funds to support care and case management services for a specified number of our clients on a daily (or monthly) basis.

The Alameda Alliance for Health is a not-for profit managed care health plan committed to providing accessible, affordable and quality health care services for more than 271,000 Alameda County residents. We strive to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County.

For this reason, the Alameda Alliance for Health is a strong proponent of the mission of Alameda Medical Respite and Wellness Center to provide critically needed resources for homeless individuals with high medical acuity and mental health concerns. The proposed project is aligned with the vision of the Alameda Alliance to improve health outcomes and the overall quality of life of our most vulnerable patients. The unique project will address significant service gaps in our county by providing: 90 assisted living units, 38 medical respite beds, 10 transitional beds, a FQHC satellite medical and behavioral health clinic, and extensive supportive services.

Homeless and medically vulnerable individuals have disproportionately higher chronic and acute medical conditions than the general population. It is nearly impossible for patients to recover if they return to the streets, putting them at risk for deteriorating health and re-hospitalization.

The proposed medical respite program will achieve the following beneficial outcomes:

- Provide a compassionate discharge option for homeless patients who do not require continued hospitalization, yet need a place to recuperate from an illness or injury, potentially also decreasing their hospital length of stay.
- Provide a safe alternative to avert unnecessary hospitalization and readmission.
- Support patients to link with primary care providers for long-term health improvement.
- Reduce utilization of emergency departments in place of primary health care.

We look forward to developing a long-term and mutually beneficial partnership with the Alameda Point Collaborative and LifeLong Medical Care to improve health and housing outcomes for the most vulnerable residents in our county.

Scott Coffin

Chief Executive Officer

Alameda Alliance for Health

City of Alameda California

November 10, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

In August, we wrote to you endorsing the application by the Alameda Point Collaborative and its partner agencies to acquire 3.65 acres of surplus federal property, the former Alameda Federal Center Northern Parcel at 620 Central Avenue, Alameda, CA 94501.

I am writing to follow-up on that letter and detail the level of support we are able to commit to the project at this time.

The City of Alameda allocates $100,000 per year, subject to biannual budget appropriation from the General Fund for homeless services. Once the project is completed and operating we will designate these funds to the operation of the proposed resource center. In addition, the City is exploring additional funding streams to support services to the homeless, and, if successful, we expect by the time the project is ready for operation to be able to designate an additional $200,000, subject to City Council approval.

Lastly, I wanted to let you know that the City's commitment to the project is a top priority. I established a cross-department working group that has submitted an application to the Bloomberg Foundation for funds to help plan and implement the project. If successful, we could be awarded up to $100,000 in pre-development funds for the project.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families, at precisely the time these services are most needed. We stand ready to take whatever steps are needed to support the proposed project and ensure it is successful in serving the needs of Alameda's homeless population.

Sincerely,

Jill Keimach
City Manager

Office of the City Manager

2263 Santa Clara Avenue, Room 320
Alameda, California 94501
510.747.4700 • manager@alamedaca.gov

Housing
Authority of the City of Alameda
701 Atlantic Avenue, Alameda, CA 94501 ~ Phone: (510) 747-4300 ~ Fax: (510) 522-7848 ~ TDD: (510) 522-8467 ~ Web: www.alamedahsg.org

November 10, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance
Program Real Property Management Services Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 2081

Dear Ms. Ritta:

In August we wrote to you endorsing the proposal submitted by the Alameda Point Collaborative to secure the surplus McKay Ave property for homeless services. I am writing to reiterate our support and to describe the nature of the Housing Authority commitment.

The Alameda Housing Authority (AHA) is prepared to provide the following assistance to the project:

- AHA administers the Community Development Block Grant for the City of Alameda. The proposed McKay Avenue programs are directly aligned with the goals of the City's Five-Year Consolidated Plan and Action Plan. To this point, staff will recommend the award of funds for planning and capital improvements on behalf of the project. Approximately $350,000 should be available in the next fiscal year, subject to a public hearing process and continued funding of the federal CDBG program.

- AHA will support APC's efforts to secure HUDVASH vouchers for the site when there is an opportunity to secure new vouchers. All vouchers are awarded in accordance with HUD regulations.

- The AHA Board is committed to providing housing and supportive services to the City's most vulnerable populations. The Authority will work collaboratively with APC to help the project succeed and can provide development expertise and financial support subject to Board approval.

The proposed Alameda Federal Center Northern Parcel homeless accommodation project will realize significant and lasting benefits for homeless individuals and families in Alameda. We look forward to working closely with APC to ensure a successful implementation.

Sincerely,

Vanessa Cooper
Executive Director

Building Futures
1395 Bancroft Avenue, San Leandro, CA 94577
510 357-0205 • www.bfwc.org
24-HOUR CRISIS LINE: **1-866-A-WAY-OUT**

November 13, 2017

Theresa Ritta, Program Manager
Federal Real Property Assistance Program Real Property Management Services
Program Support Center
U.S. Department of Health and Human Services
7700 Wisconsin Avenue, 10th Floor
Bethesda, Maryland 20814

Dear Ms. Ritta:

As a key project partner, Building Futures with Women and Children strongly supports the proposed Alameda Medical Respite and Wellness Center. The project will provide a comprehensive array of housing and service options to address the critical needs of the rapidly growing population of aging and homeless individuals with complex medical and behavioral health conditions in Alameda County.

Building Futures with Women and Children is committed to allocating $350,000 annually to support the successful operations of the Resource Center and Coordinated Entry Search (CES) program. The many homeless service and housing programs in Alameda County are working diligently to implement a robust Coordinated Entry System (also known as "no wrong door") to place the most acutely needy homeless in appropriate housing and service environments. Building Futures with Women and Children has been selected for funding to implement this new effort at the Alameda Medical Respite and Wellness Center.

Coordinated Entry is a standardized process for connecting people experiencing homelessness to the resources available in a community. The U.S. Department of Housing and Urban Development (HUD) requires that every community implement Coordinated Entry in order to assess and prioritize people for programs and assistance within the region, including emergency shelter, transitional housing, permanent supportive housing, rapid rehousing, and other interventions.

The fundamental goals of the Alameda County Coordinated Entry System are:

- Ensure that all homeless people in the county access services in a consistent and fair manner, regardless of their geographic location, housing barriers, or other factors;

- Prioritize for assistance those households with the most acute needs; and

- Prevent as many people as possible from entering the homeless system by connecting them to Housing Problem Solving support and other emergency solutions that can resolve a housing crisis before it becomes homelessness.

Housing resource centers:

Alameda County has organized Coordinated Entry process around five regional Housing Resource Centers (HRCs) that together provide full coverage of the County's geography. The HRC for Alameda will be located at the Alameda Medical Respite and Wellness Center. Each HRC serves as a hub from which housing resources and assistance are deployed, and the administrative home of key Coordinated Entry staff, including outreach teams and trained Assessors.

HRC staff are tasked with "bringing the front door to the clients" by conducting extensive street-level outreach and offering field- and phone-based Screening, Assessment, Prioritization, and referral to a broad range of housing-related and other mainstream services, including (but not limited to): primary and behavioral health care, income and benefits support, SNAP and food pantries, children's/family services, legal assistance, housing counseling and workshops, and more.

The unique project vision of the Alameda Respite and Wellness Center provides a continuum of housing resources with extensive medical, mental health and supportive services. The vital elements of the programs include:

- Resource Center and Coordinated Entry Service Hub (intensive linkages to housing)
- 90 Assisted Living units – medically-enriched Supportive Housing
- 38 bed Medical Respite program
- 12 Transitional Housing beds
- Federally Qualified Health Clinic (FQHC) satellite medical and behavioral wellness clinic
- Employment Training program

We are strong proponents of the proposed system of care at the Alameda Medical Respite and Wellness Center to address significant local gaps in services for homeless and medically vulnerable individuals. The innovative program model will realize significant client benefits through its integration of trauma-informed, culturally responsive and recovery-oriented care. The approval from the U.S. Department of Health and Human Services will enable APC to acquire, renovate, finance and manage the property for its proposed use as a homeless accommodation project.

Building Futures
1395 Bancroft Avenue, San Leandro, CA 94577
510 357-0205 • www.bfwc.org
24-HOUR CRISIS LINE: **1-866-A-WAY-OUT**

We anticipate that the project will achieve significant positive outcomes, including:

- Drop-in program that provides a welcoming alternative to the streets for adults experiencing homelessness
- Permanent supportive housing resources that will support homeless individuals to exit homelessness and improve the quality of their lives
- Coordinated Service Entry Program to enable the rapid rehousing of homeless residents
- On-site medical and behavioral health care for homeless persons with high medical acuity
- Medical respite beds that provide a compassionate discharge option for homeless patients who need a place to recuperate after hospitalization or acute illness
- Dignified end-of-life care in a supportive community setting

We look forward to developing a long-term and mutually beneficial partnership with the Alameda Point Collaborative and the other participating partners to improve health, housing and quality of life outcomes for the most vulnerable residents in our county.

Sincerely,

Elizabeth Varela
Executive Director

OPERATION DIGNITY

3850 San Pablo Ave. #102, Emeryville, CA 94608
Tel: 510-287-8465 Fax 510-287-8469

October 31, 2017

Doug Biggs, Executive Director
Alameda Point Collaborative
677 W Ranger Ave.
Alameda, CA 94501

Dear Mr. Biggs,

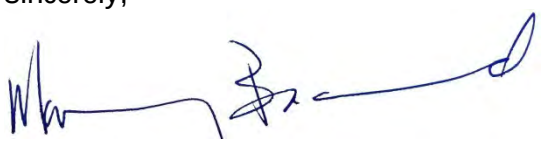
Operation Dignity is writing this letter of commitment to operate a Resource Center/Navigation Center at the Alameda Medical Respite and Wellness Center, contingent upon available funding.

The Resource Center will provide a safe and welcoming environment for residents of the City of Alameda who are experiencing homelessness, as well as homeless veterans. The program will offer a no-barrier drop-in space and provide essential supplies, including food, water, showers and a place to stay warm and dry. Operation Dignity outreach staff will focus on building rapport with clients and will bring a strengths-based and collaborative focus in addressing client goals.

Operation Dignity has been effectively providing street outreach to Alameda residents, in contract with the City of Alameda, since September 2016. When the Alameda Medical Respite and Wellness Center opens, Operation Dignity plans (as any applicable contract with the City may permit and in collaboration with City staff) to allocate a portion of these funds and staff to operate a Resource/Navigation Center at the Alameda Medical Respite and Wellness Center.

We are pleased to partner with Alameda Point Collaborative on the Alameda Medical Respite and Wellness Center, and look forward to serving Alameda residents, including veterans, who are experiencing homelessness.

Sincerely,



Marguerite Bachand
Executive Director

Doug Biggs

From: Ritta, Theresa (PSC/RLO/RPMS) <Theresa.Ritta@psc.hhs.gov>
Sent: Monday, November 13, 2017 12:51 PM
To: Doug Biggs
Cc: Bonnie Wolf (bonniewolf@att.net)
Subject: FW: Response to HHS request for additional information re:APC application for Alameda Federal Center Northern Parcel
Attachments: 2nd follow-up response to HHS.pdf; Draft revised building package AMR 17.11.5.pdf; DOC110617-001.pdf; DOC110317.pdf

Mr. Biggs:

We conducted a preliminary review of APC's responses and have the following questions:

- What partnering agency will implement and operate the FQHC? Does it currently operate a FQHC? Please describe its current experience in this capacity.
- We note a drastic change in the staffing proposal compared to the original application, specifically for the Medical Respite and Assisted Living programs. For example, while the number of Assisted Living beds increased ~threefold, there was a decrease in proposed staff from the initial application. Please explain and justify all proposed staffing changes.
- What security measures are proposed to ensure the safety and security of the vulnerable population to be served, especially considering the services will be spread across five buildings.

Additionally, APC has changed its property development plans from its original application. APC is no longer planning for new construction and building renovations, and proposes to only renovate the existing improvements. HHS will need an itemized listing of proposed renovation plans (i.e., asbestos removal, painting, wall reconfigurations, etc.). You may submit this information along with the financial plan portion of your application if that is easier for you.

These are a few of the initial concerns noted during our review. Should we have additional questions we will be in touch. Please do submit your responses to the above no later than November 17, 2017.

Regards,

Theresa Ritta
Office: (301) 443-6672
Mobile: (202) 823-1348

From: Doug Biggs [mailto:DBiggs@apcollaborative.org]
Sent: Thursday, November 09, 2017 12:47 PM
To: PSC RPB (PSC/RLO/RPMS); Ritta, Theresa (PSC/RLO/RPMS)
Cc: Bonnie Wolf (bonniewolf@att.net)
Subject: Response to HHS request for additional information re:APC application for Alameda Federal Center Northern Parcel

Dear Ms. Ritta,

Attached please find our response and supporting documents, answering follow-up questions you had concerning our amended application. We look forward to your review and response on this matter. We are also finishing up the financial component of the application and will be sending that to you on or before the deadline of November 15th.

Thank you for your diligent review of our application. Please don't hesitate to contact me if you have any additional questions.

Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Ave.
Alameda, CA 94501
(510)898-7849
www.apcollaborative.org

Alameda Point Collaborative

November 15, 2017

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center
Department of Health and Human Services
Rockville, Maryland 20857

Project: **Alameda Federal Center Northern Parcel 620 Central Avenue Alameda, Alameda County 94501 GSA No.: 9-G-CA-1604-AD**

Responses to HHS Questions regarding Updated Program Description Letter dated 11/13/17

1. **What partnering agency will implement and operate the FQHC? Does it currently operate a FQHC? Please describe its current experience in this capacity.**

   LifeLong Medical Care (LifeLong) will operate the satellite FQHC at the Alameda Medical Respite and Wellness Center. The on-site clinic will serve the medical respite, transitional and assisted living residents as well as Resource Center clients. This clinic will offer medical and mental health services as well as case management and wellness services.

   Founded in 1976, LifeLong has been a Section 330 funded Federally Qualified Center (FQHC) since 1997. LifeLong is a robust and accomplished nonprofit organization with an annual budget of $85.5 million. Given LifeLong's current negotiated rate with the state of California, LifeLong anticipates a FQHC PPS rate of approximately $265 per billable service which supports both the staffing and operations of the facilities. LifeLong is very experienced with the rapid development of new clinic sites and has developed five sites in the past two years.

   LifeLong's mission is to provide high-quality health and social services to underserved people, with a special focus on creating models of care for the elderly, people with disabilities, individuals experiencing homelessness and high-risk populations. LifeLong's service area encompasses over 100 census tracts in northern Alameda County; and extends into western Contra Costa to the north; and Marin County to the west. This area is home to over 2,000,000 residents, of whom 32% (649,674) are living below 200% of the federal poverty level.

   LifeLong's service delivery model consists of developing and implementing a full range of integrated primary, preventive, dental, mental health, and substance abuse services. LifeLong provides services at 31 locations in Berkeley, Emeryville, Novato, Oakland, Pinole, Richmond, Rodeo and San Pablo. In 2016, LifeLong served over 59,000 unduplicated patients and more than 278,000 patient visits.

677 West Ranger Avenue, Alameda, California 94501
510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org

LifeLong's staff of over 700 people includes physicians, mid-level practitioners, psychiatrists, LCSWs, psychologists, RNs, non-licensed case managers and many ancillary staff to support clinical operations.
LifeLong's extensive and demonstrated experience serving adults experiencing homelessness, mental illness and substance use challenges, includes:

- 20 years providing case management, mental health and medical care embedded in 10 permanent supportive housing sites
- Operation of a primary clinic with integrated care model in downtown Oakland that exclusively serves homeless and high-risk adults, in collaboration with Alameda County Health Care for the Homeless program
- Street outreach, housing search and case management for 200 adults in scattered site housing
- Four years providing medical respite care to homeless adults discharged from inpatient hospitals and skilled nursing care
- Intensive street outreach and case management for frequent users of emergency services (primarily chronically homeless) at two large urban hospitals
- Integration of primary care providers into treatment teams at three mental health outpatient clinics operated by county and community-based behavioral health organizations

LifeLong continues to prioritize a "whole patient" approach to integrated primary care given the complex needs of the target population and in pursuit of continued excellence in Patient Centered Medical Home practices. Medical and behavioral health providers work in specialized comprehensive care teams to address patient needs. The use of Electronic Health Records and data analytics support quality improvement and provide communication support to the integrated care teams.

LifeLong's quality improvement plan systematically measures clinical operations and analyze outcomes. Feedback is provided quarterly to providers, site management, executive leadership, and the Board of Directors.

With six health centers already designated as a NCQA level 3 Patient Centered Medical Home (PCMH), and a strong track record providing access to high quality primary care to low-income and homeless populations and public housing residents, LifeLong is well positioned and committed to developing and operating the satellite FQHC medical and behavioral health clinic at the Alameda Medical Respite and Wellness Center.

2. Please explain and justify all proposed staffing changes.

a. Proposed Staffing Plan

The staffing plan will support the effective operations of the Assisted Living and Medical Respite programs. We present the initial and revised staffing plans below:

Initial Staffing Plan	Revised Staffing Plan	
	Assisted Living and Medical Respite	Federally Qualified Health Clinic for Assisted Living & Medical Respite
Assisted Living 1.00 FTE Program Manager 1.50 FTE Property Manager 1.00 FTE Licensed Social Workers 0.25 FTE Physician 0.25 FTE Psychiatrist 8.00 FTE Residential Advisors (Community Workers) **Total: 12.00 FTE staff**	**Assisted Living** 1.00 FTE Program Manager 1.00 FTE Property Manager 4.00 FTE Licensed Social Workers 0.50 FTE Maintenance 0.85 FTE Janitorial 0.85 FTE Van Transportation 4.25 FTE Kitchen & Dining **Total: 12.5 FTE staff**	**FQHC Clinic** 1.00 FTE Clinic Director 1.00 FTE Nursing Manager 3.50 FTE Physicians 0.25 FTE Psychiatrist 1.00 FTE Supervising Licensed Social Worker (LCSW) 1.00 FTE Licensed Social Worker 3.00 FTE Case Managers 1.00 FTE Registered Nurse Assistants/Nurse Practitioners 4.00 FTE Medical Assistants 1.00 FTE Receptionist **Total 16.75 FTE staff** *The 16.75 FTE staff serve residents of both Assisted Living and Medical Respite programs.*
Medical Respite 1.00 FTE RN Manager 3.00 FTE Medical Assistants 0.50 FTE Primary Care Provider 1.00 FTE RN 9.00 FTE Residential Advisors 2.00 FTE Janitorial & Security **Total: 16.5 FTE staff**	**Medical Respite** 1.00 FTE Medical Director (MD) 9.00 FTE Nursing Assistants & Licensed Vocational Nurses 1.00 FTE Van Transportation 1.60 FTE Kitchen & Dining 1.60 FTE Janitorial **Total: 14.2 FTE staff**	

b. Rationale for Staffing Changes and Proposed Current Plan

FQHC Medical and Behavioral Wellness Clinic

- The majority of the licensed medical and mental health clinicians are "housed" in the on-site satellite FQHC Medical and Behavioral Wellness Clinic which is an essential component of the revised program and staffing plan. The FQHC and the 16.75 staff were not part of the initial application.

  Of the 16.75 FTE staff at the clinic, 12.75 FTE staff are licensed providers of medical or mental health clinical services, 3 FTE staff are non-licensed Case Managers and one FTE staff is the Receptionist. The FQHC staff serve both the Assisted Living and Medical Respite programs. The FQHC is a key element of the Center, providing exemplary on-site medical and mental health services and enabling the financial sustainability of the programs. Based on best practice research, the on-site satellite FQHC is the optimal structure for the clinical

success of serving medically fragile homeless individuals as well as achieving the financial sustainability of the project.

- For Assisted Living, the initial staffing plan had 12 FTE staff. The revised staff plan has 12.5 FTE staff, as well as access to the 16.75 FTE staff at the FQHC. The initial Assisted Living staff plan had 8 Residential Advisors who are non-certified community workers. The revised staff plan replaced the residential advisors with 4 Licensed Social Workers who have more extensive training and higher salaries. Assisted Living residents will receive on-site medical and mental health services from the 16.75 FTE staff at the on-site FQHC.
- For Medical Respite, the initial staffing plan had 16.5 FTE Medical Respite staff, including 9 Residential Advisors. The revised staffing plan has 14.2 FTE staff, including 1 MD and 9 Nursing Assistants or Licensed Vocational Nurses. Medical Respite clients will also receive on-site medical and mental health services from the 16.75 FTE staff at the on-site FQHC.
- The FQHC ensures the sustainability of the financial operations of the project as LifeLong Medical Care can bill for patient visits. Only specific, licensed providers at the FQHC are authorized for medical billing reimbursement, including: Physicians (MDs), Nurse Practitioners, Physicians Assistants, LCSWs and Clinical Psychologists. To more effectively meet client needs in a feasible financial structure, fewer higher skilled positions replaced a larger number of non-licensed, entry-level Resident Advisors. These licensed providers are necessary to effectively care for homeless and aging individuals with complex medical and mental health conditions.

<u>Assisted Living Staffing</u>

- The 1 FTE Program Manager and 4 FTE Social Workers will coordinate and provide daily recreational activities and teach independent living skills for Assistant Living residents. Alameda Point Collaborative will pursue fundraising strategies to expand the number of staff engaged in promoting wellness, independence, recovery and community-building activities.
- Alameda Point Collaborative has a Volunteer Coordinator who will work AmeriCorps VISTA to engage volunteers and local colleges to develop internships to support Assisted Living residents.
- Alameda Point Collaborative will invite community partners to provide services that strengthen the service delivery model and augment staffing. Potential partners include:
  - Provider of In-Home Supportive Services (IHHS) to support residents with Activities of Daily Living (ADLs), such as showering and dressing, to support residents to successfully maintain independent living.
  - Hospice Care will support Assisted Living residents to receive hospice care to address end-of-life concerns when needed.

3. **What security measures are proposed to ensure the safety and security of the vulnerable population to be served, especially considering the services will be spread across five buildings.**

Meeting the safety and security needs of resident's physical, mental and social-well-being is addressed through the following measures:

- Utilization of Crime Prevention Through Environmental Design (CPTED) design principles, a nationally recognized approach to ensure community safety and security. CPTED principles informed our decisions regarding the location of specific functions by building, site access, and visibility of facilities for residents and visitors to ensure a safe, protected environment from potential on or off-site threats. The perimeter of the site is entirely fenced and presently lit at night, including the parking lot.

- Assisted Living residents in Building 2A, 2B, 2C and 2D are located on the south end of the property in separate facilities from the Medical Respite, transitional beds and navigation center. These long-term residents are separated from the drop-in clients and short-term Medical Respite clients. Assisted Living buildings are a separate, enclosed, fenced and secure environment. A discrete, gated entrance for vehicles and an individual building entrance is located on the south end of McKay Avenue. Dedicated parking is on site. Facility services and community space are on the ground floor. Living units with common spaces are on the second floor. A dedicated outdoor space for Assisted Living residents is located on ground floor of the south side of the building away from view or access from clients of Medical Respite, transitional units or Resource Center. Individual Assisted Living unit entry doors have locks for easy use by residents. Visitors and residents for Assisted Living enter and exit through one gate and one main entrance to Building 2D accessed from McKay Avenue.

- Clients of Medical Respite and transitional units occupy a separate building located at the northern end of the property. Medical Respite is enclosed by a security fence, as an independent and separate facility. Clients enter the Medical Respite program through a security gate from McKay Avenue. The Medical Respite program provides private outdoor space separate from Assisted Living. Visitors and clients for Medical Respite and transitional housing enter and exit through two entrances to Building 1 from McKay Avenue. Clients requiring medical transport arrive through entrance gate to the center and are dropped off at the side entrance of Building 1.

- Resource Center clients do not have access to facility grounds, parking or outdoor space used by residents of assisted living, or clients in Medical Respite or transitional units. Clients utilizing the Resource Center enter and exit through one gate and one entrance on the northside of Building 1, separate from the main entrances to the building.

- Physical improvements and security measures, along with a safety training for 24-hour staff, will support resident safety and security. Visitors will be checked-in before seeing guests. The receptionist, janitorial staff and van drivers will be trained to being "eyes and ears" on the facility to ensure individual and community safety.

- Modern access controls permit easier access during the 8 hour shifts for the operation of the FQHC and Resource Center with higher levels of security for the two "overnight" shifts. The project has an extensive camera system in place that will be maintained and used for security purposes. Alameda Point Collaborative will add additional cameras as needed. The cameras

(and risk bands) will also provide an additional safety measure for clients with dementia. By restricting entry and exit to individual entrances for each program, combined with video and other surveillance, access controls can be maintained. Separate locked entrances are for staff with card key or numeric code to gain access. The windows in the Medical Respite and clinic buildings are not designed for human ingress/egress because of other sprinkler and corridor-protected access and exit areas and routes.

- Assisted Living and Medical Respite facilities will have in place emergency plans, fire evacuation procedures and grounds security. Buildings will be designed with excellent lighting, handrails in halls and common areas, non-slip flooring and call assistance devices to reduce risk of falling for clients. Staff will be trained to assist elderly residents who become disoriented or at-risk for falls.

4. **APC has changed its property development plans from its original application. APC is no longer planning for new construction and building renovations, and proposes to only renovate the existing improvements. HHS will need an itemized listing of proposed renovation plans (i.e., asbestos removal, painting, wall reconfigurations, etc.). You may submit this information along with the financial plan portion of your application if that is easier for you.**

   Cost estimates for the proposed renovation were attached in the application submitted 11/14/17 regarding the financial plan for the project. Cost estimates were conducted by BBI Construction, a reputable General Contractor with over 40 years of experience, including expertise in nonprofit housing and supportive housing construction in the Bay Area.

   Please don't hesitate to contact me if you have any additional questions.

Sincerely,

Doug Biggs
Executive Director
Alameda Point Collaborative

BBI CONSTRUCTION
1155 Third St. Suite 230
Oakland, CA 94607
Tel (510) 286-8200
Fax (510) 286-8210
License No. 787890

PROPERTY NAME: **Alameda Center for Medical Respite and Wellness**
Owner: **Collaborative(s)**
Budget Date: **11/8/17**
Assumed Construction Duration: **14 Months**

Conceptual Budgeting for Alameda Federal Center

11/8/2017 0:00

	Description	Qty.		Unit Cost	Amount	Sub	Comments
1							
2							
3	**Building 1 - Previously Labs**				-		AC
4	Demolition / Basic Abatement	21,446	sf	15	321,690		
5	Equipment Demolition / Basic Abatement	21,446	sf	16	343,136		
6	Structural	21,446	sf	50	1,072,300		
7	Interior Buildout	21,446	sf	215	4,610,890		
8	Private Bathrooms	15	ea	14,000	210,000		
9	Shower Rooms	5	ls	20,000	100,000		
10	Exterior Envelope				-		
11	Exterior Paint	12,750	sf	4	51,000		
12	Windows & Doors	3,188	sf	150	478,200		
13	Roofing/Flashing - patching Only	21,446	sf	1	21,446		
14	***Subtotal Bldg 1***					**7,208,662**	
15							
16	**Building 2A - Previously Offices**						No AC
17	Demolition / Basic Abatement	8,752	sf	15	131,280		
18	Structural	8,752	sf	50	437,600		
19	Interior Buildout	8,752	ls	202	1,767,904		
20	Exterior Paint	4,200	sf	4	16,800		
21	Doors & Windows	1,140	ls	150	171,000		
22	Roofing/Flashing	4,336	sf	23	99,728		
23	***Subtotal Bldg 2A***					**2,624,312**	
24							
25	**Building 2B - Previously Offices**						No AC
26	Demolition / Basic Abatement	8,766	sf	15	131,490		
27	Structural	8,766	sf	50	438,300		
28	Interior Buildout	8,766	ls	202	1,770,732		
29	Exterior Paint	4,200	sf	4	16,800		
30	Doors & Windows	1,140	sf	150	171,000		
31	Roofing/Flashing - patching Only	4,374	sf	1	4,374		
32	***Subtotal Bldg 2B***					**2,532,696**	
33							
34	**Building 2C - Previously Offices**						
35	Demolition / Basic Abatement	9,166	sf	15	137,490		No AC
36	Structural	9,166	sf	50	458,300		
37	Interior Buildout	9,166	ls	202	1,851,532		
38	Exterior Paint	4,200	sf	4	16,800		
39	Doors & Windows	1,140	sf	150	171,000		
40	Roofing/Flashing - patching Only	4,560	sf	1	4,560		
41	***Subtotal Bldg 2C***					**2,639,682**	
42							
43	**Building 2D - Previously Warehouse**						No AC
44	Demolition / Basic Abatement	23,768	sf	15	356,520		
45	Structural	23,768	sf	50	1,188,400		
46	Interior Buildout	23,768	sf	202	4,801,136		
47	Common Area Bathrooms 1st Floor	4	ea	30,000	120,000		
48	Breakroom Kitchen/Service Space	1	ea	300,000	300,000		
49	Individual Bathrooms	10	ea	15,000	150,000		
50	Individual Kitchenettes	10	ea	42,500	425,000		
51	Exterior Envelope				-		
52	Exterior Paint	12,000	sf	4	48,000		
53	Doors & Windows	4,540	sf	150	681,000		
54	Roofing/Flashing	12,041	sf	23	276,943		
55	***Subtotal Bldg 2D***					**8,346,999**	
56							
57							
58	**Demolition/Basic Abatement for Parking & Outdoor Space**						
59	Building 8 Storage/Workshop 818 SF	818		10	8,180		
60	Building 9 Storage 777 SF	777		10	7,770		
61	Building 10 Storage 255 SF	255		10	2,550		
62	Building 11 Trash 695 SF	695		10	6,950		
63	Building 12 Sewage Pumping Station / Hydraulic Elevator				-		
64	Building 13 Equipment 220 SF	220		10	2,200		
65	***Subtotal Demo for Parking/Outdoor***					**27,650**	
66							
67	***Elevator***						
68	Lift -		NIC		-		
69	***Subtotal Elevator***					-	
70							
71	***New Landscaping& Parking***						
72	Landscaping 20,713 SF	20,713	sf	33	683,529		
73	Parking - 78 Spaces Total	78	ea	338	26,364		
74	***Subtotal Landscaping & Parking***					**709,893**	
75							
77							
78							
79	**Total Building and Site**				**24,089,894**	**24,089,894**	
80	General Conditions	16	Months	85,000	1,360,000	1,360,000	
81	Insurance				508,998	508,998	
82	Contractor Fee				1,557,534	1,557,534	
83	Bond				275,164	275,164	
84	Tax				138,958	138,958	
85	Contingency @ 7.5%				1,396,527	1,396,527	
86							
87	**Base Budget**				29,327,075	29,327,075	
88							
89							

90 The above budget is based on BBI's interpetation of information provided.
91 The budget only includes the items identified.
92 All items shown as NIC are **not** included in the contract
93 Ground remediationis **not** included in this budget.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

November 22, 2017

Transmitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center Northern Parcel
620 Central Avenue
Alameda, Alameda County 94501
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This will acknowledge receipt of part 2 – financial plan – of Alameda Point Collaborative' s (APC's), applicant, application to acquire the above-referenced property to assist homeless individuals pursuant to Title V of the McKinney Vento Homeless Assistance Act (Title V). APC's financial plan was received via email on November 14, 2017. We have reviewed the information submitted and request the following information for our continued review.

(*Please note that as we continue our review, additional information may be required.)*

- Please provide a timeline for application and award of all funding sources (i.e., CA No Place Like Home grants). If you have already received award/commitments, please include official form of evidence such as an award letter. Do not submit award letters that have already been submitted as part of your application. Be sure to also include an estimated timeline for forming proposed LLC and LP for purposes of utilizing Low-Income Housing Tax Credits and tax-exempt bonds, and all related legal documents. All timelines should be based on timeframes from similar experiences.
- Identify any encumbrances, including use restrictions, that are required for each funding source. Submit draft copies of encumbrance documents for HHS' review (i.e., mortgage, lease). Please be aware that the Federal government will NOT subordinate its interest in the property.
- APC states it will defer a portion of its developer fee during construction of the site, and permanently defer an allocated amount of the developer fee. Please identify and justify the purpose of the developer fee.
- What is APC's contingency plan in the event it does not receive any of the proposed funding sources, specifically the amounts anticipated from LIHTCs and private tax-exempt bonds considering they are the main funding components? What has been APC's past successes utilizing these funding methods at the amounts anticipated?
- Item D(5), on pages 6 and 7 of the financial plan, indicate income "from meal charges of supportive housing tenants, from tenant housekeeping, linen, and van transit service

package", and then for "Internal payments" for these same services. Please differentiate/explain these funding streams. Considering the clients are homeless and will have limited income, what is the likelihood that payments will be collected?

- Please describe income anticipated from "hospitals and referring health care discharge agencies" and Building Futures CES on-site costs."
- How did APC derive transitional housing and "assisted living" rental income? What is room rental charges based on?
- On page 18 of the financial plan, APC states it plans to divide the property into two parcels. Why is it necessary to parcelize the property?

Responses to the above items will be considered as an addendum to part 2 of your application. Please submit your response electronically (PDF) to, rpb@psc.hhs.gov, no later than close of business Wednesday, December 6, 2017. Upon our receipt of the requested information, we will continue with our review.

Should you have any questions, please do not hesitate to contact me by email, Theresa.ritta@psc.hhs.gov, or telephone at 301-443-6672.

Sincerely,

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

December 8, 2017

Transitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center
620 Central Avenue
Alameda, California
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

On August 31, 2017 this Department accepted Alameda Point Collaborative's (APC) initial application for acquisition of the above-referenced property. By email dated October 30, 2017, APC submitted a revised project plan for our consideration. We have reviewed the plan, and subsequent amendments dated November 9th and 16th, and found it to be acceptable.

We continue to review APC's final application, the financial plan component. We will contact you when a determination has been rendered.

Sincerely yours,

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

December 2, 2017

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center
Department of Health and Human Services
Rockville, Maryland 20857

Project: **Alameda Federal Center Northern Parcel 620 Central Avenue Alameda, Alameda County 94501 GSA No.: 9-G-CA-1604-AD**

Responses to HHS Questions regarding Financial Submission

1. **Please provide a timeline for application and award of all funding sources (i.e., CA No Place Like Home grants). If you have already received award/commitments, please include official form of evidence such as an award letter. Do not submit award letters that have already been submitted as part of your application. Be sure to also include an estimated timeline for forming proposed LLC and LP for purposes of utilizing Low-Income Housing Tax Credits and tax-exempt bonds, and all related legal documents. All timelines should be based on timeframes from similar experiences.**

A. Sources of Capital Funding

City of Alameda CDBG	$600,000	Committed
Solar Tax Credit Rebate/Equity	$100,000	Available
Deferred Developer Fee	$100,000	Committed
Permanent Loan	$8,716,098	In Negotiation
total	**$9,516,098**	

Buildings 2A, 2B, 2C and 2D Assisted Living Commitments		
"No Place Like Home" Funding (NPLH)*	$5,250,000	Committed
Deferred Developer Fee	$173,055	Committed
4% Low Income Housing Credits	$15,172,152	Available By State Program
Permanent Loan	$8,070,000	In Negotiation
total	**$28,665,207**	

*The NPLH funds are an Alameda County specific set-aside. The project will be included as part of this set-aside with a very high likelihood of approval since this is non-competitive funding and a priority project for the County.

B. List of Previous Similar Funding Experience

Alameda Point Collaborative (APC) has accomplished successful financing of its many projects. The diverse funding sources include charitable grants, governmental grants and loans, and business loan sources.

The principal sources of funding for the proposed project include tax exempt bonds and low income housing tax credits. California, has sufficient availability of tax exempt bond funding under the State's volume cap. With the proposed use of more than 50% of project costs from private activity bonds, the low income housing tax credits are considered "automatic," as long as sponsors meet the test of bonds funding 50% or more of project costs, tenant income levels, unit rent levels and property physical standards.

Attached is a table presenting APC's prior financing for comparable projects:

APC Financing Accomplishments

Note	Reference	Lender	Original Amount of Note/Mortgage	Origination Date	Interest Rate	Maturity Date
2401 · CDBG Blg92 Note -part 1	650 West Ranger	City of Alameda	40,000.00	3/31/2006	0%	Jan-17
2402 · CDBG Blg 92 Note -part 2	650 West Ranger	City of Alameda	16,320.00	3/31/2006	0%	Apr-21
2403 · CDBG Blg92 Note -part 3	650 West Ranger	City of Alameda	37,180.00	3/31/2006	3%	Dec-22
2404 · NP -CSH	677 West Ranger	CSH	50,000.00	1/12/2011	0%	Jul-15
2405 · CDBG ADA 677WR Note -part 2	677 West Ranger	City of Alameda	28,200.00	6/30/2008	0%	Aug-23
2406 · CDBG ADA 677WR Note -part 1	677 West Ranger	City of Alameda	13,300.00	6/30/2008	3%	Apr-23
2408 · Bank of Alameda LOC	677 West Ranger	Bank Of Marin	150,000.00	6/30/2008	3.75%	Open -LOC
2411 NP-170 CC Rehab	170 Corpus Christi	City of Alameda	198,334.00	6/30/2011	0%	Jun-26
2470 · Alameda HCD (EDI Grant)		Alameda County Community Development Agency	500,000.00	4/1/2001	0%	30-Sep-60

2471 · Alameda HCD Mariposa/Miramar	Miramar/Mariposa	Alameda County Community Development Agency	1,235,986.00	8/1/2005	0%	21-Jan-58
2472 · AHP Loan (Citibank) Mariposa/Miramar	Miramar/Mariposa	Citibank N.A. - Commercial Real Estate	176,000.00	8/1/2005	0%	Aug-20
2473 · Alameda HCD Spirit of Hope I/II	Spirit of Hope I/II	Alameda County Community Development Agency	934,360.00	6/1/2005	0%	21-Jan-57
2474 · CHFA Bridge Spirit of Hope I/II	Spirit of Hope I/II	Mechanics Bank	200,000.00	6/1/2005	0%	Jun-20
2475 · City of Alameda SOH II		City of Alameda	275,000.00	8/1/2000	0%	Jul-59
2476 · City of Alameda SOH I		City of Alameda	368,500.00	8/1/2000	0%	Jul-59
2477 · City of Alameda SOH I/I	Spirit of Hope I/II	City of Alameda	206,500.00	8/1/2000	0%	Jul-59
2478 · County of Alameda UIN Note Pay	Unity Village	Alameda County Community Development Agency	620,000.00	9/1/2005	0%	31-Oct-57
2478 · AHP Unity Village Bank of Alameda Note Pay	Unity Village	Bank of Marin	76,407.00	9/1/2005	0%	Sep-20
2479 - CDBG/SHP/HTF NP	NLG	Alameda County Community Development Agency	1,605,599.00	1/13/2012	0%	Jan-59
2480 - City Home Loan	NLG	City of Alameda	379,000.00	1/13/2012	0%	Jan-59
2592 - NLG Rehab	NLG Rehab	Alameda County Community Development Agency	365,750.00	5/1/2013	3%	Jan-72

C. Timeframes to Complete Applications and Commitments

The anticipated timeline for obtaining final funding commitments is as follows:

December, 2017	HHS approves site control to APC
February, 2018	APC chooses non-profit co-developer/manager for project
February, 2018	HHS/General Services grant ownership to APC
March, 2018	APC establishes limited partnership agreement and California LP-1 filing to establish the Low Income Housing Tax Credit partnership for the permanent supportive housing (assisted living) project component.
March, 2018	APC establishes the limited liability company, with LifeLong Medical Care to own and operate the programs in Building 1 (FQHC portion).
March, 2018	APC receives final zoning/land use clearance from the City
March, 2018	APC receives loan funding conditional commitment
March, 2018	APC receives LIHTC equity funding commitment
April, 2018	APC authorizes renovation/tenant improvements detailed design and construction documents, including design/build with sub-contractors.
June 13, 2018	APC applies to California Tax Credit Allocation Committee and California Debt Limit Allocation Committee for bond allocation and 4% tax credits.
August 22, 2018	APC receives bond allocation authority from Debt Limit Allocation Committee and reservation of 4% tax credits from Tax Credit Allocation Committee.
July, 2018	APC accepts final bond purchase proposal (Bank of Marin and/or other) and authorizes bond counsel to prepare bond indenture, offering statement, trust agreement, deed of trust, promissory note, and bond affordability restrictions. APC also authorizes business counsel to complete long term tenant improvement building lease, with acknowledgement of HHS/federal government reversion restrictions.
July, 2018	APC accepts final LIHTC equity proposal, and authorizes tax counsel to prepare limited partnership agreement.
November 20, 2018	City of Alameda approves issuance of building permits.
November 20, 2018	General contract is ready to execute and start order ready, pending bond closing and funding of construction development account.
December 1, 2018	Within 100 days of August 22, 2018 action, bonds are issued and proceeds paid to development account, limited partnership amendment to admit tax credit partner is executed and initial cash equity is paid into the project development account, and initial reconstruction and renovation activities begin. Memo of land lease, deed of trust, bond regulatory agreement is recorded, with specific acknowledgement of DHS/federal government reversion clause.
December 10, 2018	General contractor start order is issued after insurance and bonding is approved.

2. **Identify any encumbrances, including use restrictions, that are required for each funding source. Submit draft copies of encumbrance documents for HHS' review (i.e., mortgage, lease). Please be aware that the Federal government will NOT subordinate its interest in the property.**

The identified funding sources that need to be recorded as encumbrances on the property would include the following:

Building A Physical Space for FQHC-Associated Components

- Tenant Improvement – Building Lease
- Tenant Improvement Loan Secured by Deed of Trust
- Private Activity Bond Use Restriction (501-c-3)

Buildings 2A, 2B, 2C and 2D Physical Space for Assisted Living

- Tenant Improvement-Building Lease
- Tenant Improvement Loan Secured by Deed of Trust
- Private Activity Bond Low Income Housing Restrictions
- Low Income Housing Tax Credits Extended Use Agreement

Examples of these documents from previous projects of the housing consultant for Alameda Point Collaborative are attached.

3. **APC states it will defer a portion of its developer fee during construction of the site, and permanently defer an allocated amount of the developer fee. Please identify and justify the purpose of the developer fee.**

The developer fee is typical of significant construction or renovation projects. Under Section 42 of the Internal Revenue Code, a "safe harbor" developer fee standard of 5% of acquisition costs and 15% of value-added development costs has been recognized as a reasonable fee for project sponsors (non-profit and for profit) to include in project costs to defray costs of organizing, financing, administering and guaranteeing the development.

APC proposes to share 50% or the developer fee with a highly experienced non-profit developer. APC has committed to lending back its 50% share, up to $1,437,500 during construction and in the permanent period. The present development cost pro forma anticipates deferral of $173,055. The inclusion of the developer fee also permits greater tax credit equity (approximately 42% of the $2,875,000 or nearly $1,207,500 in addition cash equity for the project).

4. **What is APC's contingency plan in the event it does not receive any of the proposed funding sources, specifically the amounts anticipated from LIHTCs and private tax-exempt bonds considering they are the main funding components? What has been APC's past successes utilizing these funding methods at the amounts anticipated?**

APC has been successful in obtaining financing for past projects and will develop the project with a strong and experienced non-profit co-developer. California has not

experienced a shortage of tax exempt, private activity bond authority (this project will need $23,900,000 in bond authority during construction). The 4% low income housing tax credits are "automatically" connected to projects using private activity bonds that meet the requirements of Section 42 for rent levels, income levels, physical design features, and more than 50% of the total project cost is financed with tax exempt bonds.

In the event that private activity bonds are eliminated through current tax reform efforts, the project could alternatively use 9% low income housing tax credits, also known as "competitive" credits or "volume cap" credits. These Low Income Housing Tax Credits are received as 9% of eligible basis per year for 10 years, and come from a competitive allocation of an annual "per capita" amount, within each state. APC will choose a co-developer with strong and demonstrated expertise to increase the likelihood of receiving the Low Income Housing Tax Credits.

5. **Item D(5), on pages 6 and 7 of the financial plan, indicate income "from meal charges of supportive housing tenants, from tenant housekeeping, linen, and van transit "service package", and then for "Internal payments" for these same services. Please differentiate/explain these funding streams. Considering the clients are homeless and will have limited income, what is the likelihood that payments will be collected?**

The proposed operating plan includes affordable tenant rent payments as well as tenant services, including meals and van service, to foster successful independent living for medically fragile, homeless individuals. The majority of residents are eligible for SSI and SSA or other disability payments.

Out of an anticipated monthly SSI income of $890, residents will pay $267 and will not exceed 30 percent of their monthly income. The resident fee for three nutritious meals and snacks are calculated to cover food and labor costs for the program. This budget assumes the following:

- APC anticipates that the monthly fee for meals will be significantly reduced. APC will engage in fundraising initiatives among local charities and congregations to offset costs for food after we gain project approval. APC has been successful in past community fundraising campaigns on behalf of homeless clients.
- Residents will be encouraged to use protected pay as a prevention for collection losses.
- APC has a strong record of collecting rents – APC collects over 90 percent of rents from 120 formerly homeless families living in supportive housing.
- While all of the residents were homeless prior to their stay at the project, they will be supported to attain stability and independent living skills to successfully achieve their goals in the assisted living program. The program will include individualized support/case management as well as independent living skills workshops in money management, recovery/sobriety, and making healthy choices. These independent living skills will foster on-time payment of rents.
- APC anticipates obtaining clothing, personal items and other donated services (such as haircuts) to further enhance the quality of life of residents and reduce their expenses.

6. **Please describe income anticipated from "hospitals and referring health care discharge agencies" and Building Futures CES on-site costs."**

These two sources of operating support for Medical Respite and Coordinated Entry Services (CES) are committed. Please see the submitted letter from Robert Ratner on behalf of the Alameda County Health Care Services Agency and from Abode, Inc. as administrator of CES funding for Building Futures.

The Alameda County Health Care Services Agency, Behavioral Health Department, has committed to fund $500,000 annually toward operating costs of the medical respite program to specifically "reserve" beds for homeless clients with medical and mental health challenges. The County will work with APC to obtain the wider participation of hospitals and managed care to supplement this funding source. Please refer to submitted letters from Alameda Health System, Alameda Alliance and Kaiser Permanente attesting to their interest in reserving medical respite bed nights for homeless patients to safely divert or discharge patients from unnecessary or prolonged hospital stays.

Building Futures, in partnership with Abode Services has received a contract from Everyone Home, the County agency in charge of the CES program to provide CES Services to the Mid-County area which includes Alameda. BFWC will designate a suitable portion of this contract to services provided out of the McKay center..

7. **How did APC derive transitional housing and "assisted living" rental income? What is room rental charges based on?**

The room rental charge for transitional housing residents will not exceed 30 percent of their income, with an estimated daily charge of $8.80. The structure of transitional housing rental income, similar to assisted living, was derived by calculating 30% of anticipated monthly income for participants receiving SSI and similar income maintenance payments.

The transitional housing would be available on a voluntary basis to ease the transition of participants being discharged from the medical respite program who are waiting for permanent housing to become available off-site or for other successful outplacements.

As discussed above, the rents of Assisted Living residents will not exceed 30 percent of their income. The rental income is based on 30 percent of anticipated SSI income.

8. **On page 18 of the financial plan, APC states it plans to divide the property into two parcels. Why is it necessary to parcelize the property?**

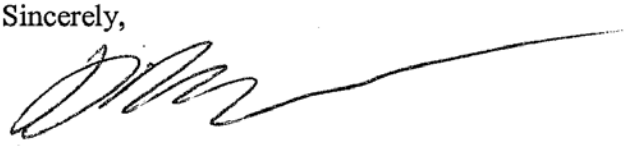
Separating the property into two parcels enables APC to access varied funding resources to create a viable project. For Assisted Living, APC can utilize Low Income Housing Tax Credits and access multi-family residential lenders. For Medical Respite, APC can access commercial lending banks.

The overall project has substantial, essential non-housing program areas, such as the Medical and Behavioral Wellness Clinic, which comprise 42 percent of the total floor area

of the 5 buildings. Low-Income Housing Tax Credits can only be used for residential buildings. Therefore, Building One needs to have its own parcel to enable the proposed project financing.

Please don't hesitate to contact me if you have any questions.

Sincerely,



Doug Biggs
Executive Director
Alameda Point Collaborative

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

December 13, 2017

Transmitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center
620 Central Avenue
Alameda, California
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This is in regards to part II, financial plan, of the Title V McKinney-Vento Homeless Assistance Act application submitted by Alameda Point Collaborative (Applicant). The application was submitted on November 14, 2017 and subsequently amended on December 2, 2017. The Department of Health and Human Services (HHS) has determined that Alameda Point Collaborative's application, is conditionally approved for 3-year lease acquisition, with renewal options not to exceed a period of twenty (20 years). Approval is subject to the Applicant's acknowledgement and acceptance of the following.

HHS determined that the Applicant's financial plan was reasonable as proposed based on current tax law and the Applicant's previous successes financing similar development and rehabilitation projects for permanent supportive housing for the homeless. However, HHS cannot officially approve the financial proposal, within the allotted application review period, without conducting further due diligence to protect the Federal government's interest in the subject property. Therefore, the Applicant shall not enter into any use agreements, partnerships, etc., or property encumbrances, whether or not mentioned in said application and subsequent amendments, without first receiving official written approval from HHS. This will require that the Applicant provide copies of any and all proposed documents that potentially affect title to the property, including, but not limited to, property parcelization, leases and ground leases, partnership and use agreements, encumbrances (i.e., mortgages, liens, grants), etc. to HHS for review, revision (as necessary), and approval.

HHS also recognizes that the Applicant's proposed programs are permitted or conditionally permitted uses within the AP Zoning District; however, the Applicant must petition the City of Alameda to remove the G (government) overlay. The Applicant must provide evidence that the G overlay was officially removed before the property can be conveyed by Quitclaim Deed.

Upon making a showing of the Applicant's ability to obtain the needed funding in line with HHS's requirements and proof of zoning compliance, the Applicant can request that the lease be converted to a Quitclaim Deed. However, should the Applicant fail to obtain all necessary funding or be unable to comply with HHS's requirements, the lease will be immediately cancelled.

Given the Applicant's proposal of major renovation of the subject property and utilization as an "Assisted Living," Medical Respite, and supportive service facility for the homeless, the Applicant must submit an Environmental Assessment (EA), within sixty (60) days of this letter, to assist this Department in completing our environmental review pursuant to the National Environmental Policy Act of 1969. The EA must provide the basis for a determination whether to prepare an Environmental Impact Statement or a Finding of No Significant Impact. The EA must be prepared by a qualified, licensed individual or agency, and in accordance with the requirements set forth in this Department's General Administration Manual at Part 30-50-40 (copy attached).

Upon our satisfactory receipt of the EA, we will advise you accordingly and subsequently request assignment of the property from the United States General Services Administration (GSA). Please note, however, that our approval is not the final authority for the disposition of the property. The ultimate assignment decision is within the authority of GSA. Should we receive an acceptable assignment from GSA, we will execute a lease agreement with Alameda Point Collaborative for the property. A standard lease template is enclosed for your reference; however, please note that other conditions and restrictions may be incorporated.

Please sign and date below, to indicate your understanding, acknowledgement, and acceptance of HHS' requirements/conditions, and have your signature acknowledged by a Notary Public. Return a PDF copy of the fully executed letter to rpb@psc.hhs.gov within the next seven (7) days.

Should you have any questions concerning this letter or anything contained herein, please do not hesitate to contact me by telephone on (202) 823-1348, or by email, Theresa.Ritta@psc.hhs.gov.

Sincerely,

Theresa M. Ritta -A

Digitally signed by Theresa M. Ritta -A
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, 0.9.2342.19200300.100.1.1=20000 03750, cn=Theresa M. Ritta -A
Date: 2017.12.13 11:17:45 -05'00'

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

Enclosures

Accepted By:

_____ Date: 12/27/17

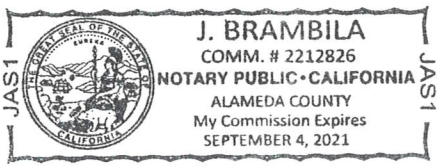
Mr. Doug Biggs
Executive Director, Alameda Point Collaborative

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF Alameda)

Signed and sworn to before me this 27 day of DEC, 2017.

Witness my hand and seal.



Notary Public

My commission expires: September 4, 2021

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

May 25, 2018

Transmitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center
620 Central Avenue
Alameda, California
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This Department has recently received correspondence ("correspondence") from a representative of neighbors of the above-referenced property. The correspondence alleges that APC's application to HHS is not completely accurate. Therefore, this Department requests that APC confirm the accuracy of its application and address the following:

- APC's application states that it operates the decommissioned Alameda Naval Station, serving 500 residents on 34 acres of land and 200 units of housing via a Legally Binding Agreement (LBA) and Standards of Reasonableness with the City of Alameda. The correspondence alleges that APC failed to comply with its representation that the housing would be 6 month transitional housing. The correspondence also suggests that due to ongoing development of low income housing, APC's site control was reduced from 34 acres to 10 acres. Please advise whether APC has failed to comply with the LBA and any related City requirements. Also, explain if, and how, the compliance matter was remedied. Additionally, please advise if any of the property provided to APC was taken back by the City and the cause.
- APC's application states it does not own or lease real estate suitable for the proposed program of utilization; that APC controls 34 acres of land under the above-mentioned LBA. The LBA limits the amount of space allocated for APC's services and APC does not have the capacity to add additional services or clients. The correspondence, on the other hand, suggests there is adequate space on the unused land APC was granted by the City to develop the program in APC's application to HHS. Is APC able under the LBA

to use the Alameda Naval Station property for purposes of the HHS approved program, and if so, is it feasible to do so?

We appreciate your response no later than close of business, Friday, June 8, 2018. Should you have any questions concerning this matter, please feel free to contact me by telephone, (301) 443-6672, or email, Theresa.Ritta@psc.hhs.gov.

Sincerely,

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

Alameda Point Collaborative

June 6, 2018

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center
Department of Health and Human Services
Rockville, Maryland 20857

Re: Alameda Federal Center Northern Parcel
620 Central Avenue
Alameda, Alameda County 94501
GSA No.: 9-G-CA-1604-AD

Dear Ms. Ritta:

Thank you for your letter, dated May 25, 2018, requesting Alameda Point Collaborative's (APC) response to questions for additional information regarding our application for the conveyance of surplus federal facilities on McKay Avenue in Alameda, California for the proposed homeless accommodation project.

APC's application states that it operates the decommissioned Alameda Naval Station, serving 500 residents on 34 acres of land and 200 units of housing via a Legally Binding Agreement (LBA) and Standards of Reasonableness with the City of Alameda. The correspondence alleges that APC failed to comply with its representation that the housing would be 6-month transitional housing. The correspondence also suggests that due to ongoing development of low income housing, APC's site control was reduced from 34 acres to 10 acres. Please advise whether APC has failed to comply with the LBA and any related City requirements. Also, explain if, and how, the compliance matter was remedied. Additionally, please advise if any of the property provided to APC was taken back by the City and the cause.

From the establishment of APC to today, APC has consistently maintained compliance with all LBAs (there are multiple LBAs covering various groups of our housing at Alameda Point) in accordance with the Department of Housing and Urban Development (HUD) requirements, and all agreements and regulatory requirements with the City of Alameda.

As part of the 1993 Base Realignment and Closure Act (BRAC) surplus process, the City of Alameda entered into long-term legally binding agreements with APC. The purpose of the LBAs was to enable APC's reuse of 200 units of former Navy housing for service-enriched housing for formerly homeless residents, spread over 34 acres. At the time that APC was established, one-half of our

677 West Ranger Avenue, California 94501

510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org

housing units were designated for transitional housing and one-half of our housing units were designated for permanent supportive housing. The LBAs specifically identified the permitted uses of the property as "permanent and transitional housing."

In subsequent years, HUD encouraged homeless providers to review their operations and reduce or eliminate transitional housing in order to emphasize rapid rehousing and permanent supportive housing. HUD's rationale identified permanent supportive housing as the preferred intervention for high need homeless individuals and families in order to advance their objective to both stabilize homeless and foster permanent solutions to end their homelessness. HUD's decision to de-emphasize transitional housing as a short-term, middle phase was based on research that demonstrated the effectiveness of permanent supportive housing to solve the problem of homelessness.

APC complied with HUD's mandate for HUD grantees to replace transitional housing with permanent supportive housing to avoid loss of HUD funding and foster sustained client exits from homelessness. In accordance with this policy, APC has subsequently, and in compliance with the LBAs and HUD guidance, converted all units to permanent supportive housing.

APC has entered into multiple LBAs with a term of 59 years. Over the last 19 years, APC has established a successful supportive housing community, recognized for outstanding client outcomes – 96% of our clients maintain permanent housing for at least one year. Many residents are engaged in employment training, counseling programs, and children and youth programs.

The Navy housing facilities granted to APC were not optimal for a supportive housing community. The former naval housing was deteriorating, in need of extensive repairs and challenged by high maintenance costs. The housing units were located on 34 acres, among vacant, dilapidated buildings in a blighted former air naval station environment, spread apart from each other and isolated from any commercial and community facilities.

Beginning eight years ago, APC began working with our supportive housing partner agencies and later MidPen Housing Corporation, a nonprofit development partner, to redesign and rebuild our supportive housing community at Alameda Point. The economics of base redevelopment necessitate that new construction cover the costs of replacing antiquated infrastructure – rebuilding streets, raising the site to meet FEMA guidance and upgrading utilities to current city standards - which require configuring replacement housing on a more compact site. It is more efficient and cost effective to build replacement housing on smaller sized site to meet HUD stabilization goals. A compact site is best practice community design to ensure residents can easily walk and access transit to neighborhood destinations.

On May 15, 2018, the Alameda City Council approved a Development and Disposition Agreement with APC to consolidate the existing 200 supportive housing units and administrative offices to a

more compact 9.7-acre campus. APC, in partnership with MidPen Housing and the supportive housing providers, will own, construct and operate new affordable housing consisting of 267 housing units for the homeless and space for support services. Land formerly leased to APC in excess of the campus area will be released by the City for uses consistent with the Main Street Neighborhood Plan, the adopted land use plans for the area.

APC's returning of leased lands back to the City is part of the agreement needed to fund, finance and develop new replacement supportive housing at Alameda Point. It is important to recognize that the property is not being taken from APC for non-compliance with the LBA. Rather, the more compact site configuration is the most cost-effective and service-based solution to replace the existing deteriorated housing with quality supportive housing in a reasonable time frame. The new housing is a long-term solution to create sustainable supportive housing resources, while addressing the declining physical conditions of the properties.

APC's application states it does not own or lease real estate suitable for the proposed program of utilization; that APC controls 34 acres of land under the above-mentioned LBA. The LBA limits the amount of space allocated for APC's services and APC does not have the capacity to add additional services or clients. The correspondence, on the other hand, suggests there is adequate space on the unused land APC was granted by the City to develop the program in APC's application to HHS. Is APC able under the LBA to use the Alameda Naval Station property for purposes of the HHS approved program, and if so, is it feasible to do so?

No, it is not feasible for APC to use the land at the Alameda Point, the former Naval Air Station, for the purposes of the HHS approved program for the following reasons:

1) There is insufficient housing capacity to locate additional non-market rate housing at Alameda Point. Per the adopted Community Reuse Plan for Alameda Point and the conveyance agreement between the City of Alameda and the U.S. Navy, the total number of housing units permitted at Alameda Point is capped, including the number of permitted supportive housing units. The residential cap applies to all housing types, including market rate, affordable or supportive housing. Market rate development is needed to subsidize the infrastructure costs for supportive housing at Alameda Point.

   There is no additional allocation available for new senior housing and medical respite facilities. The allocation of the units to each of the three supportive housing providers was established as part of the Disposition and Development Agreement and Development agreements approved for the rebuilding of existing supportive housing.

   The permitted amount of supportive housing was increased as part of that multi-party agreement. The City Council approved 267 units of supportive housing for families to replace the current 200 units of supportive housing. The redevelopment project reconfigures the total number of bedrooms to create an additional 67 family units.

These agreements recognize that there will be no further increase in the amount of supportive housing, or reduction in the capacity to build market rate housing.

2) The allocated units of supportive housing fully utilize the permitted residential density for the 9.7 acres of land designated for new supportive housing campus.

3) New development at Alameda Point has to pay their pro-rata share of infrastructure replacement costs to meet FEMA requirements and city standards. Existing streets need to be replaced, sites raised and graded to protect from sea level rise, waste water/sewer/dry utilities and water need to replaced and upgraded. These infrastructure costs are in excess of $1 million per acre. It would be financially infeasible to locate a senior housing and medical respite project at Alameda Point, with these extremely high costs.

4) The specialized needs and facility requirements of aging and medically fragile homeless adults differ from family supportive housing. The proposed project includes a health clinic with staffing that will be focusing on caring for people with significant health needs as well as end-of-life care. The McKay site for the proposed senior housing and medical respite program is closer to amenities and other services, which can be utilized by an aging and frail population.

I hope this information is helpful in making your final determination, and we look forward to moving on to the next phase of the development. The project we have developed is sound, exemplary and responds to a vital need in our County to fill a void in services for the medically frail elderly and homeless adults with complex health conditions. We are ready to move forward to develop the proposed Center.

Please don't hesitate to contact us if you have any questions. Thank you.

Sincerely,

Doug Biggs

Executive Director

677 West Ranger Avenue, Alameda, California 94501
510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Rockville MD 20857

June 13, 2018

Transmitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center
620 Central Avenue
Alameda, California
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This is to acknowledge receipt of an Environmental Assessment (EA), submitted by Alameda Point Collaborative (APC), in accordance with this Department's December 13, 2017 letter relating to your application and subsequent amendments for lease acquisition of the above-referenced property. We have reviewed the EA and found it to be acceptable.

This Department has issued a finding of no significant impact concerning APC's approved use of the property provided APC complies with all applicable Federal, State and local environmental laws, regulations, policies, and standards, as well as, permit and licensing requirements. Further, the approved use of the property may be subject to other governmental requirements and our assessment should not be construed as a determination that the approved program meets those requirements. Use of the property for any other activities beyond those approved in the above-mentioned application and amendments is prohibited unless prior written approval is obtained from this Department. Failure to utilize the property in accordance with the governing legal authorities and your application is cause for administrative action, including cancellation of the lease. Additionally, please note that the other conditions of the above-referenced December 13, 2017 letter are still in effect.

We have requested assignment of the property from the U.S. General Services Administration (GSA). Please note that this Department is not the final authority for the disposition of the property and that the ultimate assignment decision is within the authority of GSA. As soon as we receive the GSA's determination, we will advise.

Should you have any questions concerning this matter, please feel free to contact me by telephone, (301) 443-6672, or email, Theresa.Ritta@psc.hhs.gov.

Sincerely yours,

Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

Alameda Senior Housing and Medical Respite Center

PROJECT SUMMARY

Spring 2018

Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Avenue, Alameda, CA 94501
(510) 898-7800 DBiggs@apcollaborative.org

Bonnie Wolf
Project Director
(510) 206-1225 - bonniewolf@att.net
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PROJECT SUMMARY

The Alameda Point Collaborative (APC) has initiated the development of a Senior Housing and Medical Respite Center (Center) to help alleviate the homeless crisis and address adverse health outcomes among vulnerable populations in Alameda County. These individuals face exposures and trauma, worsening health conditions, premature mortality, and the risk of dying alone on our streets.

The Center will link new housing resources, healthcare, and supportive services for medically vulnerable and aging homeless individuals. The proposed programs will facilitate stabilization, health recovery and permanent exits from homelessness.

Program	# of units/beds	Persons Served
Senior Permanent Supportive Housing	80-90 units	Medically fragile and aging adults experiencing homelessness in Alameda County, who need a safe home to age in dignity and access to healthcare and other services
Medical Respite	50 beds	Individuals experiencing homelessness in Alameda County who are being discharged from hospitals or identified in other medical settings as in need of recuperative care
Resource Center	Drop-in center	City of Alameda residents who are homeless or at-risk for homelessness
Primary Care Clinic	On-site clinical care	Senior Housing residents, Medical Respite patients and Resource Center clients

The nonprofit sponsor is the Alameda Point Collaborative (APC). Established in 1999, APC operates 120 units of permanent supportive housing; children and youth programs; and job training and social enterprises. As of December 2017, the U.S. Department of Health and Human Services (HHS) conditionally approved the conveyance of the 3.6-acre, 79,880 square feet surplus federal property, the former Alameda Federal Center, to APC for the proposed Center. The property is located on McKay Avenue in a serene environment, optimal for health recovery, just yards from the San Francisco Bay and the East Bay Regional Park District's Crowne Memorial State Beach in Alameda, California.

The scope of the project includes: 1) the renovation and conversion of four well-maintained WWII-era buildings for senior housing and 2) new construction of a two-story health and wellness facility that will house the medical respite program, primary care clinic and resource center.

An Advisory Committee, comprised of healthcare providers, consumers, service providers, public agencies, and local residents and businesses will provide key guidance for Center programs.

BENEFICIAL OUTCOMES

The Center will aim to achieve the following eight project goals:

Goal 1	Senior Permanent Supportive Housing will house 80-90 aging homeless aging adults at one time, enabling them to "age in place" in a dignified, service-enriched community environment.
Goal 2	Medical Respite will serve about 274 homeless persons annually with an average length of stay of 60 days. The program will serve homeless patients with complex health conditions transitioning from safety-net hospitals and other referring agencies.
Goal 3	The Resource Center will provide drop-in services and housing advocacy for about 100 Alameda residents annually who are experiencing homelessness or at-risk for homelessness.
Goal 4	Improve health outcomes of homeless patients as well as realize healthcare cost savings and efficiencies, by reducing unnecessary utilization of emergency services, hospital re-admissions, and long-term care placements.
Goal 5	Increase the quality of life as well as life expectancy of Senior Permanent Supportive Housing residents.
Goal 6	Provide safe and stable setting to resolve acute conditions and stabilize chronic conditions for complex patients experiencing homelessness.
Goal 7	Improve collaboration between health, government and nonprofit partners to contribute to improved health and housing outcomes for aging and medically vulnerable homeless individuals.
Goal 8	Expand resources for vulnerable residents in the City of Alameda and Alameda County as well as attain cost savings across multiple systems (police, ambulance, mental health, hospital and long-term care).

CENTER PROGRAMS

MEDICAL RESPITE

The 50-bed Medical Respite Program will provide 24/7 acute and post-acute medical care and supportive services in a short-term residential setting. Patients will be homeless individuals who are too ill or frail to manage or recover from illness, injury or surgery on the streets or in emergency shelters, but for whom hospitalization is not a medical necessity. Client referrals will be coordinated with East Bay safety-net hospitals, managed care plans, skilled nursing facilities, and other referring agencies to facilitate transfer

of care. Without safe, clean and medically-enriched residential care, these individuals are at risk for adverse health outcomes, complications, re-hospitalizations and premature death.

Medical Respite services will include:

- On-site FQHC clinicians will provide: urgent care, follow-up care for acute and chronic conditions, behavioral health care, wound care, medication management, health education;
- Trauma-informed case management to promote stabilization, foster engagement with trustworthy providers, and link clients to mental health, substance abuse services and specialty health care;
- Three nutritious meals daily, clean clothes, and laundry assistance; and
- Aftercare planning that emphasizes safe and suitable housing placements and linkages to primary health home.

Research has demonstrated that Medical Respite has achieved notable cost savings for health systems by reducing preventable hospital readmissions and hospital inpatient days, decreasing emergency department use, and providing appropriate and lower cost ambulatory services.

SENIOR PERMANENT SUPPORTIVE HOUSING

The 80-90 units of Senior Permanent Supportive Housing (PSH) will enable medically vulnerable and homeless adults 55 years and older in Alameda County to live with autonomy, dignity and independence. By becoming stably housed, residents will gain the foundation to stabilize physical and behavioral health conditions, address complex trauma and social determinants of health, and receive palliative or end-of-life care when appropriate.

Trauma-informed services will address medical, behavioral health, and psychosocial concerns, including:

- On-site primary medical and behavioral health services;
- In-home assistance with activities of daily living, such as bathing or dressing;
- Elder services to address geriatric conditions (cognitive, functional and mobility impairments);
- Peer recovery groups;
- Social and community-building activities;
- Palliative care; and
- Care coordination and transportation to specialty appointments and community-based resources.

PSH has been proven to promote both housing stability and health recovery for homeless people with complex challenges. In addition, PSH has been shown to reduce overall public and health costs, particularly for residents who are both homeless and frequent users of health services.

MEDICAL CLINIC

The Center will operate an on-site Federally Qualified Health Center (FQHC) with the following services:

- Primary and urgent care including medical and mental health services for clients with complex and chronic health conditions;
- Counseling for substance use recovery, Medication Assisted Treatment for opioid use and recovery groups;
- Specialty health care, such as nutrition, podiatry and wound care;
- Complementary medicine to promote healing, reduce pain and alleviate stress and behavioral health symptoms (e.g. acupuncture);
- Health education services; and
- Referrals and care coordination with specialists, hospitals, treatment programs, as well as appropriate community-based organizations.

The FQHC will be staffed by primary care providers, a psychiatrist, a registered nurse, licensed clinical social workers, and case managers to provide extensive clinical care for residents.

RESOURCE CENTER

The Resource Center will provide a safe and welcoming drop-in space for City of Alameda residents who are experiencing homelessness or are at high risk for homelessness. Essential emergency supplies will be available, such as blankets and food. The Resource Center will provide no-barrier case management and peer advocacy. The Resource Center will also provide extensive housing placement services to enable clients to access safe and suitable housing resources.

SUMMARY

The Alameda Senior Housing and Medical Respite Center provides a unique partnership opportunity for health care and housing providers to provide vitally needed resources for our most vulnerable populations. The Center will have a special focus of providing housing resources, healthcare, and intensive services for aging as well as medically fragile homeless adults. The proposed Center will enable homeless individuals to attain health recovery, gain housing stability, receive end-of-life care, and rebuild their lives in a supportive community environment.