Alameda Medical Respite and Wellness Center

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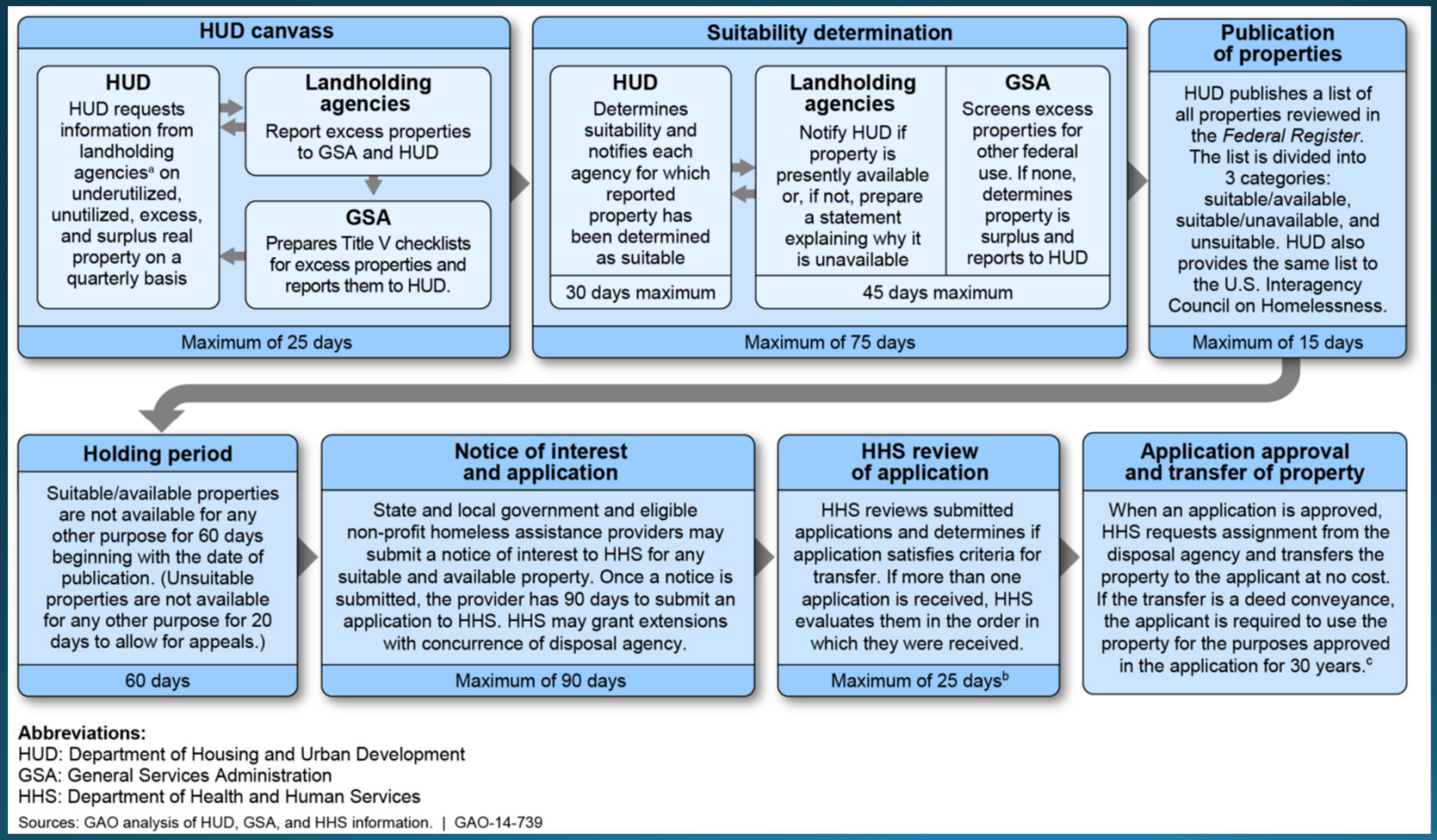
McKinney Vento Title V Process



Abbreviations:
HUD: Department of Housing and Urban Development
GSA: General Services Administration
HHS: Department of Health and Human Services

Sources: GAO analysis of HUD, GSA, and HHS information. | GAO-14-739

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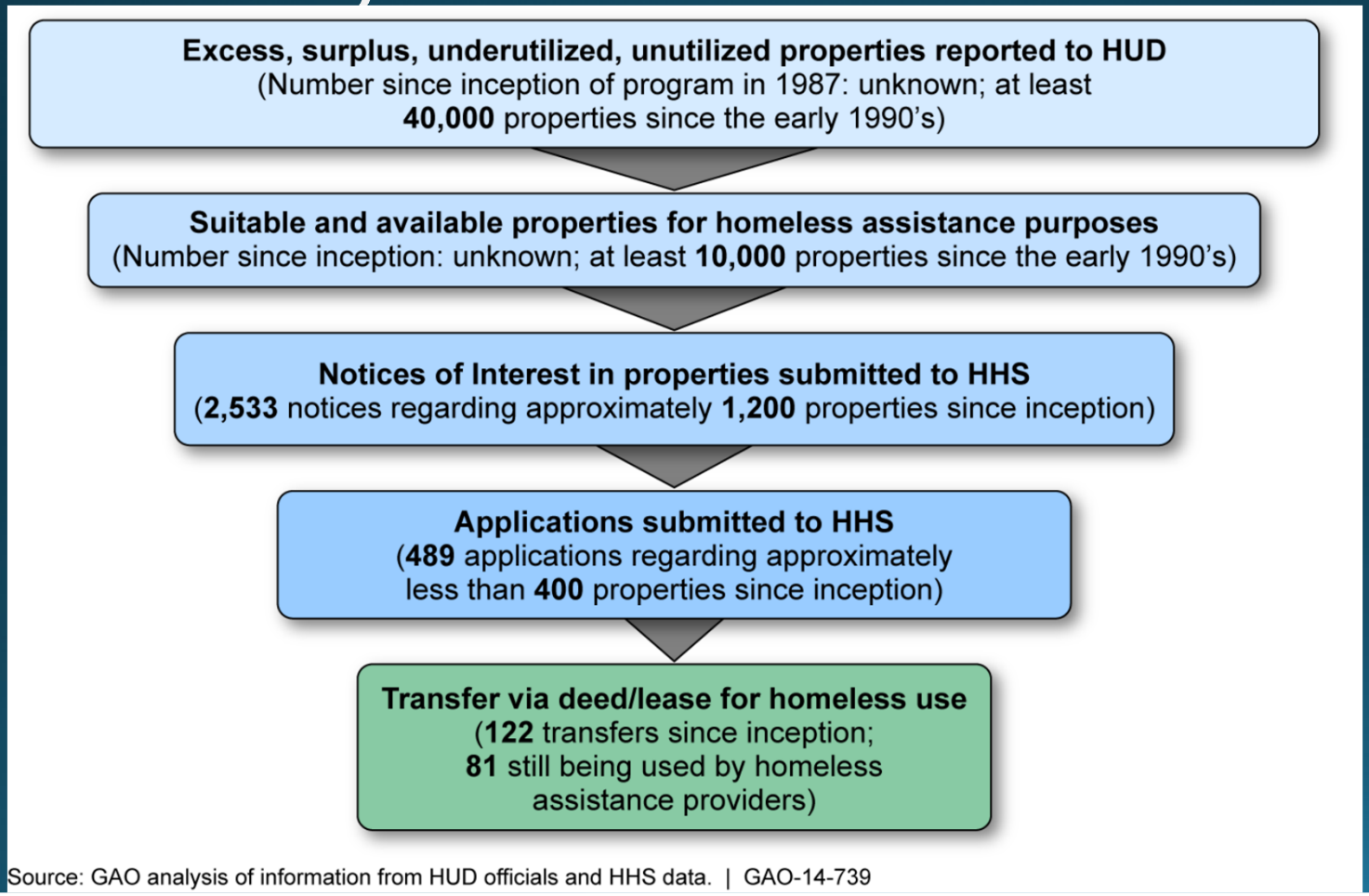

Source: GAO analysis of information from HUD officials and HHS data. | GAO-14-739

Why McKay

- Why this site?
  - ✓Made Available by Feds
  - ✓Qualified service providers determined it was an excellent site for services focused on homeless with medical needs and frail seniors
  - ✓Financial and planning consultants determined the site was viable

Why Not "over there"

- ✓No other suitable local or regional federal site is being or has been surplused – including any additional property at Alameda Point
- ✓Locating on APC property would displace existing residents (APC only controls 4.5 acres)
- ✓Cost of purchasing and upgrading any other land(over $1 million per acre would make the project economically unviable
- ✓Contributed value of the property is important match and leverage for other funding

Current Status

- Assumed Lease in September 2018
- Established Steering Committee to move project forward
- Paying $11-15,000 per month in holding costs (security, insurance, utilities, maintenance)
- $1 million received from Alameda County, Anthem Blue Shield, and Sutter for early planning, program development and holding costs
- $7 million A-1 Bond funds approved for senior housing component
- Other potential funders (including Kaiser, other county funds, and other Medical Organizations) interested in program development but no consideration or commitment of funding until after April 10th

Scope of the Project

Center Program	Units/Service	Characteristics of Homeless Persons Served
Senior Permanent Supportive Housing	80-90 beds	Alameda County residents ages 55+ with complex health conditions 10-20% will be from Alameda
Medical Respite	50 beds	Alameda County residents ages 18+ upon discharge from East Bay hospitals or identified as in need of recuperative care 10-20% will be from Alameda
Primary Care Clinic	On-site clinical services	Medical Respite patients, Senior Housing residents
Resource Center	Drop-in center	City of Alameda residents who are homeless or at-risk of homelessness 100% will be from Alameda

Senior Permanent Supportive Housing

90 beds for Medically Vulnerable and Homeless Elders with Enriched Supportive Services

- Supportive and Elder Services
- Recovery and wellness programs
- On-site health care
- Assistance with personal care – activities of daily living
- Palliative/end-of-life care
- Central dining and activities, kitchenette in unit
- Referred and qualified in – no walk-ins


Neptune Plaza
3.65-acre Wellness Center
Crab Cove
Crab Cove Visitor Center
3.899-acre Property purchased and developed by EBRPD using WW

Senior Permanent Supportive Housing

A study of homeless older adults aged fifty years and older in Oakland, found that almost half of the participants became homeless after age 50 years old. Later-onset homelessness was often precipitated by a major illness, death of a loved one, or loss of employment. Once homeless, these individuals quickly spiral into personal chaos and dramatically worsened health conditions. *Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, Kushel MB (2016) Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study.*

Medical Respite

50 bed Safe and Restorative Environment for Recuperation

- Intake from discharge staff at hospitals and other medical providers, based on likely improvements through respite – no walk-ins
- Service access 24/7
- Medical and behavioral care provided on-site by on-site health center
- Intensive housing placement
- Linkages to primary care health home
- All meals and services on-site

Medical Respite

People experiencing homelessness face high rates of hospitalization and, once in the hospital, excessive length of stays, while hospitals struggle to find a safe discharge plan. Many are forced to discharge homeless people to unsafe conditions before they are ready to be discharged. Medical respite programs have shown to be effective at reducing hospital length of stay and reducing readmissions. Hospitalization often presents a moment of opportunity.

Dr. Margot Kushel, Professor of Medicine, UCSF

Resource Center

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

- Safe, welcoming, non-judgmental environment
- 7-10 clients per day, limited hours, no waiting, no lines
- Resources to keep people housed or quickly rehoused
- Advocacy and case management

Resource Center

To ensure the City remains a welcoming place to all, the City must make sure "Everyone Belongs Here" applies both to those with a roof over their heads in Alameda and those who are not so fortunate. Treating homeless individuals with a basic level of dignity and respect is an important mindset to have, which can lead to further understanding and investment in services to homeless individuals.

Alameda Homelessness Report, Adopted by City Council, March, 2018

The Conversation About Safety

"Sane, empathic, reasonable people try and engage in conversations about difficult topics like safety and security, they are made to feel "anti-homeless" and "unempathic" and leave the discussions feeling unheard with concerns that are not validated. "

It's an Important Conversation

The Approach to Safety

- Incorporate safety into the design
- Lay out clear expectations, standards and rules, and enforce them
- Involve all the stakeholders in setting standards
- Have adequate trained and skilled staff
- Engage the city as partners and to provide oversight

Getting Down To Specifics

- The Wellness Center will not tolerate disruptive or inappropriate behavior and will transfer patients out of medical respite to higher levels of care or other appropriate resources.

- The Wellness Center will have 24/7 Security guards trained in harm reduction and de-escalation.

- The oversight of admission to Medical Respite will be a qualified physician who will serve as the Medical Director of the Respite Center. The Medical Director will have experience and training in working with extremely vulnerable patients.

- The Medical Respite will be a closed program which means that, like a hospital stay, patients will stay at the Center. Patients will be transported by staff to and from the site to specialty medical appointments and other resources.

Getting Down To Specifics

- Case Management and Housing Support staff will coordinate with the County housing for the homeless program to place discharged patients into safe and suitable housing resources in Alameda County. The program will transport patients who leave against medical advice back to their community of origin. Only Alameda residents will be transported back to an Alameda location.

- Patients will be transported by our program, not the hospital, by van or Lyft. If the hospital refers someone who is not appropriate they will be transported back to the hospital.

- If a Senior Housing resident or Medical Respite patient has behavioral or medical issues that cannot be stabilized on the site, they will be transferred to a different level of care.

Getting Down To Specifics

- On a daily basis, the property will be inspected and maintained for the highest quality condition.
- Loitering, lines and tents will not be allowed on the Center property.
- There will be a Neighborhood Advisory Group, Good Neighbor Agreements and a Hotline to meet neighborhood safety needs and goals, monitored by the City. City will be reimbursed for any undue costs of enforcement.

Good Neighbor Agreement

- Began meeting with stakeholders in Spring of 2018
- Developed preliminary agreement on several issues
  - Parking and traffic
  - Staff hiring (qualified, well trained)
- Invited 250 + residents and businesses to meeting
  - Formed oversight committee
  - Will continue work on solutions to address concerns as they are raised

Questions?

(Don’t Forget the Tour!)