

Measure A

Essential Health Care Services Tax Ordinance

Oversight Committee

1st Annual Report

to the Alameda County Board of Supervisors and to the Public
(Review of Fiscal Year 2004/2005 Expenditures)

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MEASURE A OVERSIGHT COMMITTEE MEMBERS

Committee Member

Representing / Nominated By:

Rich Ambrose	City Managers' Association
Adele Amodeo*	Supervisorial District 5
Ken Ballard	League of Women Voters
Louis Chicoine	Supervisorial District 1
Bradley Cleveland	Central Labor Council of Alameda County
Kay Eisenhower	Supervisorial District 4
Jay Garfinkle, M.D.	Alameda Contra Costa Medical Association
Arthur Geen	Alameda County Taxpayers Association
Peter Manoleas, LCSW	City of Berkeley
Neil Marks	Hospital Council of Northern California
Larry J. Platt, M.D.	Alameda County Public Health Commission
Beth Pollard	City Managers' Association
Charlie Ridgell	Central Labor Council of Alameda County
Don Sheppard	Supervisorial District 2
Ron Silva	Supervisorial District 3
Ronald Tauber	Alameda County Mental Health Board
Sal Tedesco	League of Women Voters

*Adele Amodeo's appointment effective beginning January 2007.

EXECUTIVE SUMMARY

In March 2004 Alameda County voters approved Measure A, the Essential Health Care Services Initiative. Measure A authorized the County of Alameda to raise its sales tax by one-half cent in order to "provide for additional financial support for emergency medical, hospital inpatient, outpatient, public health, mental health and substance abuse services to indigent, low-income, and uninsured adults, children, families, seniors and other residents of Alameda County."

One of the provisions of Measure A was the establishment of a Citizen Oversight Committee. The role of the Oversight Committee is to annually review Measure A expenditures for each fiscal year and report to the Board of Supervisors on the conformity of such expenditures to the purposes set forth in the Measure. This is the Measure A Oversight Committee's first annual report and is a review of fiscal year (FY) 04/05 expenditures.

In fiscal year 04/05, Measure A generated a total of \$95,674,783. Seventy-five percent (\$71,756,087) of the total funds were allocated directly to the Alameda County Medical Center (ACMC). The Alameda County Board of Supervisors was responsible for allocating the remaining 25 percent (see Appendix A: Measure A Revenue Received).

Following the passage of Measure A, the Alameda County Board of Supervisors approved 3-year funding allocations totaling \$20 million to the following:

- 1) Alameda County Public Health Prevention Initiative;
- 2) Emergency Room and On-Call Physician Compensation;
- 3) Alameda County Behavioral Health Care Community Based Organization Providers;
- 4) Alameda County Detoxification / Sober Station;
- 5) Primary Care Community Based Organization Primary Care Clinics;
- 6) Private and District Hospitals;
- 7) School-Based Health Centers; and
- 8) Health Insurance Expansion and Board of Supervisors Discretionary Allocation.

In fiscal year 04/05, funding allocations were spent in six of the eight areas listed above. These included the Alameda County public health prevention initiative, emergency room and on-call physician compensation, Alameda County behavioral health care community-based organization providers, primary care community-based organization primary care clinics, private and district hospitals and school-based health centers. Of the \$20 million allocated by the Board, approximately \$14 million was spent in fiscal year 04/05. Of the remaining \$6 million, approximately \$2.9 million was approved to roll into fiscal year 05/06 to be expended in the same manner as originally designated. Of the remaining \$3.1 million, \$2.8 million was designated for building improvements, major equipment purchase and some program expansion in fiscal year 05/06.

Measure A funds were largely used to sustain existing health services. ACMC was able to continue to offer a full continuum of care for the county's indigent and low-income residents. Measure A funds also helped to maintain services at St. Rose and Children's Hospitals. Emergency rooms remained open and adequately staffed to meet the needs of county residents. Six percent of the Alameda County behavioral health care community-based organization provider personnel was restored as a result of Measure A.

Measure A funds also allowed for expansion of some services including those provided by the primary care community-based organization clinics and the school-based health centers in east and south Alameda County. The Alameda County Public Health Department expanded service in the areas of diabetes, dental care for children, school-wide chronic disease prevention campaigns, nutrition, and school nursing in the Oakland Public School District.

The Measure A Oversight Committee determined that funds that were spent in fiscal year 04/05 and reviewed by the Committee were in compliance with the purposes set forth in Measure A.

The Committee found inconsistencies in the way information was reported which did not allow consistent scrutiny of all fund recipients. The Committee will work on refining the review process that encourages greater consistency and detail of reports by all fund recipients.

Other concerns raised by the Oversight Committee include the composition of the Committee, a better understanding of the quality control of County and Health Care Services Agency auditing mechanisms and the process for determining future allocations by the Board of Supervisors.

SECTION 1 – STATE OF HEALTH CARE

Alameda County's Measure A was put before the voters in March 2004 at a time when the state's health care system was in crisis. Publicly supported services in primary care, hospital care, public health and behavioral health were facing sharply increasing costs with inadequate resources. Although Measure A has helped to substantially ease this crisis, there is still much work to be done.

The Alameda County Medical Center (ACMC), the county's network of three public hospitals and three outpatient clinics, faced a \$50 million deficit. In June 2003, ACMC was forced to cut 100 employees and shut two clinics, displacing 15,000 patients, thereby putting a strain on an already strained primary care network in the county. ACMC and the state's other public hospitals were "on the brink of collapse," according to the California Association of Public Hospitals (CAPH).¹ The public health care safety-net confronted shrinking revenue, even as demand for healthcare services by an increasing number of uninsured and underinsured patients continued to grow. CAPH concluded the crisis would worsen as "the unstable patchwork" of federal, state and local funds, on which public hospitals are dependent, continued to shrink:

- The federal government was cutting funding for Medi-Cal, the primary revenue stream for ACMC, as well as community clinics and behavioral health services for the uninsured;
- California was facing a \$30 billion budget shortfall;
- Alameda County had a \$98.4 million deficit in FY 04/05, following a \$112.6 million deficit in FY 03/04.

To cope with the growing health care crisis, CAPH urged policymakers to "maintain current levels of funding . . . and target new funds to the public health care safety net for care of low-income and uninsured Californians."

"We are truly facing a crisis in our community. Nine out of ten kids with substance abuse problems do not receive treatment. Our network of providers in Alameda County is underfunded and understaffed. We need to fortify our fledgling system so we can deliver addiction treatment services to our kids."

**Tom Gerstel
Thunder Road, Fremont
Testimony from Public Hearing 2004**

The year 2003 also saw the publication of a report by the State of California's Little Hoover Commission.² This report found that California, along with other states, was struggling to pursue longstanding priorities with diminished resources, while at the same time grappling with new demands to protect and serve its residents. The public health system, the report noted, is central to this struggle. A strong public health system can reduce injury, illness and death. But California's public health infrastructure was found to be in poor repair. The report concluded, "There is a nexus between traditional public health and the crisis over health care. Effective public health programs can efficiently help to maintain the health of all Californians and reduce the demand on the clinics and emergency rooms."

In response to the crisis in health care, the Alameda County Board of Supervisors, working with health care providers and advocates and community representatives, drafted Measure A. The supervisors voted unanimously in December 2003 to put the initiative on the March 2004 ballot. With two-thirds of county voters approving the measure, the county would increase its sales tax by one-half cent and dedicate these funds "to provide and maintain trauma and emergency medical services throughout Alameda County, and to provide primary, preventative and mental health services to indigent, low-income and uninsured children, families and seniors. . ." The initiative further stipulated that 75 percent of funds generated would be earmarked for ACMC and

¹ "On the Brink: How the Crisis in California's Public Hospitals Threatens Access to Care for Millions;" California Association of Public Hospitals and Health Systems, 2003.

² "To Protect & Prevent: Rebuilding California's Public Health System," Report of the Little Hoover Commission, State of California, April 2003

allocation of the remaining 25 percent of the funds (not specifically designated for ACMC) would be determined by the Alameda County Board of Supervisors.

Throughout the county, voters adopted the measure by over 70 percent. The county began to collect the sales tax revenue in July, 2004. The additional half-cent sales tax generated over \$95 million in its first year, fiscal year 2004/2005 (see Appendix A: Measure A Revenue Received). The Measure thus allowed the level of health services to be maintained for the period that this report addresses, and, in some cases, to be increased and improved all across the county, and the financial condition of ACMC to be stabilized.

SECTION 2 – FUNDING ALLOCATION AND REVIEW PROCESS

Following the passage of Measure A, the Alameda County Board of Supervisors authorized Alameda County Health Care Services Agency (HCSA) to work with Board staff to hold 10 public hearings throughout the county with the express purpose of soliciting recommendations regarding the distribution of the 25 percent allocation not specifically designated for ACMC.

An estimated 800 to 900 attended the public hearings. Upon completion of the hearings, HCSA worked closely with Board staff to draft recommendations regarding the allocation of funds and the authorization needed for implementation. On December 14, 2004, the Board approved three-year funding allocations in eight general categories:

- 1) Alameda County Public Health Prevention Initiative;
- 2) Emergency Room and On-Call Physician Compensation;
- 3) Alameda County Behavioral Health Care Community-Based Organization Providers;
- 4) Alameda County Detoxification / Sober Station;
- 5) Primary Care Community-Based Organization Primary Care Clinics;
- 6) Private and District Hospitals;
- 7) School-Based Health Centers;
- 8) Health Insurance Expansion and Board of Supervisors Discretionary Allocation.

In addition to determining the allocation of funds not specifically designated for ACMC, the Board of Supervisors is responsible for reviewing and approving all Measure A contracts. The board is also charged with the task of establishing the Measure A Oversight Committee and approved the following composition of the Oversight Committee:

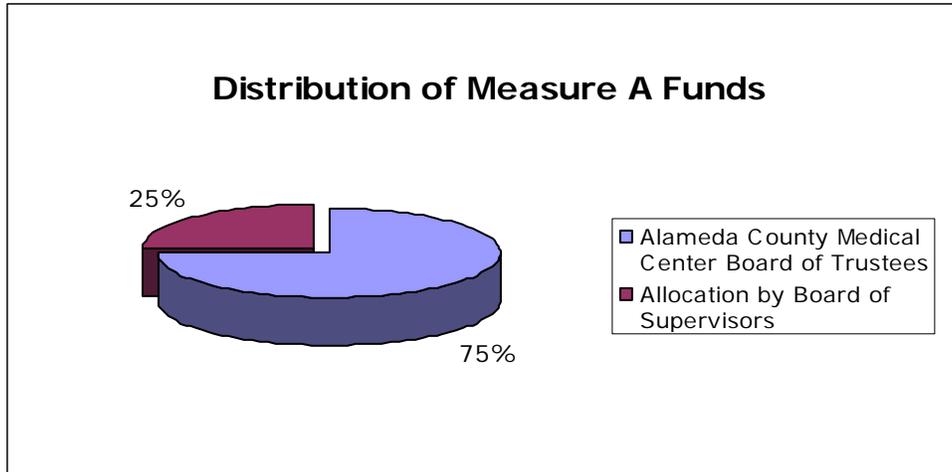
- 2 representatives from the League of Women Voters reflecting both north and south / east county;
- 1 representative from the Alameda County's Taxpayer Association;
- 1 representative from the Alameda County Mental Health Advisory Board;
- 1 representative from the Public Health Advisory Board;
- 2 representatives from SEIU;
- 1 representative from the East Bay Hospital Council Staff;
- 1 representative from the Alameda Contra Costa Medical Association;
- 2 representatives chosen by the City Managers Association;
- 1 representative from the City of Berkeley;
- 1 representative from the Tri-Valley Area;
- 1 representative each from the 5 Supervisory Districts selected by respective Board member; and
- Staff support provided by Health Care Services Agency.

The establishment of the Committee occurred late in 2005. Most members were officially appointed in November 2005 and began meeting in December 2005.

SECTION 3 – HOW THE MONEY WAS SPENT

Seventy-five percent of funds generated by Measure A are allocated to the Alameda County Medical Center (ACMC) Board of Trustees, while the remaining 25 percent is allocated by the Alameda County Board of Supervisors.

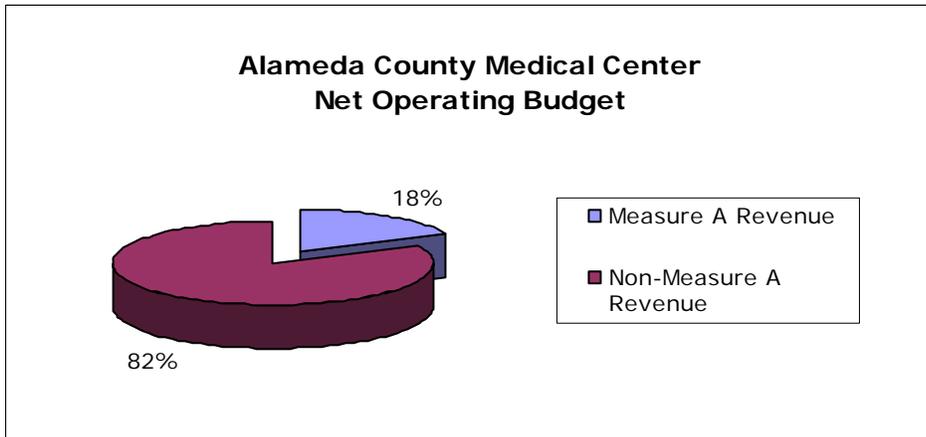
Figure 1



In fiscal year 04/05 Measure A generated \$95,674,783. The following sections provide more detail on the allocation and expenditure of those funds. See Appendix B for the fund distribution by provider or program for the 25 percent allocation by the Board of Supervisors. See Appendix D for maps demonstrating the geographic distribution of providers receiving Measure A Funds.

Review of Fiscal Year (FY) 04/05 Expenditures - Alameda County Medical Center

Figure 2



In fiscal year 04/05, ACMC received a total of \$71,756,087 in Measure A revenue. For fiscal year 04/05, Measure A revenue represented approximately 18 percent of ACMC's net operating revenue budget of \$392,450,000.

FY 04/05 Allocation: \$71,756,087

Amount Expended / Encumbered: \$71,756,087

The Alameda County Medical Center receives 75 percent of all Measure A revenue to support its network of three hospitals—Highland in Oakland, and Fairmont and John George Psychiatric Pavilion in San Leandro—and four satellite clinics — Eastmont Wellness in Oakland, Juvenile Hall in San Leandro, Winton Wellness in Hayward and Newark Health Center in Newark.

Medi-Cal, Medicare and Alameda County reimburse ACMC at a rate that is below its actual costs. Measure A revenue fills ACMC's "funding gap." Unlike these other funding sources, Measure A revenue will increase over time, as sales tax revenue grows, allowing ACMC to better cope with the escalating costs of health care.

ACMC was able to fulfill its mission as the county's primary health safety-net provider, and to continue to offer a full continuum of care for the county's indigent and low-income residents. Relative to hospital services, ACMC accounts for over half of all indigent, uncompensated and charity care provided in the county. These medical services included:

- Primary and specialty outpatient care;
- Inpatient medical, surgical, labor and delivery, rehabilitation and psychiatric care;
- Trauma Center, medical and psychiatric emergency care;
- Imaging, laboratory, pharmacy and other related medical services;
- Medical social work, discharge planning and financial eligibility for public insurance programs;
- Long term care.

The remaining (less than) 50 percent of hospital services for this population are provided by a combination of eight hospitals.

After a decline in inpatient and outpatient services in recent years, ACMC was able to stabilize the volume of services, providing 115,000 inpatient days, and 270,000 clinic visits. In addition, ACMC served about 235 patients per day in its emergency rooms.

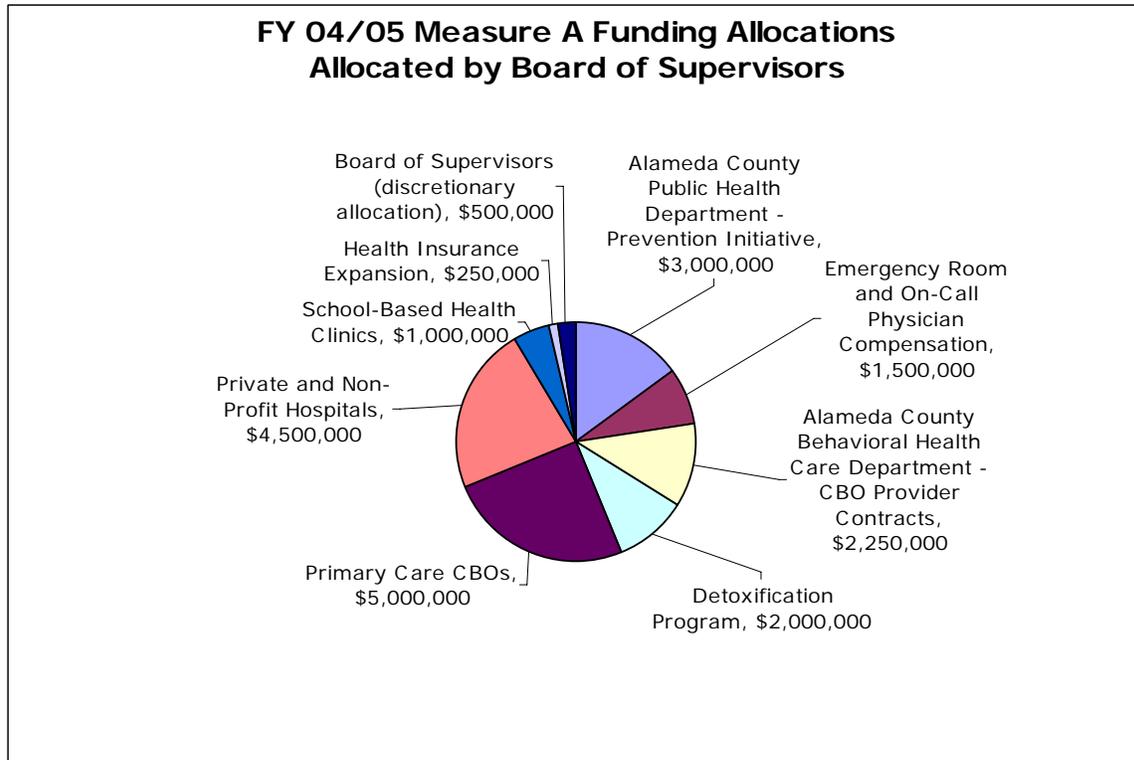
ACMC reports the continuation or expansion of programs including:

- Continued operation of the Critical Care and Clinic Building on the Highland campus;
- Improving the quality of emergency care and expanding access to outpatient services;
- Initiation of perinatology services for mothers facing high-risk births;
- Introduction of rapid HIV testing in the emergency room and a palliative care initiative to address chronic pain management;
- Physician training in internal medicine, general and oral surgery, emergency medicine and primary care;
- Sexual assault and rape crisis programs;
- Injury prevention and substance abuse prevention programs;
- Breast, cervical and prostate cancer programs; and
- Chronic disease management and health education, focusing on diabetes, asthma and congestive heart failure.

Review of Fiscal Year (FY) 04/05 Expenditures - 25% Measure A Funds Allocated by the Alameda County Board of Supervisors

In FY 04/05, the 25 percent of Measure A revenue allocated by the Board of Supervisors was budgeted at \$20 million and allocated as follows:

Figure 3



Due to the timing of the passage of Measure A, the expenditure of most funds did not occur until late in fiscal year 04/05. Approximately \$5.9 million of the budgeted revenue was not spent in that fiscal year. Of the \$5.9 million, \$2.86 million was approved to roll into fiscal year 05/06 Measure A allocations to be expended in the same manner as originally designated (see Figure 4 below). Of the remaining \$3.1 million, approximately \$2.6 million was designated for building improvements and major equipment purchases. The remaining unspent \$.5 million was spent in fiscal year 05/06.

Figure 4

Department	04/05 Allocation	Expended	Encumbered	Unspent – to be reallocated	Unspent – to roll forward
Public Health (PH)					
PH Prevention Initiative	\$3,000,000	\$315,696	\$42,340	\$2,641,964	\$0
ER & On-Call Physician Compensation	\$1,500,000	\$1,350,000	\$0	\$0	\$150,000
Behavioral Health					
CBO Providers	\$2,250,000	\$2,234,675	\$15,325	\$0	\$0
Detoxification / Sober Station	\$2,000,000	\$0	\$0	\$0	\$2,000,000
Admin / Indigent Health					
Primary Care CBOs	\$5,000,000	\$4,522,826	\$477,174	\$0	\$0
Private and Non-profit Hospitals	\$4,500,000	\$4,500,000	\$0	\$0	\$0
School-Based Health Clinics	\$1,000,000	\$541,608	\$0	\$248,393	\$210,000
Health Insurance Expansion	\$250,000	\$0	\$0	\$250,000	\$0
Board of Supervisors					
Districts 1-5	\$500,000	\$0	\$0	\$0	\$500,000
TOTAL	\$20,000,000	\$13,464,805	\$534,839	\$3,140,357	\$2,860,000

(Funds designated as “roll forward” were not spent in fiscal year 04/05 by a specific department / program and were authorized to be rolled into fiscal year 05/06 to be used by the same department / program.)

The Oversight Committee focused its review of expenditures only on those that were actually spent in fiscal year 04/05. In addition to the review of the ACMC, the following departments / programs were reviewed:

- School-Based Health Center Coalition;
- Primary Care Community-Based Organization (CBO) Clinics;
- Private and Non-Profit Hospitals;
- Alameda County Public Health Department – Emergency Room and On-Call Physician Reimbursement;
- Alameda County Public Health Department – Prevention Initiative;
- Alameda County Behavioral Health Care Department –CBO Contract Providers

School-Based Health Center (SBHC) Coalition

“School-based health care is a critical part of the adolescent health care safety net in Alameda County. Beyond the basic services, these programs deliver preventative care and mental health services.”

Cindy Burnett
Alameda County
School-Based Health Center Coalition
Testimony from Public Hearing, 2004

FY 04/05 Measure A Allocation: \$1,000,000
Amount Expended / Encumbered: \$541,608

The mission of the School-Based Health Center Coalition is to improve the health, well-being, and success of adolescents in school by increasing access to comprehensive and high quality health care services, reducing barriers to learning and supporting families and communities through an integrated service delivery model that provides basic medical care, mental health services and health education in a respectful, teen-centered environment.

Measure A funding was

used to help support school-based health centers at the following locations:

SBHC Funding Used for:

- Maintaining existing services for 11 SBHCs;
- Service Expansion to reach Fremont and the Tri-Valley region; and
- Service System Coordination.

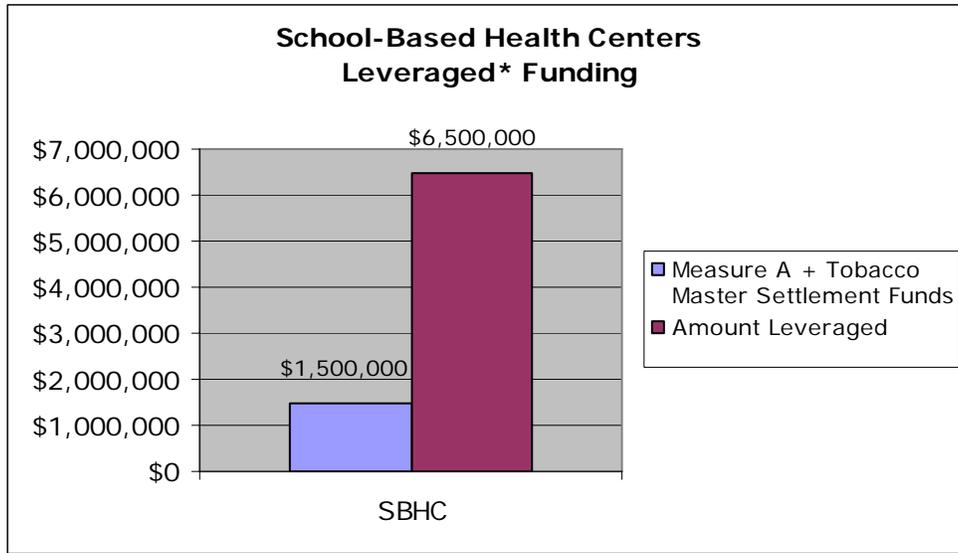
Results Noted:

- Increase in number of SBHC visits by 4%;
- Increase in number of students served by 3%;
- Increase in mental health visits by 43%;
- Use of \$1.5 million in Measure A and Tobacco Master Settlement funds (\$.5 million of which was Measure A funding) to obtain \$6.5 million in total revenue for the SBHC.

School	City
Oakland TechniClinic	Oakland
James Logan Health Center	Union City
Berkeley High Health Center	Berkeley
Tri-High Health Services	Alameda
Fremont High Tiger Clinic	Oakland
San Lorenzo High Health Center	San Lorenzo
Roosevelt Health Center	Oakland
Tennyson Health Center	Hayward
McClymonds Health Center	Oakland
Youth Uprising Health Center	Oakland
Alameda Health Center	Alameda
Encinal Health Center	Alameda

The school-based health clinics in Alameda County achieved a significant increase in their medical, mental health, and health education services by using \$.5 million of Measure A revenue and \$1 million from Tobacco Master Settlement revenue to draw down \$6.5 million in state and federal matching funds. The eleven school health centers in northern and central county region expanded clinic visits by 22 percent and mental health services by 43 percent. The School-Based Health Center Coalition formed a partnership with the City of Fremont and area school districts to promote adolescent health. Working with the cities of Dublin, Livermore and Pleasanton, the coalition established a Youth Planning Board and the Tri-Valley Adolescent Health initiative to assess the health care needs of area youth and enhance services to meet these needs.

Figure 5



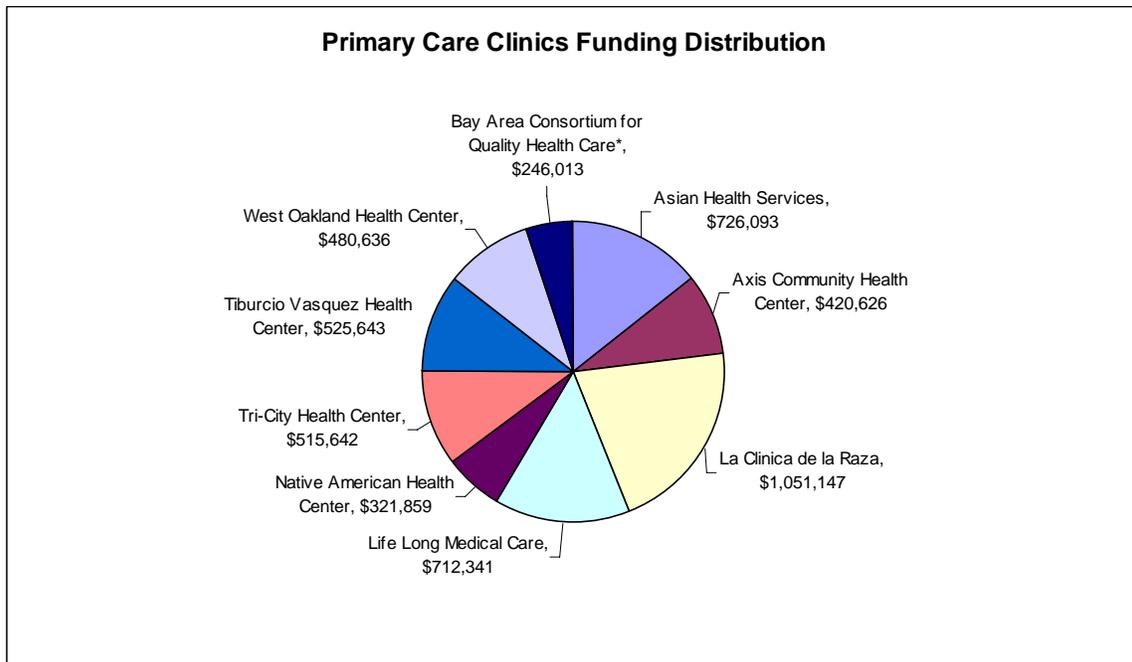
*See page 20 for detailed description of leveraging funds.

Primary Care Community-Based Organization (CBO) Clinics

FY 04/05 Measure A Allocation: \$5,000,000

Amount Expended / Encumbered: \$5,000,000

Figure 6



*Bay Area Consortium for Quality Health Care is not a part of the Alameda Health Consortium. All other clinics listed above are.

Funding Used For:

Alameda Health Consortium Clinics

The Alameda Health Consortium comprises eight community health centers that operate nearly 25 clinic sites in all areas of Alameda County and are an integral part of the health safety-net.

The Alameda Health Consortium distributed its Measure A allocation of \$4,750,000 to its eight-member community clinics in order to maintain and expand access to services to uninsured and indigent county residents. The eight non-profit clinics—Asian Health Services, Axis Community Health, La Clinica de La Raza, LifeLong Medical Care, Native American Health Center, Tiburcio Vasquez Health Center, Tri-City Health Center, and West Oakland Health Council—operate 25 sites that serve 115,000 patients each year, 87 percent of whom are low income. Half of this patient population is uninsured, and 52 percent speak a primary language other than English.

“Twenty-two years ago, as a much younger single parent, I didn’t have medical insurance. Twenty-two years ago I discovered that I had cancer. Today, I stand before you a survivor, a survivor only because I had medical care at a local neighborhood clinic. I’m not asking, I’m begging you, to give the community clinics the funding they desperately need to keep the rest of the people around here alive.”

Yolanda Trianna
Patient at Tiburcio Vasquez Health Center
Testimony from Public Hearing, 2004

The clinics successfully leveraged its Measure A funding to garner additional state, federal and foundation funding. The consortium clinics, which provide primary care, dental care, and mental health services, used Measure A funds to increase patient visits by 22 percent, expand clinic facilities to serve the growing uninsured population and purchase new medical equipment. The clinics’ chronic disease management and health education programs resulted in improved health outcomes for its diabetic and asthmatic patients and fewer hospitalizations.

Alameda Health Consortium Funding used for:

- Maintaining existing services;
- Funding for clinics that had historically been a part of the County’s Medically Indigent Services Plan (CMSP) Network;
- Expansion of primary care services to the uninsured; and
- Investment in the community-based organization (CBO) primary care system and infrastructure in Alameda County.

Results Noted:

- 22% increase in CMSP visits;
- 17% increase in unduplicated patients;
- Clinic expansion;
- New equipment;
- Improved health outcomes.

Bay Area Consortium for Quality Health Care

The mission of the Bay Area Consortium for Quality Health Care, Inc. (BACQHC) is to enhance and sustain the quality of life in communities by working to ensure access to quality health care. BACQHC strives to develop aggressive and coordinated outreach, prevention and primary care services to many of the district’s most vulnerable and least served residents.

The Bay Area Consortium for Quality Health Care, which operates Berkeley Health Center for Women and Men, received \$246,000 in Measure A funds to expand access to health care for uninsured and indigent residents of Berkeley and Oakland. The nonprofit organization also implemented a program to assist patients who experience problems making their scheduled appointments, which resulted in a 50 percent decline in “no-shows.”

Bay Area Consortium for Quality Health Care

Funding Used For:

- Maintain existing services; and
- Service expansion.

Results Noted:

- 6% increase in client visits in the County’s Medically Indigent Services Plan (CMSP);
- 50% decrease in number of no-shows.

Private and Non-Profit Hospitals

FY 04/05 Measure A Allocation: \$4,500,000 split between St. Rose and Children’s Hospital Oakland - \$2,250,000 to St. Rose Hospital, \$2,250,000 to Children’s Hospital Oakland
Amount Expended / Encumbered: \$4,500,000

St. Rose Hospital

St. Rose Hospital in Hayward is an acute, general, not-for-profit, 175-bed facility which serves the needs of southern Alameda County and its vicinity. St. Rose Hospital provides primary and secondary medical/surgical services and skilled nursing care while networking with others to ensure continuity for tertiary care and other needs. St. Rose Hospital serves as a health safety-net provider in which 65 percent of ER services are provided to low-income patients. Its Silva Pediatric Clinic and affiliates serve 15,000 children annually.

St. Rose Hospital used its \$2.25 million in Measure A revenue and \$1.8 million in federal matching funds to expand services for low income residents in its service area. The private, nonprofit hospital increased pediatric visits to the Silva Clinic. The funding also helped St. Rose maintain its emergency department, which treats mostly uninsured and low-income patients and enhanced its cardiovascular services.

St. Rose Hospital

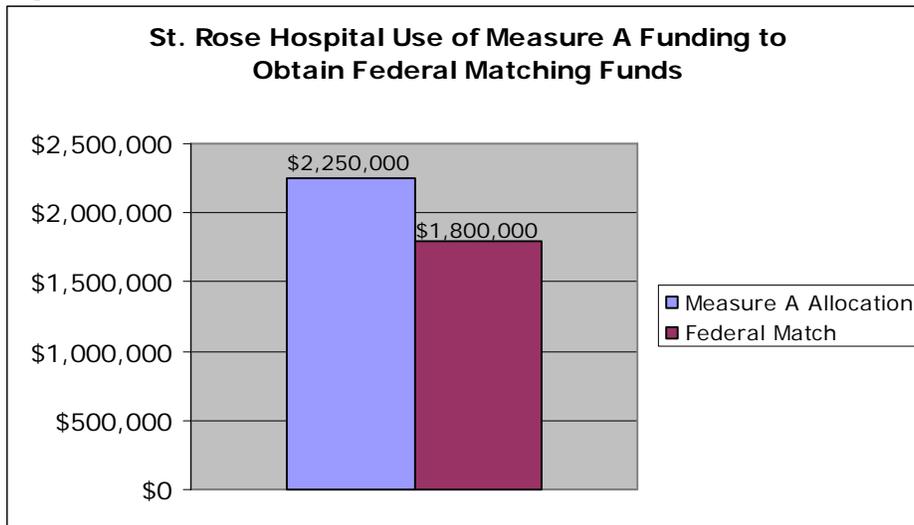
Funding Used For:

- Maintain existing services;
- Service expansion (county-designated cardiac receiving center and expansion of Silva Pediatric Clinic).

Results Noted:

- Measure A allocation used as a “match” to generate additional funds.

Figure 7



Children’s Hospital Oakland

Children’s Hospital Oakland serves as a health safety-net for east Bay children and as a regional pediatric medical center with specialized staff and facilities able to treat rare illnesses and health problems. Children’s provides high quality pediatric care for all children through regional primary and subspecialty networks, its physician teaching program, and its research and child advocacy programs.

Children’s Hospital of Oakland increased the impact of its \$2.25 million in Measure A revenue by obtaining an additional \$1.8 million in federal matching funds to support its medical services. The hospital used these funds to support its regional trauma center and emergency department, which disproportionately serve children from low-income families. It focused on early intervention and treatment of behavioral and developmental problems, while expanding primary

Children’s Hospital Funding Used For:

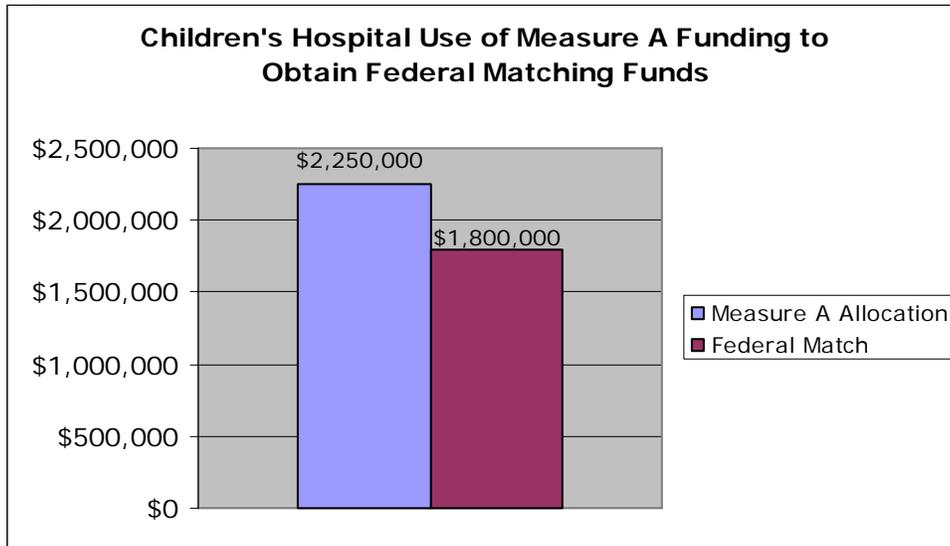
- Maintain existing services;
- Improvement and expansion of patient services;
- Improving the hospital’s bottom line in 2005 from a \$4 million annual loss to a \$1 million gain;
- Expansion of school-based programs.

Results Noted:

- Funding used as “match” to raise at least 50% in additional funds to allow continuation of programs slated for elimination.

and preventive care at its facilities and at its two school-based clinics.

Figure 8



Emergency Room (ER) and On-Call Physician Compensation

FY 04-05 Measure A Allocation: \$1,500,000
Amount Expended / Encumbered: \$1,350,000

The Alameda County Health Care Services Agency spent \$1.35 million to partially compensate physicians working in area emergency rooms who provided care to indigent and uninsured patients. Hospital emergency rooms are required by law to treat all patients needing urgent care, but doctors only receive partial payment, if any, for emergency services rendered to these patients.

Results Noted:
 Measure A funds allowed emergency rooms to remain open and adequately staffed to meet the needs of county residents.

Measure A helps to fill a funding gap created by state and federal policy. Funding for emergency care provided by physicians decreased significantly in 1983 when the California Legislature transferred financial responsibility for providing care to indigent adults from the state to the counties. Payments to private physicians for emergency care for these patients disappeared rapidly. In addition, the state fails to fully reimburse physicians who treat patients with Medi-Cal, the public insurance program available to some low income families.

Alameda County Public Health Department – Prevention Initiative

FY 04-05 Measure A Allocation: \$3,000,000
Amount Expended / Encumbered: \$358,036

The Alameda County Public Health Department consists of an array of programs and services designed to protect the health and safety of Alameda County residents. The backbone of Public Health includes assessments of the health status of residents, disease prevention and control, community mobilization and outreach, policy development, education and assurance of access to quality medical and health care services.

Alameda County Public Health Department
Funding Used For:
 Maintaining existing services and service expansion focusing on:

- Chronic disease and injury prevention;
- Health disparities and community capacity building; and
- Obesity prevention and school health.

The Alameda County Public Health Department worked with its Advisory Board to develop a "Public Health Prevention Initiative " targeting three priority areas:

1. Chronic Disease and Injury Prevention;
2. Health Disparities and Community Capacity Building; and
3. Obesity Prevention and School Health.

The department only spent \$358,036 of its \$3 million allocation because the process of engaging the community and developing these priorities took additional time.

In the area of chronic disease and injury prevention, Project New Start worked with former gang members to reduce youth violence and offer job training. Asthma Start and the Diabetes Program taught patients strategies to manage these chronic diseases. Healthy Kids, Healthy Teeth provided dental services to low income children ages 0-5.

In the area of health disparities and community capacity building, the department worked with neighborhood groups in Oakland, South Hayward and Livermore to identify leaders to promote health initiatives in their communities. For example, the Pipeline Project and Health Career Development Institute provided career development training, counseling, mentoring and paid summer internships in order to increase the number of underrepresented minority health professionals working in Alameda County.

In the areas of obesity prevention and school health, the Healthy Living Councils and School Nursing Partnership worked to promote good nutrition and physical activity and provided health education in the schools.

Alameda County Behavioral Health Care Department – Community Based Organization (CBO) Contract Providers

FY 04-05 Measure A Allocation: \$2,250,000
Amount Expended / Encumbered: \$2,250,000

The mission of the Alameda County Behavioral Health Care Department is to provide a comprehensive network of integrated programs and services for all people with serious psychiatric disabilities, regardless of age, ethnicity, language or geographic location. Funds are used in order to minimize hospitalization, stabilize and manage psychiatric symptoms and help achieve the highest possible level of successful functioning in their community of choice. Funds are also used to provide mental health crisis and recovery services following major disasters, and to improve the quality of prevention, treatment and rehabilitation services in order to reduce illness, death, disability and cost to society resulting from substance abuse.

<p>Funding Used For:</p> <ul style="list-style-type: none"> • Maintain existing services for community-based organizations (CBOs) by restoring 6% of CBO personnel; • Restoration of 60,000 units of service to 2000 clients.
--

The Alameda County Behavioral Health Care Department worked with its network of community-based providers of mental health and substance abuse services to establish priorities for its Measure A allocation of \$2.25 million. The advisory committee set two goals:

1. Restore mental health and substance abuse services that had been eliminated due to budget cuts to 2,000 clients; and
2. Maintain a broad array of community treatment options by funding prevention services that had lost funding.

Based on these priorities, the department allocated funding to over 80 nonprofit and for-profit services providers throughout Alameda County, with \$550,000 going to substance abuse programs and \$1,700,000 going to mental health programs. 70 percent of providers within the Behavioral Health Care Department are community-based organization (CBO) contract providers.

Detoxification / Sober Station Update

In FY 04/05, \$2 million was allocated for detoxification services. While none of the allocated funds were spent in the first fiscal year, the social model residential detox facility is scheduled to open in June 2007. A social model is characterized by 24-hour supervision, observation and support service in a residential setting provided by trained staff. This model emphasizes peer and social support with the availability of medical assistance, but not onsite. The Alameda County Board of Supervisors authorized the rollover of unspent funds allocated for the detoxification / sober station to support the construction of the new facility (see Appendix D: Detoxification / Sober Station Update).

SECTION 4 – HIGHLIGHTS

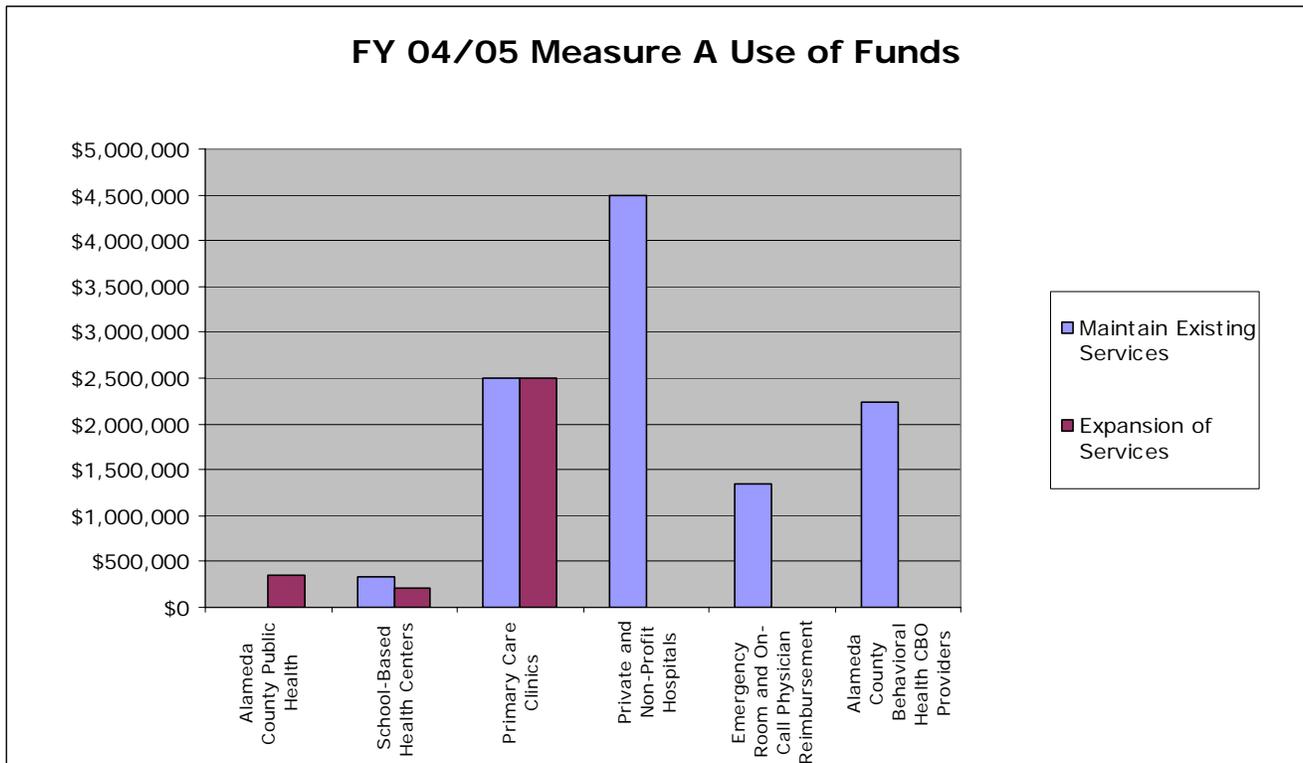
Stabilization and Expansion of Services

Measure A expenditures (not designated for the Alameda County Medical Center) in FY 04/05 totaled approximately \$14 million, of which approximately \$11 million was used to maintain existing services and approximately \$3 million was used for expansion of services:

Figure 9

	Total Expended & Encumbered	Maintaining Existing Services	Expansion of Services
Alameda County Public Health	\$358,036	\$0	\$358,036
School-Based Health Centers	\$541,608	\$333,215	\$208,393
Primary Care Clinics	\$5,000,000	\$2,500,000	\$2,500,000
Private and Non-Profit Hospitals	\$4,500,000	\$4,500,000	\$0
Emergency Room and On-Call Physician Reimbursement	\$1,350,000	\$1,350,000	\$0
Alameda County Behavioral Health CBO Providers	\$2,250,000	\$2,250,000	\$0
TOTAL	\$13,999,644	\$10,820,000	\$3,179,644

Figure 10



Increased Access to Health Services

The school-based health centers and primary care clinics reported an increase in access to health services:

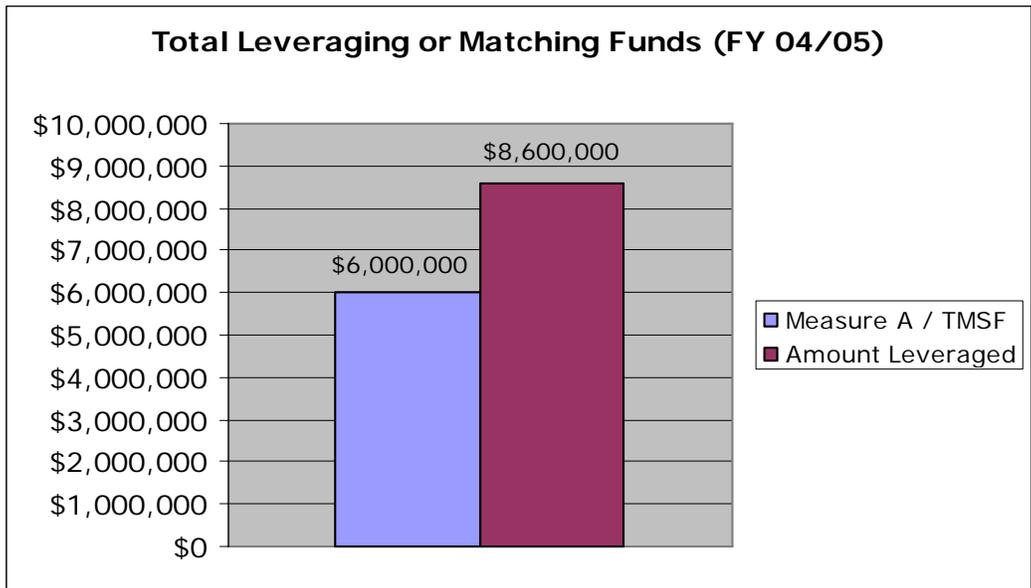
Figure 11

	# of Increased Visits in FY 04/05	# of Additional Patients Seen in FY 04/05
School Based Health Centers	807	167
Primary Care Clinics	12,660	2,045

Additional Funds Generated

Five million dollars in Measure A funds (allocated to the School-Based Health Center Coalition (SBHC), St. Rose Hospital and Children’s Hospital Oakland) and \$1 million in Tobacco Master Settlement Funds (designated for SBHC) generated an additional \$8,600,000 through leveraging or federal matching funds:

Figure 12



St. Rose and Children’s Hospital received Measure A funds as a “DSH” (pronounced “dish”) hospital which means it serves a disproportionate share of low-income, indigent and/or Medi-Cal patients. DSH status is determined annually by the State based on federal criteria. Measure A funds allocated to each hospital were used to generate additional funds through matching. Matching refers to the county's ability to utilize funds to fulfill the State obligation under Medi-Cal to "match" federal funds at a 50/50 ratio. The County/Health Care Services Agency utilized the authority within the State/Federal Hospital Financing Waiver, to transfer \$4.5 million of Measure A funds to the State, which was then utilized to draw down on the federal share and return to the two hospitals via a Medi-Cal contract amendment, at a total guaranteed amount of no less than 150 percent. Both hospitals were able to realize an additional 80 percent of funding.

The School-Based Health Center Coalition (SBHC) was able to generate additional funds through leveraging. When funding is leveraged, the county provides a funding base (usually \$100,000 per SBHC site) that is utilized to establish a clinic foundation based on specific (Federally Qualified Health Center Status and Mental Health Early Periodic Screening, Diagnostic and Treatment) Medi-Cal funding authority, plus school district in-kind and direct funding, to build a full-service program. In this way, a combined initial investment from the county (Tobacco \$1 million plus

Measure A of \$.5 million in FY 04/05) can generate a program commitment four to six times the initial investment (dependent upon percentage of Medi-Cal youth at the school site).

Addressing Health Disparities

“Alameda County has the second highest rate of hospitalization due to asthma in California. And most of these dangerous and costly hospitalizations can be prevented. More troubling, we know that certain ethnic and racial groups suffer disproportionately from asthma and chronic conditions. For example, African Americans are hospitalized due to asthma three to four times more often than their white counterparts and die from the disease four to five times more often.”

Ann Kelsey Lamb
Regional Asthma Management Prevention Initiative
Testimony from Public Hearing, 2004

In addition to assuring access to health care for the county’s indigent, low income and uninsured residents, the county Public Health Department works with health care providers, community agencies, churches, schools, businesses and others to address patterns of illnesses and chronic diseases, known as “health disparities.” For example:

- Low income neighborhoods are often located near freeways, factories and other sources of pollution. As a result families experience a higher than average rate of asthma and other respiratory illnesses;
- There are fewer stores selling fresh fruits and vegetables in these neighborhoods, but plenty of fast food restaurants. There

are fewer opportunities for sports and recreation. As a result, many of these neighborhoods experience a high rate of diabetes, obesity, and heart disease; and

- Substandard housing often suffers from infestation of mice and cockroaches. Leaking roofs cause mold and mildew to develop. Families in these units suffer from asthma at a higher rate than the general public.

While it is important to treat the diseases that result from these environmental factors, the Public Health Department also develops initiatives designed to reduce these health disparities. Other programs funded by Measure A bring together community-based organizations and neighborhood leaders to improve access to healthy food, recreational space and other important health amenities.

Alameda Health Consortium Chronic Disease Management Programs

Similar to the Public Health Department, the Alameda Health Consortium member clinics work to address the county’s racial and ethnic health disparities through innovative clinical programs that provide preventive care and chronic disease management for uninsured and underserved populations. The diabetes and asthma programs have made a significant impact on improving the health status of clinic patients.

Measure A funding allows the community clinics to expand these efforts to address racial and ethnic health disparities, which have resulted in measurable improvements in patients’ health status:

- On average, 90% of AHC clinics’ diabetic patients had one or more sugar blood tests (HbA1C Test) within one year, and 87% of clinic asthmatic patients were on clinically appropriate controller medications, with no significant differences by race/ethnicity or insurance status. These positive outcomes are significantly better than state and national averages;
- Approximately 3,500 clinic diabetes patients are in computerized diabetes registries that track and monitor quality of care and health outcomes of the patients.

SECTION 5 – AREAS OF CONCERN

Reporting Compliance

The Committee hopes to see an improvement in reporting compliance from recipients of Measure A funds so that they more clearly account for how these funds were spent in accordance with the language of the measure. Specifically, the information provided by the private hospitals, Alameda County Medical Center, and the Bay Area Consortium for Quality Health Care did not give as much detail as necessary to verify compliance.

With respect to the county medical center, the committee needed more information to determine whether Measure A's prohibition against "supplantation" of ongoing Alameda County funding provided to ACMC by the new sales tax receipts was being honored. Measure A was very clear that the new tax revenue was not supposed to substitute for ongoing county funding but was supposed to supplement the county contribution to ACMC.

The Committee will work on developing a reporting format that encourages a consistent and detailed report of information by all Measure A recipients, including, where appropriate, a discussion of how health disparities are addressed.

Quality Control of Alameda County Health Care Services Agency Auditing Mechanisms

The Committee would like information regarding Alameda County and Health Care Services Agency's auditing mechanisms with respect to contract monitoring and compliance.

Composition of Committee

The Committee is concerned that the appointed members do not reflect the diversity of Alameda County's population and recommends to the Board of Supervisors to take this into account when the next round of appointments occur.

There is some concern as well that there is a potential for the appearance of conflict of interest with some appointees representing recipients of Measure A Funds.

Future Allocations

The Committee requests of the Board of Supervisors that changes in future allocations of Measure A funds be more transparent to the public and to the affected recipients. In the second year of the distribution of Measure A funds to non-Medical Center providers, a change from the original percentage allocation to a flat dollar allocation occurred approximately six months after the Board's initial motion. This change in policy was not explicitly noted on the Board agenda, nor were affected providers notified. As a result, Measure A tax receipts were carried over from one year to the next. The Committee believes that such changes should be subject to greater public debate.

SECTION 6 – OVERSIGHT COMMITTEE INFORMATION

Organization / Staffing of Committee

The Measure A Oversight Committee currently consists of 17 members representing various entities in Alameda County. Nominating agencies were formally approved by the Alameda County Board of Supervisors in January 2005. Formal appointment of most members occurred in November 2005.

The chair of the Oversight Committee is Dr. Larry J. Platt, representing the Alameda County Public Health Commission. The vice-chair is Mr. Sal Tedesco representing the League of Women Voters.

The Oversight Committee is staffed by Dave Kears, Director of Alameda County Health Care Services Agency; Vana Chavez, Finance Director of Alameda County Health Care Services Agency; and Jennifer Chan, Measure A Financial Manager, Alameda County Health Care Services Agency.

Regular attendees include staff from the offices of the Alameda County Board of Supervisors, the Alameda County Auditor's Office and County Administrator's Office.

Role / Purpose

As stated in the Measure A ballot measure:

The Citizen Oversight Committee shall annually review the expenditure of the Essential Health Care Services Tax Fund for the prior year and shall report to the Board of Supervisors on the conformity of such expenditures of the purposes set forth in Paragraph 2.08.241.

The purposes set forth in Paragraph 2.08.241 are:

- A. *Proceeds from this tax shall be deposited into the County Treasury in a special fund entitled "Essential Health Care Services Tax Fund" (hereinafter, the "Fund").*
- B. *Monies deposited into the Fund, together with any interest that accrues, thereon, shall be used exclusively for emergency medical, hospital inpatient, outpatient, public health and mental health care services to indigent, low-income and uninsured adults, children and families and seniors of Alameda County, as described below in this Paragraph 2.08.241.*
- C. *In each year during the term of this Ordinance, seventy-five percent (75%) of the revenue generated from this tax shall be transferred to the Medical Center to be used in the discretion of the governing board of the Medical Center for current and future obligations of the Alameda County Medical Center (hereinafter, the "ACMC") provided that:*
 1. *Proceeds from this portion of revenue from this tax may not be used to replace the funding currently provided by the County to the ACMC pursuant to the existing indigent care contract between the County and ACMC.*
 2. *If in any year during the term of this Ordinance the County shall be required to reduce budgetary expenditures due to reductions in discretionary revenue, including, but not limited to property taxes, motor vehicle license fees and sales and use taxes, or reductions in health care funding sources, then any resulting reductions in County funding of the ACMC shall be proportionate to reductions in funding of all other health care programs provided by the County. The distribution of revenue from this tax shall not be altered from the allocations set forth in Paragraph 2.08.241C and 2.08.241D due to reductions in County discretionary revenue or for any other reason.*
- D. *In each year during the term of this Ordinance, the remaining twenty-five percent (25%) of revenue from this tax shall be allocated by the Board of Supervisors based on the demonstrated need and the County's commitment to a geographically dispersed network of providers, for any of the following purposes:*
 1. *For critical medical services provided by community-based health care providers*

2. To partially offset uncompensated care costs for emergency care and related hospital admissions.
3. For essential public health, mental health and substance abuse services provided.

Meeting Structure

Due to the late establishment of the Measure A Oversight Committee, the Committee held its first meeting in December 2005. At that time, Measure A was already in its second fiscal year (FY 05/06) of generating funds. Thus the Committee decided to meet monthly in order to complete the review of expenditures for FY 04/05 as quickly as possible.

The first three meetings were preparatory in nature and included an overview of Measure A, an orientation to Alameda County Health Care Services, and overviews of the Brown Act, Conflict of Interest Code and Political Reform Act.

Following the introductory meetings, the Committee decided the most efficient method to review Measure A expenditures was to hear presentations from each major entity that received funding in FY 04/05, beginning from the most straightforward to the most complex:

Month	Presenting Agency
March	School-Based Health Center Coalition
April	Primary Care Clinics
May	Private and District Hospitals and Physician Reimbursement Accounts
June	Alameda County Public Health and Behavioral Health Care Services
July	Alameda County Medical Center

Each agency was given a standard set of questions to address in their presentations:

1. What is your agency's overall budget?
2. What portion of your overall budget is Measure A funding?
3. Please list your program and/or agency objectives.
4. Please provide information on how Measure A funds were allocated.
5. Describe how Measure A funds were used to help meet the program objectives?
6. Please list your key accomplishments in FY 04/05.
7. Discuss challenges in obtaining your objectives. Did any objectives change? If so, what are they and why did they change?
8. How is the impact of Measure A funds measured in achieving your objectives, including expansion and/or maintenance of services?
9. What are your objectives for FY 05/06?

Contact Jennifer Chan, Measure A Financial Manager at (510) 618-2016 or jennifer.chan@acgov.org for copies of presentations.

The Oversight Committee continues to meet monthly. The meetings are public and generally scheduled on the fourth Friday of every month from 9-11:30am at the Alameda County Health Care Services Agency Administration office building (subject to change). Meeting agendas and minutes are posted on the Alameda County website at: <http://www.acgov.org/health/meetings.htm>

SECTION 7 – FOR MORE INFORMATION

For more information regarding Measure A, please visit the Alameda County Health Care Services Agency website at: <http://www.acgov.org/health/meetings.htm>

You may also contact Jennifer Chan, Measure A Financial Manager, at (510) 618-2016 or jennifer.chan@acgov.org.

APPENDIX

Appendix A: Measure A Revenue Received in FY 04/05

Appendix B: FY 04/05 Measure A Fund Distribution by Provider or Program

Appendix C: Detoxification / Sober Station Update

Appendix D: Maps – Geographic Distribution of Providers Receiving Measure A Funds in FY 04/05

**APPENDIX A:
MEASURE A REVENUE RECEIVED IN FY 04/05**

MEASURE A REVENUES RECEIVED TO DATE				
FISCAL YEAR 04/05				
Date Rec'd	Month Earned	ACMC	COUNTY	TOTAL
9/22/04	07/04	5,211,585	1,737,195	6,948,780
10/21/04	08/04	5,142,150	1,714,050	6,856,200
11/19/04	09/04	6,856,200	2,285,400	9,141,600
12/28/04	10/04	5,494,355	1,831,452	7,325,807
01/19/05	11/04	5,437,350	1,812,450	7,249,800
02/17/05	12/04	7,249,800	2,416,600	9,666,400
03/31/05	01/05	6,299,953	2,099,984	8,399,937
04/21/05	02/05	4,291,500	1,430,500	5,722,000
05/18/05	03/05	5,722,050	1,907,350	7,629,400
06/24/05	04/05	8,412,419	2,804,139	11,216,559
07/20/05	05/05	4,988,025	1,662,676	6,650,700
08/19/05	06/05	6,650,700	2,216,900	8,867,600
Interest earned			116,927	116,927
	TOTAL	71,756,087	24,035,623	95,791,710

APPENDIX B:
FY 04/05 MEASURE A FUND DISTRIBUTION BY PROVIDER OR PROGRAM

	FY 04/05 Measure A Allocation	Expended / Encumbered
Public Health Prevention Initiative		
Chronic Disease and Injury Prevention		
Community Designed Initiative	\$125,000	\$0
Injury Prevention and Project New Start	\$116,917	\$2,969
Asthma Start	\$211,542	\$11,738
Diabetes Peer Educators	\$261,404	\$63,671
Healthy Kids, Healthy Teeth	\$147,836	\$57,330
Health Inequities and Capacity Building		
Community Designed Initiative	\$50,000	\$0
Community Capacity Building	\$640,568	\$158,171
IZ Registry	\$197,264	\$0
HIV Prevention	\$82,800	\$0
Community Nursing	\$98,508	\$10,556
Healthy Passages	\$98,465	\$0
Obesity Prevention & School Health		
Community Designed Initiative	\$170,000	\$0
Obesity Prevention Healthy Living Council	\$397,306	\$22,980
School Nursing Partnership	\$177,390	\$30,621
City of Berkeley	\$225,000	\$0
TOTAL	\$3,000,000	\$358,036
ER and On-Call Physician Reimbursement		
*Funds expended based on claims submitted by providers; specific allocations were not made for each provider.	\$1,500,000	
Aguedo A Retodo Jr MD	n/a	\$6,483
Alameda Anesthesia Associates Med Group	n/a	\$16,931
Bay Imaging Consultants Medical Group LLC	n/a	\$17
Bay Surgeons Medical Group	n/a	\$1,118
Berkeley Emergency Med Group Inc	n/a	\$308,768
California Emergency Physicians	n/a	\$307,302
Chabot Nephrology Medical Group Inc	n/a	\$3,037
Clarence A Boyd Jr. MD	n/a	\$8,271
Darrell Hayes MD	n/a	\$8,167
David K Berke MD	n/a	\$156
Desmond Erasmus MD	n/a	\$905
Dewitt Gifford MD	n/a	\$5,641
Drew and Raskin MD Partnership	n/a	\$1,056
Dwight Winniger MD	n/a	\$2,852
East Bay Pulmonary Medical Group	n/a	\$354
Eden Emergency Medical Group Inc	n/a	\$8,833
Elena Patterson MD	n/a	\$1,750
Emergency Med Assoc of Children's	n/a	\$84,349
First Surgical Consultants Medical Group	n/a	\$13,486
Fremont Anesthesia Consultants Med Group	n/a	\$6,066
Fremont Ear, Nose and Throat Medical Group Inc	n/a	\$923
Garfield D Bryant	n/a	\$1,164
Gastroenterology Specialist Med Group	n/a	\$1,579
Gearhart / Araj Surgeons Med Group Inc	n/a	\$2,551
General Vascular Surgery Medical Group	n/a	\$12,047

	FY 04/05 Measure A Allocation	Expended / Encumbered
Jack H Stehr MD	n/a	\$858
James G Bryant	n/a	\$352
Jay Garfinkle MD - A Professional Corp	n/a	\$2,230
Jay James Strain MD	n/a	\$3,804
Jeffrey B Randall MD	n/a	\$9,335
John P Heine MD	n/a	\$116
Kristen Lynn Engle MD	n/a	\$11,800
Louise Hom	n/a	\$115
Michael B Krinsky	n/a	\$405
Myo Thant Maung MD	n/a	\$1,400
Northern CA Trauma Medical Group Inc	n/a	\$21,090
Nuzrat Zaidi MD	n/a	\$1,683
Oakcare Medical Group Inc	n/a	\$279,786
Pediatric Surgical Assoc of the E Bay	n/a	\$4,685
Phoenix Emergency Physicians	n/a	\$79,723
Pleasanton Emergency Medical Group	n/a	\$34,636
R Scott Snyder MD Inc	n/a	\$11,176
R.S. Rajah MD Inc	n/a	\$63
Reveendra Nadaraja MD Inc	n/a	\$79,653
Ricardo E Aguirre MD Inc	n/a	\$45
Sammy T Hung MD Inc	n/a	\$573
Steven Oppenheimer MD	n/a	\$86
Valley Memorial Emergency Medical Group	n/a	\$29
Valleycare Gastroenterology Medical Group Inc	n/a	\$82
Vasiliki Economou	n/a	\$526
William Mills Jr MD	n/a	\$464
Zealous D Wiley, E Michael Darby	n/a	\$1,041
Zulfiqar Ali	n/a	\$436
TOTAL	\$1,500,000	\$1,350,000
Behavioral Health CBO Providers		
Alameda County Network of Mental Health Clients	\$24,557	\$24,557
Ann Martin Children's Center, Inc.	\$9,432	\$9,432
Asian Community Mental Health Services	\$53,279	\$53,279
Asian Community Mental Health Services	\$3,359	\$3,359
Asian Pacific Psychological Services	\$4,216	\$4,216
Axis Community Health, Inc.	\$20,638	\$20,638
BACS-Case Management	\$22,973	\$22,973
BACS-CLC	\$32,830	\$32,830
BACS-Woodroe Place	\$23,807	\$23,807
Berkeley Addiction Treatment Services, Inc. (B.A.T.S.)	\$4,894	\$4,894
Berkeley Place-Casa DeLa Vida	\$24,646	\$24,646
Bi-Bett Corporation	\$32,251	\$32,251
Bonita House - Residential	\$31,074	\$31,074
Bonita House-CLC Full Day Rehab	\$2,431	\$2,431
Bonita House-McKinney	\$943	\$943
Bonita House-non CLC	\$1,792	\$1,792
Bonita House-Service Team	\$17,394	\$17,394
Building Opportunities for Self Sufficiency (B.O.S.S.)	\$1,829	\$1,829
Building Opportunity for Self Sufficiency	\$55,223	\$55,223
Carnales Unidos Reformando Adictos, Inc.-Fremont (C.U.R.A.)	\$9,077	\$9,077
Carnales Unidos Reformando Adictos, Inc.-Oakland (C.U.R.A.)	\$9,076	\$9,076
Center for Independent Living	\$1,907	\$1,907

	FY 04/05 Measure A Allocation	Expended / Encumbered
Change Thru Xanthos, Inc.-Tri-High	\$6,806	\$6,806
Change Thru Xanthos-CEC	\$2,186	\$2,186
Coalition for Alternatives in Mental Health	\$1,255	\$1,255
Community Counseling and Education Center (C.C.E.C.) - Adolescent	\$5,032	\$5,032
Community Counseling and Education Center (C.C.E.C.) - FNL	\$11,191	\$11,191
Community Counseling and Education Center (C.C.E.C.) - Youth	\$5,032	\$5,032
Crisis Support Services	\$25,740	\$25,740
Davis Street Community Center	\$8,941	\$8,941
East Bay Agency for Children-Therapeutic Nursery School	\$52,017	\$52,017
East Bay Asian Youth Center	\$2,490	\$2,490
East Bay Community Recovery Project	\$9,006	\$9,006
East Bay Community Recovery Project-Criminal Justice	\$6,136	\$6,136
East Bay Community Recovery Project-Perinatal	\$25,351	\$25,351
Filipinos for Affirmative Action	\$1,867	\$1,867
Fred Finch Youth Center-School-based Day Treatment	\$17,110	\$17,110
Health and Human Resource Education Center	\$962	\$962
Health and Human Resource Education Center	\$4,166	\$4,166
Horizon Services-Chrysalis	\$34,122	\$34,122
Horizon Services-Cronin House	\$36,877	\$36,877
Horizon Services-Project Eden	\$20,105	\$20,105
Humanistic Alternatives To Addiction, Research, and Treatment, Inc.-Hayward	\$2,565	\$2,565
La Cheim - Alvarado Half Day	\$14,973	\$14,973
La Cheim - Mental Health Services	\$8,949	\$8,949
La Cheim - Oak Part Half Day	\$11,021	\$11,021
La Clinica - Adult Services	\$30,168	\$30,168
La Clinica - Children Services	\$10,655	\$10,655
La Familia - Intensive Day Treatment	\$20,768	\$20,768
La Familia - Outpatient	\$31,150	\$31,150
Latino Commission-Adolescent Treatment	\$40,000	\$40,000
Latino Commission-Centro de Juventud/Primavera	\$5,000	\$5,000
Latino Commission-Si Se Pureed	\$4,999	\$4,999
Lifelong Medical Care	\$3,252	\$3,252
Lincoln Child Center	\$31,463	\$31,463
Magnolia Recovery Program, Inc.	\$4,188	\$4,188
Mental Health Association - Advocacy	\$12,888	\$12,888
Mental Health Association - Advocacy	\$5,597	\$5,597
Mental Health Association - Advocacy and Support	\$4,813	\$4,813
Mental Health Association - Hearings	\$11,224	\$11,224
Mental Health Association - Representation	\$7,143	\$7,143
Native American Health Center	\$2,511	\$2,511
New Bridge Foundation Inc.	\$37,410	\$37,410
Oakland Independent Support Center	\$5,593	\$5,593
Parental Stress-Mental Health Services	\$7,532	\$7,532
Parental Stress-Promotion	\$9,757	\$9,757
Regents of the UC - Center on Deafness - Adults	\$3,211	\$3,211
Regents of the UC - Center on Deafness - Children	\$3,250	\$3,250
RL Geddins Women's Empowerment Network	\$4,765	\$4,765
Second Chance - Perinatal	\$13,538	\$13,538
Second Chance Ashland Center	\$23,477	\$23,477
Second Chance-Hayward ODF	\$21,465	\$21,465
Seneca Center-San Leandro Day Treatment	\$134,772	\$134,772
St. Mary's Recovery Center	\$3,237	\$3,237

	FY 04/05 Measure A Allocation	Expended / Encumbered
STARS - Day Treatment	\$24,959	\$24,959
Supplement Rate Program	\$44,805	\$44,805
Telecare-CHANGES Service Teams	\$26,661	\$26,661
Telecare-Garfield	\$110,989	\$110,989
Telecare-Gladman-Rehab	\$76,587	\$76,587
Telecare-Mort Bakar	\$213,557	\$213,557
Telecare-STAGES	\$12,170	\$12,170
Telecare-STRIDES Service Teams	\$35,436	\$35,436
Telecare-Susal Creek	\$70,686	\$70,686
Telecare-Training	\$6,363	\$6,363
Telecare-Villa Fairmont	\$232,708	\$232,708
The Solid Foundation - Mandela I	\$9,416	\$9,416
The Solid Foundation-Keller House	\$12,679	\$12,679
The Solid Foundation-Mandela II	\$14,512	\$14,512
The Solid Foundation-MFC	\$5,108	\$5,108
The Solid Foundation-Women's Center	\$4,905	\$4,905
Thunder Road - Adolescent	\$10,222	\$10,222
Tri-Valley Community Foundation-Senior Support Program	\$1,792	\$1,792
Urban Indian Health Board	\$3,200	\$3,200
West Oakland Health Center - Children	\$59,877	\$59,877
West Oakland Health Center - Trouble House	\$6,900	\$6,900
West Oakland Health Council, Inc.-Perinatal	\$50,735	\$50,735
Xanthos - ODF Adolescent	\$5,782	\$5,782
Xanthos - ODF Adult	\$5,719	\$5,719
Y.M.C.A.	\$7,846	\$7,846
ZDK, Inc.-The 14th St. Clinic	\$1,032	\$1,032
TOTAL	\$2,250,000	\$2,250,000
Detoxification / Sober Station	\$2,000,000	\$0
Primary Care CBOs		
Asian Health Services	\$726,093	\$726,093
Bay Area Consortium for Quality Health Care	\$246,013	\$246,013
AXIS Community Health Center	\$420,626	\$420,626
La Clinica de la Raza	\$1,051,147	\$1,051,147
Life Long Medical Care	\$712,341	\$712,341
Native American Health Center	\$321,859	\$321,859
Tri-Cities Health Center	\$515,642	\$515,642
Tiburcio Vasquez Health Center	\$525,643	\$525,643
West Oakland Health Center	\$480,636	\$480,636
TOTAL	\$5,000,000	\$5,000,000
Private and District Hospitals		
Children's Hospital Oakland	\$2,250,000	\$2,250,000
St. Rose Hospital	\$2,250,000	\$2,250,000
TOTAL	\$4,500,000	\$4,500,000
School-Based Health Clinics (SBHCs)		
Maintaining Existing Services		
Base Funding for Existing SBHCs	\$220,000	\$194,028
One-Time Only Capacity Building Grants	\$145,100	\$139,187
Service Expansion		
Planning and Base Funding for 2 new SBHCs	\$40,000	\$0
Coordinated School Sites	\$90,000	\$0
Data Needs Assessment and Planning Technical Assistance	\$28,000	\$10,438
One-Time Only Service Expansion Grants	\$138,156	\$133,492
Capital Reserve	\$210,000	\$0

	FY 04/05 Measure A Allocation	Expended / Encumbered
Service System Coordination		
Fund Development	\$13,750	\$0
Program Coordination	\$28,000	\$28,000
Administrative Infrastructure and Support	\$21,667	\$0
One-Time Only Strategic Planning Grants	\$38,155	\$14,044
Professional Development and Training	\$27,172	\$22,419
TOTAL	\$1,000,000	\$541,608
Other		
Health Insurance Expansion	\$250,000	\$0
Board of Supervisors Discretionary Allocation	\$500,000	\$0
TOTAL	\$750,000	\$0
GRAND TOTAL	\$20,000,000	\$14,000,000

APPENDIX C:
DETOXIFICATION / SOBER STATION UPDATE

This 32-bed adult facility, with an average projected stay of three to five days, will be located at a soon-to-be remodeled building on the Fairmont Hospital Campus. The detox program will offer a new and necessary service for the low-income and indigent residents of Alameda County who suffer from the debilitating effects of alcohol and substance abuse and frequently co-occurring mental illnesses.

The companion program, a Sobering Center, where as many as 50 adults will spend an average of four to six hours in a medically monitored environment in which inebriates can allow the effects of chemical intoxicants to abate and to regain their functionality, will open in November 2007. The Sobering Center will be located on the Fairmont Hospital Campus across the street from the Detox facility in a new 7200 square foot building. The development of both of these programs is the result of a now 2+ year collaborative effort between the County, cities, and CBOs. Both programs will be contracted out by Behavioral Health Care Services to CBOs after a Request for Proposal process to begin in February 2007.

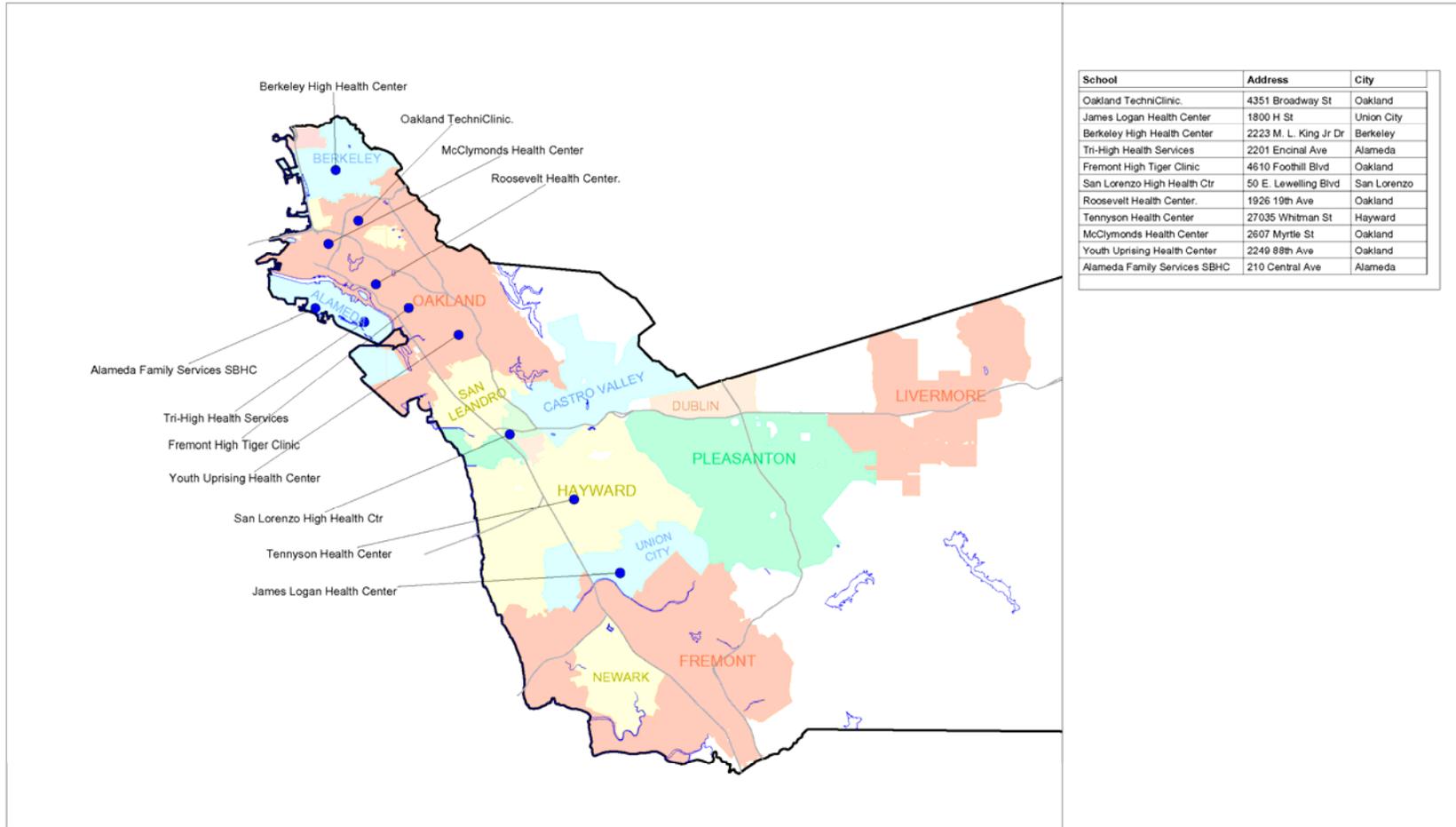
Several transport vans, staffed with an emergency medical team and outreach worker, will pick up individuals and take them to the Sobering Center. The intent of the transport vans will be to provide intervention, medical evaluation, and transportation in a safe and compassionate manner which preserves the dignity of clients. Additionally, these new services will include vans to transport individuals from the Sobering Center to other existing services. These services will include shelters, treatment programs, and returns to the community from which the individual came. The design of the transport van program is well underway with a ramp-up approach to accommodate the logistics of our large county and its 14 cities. This essential component of the Detox-Sobering Project will be coordinated to begin services with the opening of the Sobering Center in November 2007.

APPENDIX D:

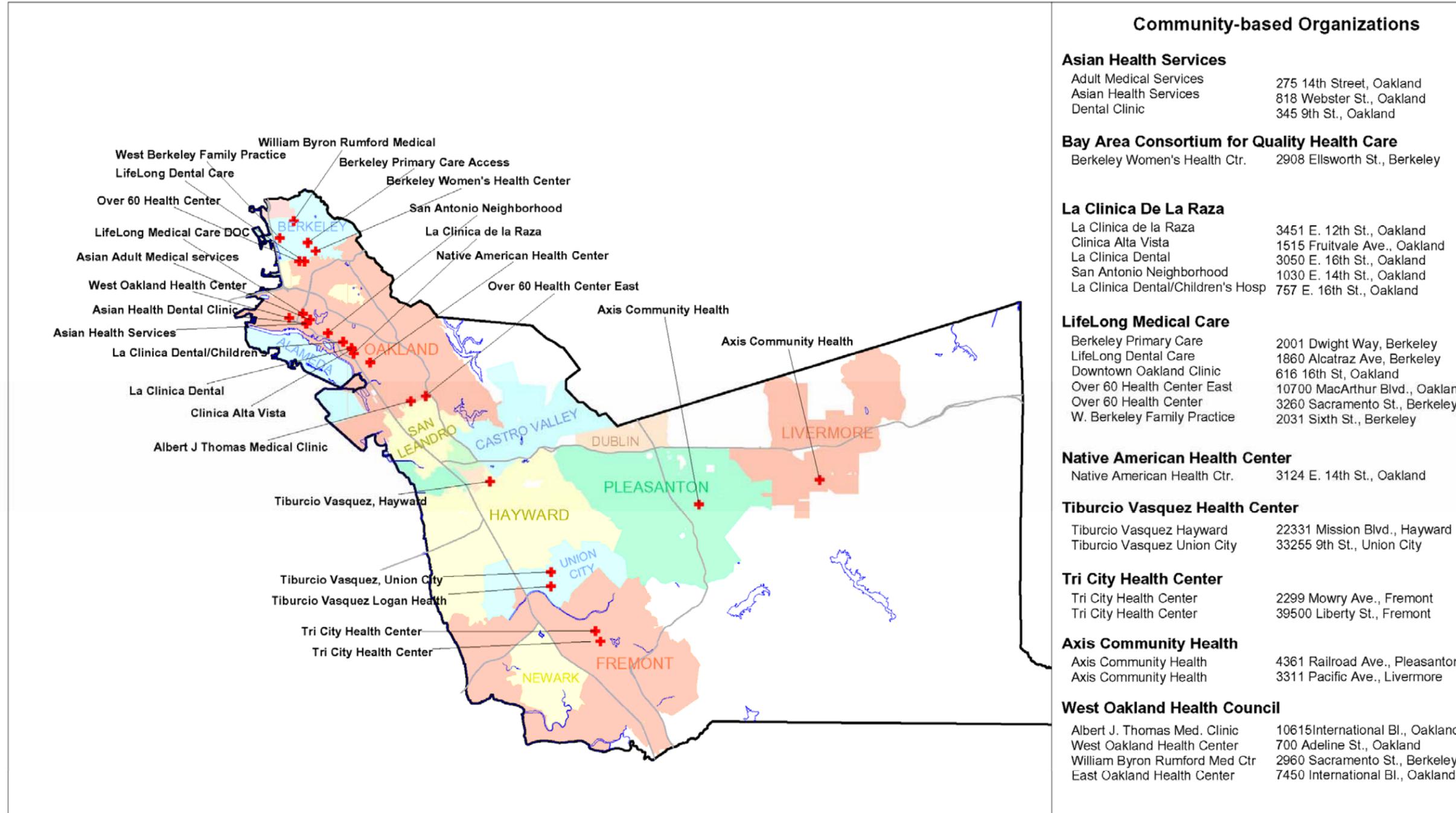
MAPS – GEOGRAPHIC DISTRIBUTION OF PROVIDERS RECEIVING MEASURE A FUNDS IN FY 04/05

- Page 34:** School-Based Health Centers
- Page 35:** Primary Care Community-Based Organization Clinics
- Page 36:** County, Private and/or Non-Profit Hospitals and Alameda County Public Health Department Programs
- Page 37:** Emergency Rooms where ER and/or On-Call Physicians Provided Service
- Page 38:** Alameda County Behavioral Health Department – Alcohol and Drug Treatment Service Providers
- Page 39:** Alameda County Behavioral Health Department – Adult and Children Mental Health Service Providers

ADOLESCENT SCHOOL-BASED HEALTH CENTERS THAT RECEIVED MEASURE A FUNDING IN FISCAL YEAR 04/05



PRIMARY CARE COMMUNITY BASED ORGANIZATION (CBO) CLINICS RECEIVING MEASURE A FUNDING IN FISCAL YEAR 04/05



Community-based Organizations

Asian Health Services
 Adult Medical Services 275 14th Street, Oakland
 Asian Health Services 818 Webster St., Oakland
 Dental Clinic 345 9th St., Oakland

Bay Area Consortium for Quality Health Care
 Berkeley Women's Health Ctr. 2908 Ellsworth St., Berkeley

La Clinica De La Raza
 La Clinica de la Raza 3451 E. 12th St., Oakland
 Clinica Alta Vista 1515 Fruitvale Ave., Oakland
 La Clinica Dental 3050 E. 16th St., Oakland
 San Antonio Neighborhood 1030 E. 14th St., Oakland
 La Clinica Dental/Children's Hosp 757 E. 16th St., Oakland

LifeLong Medical Care
 Berkeley Primary Care 2001 Dwight Way, Berkeley
 LifeLong Dental Care 1860 Alcatraz Ave, Berkeley
 Downtown Oakland Clinic 616 16th St, Oakland
 Over 60 Health Center East 10700 MacArthur Blvd., Oakland
 Over 60 Health Center 3260 Sacramento St., Berkeley
 W. Berkeley Family Practice 2031 Sixth St., Berkeley

Native American Health Center
 Native American Health Ctr. 3124 E. 14th St., Oakland

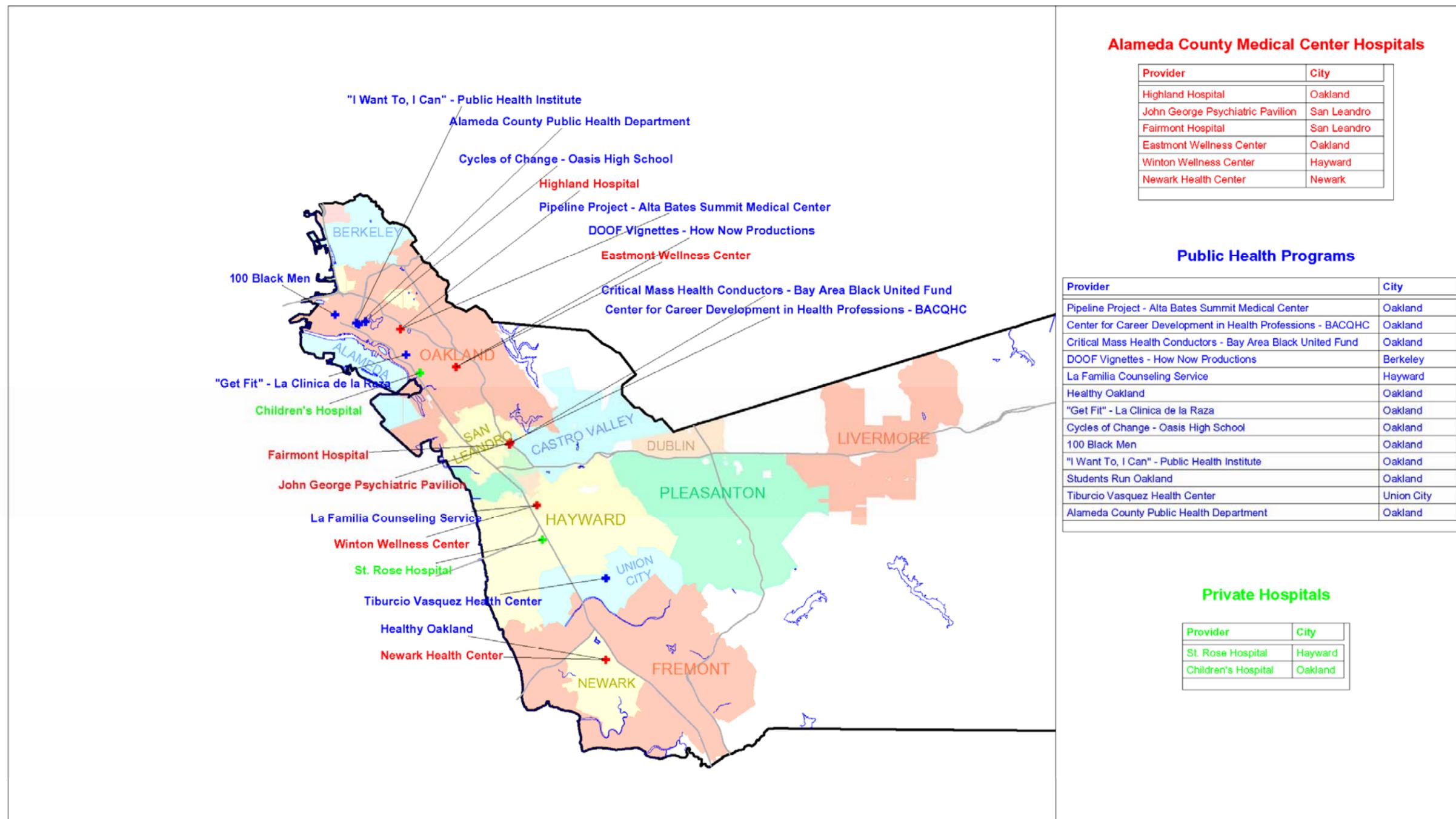
Tiburcio Vasquez Health Center
 Tiburcio Vasquez Hayward 22331 Mission Blvd., Hayward
 Tiburcio Vasquez Union City 33255 9th St., Union City

Tri City Health Center
 Tri City Health Center 2299 Mowry Ave., Fremont
 Tri City Health Center 39500 Liberty St., Fremont

Axis Community Health
 Axis Community Health 4361 Railroad Ave., Pleasanton
 Axis Community Health 3311 Pacific Ave., Livermore

West Oakland Health Council
 Albert J. Thomas Med. Clinic 10615 International Bl., Oakland
 West Oakland Health Center 700 Adeline St., Oakland
 William Byron Rumford Med Ctr 2960 Sacramento St., Berkeley
 East Oakland Health Center 7450 International Bl., Oakland

County, Private and Non-Profit Hospitals and Alameda County Public Health Programs that Received Measure A Funds in FY 04/05



Alameda County Medical Center Hospitals

Provider	City
Highland Hospital	Oakland
John George Psychiatric Pavilion	San Leandro
Fairmont Hospital	San Leandro
Eastmont Wellness Center	Oakland
Winton Wellness Center	Hayward
Newark Health Center	Newark

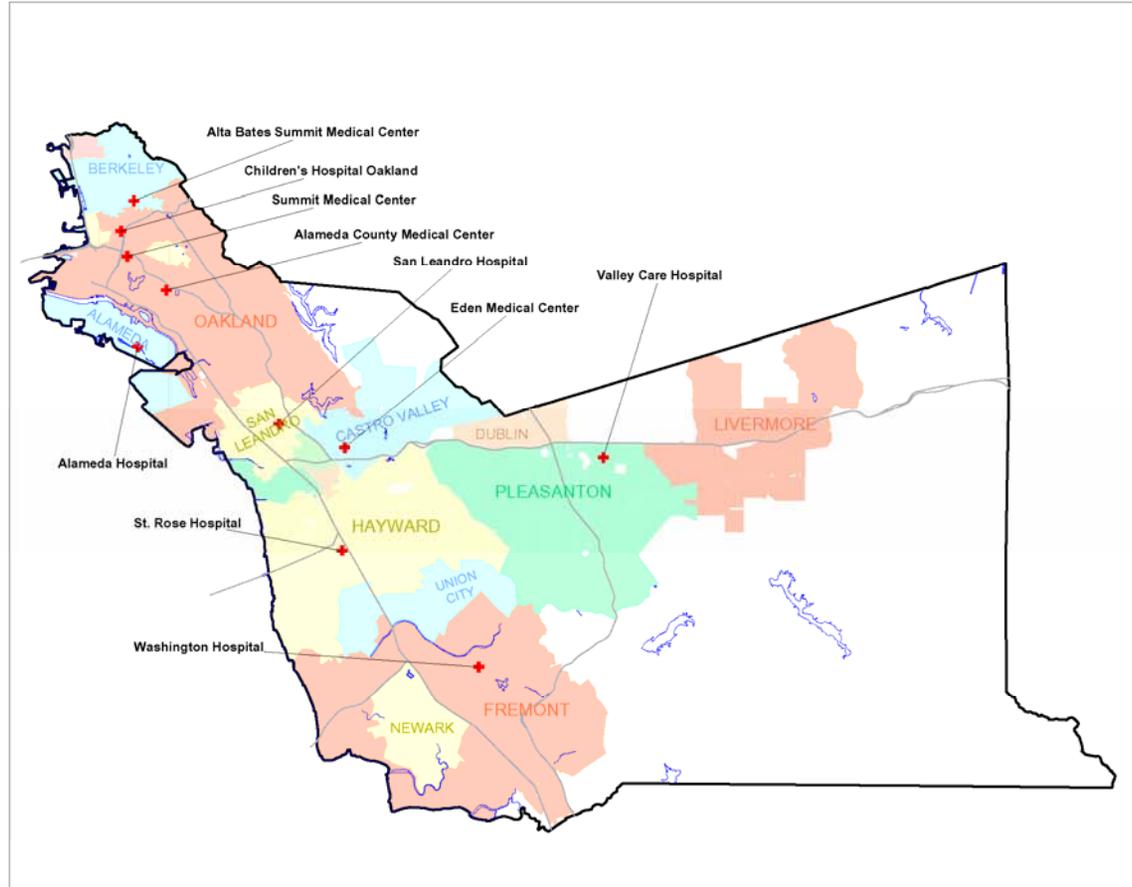
Public Health Programs

Provider	City
Pipeline Project - Alta Bates Summit Medical Center	Oakland
Center for Career Development in Health Professions - BACQHC	Oakland
Critical Mass Health Conductors - Bay Area Black United Fund	Oakland
DOOF Vignettes - How Now Productions	Berkeley
La Familia Counseling Service	Hayward
Healthy Oakland	Oakland
"Get Fit" - La Clinica de la Raza	Oakland
Cycles of Change - Oasis High School	Oakland
100 Black Men	Oakland
"I Want To, I Can" - Public Health Institute	Oakland
Students Run Oakland	Oakland
Tiburcio Vasquez Health Center	Union City
Alameda County Public Health Department	Oakland

Private Hospitals

Provider	City
St. Rose Hospital	Hayward
Children's Hospital	Oakland

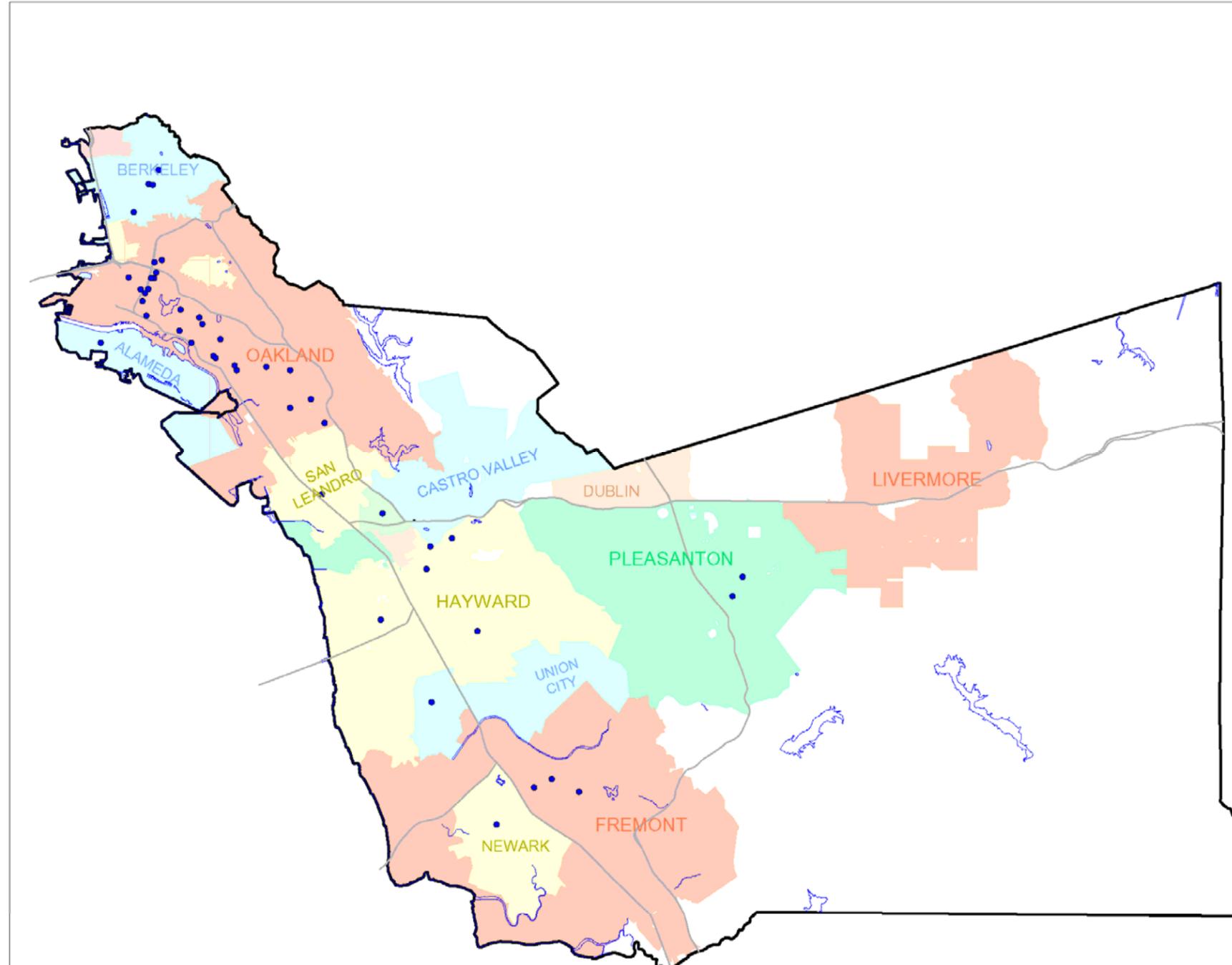
EMERGENCY ROOMS WHERE ER AND ON-CALL PHYSICIANS PROVIDED SERVICE AND WERE COMPENSATED WITH MEASURE A FUNDS IN FY 04/05



Prepared by: Alameda Co. Health Care Services Administration December 14, 2006

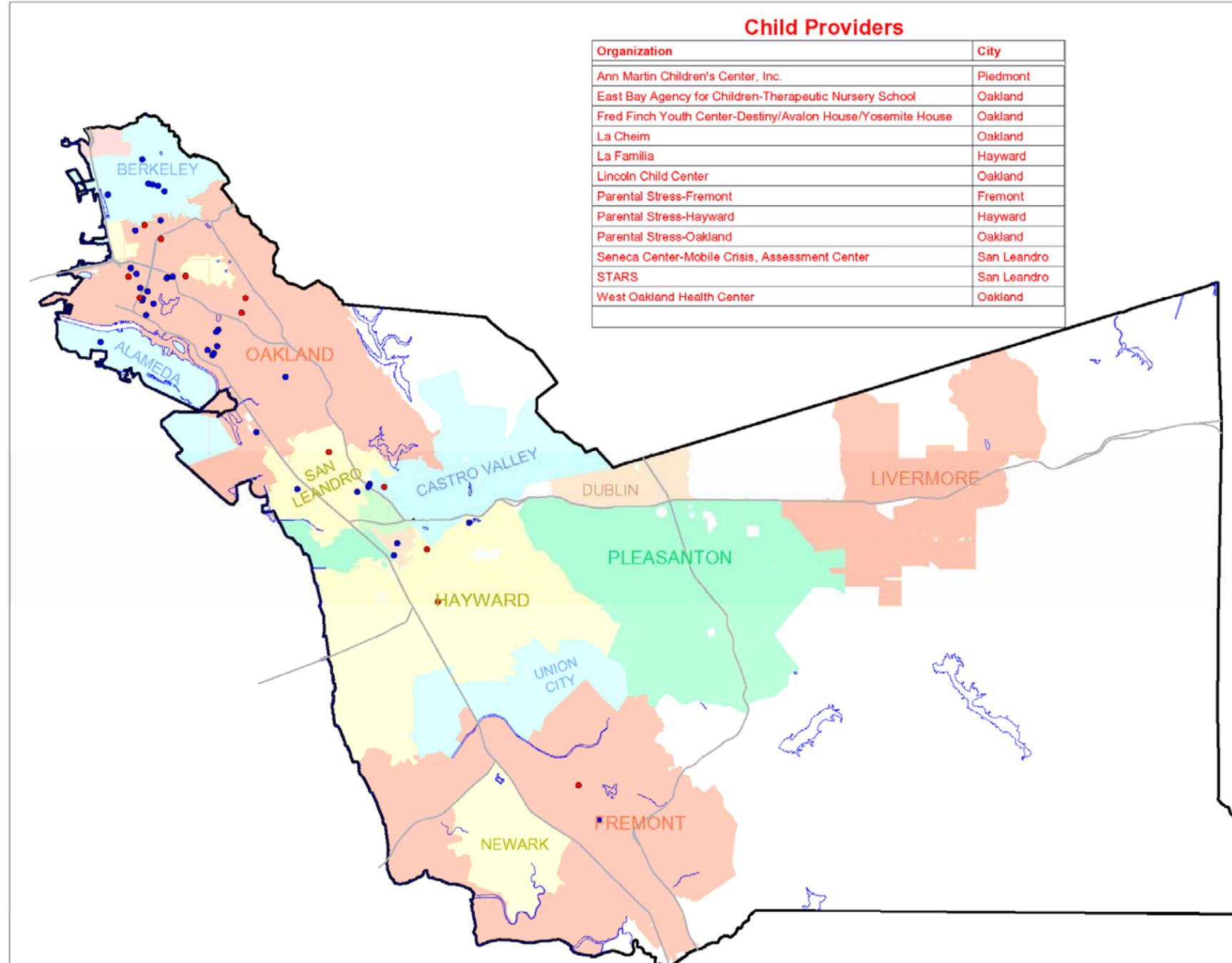
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Alameda County Behavioral Health Care Services Alcohol and Drug Providers that Received Measure A Funds in FY 04/05



Organization	City
Asian Community Mental Health Services	Oakland
Asian Pacific Psychological Services	Oakland
Axis Community Health, Inc.	Pleasanton
Berkeley Addiction Treatment Services, Inc. (B.A.T.S.)	Berkeley
Bi-Bett Corporation	Oakland
Bi-Bett Corporation-East Oakland Recovery Center	Oakland
Bi-Bett Corporation-Orchid	Oakland
Building Opportunities for Self Sufficiency (B.O.S.S.)	Berkeley
Carnales Unidos Reformando Adictos, Inc.-Fremont (C.U.R.A.)	Fremont
Carnales Unidos Reformando Adictos, Inc.-Oakland (C.U.R.A.)	Oakland
Change Thru Xanthos, Inc.-Alameda Point Collaborative	Alameda
Change Thru Xanthos, Inc-CALWORKS Support Group	Oakland
Community Counseling and Education Center (C.C.E.C.)	Fremont
Davis Street Community Center	San Leandro
East Bay Asian Youth Center	Oakland
East Bay Community Recovery Project-Hayward	Hayward
East Bay Community Recovery Project-Oakland	Oakland
Filipinos for Affirmative Action	Union City
Health and Human Resource Education Center	Berkeley
Horizon Services-Chrysalis	Oakland
Horizon Services-Cronin House	Hayward
Horizon Services-Project Eden	Hayward
H.A.A.R.T. - Hayward	Hayward
Latino Commission-Casa Nuevo Amanecer	Oakland
Latino Commission-Centro de Juventud/Primavera	Oakland
Latino Commission-Si Se Puede	Oakland
Magnolia Recovery Program, Inc.	Newark
New Bridge Foundation Inc.	Berkeley
RL Geddis Women's Empowerment Network	Oakland
Second Chance Ashland Center	San Leandro
Second Chance Hayward Recovery Center	Hayward
Second Chance-MOMS Program	Fremont
St. Mary's Recovery Center-Recovery 55	Oakland
The Solid Foundation	Oakland
The Solid Foundation-Keller House	Oakland
The Solid Foundation-Mandela House I	Oakland
The Solid Foundation-Mandela House II	Oakland
The Solid Foundation-Women's Center	Oakland
Thunder Road - Adolescent Treatment Centers, Inc.	Oakland
Tri-Valley Community Foundation-Senior Support Program	Pleasanton
Urban Indian Health Board	Oakland
West Oakland Health Council, Inc.	Oakland
West Oakland Health Council-Community Recovery Center	Oakland
YMCA Of The East Bay-East Lake	Oakland
ZDK, Inc.-The 14th St. Clinic	Oakland

Alameda County Behavioral Health Care Services Mental Health CBO Providers that Received Measure A Funds in FY 04/05



Adult Providers	
Organization	City
Alameda County Network of Mental Health Clients	Oakland
Alameda County Network of Mental Health Clients	Berkeley
Alameda County Network of Mental Health Clients	Oakland
Asian Community Mental Health Services	Oakland
BACS-Irvington	Fremont
BACS-Townhouse	Oakland
BACS-Woodroe Place	Hayward
Berkeley Place-Casa DeLa Vida	Oakland
Bonita House	Berkeley
Bonita House-Berkeley	Berkeley
Bonita House-Service Team	Oakland
BOSS - Service Team	Oakland
BOSS - Berkeley	Berkeley
BOSS - Oakland	Oakland
BOSS - South County	Hayward
Center for Independent Living	Berkeley
Change Thru Xanthos, Inc.-Alameda Point Collaborative	Alameda
Change Thru Xanthos, Inc.-CALWORKS Support Group	Oakland
Coalition for Alternatives in Mental Health	Berkeley
Crisis Support Services	Oakland
East Bay Community Recovery Project	Oakland
Health and Human Resource Education Center	Berkeley
La Clinica	Oakland
La Clinica	Oakland
Lifelong Medical Care	Berkeley
Mental Health Association	Oakland
Native American Health Center	Oakland
Oakland Independent Support Center	Oakland
Regents of the UC - Center on Deafness	San Leandro
Supplement Rate Program	San Leandro
Telecare-CHANGES	Oakland
Telecare-Garfield	Oakland
Telecare-Gladman-Rehab	Oakland
Telecare-Mort Bakar	Hayward
Telecare-Sausal Creek	Oakland
Telecare-STAGES	San Leandro
Telecare-STRIDES Service Teams	Oakland
Telecare-Villa Fairmont	San Leandro

