

MEASURE A

Essential Health Care Services Tax Ordinance

OVERSIGHT COMMITTEE
2ND REPORT
TO THE ALAMEDA COUNTY
BOARD OF SUPERVISORS
AND THE PUBLIC

REVIEW OF EXPENDITURES IN
Fiscal Year (FY) 2005/2006 *July 1, 2005 – June 30, 2006*
and FY 2006/2007 *July 1, 2006 – June 30, 2007*

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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, Pharm. D.	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
Phil Hayes*	Central Labor Council of Alameda County
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
Don Sheppard	Supervisorial District 2
Ron Silva*	Supervisorial District 3
Ronald Tauber	Alameda County Mental Health Board
Sal Tedesco	League of Women Voters

*Resigned from the Oversight Committee during production of this report.

THIS IS THE SECOND report of the Measure A Oversight Committee. It reviews the expenditure of Measure A sales tax revenue for fiscal years 2005/2006 and 2006/2007 (FY 05/06 and FY 06/07). The Committee's concerns are highlighted below and are discussed in greater detail in the body of the report.

This report is based on a number of sources:

- self-reported information provided by recipients of Measure A funds
- presentations by the Alameda County Medical Center (ACMC), the county Public Health Department, Bay Area Consortium for Quality Health Care (BACQHC), and some members of the Board of Supervisors (BOS)
- the county Health Care Services Agency (HCSA), which monitors the contracts with recipients of Measure A funds—including negotiating scope of work and payment schedule, developing actual contracts, preparing Board letters for approval, authorizing payments, and tracking expenditures.

Measure A, the Essential Health Care Services Initiative, was adopted by Alameda County voters in March 2004. Measure A authorized the County of Alameda to raise its sales tax by one-half cent in order to provide 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.

The initiative generated \$109,868,830 in FY 05/06 and \$113,837,012 in FY 06/07. The ACMC received 75% of these funds, and the BOS distributed the remainder of the funds to other health care providers, including:

- initiatives funded by the Alameda County Public Health and Behavioral Health Care Departments
- emergency room physicians
- primary care clinics
- Children's and St. Rose Hospitals
- school-based health centers.

MAJOR CONCLUSION

The Oversight Committee found the ACMC and most other recipients of sales tax revenue spent the funds in compliance with the strictures of Measure A.

HIGHLIGHTS

Measure A revenues are critical to maintain access to medical services by indigent, uninsured, and low income residents of Alameda County, who depend on the County's health care safety net. According to state

data, 11% of County residents, about 160,000 people, are uninsured, and another 21% are eligible for public health insurance programs, including Medi-Cal and Healthy Families, that target low income individuals and families.

In addition to continuing existing programs, during the two years under review, the sales tax revenue allowed a number of health care providers to expand services and plan for future growth:

- Measure A funds provided for 42,430 new visits for the uninsured to community-based organization (CBO) primary care clinics.
- The County's 11 school-based health centers received state and federal matching funds, which allowed them to substantially increase the number of medical and mental health visits.
- The eight community health centers associated with the Alameda Health Consortium received private and public matching funds to address health disparities through the expansion of primary care and chronic disease management services.
- Children's Hospital received federal matching funds to expand pediatric services.
- St. Rose Hospital received federal matching funds to sustain operations at their existing level.
- The Public Health Department enhanced its educational and outreach programs targeting chronic diseases, such as asthma and diabetes.
- Tri-City Homeless Coalition purchased a new mobile health clinic, and Axis Community Clinic expanded its Livermore clinic.
- Nineteen community-based programs, from Bonita House in Oakland to Tiburcio Vasquez Health Center in Union City, purchased needed equipment or renovated existing facilities to allow for increases in patient loads.
- Seventy-five percent of the total Measure A funds were used by ACMC to increase staff productivity, enhance its maternal and child health programs, and institute both a short- and a long-term planning process.
- Measure A funds allocated for the Medicare Part D prescription drug subsidy program were critical in preventing significant problems facing the County's dual eligible population.

CONCERNS

In developing this report, the Oversight Committee has identified several concerns regarding the state of health care funding in general, including a decrease in the rate of growth in sales tax revenue, health care funding cuts, and an increase in the number of uninsured Alameda County residents. In addition, the Committee raised concerns regarding Measure A funding specifically, including the following:

- A decline in outpatient clinic visits at ACMC, with no justifiable explanation provided.
- The lack of a requirement that capital fund recipients provide services to low-income, underinsured, or indigent patients for a specified period of time.
- The lack of a specified process for announcing or requesting a BOS discretionary allocation, as well as the lack of parameters to streamline or set limits on the allocation process—resulting in greater Measure A staff time and funding spent on administration of piecemeal, often small, allocations.
- Carryover of unspent funds from BOS discretionary allocations is not required to address a specific funding goal.
- Concerns cited in our last report (of FY 04/05 expenditures) regarding BACQHC have continued in the two fiscal years covered in this report. BACQHC submitted reports that did not contain information necessary to verify compliance with Measure A (and, in fact, included information indicating that the expenditure of funds did not fall within compliance with Measure A) and were inconsistent with the reporting compliance guidelines.

- The Oversight Committee is concerned that it does not have adequate information to ensure the BOS that replacement or substitution of County funds (also called supplantation) with Measure A funds is not occurring.
- The Committee has an ongoing concern that the composition of the Committee does not reflect the diverse make-up of the population served by Measure A.

CITIZEN OVERSIGHT COMMITTEE

One of the provisions of Measure A was the requirement to establish 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 BOS on the conformity of such expenditures to the purposes set forth in the Measure.

The full report of the Oversight Committee and all supporting documents are available online at www.acgov.org/health/. For more information about Measure A expenditures or the Oversight Committee, please contact Jennifer Chan at **(510) 618-2016** or jennifer.chan@acgov.org.

STATE OF HEALTH CARE FUNDING

ALAMEDA COUNTY'S MEASURE A was passed by 71% of the voters in March 2004, in response to a statewide crisis in health care. Publicly supported services in primary care, hospital care, public health, and behavioral health faced sharply increasing costs with inadequate resources. Measure A funds substantially eased this crisis and stabilized Alameda County Medical Center (ACMC) in fiscal years 2004-2007 (FYs 04-07); however, the current economic downturn threatens some of the gains achieved.

Alameda County will be impacted in several ways by this downturn. First, sales tax receipts are growing at a slower rate each year, meaning that Measure A funding increases grow more slowly also. Between FY 04/05 and FY 05/06, total Measure A revenues increased by approximately 15%; between FY 05/06 and FY 06/07, the rate of increase was only four percent. Projecting ahead based on the first nine months of FY 07/08, the rate of increase between FY 06/07 and FY 07/08 will be less than two percent. Second, trends in federal and state funding show cuts in health care spending, creating concern over the impacts such cuts may have in Alameda County. Third, the number of uninsured county residents is growing—from 127,000 in 2001 to 166,000 in 2005—as employers dilute or drop health insurance coverage for their workers. As noted by the California Association of Public Hospitals and Health Systems, “though just 6 percent of all hospitals in the state, public hospitals provide nearly half of the hospital care provided to uninsured patients” (footnote #1, “Policy Issues for Public Hospitals Under Health Care Reform Legislation,” April 20, 2007). As the number of uninsured and underinsured patients grows, Alameda County's public medical institutions will shoulder most of the strain.

One bright spot in this downturn is the passage of Proposition 63, an additional income tax for people who make over \$1 million annually. Proposition 63 proceeds went to the Mental Health Services Act to provide mental health services. These proceeds generated substantial revenue for the Alameda County Health Care Services Agency (HCSA). In FY 05/06, HCSA received \$11,035,300 in planning money. In FY 06/07, HCSA received \$11,145,798 in Prop 63 funding.

Recent and proposed federal regulations and funding cuts will add to the county's health care burden. Measure A revenues help fill this gap, but as federal and state cuts continue, it will be harder for county medical services to meet the increased needs of low income, uninsured, and indigent patients.

Despite the discouraging projections about state and federal funding, as well as the decreasing rate of growth in Alameda County sales tax revenue, Measure A has had many positive effects in the two fiscal years covered by this report. In addition to stabilizing ACMC's budget and administrative structure, it has permitted serious long-term planning to meet future health care needs for county residents. The Public Health Department has used Measure A funds to examine and address health inequities within the client population and to develop a strategic plan. These initiatives will continue to bear fruit over time.

Measure A's half-cent sales tax increase generated \$109,868,830 in fiscal year 05/06, and \$113,837,012 in fiscal year 06/07.

FUNDING ALLOCATION AND REVIEW PROCESS

Measure A funds are allocated as follows:

- 75% of funds are designated directly to the Alameda County Medical Center (ACMC).
- The remaining 25% are allocated by the Alameda County Board of Supervisors (BOS).

On December 14, 2004, the BOS approved three-year funding allocations of its 25% share of Measure A funds in eight general categories:

- Alameda County Public Health Prevention Initiative
- Emergency Room and On-Call Physician Compensation
- Alameda County Behavioral Health Care Community-Based Organization Providers
- Alameda County Detoxification/Sober Station
- Community-Based Organization Primary Care Clinics
- Private and District Hospitals
- School-Based Health Centers
- Health Insurance Expansion and Board of Supervisors Discretionary Allocation.

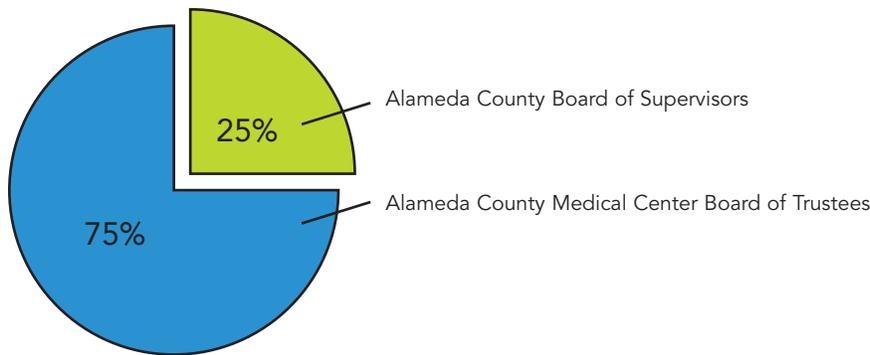
When the three-year funding allocations expired in June 2007, the BOS agreed on the importance of maintaining most of the existing allocations in order to sustain a level of care to the County's residents. The funding allocations in the eight categories generally remained the same and were approved for another three-year allocation through June 2010. For fiscal year 07/08, the BOS approved a 3% cost of living increase adjustment (COLA) on the approved allocations.

While reviewing these funding allocations through June 2007, the Measure A Oversight Committee decided to review expenditures in both FY 05/06 and FY 06/07 and provide information on its findings in one report. The Committee developed a report form, containing questions on specific uses of funds received, for all Measure A fund recipients to complete. The Committee also heard presentations on selected programs including, among others, Medicare Part D; the 2005 capital request for proposals; other capital allocations' administration/infrastructure support; allocation for reduction targets under administration/indigent health, public health, and behavioral health care; the BOS allocations; the Bay Area Consortium for Quality Health Care; and the ACMC. The Committee used the report forms returned by most Measure A fund recipients, along with the presentations where applicable, to review all funding allocations. The Committee's findings are discussed in detail in the following sections.

HOW THE MONEY WAS SPENT

SEVENTY-FIVE PERCENT of funds generated by Measure A are specifically designated for the Alameda County Medical Center (ACMC) and are allocated by the ACMC Board of Trustees. The remaining 25% of funds are allocated by the Alameda County Board of Supervisors (BOS) and are managed by the Alameda County Health Services Agency (HCSA).

Figure 1
DISTRIBUTION OF MEASURE A FUNDS



Measure A generated \$109,868,830 in FY 05/06 (not including interest earned), and \$113,837,012 in FY 06/07 (not including interest earned). The funds were allocated as follows:

	FY05/06	FY06/07
Funds Specifically Designated for ACMC (75%)	\$82,401,622	\$85,377,759
Funds Allocated by the Board of Supervisors (25%)	\$27,467,208	\$28,549,253
TOTAL	\$109,868,830	\$113,837,012

In FY 05/06, the Alameda County budget totaled \$2,184,041,363. The Alameda County Health Care Services Agency (HCSA) budget totaled \$469,743,300, or 21.5% of the total County budget. Measure A funds not specifically designated for ACMC accounted for 5.8% of the HCSA budget.

In FY 06/07, the Alameda County budget totaled \$2,187,313,176. The Alameda County HCSA budget totaled \$492,605,431, or 22.5% of the total County budget. Measure A funds not specifically designated for ACMC accounted for 5.8% of the HCSA budget.

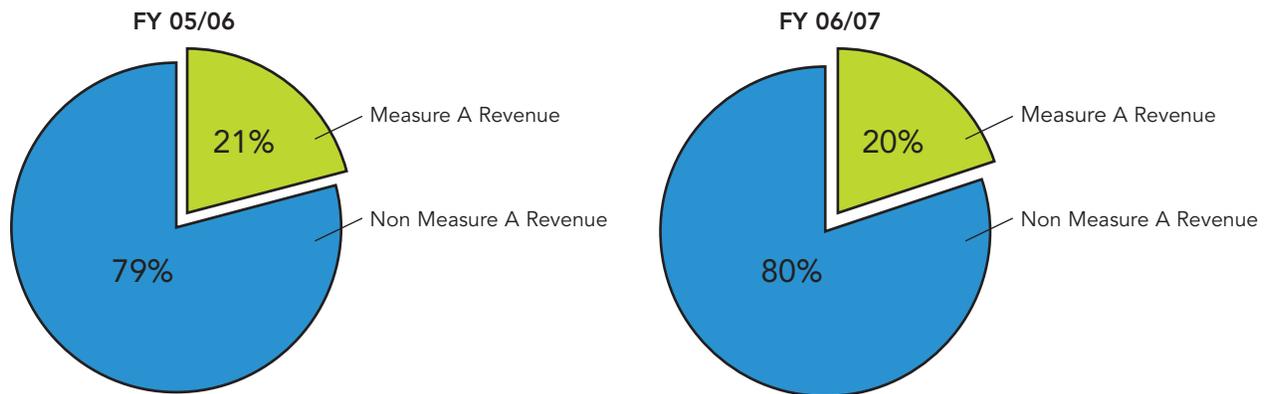
The following sections provide more detail on the allocation and expenditure of Measure A funds.

REVIEW OF FY 05/06 AND FY 06/07 EXPENDITURES: ALAMEDA COUNTY MEDICAL CENTER

FY 05/06 Allocation: \$82,401,622
Amount Expended/Encumbered: \$82,401,622

FY 06/07 Allocation: \$85,377,759
Amount Expended/Encumbered: \$85,377,759

Figure 2
ALAMEDA COUNTY MEDICAL CENTER TOTAL ANNUAL REVENUE



The Alameda County Medical Center (ACMC) received a total of \$82,401,622 in Measure A revenue in FY 05/06, and a total of \$85,377,759 in FY 06/07. For FY 05/06, Measure A revenue represented approximately 21% of ACMC's total annual revenue of approximately \$392 million. For FY 06/07, Measure A revenue represented approximately 20% of ACMC's total annual revenue of approximately \$421 million.

Medi-Cal, Medicare, and Alameda County reimburse ACMC at a rate that is below its actual costs. Measure A revenue fills this "funding gap." ACMC faces the ongoing problem of sporadic, uneven state and federal reimbursements at the same time that future sales tax revenues may decline, reducing ACMC's ability to cope with escalating health care costs.

Thanks in part to Measure A funding, ACMC was able to fulfill its mission as one of the county's primary health safety net providers and continues to offer a full continuum of care to the county's indigent and low income residents. ACMC accounts for over half of all indigent, uncompensated, and charity care provided in the county.

ACMC HIGHLIGHTS FOR FY 05/6 AND FY 06/07

- stabilization of ACMC's financial condition
- stabilization of executive leadership
- increased overall staffing efficiency and reduction in costs per hospital bed
- reduction in number of emergency room patients not treated after triage
- improvements in medical interpretation program
- labor and delivery program enhancements
- enhancement of early pediatric care program addressing income disparities in child dental health
- receipt of three major quality recognition awards

ACMC receives 75% of all Measure A revenue to support its network of three hospitals—Highland, Fairmont, and John George Psychiatric Pavilion—and its three satellite clinics: Eastmont Wellness, Winton Wellness, and Newark Health Center. A fourth clinic at Juvenile Hall was funded through April 2007.

Outpatient clinic visits declined in FY 06/07 as compared to FY 05/06 despite increased overall funding, which is only partially explained by the closure of the Juvenile Hall clinic. Total visits in FY 06/07 were 252,234, compared to 268,692 visits in FY 05/06—a reduction of 16,458 clinic visits. The loss of the Juvenile Hall clinic accounts for 6,313 fewer visits in FY 06/07, meaning that the other clinics saw a reduction of more than 10,000 visits, representing a drop of four percent. ACMC was unable to provide a full explanation for the decrease. The unexplained decline as well as the inability to account for it are both of concern to the Oversight Committee.

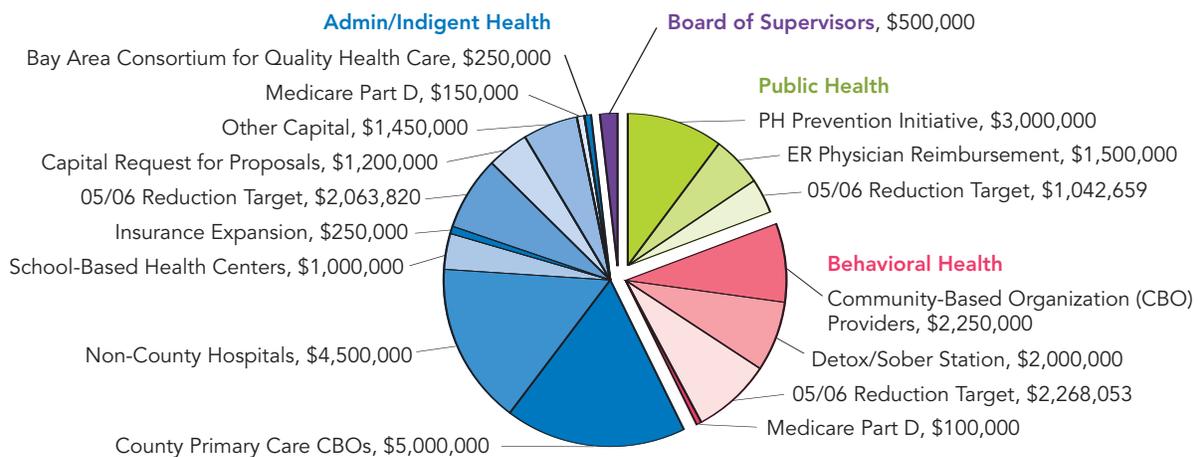
REVIEW OF FY 05/06 AND FY 06/07 EXPENDITURES: 25% MEASURE A FUNDS ALLOCATED BY THE ALAMEDA COUNTY BOARD OF SUPERVISORS

FY 05/06 BUDGET INFORMATION

In FY 05/06, the 25% of Measure A revenue allocated by the Board of Supervisors (BOS) was budgeted at approximately \$28.5 million and was allocated as follows:

Figure 3

FY 05/06 MEASURE A FUNDING ALLOCATIONS ALLOCATED BY THE BOARD OF SUPERVISORS



Department	FY 05/06 Allocation	Carryover from Previous FY*	Total Allocation	Expended and/or Encumbered	Carryover to Next FY*	Total	Savings**
Public Health (Total: 5,542,659)							
Public Health Prevention Initiative	3,000,000	0	3,000,000	2,767,660	0	2,767,660	232,340
ER Physician Reimbursement	1,500,000	150,000	1,650,000	1,499,095	150,000	1,649,095	905
05/06 Reduction Target	1,042,659	0	1,042,659	142,668	0	142,668	899,991
Behavioral Health (Total: 6,618,053)							
CBO Providers	2,250,000	0	2,250,000	2,250,000	0	2,250,000	0
Detox/Sober Station	2,000,000	2,000,000	4,000,000	270,000	3,730,000	4,000,000	0
FY 05/06 Reduction Target	2,268,053	0	2,268,053	2,268,053	0	2,268,053	0
Medicare Part D	100,000	0	100,000	37,334	62,666	100,000	0
Admin/Indigent Health (Total: 15,863,820)							
County Primary Care CBOs	5,000,000	0	5,000,000	5,000,000	0	5,000,000	0
Non-County Hospitals	4,500,000	0	4,500,000	4,500,000	0	4,500,000	0
School-Based Health Centers	1,000,000	210,000	1,210,000	988,061	210,000	1,198,061	11,939
Insurance Expansion	250,000	0	250,000	0	0	0	250,000
FY 05/06 Reduction Target	2,063,820	0	2,063,820	2,063,820	0	2,063,820	0
Capital Request for Proposals (RFP)	1,200,000	0	1,200,000	144,134	1,055,878	1,200,012	(12)
Other Capital	1,450,000	0	1,450,000	250,000	1,200,000	1,450,000	0
Medicare Part D	150,000	0	150,000	100,000	0	100,000	50,000
Bay Area Consortium for Quality Health Administration/Infrastructure Support	250,000	0	250,000	0	250,000	250,000	0
Administration/Infrastructure Support	0	0	0	63,535	0	63,535	(63,535)
BOS Discretionary Allocation***	500,000	500,000	1,000,000	515,585	484,415	1,000,000	0
TOTAL FY 05/06	28,524,532	2,860,000	31,384,532	22,859,945	7,142,959	30,002,904	1,381,628

*Carryover amounts are approved by the BOS.

**Savings are unexpended funds that will revert to the general Measure A account for reallocation.

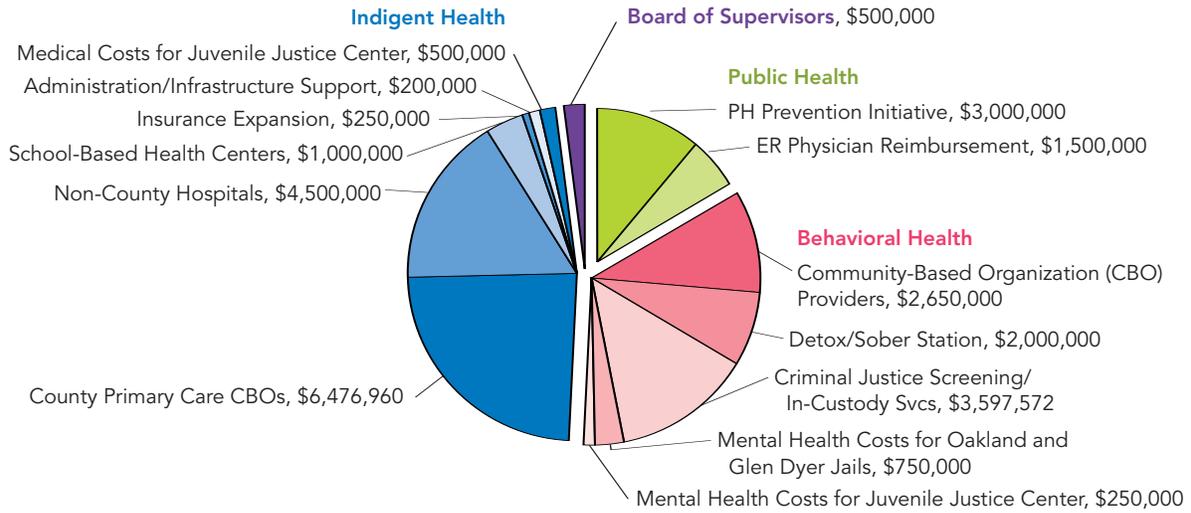
***The BOS as a whole allocates 25% of Measure A funds. Within this 25%, each Supervisor is allocated \$100,000 for discretionary spending within his or her district—a total of \$500,000.

FY 06/07 BUDGET INFORMATION

In FY 06/07, the 25% of Measure A revenue allocated by the BOS was budgeted at approximately \$27.1 million and was allocated as follows:

Figure 4

FY 06/07 MEASURE A FUNDING ALLOCATIONS ALLOCATED BY THE BOARD OF SUPERVISORS



Department	FY 06/07 Allocation	Carryover from Previous FY*	Total Allocation	Expended and/or Encumbered	Carryover to Next FY*	Total	Savings**
Public Health (Total: 4,500,000)							
Public Health Prevention Initiative	3,000,000	0	3,000,000	2,852,658	0	2,852,658	147,342
ER Physician Reimbursement	1,500,000	150,000	1,650,000	1,500,000	150,000	1,650,000	0
Behavioral Health (Total: 9,247,572)							
CBO Providers	2,650,000	0	2,650,000	2,650,000	0	2,650,000	0
Detox/Sober Station	2,000,000	3,730,000	5,730,000	3,035,000	2,695,000	5,730,000	0
Criminal Justice Screening/In-Custody Svcs	3,597,572	0	3,597,572	3,597,572	0	3,597,572	0
Mental Health Costs for Oakland & Glen Dyer Jails	750,000	0	750,000	750,000	0	750,000	0
Mental Health Costs for Juvenile Justice Center	250,000	0	250,000	0	0	0	250,000
Indigent Health (Total: 12,926,960)							
County Primary Care CBOs	6,476,960	0	6,476,960	6,476,960	0	6,476,960	0
Non-County Hospitals	4,500,000	0	4,500,000	4,500,000	0	4,500,000	0
School-Based Health Centers	1,000,000	210,000	1,210,000	954,328	210,000	1,164,328	45,672
Insurance Expansion	250,000	0	250,000	0	0	0	250,000
Administration/Infrastructure Support	200,000	0	200,000	109,506	0	109,506	90,494
Medical Costs for Juvenile Justice Center	500,000	0	500,000	490,977	0	490,977	9,023
Capital Request for Proposals (FY 05/06 allocation)		1,055,878	1,055,878	1,055,878	0	1,055,878	0
Other Capital (FY 05/06 allocation)		1,200,000	1,200,000	100,000	1,100,000	1,200,000	0
Bay Area Consortium for Quality Health (FY 05/06 allocation)/Healthy Oakland		250,000	250,000	125,000	125,000	250,000	0
Medicare Part D (FY 05/06 allocation)		62,666	62,666	62,666	0	62,666	0
BOS Discretionary Allocation***	500,000	484,415	984,415	510,209	474,206	984,415	0
TOTAL FY 06/07	27,174,532	7,142,959	34,317,491	28,770,755	4,754,206	33,524,961	792,530

*Carryover amounts are approved by the BOS.

**Savings are unexpended funds that will revert to the general Measure A account for reallocation.

***The BOS as a whole allocates 25% of Measure A funds. Within this 25%, each Supervisor is allocated \$100,000 for discretionary spending within his or her district—a total of \$500,000.

FY 05/06 REDUCTION TARGET ALLOCATIONS

The Alameda County budget process requires that each of the County’s departments/agencies prepare what is called a Maintenance of Effort (MOE) budget for each fiscal year. The departments/agencies use the following formula to determine MOE budgets:

1. Start with the rollover of existing program/expenditure commitments.
2. Adjust for known cost increases and revenue fluctuations.
3. Further adjust for a cost of living adjustment (COLA) set by the Board of Supervisors (BOS) for the department’s/agency’s community-based organization (CBO) contracts.

The MOE budgets highlight any revenue gaps that need to be addressed to maintain the department’s/agency’s service levels from one year to the next. The sum of these MOE gaps plus any one-time-only revenue contained in the base budget year, less any County discretionary revenue growth, is then used to define the County’s projected budget deficit for the upcoming year and is the basis for allocating “reduction targets” for each department/agency.

The formula for the assignment of these “reduction targets” is largely tied to the percentage of County discretionary funds contained in each department’s/agency’s total budget. These targets form the basis for each department/agency to submit its recommended “budget balancing” strategies for BOS review and adoption.

In FY 05/06, Measure A funds were used in part to help achieve reduction target allocations for the Public Health Department, the Behavioral Health Care Services Department, and the Indigent Health Department in the following amounts:

Department	Reduction Target Allocation	Expended and/or Encumbered	Rolled Back into Measure A Reserve
Public Health	1,042,659	142,668	899,991
Behavioral Health	2,268,053	2,268,053	0
Indigent Health	2,063,820	2,063,820	0

MEDICARE PART D SUPPLEMENT

FY 05/06 Allocation: \$250,000

Amount Expended/Encumbered: \$200,000

The Medicare Part D allocation was a one-time allocation made in FY 05/06.

Medicare Part D, a federal program to subsidize the costs of prescription drugs for Medicare beneficiaries, went into effect on January 1, 2006. While the new drug benefit aimed to provide much-needed help in paying for the costs of prescriptions, a certain category of beneficiaries, often referred to as “dual eligibles,” faced the possibility of having their benefits reduced or made less accessible. Such persons are those who are covered by both Medicare and Medi-Cal. Before Medicare Part D, medicines for dual

eligibles were covered under Medi-Cal; after Part D, medicine coverage was switched to Medicare, with the result that many patients lost their prescription coverage.

Some of the issues facing dual eligibles included the following:

- Some dual eligibles were enrolled in programs that did not cover all prescriptions they required.
- Others were enrolled in programs that required co-payments of \$1-5 per prescription.
- Many dual eligibles, and some other Medicare beneficiaries, face a coverage gap when total drug costs reach \$2,400. Part D requires these beneficiaries to pay 100% of prescription costs until \$3,850 is paid out of pocket.
- Some dual eligibles were not enrolled in a Medicare Part D program at all.

To ensure that mental health clients and all other Alameda County Health Care Services Agency (HCSA) clients continued to receive their medications, the Alameda County Board of Supervisors (BOS) allocated \$250,000 in Measure A funds to the Alameda Health Consortium and the Alameda County Behavioral Health Care Services (BHCS) Department. \$100,000 was initially allocated to each agency, with the allocation of the remaining \$50,000 to be determined later. Using the \$200,000 total initial allocation, both agencies were able to alleviate some of the challenges surrounding Medicare Part D program implementation. The \$50,000 balance of the original \$250,000 allocation reverted to Measure A savings, to be reallocated. Note that \$100,000 represents only 0.4% of the total Measure A funds.

The \$100,000 allocation made to the Alameda Health Consortium was to cover the costs of providing one-on-one enrollment assistance to dual eligible patients; to cover pharmacy co-payments (upon determination that payment would present an insurmountable barrier to the patient); and to cover emergency refills (when gaps in coverage occurred). The Alameda Health Consortium assisted approximately 3,750 dual eligibles through the Medicare Part D enrollment process.

The \$100,000 allocation made to the BHCS department was used to cover pharmacy co-payments and to pay the salary of a pharmacy "Help Desk" employee. From January 2006 through June 2007, almost 1,500 prescriptions were filled using Measure A funds.

While the challenges surrounding the new Medicare Part D program affected patients nationwide, Alameda County was in the unique position of recognizing the problems early and having a dedicated funding source, Measure A, to respond. The Medicare Part D allocations were both extremely successful and extremely cost-effective.

It should also be noted that Supervisor Alice Lai-Bitker allocated \$25,000 under the BOS's discretionary Measure A funds to support Medicare Part D. The \$25,000 provided counseling and enrollment assistance to seniors and monolingual (non-English speaking) dual eligibles.

CAPITAL REQUEST FOR PROPOSAL (RFP)

FY 05/06 Allocation: \$1,200,000

Amount Expended/Encumbered: \$1,200,012

The Capital RFP was a one-time allocation made in FY 05/06. The \$1,200,000 allocation was fully expended and/or encumbered by the end of FY 06/07.

On January 10, 2006, the Alameda County Board of Supervisors (BOS) approved a Capital RFP and directed \$1.2 million from unspent, one-time-only FY 04/05 funds towards capital improvements for community-based organizations (CBO) that provide health services to County of Alameda indigent, low income, and/or uninsured populations.

The RFP was in response to the identified and testified needs from the initial Measure A community hearings. At the hearings, many CBO providers attested that capital funds are scarce and hard to come by—yet the need for safe and up-to-date facilities is essential to the success of their organizations. Capital needs include acquisition, construction, existing property renovation or expansion, equipment, and/or management information.

Eligible health-related facilities included the following nonprofit CBOs:

- AIDS providers
- alcohol and drug organizations
- community health clinics
- mental health providers

CBOs were screened to ensure that they provided health services to Alameda County’s indigent, low income, and/or uninsured populations.

Health Care Services Agency (HCSA) received a total of 51 proposals from 49 organizations in response to the RFP. The total amount of funding requested from all proposals was \$5,067,388. This clearly represented the tremendous need for capital funds by our CBOs.

The proposals were reviewed by a panel composed of community and County representatives. Of the 51 proposals submitted, 19 were recommended for funding and approved by the BOS (see Appendix D for a map of funded agencies):

Agency	Award Amount	Purpose	Location
Alameda Family Services	\$75,000	Renovation	Alameda
Ann Martin Center	\$25,000	Management information systems (MIS)	Piedmont
Asian Community Mental Health Services	\$100,000	Acquisition, equipment purchase	Oakland
Asian Health Services	\$75,000	Renovation, equipment purchase	Oakland
Axis Community Health	\$75,000	MIS	Pleasanton
Bonita House	\$19,134	Renovation	Oakland
Building Opportunities for Self-Sufficiency	\$50,000	Equipment purchase	Berkeley

Agency	Award Amount	Purpose	Location
Center for Elders' Independence	\$18,058	Equipment purchase	Oakland
Center for the Education of the Infant Deaf	\$66,250	Equipment purchase, renovation	Berkeley
East Bay Agency for Children	\$49,570	Equipment purchase, MIS	Oakland
Eden Youth and Family Center	\$40,000	Renovation and expansion	Hayward
Friendship House	\$40,000	Renovation	Oakland
HIV Education and Prevention Project of Alameda County	\$17,000	Renovation and equipment	Oakland
La Clinica de la Raza – Fruitvale Health Project	\$100,000	Preconstruction and renovation	Oakland
Native American Health Center	\$100,000	Acquisition	Oakland
Options Recovery Services	\$50,000	Acquisition	Berkeley
Thunder Road	\$75,000	Equipment purchase, renovation	Oakland
Tiburcio Vasquez Health Center	\$100,000	Equipment purchase	Union City
Tri-City Health Center	\$125,000	MIS	Fremont
TOTAL	\$1,200,012		

See Appendix C for a description of fund recipients.

Specific examples of the purposes listed above include the following:

- **Acquisition:** purchase of land or a facility
- **Equipment purchase:** generally, purchase of large pieces of equipment such as dental chairs, exam tables, or X-ray machines
- **Renovation:** renovation of an existing facility or a portion of a facility, for example exam rooms, a kitchen, or a roof
- **MIS:** purchase and installation of various Management Information Technology equipment, such as computers, servers, consultant time, or new billing systems.

The Oversight Committee is concerned that there appears to be no requirement that recipients of capital funds provide services to indigent, underinsured, or low income patients for a specified period.

OTHER CAPITAL PROJECTS

FY 05/06 Allocation: \$1,450,000

Amount Expended/Encumbered: \$350,000

As indicated in the Capital Request for Proposal section above, during the Measure A community hearings, community members presented testimony advocating the use of Measure A funds for capital needs. Several providers and community advocates specifically asked for support of critical capital projects in lieu of ongoing program support. Key among these projects were the following:

- Valley Care Hospital of Livermore/Pleasanton's renovation of their emergency room at the Pleasanton site, estimated at \$3 million
- Axis Community Clinic's partnership expansion with the City of Livermore of their Livermore clinic site, estimated at \$500,000
- Tri-City Homeless Coalition HOPE Project's replacement of their mobile health clinic operating in the Tri-City and Tri-Valley areas, estimated at \$250,000
- Alameda Hospital's initial facility acquisition and renovation costs to re-establish primary care clinic services in their city, estimated at \$150,000.

Each organization understood that capital funds would be contingent upon Board of Supervisors (BOS) approval and the availability of savings from FY 04/05 in the portion of the Measure A account not designated for the Alameda County Medical Center. Each organization was also sensitive to the varying needs of our County and appreciative of the BOS obligation to prioritize needs, while recognizing the BOS's commitment to a fair and geographic distribution of funds.

Health Care Services Agency (HCSA) made a recommendation to the BOS that these projects be supported outside the RFP process in the following amounts:

- Valley Care Hospital - \$1,000,000
- Axis Community Clinic - \$250,000
- Tri-City Homeless Coalition - \$100,000
- Alameda Hospital - \$100,000.

HCSA made these recommendations based on the importance of the projects and the community support demonstrated on their behalf. HCSA allocated funds contingent upon the organization's ability to secure the remaining revenue needed to purchase or complete the project. HCSA believed that support for these projects outside an RFP process further balanced the distribution of Measure A funds committed to by the BOS and strengthened the County's resolve that Measure A be a countywide initiative addressing the essential health care needs of all its residents. As with all other requests, it should be noted that each of these organizations strongly advocated for full funding, and continue to argue for further consideration within available funds.

At the close of FY 06/07, funds allocated to Axis Community Clinic and Tri-City Homeless Coalition had been fully expended. The County is currently (FY 07/08) negotiating the contracts for release of funds allocated to Valley Care Hospital and Alameda Hospital.

The Oversight Committee is concerned that there appears to be no requirement that recipients of capital funds provide services to indigent, underinsured, or low income patients for a specified period.

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT: PREVENTION INITIATIVE

FY 05/06 Allocation: \$3,000,000
Amount Expended/Encumbered: \$2,767,660

FY 06/07 Allocation: \$3,000,000
Amount Expended/Encumbered: \$2,852,658

The Alameda County Public Health Prevention Initiative operated in conformance with Measure A provisions in both FY 05/06 and FY 06/07. Three million dollars was allocated in each of the two fiscal years, representing about 3% of the overall Alameda County Public Health Department budget.

The Alameda County Public Health Department Prevention Initiative has been carried out in the context of an overall vision of comprehensive health and a developing strategic plan. Measure A funds under the Public Health Department Prevention Initiative supported three main priorities: 1) Chronic Disease and Injury Prevention, 2) Health Inequities and Community Capacity-Building, and 3) Obesity Prevention and School Health. As reported by the Public Health Department, the funding for each of these priorities is as follows:

“...We know that just waiting until people develop diseases and present for treatment at our community clinics and emergency rooms and then treating them with pills and technology is not prudent public policy. Policymakers must see beyond the immediate crisis and look ahead to our long-term future. By devoting resources to the immediate medical needs while simultaneously investing in proven preventive strategies, we will best serve the health needs of our county.”

— *from the Alameda County Public Health Department Report*

Priority	FY 05/06 Expended	FY 06/07 Expended
Chronic Disease and Injury Prevention	\$773,492 (28%)	\$722,717 (25%)
Health Inequities and Community Capacity-Building	\$1,053,231 (38%)	\$1,192,312 (42%)
Obesity Prevention and School Health	\$942,004 (34%)	\$937,630 (33%)

The programs funded under Measure A are targeted to reducing health disparities. Examples of such projects funded under each of the priorities are as follows:

CHRONIC DISEASE AND INJURY PREVENTION

- **Asthma Start Program** provided case management to 210 low-income children diagnosed with asthma and significantly lowered their rate of Emergency Room (ER) visits and hospitalizations during case management.
- **The Diabetes Program** provided in-home case management to 50 clients not covered by any form of insurance. Its also provided 124 clients with diabetes self-management classes, and started classes in Punjabi, Hindi, and Farsi. The program was able to significantly reduce ER and hospitalization rates for these clients.

HEALTH INEQUITIES AND COMMUNITY CAPACITY BUILDING

- The Division of Communicable Disease Control and Prevention funded staff to work with the **Immunization Registry**, adding 50,000 children and 23 providers from July 2006 to July 2007. Up-to-date immunization rates for county clinics increased by 10% during this period.
- Healthy Passages implemented a **social marketing strategy for Latino and African American teens** to increase preconception decision-making and reduce teen births. Pre/post tests show that clients exhibited far greater knowledge of protection, prevention, decision making, communication skills, and knowledge of prevention of pregnancy, AIDS, and sexually transmitted infections (STIs).
- Community Assessment Planning and Evaluation (CAPE) used Measure A funds to support three staff to implement the **Community Capacity Building (CCB) Initiative**. Staff worked with two communities to identify priorities and implement neighborhood development activities aimed at reducing violence and improving health.

OBESITY PREVENTION AND SCHOOL HEALTH

- Nutrition Services continued to use Measure A funds to **promote proper nutrition and physical activities** currently not supported by state funding sources and in expanded geographic regions. Mini-grants that focused on nutrition and physical activity were provided to the San Antonio and Sobrante Park communities. Healthy Living Councils that expanded to New Haven Unified School District and Livermore Unified School District in FY 05/06 were sustained.
- **Public Health Nursing staff worked with the Oakland Unified School District (OUSD)** Nutrition Services and the Coordinated School Health Council on establishing salad bars in more than 15 schools. Staff also oversaw the school sector of the Healthy Eating Active Communities collaborative in the San Antonio district and developed and implemented a diabetes control policy for OUSD, created a Pediatric Diabetes Coalition, and oversaw the Managing and Preventing Diabetes and Weight Gain project that was implemented in four elementary schools and targeted 4th graders for body-mass index (BMI) testing with education and follow-up.

The review criteria used in selection of projects funded by Public Health include consistency with Measure A requirements, capacity for leveraging funds, and a focus on addressing disparities in health status where they exist in different groups.

Measure A funds were used to leverage an additional \$291,000 in FY 05/06 and \$296,000 in FY 06/07.

EMERGENCY ROOM (ER) AND ON-CALL PHYSICIAN COMPENSATION

FY 05/06 Allocation: \$1,500,000

Amount Expended/Encumbered: \$1,499,095

FY 06/07 Allocation: \$1,500,000

Amount Expended/Encumbered: \$1,500,000

Funds under the ER and On-Call Physician Compensation allocation were used to partially compensate physicians working in area emergency rooms who provided care to indigent and uninsured patients. The

law requires hospital emergency rooms to treat all patients needing urgent care, but doctors receive only partial payment—if any—for emergency services rendered to these patients.

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 of 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.

In FY 05/06 and FY 06/07, a total of \$3,109,146 and \$3,046,132, respectively, was paid for ER and on-call physician compensation. Measure A funds accounted for approximately 48% of those funds in FY 05/06 and approximately 49% in FY 06/07.

Payments were made to 23 medical groups and 40 individual physicians in FY 05/06 and to 20 medical groups and 31 individual physicians in FY 06/07. While the number of medical groups and physicians who received payment decreased in FY 06/07 compared to FY 05/06, the number of claims paid increased from 20,430 in FY 05/06 and 21,228 in FY 06/07, representing an increase of approximately four percent.

MEDICAL COSTS FOR JUVENILE JUSTICE CENTER UNDER ADMINISTRATION/INDIGENT HEALTH

FY 06/07 Allocation: \$500,000

Amount Expended/Encumbered: \$490,977

The Board of Supervisors (BOS) allocated \$750,000 in FY 06/07 for the provision of medical and mental health services to youth residing at the new Juvenile Justice Center (JJC). This included \$500,000 under Administration/Indigent Health to provide medical services, and \$250,000 to the Alameda County Behavioral Health Care Services (BHCS) department to provide mental health services (discussed in “Mental Health Costs for Juvenile Justice Center”).

Of the \$500,000 allocation under Administration/Indigent Health, \$470,000 was used to fund a portion of a contract with Children’s Hospital and Research Center of Oakland (CHRCO), the new provider of medical services at the JJC. Despite the need to rapidly transition the provider of service from the Alameda County Medical Center (ACMC) to CHRCO, this allocation allowed for a smooth transition and continuity of care for the youth at JJC.

Another \$21,970 was used for the provision of billing services to the Victims of Crime (VOC) unit. This \$21,970 was leveraged to gain an additional \$110,000 in funding for the JJC.

NOTE: Funding for the physical and psychiatric medical care for adolescents and for psychiatric medical care for adults has been contained within the Health Care Services Agency (HCSA) budget for the past four decades. The responsibility to address program needs in these areas lies, by policy and BOS direction, with the HCSA. The Oversight Committee’s recommendation to utilize Measure A funds to augment these core County responsibilities was made in response to the high percentage of youth and adults with behavioral

health care problems within the County’s Correctional and Justice systems, and the growing demand for direct services. Measure A funds allocated supported the medical (physical and psychiatric) service transformation and integration at the new JJC, and set the stage for enhanced coordination of care upon discharge. See “Mental Health Costs for Juvenile Justice Center” for more details.

ADMINISTRATION/INFRASTRUCTURE SUPPORT

FY 06/07 Allocation: \$200,000

Amount Expended/Encumbered: \$109,506

Administration includes support for the Measure A Oversight Committee, assistance in the development and distribution of its report to the Board of Supervisors (BOS), monitoring of the budget of Measure A funds not designated for Alameda County Medical Center (ACMC), overseeing special projects, responding to inquiries about Measure A, and managing contracts—including negotiating scope of work and payment schedule, developing the actual contract, preparing BOS letters for approval, authorizing payments, and tracking expenditures—using Measure A funds allocated by the BOS.

In FY 04/05 the BOS approved a \$200,000 allocation for Administration and Infrastructure support, providing that the Measure A revenue generated in FY 04/05 exceeded \$20 million. Revenue realized in FY 04/05 was approximately \$24 million; therefore, in mid FY 05/06 HCSA hired a Measure A Financial Manager and expended a total of \$63,535 in this category. Although technically the \$200,000 budget adjustment in FY 05/06 was never made, there was sufficient spending authority to incur these expenditures, and the BOS had previously authorized these expenditures. The FY 06/07 and subsequent fiscal year allocations include actual budget items for these funds.

\$200,000 was allocated in FY 06/07 for support of administration of Measure A. This included \$109,031 to pay for one full-time position, including salary and employee benefits, and \$475 for refreshment and mileage expenses. The remaining \$90,949 was not spent and reverted back into the general Measure A account.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES COMMUNITY-BASED ORGANIZATION PROVIDERS

FY 05/06 Allocation: \$2,250,000

Amount Expended/Encumbered: \$2,250,000

FY 06/07 Allocation: \$2,650,000

Amount Expended/Encumbered: \$2,650,000

In FY 05/06, \$2,250,000 of Measure A funds was dedicated to Maintenance of Effort (MOE) of Community-Based Organization (CBO) contract providers. This equates to 0.80% of the aggregate

Behavioral Health Care Services (BHCS) budget. About 85% of BHCS services are delivered through contracts, and maintaining and verifying the integrity of the provider network is an essential objective. Measure A funding assists in meeting the annual escalation of the costs of providing services.

The BHCS objectives for FY 06/07 were to provide appropriate behavioral health care services, which minimize hospitalization and reduce the incidence of drug abuse problems, and to provide individualization of treatment to produce better client outcomes.

For FY 06/07, the \$2,650,000 allocation represents 0.80% of the aggregate annual BHCS budget (the 3.1% currently shown in the chart on page 15 represents all Measure A monies received as a percent of the aggregate BHCS budget). The County's cost of living adjustments for BHCS are exceeded by increases in business and facility costs, with the result that employees' salaries do not keep up with inflation. The loss of Measure A funding would likely decrease the number of services provided as well as the number of people seen. Of the approximately 30,000 people seen by BHCS annually, about 350 to 400 people would not have received non-institutional services. This would result in increased suffering and increased cost due to institutional care.

Challenges in the BHCS allocation included the BHCS "cost settlement process," which resulted in the inability of some of the CBOs to access all of Measure A funds because of the "last dollar" standard. The BHCS CBO providers receive funding from a variety of sources, including Measure A revenue. The agreement with the providers was that they would spend all other revenue before using Measure A revenue. The providers are paid via an allocation formula and then, approximately six months after the close of the fiscal year, a cost report settlement is conducted to reconcile actual expenditures against all available revenue. If money is owed to the county, then the Measure A revenue would be the first source of revenue recouped, and this money would be returned to the Measure A fund.

The cost report settlement process as previously administered proved to be too cumbersome and in conflict with the intent of the Measure A augmentation that funds are provided to maintain current levels of service (commonly referred to as "maintenance of effort"). The cost report settlement process has subsequently been streamlined so that Measure A funds will no longer be recouped; instead, all funds are to be spent for the purpose for which they were allocated in the year of the allocation. Measure A funds that had been recouped in FY 04/05 and FY 05/06 in the amount of \$1,019,980 were reallocated in FY 07/08 specifically to BHCS CBO providers for capital improvement grants.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES DETOX/SOBERING STATION

FY 05/06 Allocation: \$2,000,000

Amount Expended/Encumbered: \$270,000

FY 06/07 Allocation: \$2,000,000

Amount Expended/Encumbered: \$2,000,000

The Board of Supervisors (BOS) approved a \$2,000,000 allocation per fiscal year beginning in FY 04/05 to support the construction of a new Detox/Sobering Station. Unspent funds in a given fiscal year under this allocation automatically roll into the next fiscal year for the same purpose.

In June 2004, a Detox Advisory Board was convened by Supervisor Keith Carson and Health Care Services Agency (HCSA) Director Dave Kears to explore the need for, type of, and potential locations for new detoxification services for the residents of Alameda County. This Board included representatives from Congresswoman Barbara Lee's office, the cities of Oakland and Berkeley, Alameda County Public Health, Behavioral Health Care Services (BHCS), and Emergency Medical Services, as well as hospitals, public safety organizations, and grassroots organizations. An extensive investigation into best practice services commenced, which included delegations of 23 public officials and a representative from the local business community, who traveled to Portland, Oregon and Seattle, Washington to learn first-hand how their exemplary programs operate. The recommendation for new services (modeled on the Portland Program), adopted by the Detox Advisory Board in February 2005, included Residential Social Model Detoxification Services, a Sobering Center, and a Transport Van Program to serve the other two programs.

The County Government Services Agency (GSA) initiated a Request for Proposal (RFP) for possible locations, none of which were acceptable to the communities. After BHCS followed up on numerous leads over a year, the search resulted in the determination that these new services would exist only if located on the County's Fairmont Hospital Campus. On January 31, 2006, the Board of Supervisors approved the location and development of the facilities for these new services on the Fairmont Campus. An existing building would be remodeled for the Detox Program, and a new 6,000-square-foot building would be constructed for the Sobering Center. GSA, through an RFP process for a Design-Build procurement method, awarded the contract to a local team, Shah-Kawasaki Architects and BBI Construction, in March 2007.

The \$270,000 allocation in FY 05/06 was for architectural fees associated with the design/remodel of both facilities.

In FY 06/07 funds were used for planning and construction of a much-needed detox/sober station. Factors demonstrating this need include the following:

- the absence of an appropriate location in the past
- the large number of people detoxified in psychiatric emergency rooms and in jail, at great cost and increased client risk.

In January 2008, construction was completed on the following at the Fairmont Campus on the San Leandro/Castro Valley border:

- a Sobering Center/Station, with a capacity for 50 clients at any one time for a six-hour stay
- a Detoxification Facility, with a capacity for 32 residents for a stay of three to five days.

The location is on County-owned property and will likely increase transportation costs due to use of the Transport Van Program. However, police, fire, and emergency departments at psychiatric and medical hospitals will find savings through significant reductions of their services. Net costs or savings will be determined after the facilities are operational for a period of time.

Construction began in June 2007, and both facilities opened in January 2008.

MENTAL HEALTH COSTS FOR JUVENILE JUSTICE CENTER

FY 06/07 Allocation: \$250,000

Amount Expended/Encumbered: \$0

\$250,000 was allocated specifically to restructure and enhance services provided to youth in the new Juvenile Justice Center (JJC). Measure A funding allowed additional staff to be added to the Guidance Clinic so that a therapeutic milieu could be established in each housing unit. Without these funds Behavioral Health Care Services (BHCS) would have continued to provide only court assessments and crisis intervention services for youth at the JJC. Future evaluations will be done of the modified services to note whether these services are affecting recidivism rates and the shift of youth to non-institutional treatment.

The \$250,000 allocation was approved late in FY 06/07 and was to be used to hire additional staff at the Guidance Clinic of the new JJC. Due to Human Resource and Civil Service rules and regulations, additional staff was not hired until FY 07/08.

MENTAL HEALTH COSTS FOR OAKLAND AND GLEN DYER JAIL

FY 06/07 Allocation: \$750,000

Amount Expended/Encumbered: \$750,000

As part of the FY06/07 County Measure A and Health Care Services Agency (HCSA) Budget review and adoption, the County Board of Supervisors (BOS) authorized an augmentation of \$750,000 in Measure A funds to support expanded psychiatric services to adult inmates in the County's Santa Rita and North County Correctional facilities. This augmentation was made to partially address the steady increase in the inmate population coupled with the impact caused by the closing of the Oakland City Jail, and the growing prevalence of mental health problems among the population. It is estimated that more than 20% of the inmate population has significant mental health problems. Despite both this population growth and increasing mental health prevalence, staffing support at both facilities had remained constant for over 20 years, severely compromising the County's ability to meet minimum standards for screening and follow-up care.

Measure A augmentation has resulted in improved services and response time in the provision of all psychiatric services for the County's inmate population. For the first time in over a decade, there were no suicides recorded for all of FY 06/07.

CRIMINAL JUSTICE SCREENING/IN-CUSTODY SERVICES

FY 06/07 Allocation: \$3,597,572

Amount Expended/Encumbered: \$3,597,572

The Criminal Justice Screening/In-Custody Services provides all mental health services (including screening, assessments, and treatment) to more than 700 inmates at any given time who have mental illness. Since these services are mandated, the funds for providing them would have to use about \$5 million of County General Funds.

Measure A funds enabled the service to hire additional staff who could do timely screening to all inmates at booking. The resulting early detection resulted in a calmer and more stable jail environment and reduced risk of liability for the County. Next year the service plans to consider the re-opening of an in-patient treatment unit at the Glen Dyer Jail for inmates with severe mental illness. This could reduce both costs of “out of County treatment” and recidivism, because of better linking to County services.

BOARD OF SUPERVISORS DISCRETIONARY ALLOCATIONS

FY 04/05 Allocation: \$500,000

Amount Expended/Encumbered: \$0

FY 05/06 Allocation: \$500,000

Amount Expended/Encumbered: \$515,585

FY 06/07 Allocation: \$500,000

Amount Expended/Encumbered: \$510,209

On December 14, 2004, the Board of Supervisors (BOS) adopted to receive a discretionary allocation of \$100,000 per district for each fiscal year beginning in FY 04/05, for “other” services. Under this allocation, each member of the BOS is authorized to recommend appropriations totaling up to \$100,000 in each fiscal year. The recommended appropriations require BOS approval.

On March 1, 2005, the BOS approved the distribution of the initial \$500,000. The allocation of up to \$500,000 per fiscal year commenced in FY 04/05 and continued in both FY 05/06 and FY 06/07.

The discretionary BOS appropriations were required to meet all the administrative and policy requirements of Measure A. Supervisors could submit allocation requests at any time during the fiscal years, and could carry over any unspent or unallocated funds designated for their districts from one fiscal year to the next. The full BOS approved all contracts recommended by the individual Supervisors.

Because no funds were expended or encumbered in FY 04/05, funds available under the BOS allocation in FY 05/06 totaled \$1,000,000 (\$500,000 in FY 04/05 + \$500,000 in FY 05/06); thus, the total amount expended and/or encumbered in FY 05/06 is \$515,585.

Similarly, in FY 06/07, the balance of unexpended funds from FYs 04/05 and 05/06 rolled over, thus allowing for an expenditure/encumbrance amount above the \$500,000 FY 06/07 allocation.

For fiscal years 05/06 and 06/07, the Board District Allocations were as follows:

LEGEND:

Dist = District

District 1 = Supervisor Scott Haggerty

District 2 = Supervisor Gail Steele

District 3 = Supervisor Alice Lai-Bitker

District 4 = Supervisor Nate Miley

District 5 = Supervisor Keith Carson

Dist	FY	Agency/Contractor	Expended/		Description
			Allocated	Encumbered	
1	5/06	Axis Community Center	\$100,000	\$100,000	Livermore Clinic expansion
	6/07	Tri-City Homeless Coalition	\$75,000	\$75,000	Purchase of mobile health clinic
	6/07	Northern CA Cancer Center	\$10,000	\$10,000	Cancer education
	6/07	United Srs of Oakland and AC	\$5,000	\$5,000	Healthy Living Festival expenses
	6/07	Tri-Valley Community Foundation	\$20,000	\$20,000	Dental services
	6/07	Tri-Valley Community Foundation	\$6,400	\$6,400	School-based health center expenses
	6/07	Tri-City Health Center	\$33,600	\$33,600	Diabetes program
			TOTAL	\$250,000	\$250,000
2	5/06	St. Rose Hospital	\$50,000	\$50,000	Support for Silva Clinic
	5/06	Spectrum Community Services	\$20,000	\$20,000	Senior fall risk reduction
	5/06	Tiburcio Vasquez Health Center	\$30,000	\$30,000	Health ed at Tennyson & Logan High
	6/07	St. Rose Hospital	\$50,000	\$50,000	Support for Silva Clinic
	6/07	Spectrum Community Services	\$20,000	\$20,000	Senior fall risk reduction
	6/07	Tiburcio Vasquez Health Center	\$30,000	\$30,000	Health ed at Tennyson & Logan High
			TOTAL	\$200,000	\$200,000
3	5/06	Legal Assistance for Seniors	\$15,000	\$15,000	Funds to support Medicare Part D
	5/06	Family Bridges	\$10,000	\$10,000	Funds to support Medicare Part D
	5/06	HIV Ed and Prevention Program	\$20,000	\$20,000	Harm reduction & prevention services
	5/06	Spectrum Community Services	\$15,000	\$15,000	Senior fall risk reduction
	6/07	Friendship Lodge	\$15,000	\$15,000	Case manager/counselor
	6/07	Spectrum Community Services	\$15,000	\$15,000	Senior fall risk reduction
			TOTAL	\$90,000	\$90,000
4	5/06	Livability Health Consultant	\$95,542	\$95,542	Livability Health Consultant: staff
	5/06	Technical Assistance Consultant	\$10,000	\$3,000	Technical Assistance Consultant: staff
	5/06	Violence Prevention	\$74,902	\$74,902	Violence Prevention: staff
	5/06	HIV Ed and Prevention Program	\$20,000	\$20,000	Harm reduction & prevention services
	5/06	Family Violence Law Center	\$20,000	\$20,000	Relation abuse prevention
	5/06	Spectrum Community Services	\$10,000	\$10,000	Senior fall risk reduction
	6/07	Spectrum Community Services	\$15,000	\$15,000	Senior fall risk reduction
	6/07	Bay Area Consortium for Quality Health	\$50,000	\$5,361	Gastrointestinal services
			TOTAL	\$295,444	\$243,805
5	5/06	Bay Area Consortium for Quality Health	\$100,000	\$100,000	Purchase of mobile health clinic services
		TOTAL	\$100,000	\$100,000	

See Appendix C for a description of fund recipients.

Some of the District allocations funded organizations that received other Measure A funds, either directly or indirectly, including Bay Area Consortium for Quality Health Care, St. Rose Hospital, HIV Education and Prevention Program, Tri-City Homeless Coalition, Tri-City Health Center, Tiburcio Vasquez Health Center, the Friendship Lodge, and Axis Community Center. The remaining allocations were to organizations or services that did not receive other Measure A funding.

The Supervisors report that \$679,000 in additional funds were leveraged from the District allocations, including the following:

- \$180,000 from the City of Livermore CDBG for the expansion of the Livermore Clinic
- \$10,000 from Kaiser Permanente for the expansion of the Livermore Clinic
- \$10,000 from the Tri-Valley Community Foundation for the expansion of the Livermore Clinic
- \$29,000 through a mix of community donations and some unrestricted clinic funds for the expansion of the Livermore Clinic
- \$150,000 from a State of California grant in support of the Livability Initiative
- \$300,000 from the Koshland fund in support of the Livability Initiatives.

The Measure A Oversight Committee asked the Supervisors to report on their respective allocations in the same format as other recipients of Measure A funds; all but District 2 Supervisor Gail Steele submitted the requested reports. The reports provide varying levels of information as to how the allocations aimed to improve and/or accomplished improvements in the health of residents in their respective districts. For example, some allocations supported expanded space or staffing capacity in mobile and fixed-site health care clinics, some supported distribution of information to special-need populations, and some aimed to prevent unsafe and unhealthy behaviors.

In summary, the Committee has the following observations about the BOS district allocations.

These allocations:

- augment efforts to disperse Measure A funds geographically throughout the County
- provide flexibility in being responsive to time-sensitive needs
- allow for creativity in addressing unique local health care issues and needs
- must meet Alameda County Health Care Services Agency (HCSA) contract, reporting, and outcome requirements.

**BOARD OF SUPERVISORS'
MEASURE A DISTRICT ALLOCATIONS
BOARD MEMBERS' FUNDING
OBJECTIVES FOR FY 05/06 AND FY 06/07**

District 1: To provide an additional funding source to community-based organizations to provide health services for indigent residents of District 1.

District 2: To provide an additional funding source to community-based organizations to provide health services for indigent residents of District 2.

District 3: Based on testimony at Measure A hearings convened by the Board of Supervisors and the Alameda County Health Care Services Agency, funding gaps for the uninsured were identified. Funds were used to alleviate some of these funding gaps.

District 4: 1) To support the underfunded public health/prevention component of the County health care system to create healthy and livable communities; 2) to support the underfunded needs of older adults; and 3) to promote greater geographic resource equity, particularly in East Oakland and unincorporated communities.

District 5: To provide mobile health services to underserved communities.

The Committee also has the following concerns:

- There is no specified process to announce the availability of funding or to request a District allocation.
- Allowing allocations to occur on a piecemeal basis at any time throughout the year adds an administrative burden and is therefore a cost to Measure A.
- Small allocations require a similar amount of County staff time to administer as large allocations; therefore, the greater the number of separate allocations and contracts, the greater the amount of overall staff time and Measure A funding is spent on administration rather than service delivery. We recommend that the BOS be conscious of the cost of administering these grants when making their allocations.
- Unspent funds carried over from year to year diminish the timely responsiveness of Measure A in addressing the County's demanding health care needs, unless the unspent funds are carried over for a specific funding goal. In some cases, unspent funds are carried over without designation of a funding goal.
- Because the Committee requested Measure A reports from the Supervisors, rather than from the recipients of the discretionary funds, the level of detail provided in the reports varied greatly.

NON-COUNTY HOSPITALS

FY 05/06 Allocation: \$4,500,000

Amount Expended/Encumbered: \$4,500,000

FY 06/07 Allocation: \$4,500,000

Amount Expended/Encumbered: \$4,500,000

ST. ROSE HOSPITAL

St. Rose, the 175-bed nonprofit hospital, received \$2.25 million in Measure A revenue in both FY 05/06 and FY 06/07. St. Rose used the Measure A revenue to secure an additional \$1.7 million per fiscal year in federal matching funds through the Private Hospital Supplemental Payment Program. The Hayward hospital depends on this supplemental revenue because it receives insufficient reimbursement through Medi-Cal governmental programs to cover the full cost of care to its low income and uninsured patients.

St. Rose used the combined Measure A and federal matching dollars to maintain its level of inpatient, outpatient, and emergency services to Hayward-area residents. During the two-year period, St. Rose almost doubled the number of its cardiac procedures; expanded its medical staff; and served almost 14,000 children in the Silva Pediatric Clinic. In addition, the supplemental funding helped the hospital secure long-term financing to retrofit its facilities to meet state seismic standards and plan future program expansion.

CHILDREN'S HOSPITAL AND RESEARCH CENTER

Children's Hospital and Research Center in Oakland received \$2.25 million in Measure A revenue in both FY 05/06 and FY 06/07. As with St. Rose, the federal government provided an additional \$1.7 million per fiscal year in matching funds, thus increasing the impact of the tax revenue. While Children's Hospital serves as a regional pediatric center, children from Alameda County received two-thirds of its outpatient services and over half of its inpatient care.

Children’s Hospital divided the Measure A and federal matching dollars among five outpatient services that operate at a loss:

- the hospital-based and school-based adolescent clinics
- the emergency department
- the Center for Child Protection
- the hematology/oncology program
- the audiology service.

As a result of the supplemental funding, the hospital doubled the number of visits in its adolescent clinics, expanded its medical and mental health services to children exposed to abuse and domestic violence, pioneered new treatments and techniques for children with cancer, and increased the number of surgical implants to address hearing loss.

Figure 5
ST. ROSE HOSPITAL USE OF MEASURE A FUNDING TO OBTAIN FEDERAL MATCHING FUNDS

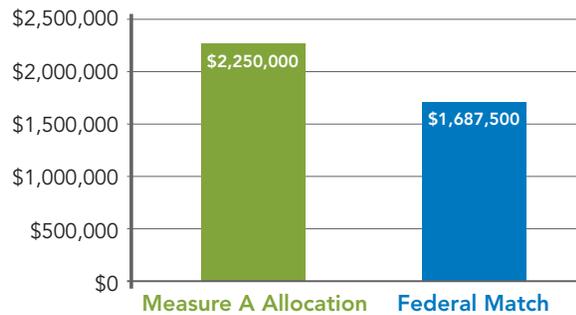
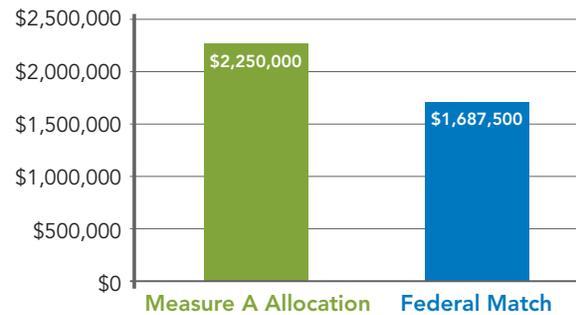


Figure 6
CHILDREN’S HOSPITAL USE OF MEASURE A FUNDING TO OBTAIN FEDERAL MATCHING FUNDS



SCHOOL-BASED/LINKED HEALTH CENTERS

FY 05/06 Allocation: \$1,000,000

Amount Expended/Encumbered: \$988,061

FY 06/07 Allocation: \$1,000,000

Amount Expended/Encumbered: \$954,328

The mission of the Alameda County School Health Services (SHS) Coalition, formerly the School-Based Health Center Coalition, is to improve the health, well-being, and success of adolescents in schools by increasing access to comprehensive, high-quality health care services; reducing barriers to learning; and supporting families and communities. The Coalition members accomplish these goals through the provision of primary and preventative medical care, behavioral health services, health education, and youth development at the following 11 school-based/linked health centers in Alameda County:

- Alameda Family Services School-Based Health Center (SBHC) Alameda High School (Alameda)
- Alameda Family Services SBHC Encinal High School (Alameda)
- Berkeley High School Health Center (Berkeley)
- Chappell R. Hayes Health Center (West Oakland)
- Logan Health Center (Union City)

- Roosevelt Health Center (Oakland)
- San Lorenzo High Health Center (San Lorenzo)
- TechniClinic (Oakland)
- Tennyson Health Center (Hayward)
- Tiger Clinic (Oakland)
- Youth UpRising Health Center (East Oakland)

School sites are selected based on the percentage of students on free lunch programs, school education performance levels, and other data related to attendance and graduation rates (e.g. suspensions), coupled with the site’s facility capacity to accommodate or construct clinic space and district/principal’s commitment to an integrated service model. All decisions are made jointly by the school site, school district administration, and Health Care Services Agency’s (HCSA’s) school-based/linked services coalition.

Alameda County SHS Coalition achieved significant increases in medical, behavioral health services, and health education by using \$1 million in Measure A funding (approximately 13% of the Coalition’s budget) to leverage \$6,576,350 in FY 05/06 and \$6,685,801 in FY 06/07 in state and federal matching funds.

“About 75% of the day, where are you? School. So it’s a lot easier for you to go [to the health center] and get everything taken care of, all at the snap of a finger, and then you can go finish your business, whatever you have to do.”

– Quote from student using School Health Services

“I am grateful to be able to send students to the health center. In particular, I had one student in crisis who confided in me. I sent her to the health center and counseling has helped her deal with her issues. She is now participating in class and doing well academically and in her life as well.”

– Quote from School Staff

Figure 7
ALAMEDA COUNTY SCHOOL HEALTH SERVICES (SHS)
USE OF MEASURE A FUNDING
TO OBTAIN FEDERAL MATCHING FUNDS, FY 05/06

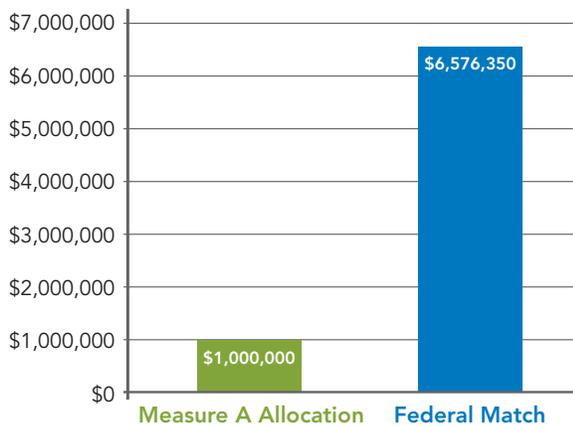
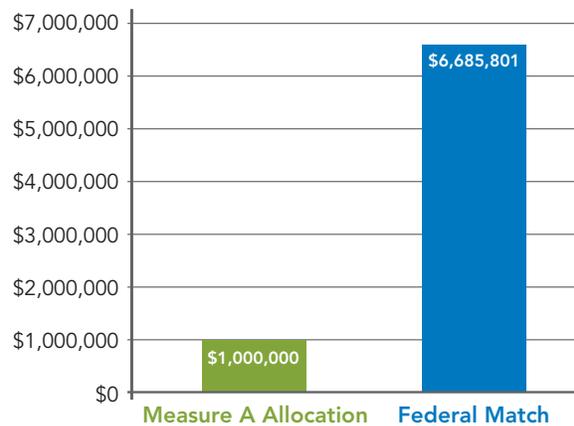


Figure 7
ALAMEDA COUNTY SCHOOL HEALTH SERVICES (SHS)
USE OF MEASURE A FUNDING
TO OBTAIN FEDERAL MATCHING FUNDS, FY 06/07



During FY 05/06 the 11 Health Centers in the Coalition accomplished the following:

- increased overall clinic visits (25,737 visits) over the previous fiscal year by 25%
- served 31% of the overall student population at schools with SBHCs
- increased first aid and medical visits by 13%
- increased mental health visits by 50%

- increased individual health education visits by 17%.

During FY 06/07 the 11 Health Centers in the Coalition accomplished the following:

- increased overall clinic visits (27,078 visits) over the previous fiscal year by 5%
- served 32% of the overall student population at schools with SBHCs
- increased first aid and medical visits by 4%
- increased mental health visits by 16%
- expanded the Coordinated School Health Program (CSHP) to strengthen and improve the coordination of health services in Berkeley, Hayward, and Oakland
- implemented health planning initiatives in Tri-Valley and the City of Fremont to develop cross-systems infrastructures to increase access to quality, culturally appropriate services to adolescents.

PRIMARY CARE COMMUNITY-BASED ORGANIZATIONS

FY 05/06 Allocation: \$5,000,000

- \$4,753,987 to clinics under the Alameda Health Consortium
- \$246,013 to the Bay Area Consortium for Quality Health Care

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

FY 06/07 Allocation: \$6,476,960

- \$6,012,421 to clinics under the Alameda Health Consortium
- \$314,538 to the Bay Area Consortium for Quality Health Care
- \$150,000 to be used to provide health services to day laborers

Amount Expended/Encumbered: \$6,476,960

ALAMEDA HEALTH CONSORTIUM CLINICS

The Alameda Health Consortium serves as the coordinating body for eight community health centers that operate nearly 25 clinic sites, including school-based health centers, in all areas of Alameda County and are an integral part of the health safety net. The community centers under the Alameda Health Consortium include the following:

- 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
- West Oakland Health Center.

The Measure A allocation was distributed to the Alameda Health Consortium’s eight member community clinics in order to maintain and expand access to services to uninsured and indigent County residents. These clinics operate 25 sites

“I avoided seeking medical care for months until I went to the emergency room and found I have diabetes. Since then, I have been getting low-cost regular care at a community based health center. Here they treat you well—before I just had to guess what to do about my illness.

— Primary Care CBO Patient

that serve over 130,000 patients annually who are primarily people of color (90%) and low income (96% making below 200% of the federal poverty level). Half of this patient population is uninsured, and 52% speak a primary language other than English.

The Consortium Clinics, which provide primary care, dental care, and mental health services, used funds to increase patient visits during FY 05/06 and FY 06/07.

In FY 05/06:

- Consortium member clinics had a total of 77,479 County Medical Services Program (CMSP) visits.
- The number of new visits to clinics was 19,816, which exceeded the targeted number of visits set by Alameda County.
- Clinics exceeded their new visit target by 62%.

In FY 06/07:

- Consortium member clinics had a total of 82,206 CMSP visits.
- The number of new visits to clinics was 22,614, which exceeded the targeted number of visits set by Alameda County.
- Clinics exceeded their new visit target by 9%.

Clinics used Measure A funds to enhance/expand clinic facilities and implement programs that reduced health disparities. These clinics also successfully leveraged funds from foundations and other private and public organizations for a variety of projects and services, such as enhancing outreach and enrollment efforts, increasing staff capacity for medical interpretation, providing pharmaceuticals to CMSP patients, increasing hours at various clinic sites, and offering prenatal educational counseling classes.

BAY AREA CONSORTIUM FOR QUALITY HEALTH CARE (BACQHC)

FY 05/06 Allocation: \$246,013

Amount Expended/Encumbered: \$246,013

FY 05/06 Allocation from District 5 Board of Supervisors Allocation: \$100,000

Amount Expended/Encumbered: \$100,000

Funding used to provide mobile health clinic services.

FY 06/07 Allocation: \$314,538

Amount Expended/Encumbered: \$314,538

FY 06/07 Allocation from District 4 Board of Supervisors Allocation: \$50,000

Amount Expended/Encumbered: \$5,361

Funding used to provide gastrointestinal services.

FY 06/07 One-Time Allocation: \$125,000

Amount Expended/Encumbered: \$125,000

Funding used to assist in obtaining clinic status for three clinics under BACQHC.

The Bay Area Consortium for Quality Health Care (BACQHC) seeks to enhance and sustain the quality of life in our communities by working to assure access to and retention of quality health care. To this end BACQHC received a total of \$790,912 in Measure A funds during FY 05/06 and FY 06/07 (as indicated above).

Highlights include an increase in availability of affordable services at more convenient times, the hiring of additional staff, and continued training of both permanent and temporary staff members and others. BACQHC served 815 patients and provided 2,655 visits in FY 05/06 and 842 patients and 2,737 visits in FY 06/07. The total number of patients served and number of visits provided were funded using the County's funds designated for indigent care—including Measure A and non-Measure A funds.

In its last report, which covered FY 04/05 expenditures, the Oversight Committee cited concern that BACQHC did not provide the detail necessary to verify compliance with Measure A. Despite this concern, for the current report BACQHC again submitted reports that were not responsive and were inconsistent with the questions being asked.

Specific concerns include the following:

- The number of contracted visits of indigent patients achieved only 92% of the contract requirement in FY 05/06, and 89% in FY 06/07. To be considered within compliance, the number of indigent patient visits must be 95% or more of the contract requirement.
- The expenditure of \$125,000 to obtain accreditation of three clinics—Ujima, Doctor Watson, and Healthy Oakland/Save a Life—resulted in only one of the clinics, Ujima, receiving accreditation. The other two did not.
- The reported increases of 27% in patient visits and 30% in patient services need explanations as to how they were achieved and whether the patients mentioned were indigent patients.
- The reporting provided by BACQHC has consistently failed to meet the Committee's reporting compliance guidelines, which require that reports contain Measure A-related information only. BACQHC reports continually include non-Measure A issues.

While BACQHC continues to receive an allocation under primary care, the agency has not received additional one-time only funding.

HEALTHY OAKLAND

FY 06/07 One-Time Allocation: \$125,000

Amount Expended/Encumbered: \$0

The \$125,000 allocation to Healthy Oakland was a redirection of funds originally allocated for insurance expansion. The Board of Supervisors (BOS) initially recommended that \$250,000 of non-Alameda County Medical Center (ACMC) Measure A funds should be used to support children and youth health insurance program. This recommendation was based on Alameda County being granted pilot status to expand the State/Federal Healthy Families enrollment, subject to matching County dollars.

As originally conceived, the commitment of \$250,000 would provide the 40% match required by the program and would substantially expand health insurance for low income children and youth. Unfortunately, the pilot program was initiated with a high state administrative fee, essentially negating the value of the program.

The BOS decided to redirect the funds based on hearings regarding the initial allocation of the funds, during which strong public advocacy claimed that not enough Measure A funds were earmarked to new and/or developing providers of color. Specifically, strong arguments were made to focus new or expanded services on single adults of color in East and West Oakland.

As a result of the hearings, the BOS designated Bay Area Consortium for Quality Health Care (BACQHC) and negotiated contracts with the agency focusing on the development of new clinic sites and support for existing outreach and mobile clinic services (see “Bay Area Consortium for Quality Health Care” for more information). Because of complications and compliance concerns that arose during the first two years of operation, some program/performance modifications were made, and ultimately the new clinic site component of the BACQHC initial contract was separated into its own project.

For FY 07/08, the BOS recommended and adopted an allocation of \$125,000 to support Healthy Oakland in developing its infrastructure (the remaining \$125,000 was allocated to BACQHC). Since this contract was not executed until FY 07/08, it will be reviewed in the Oversight Committee’s report of FY 07/08 expenditures.

CONCERNS

In developing this report, the Oversight Committee has identified the following concerns regarding health care funding in general, and Measure A funding specifically:

- The rate at which sales tax receipts increased from FY 05/06 to FY 06/07 was lower than the rate of increase from FY 04/05 to FY 05/06, meaning that the rate of Measure A funding increases has gone down accordingly.
- Trends in federal and state funding show cuts in health care spending, creating concern over the impacts such cuts may have in Alameda County.
- The number of uninsured county residents is growing as employers dilute or drop health insurance coverage for their workers. As the number of uninsured and underinsured patients grows, Alameda County's medical institutions will shoulder most of the strain.
- Outpatient clinic visits at Alameda County Medical Center (ACMC) declined in FY 06/07 as compared to FY 05/06 despite increased overall funding, which is only partially explained by the transfer of responsibility of the Juvenile Hall clinic. The decline as well as the lack of explanation for it in the reporting are both of concern to the Oversight Committee.
- We are concerned that there appears to be no requirement that recipients of capital funds provide services to indigent, underinsured, or low-income patients for a specified period.
- Regarding Board of Supervisor (BOS) discretionary allocations, we note the following concerns:
 - There is no specified process to announce the availability of funding or to request a District allocation.
 - Allowing allocations to occur on a piecemeal basis at any time throughout the year adds an administrative burden and is therefore a cost to Measure A.
 - Small allocations require a similar amount of County staff time to administer as large allocations; therefore, the greater the number of separate allocations and contracts, the greater the amount of overall staff time and Measure A funding is spent on administration rather than service delivery.
 - Unspent funds carried over from year to year diminishes the timely responsiveness of Measure A in addressing the County's demanding health care needs, unless they are carried over for a specific funding goal; there are unspent funds being carried over without designation of a funding goal.
 - Because the Committee requested Measure A reports from the Supervisors, rather than from the recipients of the discretionary fund, the level of detail provided in the reports varied greatly.
- We cited in our last report (of FY 04/05 expenditures) concern over the lack of detail provided by Bay Area Consortium for Quality Health Care (BACQHC) necessary to verify compliance with Measure A. Although this concern was cited in the last report, BACQHC again submitted reports that were not responsive and inconsistent with the questions being asked. Specific concerns include the following:
 - The number of contracted visits of indigent patients achieved only 92% of the contract requirement in FY 05/06, and 89% in FY 06/07. To be considered within compliance, the number of indigent patient visits must be 95% or more of the contract requirement.

- The expenditure of \$125,000 to obtain accreditation of three clinics—Ujima, Doctor Watson, and Healthy Oakland/Save a Life—resulted in only one of the clinics, Ujima, receiving accreditation. The other two did not.
- The reported increases of 27% in patient visits and 30% in patient services need explanations as to how they were achieved and whether the patients mentioned were indigent patients.
- The reporting provided by BACQHC has consistently failed to meet the Committee’s reporting compliance guidelines, which require that reports contain only Measure A-related information. BACQHC reports continually include non-Measure A issues.
- The language of Measure A prohibits the replacement of ongoing County funding to the Alameda County Medical Center (ACMC) by Measure A tax receipts. It also requires that if the County shall be required to reduce budgetary expenditures in any given year, any reduction in County funding of ACMC shall be proportionate to reductions in funding of all other health care programs provided by the County (such as public health, behavioral care, etc.).

The Oversight Committee is concerned that it does not have adequate information to ensure the BOS that such replacement or substitution of County funds (also called supplantation) with Measure A funds is not occurring. We plan to further address this important issue in the coming year.
- The Committee has an ongoing concern that the composition of the Committee does not reflect the diverse make-up of the population served by Measure A. This concern was noted in our previous report also.

APPENDIX A: Measure A Revenue Received in FY 05/06 and FY 06/07

APPENDIX B: FY 05/06 and FY 06/07 Measure A Fund Distribution by Provider or Program

APPENDIX C: Measure A Service Provider Program Descriptions

APPENDIX D: Maps: Geographic Distribution of Providers Receiving Measure A Funds in FY 05/06 and FY 06/07

Map 1: County, Private, and Nonprofit Hospitals and Alameda County Public Health Programs That Received Measure A Funds in FY 05/06 and FY 06/07

Map 2: Alameda County Health Care Services Agency
FY 05/06 and 06/07 Measure A Capital RFP Fund Recipients

Map 3: Emergency Rooms Where ER and On-Call Physicians Provided Service and Were Compensated With Measure A Funds in FY 05/06 and FY 06/07

Map 4: Alameda County Behavioral Health Care Services Alcohol and Drug Providers That Received Measure A Funds in FY 05/06 and FY 06/07

Map 5: Alameda County Behavioral Health Care Services Mental Health CBO Providers That Received Measure A Funds in FY 05/06 and FY 06/07

Map 6: Adolescent School-Based Health Centers That Received Measure A Funding in FY 05/06 and FY 06/07

Map 7: Primary Care Community Based Organization (CBO) Clinics Receiving Measure A Funding in FY 05/06 and FY 06/07

**APPENDIX A:
MEASURE A REVENUE RECEIVED IN FY 05/06 AND FY 06/07**

FISCAL YEAR 04/05

Date Received	Month Earned	ACMC	County	Total	ACMC Total	County Cumulative Total	Total Cumulative
9/22/04	07/04	5,211,585	1,737,195	6,948,780	5,211,585	1,737,195	6,948,780
10/21/04	08/04	5,142,150	1,714,050	6,856,200	10,353,735	3,451,245	13,804,980
11/19/04	09/04	6,856,200	2,285,400	9,141,600	17,209,935	5,736,645	22,946,580
12/28/04	10/04	5,494,355	1,831,452	7,325,807	22,704,290	7,568,097	30,272,387
01/19/05	11/04	5,437,350	1,812,450	7,249,800	28,141,640	9,380,547	37,522,187
02/17/05	12/04	7,249,800	2,416,600	9,666,400	35,391,440	11,797,147	47,188,587
03/31/05	01/05	6,299,953	2,099,984	8,399,937	41,691,393	13,897,131	55,588,524
04/21/05	02/05	4,291,500	1,430,500	5,722,000	45,982,893	15,327,631	61,310,524
05/18/05	03/05	5,722,050	1,907,350	7,629,400	51,704,943	17,234,981	68,939,924
06/24/05	04/05	8,412,419	2,804,139	11,216,559	60,117,362	20,039,120	80,156,483
07/20/05	05/05	4,988,025	1,662,676	6,650,700	65,105,387	21,701,796	86,807,183
08/19/05	06/05	6,650,700	2,216,900	8,867,600	71,756,087	23,918,696	95,674,783
Interest earned			116,927	116,927			
TOTAL		71,756,087	24,035,623	95,791,710			

FISCAL YEAR 05/06

Date Received	Month Earned	ACMC	County	Total	ACMC Total	County Cumulative Total	Total Cumulative
9/23/05	07/05	7,593,094	2,531,031	10,124,125	7,593,094	2,531,031	10,124,125
10/20/05	08/05	4,791,900	1,597,300	6,389,200	12,384,994	4,128,331	16,513,325
11/18/05	09/05	6,389,250	2,129,750	8,519,000	18,774,244	6,258,081	25,032,325
12/23/05	10/05	10,712,696	3,570,899	14,283,595	29,486,940	9,828,980	39,315,920
01/19/06	11/05	5,642,475	1,880,825	7,523,300	35,129,415	11,709,805	46,839,220
02/16/06	12/05	7,523,250	2,507,750	10,031,000	42,652,665	14,217,555	56,870,220
03/31/06	01/06	7,854,305	2,618,102	10,472,407	50,506,970	16,835,657	67,342,627
04/21/06	02/06	5,059,800	1,686,600	6,746,400	55,566,770	18,522,257	74,089,027
05/18/06	03/06	6,746,400	2,248,800	8,995,200	62,313,170	20,771,057	83,084,227
06/23/06	04/06	7,371,527	2,457,176	9,828,703	69,684,697	23,228,233	92,912,930
07/20/06	05/06	5,450,100	1,816,700	7,266,800	75,134,797	25,044,933	100,179,730
08/17/06	06/06	7,266,825	2,422,275	9,689,100	82,401,622	27,467,208	109,868,830
Interest earned			380,741	380,741			
TOTAL		82,401,622	27,847,949	110,249,571			

FISCAL YEAR 06/07

Date Received	Month Earned	ACMC	County	Total	ACMC Total	County Cumulative Total	Total Cumulative
09/22/06	07/06	8,322,635	2,774,212	11,096,847	8,322,635	2,774,212	11,096,847
10/18/06	08/06	5,513,100	1,837,700	7,350,800	13,835,735	4,611,912	18,447,647
11/16/06	09/06	9,242,400	3,080,800	12,323,200	23,078,135	7,692,712	30,770,847
12/22/06	10/06	7,953,029	2,651,009	10,604,038	31,031,164	10,343,721	41,374,885
01/18/07	11/06	6,025,875	2,008,625	8,034,500	37,057,039	12,352,346	49,409,385
02/22/07	12/06	8,004,300	2,668,100	10,672,400	45,061,339	15,020,446	60,081,785
03/29/07	01/07	6,588,768	2,196,256	8,785,024	51,650,107	17,216,702	68,866,809
04/18/07	02/07	5,224,050	1,741,350	6,965,400	56,874,157	18,958,052	75,832,209
05/17/07	03/07	6,965,400	2,321,800	9,287,200	63,839,557	21,279,852	85,119,409
06/22/07	04/07	8,152,952	2,717,651	10,870,603	71,992,509	23,997,503	95,990,012
07/19/07	05/07	5,736,525	1,912,175	7,648,700	77,729,034	25,909,678	103,638,712
08/16/07	06/07	7,648,725	2,549,575	10,198,300	85,377,759	28,459,253	113,837,012
Interest earned			655,872	655,872			
TOTAL		85,377,759	29,115,125	114,492,884			

FISCAL YEAR 07/08

Date Received	Month Earned	ACMC	County	Total	ACMC Total	County Cumulative Total	Total Cumulative
09/26/07	07/07	8,530,372	2,843,457	11,373,829	8,530,372	2,843,457	11,373,829
10/18/07	08/07	6,117,375	2,039,125	8,156,500	14,647,747	4,882,582	19,530,329
11/21/07	09/07	8,156,475	2,718,825	10,875,300	22,804,222	7,601,407	30,405,629
12/28/07	10/07	7,883,441	2,627,814	10,511,255	30,687,663	10,229,221	40,916,884
01/16/08	11/07	6,205,800	2,068,600	8,274,400	36,893,463	12,297,821	49,191,284
02/21/08	12/07	8,274,375	2,758,125	11,032,500	45,167,838	15,055,946	60,223,784
03/27/08	01/08	7,183,405	2,394,468	9,577,873	52,351,243	17,450,414	69,801,657
04/17/08	02/08	5,386,200	1,795,400	7,181,600	57,737,443	19,245,814	76,983,257
05/22/08	03/08	7,181,625	2,393,875	9,575,500	64,919,068	21,639,689	86,558,757
06/24/08	04/08	8,049,440	2,683,146	10,732,586	72,968,508	24,322,835	97,291,343
07//08	05/08			0			
08//08	06/08			0			
Interest earned			358,317	358,317			
TOTAL		72,968,508	24,681,152	97,649,660			
GRAND TOTAL		312,503,976	105,679,848	418,183,824			

**APPENDIX B:
FY 05/06 AND FY 06/07 MEASURE A FUND DISTRIBUTION
BY PROVIDER OR PROGRAM**

	FY 05/06 Measure A Allocation	Expended/ Encumbered	FY 06/07 Measure A Allocation	Expended/ Encumbered
PUBLIC HEALTH				
Public Health Prevention Initiative				
Chronic Disease and Injury Prevention				
Project New Start	\$16,917	\$23,713	\$16,917	\$13,889
Community Designed Initiative	\$125,000	\$125,000	\$125,000	\$125,000
Asthma	\$211,542	\$196,577	\$211,542	\$211,576
Diabetes	\$261,404	\$164,928	\$262,028	\$221,399
Healthy Kids, Healthy Teeth	\$147,836	\$144,590	\$147,212	\$150,510
EMS	\$100,000	\$100,000	\$100,000	\$0
Health Inequities and Capacity Building				
Community Designed Initiative	\$50,000	\$0	\$50,000	\$50,000
Office of Director/CAPE	\$640,569	\$599,633	\$630,569	\$665,111
Community Nursing	\$98,508	\$98,140	\$98,508	\$98,510
Immunization Registry	\$197,263	\$179,654	\$197,263	\$187,662
HIV Prevention	\$82,800	\$88,800	\$92,800	\$92,489
FHS-Healthy Passage System of Care	\$98,465	\$98,201	\$98,465	\$98,198
Obesity Prevention and School Health				
Nutrition Services	\$397,306	\$369,706	\$397,306	\$386,880
PH Nursing	\$177,390	\$179,718	\$177,390	\$176,435
Community Designed Initiative	\$395,000	\$399,000	\$395,000	\$374,999
TOTAL	\$3,000,000	\$2,767,660	\$3,000,000	\$2,852,658
Public Health FY 05/06 Reduction Target	\$1,042,659	\$142,668	\$0	

	FY 05/06 Measure A Allocation	Number of Claims Paid	FY 06/07 Measure A Allocation	Number of Claims Paid
ER and On-Call Physician Reimbursement				
Funds expended based on claims submitted by providers; specific allocations were not made for each provider.				
Oakcare Medical Group Inc	\$380,002	6,460	\$181,423	4,053
Berkeley Emergency Medical Group	\$359,467	5,309	\$469,348	6,789
California Emergency Physicians	\$270,318	3,919	\$337,029	4,731
Phoenix Emergency Physicians	\$110,502	1,833	\$129,880	2,084
Emergency Medical Assoc of Children	\$81,334	1,687	\$109,385	1,886
Raveendra Nadaraja MD	\$65,921	81	\$43,890	52
R Scott Snyder MD Inc.	\$28,332	69	\$24,351	73
Pleasanton Emergency Medical Group	\$26,899	472	\$63,881	977
TOTAL FOR ABOVE 8 PROVIDERS	\$1,322,775	19,830	\$1,359,187	20,645
TOTAL FOR PROVIDERS RECEIVING				
UNDER \$20,000 (46 in FY 05/06; 33 in FY 06/07)	\$176,320	601	\$140,813	583
GRAND TOTAL FOR ALL PROVIDERS	\$1,499,095	20,431	\$1,500,000	21,228

	FY 05/06 Measure A Allocation	Expended/ Encumbered	FY 06/07 Measure A Allocation	Expended/ Encumbered
ADMIN/INDIGENT HEALTH				
Bay Area Consortium for Quality Health Care*	\$250,000	\$0	\$0	\$125,000
Medicare Part D*	\$250,000	\$137,334	\$0	\$62,666
Other Capital*	\$1,450,000	\$250,000	\$0	\$100,000
Capital Request for Proposal*	\$1,200,000	\$144,134	\$0	\$1,055,878
Indigent/Admin FY 05/06 Reduction Target	\$2,063,820	\$2,063,820	\$0	
Insurance Expansion	\$250,000	\$0	\$250,000	\$0
Administration/Infrastructure Support	\$0	\$63,535	\$200,000	\$109,506
Medical Costs for JJC	\$0	\$0	\$500,000	\$490,977
School-Based Health Clinics (SBHCs)				
Maintaining Existing Services				
Base Funding for Existing SBHCs	\$220,000	\$217,961	\$220,000	\$218,000
One-Time Only Capacity Building Grants	\$0	\$0	\$0	\$0
Core Evaluation	\$129,659	\$129,659	\$150,000	\$150,000
Service Expansion				
Planning and Base Funding for 2 New SBHCs	\$200,000	\$169,576	\$200,000	\$124,079
Coordinated School Health Sites	\$162,370	\$162,370		
Data Needs Assessment and Planning Technical Assistance	\$110,171	\$105,438	\$112,000	\$105,174
One-Time Only Service Expansion Grants	\$0	\$0	\$0	\$0
Capital Reserve	\$0	\$50,000	\$0	\$50,000
Service System Coordination				
Fund Development	\$7,550	\$7,550	\$200,834	\$200,834
Program Coordination	\$84,500	\$80,237	\$31,394	\$31,394
Administrative Infrastructure and Support	\$84,800	\$64,320	\$75,000	\$64,075
One-Time Only Strategic Planning Grants				
Professional Development and Training	\$950	\$950	\$10,772	\$10,772
TOTAL	\$1,000,000	\$988,061	\$1,000,000	\$954,328
Private and District Hospitals				
Children's Hospital Oakland	\$2,250,000	\$2,250,000	\$2,250,000	\$2,250,000
St. Rose Hospital	\$2,250,000	\$2,250,000	\$2,250,000	\$2,250,000
TOTAL	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000
Primary Care CBOs				
Asian Health Services	\$726,093	\$726,093	\$906,740	\$906,740
Bay Area Consortium for Quality Health Care	\$246,013	\$246,013	\$314,538	\$314,538
AXIS Community Health Center	\$420,626	\$420,626	\$520,221	\$520,221
La Clinica de la Raza	\$1,051,147	\$1,051,147	\$1,279,930	\$1,279,930
Life Long Medical Care	\$712,341	\$712,341	\$881,002	\$881,002
Native American Health Center	\$321,859	\$321,859	\$399,915	\$399,915
Tri-Cities Health Center	\$515,642	\$515,642	\$764,352	\$764,352

	FY 05/06 Measure A Allocation	Expended/ Encumbered	FY 06/07 Measure A Allocation	Expended/ Encumbered
ADMIN/INDIGENT HEALTH				
Primary Care CBOs (continued)				
Tiburcio Vasquez Health Center	\$525,643	\$525,643	\$646,685	\$646,685
West Oakland Health Center	\$480,636	\$480,636	\$613,577	\$613,577
Day Workers			\$150,000	\$150,000
TOTAL	\$5,000,000	\$5,000,000	\$6,476,960	\$6,476,960
BEHAVIORAL HEALTH				
Community-Based Organization Providers				
Alameda County Network of Mental Health Clients	\$58,997	\$48,313	\$62,841	\$62,841
Ann Martin Children's Center, Inc.	\$9,835	\$9,845	\$20,813	\$20,813
Asian Community Mental Health Services	\$59,060	\$59,060	\$74,237	\$74,237
Asian Pacific Psychological Services	\$4,396	\$4,396	\$5,489	\$5,489
Axis Community Health, Inc.	\$10,761	\$21,521	\$26,872	\$26,872
BACS	\$83,014	\$99,048	\$115,925	\$115,925
Berkeley Addiction Treatment Services, Inc. (B.A.T.S.)	\$5,104	\$5,104	\$6,077	\$6,126
Berkeley Place	\$25,700	\$25,700	\$32,091	\$32,091
Bi-Bett Corporation	\$33,631	\$33,631	\$41,993	\$41,993
Bonita House	\$55,928	\$55,928	\$69,835	\$69,835
Building Opportunities for Self Sufficiency (B.O.S.S.)	\$69,491	\$59,491	\$74,283	\$74,283
Carnales Unidos Reformando Adictos, Inc. (C.U.R.A.)	\$18,930	\$18,930	\$23,636	\$23,884
Center for Independent Living	\$1,988	\$1,988	\$2,483	\$2,483
Community Counseling and Education Center (C.C.E.C.)	\$22,164	\$22,164	\$27,675	\$27,675
Crisis Support Services	\$26,841	\$26,841	\$33,515	\$33,515
Davis Street Community Center	\$9,323	\$9,323	\$11,642	\$11,642
East Bay Agency for Children	\$54,241	\$54,241	\$69,220	\$69,220
East Bay Asian Youth Center	\$2,596	\$2,596	\$3,241	\$3,241
East Bay Community Recovery Project	\$42,225	\$42,225	\$95,975	\$95,975
Family Paths (formerly Parental Stress)	\$17,910	\$17,910	\$28,602	\$28,602
Filipinos for Affirmative Action	\$1,946	\$1,946	\$2,431	\$2,431
Fred Finch Youth Center	\$30,073	\$30,073	\$43,413	\$43,413
Health and Human Resource Education Center	\$5,347	\$4,344	\$5,424	\$5,722
Horizon Services	\$95,000	\$95,000	\$118,432	\$118,432
Humanistic Alternatives to Addiction, Research, and Treatment, Inc. (HAART)	\$2,675	\$2,675	\$3,340	\$3,410
La Cheim	\$36,436	\$36,436	\$45,849	\$35,914
La Clinica	\$42,568	\$42,568	\$69,279	\$69,279
La Familia	\$54,693	\$54,693	\$67,601	\$67,601

*Unspent funds in these allocations are allowed to roll forward into subsequent years.

	Measure A Allocation	FY 05/06 Expended/ Encumbered	Measure A Allocation	FY 06/07 Expended/ Encumbered
BEHAVIORAL HEALTH				
Community-Based Organization Providers (continued)				
Latino Commission	\$52,137	\$52,137	\$65,102	\$65,102
Lincoln Child Center	\$44,537	\$44,537	\$61,167	\$61,167
Magnolia Recovery Program, Inc.	\$4,367	\$4,367	\$5,453	\$5,453
Mental Health Association	\$38,184	\$38,362	\$46,886	\$46,886
Native American Health Center	\$5,956	\$5,956	\$7,437	\$7,437
New Bridge Foundation Inc.	\$39,010	\$39,010	\$48,712	\$48,712
Oakland Independent Support Center	\$6,081	\$0		
Regents of the UC - Center on Deafness	\$6,738	\$6,738	\$8,414	\$8,414
RL Geddins Women's Empowerment Network	\$4,969	\$4,640		
Second Chance	\$60,980	\$60,980	\$76,143	\$76,143
Seneca Center	\$38,333	\$38,333	\$62,597	\$62,597
Senior Support Programs (formerly Tri-Valley Community Foundation)	\$1,869	\$1,869	\$2,334	\$2,334
St. Mary's Recovery Center	\$3,375	\$3,375	\$104,214	\$104,214
Solid Foundation	\$48,613	\$48,613	\$60,698	\$60,698
STARS	\$23,174	\$23,174	\$28,861	\$28,861
Supplement Rate Program	\$38,934	\$47,561	\$48,615	\$48,716
Telecare	\$819,339	\$819,339	\$803,994	\$803,994
Thunder Road	\$10,659	\$10,659	\$13,292	\$13,292
West Oakland Health Center	\$122,539	\$122,539	\$154,309	\$154,309
Y.M.C.A.	\$8,181	\$8,181	\$10,216	\$10,439
ZDK, Inc.	\$1,076	\$1,076	\$1,344	\$1,054
TOTAL BHCS CBO MOE	\$2,250,000	\$2,250,000	\$2,650,000	\$2,650,000
Detoxification/Sober Station	\$2,000,000	\$270,000	\$3,035,000	\$3,035,000
Criminal Justice Screening (Budget Strategy)			\$3,597,572	\$3,597,572
BHCS FY 05/06 Reduction Target	\$2,268,053	\$2,268,053	\$0	
Mental Health Costs for Oakland & Glen Dyer Jails			\$750,000	\$750,000
Mental Health Costs for Juvenile Justice Center			\$250,000	0
BOARD OF SUPERVISORS (BOS)				
BOS Discretionary Allocations**	\$500,000	\$515,585	\$500,000	\$510,209

**FY 04/05 allocation of \$500,000 was not expended or encumbered and allowed to roll forward into subsequent years.

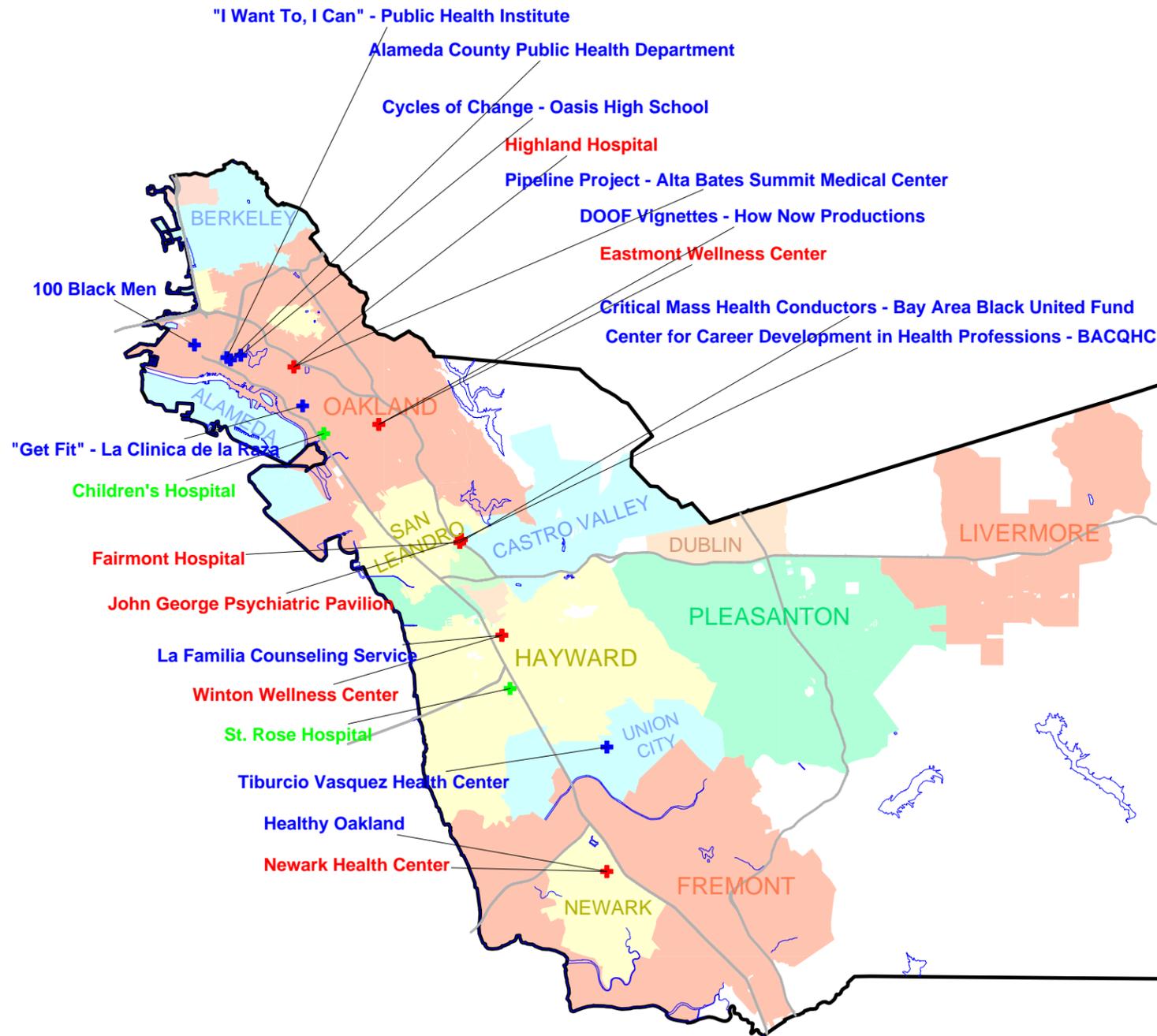
**APPENDIX C:
MEASURE A SERVICE PROVIDER PROGRAM DESCRIPTIONS**

	Comprehensive Medical Services	Alcohol & Drug Treatment	Community Health Clinic	Mental Health Provider	Community Based Org.
Alameda County Network of Mental Health Clients				X	
Alameda Hospital	X				
Alameda Family Services (formerly Change Thru Xanthos)				X	
Ann Martin Children's Center, Inc.				X	
Asian Community Mental Health Services - AOD - Adolescent Outpatient		X		X	
Asian Health Services			X		
Asian Pacific Psychological Services		X			
AXIS Community Health Center		X	X		
BACS				X	
Base Funding for Existing SBHCs			X	X	
Bay Area Consortium for Quality Health Care			X		
Berkeley Addiction Treatment Services, Inc.	X				
Berkeley Emergency Medical Group	X				
Berkeley Place				X	
Bi-Bett Corporation		X			
Bonita House				X	
Building Opportunities for Self Sufficiency		X		X	
California Emergency Physicians	X				
Carnales Unidos Reformando Adictos, Inc.		X			
Center for the Education of the Infant Deaf					X
Center for Elder's Independence					X
Center for Independent Living				X	
Children's Hospital Oakland	X				
Community Counseling and Education Center		X			
Crisis Support Services				X	
Davis Street Community Center		X			
Detoxification/Sober Station		X		X	

	Comprehensive Medical Services	Alcohol & Drug Treatment	Community Health Clinic	Mental Health Provider	Community Based Org.
East Bay Agency for Children				X	
East Bay Asian Youth Center - AOD - Primary Prevention		X			
East Bay Community Recovery Project		X		X	
Eden Youth and Family Center					X
Emergency Medical Association of Children	X				
Family Bridges					X
Family Violence Law Center					X
Family Paths (formerly Parental Stress)				X	
Filipinos for Affirmative Action		X			
Fred Finch Youth Center				X	
Friendship House					X
Friendship Lodge					X
Health and Human Resource Education Center		X		X	
Healthy Oakland					X
HIV Education and Prevention Project of Alameda County (HEPPAC)					X
Horizon Services		X			
Humanistic Alternatives to Addiction, Research, and Treatment, Inc. (HAART)		X			
La Cheim				X	
La Clinica de la Raza			X	X	
La Familia				X	
Latino Commission		X			
Legal Assistance for Seniors					X
Life Long Medical Care			X	X	
Lincoln Child Center				X	
Magnolia Recovery Program, Inc.		X			
Mental Health Association				X	
Native American Health Center		X	X	X	
New Bridge Foundation Inc.		X			
Northern CA Cancer Center	X				

	Comprehensive Medical Services	Alcohol & Drug Treatment	Community Health Clinic	Mental Health Provider	Community Based Org.
Oakcare Medical Group Inc	X				
Oakland Independent Support Center				X	
Options Recovery Services		X			
Phoenix Emergency Physicians	X				
Pleasanton Emergency Medical Group	X				
Private and District Hospitals	X				
R Scott Snyder MD Inc.	X				
Raveendra Nadaraja MD	X				
Regents of the UC - Center on Deafness				X	
RL Geddins Women's Empowerment Network		X			
Second Chance		X			
Seneca Center				X	
Senior Support Programs (formerly Tri-Valley Community Foundation)		X			
Solid Foundation		X			
Spectrum Community Services					X
St. Mary's Recovery Center		X			
St. Rose Hospital	X				
STARS				X	
Supplement Rate Program				X	
Telecare				X	
Thunder Road		X			
Tiburcio Vasquez Health Center			X		
Tri-Cities Health Center			X		
Tri-City Homeless Coalition					X
Tri-Valley Community Foundation		X			
United Seniors of Oakland and Alameda County					X
Valley Care Hospital	X				
West Oakland Health Center		X	X	X	
Y.M.C.A.		X			
ZDK, Inc.		X			

County, Private and Non-Profit Hospitals and Alameda County Public Health Programs that Received Measure A Funds in FY 05/06 & 06/07



Alameda County Medical Center Hospitals

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

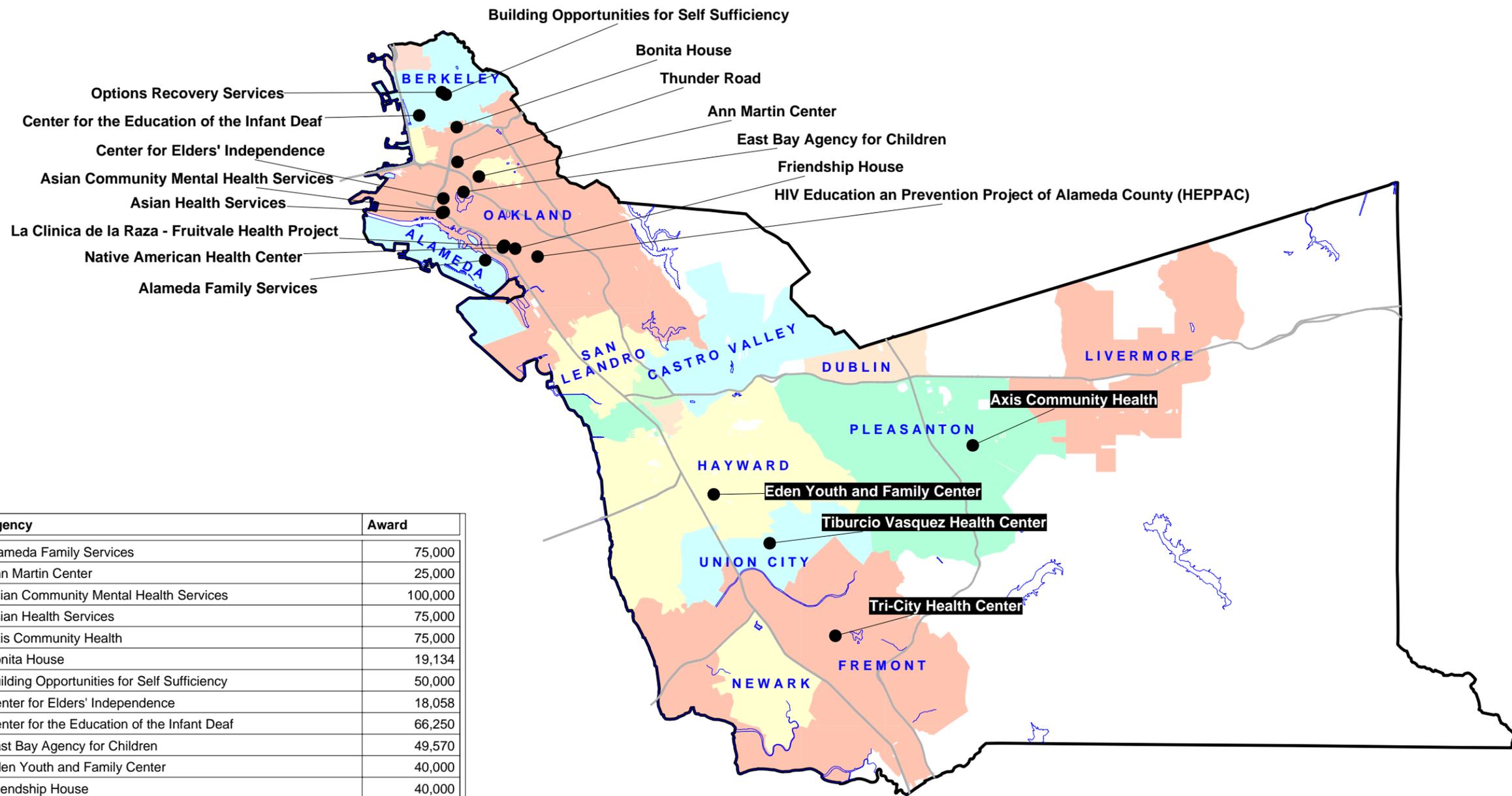
Public Health Programs

Provider	City
Pipeline Project - Alta Bates Summit Medical Cenl	Oakland
Center for Career Development in Health Professi	Oakland
Critical Mass Health Conductors - Bay Area Black	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

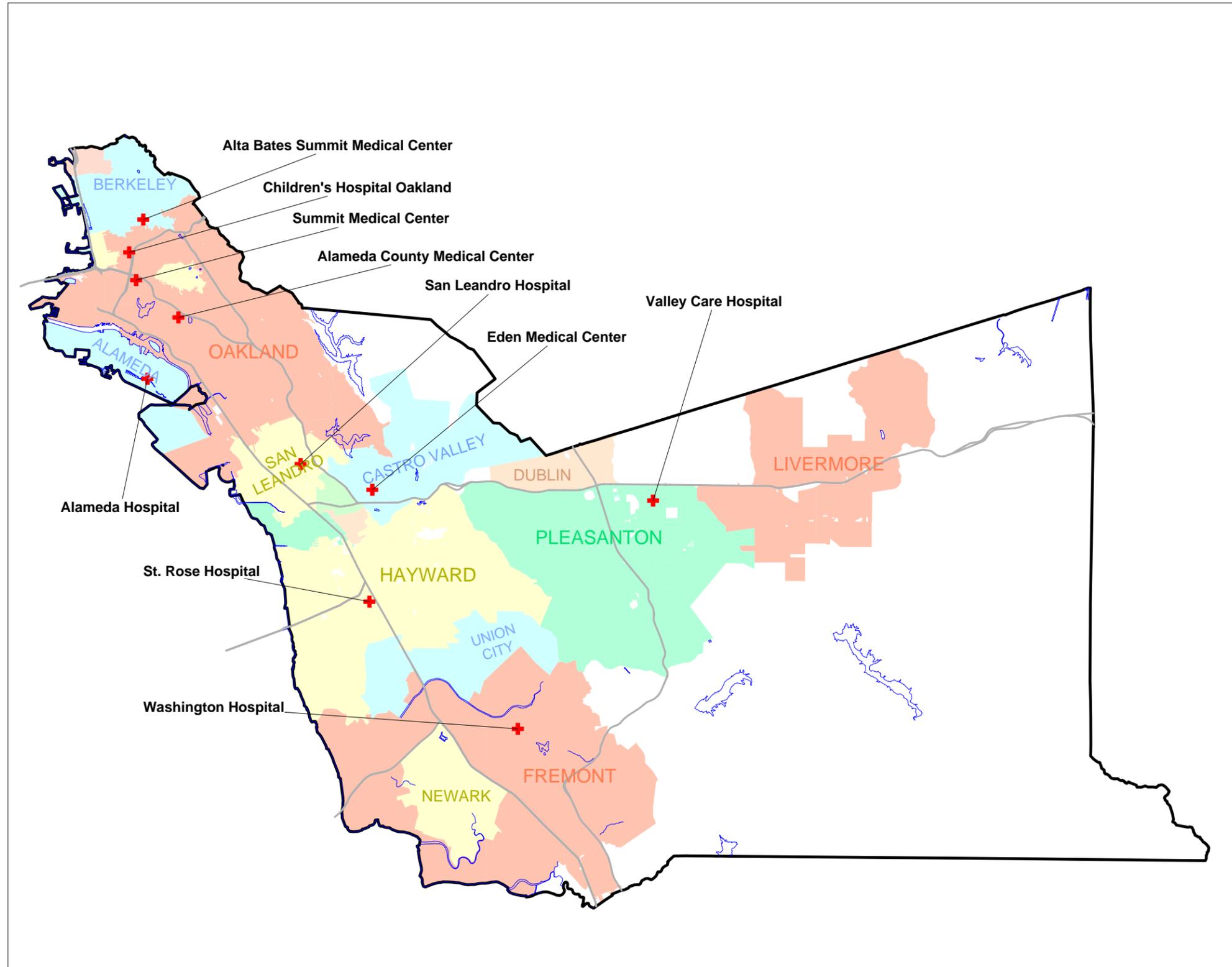
Provider	City
St. Rose Hospital	Hayward
Children's Hospital	Oakland

Alameda County Health Care Services Agency 2005-2006 Measure A Capital RFP Fund Recipients

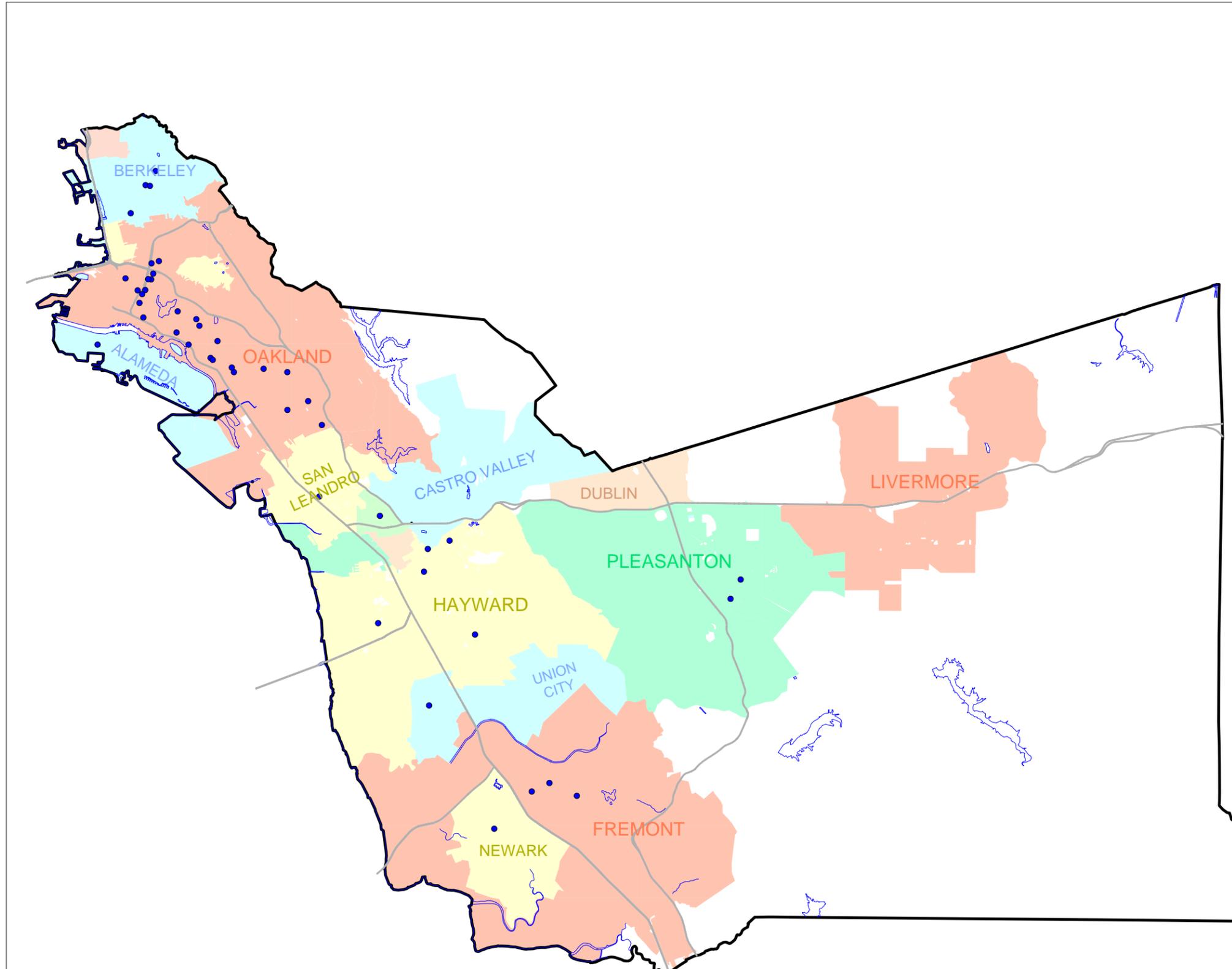


Agency	Award
Alameda Family Services	75,000
Ann Martin Center	25,000
Asian Community Mental Health Services	100,000
Asian Health Services	75,000
Axis Community Health	75,000
Bonita House	19,134
Building Opportunities for Self Sufficiency	50,000
Center for Elders' Independence	18,058
Center for the Education of the Infant Deaf	66,250
East Bay Agency for Children	49,570
Eden Youth and Family Center	40,000
Friendship House	40,000
HIV Education an Prevention Project of Alameda County (HEPP)	17,000
La Clinica de la Raza - Fruitvale Health Project	100,000
Native American Health Center	100,000
Options Recovery Services	50,000
Thunder Road	75,000
Tiburcio Vasquez Health Center	100,000
Tri-City Health Center	125,000

EMERGENCY ROOMS WHERE ER AND ON-CALL PHYSICIANS PROVIDED SERVICE AND WERE COMPENSATED WITH MEASURE A FUNDS IN FY 05/06 & 06/07

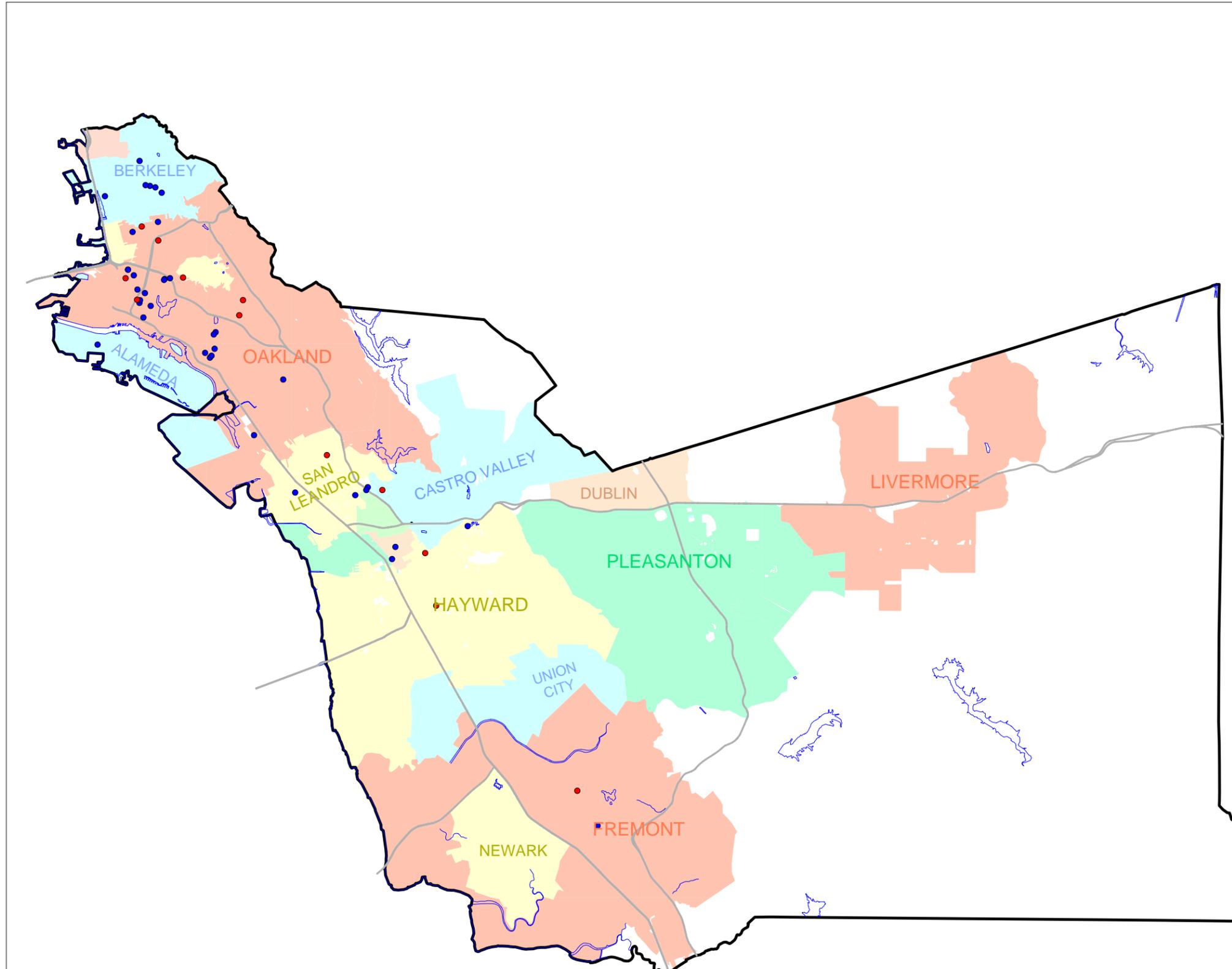


Alameda County Behavioral Health Care Services Alcohol and Drug Providers that Received Measure A Funds in FY 05/06 & 06/07



Organization	City
Asian Community Mental Health Services	Oakland
Asian Pacific Psychological Services	Oakland
Axis Community Health, Inc.	Pleasanton
Berkeley Addiction Treatment Services, Inc. (I	Berkeley
Bi-Bett Corporation	Oakland
Building Opportunities for Self Sufficiency (B.O	Berkeley
Carnales Unidos Reformando Adictos, Inc.	Fremont
Change Thru Xanthos, Inc.	Alameda
Community Counseling and Education Center	Fremont
Davis Street Community Center	San Leandro
East Bay Asian Youth Center	Oakland
East Bay Community Recovery Project	Oakland
Filipinos for Affirmative Action	Union City
H.A.A.R.T. - Hayward	Hayward
Health and Human Resource Education Centri	Berkeley
Horizon Services	Oakland
Latino Commission	Oakland
Magnolia Recovery Program, Inc.	Newark
New Bridge Foundation Inc.	Berkeley
RL Geddins Women's Empowerment Network	Oakland
Second Chance	Hayward
St. Mary's Recovery Center-Recovery 55	Oakland
The Solid Foundation	Oakland
Thunder Road - Adolescent Treatment Cente	Oakland
Tri-Valley Community Foundation-Senior Sup	Pleasanton
Urban Indian Health Board	Oakland
West Oakland Health Council, Inc.	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 05/06 & 06/07



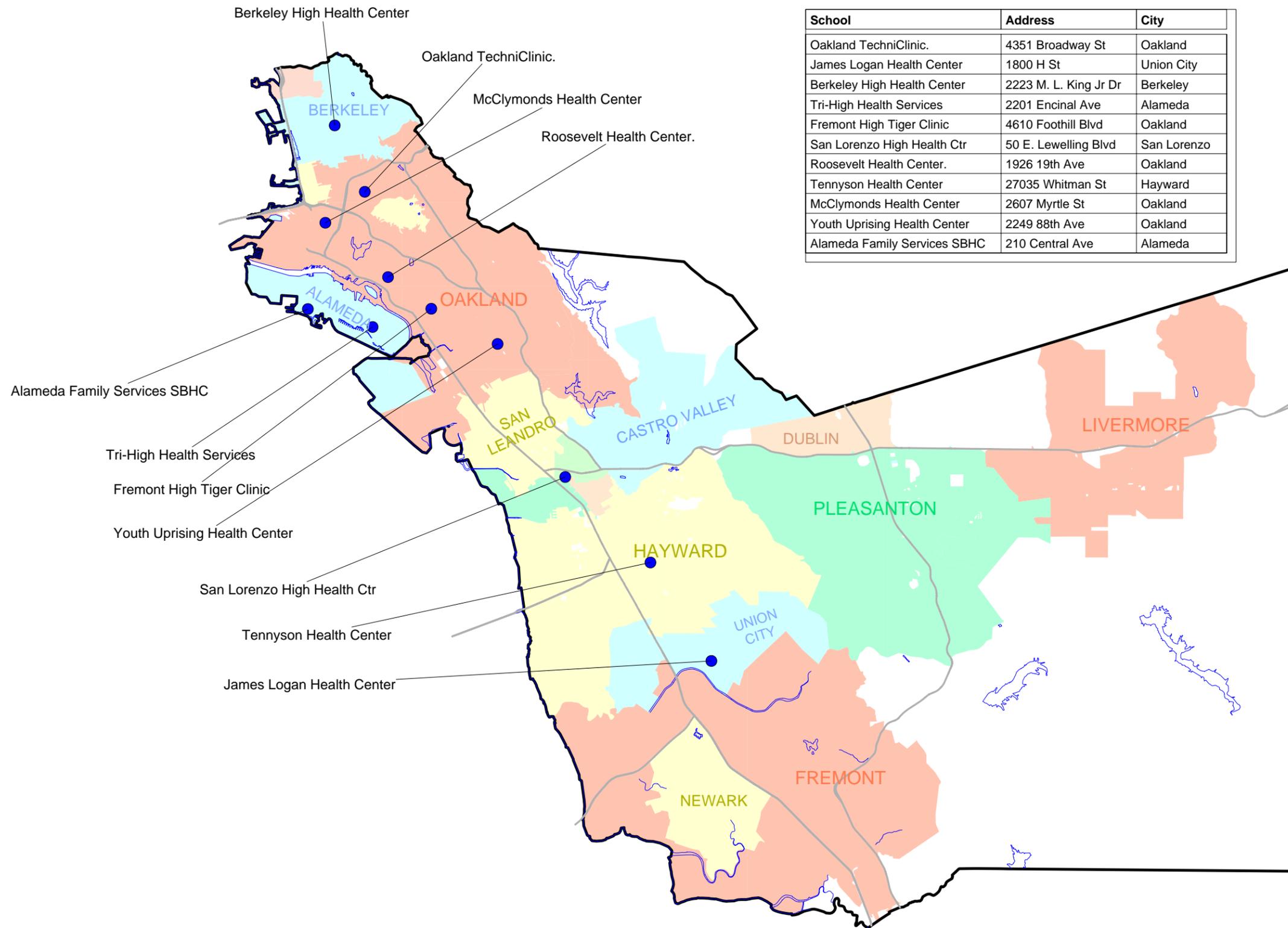
Adult Providers

Organization	City
Alameda County Network of Mental Health	Oakland
Asian Community Mental Health Services	Oakland
BACS	Oakland
BACS-Irvington	Fremont
Berkeley Place-Casa DeLa Vida	Oakland
Bonita House	Berkeley
BOSS	Oakland
Center for Independent Living	Berkeley
Change Thru Xanthos, Inc	Oakland
Coalition for Alternatives in Mental Health	Berkeley
Crisis Support Services	Oakland
East Bay Community Recovery Project	Oakland
Health and Human Resource Education C	Berkeley
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	Oakland

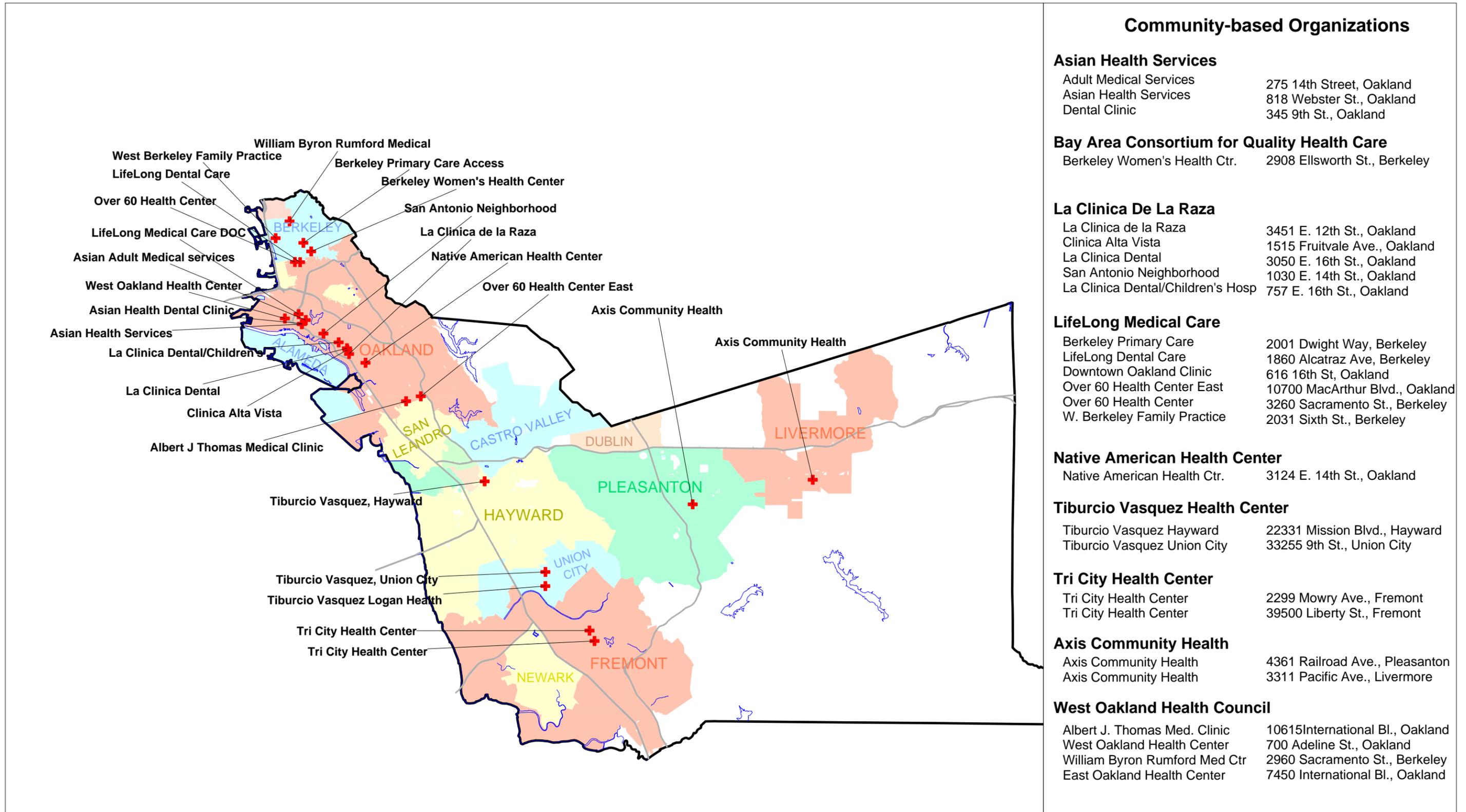
Child Providers

Organization	City
Ann Martin Children's Center, Ir	Piedmont
East Bay Agency for Children	Oakland
Fred Finch Youth Center	Oakland
La Cheim	Oakland
La Familia	Hayward
Lincoln Child Center	Oakland
Parental Stress-Oakland	Oakland
Seneca Center	San Leandro
STARS	San Leandro
West Oakland Health Center	Oakland

ADOLESCENT SCHOOL-BASED HEALTH CENTERS THAT RECEIVED MEASURE A FUNDING IN FISCAL YEAR 05/06 & 06/07



PRIMARY CARE COMMUNITY BASED ORGANIZATION (CBO) CLINICS RECEIVING MEASURE A FUNDING IN FISCAL YEAR 05/06 & 06/07



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
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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
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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