

ANNUAL REPORT 2009



FOURTH STREET CLINIC
HEALTHCARE FOR THE HOMELESS



In 2009, Fourth Street Clinic served 6,500 homeless Utahns with 28,500 visits.

Each year since 2005, the Utah Department of Community and Culture and the Salt Lake County Homeless Coordinating Council conduct a Point-In-Time (PIT) Count of homeless Utahns using the U.S Department of Housing and Urban Development's (HUD) homeless definition. It is important to note that PIT Counts tend to under-represent the homeless population, because they do not capture those who experience only brief episodes of homelessness or those who continuously move from home to home (and cannot pay rent). The PIT Counts are also the basis for Utah's 10-Year Plan to End Chronic Homelessness¹. The data shown here reflects the annualized numbers detailed in these reports.

Homelessness Statistics

UTAH²

ANNUAL NUMBER OF HOMELESS	15,642
NIGHTLY NUMBER OF HOMELESS	3,372
NUMBER OF HOMELESS PATIENTS AT FOURTH STREET CLINIC	6,500
HOMELESS POPULATION GROWTH RATE 2005-2009	25%
DECREASE IN CHRONIC HOMELESS POPULATION 2005-2009	58%

Homelessness Myths and Facts³

MYTH: People who are homeless stay homeless for a long time.

FACT: The vast majority of Utahns - 67 percent - are homeless for less than six weeks.

MYTH: Most are single men.

FACT: Persons in families are the fastest growing, comprising 46 percent of Utah's homeless population.

MYTH: The homeless population is transient, migrating to cities with the best services.

FACT: 77% of homeless individuals and 88% of homeless families lived in Utah when they became homeless.

MYTH: Homeless people are dangerous.

FACT: Homeless people are more likely to be victims of crime. Though prone to commit non-violent, petty crimes like loitering and trespassing (mostly due to the conditions of being homeless), they are less likely to commit crimes against a person or property.

MYTH: They are to blame for their situation.

FACT: Many are victims of circumstance and have become physically and mentally ill due to violence and abuse.

¹ Someone is considered chronically homeless if they have been homeless for longer than one year or had three or more episodes of homelessness.

² 2010 Point in Time Homeless Count conducted January 31, 2010

³ 2010 PIT Count, 2009 Annual Report on Poverty and the National Law Center of Homelessness and Poverty

CHARITABLE GIVING



Fourth Street Clinic is now a Charity Navigator 4-Star Charity.

Charity Navigator, America's premier independent charity evaluator, works to advance a more efficient and responsive philanthropic marketplace by evaluating the financial health of over 5,400 of America's largest charities.

STATEMENT OF ACTIVITIES

January 1, 2009 / December 31, 2009

REVENUES & SUPPORT

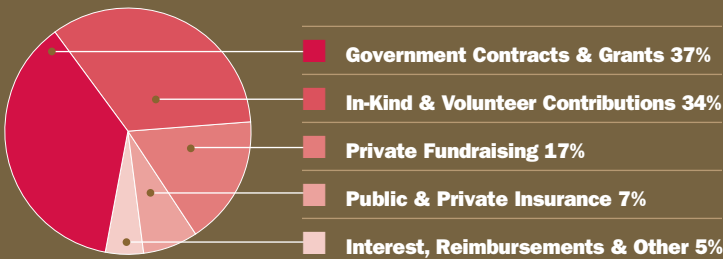
GOVERNMENT CONTRACTS & GRANTS	\$2,317,506
IN-KIND & VOLUNTEER CONTRIBUTIONS	\$2,089,517
PRIVATE FUNDRAISING	\$1,076,881
PUBLIC & PRIVATE INSURANCE	\$434,019
INTEREST, REIMBURSEMENTS & OTHER INCOME	\$337,863
TOTAL REVENUES & SUPPORT	\$6,255,786

EXPENSES

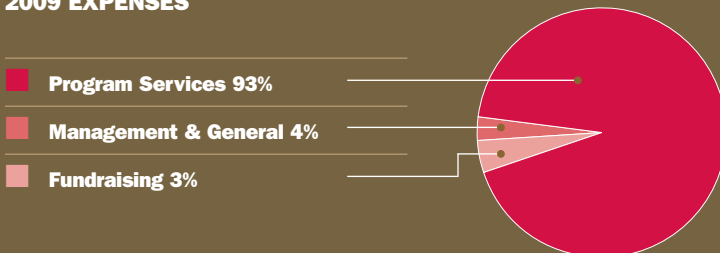
PROGRAM SERVICES	\$5,414,114
MANAGEMENT AND GENERAL	\$223,925
FUNDRAISING	\$153,845
TOTAL EXPENSES	\$5,791,884

LOSS ON DISPOSAL OF ASSETS	(\$2,562)
CHANGE IN NET ASSETS	\$461,340
NET ASSETS, BEGINNING OF YEAR	\$2,513,952
NET ASSETS, END OF YEAR	\$2,975,292

2009 REVENUES & SUPPORT



2009 EXPENSES



FINANCIAL QUICK FACTS

- For every \$1 received \$0.93 goes towards direct program services
- 34% of revenue is generated from in-kind and volunteer contributions



WELCOME TO FOURTH STREET CLINIC

Fourth Street Clinic helps homeless Utahns improve their health and quality of life by providing health care and support services. With consistent health care, our patients live longer and healthier lives and often find the hope necessary to break the homeless cycle. In 2009, Fourth Street Clinic served 6,500 homeless patients.

HISTORY

The mid-1980s brought a dramatic rise in Salt Lake City's homeless population. During this time, Salt Lake City's downtown was being revitalized and several substandard, single-room occupancy hotels (SROs) that offered rooms for just a few dollars a night and required no leases were razed and redeveloped. In total, 800 low-income housing units were torn down displacing 1,000 very poor residents from their homes and jobs. With no public plan to rapidly re-house or support these residents, long lines began forming outside area social service agencies as these newly homeless Utahns tried to access food and other basic needs.

Medical anthropologist Allan Ainsworth, PhD, a long-time resident of Utah and graduate of the University of Utah, saw these long lines of people and knew that having access to on-going health care services would mean the difference between temporary and intergenerational homelessness. With a federal grant, Dr. Ainsworth founded Fourth Street Clinic in 1988 inside a small office across the street from Utah's largest emergency shelter. The triage clinic was staffed with one, part-time nurse who relied heavily on hospitals for patient treatments. Today, with a staff of 45 and a volunteer network of more than 200, Fourth Street Clinic is a comprehensive health care home that serves 6,500 homeless men, women and children with coordinated primary care, behavioral health, specialty and pharmaceutical services. By increasing homeless Utahns access to primary care delivered in a coordinated clinical setting, Fourth Street Clinic is a major partner in promoting community health, reducing preventable hospitalizations and emergency department visits and achieving across-the-board health care savings.

FROM THE DIRECTOR



Homeless patients generally come to Fourth Street Clinic for vaccinations, basic public health screens or acute care for injuries and illnesses, but it is undiagnosed and untreated chronic diseases that most commonly deteriorate health and perpetuate homelessness. As a consequence of poor nutrition, inadequate hygiene, exposure to violence and to the elements, increased contact with communicable diseases, and the constant stress of residential instability, people without homes suffer from health problems at much higher rates than those in the general population. National statistics show forty-six percent of homeless individuals reporting chronic health conditions, including high blood pressure, diabetes, and cancer. At Fourth Street Clinic, it is Type II Diabetes, hypertension, depression, high cholesterol, Hepatitis C and obesity that top the diagnosis list; asthma, COPD, seizures and back pain are not far behind. The good news is that with on-going, coordinated health care and the use of volunteer doctors, these diseases can be controlled and good health restored, but it means working with patients to come into clinic more regularly for follow-up exams and screens.

In 2009 Utah's struggling economy and the novel H1N1 virus brought an unprecedented increase in the number of homeless patients coming to Fourth Street Clinic. As we look forward it will be our challenge to fully engage this new volume of patients in on-going health care to promote long-term health and successfully support their transition out of homelessness. With federal American Recovery and Reinvestment Act (ARRA) funding and the help of Big-D Construction, we finished a 2,500 sq. ft. remodel in 2009 that added three more exam rooms, created a group therapy space and made more efficient use of the pharmacy space. Additionally, we completed our conversion to electronic health records and now provide the same level of care in 30-minute appointments as we used to do in 40 minutes. Combined, these infrastructure improvements helped us grow from serving an average of 87 patients a day in late 2008 to 115 at the end of 2009. Additionally, we built new and diverse partnerships to fund the additional costs associated with providing more medical care and more visits. Morgan Stanley, The Scott and Dorothy Watkins Foundation, The Church of Jesus Christ of Latter Day Saints Humanitarian Services, Goldman Sachs, John Netto and Catherine Putnam-Netto and Zions Bank all pledged new support and with their help we will be able to turn back the tide of homelessness and restore our community health.

Sincerely,

Allan D. Ainsworth, PhD
Executive Director

Services

INCREASE
FROM 2008

Total Patients Served	6,490	10%
Total Patient Visits	28,519	12%
Total Prescriptions Filled	39,579	14%

Patient Demographics

GENDER

Male	4,328	67%
Female	2,162	33%
Total	6,490	100%

AGE

> 22	1,029	16%
23-64	5,340	82%
65 +	121	2%
Total	6,490	100%

RACE & ETHNICITY

White	3,354	52%
Hispanic Latino	1,154	18%
Black African American	493	7%
Native Americans Alaskan Natives	265	4%
Asian Pacific Islander	122	2%
Other/Unreported	1,102	17%
Total	6,490	100%

INSURANCE STATUS

Insured	1,363	21%
Uninsured	5,127	79%
Total	6,490	100%

2009 TO 2008 COMPARISON

- Served 10% more patients with 12% more services
- Served 34% more kids with 89% more services
- Female patients grew by 22%
- 14% more medications were dispensed

PROGRAMS & SERVICES

At Fourth Street Clinic, 45 staff members and a network of more than 200 volunteers provide the following comprehensive health care services.

PRIMARY HEALTH CARE

Acute, chronic and urgent care
 Disease screening and management
 Public health screenings
 Women's health
 Immunizations
 Laboratory services
 Specialty exams



PEDIATRICS

Pediatric acute, chronic and urgent care
 Well child exams and immunizations
 Audiology
 Oral health assessments and fluoride varnish
 Developmental delay prevention and intervention
 Obesity intervention
 Open Door Homeless Youth Clinic

BEHAVIORAL HEALTH

Psychiatric evaluation
 Pharmacotherapy
 Group psychotherapy
 Psychiatric crisis management
 Primary care provider collaboration
 Substance abuse assessment and referrals

PHARMACY

Prescription dispensing and management
 Patient education
 Provider consultation

SPECIALTY CLINICS

Dermatology
 Ear, nose and throat
 Optometry and Ophthalmology
 Neurology
 Oncology
 Physical therapy
 Podiatry
 Orthopedic/Rheumatology
 Gynecology
 Cardiology
 Gastroenterology
 Hepatitis C treatment and management
 Nephrology
 Infectious disease

CARE COORDINATION

Hospital/ER discharge planning
 Off-site specialty referrals
 Dental and surgery coordination
 Respite (recuperative) care
 Street and home medical outreach
 Housing placement and support
 Eligibility screening for public programs
 Transportation
 Certified language interpretation
 Patient advocacy

**\$100,000 +**

George S. and Dolores Doré
Eccles Foundation
HRSA, Bureau of Primary
Health Care
Intermountain Community
Care Foundation

\$50,000+

Association for Utah
Community Health
John Netto & Catherine
Putnam-Netto
Salt Lake County
The Church of Jesus Christ
of Latter-day Saints
United Way of Salt Lake
Utah Department of Health

\$25,000+

American Express Center for
Community Development
FEMA
Marriner S. Eccles Foundation
Morgan Stanley Bank
Pamela Atkinson Homeless
Trust Fund
Salt Lake City Corporation
University of Utah Hospitals
and Clinics

\$10,000+

C. Scott and Dorothy E. Watkins
Charitable Foundation
Far West Bank
John Parrish Foundation
Joshua Smith
Mount Ogden Eye Center
UBS Bank USA
United Way of Salt Lake
Workplace Giving Campaign
Utah Medical Association
Foundation
Volunteers of America, Utah

\$5,000+

American Medical Student
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\$1,000+

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