Eastern Alameda County

2011 Human Services Needs Assessment: **Findings Report**

DRAFT

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Commissioned by the cities of:

Pleasanton, Livermore, Dublin

Resource Development Associates

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"*Once you are living below the poverty level, you cannot pull yourself out. You have car repairs, or other issues, and then you cannot get to services you need and you can't get your kids to and from school. It is a downhill slide. Now with the economy, the food budget does not go as far. People are going to food pantries who have never gone before. There is no incentive to get out of the mess they are in. There is no extra help*."

– Focus Group Participant

Acknowledgements

This report could not have been completed without the support and participation of the cities of Dublin, Livermore, and Pleasaton and social service providers throughout Eastern Alameda County. In addition, thanks are due to all of the residents of the Tri-Valley who took the time to participate in our focused discussion groups and complete surveys, without which a comprehensive understanding of social service needs would not have been possible. Beyond the above, RDA would like to thank the following individuals for their significant efforts and guidance: Kathleen Yurchak, Community Services Manager, City of Pleasanton, Jean Prasher, Human Services Program Manager, City of Livermore, and Gaylene Burkett, Administrative Analyst, City of Dublin.

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Executive Summary

In early 2011, the Cities of Dublin, Livermore and Pleasanton joined together to conduct a broad-based assessment of human service needs in Eastern Alameda County[1]. This report expands upon an earlier Needs Assessment, which was conducted in 2003. Much in the Tri-Valley has changed since the early 2000s, and additional data from the 2010 U.S. Census and American Community Survey is now available to demonstrate demographic and economic trends. This report documents many of these changes and draws on a wide range of community member and service provider perspectives to help demonstrate how these changes affect the lives of vulnerable residents and the services they receive.

Methods

The Cities of Dublin, Pleasanton and Livermore contracted with Resource Development Associates (RDA), a local consulting firm specializing in strategic planning and evaluation for local government and nonprofit entities, to facilitate a community-driven Needs Assessment process. RDA uses a mixed-method research approach that draws upon quantitative (hard numbers based on large public data bases and surveys) as well as qualitative (subjective interviews, focus groups, etc.) data sources.
The 2011 Needs Assessment began with the formation of the Eastern Alameda County Human Services Steering Committee, which includes diverse leadership from city staff, former elected officials, commissioners, and nonprofit organizations. This committee was tasked with identifying community stakeholders, reviewing findings, and developing a vision statement to help guide current and future activities associated with addressing human service needs in the Tri-Valley.

Data sources for this Needs Assessment include:

- 1990, 2000, and 2010 U.S. Census and American Community Survey data to compare population demographics across time and between jurisdictions;
- Alameda County Social Service Department reports to demonstrate changes in demand for services over time;
- Paper and web-based surveys administered to local service providers and service recipients to identify the most critical needs, gaps and barriers;
- Key Informant Interviews held with civic, community, and human service organization leadership to qualify findings and understand the needs of local residents from a high-level, broad-based perspective;
- Focus groups held with service recipients to understand how service delivery systems or gaps in services impact individual consumers; and
- Community-wide meetings in Pleasanton, Dublin and Livermore to corroborate initial findings and seek recommendations for improving human services.

[1] The authors use the terms “Eastern Alameda County”, “Cities of Dublin, Pleasanton, and Livermore”, and “Tri-Valley” interchangeably throughout this report.

Key Findings

Overall, the 2011 Needs Assessment discovered that in Eastern Alameda County there is a significant and increasing disparity between the growing demand for human services and a stagnating, and at times, declining supply of services. In other words, the quality of life for many residents is deteriorating, and at the same time, they are able to access fewer and fewer resources to help them recover. While this phenomenon is not necessarily unique to the Tri-Valley, the assessment also found that there are two distinctive challenges facing the area. First, there is a perception from both outside and within the Tri-Valley that because the area is relatively prosperous (compared to the County as a whole) there are few poor people and therefore no need for service delivery expansion. Secondly, the perception of relative wealth and privilege has resulted in a sense of stigma associated with asking for help among individuals and families who are experiencing financial hardship and/or decline in wellbeing due to illness, age, or other transitions. As a result, many who could benefit most from services are not seeking them out.

Growing Demand for Services

Population data from the U.S. Census suggest several trends that impact the local demand for services. First, the overall population in Eastern Alameda County has increased by 51% between 1990 and 2010 (130,540 to 197,289). Significant population growth has occurred among older adults, who are often most dependent on human services such as supportive housing, long-term care, in-home support and public transportation. The population of both men and women over the age of 85 has tripled between 1990 and 2010. In addition, the population of Hispanic/Latinos and Asian/Pacific Islanders has grown disproportionately compared to Caucasians and African Americans within the Tri-Valley. For Asian/Pacific Islanders, the increase in population has resulted in a corresponding increase in linguistically isolated households, suggesting that many of the newcomers are recent immigrants with unique linguistic and cultural service needs.

The demand for services has increased due to current economic trends as well. There was a 58% increase in the number of individuals in poverty in Eastern Alameda County from 1990 to 2010. Unemployment rates have risen from below 2% in 2000 to nearly 7% in 2010; and the proportion of residents receiving general assistance, CalWorks, food stamps, and Medi-Cal have increased dramatically. The number of residents receiving food stamps increased from 651 to 4,460 (585%) between 2003 and 2011 and Medi-Cal recipients increased from 3,287 to 11,117 (238%) in the same time period. At the same time, mortgages have ballooned; foreclosures and those at risk of foreclosure have increased, and market rents have remained constant or have increased. As of 2010, over 30% of renting households are paying over 35% of their gross income on rent.

Decreasing and Stagnating Supply of Services

The supply of services in Eastern Alameda County has not kept pace with the growing demand; in fact nearly every service provider interviewed reported budget contractions in recent years. For example, there are currently no Adult Day Care programs in Eastern Alameda County. The Tri-Valley YMCA is currently preparing to open a social Adult Day Care program, in part with philanthropic support. Yet, due to cuts in State Medicare, the Tri-Valley YMCA will not be able to expand this social program to include a

licensed Adult Day Health Care (ADHC) program to meet the needs of low income seniors with health-related issues. Other funding restrictions have led to staff reductions at Senior Centers, and reductions in Paratransit and In-Home Supportive Services. Budget cuts have also reportedly resulted in reduced public transportation services, elimination of activities for the developmentally disabled, and reduced public school staffing. In a survey of Tri-Valley human service providers, 95% of respondents stated that they would need more money to provide those services they think are most critical. Critical services they are unable to provide include mental health care, transportation, substance abuse services, homeless and affordable housing services.

Both service recipients and providers throughout the assessment process reported that the problems associated with service delivery in the Tri-Valley had less to do with the quality of services but rather, that there were simply not enough services available to meet the demand. Stakeholders described long waiting lists for affordable housing; subsidized child care and after school care; daytime activities for the developmentally disabled; and behavioral and specialty physical health care.

While the population of Eastern Alameda County has grown and there are greater demands for human services, the area remains geographically isolated relative to other cities within Alameda County. Stakeholders described the Tri-Valley as the County's "stepchild" and perceive that some providers outside the area are not aware of the issues and challenges faced by residents, or even that the cities of Dublin, Livermore and Pleasanton are located within Alameda County. Other stakeholders report that on a per-capita basis, the Tri-Valley receives fewer resources than other areas within the County. At the same time, the Tri-Valley area is more geographically dispersed. Many critical services are located outside the Tri-Valley, including specialty medical and behavioral health care. As a result, transportation cost and duration is one of the most significant barriers to receiving services. Other services, such as hot meals, are provided at a different location each day of the week to accommodate the geographic dispersal. These transportation-related barriers disproportionately affect the elderly, persons with disabilities and families with young children.

Impact of Supply and Demand Mismatch

As described above, the residents of Eastern Alameda County who are most affected by the imbalance between supply of and demand for services include older adults, individuals with disabilities, and families with young children. In addition, according to a provider survey, the populations who are least likely to receive adequate services include those living below the poverty level, the mentally ill, the homeless and those at-risk of homelessness, the working poor and non-English speakers.

According to the providers surveyed, many Tri-Valley residents do not receive critical services most notably because of a lack of knowledge of what services are available. Similarly, in a survey of hard to reach populations, 38% reported that they did not know where to get the help that they needed. During discussions with providers, many reported a desire to reach out to underserved populations, but also a fear that by doing so, waiting lists would expand even further.

Service providers in the Tri-Valley are profoundly aware of the economic and social pressures affecting many of the community's vulnerable individuals and families. At the same time, they are expected to do

more with fewer resources. They are looking at creative strategies to improve service coordination; leverage resources through increased collaboration; educate their workforce about the changing demographics and increasing diversity; inform residents about available services and supports; and measure and improve outcomes through more effective and evidence-based programs.

Report Structure

This Needs Assessment begins with a *vision statement*, developed by the Needs Assessment Steering Committee, of how human services should be delivered in the Tri Valley. We then describe many of the economic and social trends that are affecting Tri-Valley residents. This is followed by a description of findings from provider and hard-to-reach population surveys, which articulate the perceived needs and gaps in service delivery across a wide spectrum of areas of concern.

In the next section of the report, fourteen distinct human service areas of concern (such as affordable housing, behavioral health care, disability services, transportation, etc.) are described in terms of current service needs, gaps and barriers to receiving services, how services are delivered, and recommendations for improving services. The report concludes with a summary of key findings and recommendations for system-level improvements in human service delivery in the Tri-Valley.

Introduction and Project Overview

"The demographics of people who are seeking help have changed. Open Heart Kitchen for example says that they are now seeing people drive up in luxury autos. When you live in an area where the most affordable homes are $600,000, you might say of course, like everyone else, they have needs, but if the family is out of work, it might look like everything is fine but it is not." –Key Informant Interview

Background

In 2003, the Cities of Pleasanton and Livermore commissioned their first Human Services Needs Assessment, which provided the Tri-Valley Region with critical local data for programmatic, policy, and resource allocation decision making. Socio-economic conditions have changed since 2003; the demand for human services has increased, yet the supply of resources to meet these demands has not followed suit. Service providers are being asked to do more with less. In 2010, the three cities that comprise the Tri-Valley (Dublin, Livermore and Pleasanton) decided that a follow up to the 2003 report was needed to determine what has changed since the initial report. The goal of the 2011 Eastern Alameda County Human Services Needs Assessment is to update and expand upon the 2003 findings, demonstrate current and future human service needs and service delivery gaps, and to provide recommendations to Dublin, Livermore and Pleasanton, the County of Alameda, and community-based institutions on how to move forward towards addressing the human service needs of residents.

Key Objectives for Human Service Needs Assessment

- Build consensus on most urgent community needs, identifying:
  - gaps in services
  - opportunities or resources that can be leveraged
- Help prioritize community-building efforts
- Build capacity to collaborate between agencies and across jurisdictions
- Establish basis for resource development

In early 2011, the cities of Dublin, Livermore and Pleasanton commissioned Resource Development Associates (RDA), a consulting firm specializing in planning, evaluation and grant writing for local government and nonprofit initiatives, to facilitate a community-based, data-driven, assessment process. In order to ensure that the process encompassed representation from the broadest possible stakeholder perspectives, the consulting team and city staff (Kathleen Yurchak of Pleasanton, Jean Prasher of Livermore and Gaylene Burkett of Dublin), formed a Needs Assessment Steering Committee comprised of local service providers and governance leadership. The Steering Committee developed a vision for future human service efforts in Eastern Alameda County, helped to ensure that the process was inclusive and representative of the diverse communities within Dublin, Livermore and Pleasanton, and reviewed findings to ensure accuracy and completeness. This report is the product of these efforts.

Overview

The Cities of Dublin, Livermore and Pleasanton, referred to interchangeably as Eastern Alameda County and the Tri-Valley, are geographically and culturally distinct from other cities within Alameda County. The center of County government and most nonprofit services are concentrated "over the hill" in Oakland, Hayward and San Leandro. Some people in western Alameda County are not even aware that Dublin, Livermore and Pleasanton are part of the County, and many others believe that due to the relative prosperity of the Tri-Valley, there are very few people in need of services. The purpose of this Human Services Needs Assessment is to cast light on the myriad issues faced by lower-income and other vulnerable residents within the Tri-Valley, and to demonstrate the gaps and barriers associated with meeting human service needs. This Assessment examines the need for services across a broad range of service delivery systems, including physical and behavioral health, nutrition and food security, housing and homeless services, education and child development, transportation, and financial assistance. Because human service needs are interconnected and mutually reinforcing, the report focuses on the impact of service delivery systems on the people needing the services. This population-based approach provides a system-level rather than a program-level perspective. This report is not intended to serve as an evaluation of individual programs; it does not suggest which services in which area are most effective or least effective. It does, however, provide critical data on key population demographics impacting service delivery systems, service accessibility, barriers to addressing needs, existing gaps in services, and, finally, opportunities to address existing and future needs and gaps.

> *"I went to speak to someone at the County and they said, 'Why are you even talking to me, Pleasanton is in Contra Costa County.'"*
>
> --Meeting Participant

The analysis in this report is based upon quantitative and qualitative data from a range of sources, including the U.S. Census, the American Community Survey, and Alameda County Social Services Agency. In addition, 18 interviews with community leaders, 14 focus groups with social service recipients, a Hard to Reach Population Survey with over 300 responses, and a Social Service Provider Survey completed by over 70 representatives of 38 Eastern Alameda County social service organizations provided additional local data. Additional qualitative data was collected during community-wide meetings held in each of the three cities in September 2011.

Both the qualitative and quantitative data continues to demonstrate that even during relatively prosperous times, there was a need for welfare, homeless, food and nutrition and other critical services. What is new in the current economic climate is the increased need for services among the recently unemployed and those suffering the consequences of the housing market downturn. At the same time, the demographic makeup of the Tri-Valley is changing, with a rapidly growing Asian/Pacific Islander community and a significant increase in seniors, particularly those over the age of 85. These demographic shifts, coupled with diminishing resources and budgetary constraints, has transformed and stressed existing systems of social service provision.

The most commonly cited community issues include a lack of affordable transportation and difficulty accessing services, increasing mental health concerns, increasing homelessness, a shortage of affordable housing, and the need to ensure culturally competent services and outreach to underserved communities.

Despite these challenges, it is clear that there have been significant successes in the Tri-Valley. Tax revenue derived from a high-end housing market and steadily growing commercial real estate development have allowed for the building of parks and libraries and the preservation of high-quality schools. Many local providers, according to the interviewees, provide high quality and effective services. Unemployment and poverty rates are lower than they are in many neighboring communities. Yet, there are issues that remain to be addressed. These issues and areas for growth, along with informants' suggestions for improvement and findings from data analysis, are addressed in this report.

Eastern Alameda County Human Services Vision

In order to ensure diverse representation, the Eastern Alameda County Human Services Steering Committee included membership from Dublin, Livermore and Pleasanton city staff, Human Services Commissioners from Livermore and Pleasanton, a former elected official, leadership from Childrens Emergency Food Bank, representatives from Tri-Valley Haven, Eden I&R, ECHO Fair Housing, Community Resources for Independent Living, Bay Area Community Services, Community Association for Preschool Education, Senior Support Program of the Tri-Valley and Axis Community Health.

Members, many of whom are advocates for a specific population or address a particular concern, participated in an exercise – in which participants ranked areas of concern by greatest need – in order to broaden their individual goals and objectives and adopt a community-wide vision. As a result of this exercise, the Eastern Alameda County Steering Committee developed the following vision statement to help guide current and future activities associated with addressing human service needs in the Tri-Valley.

> *In the next 10 years, this committee envisions that all Eastern Alameda County residents will be able to access basic services such as affordable housing, healthcare, mental health, and nutrition without having to leave the Tri-Valley region and without experiencing stigma associated with asking for help. All individuals and families with multifaceted needs will have access to accurate information and safe and accessible services, including supportive permanent and transitional housing, emergency shelter, therapeutic nursery schools, comprehensive case management, and specialized healthcare.*
>
> *Similarly, residents of Eastern Alameda will be able to engage in local grassroots efforts—such as volunteerism and participation in faith-based initiatives—to support and assist their neighbors.*

Finally, this committee envisions that county and regional agencies, community-based organizations and funders recognize that poverty, discrimination and other human service challenges cross geographic boundaries, and that resources are distributed based on current and accurate data on human need and not based on preconceived notions of wealthy versus poor regions. We envision that through this Needs Assessment, the human service needs of vulnerable Eastern Alameda County residents will be better recognized, understood and supported.

Methodology

The 2011 Eastern Alameda County Human Services Needs Assessment uses a mixed-method (qualitative and quantitative) approach to collecting and analyzing local and regional data. Data sources include quantitative elements, such as the U.S. Census, American Community Survey and Alameda County Social Services Agency reports, as well as qualitative data gathered from public servants, service delivery providers, and service recipients. Informants and survey respondents were diverse—representing parents and providers of services to infants, children and transitional age youth, adults, and older adults; men and women; ethnic minorities and immigrants; day laborers; residents of different neighborhoods within Dublin, Livermore and Pleasanton; people with disabilities; the homeless and those at risk of homelessness; the faith community; and the unemployed. This multifaceted and multilevel assessment approach enables RDA to compare findings from multiple sources, which helps paint a complete picture of population needs and service delivery gaps.

U.S. Census, American Community Survey and Alameda County Social Service Utilization Data

To demonstrate demographic change over time in the Tri-Valley, this report uses U.S. Census data from 1990, 2000, and 2010. At the time of this writing, the U.S. Census Bureau has not released 2010 data for the city of Dublin due to smaller sample size. Therefore, when describing current demographic differences between each city, we use American Community Survey Data from 2007 – 2009 as a current proxy. Census data is used in this report to describe:

- Population growth for each city
- Race/ethnic distribution for each city
- Tri-Valley trends in:
    - Population age and sex distribution
    - Linguistic isolation
    - Federal poverty rates
    - Proportion of household income used for rent

In addition, RDA analyzed Alameda County Social Services data for 2003 and 2011 to demonstrate the increase in the number of residents using Alameda County subsidized services, including CalFresh,

CalWorks, General Assistance and Medi-Cal. Due to the availability of data, utilization records from the June 2003 Quarterly Report were compared to one month's data from February 2011. In spite of the longer period for 2003, 2011 data showed a higher utilization rate. Data analyzed for this report includes the following, for each city and the Tri-Valley:

- Medi-Cal recipients
- Food stamp recipients
- General Assistance recipients
- CalWORKS recipients

Hard to Reach Population Survey

A paper-based survey comprised of 12 multiple choice and several open-ended questions was administered to Tri-Valley residents identified as 'Hard to Reach.' A Hard to Reach individual or family is defined as one that receives services sporadically, who may need additional services but does not seek them, has challenges accessing needed services, or is unable to receive services. This population may be facing physical, cultural, linguistic, emotional, or behavioral challenges limiting their overall access.

The English, Spanish and Chinese surveys were administered to a targeted sample of respondents drawn from locations in Dublin, Livermore, and Pleasanton where individuals were most likely to be found, according to Key Informants and Steering Committee Members. On-site surveying was conducted at Open Heart Kitchen during meal services in Livermore and Pleasanton, the Livermore Multi Service Center, The Groves senior housing in Dublin, the sidewalk in front of Home Depot in Pleasanton, and at the ACE Train Station in Pleasanton.

Surveyors spent 24 hours visiting these locations and administering surveys. Locations were targeted in each of the three cities in order to collect data from a representative sample of individuals from Dublin, Livermore, and Pleasanton. The final sample of in-person surveys included 73 survey responses.

RDA also sent both soft copies (via email), as well as hard copies of the Hard to Reach Population Survey to all providers that had participated in the Key Informant Interviews, helped to schedule focused discussion groups, or responded to the Social Service Provider Survey. Providers were instructed to administer surveys to individuals receiving services at their respective organizations. Providers were given four weeks to administer surveys and return them to RDA. Providers submitted 233 surveys to RDA within the data collection timeframe. In total, 306 responses were received. The Hard to Reach Population Survey can be found in Appendix H of this report.

Social Service Provider Survey

The Social Service Provider Survey is a 22-question, web-based survey administered to social service providers who serve residents of the Tri-Valley. The survey consists of nine short response questions and 12 multiple choice questions and was distributed to the directors or administrators of each human

service organization listed in the Tri-Valley Pocket Guide. These recipients were asked to email the survey link to their management, staff and volunteers who serve Tri-Valley residents. In total, 74 unique individuals representing 38 Eastern Alameda County organizations responded to the web-based survey. The Social Service Provider Survey can be found in Appendix G of this report.

Key Informant Interviews

To ensure high-end, experienced, and knowledgeable perspectives, hour-long key informant interviews were conducted in March 2011 with 18 individuals representing civic, community and human service organization leadership in the Tri-Valley. To ensure a diversity of perspectives, RDA and city staff selected individuals that represent each area of concern as well as individuals who represent many of the cultural/ethnic communities within Dublin, Livermore and Pleasanton. Interviews were structured around 13 general questions and several specific questions tailored to the expertise of the interviewee. Interviewees were informed that their responses would remain anonymous, but that their participation would be noted in the final report. Interview questions are located in Appendix A.

List of Key Informants

Contact	City/Subject	Position/Organization
Carol Thompson	Early Childhood	Child Care Links
Cheryl Cook-Kalio	Pleasanton	City Council Member
Dr. Marshall Kamena	Livermore	Mayor (former)
James Nguyen	Public Health	Alameda County Public Health
Jan Cornish-Barcuis	Transportation	WHEELS
Joni Pattillo	Dublin	City Manager
Kelly Dulka	Tri-Valley	YMCA
Leticia Cooper	Welfare/Food Stamps	County Office at Multi-Service Center
Linda Barton	Livermore	City Manager
Marjorie Rocha	Housing	Executive Director, Echo
Marlene Petersen	Seniors	Senior Support of Tri-Valley
Marsha McInnis	Behavioral Health	NAMI
Michael Galvan	Transitional Age Youth	Abode Services-Project Independence
Michael Pelfini	Children with Special Needs	Easter Seal
Nelson Fialho	Pleasanton	City Manager
Susan Gonzalez	Sensory Disabilities	Deaf Counseling, Advocacy & Referral Agency
Tami Ratto	Disability	East Bay Innovations
Vivian Valentine	Homelessness	Shepard's Gate-Livermore

Contact	City/Subject	Position/Organization
Yvette Carrillo	Immigrant/Language	Axis Community Health

Table 1: List of Key Informants

Focus Groups

Between May 7, 2011 and June 30, 2011, researchers facilitated 14 focus groups with targeted groups of social service recipients. Participants were identified and recruited by community based organizations and human service providers working in the Tri-Valley with guidance from RDA and city staff. Groups averaged eight participants, with the largest groups consisting of 20 individuals.

Each focus group opened with an overview of the project, a discussion of ground rules, and a group exercise where participants ranked their most critical service needs. Sessions lasted between one and a half and two hours, with participants addressing five questions in an open-discussion format. Focus group participants included:

Focused Discussion Group	Host Organization
Adults with Disabilities	Community Resources for Independent Living
Day Laborers - Spanish	Hayward Day Labor Center
Family Members of those with Mental Illness	National Association on Mental Illness (NAMI) Tri-Valley
Homeless Families	Tri-Valley Haven
Homeless Individuals	Livermore Homeless Refuge
Parents of Disabled Children	E-Soccer
Parents of Older Children - *English*	Horizons Family Counseling
Parents of Older Children - *Spanish*	Horizons Family Counseling
Parents of Young Children - *English*	Community Association for Preschool Education (CAPE)
Parents of Young Children - *Spanish*	Community Association for Preschool Education (CAPE)
Residents Facing Foreclosure	Tri-Valley Housing Opportunity Center
Seniors	Pleasanton Senior Center
Survivors of Domestic Violence	Tri-Valley Haven
Interfaith Community Members	Trinity Lutheran Church

Table 2: Focused Discussion Groups

Demographic Findings

The following section describes the demographic changes in Eastern Alameda County using U.S. Census and American Community Survey data from 1990, 2000, and 2010.

Population Growth

The cities of Dublin, Livermore and Pleasanton have experienced significant population growth since 1990. As of 2010, Livermore is home to 80,968 residents, Pleasanton to 70,285 residents, and Dublin to 46,036 residents. The 'population pyramid' in Figure 1 demonstrates several demographic trends. At the top of the pyramid are the oldest residents, over the age of 85, and the bottom represents the youngest residents, who are under the age of four. The darkest colors (blue is male; red is female) represent the population in 1990, the lighter colors represent the population in 2000, and the lightest colors represent the population in 2010. The top of the pyramid shows that the number of women over age 85 has quadrupled between 1990 and 2010.

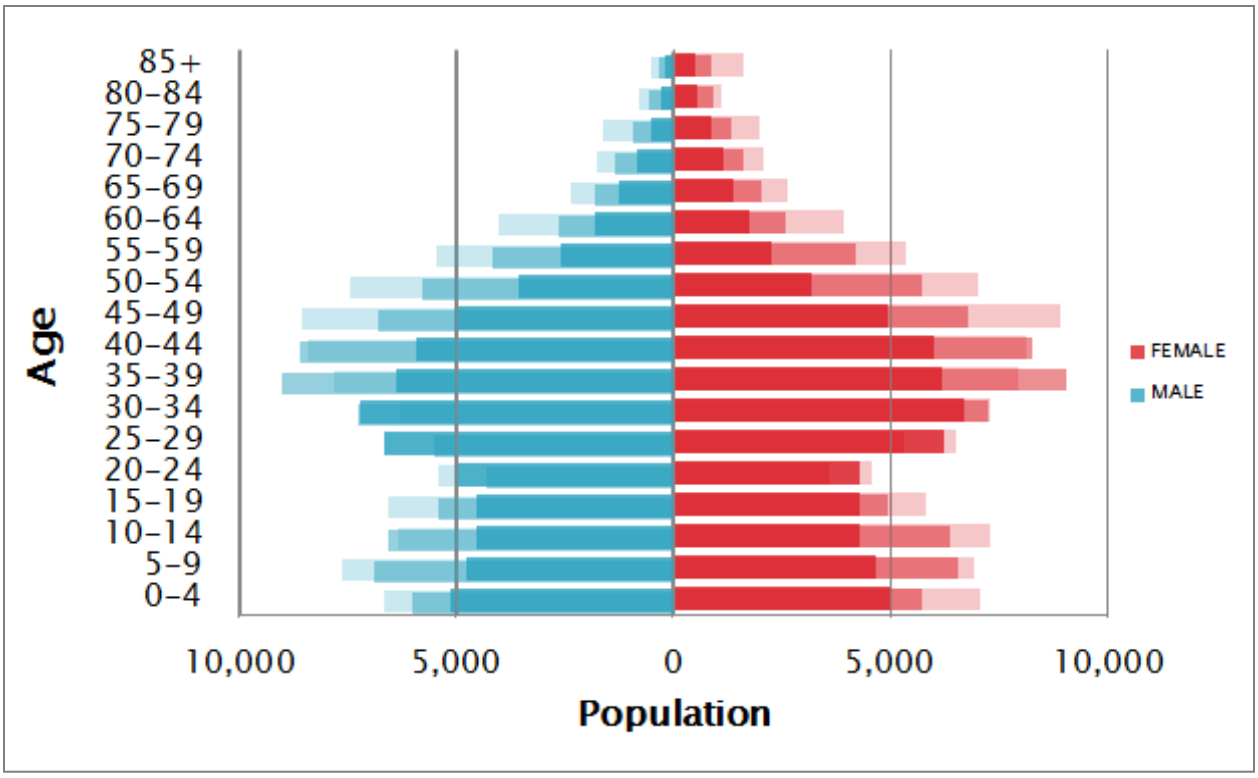

Figure 1: Eastern Alameda Population Pyramid (Darkest grade: 1990; Mid grade: growth to 2000; Lightest grade: growth to 2010) Source: US Census/American Community Survey

The population of residents aged 50 to 64 has doubled between 1990 and 2010. However, there are proportionately fewer residents between the ages of 20 and 24, a notable lack of population growth among residents aged 20 to 34, and a decrease in population among males aged 30-34. In summary, the population is aging and the proportion of young adults is decreasing in the Tri-Valley.

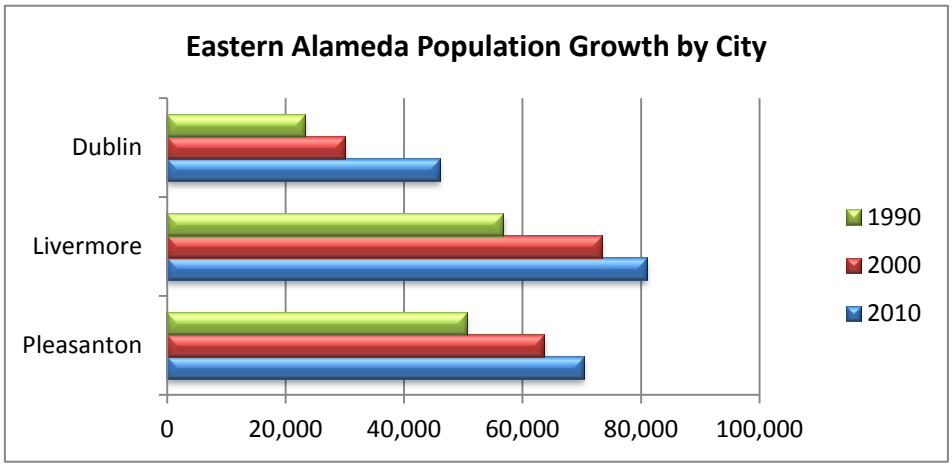

Figure 2: Eastern Alameda Population Growth by City

Figure 2 illustrates population trends in each of the three cities of the Tri-Valley between 1990 and 2010. The total population count in Dublin has more than doubled in the last 20 years. The cities of Pleasanton and Livermore are still growing, although, at a slower pace.

Language

There are several distinct changes in the demographic makeup of Dublin, Livermore and Pleasanton in the last 20 years (as illustrated in Figures 3 – 5). In Dublin, there is a notable increase in the number of Asian/Pacific Islander (API) population – a group that includes many distinct cultural and linguistic categories, including Afghan and Indian populations. This population is growing in Livermore and Pleasanton as well, albeit more slowly.

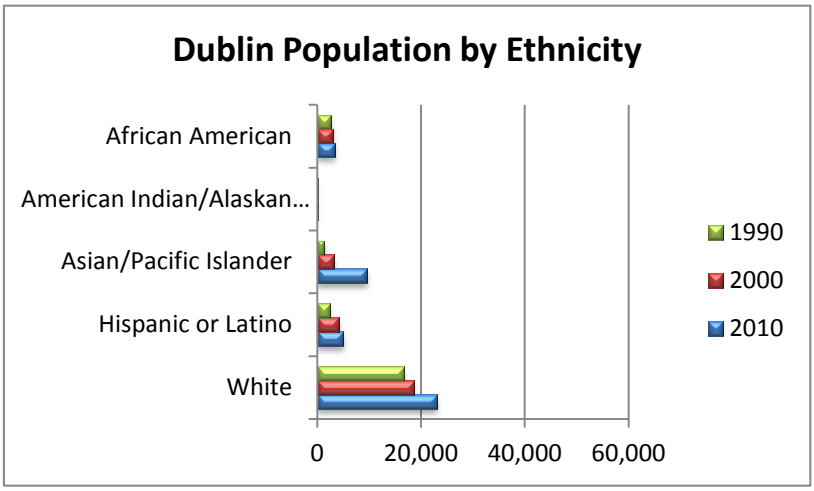

Figure 3: Dublin Population by Ethnicity

In each city, the rate of growth among the Hispanic/Latino population has remained relatively steady over the course of the last twenty years, but has shown steady increases over the last decade and a slightly smaller rate of growth in Dublin. Although White/Caucasians are the ethnic majority in the Tri-Valley, this population has demonstrated a negative growth rate between 2000 and 2010. Therefore,

the populations of the three cities are becoming less White/Caucasian, steadily more Hispanic/Latino, and significantly more Asian/Pacific Islander.

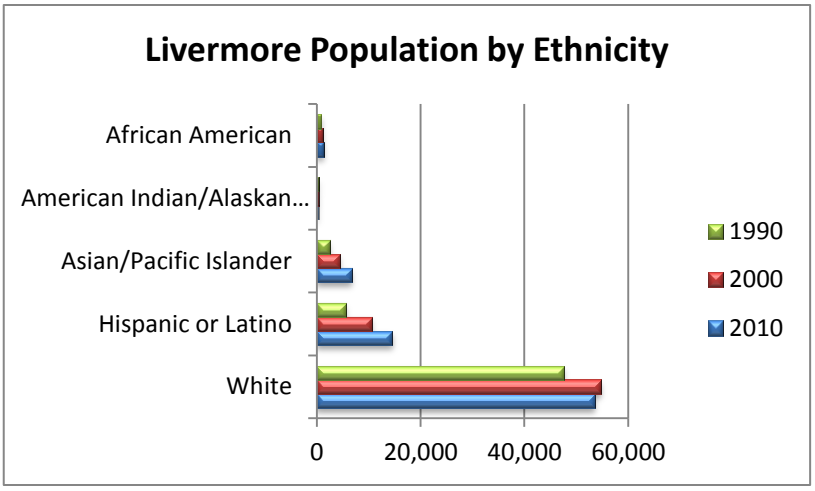

Figure 4: Livermore Population by Ethnicity

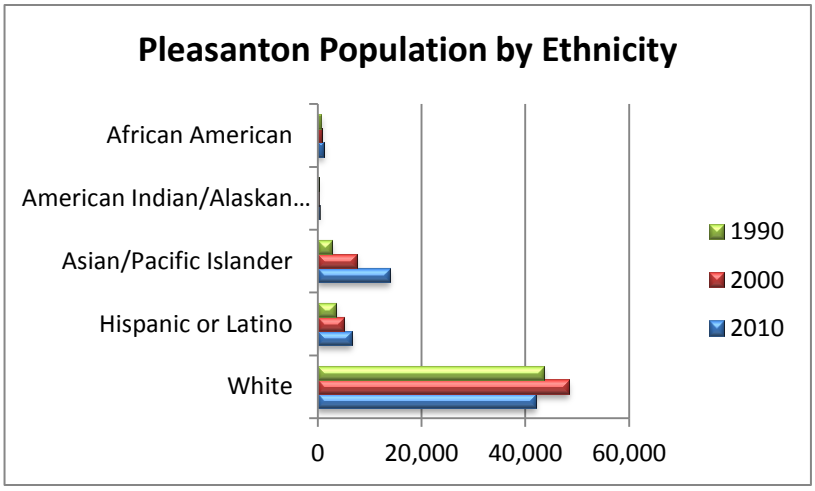

Figure 5: Pleasanton Population by Ethnicity

The Asian/Pacific Islander community is experiencing a rapid increase in population, combined with the highest levels of household linguistic isolation of any other ethnic group in the Tri-Valley, as seen in Figure 6.

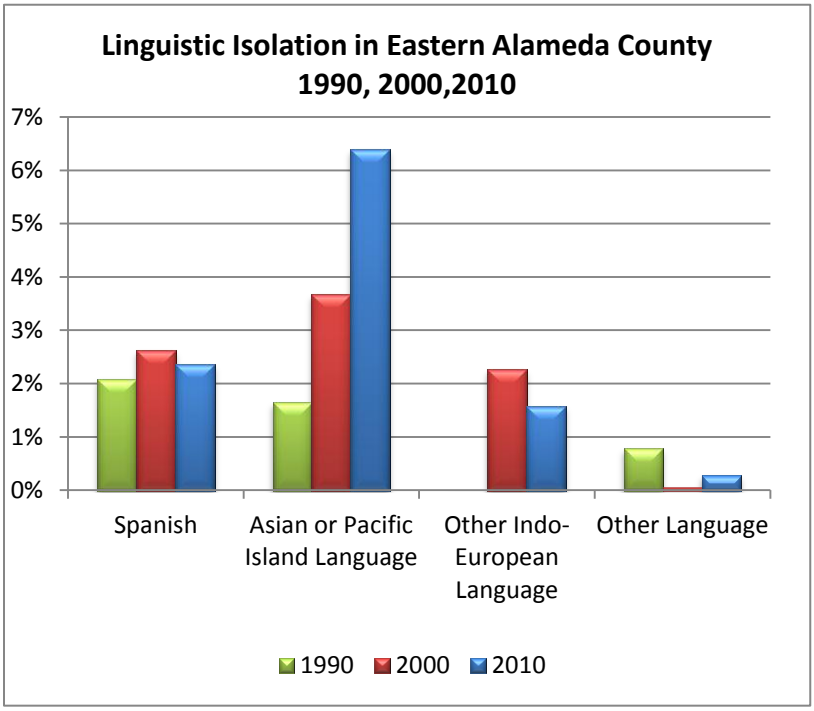

Figure 6: Linguistic Isolation in Eastern Alameda County

A detailed depiction of the population count, per city, of all primary languages spoken at home, is illustrated in Table 3 (spanning Pages 20 and 21).

Language	Tri-Valley Total	Dublin	Livermore	Pleasanton
English (only)	130,971	27,682	58,339	44,950
Spanish or Spanish Creole	15,109	2,762	8,481	3,866
Chinese	5,634	1,651	765	3,218
Tagalog	3,396	1,169	1,379	848
Korean	2,826	787	239	1,800
Other Asian languages	2,588	517	281	1,790
Persian	2,327	1,102	371	854
Hindi	1,412	372	255	785
Vietnamese	1,214	479	377	358
Other Indic languages	1,006	213	366	427
French (incl. Patois, Cajun)	965	128	610	227
Japanese	825	314	147	364
Portuguese or Portuguese Creole	751	206	344	201
German	737	169	273	295
Other Pacific Island languages	626	397	106	123

Language	Tri-Valley Total	Dublin	Livermore	Pleasanton
Russian	606	108	162	336
Urdu	545	254	59	232
Gujarati	389	74	4	311
Other Indo-European languages	357	142	96	119
Italian	279	31	130	118
Arabic	240	72	111	57
Serbo-Croatian	213	71	0	142
Scandinavian languages	211	108	88	15
Greek	159	85	65	9
African languages	119	56	63	0
Armenian	118	10	90	18
Other West Germanic languages	108	63	0	45
Thai	105	14	31	60
Polish	89	25	0	64
Hungarian	76	0	35	41
Hebrew	73	37	14	22
Other Native North American	66	59	0	7
Other and unspecified languages	49	0	0	49
French Creole	43	11	32	0
Mon-Khmer, Cambodian	40	11	29	0
Other Slavic languages	32	19	13	0
Laotian	15	0	15	0
				Source: U.S. Census Bureau

Table 3: Population Count by Household Language by City

Linguistic isolation is defined as a household in which all individuals over the age of 14 speak a language other than English, and none speak English "very well." The rate of linguistic isolation in Asian/Pacific Islander households, relative to all households in the Tri-Valley, has more than tripled since 1990, reaching an overall household level of just over six percent in 2010. Notably, linguistic isolation in Hispanic/Latino households has decreased between 2000 and 2010, despite demonstrating a slight increase between 1990 and 2000. Linguistic isolation has also demonstrated an overall decrease in other Indo-European language households.

Income Levels

Overall poverty in Eastern Alameda County increased between 2000 and 2010. The Census Bureau defines the Federal Poverty Level (FPL) using a set of income thresholds that vary by family size and composition. A family is considered impoverished if the total family income is less than a specific income

amount that is updated based on the Consumer Price Index. In 2011, The FPL for a family of four is $22,350. Overall, 4.5% of the population in the three cities lives below the FPL (Figure 7).

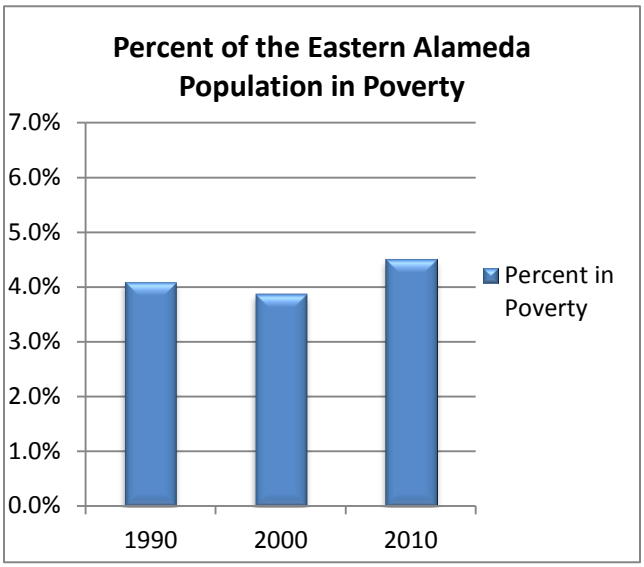

Figure 7: Percent of Tri-Valley Population in Poverty

The increase in federally defined household poverty is dwarfed by the increase in the proportion of East County residents receiving General Assistance, Food Stamps, Medi-Cal and CalWorks. Analyzing Figures 8 and 9, it is clear that the overall proportaion of the population receiving General Assistance and Food Stamps is relatively small; however, it is the increase in recipients of these services, coupled with the growing number of residents receiving CalWorks and Medi-Cal benefits that demonstrate the poverty growth in the Tri-Valley. (Figures 10 and 11)

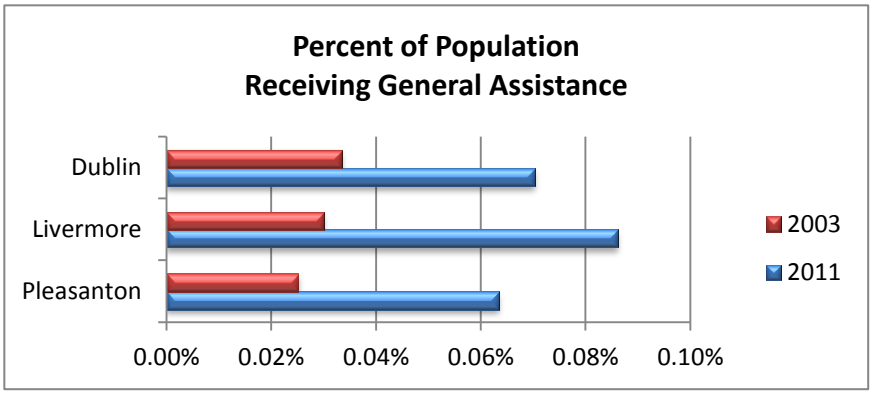

Figure 8: % of Population Receiving General Assistance

In Dublin, Livermore and Pleasanton, the proportion of the population receiving Medi-Cal and CalWorks increased notably in the last eight years. In the three cities combined, the proportion of the population

receiving Medi-Cal benefits has increased from just under two percent to over five percent of the overall population. The proportion receiving CalWorks has increased from less than one quarter of one percent to just under one percent.

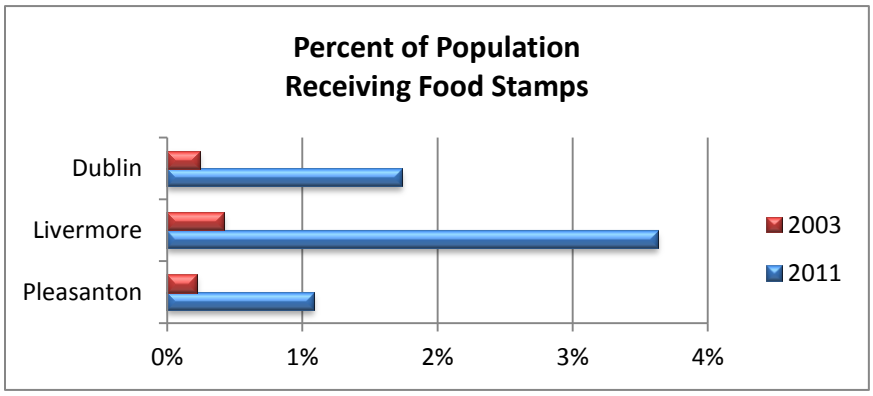

Figure 9: % of Population Receiving Food Stamps

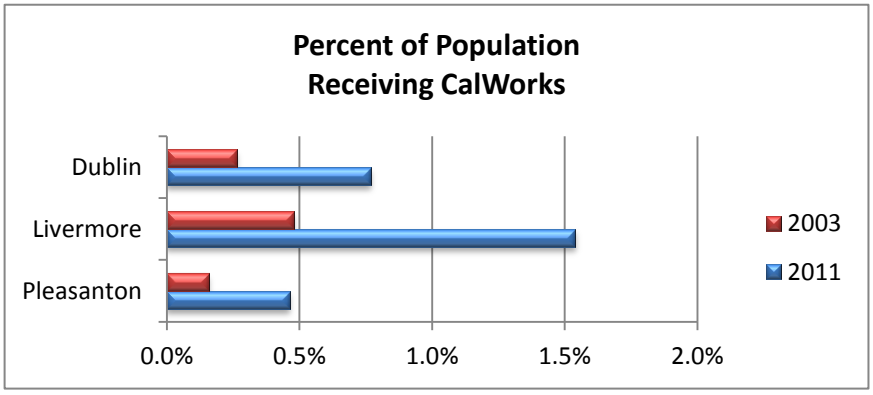

Figure 10: % of Population Receiving CalWorks

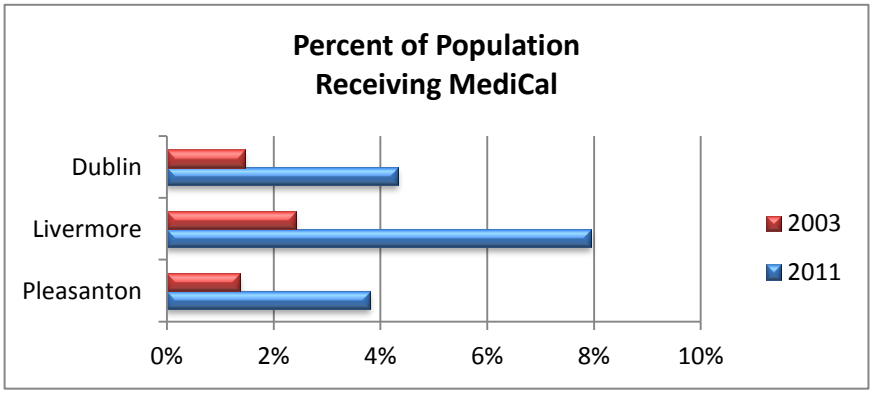

Figure 11: % of Population Receiving Medi-Cal

In conclusion, the increase in population, the changing ethnic/racial demographics, growing poverty, and the corresponding increase in the proportion of the community receiving General Assistance, Food Stamps, CalWORKS and Medi-Cal, all point to an increasing demand for human services in the Tri-Valley.

Provider Survey Findings

To identify service delivery gaps, researchers surveyed Alameda County and community-based providers who serve Eastern Alameda County residents. In total, 74 unique individuals representing 38 Tri-Valley organizations responded to the survey. The following section addresses individual responses.

Figure 12 depicts responses to the question, "Which populations receive adequate services?" Respondents were asked to rate adequacy of service for 17 different sub-populations. The graph – depicting the cumulative weighted average of response between 1 (not at all) and 5 (all the time) – illustrates that providers believe that the poor, working poor, homeless, mentally ill and non-English speakers are less likely to receive adequate services whereas women, families, school-age children, adults and seniors are most likely to receive adequate services.

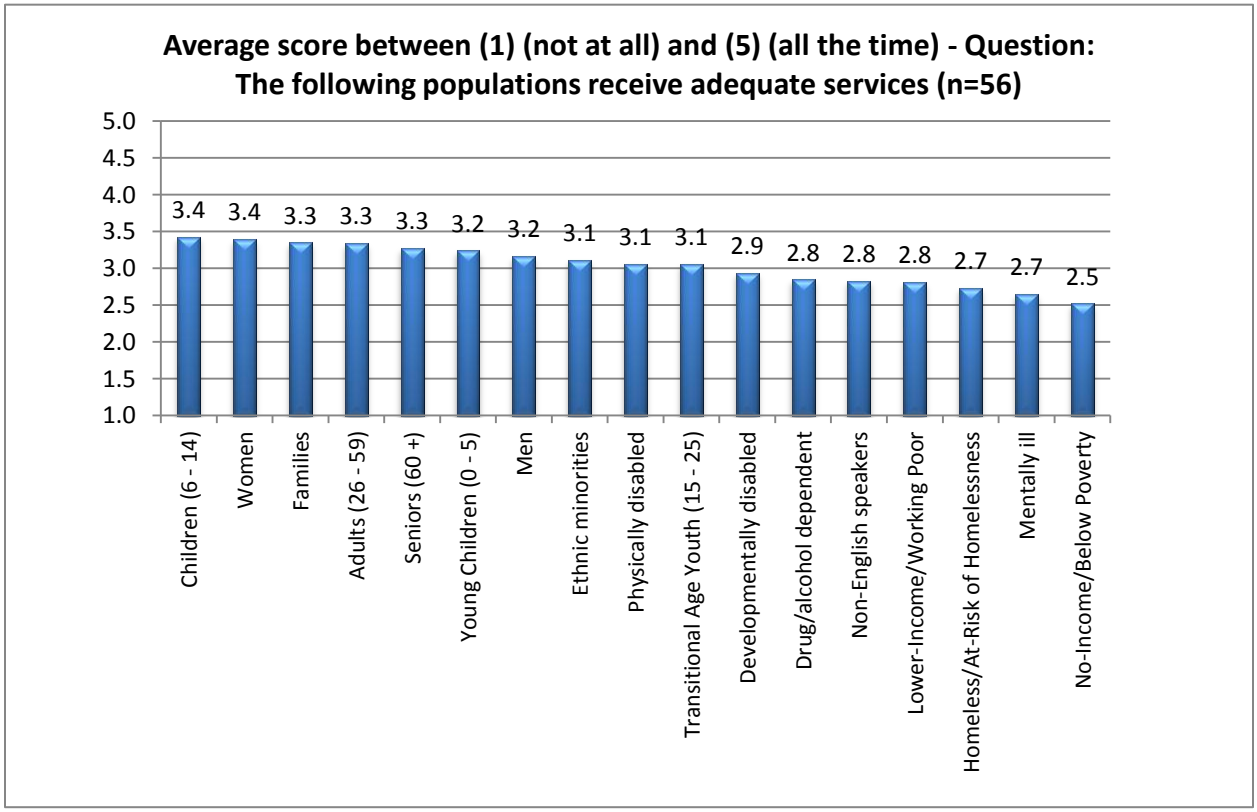

Figure 12: Average Score That Populations Receive Adequate Services

Figure 13 depicts responses to the question, "What barriers do service recipients face?" Survey respondents were asked to rate a list of barriers on a scale of 1 (least significant) to 5 (most significant). The graph depicts the cumulative weighted average of responses, illustrating that providers believe that the most significant barriers faced by potential clients are lack of knowledge of service availability, transportation costs and duration, and long waiting lists.

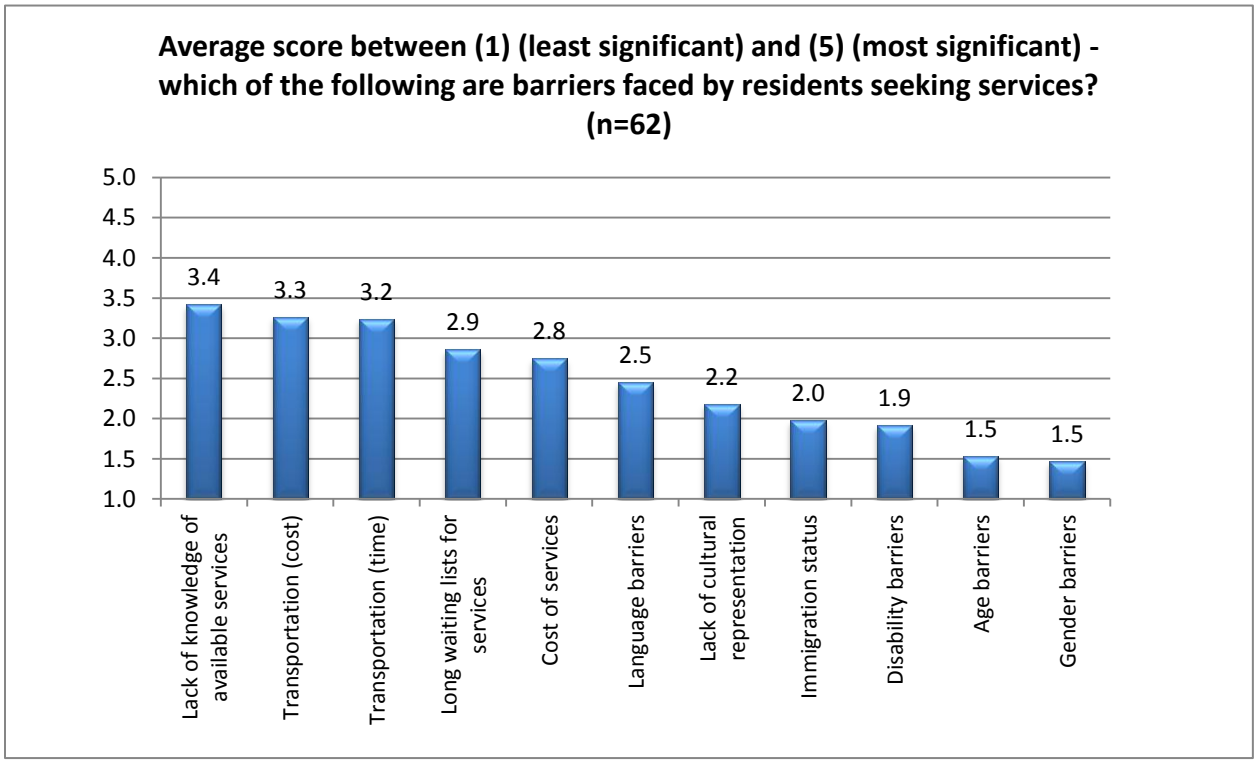

Figure 13: Barriers are Faced by Residents Seeking Services

Despite identifying those sub-populations who providers believe face barriers to receiving effective services – including the poor, working poor, homeless and mentally ill – a wide majority of providers surveyed believe that most of the time they and their colleagues provide sufficient services to meet demand. Figure 14 illustrates that less than one percent of service providers indicated that they can never meet the demand for services. Whereas, over 72% of respondents indicate that they can meet the needs of the community "Most of the time".

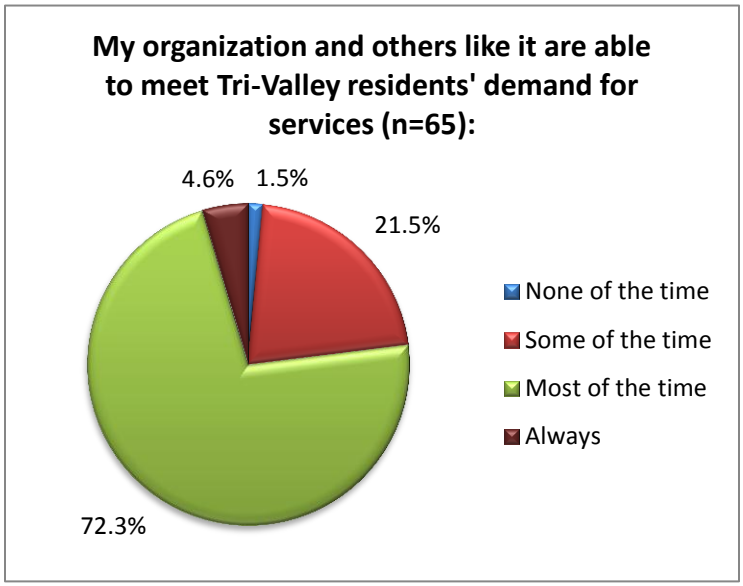

Figure 14: Meeting Demand for Services

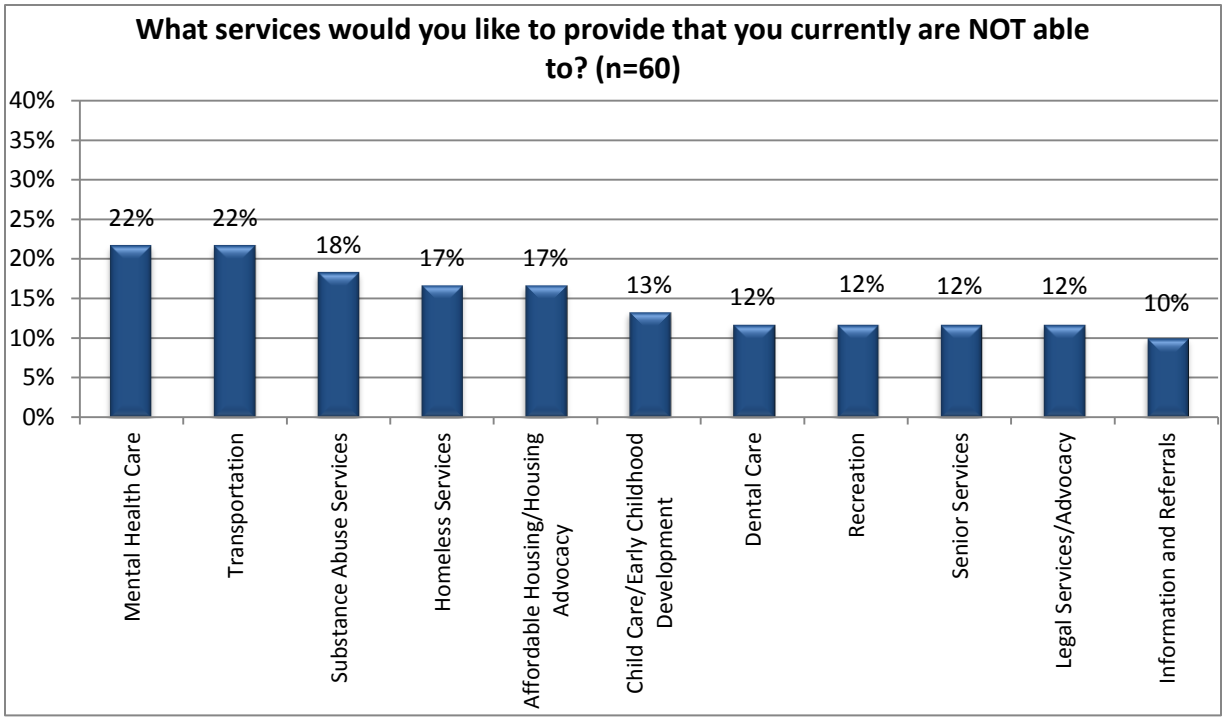

Figure 15: What Services Would You Like to Provide?

When asked to consider what services they would like to provide, but are currently unable to (see Figure 15), most providers identified mental health care, transportation and homeless services. Key informants and focus group participants alike reported shortages of these services, as well as difficulty accessing them. As illustrated in Figure 15, when asked what factors would enable providers to expand service offerings, 95% of providers identified a need for more funding. Beyond money, providers indicated that service coordination, community outreach, and better transportation would be necessary to expand their offerings.

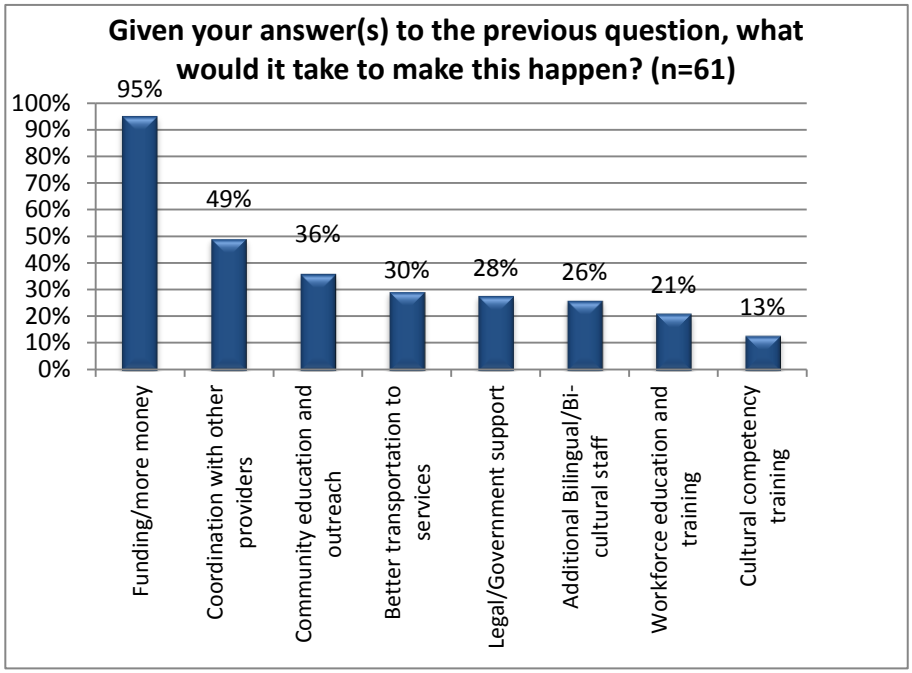

Figure 16: What Would it Take to Make This Happen?

Hard to Reach Population Survey Findings

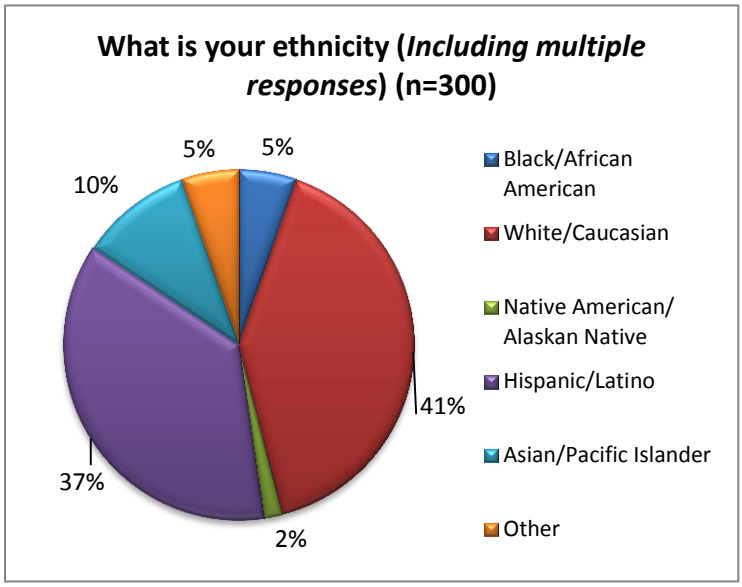

Figure 17: What is your Ethnicity?

Surveying the Hard to Reach Population helped researchers corroborate findings from service providers, as well as those from focus group participants, who, by their willingness to participate, are often the most easily accessible service recipients. Those that are least likely to seek services provide an essential perspective on critical needs and gaps in the human service delivery system. The survey of the Hard to Reach Population included over 300 unique respondents from the Tri-Valley.

Figure 17 illustrates the demographic breakdown of respondents. The vast majority of hard to reach populations are either Hispanic/Latino or White and just over 10% are Asian/Pacific Islander. Five percent identify as Black/African American and another five percent identify with the "other" category. Among respondents, 69% were female and 58% identified as having children under the age of 18.

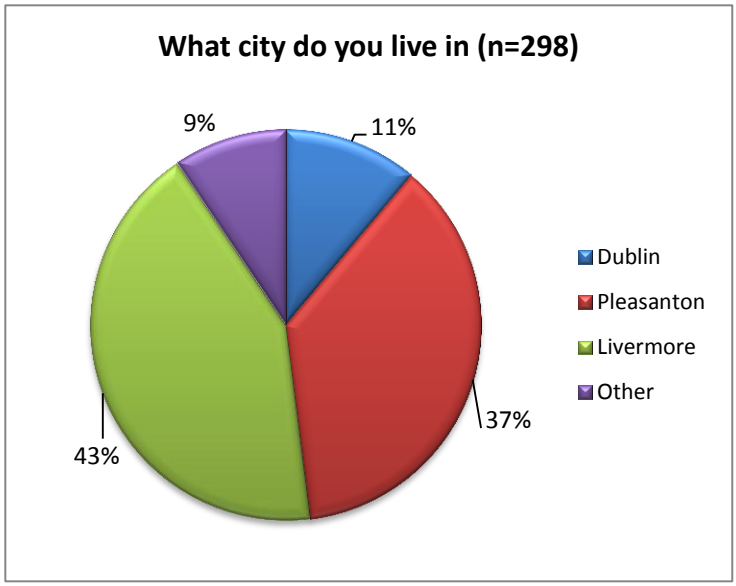

Figure 18: What City Do You Live In?

Of the 300 respondents, 11% identified as living in Dublin, 37% in Pleasanton, and 43% in Livermore. Although 9% of respondents selected "other", this group receives services in the Tri-Valley (Figure 18).

Respondents were first asked to identify which services they and their family members have the hardest time accessing (which is illustrated in Figure 21). According to the recipients, dental care is the most critical need. Described in greater detail later in this report, this gap may be caused by the elimination of

most dental care services from Medi-Cal coverage benefits. Other notable gaps include primary health, transportation, job training and placement, food and nutrition, and affordable housing.

To identify barriers faced by Hard to Reach populations, survey respondents were also asked to check boxes that complete the statement: "Sometimes I do not get the services I need because…" Respondents to this question were most likely to identify the cost of services to be the greatest barrier, as illustrated in Figure 19. The cost of transportation is also a significant barrier, and aligns with the findings from the Provider Survey. Not qualifying for services and not knowing where to go for services were also noteworthy barriers identified by the Hard to Reach population. Additionally, six percent of the population surveyed offered that their disability presents a challenge to receiving services.

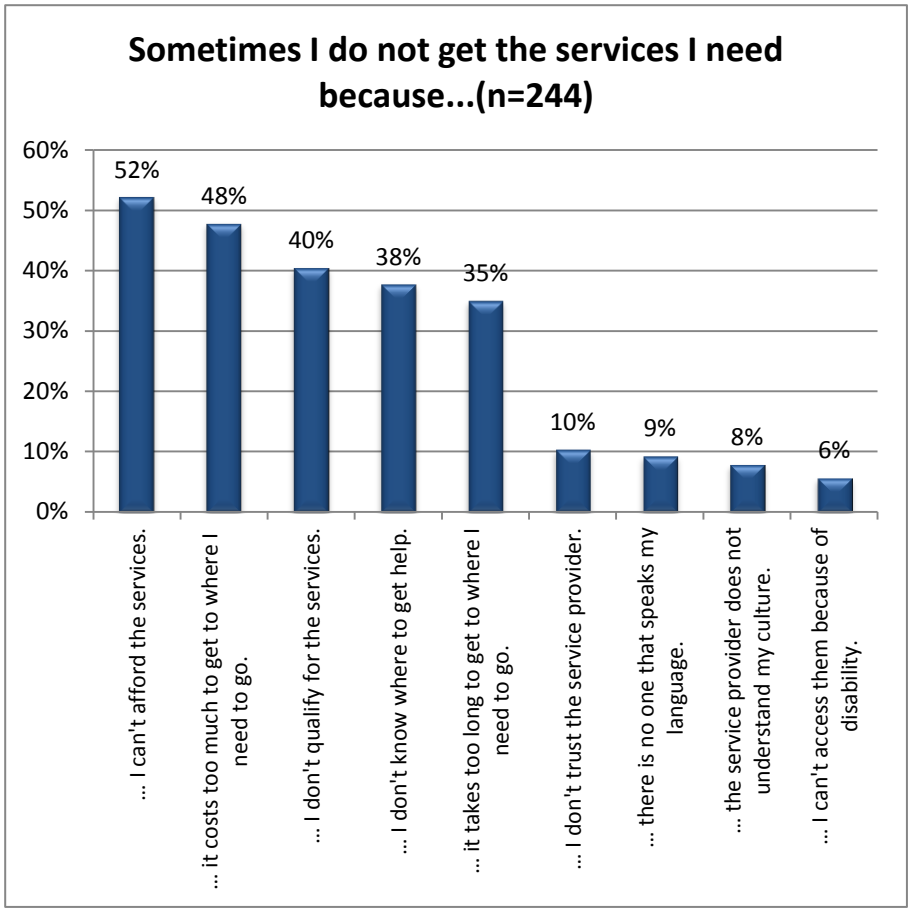

Figure 19: Sometimes I Do Not Get The Services I Need Because...

Over 90% of respondents indicated that neither a language barrier nor lack of cultural understanding were barriers, as illustrated in Figure 20. However, among the 10% who identified that culture and language were significant barriers, over 77% were Hispanic/Latino.

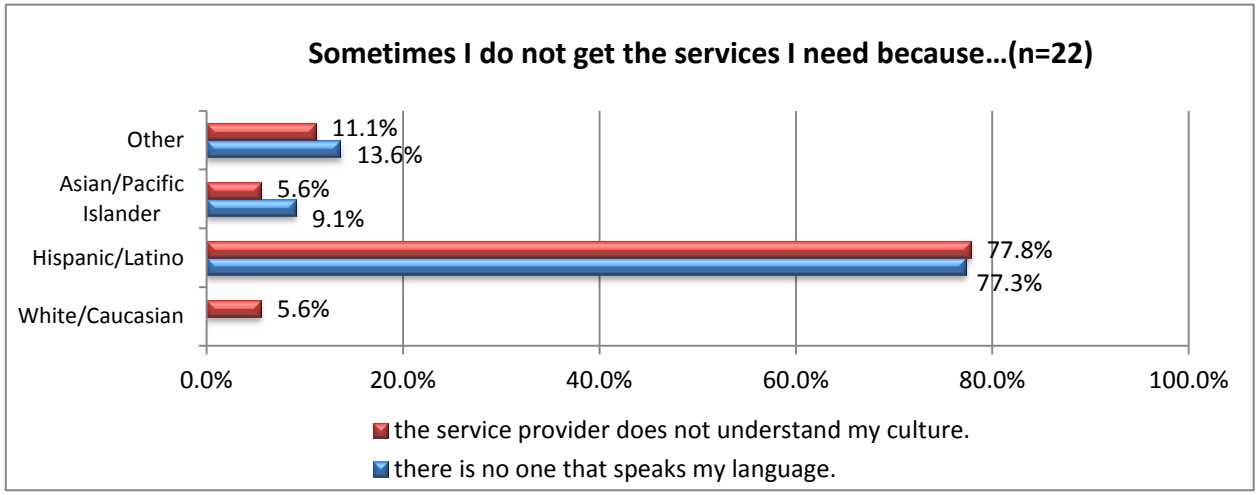

Figure 20: Sometimes I don't get the services I need because…

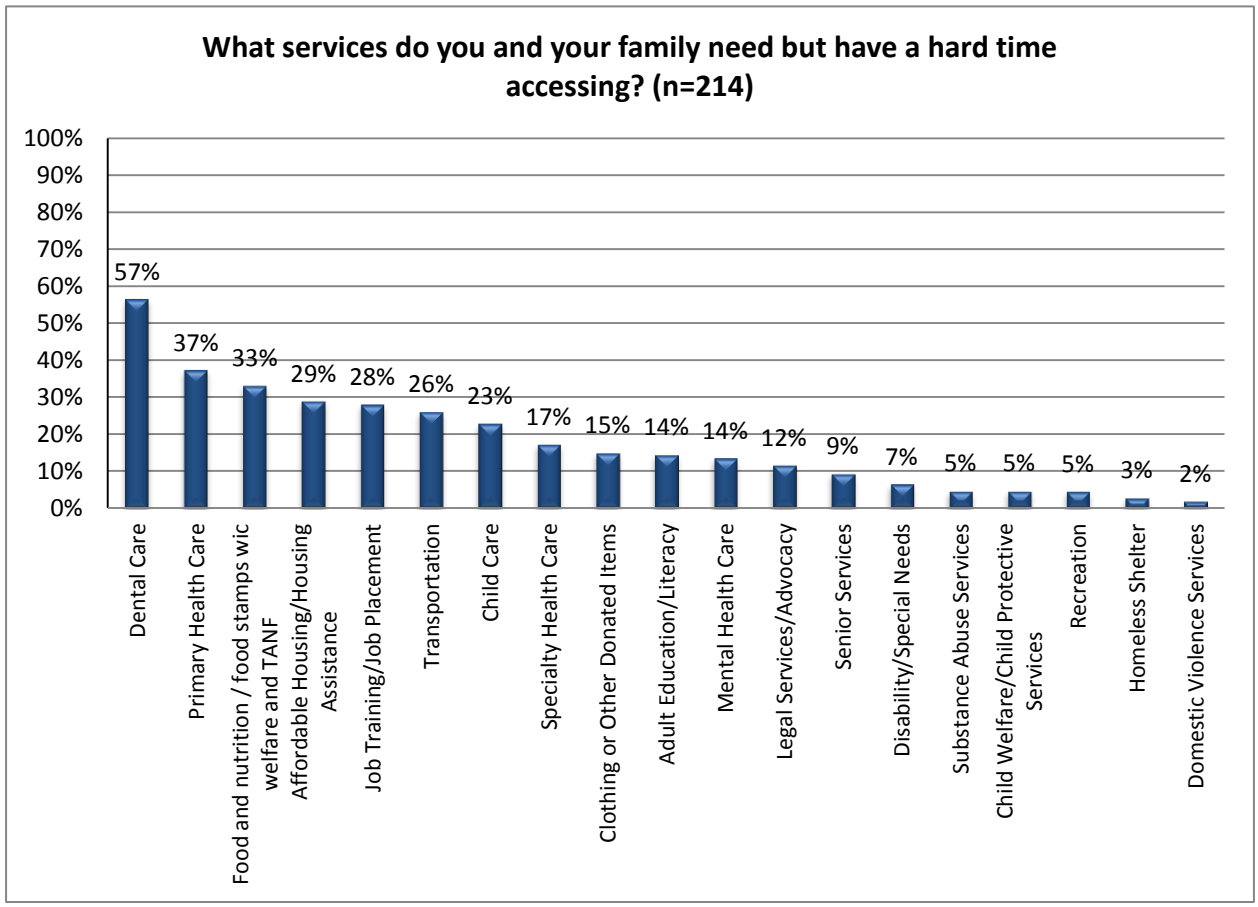

Figure 21: What Services Do You and Your Family Need But Have a Hard Time Accessing

Findings by Area of Concern

During the initial planning phase for this Needs Assessment, the Eastern Alameda County Human Services Steering Committee identified 14 human service *areas of concern*. Key informants then ranked these concerns according to perceived level of importance. The areas of concern, in order of ranked importance are:

- Behavioral health (mental health and substance abuse)
- Affordable housing
- Health care
- Workforce development
- Homelessness
- Transportation services and access
- Domestic violence and child abuse
- Disabilities
- Food and nutrition
- Senior services
- Youth services
- Child care, early childhood development and education
- Changing demographics and growing diversity
- Financial assistance

The following sections of the report address each human service *area of concern* in terms of:

- **Community Issues** illustrate the needs in the community.
- **Service Delivery Environment** addresses available services. This section is not a complete description of services and supports available in the Tri-Valley, but rather, a description of those service delivery systems emphasized by key informants and participants in focus groups. **This section draws no conclusions as to the performance or the effectiveness of programs mentioned.**
- **Current Gaps in Services or Barriers to Improving Service** identifies gaps in services and barriers to improving services as addressed by informants in discussion groups, interviews, and surveys. This section is a summary of the experience of recipients of services, providers of services, community advocates, and subject-area experts in Eastern Alameda County.
- **Suggestions for Improvement** distills the suggestions made by community members and service providers, and includes additional research on best practice approaches for implementation.

Behavioral Health

> *"I don't know anyone who hasn't been hit economically; we've been in a depression. Now there are a greater number of people who are suffering. This kind of stress can trigger mental illness. I don't know anyone providing services out here for whom mental health is not a factor." –Key Informant*

Key Findings

- Behavioral health services are insufficient in the Tri-Valley. Population growth and increasing stress related to economic conditions has strained the existing behavioral health service delivery system.
- Services for teens and young adults dealing with substance and behavioral health issues are insufficient to meet growing needs.
- There is no local Psychiatric Health Facility or in-patient drug rehabilitation facility, nor is there a sufficient number of board and care facilities in the Tri-Valley.
- The lack of coordination among behavioral health providers makes access to treatment and services difficult.
- Tri-Valley residents have to travel to Oakland or beyond to receive in-patient mental health, alcohol or other drug (AOD) treatment services.
- Social stigma, community misunderstanding of mental health and cultural or language barriers prevent those with behavioral health needs from seeking treatment and support.

Community Issues

Provider and consumer stakeholders throughout the Tri-Valley report that behavioral health (mental health and substance abuse) is one of the greatest social concerns in Eastern Alameda County. There is a great deal of stigma associated with seeking care in the Tri-Valley. In Livermore, for example, one mental health advocate states, *"There is an image here that we don't have [behavioral health related] problems. But this is certainly not the case."* A general unwillingness to recognize human service needs and a lack of understanding of mental health needs, in particular, was a common theme among stakeholders. The stigma associated with drug abuse and mental illness impedes people from seeking services early on, resulting in more deeply rooted mental health concerns. Multiple stakeholders suggested that there is a need for a community-wide educational campaign and open dialogue acknowledging the presence of mental health needs in the Tri-Valley.

Youth and transitional age youth, in particular, are at risk due to the stigma and unwillingness to address the issue directly. Suicidal thinking and behavior and underage drinking and drug use are a serious concern to many of the parent stakeholders. One person speaking of a series of teen suicides in Pleasanton called it an "*epidemic*." Others spoke of the many environmental and cultural stressors commonly attributed to wealthier communities, such as academic and family pressures to succeed. Other stressors identified include cultural identity and isolation, and gender-related discrimination. Several interviewees emphasized the under-recognized prevalence of prescription drug abuse among youth – particularly the unauthorized use of OxyContin, a prescription, narcotic pain medication. In a

parent focus group, alcohol abuse among teens in the schools was emphasized. One parent has noticed that many youth are bringing alcohol to school in water bottles.

Also, older adults in the Tri-Valley are vulnerable to substance abuse and mental health disorders. According to a participant in a senior focus group:

> "*It's common for older people to drink more, abuse prescription drugs, and [suffer from] depression. These issues are not being addressed, they are happening but not much is being done about it, and I'm not aware of any programs that address these issues. There are many seniors that are caught up in these issues without getting any help."*

Another common theme articulated by service providers is that current economic conditions are affecting the psychological wellbeing of residents, particularly those who have been directly affected by layoffs, foreclosures and service cuts. One service provider noted, "*We have seen an increase in clients with mental health issues. Their illnesses are more pronounced as well, because they can't afford to purchase their medications."*

Service Delivery Environment

Stakeholders recognize the availability of some services that can help address the behavioral health needs of at-risk youth. Two mental health service coordinators described a joint partnership between one of Eastern Alameda County's continuation high schools and Alameda County Behavioral Health Care Services that provides mental health consultation to teachers and staff. The program empowers teachers and staff to be effective mental health liaisons in the schools. Similarly, Horizons Family Counseling, under contract with Alameda County Probation Department, provides family counseling, case management, and parent training to first-offender juveniles with minor offenses. They employ two on-site licensed mental health professionals for students who need mental health counseling at Del Valle High School in Livermore. Offering consultation, treatment and/or prevention services in the community settings and schools, particularly continuation schools, are an effective and efficient strategy to reach traditionally underserved and at-risk youth. Additionally, Tri-Valley Community Foundation is partnering with Alameda County Behavioral Health Care to provide early intervention to Tri-Valley Latino families from their office at the Livermore Multi-Service Center.

The National Alliance on Mental Illness (NAMI) facilitates support groups for family members of people with mental illness residing in the Tri-Valley. One service provider explained, "*The support groups are huge because there is so much need. We don't advertise because we don't have the means or money to accept all the potential participants, but if we did we would get more people involved*." One participant in a family support group said, "*20 years ago when my daughter was diagnosed there was nothing to go to during the 'what's next' phase. Now at least we have NAMI for families that are in crisis*."

Gaps and Barriers

Several significant barriers impact Eastern Alameda County residents' capacity to seek and maintain behavioral health prevention and treatment services. In addition to the common theme of growing demand for services and stagnating or declining public funding, several individuals expressed a belief that Eastern Alameda County does not get a "fair share" of County resources. One focus group

participant reported, "*The support system has been taken away; the only programs that had psycho-social services are now gone; my question is, 'what happened?'"* The shortage of resources is compounded by the geographic isolation of Eastern Alameda County from many County services, primarily those located in Oakland. Lower income residents are more dispersed throughout Eastern Alameda County, posing a barrier to centrally locating services in areas of greatest need. The following statements from stakeholders and mental health advocates demonstrate the challenges associated with geographic remoteness:

> *"If you are in crisis…and have to take the whole family on the bus, you can't get to Fremont like that."*
>
> *"I am the mother of a mentally ill son. The reason why my son doesn't live closer to me is because there are no psycho-social services that match his needs."*
>
> *"There aren't sufficient providers in Eastern Alameda County. If you have a mental health emergency and you're on Medi-Cal, the closest clinic is in Oakland."*

Some behavioral health services, such as psychiatric medication management, are available in Eastern Alameda County for low income and indigent residents, but they are insufficient to meet demand. One service provider expressed frustration about long waiting lists, stating:

> *"I don't have many avenues; I usually go through Axis Community Health, but it takes about one month to get an appointment to get a patient to intake, another one month or two to actually see the doctor, or they have to go to San Leandro to see a doctor who will give them a prescription for only 10 days and then the process starts all over again! Mental and physical evaluations need to be completed in a timely manner in order for people to get stable. Until they get stable I can't help them address the other issues they have."*

Another provider expressed a similar issue, "*I refer patients to psychologists that accept Medi-Care, but often they are over their quotas. I had to stop accepting Medi-Cal or Medi-Care patients myself because the reimbursement rate is so low."*

Some stakeholders reported that gaps and barriers in behavioral health service provision in the Tri-Valley have to do with a lack of coordination. For example, knowing how to access services can be challenging, "*We have a system where there is no single portal of entry, and you need to know where to enter and where you need to go next."* For those with language barriers, the problem is compounded by a shortage of bilingual mental health providers, particularly psychiatrists and licensed clinicians.

In addition to what is described above, stakeholders reported the following local gaps in service:

- Universal prevention strategies;
- Case management and crisis stabilization programs for youth and transitional age youth at risk of serious mental illness;
- Inpatient AOD treatment, particularly for youth;
- Psychiatric Health Facilities for youth and adults;

- Supportive housing and board and care;
- Mental health providers specializing in older adults; and
- Services for persons with co-occurring mental health and substance use disorders.

Suggestions for Improvement

The issue of stigma emerged repeatedly within discussion groups and in interviews. Several factors contribute to stigma as a local issue.

- The myth that families with higher incomes and in nicer homes don't suffer from mental illness and substance use disorders;
- Stress and alienation associated with job loss and housing instability;
- A growing population that does not yet know about available support networks; and
- Shortages of cultural brokers that can help immigrants navigate service delivery systems.

Alameda County and the three Eastern Alameda County cities should jointly focus attention on reducing stigma associated with seeking behavioral health services. In addition, the cities could employ cultural brokers or *Promotores*[2] to inform newcomers about behavioral health as well as other critical services available. Based off the very successful model in Contra Costa County, and funded by Kaiser Permanente, Livermore is in the process of training up to 15 residents to become Promotra's to provide information and assistance to families on a variety of health and wellness issues.

One of the major challenges faced by behavioral health advocates in the Tri-Valley is demonstrating the extent of local need. By helping traditionally underserved people access services, advocates will be able to more accurately demonstrate demand. Additionally, by employing cultural brokers to expand local knowledge and reduce stigma, service providers can intervene earlier and prevent behavioral health conditions from worsening, which will ultimately reduce the long-term costs of treatment.[3]

Several stakeholders expressed interest in increasing their advocacy role in the Tri-Valley. One NAMI member said,

> *"We are extremely motivated to be involved at the County-level, to interact with colleagues at county mental health, Kaiser, etc., and to gain support for our community. We are looking at how we can help to make this happen. We can do this, but we see a big job ahead of us."*

Affordable Housing

The following findings are based on an analysis of the General Plan Housing Elements for each of the three cities. An analysis for each city follows.

---

[2] *Promotores de Salud* are paid community health workers who have a close understanding of an underserved community, and who share the same language, ethnicity, or socioeconomic status of their target population. While initially implemented in Spanish-speaking communities, this evidence-based practice can be adapted successfully to other cultural contexts.

[3] http://counselingoutfitters.com/vistas/vistas06/vistas06.16.pdf

- As the numbers of economically distressed families and foreclosed homeowners increase, so does the demand for affordable rental housing.
- The increased demand for rental housing has resulted in higher rents.
- While efforts are being made by Tri-Valley cities to address the affordable housing shortage, existing resources to prevent foreclosure and eviction and to provide subsidies for low income renters are insufficient to meet growing demands.

Key Findings from Pleasanton Housing Element (2007-2011)

- The shortage of affordable housing particularly affects lower-income renters and first time homebuyers, including those who have grown up in Pleasanton and would like to establish permanent residency here.
- Overall, the greatest needs in Pleasanton are housing for low income residents, large families, the elderly, and single-parent households.
- The city has promoted housing affordability through support of nonprofit providers, creation of housing programs, and participation in and approval of subsidized rental developments.
- A total of 4,008 new construction units are needed to meet household and employment projections, including 981 low income and 1,554 very low income units.

Key Findings from Dublin Housing Element (2009-2014)

- Dublin has 1,091 assisted rental housing units.
- Of the 321 extremely low income households (0 - 30% Median Family Income [MFI]), 71% spent more than 50% of their income on housing. Of the 588 very low income households (31 - 50% MFI), 53% spent more than 50% of their income on housing. Projected housing gaps include a need for additional Housing Choice Vouchers and rehabilitated rental housing.
- Approximately 23% of the senior-headed homeowner households overpaid for housing and 75% of senior-headed renter households overpaid.

Key Findings from Livermore Housing Element (2009-2014)

- Forty eight percent of senior-headed households spent more than 30% of their income on housing; thirty two percent of renter households spent more than 50% of their income on housing.
- There are 38 licensed community care facilities in Livermore for persons with special needs. Two housing developments, totaling 18 below market units, are specifically reserved for developmentally disabled adults.
- The median Livermore home price in June/July 2008 was $510,000 compared to $623,500 for the Tri-Valley.
- Livermore rentals are relatively affordable compared to the County overall. One bedrooms averaged $1,118 per month as opposed to $1,278 countywide.
- There is a higher incidence of over-crowding among renter-occupied households in Livermore than in Alameda County as a whole.
- Renters in Livermore are more cost burdened than owners, with 47% of renters versus 35% of owners paying more than 30% of their income on housing.

Community Issues

Stakeholders as well as Tri-Valley planners recognize that affordable housing is one of Eastern Alameda County's most critical human service needs. Local governments are expected to do their part to meet this need. Each city's regional housing need allocation[4] (RHNA) is based on a projection of population growth and income during a 5 year period. Higher than expected unemployment, lower than expected incomes and higher than expected housing costs - with over one third of both renters and home owners paying more than 35% of their income on housing expenses (as illustrated in Figure 22) – mean that the Tri-Valley needs even more affordable units to meet demand than originally projected. In Pleasanton, for example, the city estimated in 2007 that it would need over 4,000 additional affordable housing units. At the same time, Pleasanton is experiencing a decrease in the availability of vacant land.[5] However, there will likely be significant improvement that should occur upon approval of the city's Housing Element in late 2011 where 70 new acres of high density will be designated for rezoning and will significantly enhance the prospects for future affordable housing development. These trends exacerbate the burden on cities to support the adequate provision of affordable housing. Several stakeholders suggested that one of the consequences of the current economic environment has been a reduction in the demand for single-family home ownership. As a consequence, the demand for rental units has increased, driving up market rents.

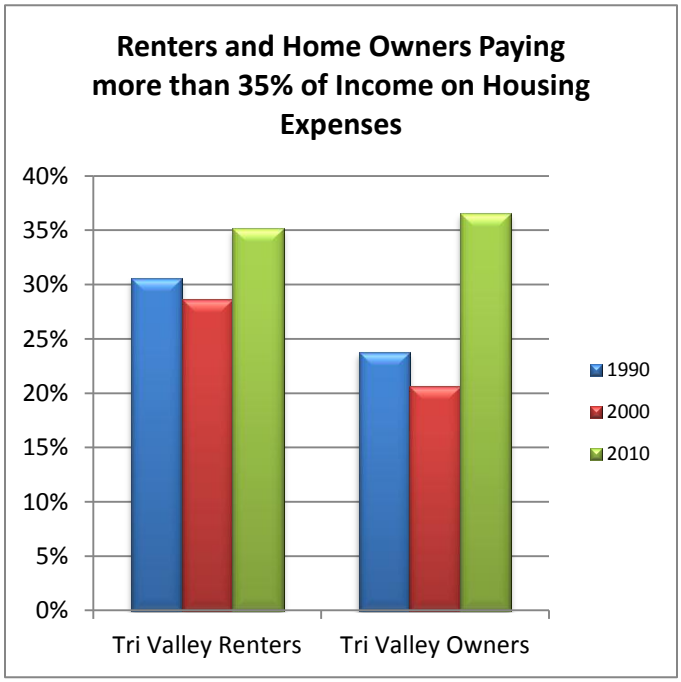

Figure 22: Renters and Home Owners Paying more than 35% of Income on Housing Expenses

One service provider described the human impact of the affordable housing crunch, *"I am dealing with people who are at risk of losing their home due to the loss of a job, or a chronic health problem, and they don't know where to get information on foreclosure prevention, or the information is not accessible."* The interviewee went on to say that as a social service provider, it is sometimes difficult to know the extent of a client's housing need. *"When serving individuals with complex issues, you need to pay attention to what they are asking because they may not be asking the right questions."* A failure to address an individual's housing issues as soon as they arise can result in disastrous consequences, including foreclosure or eviction. For some residents, especially older adults with dementia,

[4] RHNA is a target set by the Association of Bay Area Governments (ABAG) in cooperation with the California Department of Housing and Community Development (HCD) for each city to develop to address the regional need for affordable housing.

[5] http://www.ci.pleasanton.ca.us/community/housing/

cognitive disabilities, mental health issues or substance use disorders, intervention can mean the difference between a secure living situation or becoming homeless.

Another issue that was brought up by stakeholders is that few landlords accept Section 8 Vouchers because they are insufficient to cover market rents or because Section 8 tenants are perceived to be irresponsible. As a result, those low income individuals who are fortunate to have received a voucher may still face barriers in finding a safe and affordable place to live.

Commenting on the affordable housing situation in Pleasanton, one service provider noted that "*the trend I see is that there has been no subsidized housing [expansion] in the last 5 years. Federal and state funding is just not there to do it. Livermore has its own Housing Authority and can meet community members needs better than Pleasanton. They are lumped with Alameda Housing Authority – for a Pleasanton community member to get a subsidy to live in their own apartment is almost impossible.*" Yet even where there are effective Section 8 programs, "*There's a two year waiting list; it was only open for a week for the lottery. And currently it is closed.*"

Service Delivery Environment

The following organizations provide housing services in Eastern Alameda County:

- ECHO Fair Housing in Livermore provides fair housing education, tenant/landlord mediation and rental assistance.
- Tri-Valley Housing Opportunity Center, also in Livermore, provides information on private sector lending programs, down payment assistance, homebuyer education, and foreclosure counseling.
- The Tri-Valley Housing Resource Center, located in the Livermore Multi-Service Center, provides assistance through the Homeless Prevention and Rapid Re-Housing program (HPRP), which provides stabilization services to individuals and families who are homeless or at risk of becoming homeless.
- The Cities of Dublin, Livermore and Pleasanton provide housing information, including listings of affordable housing, such as the Tri-Valley Area Affordable Rental Housing Directory, on all city websites.
- Eden I&R 211 provides information and referral regarding affordable housing and shelter services.
- Tri-Valley Housing Scholarship Program, administered through Abode Services, provides temporary rental support to low income individuals and families who are enrolled in educational and job training programs to Livermore and Pleasanton residents.
- In partnership with Abode Services, Livermore also provides rental subsidy and supportive services to youth emancipating out of foster care through Project Independence.
- The Deparment of Veterans Affairs provides a VA Home Loan Guarantee program to help veterans refinance their homes and avoid foreclosure.

The following initiatives are being coordinated by the Cities of Dublin, Livermore and Pleasanton:

- According to its Housing Element, the city of Dublin has made significant strides towards reaching the goals established in their Regional Housing Needs Assessment. Since 2009, 311 new units have been constructed specifically for the Very Low Income population, 238 for the Low Income population, and 380 for the Moderate Income population. Specifically, the Camellia Place, Wicklow Square, and new Arroyo Vista projects "include a range of affordable units, including units for extremely low income households."[6] Further, as of March 2007, the city offers a density bonus to developers, and works with these developers to ensure incentives for expanding affordable and senior housing. The city of Dublin contracts through the office of Alameda County Housing and Community Development Department with ECHO Housing to look into fair housing complaints and ensure provision of fair housing counseling and mediation services.
- In Pleasanton, the 2000 Inclusionary Zoning Ordinance (IZO) requires that any new single-family residential development of 15 or more units must include a 20% allocation at below-market sales. As of September 2008, the city had approved the 350-unit Stoneridge Station multi-unit development, which will include 70 apartments for very low income households at 50% or less of the Area Median Income (AMI). In accordance with the 2007-2014 Housing Element, Pleasanton has also been evaluating community outreach efforts to identify sites for higher density, multi-family housing. The city has also committed to accommodating 3,277 total rental units, including 1,076 very-low income units, 728 low income units, 720 moderate-income units, and 753 above-moderate income units prior to or concurrent with adoption of 2007-2014 Housing Element Update.[7]
- The city of Livermore in conjunction with Abode Services and ECHO Housing has provided assistance to 465 clients in 173 families throughout the first two years of the Homeless Prevention and Rapid Re-housing program. Livermore was also selected as one of 5 cities in Alameda County to participate in the development and implementation of the new Housing Bonus Program. This program is based off of Berkeley's very successful Square One program and will provide housing vouchers with supportive services to homeless in the downtown. Additionally, at least 200 homeless and 200 domestic violence survivors will receive assistance through one of the city's three local shelters. Livermore also has several housing complexes providing below market rate units: Arroyo Commons, Bluebell, Chestnut Street, Carmen Avenue, Diablo Vista, Hillcrest Gardens, Las Posadas, Leahy Square, The Outrigger, Owl's Landing, and Stoney Creek. Arbor Vista, Vandenburg Villa, and Vineyard Village provide affordable senior housing. Heritage Estates senior housing complex provides affordable and market rate independent senior rental apartments. An additional 40 units of affordable rental units for seniors, disabled and families are planned to be built within the next three years.

[6] http://www.ci.dublin.ca.us/DocumentView.aspx?DID=156

[7] http://www.ci.pleasanton.ca.us/pdf/DraftHousingElementBackground-082011.pdf

Gaps and Barriers

There is a widely recognized shortage of financing options throughout the State for the development of affordable housing for extremely low, low and moderate income families. In the Tri-Valley, housing shortages are most notable for seniors, disabled adults, large families and single parents. Stakeholders cited other service gaps including insufficient Housing Choice (Section 8) vouchers, and revenue losses for community-based, non-profit housing providers and housing assistance. According to one service provider in this area, *"There have been serious cutbacks to funding, so we're not providing enough services, but the number of people who need services hasn't diminished."*

One interviewee noted, *"Pleasanton has lots of jobs and is very affluent. It has a high level of premium housing stock. That's good. But it has also put us at direct odds with State requirements that we accommodate our fair share of affordable housing. We've been doing catch up."* Another community member noted that in Livermore, there is a desire to increase the stock of affordable housing, but also acknowledged budgetary tightening, saying *"In terms of affordable housing, no one can afford to build it right now. We are at a standstill."* In Pleasanton, one interviewee noted *"We are missing the affordable starter homes for our children coming home to live or for service sector workers. We have an inclusionary housing ordinance but there are not enough Section 8 units."*

Community opposition to rezoning to permit higher-density development was noted as a significant barrier to developing affordable housing in the Tri-Valley. Some residents equate high-density housing with "slums". One informant summed up this perspective: "*No one wants high density next to them!*" One member of the faith-based community stated that "*Housing is a hard issue to address. There was talk of building high density housing, but people were concerned about the value of their homes dropping, and people were concerned about noise; noise is code for not wanting low income folks in neighborhoods*." Despite this opposition, all three cities are planning for higher density housing. Dublin offers density bonuses to developers, and Pleasanton is seeking locations for higher density housing. Livermore has been providing density bonus for developers over the last decade and has updated its zoning codes to address State laws governing bonuses. This update won the 2011 award from the Form-Based Code Institute.

Suggestions for Improvement

Stakeholder suggestions for increasing affordable housing came down, primarily, to spending more money. "*We need to spend more money on subsidized housing and support those programs that are already working*." Other recommendations to the Cities included:

- Strengthening inclusionary housing ordinances;
- Increasing transit oriented development;
- Rezoning to permit multi-unit higher density housing;
- Permitting additional prefabricated homes and mobile homes on vacant or underutilized land;
- Applying for additional federal and state grants;
- Allowing or providing incentives for homeowners to build second units on their properties;
- Regulating condominium conversions to ensure a sufficient supply of rental units; and

- Giving priority to people who live and/or work in the Tri-Valley for placement on affordable housing waiting lists.

Stakeholders consistently recommended prioritizing the affordable housing needs of persons with physical and developmental disabilities and the elderly, because these populations often live on fixed incomes, incur higher health care costs, face multiple challenges accessing services, and require particular in-home design features. Recommendations included: 1) providing support to landlords and developers to increase ADA compliance and improve access; 2) supporting agencies that enforce fair housing regulations[8]; and 3) co-locating social services in neighborhoods/housing developments that have the highest density of seniors, people with disabilities and low income families.

Finally, to address the needs of the growing homeless population, several stakeholders referenced a Housing First strategy. Housing First begins with local jurisdictions providing housing in conjunction with supportive services tailored to the specific needs of the household.[9] This approach emphasizes that housing insecurity and homelessness are at the root of many other issues facing vulnerable populations. Housing stability is shown to increase responsiveness to other human services such as mental health and substance abuse treatment; employment preparation; and child welfare, and to decrease reliance on emergency services. For example, in Los Angeles, CA, the Housing First Program for Homeless Families has incorporated the Housing First strategy to mitigate homelessness, particularly among single mothers with children, across Los Angeles County. Between 1989 and 2008, the program helped over 4,500 homeless families and over 12,000 adults and children to find sustainable, permanent housing.[10]

Health Care

> *"Primary care here is not bad. Finding specialists, though, is a major issue."* – Focus Group Participant

Key Findings

- Specialized medical care is often only available outside the Tri-Valley, especially from providers who accept Medicare and Medi-Cal.
- Subsidized dental care for low income residents, particularly the elderly, is very scarce.
- Reimbursement rates for subsidized health care are insufficient to cover costs, creating a disincentive for providers to serve low income populations.
- Culturally competent services are required to accommodate shifts in demographic composition in the Tri-Valley.

Community Issues

This assessment focused primarily on health care needs for the low income and indigent populations of Eastern Alameda County. Among these populations, the most critical issues have to do with insufficient

[8] http://www.cityoflivermore.net/civica/filebank/blobdload.asp?BlobID=2821
[9] http://www.nowrongdoor.ca/downloads/Housing%20First%20Strategy.pdf
[10] http://www.beyondshelter.org/aaa_programs/housing_first.shtml

health insurance, particularly for those with moderately low incomes; and access to dental care and specialty healthcare services. Insecurity around health care access has taken a toll on many marginally low income residents. Residents reported fear of losing their jobs because of preexisting conditions. The working poor are particularly vulnerable, because they may not receive health coverage through their work, but their income is above the threshold that allows them to qualify for subsidies. One focus group participant stated *"There is no recourse for people like us who are not qualified for Medi-Cal and who can't afford private insurance."* These challenges are also faced by veterans, who are a sizable portion of the Tri-Valley community. Veterans are older and face significant unmet medical needs, including a need for in-home supportive services and hospice care.

Additionally, some respondents expressed concern that due to changing Medi-Care coverage, many medications that have been subsidized may become prohibitively costly. Those with Medi-Cal and Medicare coverage reported difficulty finding local medical providers who will accept subsidies. Medi-Cal recipients also report challenges with dental coverage. One recipient stated, *"People do not understand the gravity of not having dental needs met. The only thing Medi-Cal provides right now is extraction."*

Service Delivery Environment

Tri-Valley providers and healthcare consumers report the following services for low income and indigent residents:

- Axis Community Health Medical Clinic is a Federally Qualified Health Center (FQHC) that provides comprehensive family primary care for free or based on a sliding-scale fee in Livermore and Pleasanton.
- The HOPE Project provides medical services to the homeless population in Livermore through a mobile clinic.
- The Tri-City Health Center provides HIV Services and programming at the Livermore Multi-Service Center.
- The VA currently operates a hospital and Long Term Care facility for veterans in Livermore, although this facility is slated to close in 2018.

According to Needs Assessment participants, the Tri-Valley Adolescent Health Initiative is successful in raising awareness of adolescent health needs in the Tri-Valley. The organization runs a youth group, coordinates meetings, and has identified service delivery gaps. It has been responsible for improving the coordination of mental health services at the school site level. The program, administered through Alameda Health Care Services Agency continues to expand mental health in Dublin, Livermore, Pleasanton high schools.

Current Gaps in Services or Barriers to Improving Services

Gaps in health care service for low income and indigent residents of the Tri-Valley include a shortage of local providers of specialty care services and providers who accept subsidized patients. One senior focus group participant stated, "*If you need help with vision and hearing impairments you have to go outside of the Tri-Valley to get services. We have no choice but to go out of the cities to get the help we need.*"

One stakeholder with Medi-Cal offered, "*You usually have to go to Oakland to get dental care and especially if the procedure requires anesthetics or teeth pulling*."

In addition to transportation costs and trip duration, a variety of other barriers affect low income residents' ability to access critical health care services. People with disabilities have an especially hard time accessing specialty medical care. One disabled focus group participant explained*, "It is hard for me to get around. I wish that there were specialists here. Valley Care does a wonderful job, but when I have to go outside, it is confusing and hard to get there."* In Spanish focus groups, uninsured participants reported having to go to Highland Hospital in Oakland for emergency services. One participant shared that she waited from 6pm to 10am to receive care at Highland Hospital, all the while enduring heart pain. According to these participants, a trip to Oakland in an ambulance can cost $2,000.

Other interviewees reported that while primary care was available in the Tri-Valley for people with subsidized insurance, facilities such as Axis are crowded and wait times can be very long. One focus group participant, currently dealing with foreclosure proceedings and in need of low cost health services, stated, "*Axis is in high demand and over capacity. Not everyone is guaranteed access…and only some services are free*." Although Axis provides services to anyone seeking health services in the community, not everyone qualifies for free care, which is based on income and family size. Sliding scale and reduced charge services are available for those that do not qualify for free care.

Addressing the growing population of non-English-speakers in health care environments in the Tri-Valley can be challenging. Patients and family members may be experiencing stress and providers are frequently in a hurry. One informant spoke of the challenges associated with diversity and a shortage of providers who are proficient in working with the many different ethnic groups in Eastern Alameda County:

> *"Clinicians who are addressing the needs of people don't always understand the people they serve. I would say this is due to 1) a lack of training and education, and 2) staff being overworked and carrying heavy workloads. It seems that a lack of training about specific populations is the more pressing issue. People have good intentions but they don't always know what's appropriate or best."*

Suggestions for Improvement

One informant offered the following suggestion for improving healthcare services: *"As leaders, we need to mandate that physicians need to take Medi-Cal and Medicare. These folks are practicing in the community and choosing to eliminate people based on their being impoverished. I believe that community leaders have to mandate that they do this, especially dentists and doctors."* Alternatively, the city could provide incentives and awards to those medical providers who serve subsidized patients. More doctors taking Medi-Cal and Medicare recipients would reduce burdens on providers that currently do take these patients.

Another suggestion was for the Tri-Valley cities or community organizations to sponsor a health or dental fair, where low income residents could receive free services, perhaps on an annual basis. In April,

2011, Remote Area Medical, an international nonprofit volunteer health program, sponsored a free event at the Oakland Coliseum, where over 3,000 doctors, dentists, and medical assistants provided dental cleanings, fillings, extractions, x-rays, medical treatment and eye care to thousands of needy residents. The event was successful at drawing attention to the demand for services; thousands of patients were seen over the course of three days. Eastern Alameda County could start small, with a similar type of event, focusing on medical and/or dental care, and drawing volunteer medical providers from throughout the Tri-Valley.

Workforce Development

> *"People keep telling us that they need support in times of transition, job loss, death of a family member, divorce, etc. These are issues for the marginalized middle class and these services are not really available here." –Key Informant*

Key Findings

- Increased unemployment in the Tri-Valley has led to a greater demand for adult education and vocational skills development at all skill levels, but particularly for those with low educational attainment levels.
- Most job placement and training is located outside the area, particularly in Oakland.
- There is a shortage of workforce development opportunities for the disabled and developmentally disabled, youth, and immigrants.
- There is insufficient child care to support low income families. This disproportionately impacts low income workers and job seekers.

Community Issues

Much like many parts of the country, unemployment rates in the Tri-Valley have spiked in recent years (see Figure 23), suggesting an increase in need and demand for workforce development services. As reported in various other sections of this report, employment loss in Eastern Alameda County is intrinsically linked to a variety of human service needs, including housing and homeless assistance,

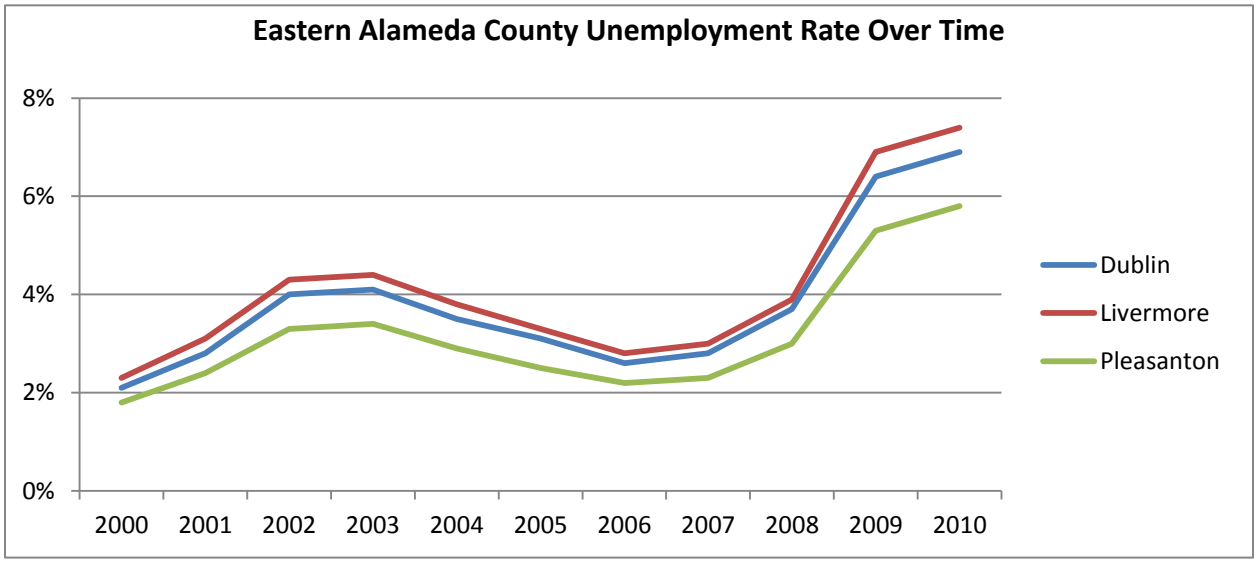

Figure 23: Eastern Alameda Unemployment Over Time

family stress, food and nutrition, subsidized medical care, etc. According to one interviewee, *"Job security is a big priority on a lot of people's minds. You can't get into housing without a stable income…you need a consistent income to support housing."* Another service provider noted a change in who is affected by the economic downturn, stating, *"The recession has impacted the higher end workers too. Even residents who are accustomed to working in Silicon Valley have experienced foreclosures."* Key informants reported that there are fewer part-time jobs in Eastern Alameda County, which has had an impact that does not show up in the unemployment statistics. Fewer part-time jobs affect parents of young children seeking supplementary income, youth and transitional age youth looking for summer and after school jobs, and people with disabilities who cannot work full-time.

High unemployment rates and local job scarcity have other downstream impacts. Commute times pose a challenge already for workers in the Tri-Valley, many of whom must travel over the hill daily. Residents are facing difficult choices and longer commutes as their employment options decrease. This in turn affects children, who are left unsupervised for longer periods of the day. Job scarcity also affects youth looking for entry-level positions, suggesting that the lack of population growth in the Tri-Valley among transitional age youth may not improve anytime soon. One concerned parent explained, "*Where is the next generation going to find jobs if we don't have a plan for job creation? Are we creating new generations of working poor?"*

High unemployment rates are coupled with a widely recognized shift in demand for more skilled "knowledge economy" workers, specifically those with higher degrees. Many residents report being left behind:

- "*I am doing a lot of job searching; they ask for training and experience. If you have no experience and no training, they will not hire you. I did computer classes, but they ask for office experience, which I do not have."*
- *"After 10 years in the family business my skills are obsolete. I need to go online to make a resume, which is so hard."*

Service Delivery Environment

The Cities of Dublin, Livermore and Pleasanton have Economic Development Departments that work towards attracting and retaining businesses through demonstrating the competitiveness of Eastern Alameda County's local economy and employment base. Livermore recently won several international awards in recognition of, "*successful strategies to promote new paradigms in economic development in this period of global recovery*" and "*showing that they are at the forefront of the economic development profession and are using innovative and effective practices that can be replicated in other communities.*" Economic development strategies are broad-based and affect the economic climate of the Tri-Valley. Community residents and providers recognized the following local workforce development programs for low income and unemployed individuals:

- Temporary Assistance for Needy Families (TANF) and CalWORKS programs through Las Positas College and Alameda County's Social Service Agency are located in Livermore.

- The Tri-Valley One-Stop Career Center, a program of California State Employment Development Department (EDD), is located in Pleasanton and provides job search assistance.
- Libraries: Livermore, for example, has a volunteer job coach that periodically offer coaching and resume assistance through a volunteer program.
- Livermore Adult Education, Amador Valley Adult and Community Education, in Pleasanton, and Dublin Community Education Center offer adult education classes, ESL, GED, and vocational training.
- Tri-Valley Regional Occupation Program, in Livermore, provides vocational, technical and occupational education for high school and adult students.
- Most individualized workforce development programs used by residents are located outside the Tri-Valley. One unemployed resident stated, "*I go to One Stop Career Center, but it would be nice to have something locally. It is hard to be commuting and hard to have enough time there to get what I need."* The One Stop Center this interviewee is referring to, run by the Private Industry Council, is located in downtown Oakland.
- Tri-Valley Community Foundation offers youth employment services sponsored by Alameda County Workforce Investment Board at Horizon High, Village High School and Las Positas College to assist youth in attaining their educational and vocational goals.

Some of the most vulnerable workers receive employment support from the Hayward Day Labor Center. Although located in Hayward, this organization has a draw of clients from Dublin, Livermore and Pleasanton due to its unique service offerings. According to one client at the Center, "*They teach you to do all kinds of work. Many people come here without education and don't know how to do other types of skills. The Center teaches us how to work with electric tools, as many members come here not knowing how to safely use tools like a saw."* This organization also helps with placement, and offers a legal backbone to allow clients to defend themselves against predatory employers.

Gaps and Barriers

There are two notable gaps in available workforce development opportunities. Firstly, as indicated above, several workforce development programs are located outside the Tri-Valley; using these services requires a car or transit fare. Secondly, stakeholders consistently reported that there are few local job development opportunities for youth and youth with disabilities transitioning to adulthood.

Parents of disabled children, speaking to what they anticipate will be needed for their children in the future, suggested that there are few local opportunities for the disabled and developmentally challenged. For instance, one parent of an emotionally challenged adult said, *"I feel like my son is wasting away. He could benefit from some vocational training. He would like to live on his own but he has no income or experience, and I can't provide that for him. The support for those who have fallen through the cracks does not exist here."*

Suggestions for Improvement

Multiple stakeholders reported an interest in increasing the availability of job training for young people. Programs that help high school students, particularly seniors, find a part-time job and gain access to on-

the-job training were recommended. Others recommended increasing adult education programming at the adult schools. Other suggestions included local employment requirements for city contracts.

Homelessness

> *"We don't have many shelters for men in the Tri-Valley area. [Most of] the shelters that we have only accept women or women with children; they deal with a lot of domestic violence. So for families, men would have to be separated from their families. Therefore, we have some families choosing to live in their cars, which is problematic." –Key Informant*

Key Findings

- Human service providers report an increase in Tri-Valley individuals and families seeking homeless and homeless prevention services.
- There are no year-round facilities that serve single men in Eastern Alameda County.
- Homeless families are disrupted due to a shortage of homeless family shelters that accept fathers and teenage sons.
- Recently homeless families and individuals have experienced stigma and lack of knowledge about available services and supports.
- The homeless and other indigent residents face long waiting lists for healthcare services and disproportionately use emergency medical services.

Community Issues

Homelessness and risk of homelessness is a growing concern in Eastern Alameda County. According to one provider, "*We have noticed a greater number of homeless people…We are getting complaints from our citizens about the increased number of homeless people that ask for money."* One Livermore service provider noted that the increase in homelessness is due to changing economic and social conditions, stating, "*The homeless person today has a different face. It is families who were foreclosed on or laid off, and it's happening more than people know. We need to make accommodations for them."* According to one homeless focus group participant, "*There are people who don't even know what's going on because they are new to being homeless. It's an epidemic, and cities are turning their heads."*

Housing security is impacted by a variety of factors, including market rents and access to living wages. Stakeholders emphasized the links between Tri-Valley homelessness and unemployment, particularly unemployment among those with lower educational attainment levels. They also emphasized the connection between homelessness and the shortage of affordable housing. Elaborating on the connection between these issues, one informant noted that, "*When you're under- or unemployed, housing is very difficult to maintain, and when you're homeless, it's difficult to find a job.*"

Homelessness in the Tri-Valley, like many other areas, is highly stigmatized. One homeless resident described his experience with law enforcement: "*I got harassed by a cop, and was stereotyped for being a drug addict or mentally ill. That was such a terrible experience."* The focus group with homeless adults revealed the precarious position and lack of support for those who are most vulnerable. "*There was a*

homeless encampment [in Livermore] that got removed, but where are people going to go? Cops are giving tickets for sleeping in cars; if you're homeless how are you supposed to pay for it? You have no job. You get harassed, you get ticketed, you get a warrant, and you get thrown in jail."

Providers recognize not only the growing number of homeless individuals, often referred to as the "visible homeless", but also the growing number of homeless families. These families are described by informants as "invisible," doubling up in apartments, sleeping in vehicles or in family shelters. Many are recently homeless due to job loss, eviction or foreclosure; many are single women with children.

One recently homeless resident described her experience:

> "*I am married with three children. We are temporarily displaced, and homeless, and we've been doing everything to provide for our children, staying in hotels, making the most of the situation...We find ourselves choosing between food and hotel rooms. We can't rely on friends and family, I try to remain optimistic even though it's tough times. We now live out of our car*."

Homeless families described their fear of being forcibly separated. One family member noted, "*There are a lot of homeless families and they won't come out because they are afraid of having their children taken away from them."* Others fear separation due to the shortage of shelter beds for male family members. According to service providers, some transitional age youth in the Tri-Valley, including foster children, are at-risk of homelessness due to the lack of transitional support services. Others, according to one provider, are homeless because "*they get kicked out of their homes because they're too old, don't get along with families, etc*." Such observations are supported by demographic data that show a relative scarcity of transitional age youth in Dublin, Livermore and Pleasanton, which suggests that the Tri-Valley is not affordable to young people in transition.

Service Delivery Environment

There are several year-round homeless shelters in Eastern Alameda County. Shepard's Gate provides emergency shelter to women and their children. Tri-Valley Haven offers shelter to victims of domestic violence and other shelter services to families, including men and teenage boys, albeit to a limited degree. There are no year-round shelters for single men, although, Livermore Homeless Refuge, an organization consisting of volunteers from community and faith-based organizations provide emergency shelter when temperatures drop, as well as other critical services such as laundry and hot showers. Hot meals are also available, and described in greater detail in the section on Food Security and Nutrition.

The HOPE van is a mobile clinic-based medical service program that serves the homeless in Eastern Alameda County. According to one homeless resident, "*The HOPE Van is very strict about giving services to those that are only homeless. If you mention you stayed at someone's house they won't serve you. They provide dental care sometimes*."

Gaps and Barriers

The most widely recognized gap in homeless services has to do with the shortage of services for single men and men with families. One single homeless resident of the Tri-Valley stated, "*Many of us are law abiding citizens. We have nowhere to go in this area*." A service provider stated, "*Our major concern is*

shelters, because many will not take males over the age of five. We don't agree with this practice. We need more shelters that accept families."

Another recognized gap in homeless service provision is timely healthcare access. According to one provider, "*It can take up to two months for them to get an appointment at Axis Community Health to see a doctor. Homeless people tend to go to urgent care or emergency rooms, which is not very cost effective for the health system. This is the same for dental care*." Other basic needs service gaps include:

- Safe locations to sleep in vehicles: "*A lot of people used to park at Wal-Mart at night, but it's not allowed anymore*";
- Drinking fountains, which one homeless resident reports are turned off at night; and
- Cooking facilities, laundry facilities, restrooms, and showers.

Repeatedly, Stakeholders brought up the issue of service coordination, community outreach and provider education, particularly in regards to the changing demographics of homelessness. One stakeholder suggested, in reference to the growing need for family shelters, that *"they are going to have to adjust some of the regulations or make shelters specific to these people that are not served or are underserved."* Another interviewee admitted that 211 is not sufficient to meet the needs of "*new middle class families who have never had to deal with social services*." Some social service providers, according to colleagues and the homeless, lack knowledge about homelessness and are influenced by the same social stigma as the community at large. One resident described her experience, saying, "*My experience with social workers was not positive; they asked me very personal and insensitive questions. My experience the first time I was in a shelter alone with my teenage girls, I was a bit scared. We were put in a room with a lot of unstable people."* The social stigma associated with homelessness creates a unique barrier to service provision. Several interviewees explained the community belief that homeless services attract more homeless people to the Tri-Valley. Such hypotheses, whether validated or not, challenge the willingness of public servants, policymakers and advocates to support increased services for this vulnerable population.

Suggestions for Improvement

Stakeholders recommended a variety of strategies for improving homeless services,[11] including:

- Increase the variety of housing options and services for homeless in the area;
- Supporting advocacy and legal aid for the homeless;
- Allowing fathers and teenage sons into homeless family shelters; and
- Increasing access to kitchens and showers.

During a Dublin community meeting, participants discussed providing a sanctioned space for the homeless to camp or park automobiles and RVs. Focus group participants stated that Dublin, Livermore and Pleasanton had sufficient vacant land for such purposes, and many homeless people would be willing to help with maintenance and coordination. One model is in Washington State. In 2010, the Washington Legislature passed a law authorizing religious organizations to host temporary homeless

[11] Preventing homelessness and housing security is addressed in the section on Affordable Housing.

encampments, specifically on property owned or controlled by a religious organization. Local jurisdictions may only intervene in ensuring public health.[12] One such tent city in Kings County provides space for up to 100 homeless residents. The space has a code of conduct and managers for the space.[13] A similar program – Pinellas Hope, a program of Catholic Charities Diocese of St. Petersburg, Florida – set up a tent encampment on church land in 2007. The space has since expanded and now includes a community center, kitchen, meeting rooms, a covered dining area and 80 apartments for transitional housing.[14]

Other Tri-Valley residents suggested that to address the root causes and long-term implications of homelessness, civic leaders, law enforcement, community and faith-based organizations, business leaders and service providers need to collaborate to address stigma. *"[The community] needs to understand that we do have homelessness in the Tri-Valley area and be open to working with other collaborators and building partnerships to help improve this issue."* Several models for this type of multi-organizational partnership exist. Using a public health model, the city of Concord, California, formed the Monument Corridor Partnership to address the needs of residents in one low income neighborhood. Police, neighbors, advocates, housing providers, healthcare providers and city officials met together on an ongoing basis to strategically address community needs. Such partnerships would need to include representation from homeless individuals and families, according to one homeless resident, "*so we can have representation in policy, votes, etc*."

In Los Angeles, The Skid Row Families Demonstration Project executed by the non-profit agency Beyond Shelter was facilitated through a partnership with the County Departments of Children and Family Services (DCFS), Public Social Services (DPSS), Mental Health (DMH), Health Services (DHS), and Public Health (DPH), and the Housing Authorities, city of Los Angeles (HACLA) and County of Los Angeles (HACoLA).Using a rapid re-housing model, the project succeeded in placing 82% of residents in permanent housing.[15]

In Miami-Dade County, The Miami-Dade County Community Homeless Plan has been identified as a national model. The Community Partnership for Homeless is a private-public partnership that is funded largely by the one percent sales tax on food and beverages. The partnership operates two homeless shelters, and has been successfully transitioning people out of homelessness for over ten years.[16]

One focus group participant suggested that raising awareness and working to reduce stigma could result in a citizens' initiative: "*Between the three cities, there should be a tax, like a $1 per household that goes toward a homeless fund. But my reservation is that if a government manages this it will go to waste*." There are examples of tax-based strategies; in Kalamazoo, Michigan, the County Legislature is currently reviewing a proposed property tax increase that is expected to generate $2.7 million annually over six years for a "Local Housing Assistance Fund." In the proposed bill, $1.49 million per year would be

[12] http://www.mrsc.org/Subjects/Housing/tentcity/tentcity.aspx#Leg
[13] http://seattletimes.nwsource.com/html/localnews/2003566787_homeless11m0.html
[14] http://home.catholicweb.com/pinellashope/
[15] http://www.beyondshelter.org/aaa_programs/demonstration_projects.shtml
[16] http://www.cphi.org/about_history.asp

allocated to providing rent subsidies for 222 residents at risk of homelessness. Other funds would be used for homeless prevention, renovation of homes to be converted into affordable units, and to help those with temporary, emergency housing payments.[17]

Transportation Services and Access

> *"If someone in Livermore has mental illness and they want to get involved, all of our meetings, even consumer meetings, are in Oakland. Everything is in Oakland." –Key Informant*

Key Findings

- Frequent, affordable, and reliable transit networks connecting commercial, government and residential centers are fundamental to effective service delivery in the Tri-Valley.
- Reductions in public transportation, including elimination of subsidies for low income and vulnerable populations, impede access to most other human services available to those in the Tri-Valley.
- Seniors and the disabled rely heavily on downtown bus services and subsidized taxi services.
- Transportation networks between Eastern Alameda County and other population centers is not well-coordinated, which results in extended trips for critical human services that are not available locally.

Community Issues

Survey, key informant and focus group data all reveal that transportation issues, including cost and trip duration, are major impediments to effective human service delivery in the Tri-Valley. One public official summarized the impact of transportation issues on low income residents:

> *"It is difficult for people to get to where the services are. Many of them don't have a car, they count on public transportation, which can be a long trip and expensive. It is expensive to go on BART to Oakland. So people who are already facing challenges are further challenged by this barrier. Anything that makes getting services more difficult is one less chance that someone will [get the help they need]."*

A variety of geographic factors contribute to the problem. Eastern Alameda County is a fairly large area; the population is less dense than other parts of the County; there are smaller pockets of low income residents spread out over greater distance; and many crucial services are located outside the Tri-Valley, and require not only transfers along multiple routes, but also across multiple agencies. Stakeholders reported that the following critical services used by Tri-Valley residents are located outside of Dublin, Livermore and Pleasanton: specialty medical care and affordable dentistry; emergency medical care; behavioral health in-patient services and medication management; homeless and family court; day laborer services; adult day care; and supportive housing. Transit access has perhaps the greatest impact on seniors and the disabled. According to one senior focus group participant, "*Transportation is*

[17] http://www.mlive.com/news/kalamazoo/index.ssf/2011/06/group_wants_voters_to_approve.html

especially hard for seniors when they need specialty services. It is not easy for seniors to get out and do things."

Service Delivery Environment

According to stakeholders engaged in the Needs Assessment, the following public transit options are available in the Tri-Valley:

- Livermore Amador Valley Transit Authority (LAVTA)'s WHEELS, provides bus services throughout Dublin, Livermore, Pleasanton, and the surrounding unincorporated areas of Alameda County. Services include Rapid bus service, which runs every 10 minutes during commute hours, as well as Dial-A-Ride paratransit services (described below).
- Dial-A-Ride paratransit, run by WHEELS, provides door-to-door service to the disabled in Dublin, Livermore and Pleasanton.
- The ACE train, with stops in Pleasanton, Livermore and Vasco Road, travels with few stops between San Jose and Stockton.
- BART provides access to locations throughout the Bay Area, but this commuter rail provider is considered costly for low income residents.
- Pleasanton Paratransit Services provides two programs: door-to-door shared rides for people over the age of 60 and qualified disabled adults, and the Downtown Route, which is a fixed-route shuttle service.
- One focus group participant referenced the city of Pleasanton's same day fixed route transit service – Downtown Route – saying, "*Downtown Bus service is really great! It picks people up at senior housing services, takes people to the mall, grocery stores, etc., and costs $1.50."*

Gaps and Barriers

Due to budgetary restraints, transit providers in the Tri-Valley, as well as many throughout the State, have had to make difficult decisions – either cut services or increase fares. In Eastern Alameda County, budget restrictions have led to public transportation service cuts. At the same time, social service agencies have had to cut back on transportation vouchers and other forms of subsidy. One transportation official described the current service environment: *"In the past, with State funding, all agencies, for example schools, had either grants or state money to supply transportation for families and individuals in need. Those programs no longer exist."*

The following are additional gaps in transportation services cited by key informants and focus group participants:

- "*Paratransit is only available for a limited window of time, and it takes some acumen to maneuver through the system. It's hard to jump through the steps to qualify for people who are at risk."*
- *"Our paratransit services do not go outside of the Tri-Valley. Oftentimes, if you have to go outside of the Tri-Valley, you must transfer from paratransit to public transportation (BART, buses, etc.). It can be a difficult commute*."

- *"There is only one bus that starts at 5 a.m.; others don't start running until 7 a.m. If I have an appointment at 9 a.m., I have to get up early but sometimes the busses are not on time. Then you miss your appointment*."

Suggestions for Improvement

Many informants made suggestions for improving public transit, including increasing the frequency of buses, increasing inter-city transit options and increasing the number of bus routes. However, there were no tangible suggestions about how to make this change, short of increasing service, and thereby, increasing budget allocations for transit services. One transportation official noted that there may be a scholarship program in the future to provide fares to communities in need that could be funded directly through city and county staff members, thereby avoiding conflict with federal regulations that prohibit fare reductions based on economic need. Additionally, Dublin, Livermore and Pleasanton should advocate for an effective inter-county transportation agreement to improve accessibility for residents to cross between Alameda, Contra Costa, and Santa Clara Counties. This is outlined in the Metropolitan Transportation Commission Transit Coordination Implementation Plan, which emphasizes the need for "Developing subregional coordination agreements between connecting agencies" in the Greater Bay Area.[18]

Domestic Violence/Child Abuse

"*We are starting to see an increase in domestic violence. Kids and parents are being impacted*." –Service Provider

Key Findings

- Current economic conditions have made it more difficult for survivors of domestic violence to leave their abusers; more permanent, affordable housing options are needed for those transitioning from shelters.
- Additional outreach and service coordination is needed to raise awareness about available supports for victims of domestic violence.

Community Issues

Key informants and focus group participants and domestic violence service providers report that current economic conditions have placed greater stress on families. Victims of abuse are reluctant to leave their abusers due to financial constraints. Displacement resulting from leaving an abusive situation disrupts child care and school enrollment, housing stability, social networks and employment. For this reason, in the Tri-Valley, domestic violence remains underreported and often "invisible". One survivor of domestic violence explained, "*Domestic violence is very common, and should be much better known. Most people don't report it when they are in that situation. It was too late by the time I started talking about it*."

[18] http://www.mtc.ca.gov/planning/connectivity/Final_Connectivity_Study/finalsummary.pdf

Service Delivery Environment

Tri-Valley Haven's Shiloh Domestic Violence Shelter helps women and children that are victims of domestic violence. Services include a crisis hotline, temporary shelter in a confidential location, emergency food and clothing, individual counseling, and case management to meet housing, legal, vocational and financial needs. According to one focus group participant, *"They are life savers; starting eighteen years ago I utilized their legal services to get protection for my family. I still go to therapy there today."*

Another Tri-Valley resource is Shepherd's Gate, a Christian ministry, which provides shelter and resources for women and children displaced by abuse, financial hardships, and addictions. Services include counseling, case management, medical services, parenting and life skills classes and bible studies. Both Shepherd's Gate and Shiloh Shelter serve women with children in Livermore, Pleasanton and Dublin.

Information about, and referrals to, domestic violence services are made via referrals from Alameda County Social Services Agency. One focused discussion group participant mentioned that she received a referral from a social worker at the Multi-Service Center in Livermore.

Gaps and Barriers

According to both service providers and survivors, one of the most critical gaps in domestic violence services in Tri-Valley is the lack of permanent housing options for people leaving unsafe homes and shelters. One provider explained, "*There are very few subsidized housing options for low income families and single women. We are running out of options for permanent placement for the women in our program. They are going into other shelters, which is becoming a vicious cycle of homelessness*."

A second reported barrier to accessing services has to do with the lack of community knowledge about domestic violence programs in the area. Because of the sensitivity and safety issues surrounding domestic violence issues, one client indicated it is hard for victims to locate services.

Suggestions for Improvement

The only suggestion for improving domestic violence services offered by interview contacts, focus group participants and service providers centered on improving permanent affordable housing options for survivors of domestic violence upon the end of their stay in Tri-Valley shelters. Given the high correlation between homeless mothers and domestic violence, this is unsurprising, and demonstrates a need for an interconnected approach to affordable housing and domestic violence. The Housing First Model, addressed in the Affordable Housing section of this report, would also be appropriate to ensure stable housing options for women leaving domestic violence or homeless shelters. [19]

[19] http://www.endhomelessness.org/content/article/detail/4249

Disabilities

> *"I've had good days and bad days. When I am sick it is even harder. When I am applying for services, they put this stack of papers in front of you. It's intimidating and then it's very frustrating."* – Focus Group Participant

Key Findings

- Transportation cost and complexity, such as coordinating transfers between transit agencies and across county lines, is one of the biggest challenges for adults with disabilities.
- Paratransit, though subsidized, can be cost prohibitive to people on a fixed income.
- Job scarcity impacts youth and adults with disabilities; workforce development options are limited.
- Shortages of resources for children with disabilities and adults with profound disabilities create significant hardships for family caregivers.
- For issues concerning developmental disabilities in young children, see Child Care, Early Childhood Development and Education Section beginning on page 66.

Community Issues

Stakeholders in a focus group for parents of children with disabilities reported the following concerns regarding youth with disabilities in the Tri-Valley: insufficient training for special education teachers; difficulty obtaining an Individualized Education Program (IEP); a shortage of appropriate after school and summer care; and difficulty obtaining information on available services. Participants agreed that they typically relied on word of mouth to find out about available services for their children. The scarcity of support for children with disabilities and their families means that some Eastern Alameda County residents must make difficult decisions. One mother reported having to decide between the following options: not working and staying home to care for her child; prohibitively expensive day care; and even more expensive in-home support. Another parent, whose child attends public schools, offered, *"I've fought his whole school life to get everyone to understand what is going on with him. They are not providing effective services with children that fall between the cracks*."

Focus group participants reported the following concerns for disabled adults in Dublin, Livermore and Pleasanton: difficulty accessing services due to transportation challenges; too few independent and supportive living facilities; a shortage of workforce training and job opportunities; stigma; and complications in meeting eligibility criteria with "invisible" disabilities. One service provider drew attention to another issue specific to those with developmental disabilities. This participant offered that:

> *"Social integration is so desperately needed – what ends up happening, especially in Livermore, is that we can help a lot of our clients meet their necessity goals, medical needs, etc., but finding social activities that allow people to meet one another and do fun things in a healthy environment is not available."*

Service Delivery Environment

Focus group participants referred to a variety of programs that provide support to youth and adults with either physical or developmental disabilities. The following programs are offered within the Tri-Valley:

- The city of Pleasanton offers Recreational Activities for the Developmentally Disabled (RADD) for youth and adults ages 15 and above.
- East Bay Innovations, through their office in Livermore, provides independent living, supported living, and employment services to adults with disabilities who are clients of the Regional Center (services provided in Oakland).
- Community Resources for Independent Living (CRIL), with an office in Livermore, provides advocacy, case management and referrals for adults with disabilities.
- Bay Area Community Services (BACS) provides services and employment to adults with psychiatric disabilities.
- Pleasanton Paratransit and WHEELS Dial-a-Ride offer subsidized transportation (see Transportation section of this report).
- Arc of Alameda County offers independent living skills, case management and advocacy for adults and children with developmental disabilities in its office in Livermore.
- Easter Seals Kaleidoscope offers an after school program for developmentally disabled children in Dublin.
- Keystone Adult Learning Center in Pleasanton provides support to family caregivers and living skills to adults with developmental disabilities.
- The National Federation of the Blind has a Tri-Valley Chapter located in Pleasanton, and provides advocacy, information and referrals.
- Resources Education Activities Community Housing (REACH) provides resources, education, activities, community participation and housing opportunities that enable adults with developmental challenges to approximate the pattern of everyday living available to people without disabilities.

Current Gaps in Services or Barriers to Improving Services

Parents reported that in general, there are not enough services available in Eastern Alameda County to meet the needs of disabled children. Several focus group participants expressed concern about the gap in services for transitional age developmentally disabled youth. They cited a shortage of workforce development opportunities, the small number of group homes in the Tri-Valley, and the lack of socially appropriate and engaging daytime activities. As an example, some East Bay Innovations programs are not available to new clients, who must ask to be placed on a waiting list. Parents described other programs with long waiting lists as well, many of which do not conduct outreach for fear of growing the waitlist. One parent elaborated, "*If you don't know what to look for then you don't find out about it*." The lack of centralized information, or a "help desk", in the Tri-Valley is a challenge for those with special needs and disabilities and their families.

Budget cuts have eliminated other programs for the disabled. For example, Livermore Area Recreation and Park District's RADD and TADD (Teen Activities for the Developmentally Disabled) programs were eliminated due to district wide budget cuts.

Several focus group parents who decided that public schools were not an appropriate option for their severely disabled children found that they had to send their children to private schools outside of the

Tri-Valley because there were no appropriate private schools in Dublin, Livermore and Pleasanton. For many families of limited means, this would not be an option.

Disabled adults reported that one of the most critical gaps in Eastern Alameda County is affordable housing devoted to people with disabilities. One participant summed up the challenges associated with finding an affordable home, "*Disability and housing, they go hand in hand.*"

Participants also described transportation gaps for adults with disabilities. Some volunteer-based services are not equipped to transport disabled people and their equipment (such as a wheelchair). One disabled Tri-Valley resident noted that paratransit services do not wait for people while they transfer to other public transit services, especially those outside the Dublin, Livermore and Pleasanton, "*This can be problematic because people get confused or lost, or can have a lapse into another [disorienting] condition."* Transportation for the disabled can be prohibitively expensive for the disabled, many of whom are living on a fixed income. Such expenses may result in social isolation and inability to access critical services.

Several disabled advocates described a lack of knowledge and cultural sensitivity among the general public and some social service providers in the Tri-Valley. People with less obvious disabilities face discrimination, disbelief and invasive questioning even by well-meaning providers who are not knowledgeable about discrimination policies and the law. People with sensory disabilities (auditory and visual) face unique challenges that are exacerbated by a lack of familiarity among providers. For example, for the deaf community, according to one service provider to those with sensory disabilities: "*If an agency only has drop in hours, the deaf and hard of hearing clients cannot just drop in. There would be no one to help with communication*." Similarly, a lack of knowledge and cultural sensitivity towards persons with disabilities places a difficult burden on people with disabilities, who must sometimes defend their rights in order to access services. One advocate explained, *"Even though the laws are still there, agencies will discontinue interpretation services to save money. It's come down to the bottom line, and the bottom line is that the agencies are more concerned with funding than compliance with the law."*

Suggestions for Improvement

Focus group participants suggested that public school teachers in the Tri-Valley, including special education teachers, need additional training in integrating disabled children into the classroom. "*Teachers need to understand the wide range of disabilities, including Downs Syndrome, Autism, etc.*" One parent recommended that programs "*focus on the potential of the child, the positive, not just the negative. For example, sometimes their bad behavior is emphasized more than their special gifts and talents*." Other suggestions included increasing the availability of summer programs, after school programs, independent living programs, and job training programs specific to youth with disabilities. One specific suggestion was to offer special needs students in the 12th grade the option of taking more "hands-on" job training classes, to improve their potential for finding employment after graduating. Adults with disabilities also emphasized the need for job training. One focus group participant stated, "*I need job training. We need more jobs for people with learning disabilities."*

Food and Nutrition

> *"We have services for those most marginalized, but there is not much for those in between." –Key Informant*

Key Findings

- The need for food and nutrition assistance in the Tri-Valley area is growing, particularly among the newly or marginally food-insecure families.
- Food assistance provided by faith-based and nonprofit organizations augment limited County resources.
- Many individuals who use food pantries may qualify for public assistance such as WIC or CalFresh: however, do not apply or face multiple barriers to applying for assistance.
- Many migrant employees and families experience food insecurity.
- Homeless residents of the Tri-Valley are almost exclusively reliant on food and nutrition services due to a lack of kitchen facilities.
- Access to hot meal service and food pantries is limited by geographic dispersion of the target population and a shortage of transportation options.

Community Issues

Key informants and focus group participants described a growing need among the recently unemployed for food and nutrition services. However, this population may not be familiar with public resources and may in fact avoid services due to the stigma associated with asking for help. Such individuals may qualify for a variety of services such as WIC, CalFresh (food stamps), or TANF (Temporary Aid for Needy Families); food pantries, for example, can serve as a portal for information regarding emergency assistance. Other individuals who need additional assistance may not qualify or face barriers such as language and literacy-related issues, immigration status or reluctance to hand over sensitive personal information.

Many immigrants, particularly those with uncertain legal status, are vulnerable to food insecurity. Often immigrants live in overcrowded households. One interviewee with expertise in food insecurity explained:

> "*Some people live with many others in a single apartment, and some food services put restrictions based on household size. Many don't have documents for everyone in the house, so they get food for just one person. They need proof of residency to show where they live but they can't get that because proof of residence such as a utility bill is not in their name. These are not intact families so they cannot get services*."

Some of the most vulnerable residents of Eastern Alameda County, such as the elderly or the homeless, rely on hot meal services because they cannot prepare meals or do not have the facilities to cook. One homeless resident of Livermore said, "*We're limited in what we can eat because we have no facilities. It would be helpful to have a place to cook, so we can eat healthier*."

Service Delivery Environment

There are a number of providers of hot meal services and food pantry services in the Tri-Valley. Stakeholders cited the following resources:

- Open Heart Kitchen offers healthy and hot meals at various locations on a rotational basis.
- Tri-Valley Haven Food Pantry provides free groceries to low income residents.
- Spectrum Community Services offers a Meals on Wheels program, delivering hot meals to homebound seniors who are unable to cook in Dublin, Livermore, Pleasanton, and Sunol.
- Axis Community Health WIC Program provides supplemental food, nutrition and counseling to pregnant women, infants and children.
- Children's Emergency Council distributes emergency food boxes and food vouchers intermittently to residents of Dublin and Pleasanton.
- Faith based communities provide food pantries in Dublin, Livermore and Pleasanton that supplement larger food service delivery programs.

Gaps and Barriers

Access to food and nutrition services in Eastern Alameda County is limited by a number of factors. Stakeholders cited the following gaps and barriers:

- Some programs limit the number of times an individual may seek assistance. *"Many of the sites only offer services one or two times a month for the same person. So they can only go every two weeks to get food."*
- Open Heart Kitchen, while providing a vital service throughout the Tri-Valley, changes locations on a daily basis. This can be confusing and can pose significant challenges to those who rely on public transportation.
- Food pantry services used to be open five days per week, but are now open only four days.
- Many food and nutrition programs rely on local faith-based organizations, whereas in the past the County supported the nutritional needs of low income families. This means that local organizations have to make difficult choices between feeding the hungry and offering other vital services.
- Some families who could benefit from nutrition services do not apply due to social stigma or because they are not eligible because of immigration status.

Suggestions for Improvement

Along with the widespread call for more funding, several stakeholders spoke of successful efforts to better coordinate services. For example, one interviewee described the following:

> *"A number of food banks were able to get a single freezer. The cost of the freezer was prohibitive, but the three can now all use it and a have better use of electricity. Now in holiday times, when grocery stores have a lot of overstock, they can store the food. This was just one person's idea, and they made it happen."*

Another stakeholder suggested that agencies and organizations in the area provide resources to ensure that linguistically and culturally competent outreach workers identify and assist qualifying families with enrollment in nutritional assistance and other programs, such as WIC and CalFresh.

Senior Services

> *"Transportation is especially hard for seniors who live in isolation. It is not always easy for seniors to get out and do things." –Key Informant*

Key Findings

- Outreach is needed to help identify homebound seniors.
- Social isolation exacerbates mental and physical health issues and prevents access to services.
- Many lower-income seniors do not meet income thresholds which would qualify them for critical services such as supportive housing.
- The cost and complexity of using public transportation prohibits many older adults from accessing critical services.
- There are no licensed Adult Day Health Care (ADHC) programs in the Tri-Valley to serve low income seniors with health-related issues, and State budget cuts are eliminating such programs in neighboring communities.
- Currently, the Tri-Valley YMCA is in the process of renovating a facility to be used for implementing an adult day care social program; the date for the opening of the facility is yet to be determined.

Community Issues

Many older adults in Eastern Alameda County live on a fixed income; while the cost of living is increasing, their income is not. Many services that would greatly improve the lives of older residents are restricted to the most indigent. According to one interviewee, "*many seniors fall into the category of poverty but they don't qualify for many services, for example food stamps, or Medi-Cal if they are above a certain income. But, they are still poor*." Another focus group participant with disabilities corroborated this, saying that for her mother, it is difficult to afford food and transportation, and because of her income, she is not eligible for food stamps.

Current economic conditions are placing unique intergenerational burdens on families. As the population of adults over the age of 85 burgeons, more and more middle-aged children are shouldering the burden. One senior services provider reported that attendance in caregiver support groups has outpaced her agency's capacity to staff them. At the same time, an increasing number of adults are moving in with or otherwise relying financially on their aging parents due to unemployment or underemployment. Speaking to this issue, one informant noted that, "*It's difficult to afford taking care of [family members], transportation, rent, home maintenance, and basic needs, such as heat. There is a lot of financial stress.*"

Another issue facing older adults in the Tri-Valley is isolation. According to one senior in the community, "*There are many seniors that are homebound without any help. There are in-home supports but these*

are limited. I just think this hides issues and explains why they are not being addressed." One key informant senior service provider said, "*I basically see it as less access to services and more isolation; We have fewer services available, more difficulty getting to services. Basically, the quality of life for seniors is on a trajectory that is going down, not up*." The lack of services, difficulty in accessing services, limitations because of geographic isolation, and reduced federal incentives, including SSI, were mentioned in concert – indicating that there are inextricable connections between these issues.

Service Delivery Environment

The most widely recognized and accessible services for seniors in the Tri-Valley are the multi-service senior centers located in Dublin, Livermore and Pleasanton.

- The Senior Support Program of the Tri-Valley is a nonprofit organization jointly funded by the Cities of Dublin, Livermore and Pleasanton, and County Department of Behavioral Health. The program supports volunteer home visitors through its Friendly Visiting Program. It offers case management for individuals able to maintain independent lifestyles; alcohol and drug treatment; family caregiver support; rides to medical appointments when paratransit is not appropriate; nutrition and fitness programming; and a registry for in-home supportive services.
- Dublin Senior Center, run by the city, offers low-cost lunch programs, enrichment programs, health screenings, trips and special events.
- Livermore Area Recreation and Park District operates a Senior Services program that provides recreation, a lunch program, enrichment programs and social services, including case management.
- The Pleasanton Senior Center provides enrichment activities, informational materials on housing, transportation and safety, legal counseling and access to Medicare. Support groups are offered for caregivers, and people with Alzheimer's and Parkinson's. Lunch is offered to qualifying seniors on a donation basis.
- Tri-Valley YMCA is planning on opening a social model adult day care facility in Dublin for seniors through a partnership between the Livermore Area Recreation and Park Department (LARPD), Dublin Unified School District, and the three cities.

Subsidized transportation is also available in the Tri-Valley (see Transportation section of this report). According to one older adult focus group participant, in addition to Paratransit's Dial A Ride, the Dial A Taxi program is very helpful. "*It is the only program that has same day cab service. About $200 per month [in subsidy] is allowed for each person, and they also allow one additional person to go with you free of charge to serve as your helper*."

Gaps and Barriers

A major gap in service is a shortage of housing options for low income seniors. According to one senior seeking these services, "*Affordable housing providers do not provide enough affordable housing for disabled adults and disabled seniors. There are a lot of seniors who are disabled*." Interviewees also indicated that two adult day care programs, one in Pleasanton run by Easter Seals and another in Livermore, have closed. To date, there are no adult day health care programs in the Tri-Valley, however

the Tri-Valley YMCA is in the process of opening a licensed adult day facility in Dublin that will serve all of Eastern Alameda County.

As articulated in the Behavioral Health section of this report, mental health and substance abuse services are insufficient to meet the needs of the growing senior population. Other necessary services reported to be lacking include free and subsidized legal help.

One of the major barriers to older adults receiving services is cost. One senior resident said, "*You have to think about cost. For example, coming to the Senior Center for lunch adds up over time; paratransit costs $3 each way. It can total $10 per day. Not everyone can afford it. I've seen the lunch program decrease in participation because people are just not able to afford it regularly*."

Another critical barrier to providing culturally competent services to older adults is a lack of knowledge about what is needed to accommodate seniors. According to one contact in Pleasanton, "*People are too embarrassed to tell you or ask for help…The elderly, especially those who are affected by chronic illness, are less likely to ask for help because they don't have the energy to do it*." Senior centers have worked to increase outreach. For example, one senior service provider reported that her center mails out menus and activity schedules, but only to those on the mailing list. She believes that there are many seniors who do not know to sign up or are reluctant to pursue services.

Suggestions for Improvement

Budget cuts have eliminated and reduced a number of senior programs in the area. One senior focus group participant suggested that, "*Programs might be able to stay open if there were volunteers. The Senior Center[s] should put out a request to coordinate volunteers to help out. For instance, maybe they could reach out to teenagers. They can volunteer, fulfilling the needs of teens and seniors."* Additionally, working through churches and medical offices to distribute information about resources would ensure that available programs are adequately utilizied.

Another focus group participant suggested that a program that encourages neighbors to check-in on homebound seniors would be helpful*: "We need to look out for our neighbors, because ultimately, this is something senior centers can't provide."* For this respondent, such outreach could be as simple as saying hello to neighbors, and about a neighbor's whereabouts and status. This respondent went on to say that "*We should be available to help our neighbors, we need to extend ourselves, and we need community building. We need to talk to people daily to make sure they get some contact or help if they need it.*"

One participant suggested that Dublin, Livermore and Pleasanton could fund respite care for caregivers of elderly and the disabled, which would help alleviate the stress of both older adults and their caregivers, especially for those caring for people with serious medical conditions or dementia. A number of communities, such as Amador County, have used MHSA prevention and early intervention funds for respite care.[20]

[20] http://www.co.amador.ca.us/Modules/ShowDocument.aspx?documentid=7575

Youth Services

"There is very high drug and alcohol use and suicidality among our youth. These issues are affecting our schools and the places that teens hang out every day." –Key Informant

Key Findings

- Many residents and organizations are unaware of the stressors faced by youth in the Tri-Valley.
- Substance use and other risky behaviors among youth are increasing.
- There are a shortage of low-cost after-school and summer enrichment activities for Eastern Alameda County youth.
- Public schools can serve as community hubs and as a venue for stigma-free services for families in need.
- Non-English-speaking parents face challenges in advocating for their children and communicating with teachers and school administrators.

Community Issues

The most common concerns expressed by community stakeholders regarding youth and transitional age youth relate to academic stress and pressure to succeed; growing rates of substance use and other risky behaviors; lack of engaging and supervised extracurricular activities; and parental absenteeism due to long commutes. Informants reported that risky behaviors are now being observed in younger children. One stakeholder offered that, "*Youth get together and smoke and use drugs, and our younger kids are watching and susceptible to the same patterns of bad behaviors. This happens when parents are working and kids are left alone."* RDA heard many reports of gang activity, teen pregnancy, abortion, and vandalism as well. Stakeholders, including mental health providers, also reported that Tri-Valley teens are pressured by their parents and the schools to succeed, but don't receive sufficient emotional or peer support. At the same time, those stakeholders working with low income, minority and English as a second language students report differential treatment. One interviewee explained, "*I asked a school counselor about the kids who are struggling with English. The schools don't want them to have a negative effect on test scores, so they end up at a continuation high school."* Others reported that non-English-speaking parents reported difficulty communicating with teachers and school administrators, and could not adequately advocate for their children. One parent said that, ""*Many Hispanic parents do not have the resources at school to access all they need to help their children. They do not have the basic English skills to advocate for their children and fluently communicate with teachers." S*uch issues, according to one interviewee, speak to a huge need for cultural competence work in the schools.

The following data is from the California Health Kids Survey 2009-2010, a statewide survey of resiliency, protective factors, and risk behaviors of youth. This survey illustrates risk factors related to alcohol and drug use. All responses in the following table represent the portion of students that "Agree" or "Strongly Agree" with the listed statement.

Alcohol/Drug Use	Tri-Valley	Dublin	Livermore	Pleasanton
Percentage of 11th grade students who reported consuming 4 or more alcoholic drinks in their lifetime.	39%	43%	44%	35%

Alcohol/Drug Use	Tri-Valley	Dublin	Livermore	Pleasanton
Percentage of 9th grade students who reported it is easy to obtain alcohol.	66%	53%	68%	68%
Percentage of 11th grade students who reported it is easy to obtain alcohol.	78%	78%	77%	78%
Percentage of 11th grade students who reported using marijuana 4 or more times in their lifetime.	32%	38%	38%	27%
Percentage of 9th grade students who reported it is easy to obtain marijuana.	54%	49%	61%	50%
Percentage of 11th grade students who reported it is easy to obtain marijuana.	71%	74%	73%	68%
Percentage of 9th grade students who reported use of an illegal drug, pill, or alcohol in the past 30 days.	24%	22%	32%	17%
Percentage of 11th grade students who reported use of an illegal drug, pill, or alcohol in the past 30 days.	35%	40%	37%	33%

Table 4: California Healthy Kids Survey Reporting on Alcohol and Drug Use

Even though peer *disapproval* of cigarette use was high among all students (92% of Pleasanton youth disapprove of smoking, as do 87% in Livermore, 86% in Dublin, and 89% in the Tri-Valley), when asked to estimate the prevalence of peer smoking, many believed that their peers smoked cigarettes at least once a month. This is illustrated in Table 5, below.

Location	7th grade	9th grade	11th grade
Dublin	42%	76%	91%
Livermore	70%	94%	94%
Pleasanton	40%	84%	91%
Tri-Valley	51%	84%	92%

Table 5: California Healthy Kids Survey Reporting Disapproval of Cigarette Use

Violence and Safety	Tri-Valley	Dublin	Livermore	Pleasanton
The percentage of 9th grade students reporting at least one incident of verbal harassment on school property within the past 12 months where, "sexual jokes/comments/ gestures are made to you"	50%	51%	50%	50%

Violence and Safety	Tri-Valley	Dublin	Livermore	Pleasanton
Percentage of 9th grade students who reported at least one incident of cyber bullying	26%	24%	26%	27%
Percentage of 7th grade students who reported at least one incident of harassment of any kind on school property within the past 12 months	42%	41%	45%	40%
Percentage of 7th grade students who reported at least one incident of hate-crime reason (relating to race, religion, gender, sexual orientation, or disability) for harassment on school property within the past 12 months	32%	32%	34%	31%
Percentage of 7th grade students who reported their perceived safety of the school as "safe" or "very safe"	72%	70%	61%	81%

Table 6: California Health Kids Survey Reporting On Violence and Safety

Service Delivery Environment

Stakeholders reported on several school-based programs that support children and youth:

- Horizon High School Age Mothers and Young Fathers Program in Pleasanton offers high school courses to teen parents in the Tri-Valley, provides transportation and childcare for students.
- Horizons Family Counseling provides school-based counseling at Del Valle High School and family counseling and parenting classes in English and Spanish.
- Tri-Valley Regional Occupation Program in Livermore provides vocational education for high school students.
- Abode Services Project Independence transitional housing and job training for emancipated foster youth and juvenile probationers.
- Pathways to Picasso summer art program in Livermore via Community Development Block Grants.
- *Aprendiendo a Triumfar* at Las Positas Community College teaches youth the importance of staying in school and continuing their education.
- Tri-Valley YMCA provides one-on-one youth mentoring free of cost to at-risk 8 - 16 year olds
- The Tri-Valley Adolescent Health Initiative (TVAHI) advocated for school-based mental health services in all of the continuation high schools in the Tri-Valley. Additional mental health support began in 2009 and in January 2011, program received an additional $250,000 from the County Board of Supervisors to expand services.
- Axis Community Health offers an outpatient Drug and Alcohol Recovery Program for Tri-Valley teens; Axis also provides school-based mental health and substance abuse education services in all three school districts in Livermore, Dublin and Pleasanton.
- Tri-Valley Community Foundation offers Summer Youth Employment opportunities. Thus far, the Summer Youth Employment Program has employed more than 250 youth in the Tri-Valley area.

- Tri-Valley Community Foundation offers a gang intervention and prevention program based at Livermore High School. The program provides young people with after school activities including tutoring, mentoring, healthy living classes and recreation.
- In conjunction with Las Positas College, St. Michaels and local Latino Community Leaders, Tri-Valley Community Foundation provides an annual conference for youth and families to provide education about community college retention, financial aid education, ESL workshops and a better understanding of the community college setting.

Gaps and Barriers

A shortage of free or low-cost recreational, enriching extracurricular activities were the most commonly cited gaps in services for youth. Stakeholders reported that this gap has contributed to an increase in risky behaviors and illegal activities such as vandalism and gang affiliation. Several resources are available for the most at-risk youth, for example, summer school in Livermore is offered only for students who need academic intervention and Pleasanton no longer offers fee-based enrichment activities in its summer school program. Other programs, such as YMCA mentoring and Horizons Family Counseling are only available to at-risk or juvenile justice involved youth and their families.

Parents reported that there is a lack of information about low-cost programs for youth. One parent in a focus group said that her child was involved in an after school program that had scholarships, but they were not advertised because there was already a substantial waiting list. For parents who do not speak English, finding out about programs for youth is even more challenging. Other barriers include a lack of transportation to those programs that are available. Other gaps cited by providers and parents include a lack of job opportunities and job training for youth. This phenomenon has been exacerbated by current economic conditions, whereby in the past, there were abundant summer and part-time entry-level jobs; today, many of these jobs are being taken by underemployed adults. One parent said that she has been looking for employment for her son for over one year. *"There is nothing in the 14 to 16 age range. There are some extra-curricular activities, but a job is different because it increases self-esteem*."

One mental health advocate articulated concern around the cutting of funding for AB3632 – legislation that ensures that children with disabilities are entitled to a free and equal education, which is manifested in an Individualized Education Program (IEP). With funding cut to AB3632, this advocate offered*, "I am concerned about what will happen to these kids, especially those in a low economic bracket, as well as their families. If [AB3632] dies on the vine, it will knock more parents into bankruptcy and cause economic hardship beyond your and my imagination."*

Changing demographics, particularly related to the increase in linguistic isolation among many newcomers presents a significant barrier for some parents in Eastern Alameda County. One parent of a child in a Tri-Valley public school stated, "*Hispanic parents do not have the resources at school to access all they need to help their children. They need to know basic English to advocate for their children."* (The demographic findings in this report suggest that Asian/Pacific Islander parents also face these barriers.) Other communities throughout California with large influxes of immigrants have addressed the issue by offering English as a Second Language classes with a focus on student education and have provided

ongoing cultural competency training to their staff. One stakeholder suggested, "*We need some kind of group at the school working on helping parents to communicate effectively with teachers. I would like to see well trained staff so parents get what they need. Not all teachers need to be bilingual, but there should be a team that knows the languages and can work with teachers."*

Another barrier cited by stakeholders has to do with a lack of service coordination within and between school districts in Eastern Alameda County. Educational budget cuts have increased the need for school-based supportive services, but as a result of these cuts, one parent and focus group participant explained, "*fewer staff on school sites mean there are fewer adults for youth to build relationships with."* This is of particular concern for youth transitioning out of foster care services in the Tri-Valley. Each school district works independently to address human service issues, and reportedly, do so without significant communications with city and county agencies. One official reported:

> "*There are disparate responses in the three communities. One district is saying, 'we are working to sort this out.' In [another district], it is, 'not our kids, there is no problem here.' Still another school district says it is addressing the issue. But there is not a comprehensive, overarching approach for services for kids and teens."*

Finally, service coordination for youth in Eastern Alameda County is reportedly obstructed by a prevalent expression of denial. According to one interviewee, *"There is a level of denial that our kids need help."* This denial leads to resistance in dealing with issues facing young people. According to one community advocate, *"I hear all the time – 'we keep quiet about drugs and alcohol, we don't want to acknowledge these issues as a community – it might bring down home values, etc. This leads to divergent community responses."*

Suggestions for Improvement

Stakeholders in community meetings and focus groups consistently expressed an interest in increasing human service provision in public schools. Providing services on school grounds can help reduce the stigma associated with asking for help, since most parents already visit the schools. Most commonly, stakeholders recommended increasing Alcohol and Other Drug (AOD) services, mental health prevention and early intervention, outreach and mentoring on school sites. One provider specifically referenced the need to retain those programs that are currently available and working, "*We need to get a longer-term MHSA funding stream, now that the programs are initiated*." The provision of medical and dental care in the schools was also suggested to close the gap in health services for low income youth. One parent suggested that, "*There are cities where dentists come into the schools, give an exam and offer effective prevention services*." Another suggestion was to have a youth medical clinic in the Tri-Valley, with one stakeholder offering that there are similar programs functioning in Oakland that could serve as partners in the process.

Dublin civic leaders have expressed interest in a cutting-edge strategy for revenue sharing between schools and the city. Recognizing that the local economy depends on high quality education and quality local public education depends upon a healthy community, Dublin City staff and council members, together with local school districts, have explored ways to work more effectively together. In a 2011

National Civic League Report,[21] Dublin was recognized for city/school collaboration planning and shared revenue measures; shared facilities; and joint community outreach and engagement. One civic leader expressed optimistically, *"We are looking for a shared revenue strategy for schools and city, which is practically unheard of. Santa Monica and Emeryville are models. The National Civic League was amazed that we were having this discussion."* Dublin should share findings and identify opportunities to work with the Cities of Livermore and Pleasanton to further its goals.

The creation of a safe space for low cost or free recreation activities for teens – a joint use facility – was emphasized in focus groups as one important step towards addressing the problems indicated above. One parent hoped that "*If we provide youth a space to be creative and involved in something extracurricular, little by little we can expand these programs. For example, if they are interested in art or ceramics, we could have an art exhibition and sell some of their works to fundraise for more programs."* Parents in the Spanish-speaking focus group were eager to get involved in such a project, saying, "*There are lots of parents willing to volunteer their time."*

Child Care, Early Childhood Development and Education

> *"My biggest concern about the future is child care. If my kids aren't taken care of then I can't get out and have a job." -Focus Group Participant*

Key Findings

- There are long waiting lists for subsidized childcare in Eastern Alameda County.
- Few providers offer extended hours child care, especially at night or on weekends.
- Social, emotional and developmental screenings are not universal in the Tri-Valley.
- There is a growing demand for services for children with autism spectrum disorder and other developmental delays.
- Providers of services to young children lack knowledge and education about child development, particularly for those with developmental disabilities.

Community Issues

High quality child care is important for improving the lives of families and children, especially those facing economic hardships. According to several informants, the inability to access consistent, low cost childcare is one of the greatest barriers to financial and social stability among families in the Tri-Valley. Low income and single parents require subsidized childcare, but also extended hour care, on weekends and evenings. Waiting lists for subsidized child care are long, especially for parents of infants or those with developmental challenges. One community member reported, "*I am a nursing assistant and I work in the evening. It is hard to get someone to watch my kids. The night shift pays well, which will help us in the future, but I need child care*."

[21] http://www.allamericacityaward.com/2011/02/14/dublin-california-holds-joint-city-schools-forum/

Increased awareness, improved screening and diagnostic tools, early screening and possible increased incidence rates have resulted in higher detection rates of autism spectrum and other developmental disorders. Correspondingly, the demand for specialty child care has increased but the supply of services has not kept pace. Many providers are not sufficiently educated or trained in child development. According to one provider, *"There is a systemic issue of awareness and a lack of capacity for some organizations. So the issue continues to be that service providers are underserving the needs of children and families with disabilities."*

Service Delivery Environment

Stakeholders involved in the Needs Assessment referenced the following available programs:

- Child Care Links provides child care referrals and subsidies to low income residents and has recently extended services to older children. Services include support groups, therapy support services, and arts education programs for low income children. The organization is also continuing to seek out and build collaborations and community-based partnerships.
- The Community Association for Preschool Education (CAPE) is the Head Start and Early Head Start provider for Eastern Alameda County. The agency provides high-quality child care, extended care and preschool programs to low income families and children with developmental disabilities. One parent of a young child noted that, "*CAPE takes good care of my kids. The teachers refer us to medical services and make sure my kids are growing up well. The teachers have good relationships with the families. My kids have received language and speech therapy. I really like how they take care of my children*."
- Kidango provides subsidized care to children 0 - 5 in Dublin, Livermore and Pleasanton.
- Livermore Area Recreation and Park District (LARPD) offers developmentally appropriate classes for preschoolers and their parents, including "Baby and Me". In a joint agreement with Livermore schools, LARPD offers extended student services and kids zone for ten elementary schools.
- School of Imagination – Opened in Dublin in October 2011 - is an education center devoted to children with developmental disabilities.
- Pleasanton's Gingerbread Preschool offers children ages 2-5 a part-time, recreational program in which children learn through play and the process of participating in activities. Qualified participants can receive financial assistance to help offset the cost of the program.

Specialty services are also available for survivors of domestic violence and families involved with Child Protective Services. One focus group participant stated, *"My children needed more speech help, and worked through the school district to get an extra half hour of services per week. CPS moved my case more quickly with custody, placement and supporting my children*."

Gaps and Barriers

Stakeholders are concerned with the recent loss of programs and the shortage of providers in general. One provider stated, "*There used to be a drop in child care center, but it went under. And we have no crisis drop-in center for families; the closest one is in Concord.*" The Tri-Valley is affected by state funding cuts as well. One informant described a shift in how services for children with disabilities and their

families are paid for, "*Traditionally it's been that the State Department of Developmental Services paid for treatments and services. That system has become just about bankrupt.*" In addition, she described cuts to CalWORKs, which resulted in a decrease of funding for child care services formerly offered through Child Care Links.

Suggestions for Improvement

Several stakeholders, including parents of developmentally disabled and special needs children, suggested that the Tri-Valley should increase developmental screenings for children before they enter kindergarten. However, they acknowledged that early and more frequent screenings result in higher rates of diagnosis. Higher diagnostic rates impact K-12 schools because they are required to provide services to these children. Nonetheless, early detection has been linked directly to improved outcomes for children with developmental disorders, and an increase in demand for services resulting from appropriate diagnosis should not deter early intervention. A local assessment that includes annual projections based on higher rates of diagnosis would help schools and early care providers plan for increased demand, which will help address service bottlenecks in the future. In addition, increases in diagnosis and the awareness that early intervention can improve long-term outcomes and ultimately save public resources suggests that an investment in provider education about early childhood development would be prudent.

Changing Demographics and Growing Diversity

> *"Demographics are changing rapidly and I don't see human services keeping pace. We, as providers of services, need to continue to build in supports for families, especially newly emigrating families." –Key Informant*

Key Findings

- Eastern Alameda County is becoming increasingly diverse; more people are moving to the area, thereby broadening expectations and cultural norms. Many are immigrants and non-English-speakers.
- There is a need to improve community outreach and coordination of services to ensure that underserved, geographically and linguistically-isolated communities have access to services.
- There are insufficient multilingual providers and providers with experience and expertise in working with the broad array of newly arrived cultures and communities, especially in healthcare and educational institutions.
- Community-building efforts are needed to increase the diversity of representation in local decisions and on City Boards and Commissions.
- Volunteers from underserved communities could be supported to act as liaisons to improve the coordination of services, access to services and increase representation in planning and decision making.

Community Issues

There are increasing numbers of Asian/Pacific Islander residents in Eastern Alameda County. In Pleasanton, there is a growing Mandarin-speaking population. In Livermore, there are increasing numbers of Spanish-speaking residents. Many recent African American residents, according to one

interviewee, are coming from communities where they represent 30 or 40 percent of the population. In Eastern Alameda County, they only now represent three to four percent of the community. This creates challenges for those moving into the area and for providers that must rapidly adapt services to meet the needs of new communities.

Recent newcomers, particularly immigrants and people from underserved communities, experience three unique challenges in accessing critical services: First, they report not knowing about available services and complications in understanding how the service delivery system works. Those with limited English skills face language barriers that further complicate their understanding. Second, newcomers report a shortage of bilingual/bicultural providers who understand and respect their culture and their language. Third, in a few instances, stakeholders reported animosity or discrimination by other community members as well as, in a few instances, by service providers. One provider who works with immigrants spoke to the challenge, *"I think the Tri-Valley is* barely *getting into the groove of addressing the needs of people who don't speak English."* Another provider described her experience with the lack of cultural competency among certain providers in Eastern Alameda County: *"Racial profiling really crosses all areas of service delivery. Many kids here are second generation U.S. residents… they are still likely to be viewed as the outsider."*

In spite of these barriers, service providers are reporting increasing diversity of service recipients:

> *"We see the population we are serving changing dramatically – so much so that in the past, our parenting readiness class would be 90% White; now 17 out of 18 are primarily non-English speakers. We had to change our services – we added a coaching dimension to our parenting workshop to help people navigate the school district. How do they know how to sign up for school when the forms are only in English, not in Hindi, Urdu, and Mandarin? I worry that we are missing health issues when kids are signing up for school."*

Service Delivery Environment

The city of Livermore's Multi Service Center was repeatedly cited as providing a wide array of culturally and linguistically competent services all under one roof. This type of centralized service center increases visibility of services, and may improve access for people that are unaware of the range of available human services. For instance, the organizations listed in the following table all collaborate to provide services at the Livermore Multi Service Center, and would be visible to those receiving any service at the facility.

- Abode Services
- Alameda County Associated Community Action Program (ACAP)
- Alameda Co. Behavioral Health
- Alameda Co. Social Services
- Axis Community Health Center
- CRIL (Community Resources for Independent Living)
- East Bay Innovations
- ECHO (Eden Hope Council for Hope & Opportunity) Housing
- Law Center for Families
- Medi-Cal Services
- Department of Rehabilitation
- Tri-City Health Center AIDS Project
- Tri-Valley Interfaith Poverty

- Tri-City Homeless Coalition

Another program mentioned specifically is *Aprendiendo a Triumfar* at Las Positas Community College, which teaches youth the importance of staying in school and continuing their education. The program is tied to school districts, the faith-based community, and immigration programs. Beyond this, interviewees mentioned that there are community groups and faith-based organizations representative of emerging demographics. Nearly all social delivery programs cited that they provide interpretation service via bilingual staff or, when necessary, a phone interpretation line.

Additionally, the city of Pleasanton and the Pleasanton Chamber of Commerce partner on the Leadership Pleasanton Program – this program promotes community volunteerism and educates participants about the city and school district. The city of Dublin offers Inside Dublin, which is sponsored by the city of Dublin and open to applicants interested in learning about the issues facing the community, and to encourage community involvement at all levels. The program includes presentations on topics such as public safety, local government, and community services. In Livermore, the Livermore Chamber of Commerce in partnership with the City of Livermore offers Leadership Livermore, a nine month program that builds relationships between community members and civic leaders. These programs serve as a means to engage community members in the civic process, building representativeness in political decision making.

Gaps and Barriers

Human service providers from many different organizations reported on the challenges they face in providing culturally and linguistically appropriate services. Most commonly, staff reported a need to "play catch-up" in terms of employing staff that speak the same language as their clients. Organizations are working to meet current demand, and are not necessarily projecting future needs based on demographic trends. One provider explained, "*We serve a large Hispanic population, but we don't have enough staff to accommodate this. We have to do a lot of face-to-face interviews but we only have two bilingual Spanish staff. We sometimes have to use tele-interpreters*." Other staff report on the shortage of multilingual candidates applying for jobs in the Tri-Valley:

> "*In our organization we have a good number of people who are bilingual, the doctors speak multiple languages, and 80% of staff in the medical clinics are bilingual. However, there has been a 20% drop in bilingual staff within the behavioral health department. We are making this our priority because we serve this specific community*."

Another challenge, which was identified by stakeholders in Eastern Alameda County, has to do with the shortage of diverse civic leadership and its impact on creating culturally competent policy. One interviewee noted,

> *"In the Tri-Valley, 60% moving in are now foreign born or non-Caucasian…What they provide may not be embraced by community leaders. The most pressing issue now is about diversifying the city leadership. When I go to a community meeting, all 20 leaders are often White. They are*

not representative of the community they serve. So issues are not brought up first hand, they are coming filtered."

Suggestions for Improvement

Stakeholders recommended a variety of strategies for improving services for underserved communities in the Tri-Valley. One strategy is aimed at increasing knowledge and improving relationships between the many different cultures that make up the community.

> "We should sponsor *annual festivals, for example, making sure that everyone has an opportunity to be celebrated, and educate each other about each other's cultures in order to create understanding and tolerance within our community. This is a huge opportunity for learning and providing exposure to our kids. If change is viewed as negative, this is hugely problematic… if these differences are not embraced and managed well, these issues will continue to be problematic."*

Another interviewee noted that many in the Latino community, for example*, "feel intimidated by the bureaucracy of the institutions; and this is coupled with the fear of deportation."* Therefore, *"These communities need a home base, a cultural center, to feel more empowered.* Still another stakeholder suggested that communities need to identify leadership to participate in planning and civic decision-making in order to *"help build trust."* Another suggestion was related to improving the synchronization and coordination of information. One informant offered that "*It would be helpful if we had a bilingual newspaper. The Livermore paper is only in English. We learn about community events from reading flyers posted around town, near and in stores, like Mexican markets, Wal-Mart, Lucky's and Safeway."*

Other stakeholders suggested that the cities or community based organizations coordinate volunteers from within these communities that can act as liaisons to improve access to services. Alternatively, the city could hire "P*romotores from the community, who can work in different areas of focus and conduct outreach and education, lead support groups, etc*."

Suggestions also addressed the school system. One parent and community advocate offered that "M*any Hispanic parents do not have the resources at school to access all they need to help their children. They need to know Basic English to advocate for their children. We need some kind of group at the school working on helping parents to communicate effectively with teachers*." For this parent, this comes down to emphasizing training for teachers and administration members, in order to reduce the difficulty of working through the school system for mono-lingual parents.

Financial Assistance

> *"The County provides General Assistance, but doesn't have enough money. So last year we enacted time limits. Now people can only get assistance for about three months. In my opinion this is not enough assistance." –Key Informant*

Key Findings

- Cash aid to indigent adults (General Assistance) is insufficient to meet existing needs.
- Better service coordination and culturally competent support is needed to help eligible individuals apply for assistance and navigate bureaucratic structures.
- Social stigma prevents would-be first time recipients from asking for financial assistance.

Community Issues

Ballooning mortgages, catastrophic health care costs, and job loss have all contributed to a new and growing demographic of individuals and families needing financial assistance. As shown in the Demographic Findings section of this report, the proportion of Tri-Valley residents receiving General Assistance has more than doubled in the last eight years; food stamp recipients have increased more than five-fold and CalWORKS recipients have about tripled. Stakeholders participating in the Needs Assessment stated that Eastern Alameda County residents have not historically asked for financial assistance, compounding social stigma associated with asking for help.

Service Delivery Environment

Alameda County offers two cash assistance programs: CalWORKs (for individuals with families) and the General Assistance program (for single individuals without minor children). Additionally, the County participates in CalFresh, formally known as Food Stamps. Other financial assistance programs provided by the state and federal government include disability (SSI, SSDI, SDI) and Unemployment Insurance. For veterans, Social Services provide a Veterans Service Office to assist veterans and their families seeking to apply for benefits and services.

Gaps and Barriers

The biggest service delivery gaps cited by Tri-Valley stakeholders had to do with the quantity and duration of assistance provided. For example, a single person in need of assistance receives $336 per month for three months within a one year period in General Assistance and up to $200 per month CalFresh. No recipient may own property worth more than $1,000; home owners do not qualify. Families with children can receive cash assistance through CalWORKS for up to four years (48 months). Prior to July 1, 2011, the time limit was five years (60 months). According to participants, the barriers to receiving financial assistance have to do with the challenges with meeting eligibility requirements (especially for immigrants), stigma around receiving services, and the complexity, repetitiveness, and difficulty of filling out technical documents required for applications.

Suggestions for Improvement

Respondents offered a common suggestion for improving services around financial assistance – increasing coordination of service providers to reduce redundancy in filling out paperwork and employing volunteers to help people navigate benefits programs. One participant in the faith-based community focus group noted that, "*Many of the people that use our services qualify for welfare/food stamps, but it's very hard for them to fill out an application…it's stressful on top of their already stressful lives.*" Additionally, stakeholders recommended that financial assistance programs should be advertised so that they are more visible. According to the parent of a child enrolled in a Head Start program, "*The community should be more aware of welfare, WIC, and also, the food pantries.*"

Conclusions

This report has addressed key concerns related to human services provision in the Tri-Valley. Stakeholders informing our assessment most commonly identified needs, gaps and barriers related to transportation and access to services; mental health; homelessness; affordable housing; and culturally competent services and outreach to underserved communities. Several common themes emerged from focus groups, informant interviews, and surveys:

- **The demand for human services is increasing at the same time that resources to provide services are diminishing.** Providers are being expected to do more with less. Budget reductions, cutbacks in services, and a growing population and increasing poverty rates have created a significant challenge to human service providers. Providers need additional financial support to continue to provide services, expand capacity, and offer ongoing training to staff to improve linguistic and cultural competency.

- **Public transportation limitations present a significant barrier to residents seeking human services.** Transportation costs and trip duration are significant barriers to seniors, people with mobility challenges, and families with young children. Many critical services are located outside the Tri-Valley in Western Alameda County and Contra Costa County. Transportation agencies have had to make difficult choices between reducing less popular routes and increasing fares.

- **An increase in ethnic diversity and linguistic isolation creates a barrier to accessing services, and organizations are struggling to adjust.** Newcomers experience cultural misunderstanding, communication challenges and even hostility. Some service providers in the Tri-Valley do not yet have the capacity to meet the cultural and linguistic needs of the growing Asian/Pacific Islander, Latino and other immigrant communities.

- **There is not enough affordable housing to meet the growing demand**. The cities of Dublin, Livermore, and Pleasanton have recently completed their housing elements, demonstrating how they plan to meet their fair share of affordable housing needs in the future. However, the current demand for housing means many low and very low income households face housing insecurity.

- **Increased homelessness has amplified the demand for a variety of housing options and services.** This need is pronounced particularly among homeless men, who have limited options for shelter in the Tri-Valley. Some shelters accommodating men are only open during inclement weather.

- **There are not enough Mental Health and Alcohol and Other Drug Services located in the Tri-Valley.** The lack of a Psychiatric Health Facility (PHF), in-patient drug rehabilitation providers, and a limited number of psychiatrists and clinicians offering subsidized and non-English services

means that residents may have to leave the area for services. Social stigma associated with mental illness is widely reported in Eastern Alameda County.

- **There is insufficient affordable extended care, after school, and summer programming in the Tri-Valley to support the social development of children and youth.** This is a particular concern in Eastern Alameda County because many parents are commuting long distances and children are left unsupervised and unengaged. The shortage of recreational, enrichment, and vocational services is pronounced for transitional age youth, teens and adults with developmental disabilities. This can make it difficult for family caregivers to secure and maintain employment.

- **There are insufficient workforce development opportunities in the Tri-Valley, particularly for women, seniors, youth, and the disabled**. Growing unemployment in the Tri-Valley has increased the demand for vocational training and employment counseling. Due to current economic conditions, there are fewer after school and summer jobs and part time jobs for the growing older adult population. Child care costs are a work barrier to many single and low income parents.

Recommendations

Recommendations to address human service needs in Eastern Alameda County emerged during interviews, focus groups and community meetings. Some of these strategies are specific to one of the 14 areas of concern, and are included in the appropriate section. The following are more general recommendations, some of which address multiple areas of concern. These recommendations may be embraced by one or all of the cities in the Tri-Valley, by Alameda County or by local community and faith-based organizations. Many require collaboration by multiple agencies and organizations. The following recommendations aim to stimulate further collaboration in order to address community needs.

Develop a strategic plan based on findings from the *2011 Eastern Alameda County Human Services Needs Assessment*

The first and most labor intensive step in any community-based strategic planning process is to collect and analyze data pertaining to local needs. The needs assessment serves several important functions. First, it provides consensus around a vision and the critical issues affecting the community. Secondly, it generates a sense of urgency among stakeholders to address the needs. Therefore, the Cities of Dublin, Livermore, and Pleasanton should work collaboratively to prioritize the issues they would like to address in the next five years, identify resources, and develop goals, measurable objectives and strategies for meeting those objectives.

Increase collaboration to improve outcomes for individuals and communities

This Needs Assessment demonstrated that vulnerable individuals and families need multiple interventions to address interrelated challenges. Repeatedly we heard residents say, *"I need a job so that I can afford housing, but I need stable housing before I can realistically find a job*." Similarly, "*I need child care so that I can go out and get a job, but I can't afford child care until I have a job*." Collaboration

can happen at two levels--the program level, to benefit individual clients, and the system level, to address a critical community issue.

- **Program-level collaboration:** Human service programs within each city can work together to identify the most at-risk individuals in their community and, working with those individuals, develop a multi-disciplinary poverty-alleviation and treatment plan. One model of program-level collaboration is the multidisciplinary team. Depending on the needs of the individual, mental health or substance abuse professionals, adult or child protective services, probation departments, clergy, health and social service providers can serve on the team. City staff or a nonprofit provider funded by a city can serve as conveners and coordinators for these types of collaborative meetings.

- **System-level collaboration:** The three cities can establish a partnership to address a specific human service related issue such as growing homelessness; youth violence; healthcare access; or increasing diversity. Dublin, Livermore and Pleasanton can arrange joint meetings between key stakeholders such as public safety and public health officers, school administrators, affordable housing providers, local residents, business leaders, and elected officials. One example of such a partnership is the Monument Corridor Partnership (MCP), funded by The California Endowment. The MCP works collaboratively to address affordable housing concerns, greater access to health services, and to promote economic development in a low income neighborhood in Concord, California. As a result, the partnership was able to establish a mobile health clinic and a job training center and distribute welcome packets in English and Spanish to new residents, and hosted an annual health fair. In an evaluation of the project, one MCP stakeholder said, "*There was a huge study by the transportation and land use commission and they found that Monument folks could not get on public transportation to get to health providers…we all got together and…we were able to get a new bus route for us that got us to health services.*"[22] MCP used a community organizing strategy to ensure ongoing resident participation in planning meetings.

Focus on outreach

Several key themes emerged related to service demand in Eastern Alameda County. First, policymakers and funders outside the Tri-Valley are not aware of the increasing need and growing demand for services. As a result, they are unlikely to prioritize resources for Dublin, Livermore and Pleasanton. Secondly, many service recipients and providers report long waiting lists or wait times for services, including housing subsidies, child care and health care. Thirdly, providers are afraid to reach out beyond their typical client base because of fear of being unable to meet a greater demand. And finally, because many newcomers to the Tri-Valley and people experiencing need for the first time do not know about services. To break this cycle, the Cities of Dublin, Livermore and Pleasanton need to demonstrate the

[22] http://www.partnershipph.org/sites/default/files/PPH%20Final%20report%20Legacy%20Of%20Partnership_02-09-09%20FINAL%20FOR%20DISTR%20%281%29.pdf

true demand for services. To do so, they need to prioritize reaching out to those people who are unaware of what resources are available and make asking for help a safe and stigma-free experience.

Outreach strategies should target the following communities: non-English speakers; new residents; people at risk of foreclosure or eviction; the recently unemployed; seniors; people with mobility and sensory disabilities; and family caregivers. The following programmatic suggestions would be effective at outreaching to underserved communities and could be supported by Dublin, Livermore, Pleasanton, a community based organization or a combination thereof.

- **Expand the Community Health Workers/*Promotores de Salud* to the entire Tri-Valley region**: *Promotores de Salud* are paid community members who have a close understanding of an underserved community, and who share the same language, ethnicity, or socioeconomic status of the target population. Trusting relationships help Promotores serve as a link or an intermediary between the community and the health or social service delivery system, and may improve social and health outcomes for target communities.
- **Implement Programs Supporting Volunteer Cultural Brokers**: Cultural Brokers mediate between people of different backgrounds and bridge the gap between foreign-born consumers and service providers, helping them navigate the system and mitigate misunderstandings.
- **Expand Street Outreach**: This includes mobile outreach to the homeless, youth, and runaways, in order to connect them to immediate food, clothing, shelter and medical care.
- **Expand Home Visitors**: Home visitors are professionals who visit the homebound disabled or elderly or pregnant and perinatal women to educate them about social services and self-care and assist them in getting to medical and social service appointments. This type of direct outreach will improve penetration rates of service delivery to target communities.
- **Encourage Social or Earned Media Campaigns:** ideas may include newspaper editorials, mailings, and brochures in multiple languages.
- **Host Health Fairs or Social Service Fairs and Community Back-to-School Events**: Fairs and Back-to-School events bring together a variety of providers and service recipients in a non-stigmatizing environment; offer a variety of critical services on site such as medical care or school supply giveaways, as well as education about available services and supports.
- **Create a Newcomer Community Leadership Program:** The New Westminster Community Immigrant Mentorship Program in Vancouver, Canada provides training to a cohort of newcomers and immigrants to help them develop community leadership skills. The program provides one-on-one mentorship as well as extensive leadership training to more effectively participate in civic life and community decision-making.

Another strategy that Tri-Valley cities and community-based organizations could collectively embrace is supporting the development of a multi-cultural community center with the specific intent of promoting cross-cultural understanding as well as offering safe spaces for specific newcomer populations to congregate and build community. The center could be co-located in an existing facility that provides services – such as the Multi-Service Center in Livermore, the Pleasanton Senior Center, or the Shannon Community Center in Dublin – thereby increasing visibility and access to services while taking advantage of existing spaces. Multicultural Centers are located in many universities throughout the United States and in cities such as Shreveport, Louisiana (dedicated to understanding and appreciating the history of diverse cultures of the region), Tuskegee, Alabama (dedicated to promoting human and civil rights), and Sioux Falls, South Dakota (offering orientation services to newcomers, English language proficiency and life skills education and social services).

Support the Next Generation of Young Adults

Demographic data suggests there are fewer residents between the ages of 20 and 24, and a lack of population growth among residents aged 20 to 34 (previously discussed in the Demographic Findings section). One can conclude that the Tri-Valley's population is aging and young adults are moving away from the Tri-Valley. By offering more services that address the needs of youth and young adults, the cities of Dublin, Livermore, and Pleasanton can prevent future decreases in the young adult population. Some of the immediate needs and challenges faced by this population include:

- Need for more college, career, and vocational preparation and training;
- Need for stable and secure entry-level jobs (i.e. after school jobs and post-graduation employment); and
- Need for more opportunities to voice concerns and issues that specifically affect youth and young adults.
- Need more affordable and effective public transit options to promote mobility for young adults seeking services and employment opportunities outside of the Tri-Valley.

Two approaches may be used to improve support systems and expand opportunities for engagement among transitional age youth and young adults in the Tri Valley. The cities, collectively or independently, can support a commission that allows young adults to actively participate in the development of programs, initiatives, and policies that address their concerns and needs[23]. Such a commission can partner with local city government so that participants can work directly with civic leaders and policy makers to improve services for youth and young adults. Model programs include the San Francisco Youth Commission, which gives participants ages 12-23 the opportunity to advise the Board of Supervisors and the Mayor on "the effects of legislative policies, needs, assessments, priorities, programs, and budgets concerning the children and youth of San Francisco."[24] Although Dublin,

[23] This aligns with a finding from the *2010 Pleasanton Youth Master Plan*, in which it is stated that the community should, "Involve children and youth in decision-making including the need for, and planning of, youth-oriented programs and spaces."
[24] http://www.sfbos.org/index.aspx?page=5585

Livermore and Pleasanton currently facilitate youth engagement through Youth Commissions and Youth Advisory Committees, the cities may consider building upon existing programs, utilizing the model of the San Francisco Youth Commission.

A second approach would include engaging youth in the planning and development of a teen center, or designated gathering space providing afterschool and summer programs for young adults in the Tri-Valley. Such a space would offer young adults that are not involved with sports programs the chance for regular participation in extra-curricular activities. Focus group participants, cited in the *2010 Pleasanton Youth Master Plan*, noted that the YMCA in East Oakland as an example of a model facility that could be replicated to serve young adults in the Tri-Valley[25]. Dublin, Livermore and Pleasanton should build upon existing resources, such as the Shannon Community Center in Dublin, and the Elbow Room – located in the Robert Livermore Community Center (RLCC) – to ensure that youth across the Tri-Valley have a voice in creating, and access to, safe spaces for recreational activities.

This Needs Assessment was developed through public engagement, dialogue, and collaboration. The authors hope that it remains a living document; part of an ongoing participatory process of improving the lives of Eastern Alameda County residents. We hope and anticipate that other ideas for improving human services are generated through review of these findings and ongoing discussion and research.

"The welfare of each is bound up in the welfare of all." -- Helen Keller

[25] *2010 Pleasanton Youth Master Plan, page A-14.*

APPENDIX A: KI Interview Questions

1. Please tell me a little bit about your work in Eastern Alameda County and what community issues are most important to you.

2. In terms of [interviewee's area of interest], how have conditions changed for residents of Eastern Alameda County in the last 5 – 10 years?

3. What are the most critical human service issues facing residents of Eastern Alameda?

4. How effectively do current services address these needs?

5. What are other major gaps in services?

6. What are the biggest barriers to addressing the human service needs of residents (please be specific)?

7. Are you aware of any unique challenges faced by specific populations (e.g., elderly, children, persons with disabilities, non-English speakers) that we have not considered?

8. Are there specific geographic regions or neighborhoods within Eastern Alameda that we should be concerned with? If so, what issues are prevalent there?

9. Do you anticipate in any future service-related needs? If so, what are they?

10. Now I'm going to ask you to do something really hard! I'd like your help in prioritizing human service needs for Eastern Alameda County residents. Please prioritize the following specialty areas with 1 being the most critical local community need to 20 being the least critical. (We recognize that they are all critical needs!)

Implementing Change

1. In the areas of greatest priority, please help us understand what our cities can do to address community needs:

Resources and Data

2. Do you have any resources or information that we could review, such as reports, datasets, etc.?

Closing Comments

3. Do you have any other comments or questions or Is there anything you would like to tell me about this interview process?

APPENDIX B: KI Data Results

The table below outlines the results of an exercise offered to interviewees. It was requested that interviewees rank the 19 key areas of concern identified by city stakeholders. The most important categories reflect the perceived area of greatest need, or, where the greatest gaps in services are represented in the network of human services in Eastern Alameda County. The table below contains the overall ranked order of importance, based on the responses of 15 out of the 19 interviewees (with 4 informants abstaining from the exercise) interviewed.

Ranking	Area of Concern
1	Mental health
2	Housing/affordable housing
3	Physical health
4	Homelessness
5	Domestic violence/child abuse
6	Disability
6	Food/nutrition
6	Legal services/legal aid/juvenile justice/re-entry
9	Senior services
10	K – 12 education
11	Early childhood education and development
12	Public safety
13	Cultural competency
14	Financial services and financial literacy
15	HIV/AIDS
16	Recreation

APPENDIX C: Focus Group List and Participant Count

Focused Discussion Group	Host Organization	Participants
Adults with Disabilities	Community Resources for Independent Living	5
Day Laborers - Spanish	Hayward Day Labor Center	11
Family Members of those with Mental Illness	National Association on Mental Illness (NAMI) Tri-Valley	6
Homeless Families	Tri-Valley Haven	5
Homeless Individuals	Livermore Homeless Refuge	19
Parents of Disabled Children	E-Soccer	13
Parents of Older Children	Horizons Family Counseling	5
Parents of Older Children - Spanish	Horizons Family Counseling	11
Parents of Young Children	Community Association for Preschool Education (CAPE)	6
Parents of Young Children - Spanish	Community Association for Preschool Education (CAPE)	5
Residents Facing Foreclosure	Tri-Valley Housing Opportunity Center	5
Seniors	Pleasanton Senior Center	11
Survivors of Domestic Violence	Tri-Valley Haven	1

APPENDIX D: Focus Group Questions

Tri-Valley Human Services Needs Assessment 2011

Community Focus Group Protocol

DRAFT

- **EXERCISE: 3 most critical areas – for your family**
- Look at this list of needs (See following page). What would you say are you and your family's biggest needs? Please place an orange dot by your biggest need, a green dot by your second biggest need, and a yellow dot by your third biggest need.
- Which of your needs are being met by the social service agencies in the Tri-Valley?
- Which of your needs are being met by social service agencies outside of the Tri-Valley?
- Which of your needs are being met elsewhere?
- Which of your needs are not being met?
- What challenges do you and your family face when trying to get services? What are the most difficult challenges? What are the most common challenges?
- Do you think that you and your family's needs will change in the near future? How?
- What recommendations would you make to the cities to improve services?

APPENDIX E: Focus Group Poster

Human Services Needs Assessment of the Tri-Valley Area
Focus Group on Mental Health

The cities of Dublin, Livermore and Pleasanton are currently conducting a Human Services Needs Assessment of the Tri-Valley Area. As partners in this process, Resource Development Associates (RDA) is organizing focus groups around key issue areas identified by stakeholders. Comments from focus groups, responses from interviews, and data analysis will be used to determine:

- **What social services needs are in the Tri-Valley Area**
- **What needs are currently met/how effectively these needs are met**
- **Where there are gaps in service**
- **How can we most effectively close the gaps in service**

As one major area of concern is the availability of Drug and Alcohol services, as well as services for teens, we are hoping that individuals receiving services at Axis Community Health would be open to participating in a brief **focus group to express their opinions, experiences and concerns around the issue of mental health services**.

Focus groups are scheduled for two hours and will have 8 – 12 participants. All responses are anonymous and no comments made in a focus group session will be attributed to any individual or organization. This is part of an ongoing information gathering process, the end of which will be the presentation of findings and recommendations to the cities of Dublin, Livermore and Pleasanton.

We are hoping to schedule a session in the coming weeks on a Monday or Thursday night, for two hours, between 5 and 8 pm.

If you are interested, please notify the front desk and give them your name, phone number or email and the night that is best for you. Please feel free to contact me at the phone number or email address below with any questions or concerns.

Sincerely,
Peter Neely
Resource Development Associates
230 4th Street
Oakland, CA
(510) 488 – 4345 x113
pneely@resourcedevelopment.net

APPENDIX F: Provider Survey Respondent Organizations

Providers Responding to Survey
Alameda County Behavioral Health Care Services - Valley Children's Services
Alameda County Behavioral Health Care Services, Valley Children's Mental Health
Alameda County Community Food Bank
Alameda County Public Health Dept. Chronic Disease Program
Alameda County Social Services
Axis Community Health
Axis Community Health - Behavioral Health Department
Bay Area Community Services
CAPE Inc.
CENTER FOR COMMUNITY DISPUTE SETTLEMENT & TRI VALLEY YOUTH COURT
City of Pleasanton Senior Center
Community Resources for Independent Living (CRIL)
Deaf Counseling Advocacy and Referral Agency
Easter Seals Bay Area
Eden Council for Hope and Opportunity
Eden I & R/ 2-1-1 Alameda County
Hope Hospice, Inc.
Immunization Assistance Project/ Alameda County Public Health
LARPD
Livermore Amador Valley Transit Authority-"Wheels"
Livermore Senior Services
Open Heart Kitchen
Ridge View Commons
Senior Support Program of the Tri Valley
Shepherd's Gate
Spectrum Community Services-Senior Nutrition & Activities Project
The Alameda County Urban Male Health Initiative
The Arc of Alameda County
The Senior Support Program of the Tri-Valley
Tri Valley Haven for women
Tri Valley Youth Court
Tri-City Health Center
Tri Valley Haven
Tri-Valley Housing Opportunity Center
Tri-Valley YMCA
Valley Children's Services
ValleyCare Health System

APPENDIX G: Provider Survey

1. Introduction

Thank you for participating in the 2011 Eastern Alameda County Human Services Needs Assessment process, which is being undertaken by the Cities of Dublin, Livermore and Pleasanton (Tri-Valley region).

The goal of this assessment is to identify: 1) social service needs of Tri-Valley residents; 2) service delivery strengths and gaps; 3) strategies to more effectively meet resident needs.

The following survey is anonymous and confidential, which means your name will not be attributed to your response. You may choose to not answer any question if it makes you feel uncomfortable. This survey will take about 15-20 minutes to complete.

For questions or comments about this survey, please email pneely@resourcedevelopment.net.

Thank you so much for your time and participation!

2. Questions about your organization or agency

1. My agency/organization delivers the following services to Tri-Valley residents AT THESE LOCATIONS (select all that apply; if your agency/organization does not provide these services, please select "N/A"):

	Dublin	Livermore	Pleasanton	N/A
Primary Health Care	☐	☐	☐	☐
Specialty Health Care	☐	☐	☐	☐
Mental Health Care	☐	☐	☐	☐
Dental Care	☐	☐	☐	☐
Substance Abuse Services	☐	☐	☐	☐
Adult Education/Literacy	☐	☐	☐	☐
Child Care/Early Childhood Development	☐	☐	☐	☐
K - 12 Education	☐	☐	☐	☐
Public Safety/Emergency Services	☐	☐	☐	☐
Transportation	☐	☐	☐	☐
Clothing and other Donated Items	☐	☐	☐	☐
Recreation	☐	☐	☐	☐
Child Welfare	☐	☐	☐	☐
Domestic Violence	☐	☐	☐	☐
Homeless Services	☐	☐	☐	☐
Job Training/Workforce Development	☐	☐	☐	☐
Food and Nutrition/Food Stamps/WIC	☐	☐	☐	☐
Senior Services	☐	☐	☐	☐
Legal Services/Advocacy	☐	☐	☐	☐
Welfare/TANF	☐	☐	☐	☐
Information and Referrals	☐	☐	☐	☐
Affordable Housing/Housing Advocacy	☐	☐	☐	☐
Other	☐	☐	☐	☐

Other (please specify)

2. Briefly, please describe the core services your organization delivers to Tri-Valley residents.

3. Approximately what proportion of the clients that your organization serves live in Dublin?

- 0% - 25%
- 25% - 50%
- 50% - 75%
- 75% - 100%
- Don't know

4. Approximately what proportion of the clients that your organization serves live in Livermore?

- 0% - 25%
- 25% - 50%
- 50% - 75%
- 75% - 100%
- Don't know

5. Approximately what proportion of the clients that your organization serves live in Pleasanton?

- 0% - 25%
- 25% - 50%
- 50% - 75%
- 75% - 100%
- Don't know

6. Given your organization's mission, what services would you like to provide that you currently are NOT able to? (Choose all that apply)

- ☐ Primary Health Care
- ☐ Specialty Health Care
- ☐ Mental Health Care
- ☐ Dental Care
- ☐ Substance Abuse Services
- ☐ Adult Education/Literacy
- ☐ Child Care/Early Childhood Development
- ☐ K - 12 Education
- ☐ Public Safety/Emergency Services
- ☐ Transportation
- ☐ Clothing and other Donated Items
- ☐ Recreation
- ☐ Child Welfare
- ☐ Domestic Violence
- ☐ Homeless Services
- ☐ Job Training/Workforce Development
- ☐ Food and Nutrition/Food Stamps/WIC
- ☐ Senior Services
- ☐ Legal Services/Advocacy
- ☐ Welfare/TANF
- ☐ Information and Referrals
- ☐ Affordable Housing/Housing Advocacy
- ☐ Other

Please comment

7. Given your answer(s) to the previous question, what would it take to make this happen? (Choose all that apply)

- ☐ Community education and outreach
- ☐ Better transportation to services
- ☐ Disability access
- ☐ Legal/Government support
- ☐ Funding/more money
- ☐ Cultural competency training
- ☐ Additional Bilingual/Bi-cultural staff
- ☐ Technical training/IT Support
- ☐ Workforce education and training
- ☐ Coordination/information sharing with other providers

Other? Please comment.

8. What types of technical assistance or other support could the cities of Dublin, Pleasanton or Livermore provide your organization/agency to help you provide better services to Tri-Valley residents?

9. What is the name of your organization, agency or program?

10. Generally, to what age group do you provide services? (Choose all that apply)

- ☐ Children 0-14
- ☐ Transitional Age Youth 15-25
- ☐ Adults
- ☐ Seniors
- ☐ Not applicable

Comments:

11. About what percentage of the clients that you serve are:

	Less than 25%	25% to 50%	50% to 75%	75% to 100%	I don't know
Latino	○	○	○	○	○
Asian/Pacific Islander	○	○	○	○	○
African American/Black	○	○	○	○	○
Caucasian	○	○	○	○	○
Other	○	○	○	○	○

Please comment

12. Has the population seeking your services changed in the last 5 - 10 years? (e.g.age, race, ethnicity, gender, income, etc.) If so, how?

13. How have the needs of people seeking your services changed in the last 5 to 10 years?

14. What is your role in the organization (check all that apply)

- ☐ Volunteer or intern
- ☐ Administrator
- ☐ Exective Director or CEO
- ☐ Direct service provider
- ☐ Supervisor or manager
- ☐ Board Member

Other (please specify)

3. Questions about the Service Delivery System in Tri-Valley

1. What needs arise for which your organization must refer clients to services OUTSIDE the Tri-Valley region? (Choose all that apply)

- ☐ Primary Health Care
- ☐ Specialty Health Care
- ☐ Mental Health Care
- ☐ Dental Care
- ☐ Substance Abuse Services
- ☐ Adult Education/Literacy
- ☐ Child Care/Early Childhood Development
- ☐ K - 12 Education
- ☐ Public Safety/Emergency Services
- ☐ Transportation
- ☐ Clothing and other Donated Items
- ☐ Recreation
- ☐ Child Welfare
- ☐ Domestic Violence
- ☐ Homeless Services
- ☐ Job Training/Workforce Development
- ☐ Food and Nutrition/Food Stamps/WIC
- ☐ Senior Services
- ☐ Legal Services/Advocacy
- ☐ Welfare/TANF
- ☐ Information and Referrals
- ☐ Affordable Housing/Housing Advocacy
- ☐ Other

Other (please comment)

2. On a scale of 1 - 5, with 1 being least significant and 5 being most significant, which of the following are significant barriers faced by Tri-Valley residents seeking the types of services your organization provides?

	1 (least significant)	2	3	4	5 (most significant)
Cost of services	○	○	○	○	○
Transportation (cost)	○	○	○	○	○
Transportation (time)	○	○	○	○	○
Language barriers	○	○	○	○	○
Lack of cultural representation	○	○	○	○	○
Age barriers	○	○	○	○	○
Gender barriers	○	○	○	○	○
Disability barriers	○	○	○	○	○
Immigration status	○	○	○	○	○
Lack of knowledge of available services	○	○	○	○	○
Long waiting lists for services	○	○	○	○	○

Please comment. Are there other barriers that Tri-Valley residents face?

3. My organization and others like it are able to meet Tri-Valley residents' demand for services

- None of the time
- Rarely
- Some of the time
- Most of the time
- Always

Please comment

4. In the Tri-Valley region, the following populations receive adequate services to meet their needs:

	1 - Not at all	2 - Rarely	3 - Some of the time	4 - Often	5 - All the time
Young Children (0 - 5)					
Children (6 - 14)					
Transitional Age Youth (15 - 25)					
Adults (26 - 59)					
Seniors (60 +)					
Ethnic minorities					
Non-English speakers					
Physically disabled					
Developmentally disabled					
Lower-Income/Working Poor					
No-Income/Below Poverty					
Families					
Homeless/At-Risk of Homelessness					
Drug/alcohol dependent					
Mentally ill					
Men					
Women					
Other					

Please comment, if you wish

5. Service delivery system strengths--In what ways do human services organizations provide high quality services to Tri-Valley residents? (Feel free to provide an example)

6. Service delivery system weaknesses--In what ways do human service organizations/agencies need to improve services to Tri-Valley residents?

7. What is one thing you think could be done to better meet the human service needs of Tri-Valley residents?

8. Is there anything else you would like to comment on pertaining to human service needs in the Tri-Valley region?

4. Thank You!

Thank you so much for your participation!

APPENDIX H: Hard to Reach Population Survey

Tri-Valley Human Services Needs Assessment 2011

Hard to Reach Population Survey

1. What services do you and your family NEED but have a hard time accessing? (check all that apply)

☐ Primary Health Care	☐ Child Welfare/Child Protective Services
☐ Specialty Health Care	☐ Domestic Violence Services
☐ Mental Health Care	☐ Homeless Shelter
☐ Dental Care	☐ Food and Nutrition
☐ Child Care	☐ Disability/Special Needs
☐ Drug and Alcohol Services	☐ Senior Services
☐ Adult Education/Literacy	☐ Legal Services/Advocacy
☐ Transportation	☐ Welfare/ Food Stamps/WIC /TANF
☐ Job Training/Job Placement	☐ Affordable Housing/Housing Assistance
☐ Clothing or Other Donated Items	☐ Other: _____

2. Please circle TRUE or FALSE for each of the following statements.

SOMETIMES I DON'T GET THE SERVICES I NEED BECAUSE....		
... it takes too long to get to where I need to go.	TRUE	FALSE
... it costs too much to get to where I need to go.	TRUE	FALSE
... I don't know where to get help.	TRUE	FALSE
... there is no one that speaks my language.	TRUE	FALSE
... I don't trust the service provider.	TRUE	FALSE
... the service provider does not understand my culture.	TRUE	FALSE
... I can't access them because of disability.	TRUE	FALSE
... I can't afford the services.	TRUE	FALSE

… I don't qualify for the services.	TRUE	FALSE

3. **What problems have you had trying to get the services you need?**

4. **What city do you live in?**
   - ☐ Dublin
   - ☐ Pleasanton
   - ☐ Livermore
   - ☐ Other: _____

5. **Are you employed?**
   - ☐ Yes
   - ☐ No

6. **Are you in school?**
   - ☐ Yes
   - ☐ No

7. If you are employed, what city do you work in?

- ☐ Dublin
- ☐ Pleasanton
- ☐ Livermore
- ☐ Other: _____

8. How many children do you have under the age of 18?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4+

9. How old are you?_____

10. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

11. What is your ethnicity?

- ☐ Black/African American
- ☐ White/Caucasian
- ☐ Native American/Alaskan Native
- ☐ Latino
- ☐ Asian/Pacific Islander
- ☐ Other: _____

12. What language(s) do you speak at home? _____

THANK YOU! This is the END of the survey.

We appreciate your participation.

APPENDIX I: Hard to Reach Population Survey Respondents

What services do you and your family NEED but have a hard time accessing?	Count	n	%
Primary Health Care	80	214	37.4%
Specialty Health Care	37	214	17.3%
Mental Health Care	29	214	13.6%
Dental Care	121	214	56.5%
Child Care	49	214	22.9%
Substance Abuse Services	10	214	4.7%
Adult Education/Literacy	31	214	14.5%
Transportation	56	214	26.2%
Job Training/Job Placement	60	214	28.0%
Clothing or Other Donated Items	32	214	15.0%
Child Welfare/Child Protective Services	10	214	4.7%
Domestic Violence Services	4	214	1.9%
Homeless Shelter	6	214	2.8%
Disability/Special Needs	14	214	6.5%
Senior Services	20	214	9.3%
Legal Services/Advocacy	25	214	11.7%
Affordable Housing/Housing Assistance	62	214	29.0%
Other	6	214	2.8%
Food/Nutrition/Food Stamps/WIC/Welfare/TANF	71	214	33.2%

Recreation	1	22	4.5%

Sometimes I don't get the services I need because…	TRUE	FALSE	Count
… it takes too long to get to where I need to go.	35.0%	65.0%	257
… it costs too much to get to where I need to go.	47.8%	52.2%	253
… I don't know where to get help.	37.8%	62.2%	254
… there is no one that speaks my language.	9.3%	90.7%	246
… I don't trust the service provider.	10.5%	89.5%	239
… the service provider does not understand my culture.	7.9%	92.1%	239
… I can't access them because of disability.	5.7%	94.3%	244
… I can't afford the services.	52.2%	47.8%	249
… I don't qualify for the services.	40.5%	59.5%	242