

Needs Assessment

NA-05 Overview

Needs Assessment Overview

According to Table 5, Alameda County experienced population growth of 6% from 2011 to 2015. Overall increases in population require planning for new housing, as well as rehabilitation of existing housing stock and efforts to keep the existing housing stock affordable. The Alameda County HOME Consortium has conducted a Housing Needs Assessment, Housing Market Analysis and Homelessness Analysis to provide an overview of the current state of housing and homelessness within the HOME Consortium. The Housing Needs Assessment and Housing Marketing Analysis are based on information developed and compiled from the HOME Consortium members. Data was gathered on a jurisdictional level, Consortium level and County-wide level to provide a broad picture of housing and homeless needs within Alameda County with specific focus on housing development and housing needs within the Consortium jurisdictions. The Homelessness Analysis section describes the needs of the homeless population and subpopulations within it, as well as the facilities and services available within the “Continuum of Care” in Alameda County.

The Alameda County HOME Consortium is the second largest HOME entitlement jurisdiction in the San Francisco Bay Area with a current estimated population of 1,059,524 (U.S. Census estimates), comprising 67% of Alameda County’s population. There are eight CDBG entitlement jurisdictions within the HOME Consortium: the cities of Alameda, Fremont, Hayward, Livermore, Pleasanton, San Leandro, Union City, and the Alameda County Urban County (which includes the Unincorporated County and the cities of Albany, Dublin, Emeryville, Newark and Piedmont).

The high cost of housing has substantially increased the number of households with cost burdens and other housing problems both nationally and statewide. Rental rates are increasing rapidly in many areas of Alameda County, including within the HOME Consortium areas. An assessment of the affordable rental and owned homes for each jurisdiction was conducted based on available demographic, economic, and housing data. The assessment utilizes HUD’s eCon Planning Suite, which was downloaded in the Integrated Disbursement and Information System (IDIS). The eCon Planning Suite pre-populates the most up-to-date housing and economic data available to assist jurisdictions in identifying funding priorities in the Consolidated Plan and Annual Action Plan and are reflected in the Tables.

The Consortium’s housing needs center on cost burdening, affordability, and changing demographics. The Consortium’s homeless needs center on identifying homeless populations and the resources currently available. Non-homeless special needs are included in the housing needs and non-housing community development needs. Additionally, special needs populations are identified, and current resources categorized.

NA-10 Housing Needs Assessment - 24 CFR 91.405, 24 CFR 91.205 (a,b,c)

Summary of Housing Needs

In 2015, there were approximately 354,569 housing units in the Alameda County HOME Consortium. Of the total number of units, 143,229 (39.5%) are renters and 219,375 (60.5%) are owners. In 2019, median income in the Oakland PMSA was \$111,700 for a household of four; up 17% from the 2015 data shown below. 125,790 households (33%) are low income households (both rental and ownership); of these 27,823 renters had a cost burden of more than 30%; 25,641 had a severe cost burden of between 30% and 50%; 9,147 had overcrowding issues. 15,909 homeowners had a cost burden of more than 30%; 20,710 had a severe cost burden of between 30% and 50%; 2,228 had overcrowding issues.

Demographics	Base Year: 2009	Most Recent Year: 2015	% Change
Population	0	1,059,524	
Households	0	354,569	
Median Income	\$0.00	\$0.00	

Table 1- Housing Needs Assessment Demographics

Data Source: 2005-2009 ACS (Base Year), 2011-2015 ACS (Most Recent Year)

Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households	44,410	39,345	42,035	33,810	194,995
Small Family Households	14,879	14,985	18,285	15,370	117,549
Large Family Households	4,265	5,202	5,714	4,799	20,809
Household contains at least one person 62-74 years of age	9,358	8,349	9,464	6,549	37,179
Household contains at least one person age 75 or older	8,383	7,474	5,354	3,818	11,522
Households with one or more children 6 years old or younger	8,590	8,153	7,877	6,328	27,388

Table 2 - Total Households Table

Data Source: 2011-2015 CHAS

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	710	569	294	225	1,798	120	209	79	45	453
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	924	674	1,039	319	2,956	65	144	128	190	527
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	2,439	2,923	2,155	1,630	9,147	199	480	884	665	2,228
Housing cost burden greater than 50% of income (and none of the above problems)	18,345	7,529	1,755	194	27,823	7,755	6,448	4,439	2,068	20,710
Housing cost burden greater than 30% of income (and none of the above problems)	2,859	8,275	9,984	4,523	25,641	2,239	2,798	5,249	5,623	15,909
Zero/negative Income (and none of the above problems)	1,599	0	0	0	1,599	1,204	0	0	0	1,204

Table 3 – Housing Problems Table

Data 2011-2015 CHAS
Source:

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	22,425	11,699	5,255	2,355	41,734	8,150	7,263	5,524	2,963	23,900
Having none of four housing problems	6,044	10,929	16,730	13,740	47,443	5,029	9,458	14,525	14,755	43,767
Household has negative income, but none of the other housing problems	1,599	0	0	0	1,599	1,204	0	0	0	1,204

Table 4 – Housing Problems 2

Data 2011-2015 CHAS
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	10,414	8,879	5,935	25,228	2,580	3,443	4,856	10,879
Large Related	3,329	2,762	1,433	7,524	588	1,510	1,413	3,511
Elderly	5,669	3,489	1,880	11,038	5,541	3,745	2,732	12,018
Other	5,543	4,022	3,557	13,122	1,544	1,192	1,345	4,081
Total need by income	24,955	19,152	12,805	56,912	10,253	9,890	10,346	30,489

Table 5 – Cost Burden > 30%

Data 2011-2015 CHAS
Source:

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	9,305	3,704	695	13,704	2,135	2,614	2,183	6,932
Large Related	2,614	910	84	3,608	539	815	470	1,824
Elderly	4,500	1,709	392	6,601	3,978	2,389	1,310	7,677
Other	4,930	2,073	700	7,703	1,329	973	690	2,992
Total need by income	21,349	8,396	1,871	31,616	7,981	6,791	4,653	19,425

Table 6 – Cost Burden > 50%

Data 2011-2015 CHAS
Source:

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	3,009	2,703	2,519	1,375	9,606	172	345	598	555	1,670
Multiple, unrelated family households	349	913	635	454	2,351	94	268	412	303	1,077
Other, non-family households	195	90	94	134	513	0	0	0	0	0
Total need by income	3,553	3,706	3,248	1,963	12,470	266	613	1,010	858	2,747

Table 7 – Crowding Information – 1/2

Data 2011-2015 CHAS
Source:

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present	0	0	0	0	0	0	0	0

Table 8 – Crowding Information – 2/2

Data Source Comments:

Describe the number and type of single person households in need of housing assistance.

Many of the elderly households listed above can be assumed to be single person households. Of these elderly households 11,038 renters have cost burdens below 30%, an additional 6,601 have a severe cost burden over 50%. 12,018 elderly owners are cost burdened at below 30% and an additional 7,677 have a severe cost burden over 50%.

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

According to the 2012 American Community Survey estimates, 84,673 residents of the HOME Consortium (or 8.5% percent of the total population) were of a disabled status. The data also reflected that 2.4% of the HOME Consortium's population had self-care limitations. Each year there are approximately 6,200 people in Alameda County who are victims of domestic violence. The four domestic violence shelters in the County provide approximately 22,000 bed nights to survivors of domestic violence, with an average stay of 25 days that means only 880 people can utilize the local shelters.

What are the most common housing problems?

The most common housing problem in the HOME Consortium is lack of affordable housing.

The second most common housing problem was cost burden, where residents paid more than 30 percent of their gross income on housing costs. This problem is most acute for renters and households with incomes under 30 percent of AMI. Households paying more than 50 percent of their income for housing is also an issue, again particularly for those with incomes under 30 percent of AMI.

The third most common housing problem was substandard housing. This problem also disproportionately affected renters and owner households under 30 percent of HAMFI.

Are any populations/household types more affected than others by these problems?

The housing trend is that renters and extremely low-income households are much more likely to have housing problems than homeowners and higher income groups. CHAS data on severe housing problems indicated that 68,964 renter households and 41,031 owner households in the HOME Consortium had one or more housing problems (2011-2015 American Community Survey 5-Year Estimates). This trend holds true with overcrowding, as 4% of renter households were overcrowded households, while only 1% of owner households were overcrowded households. The elderly, particularly homeowners, were also affected by cost burdens, as 46% of senior households with incomes below 30 percent AMI paid more than 30% of their monthly income on housing costs.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

Some of the currently housed persons most at risk of homelessness are those with a history of homelessness. The 2019 Point In Time Count showed that 69% of people experiencing sheltered or unsheltered homelessness had experienced more than one episode of homelessness in their lifetime. In federal fiscal year 2019, the Oakland-Berkeley- Alameda County Continuum of Care saw a 17% rate of returns to homelessness within two years (out of the 2,114 persons who ended their homelessness, 354 persons returned to homelessness within 2 years). Permanent Supportive Housing (PSH) has a high retention rate in the CoC, 98% in FFY 2019. However, of those who left PSH, 9% exited to homelessness (19/219) and 12% to temporary living arrangements with friends or family (27/219). Rapid Re-Housing resulted in permanent housing for 73% of people in FFY 2019. However, 8% exited the RRH program to homelessness, and another 8% exited the RRH program to temporary living arrangements with friends, family, or in a hotel. Through a series of focus groups with homeless and formerly homeless persons, it is becoming clear that homeless people are wary of accepting rapid re-housing because the high cost of housing in Alameda County puts housing stabilization out of reach for many homeless people with extremely low incomes.

Housed persons with Extremely Low Incomes (ELI)—defined as 30% or less of area median income—including formerly homeless people, are at a very high risk of homelessness. To qualify for ELI housing in Alameda County during 2019 the annual income of a two-person household could not exceed \$29,750 and a four person household could not exceed \$37,150. These annual incomes translate into roughly \$2,479 per month for a two-person household and \$ 3,096 for a four-person household. Yet HUD fair market rent for a two bedroom in Alameda County beginning October 2019 is \$2,239. Not surprisingly, the California Housing Partnership reports that 72% of ELI households in Alameda County are severely cost burdened, meaning that they pay more than half of their income for housing.

Finally, but not insignificantly, African Americans, Native Americans, Multi-Racial, and Pacific Islanders are at higher risk of homelessness. As examples, the 2019 Point In Time Count showed that African Americans make up 47% of the homeless population and 58% of the people receiving homeless services, but African Americans make up just 22% of the people experiencing poverty in Alameda County and only 11% of its general population. Similarly, Native Americans make up 4% of the homeless population and 3% of the people receiving homeless services, but Native Americans make up just 1% of people experiencing poverty in Alameda County and only 1% of the general population.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

For the purpose of the EOH Strategic Plan Update we estimated those who were at imminent risk of homelessness and could have been prevented from becoming homeless by identifying the number of persons who became homeless for the first time in 2017, multiplied by the percent of persons who were experiencing homelessness for the first time in the PIT Count survey who also said they came from rental housing or living with friends and family, on the assumption that approximately 80% of those could be diverted from homelessness with assistance at the system from door. There is not currently an operational definition used CoC-wide to estimate the at-risk population.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

- Low or no income
- Prior experience with homelessness
- Do not hold a lease
- Exited homelessness to live with friends or family

Discussion

**NA-15 Disproportionately Greater Need: Housing Problems - 91.405, 91.205
(b)(2)**

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

HUD requires communities to define disproportionate housing need as when the percentage of any racial or ethnic group has a disproportionately greater need in comparison to the needs of that category of need as a whole. For the purposes of HUD, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least 10 percentage points higher than the percentage of persons in a category as a whole.

Housing needs are identified in the columns stating "Has one or more of 4 housing problems". The four housing problems are defined as: 1) Lacks complete kitchen facilities; 2) Lacks complete plumbing facilities; 3) Household is overcrowded; and 4) Household is cost burdened at greater than 30%.

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	35,644	5,973	2,803
White	11,794	2,860	1,033
Black / African American	5,200	618	269
Asian	7,604	1,408	1,059
American Indian, Alaska Native	237	12	29
Pacific Islander	379	0	29
Hispanic	8,762	843	288

Table 9 - Disproportionally Greater Need 0 - 30% AMI

Data 2011-2015 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	30,045	9,328	0
White	10,047	5,199	0
Black / African American	2,854	514	0
Asian	6,959	1,642	0
American Indian, Alaska Native	108	64	0
Pacific Islander	243	48	0
Hispanic	8,860	1,690	0

Table 10 - Disproportionally Greater Need 30 - 50% AMI

Data 2011-2015 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	26,028	16,015	0
White	8,522	7,029	0
Black / African American	2,664	1,333	0
Asian	6,254	3,324	0
American Indian, Alaska Native	100	66	0
Pacific Islander	392	142	0
Hispanic	7,210	3,729	0

Table 11 - Disproportionally Greater Need 50 - 80% AMI

Data 2011-2015 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	15,477	18,355	0
White	5,192	8,040	0
Black / African American	1,522	1,634	0
Asian	4,349	3,909	0
American Indian, Alaska Native	26	91	0
Pacific Islander	154	285	0
Hispanic	3,715	3,823	0

Table 12 - Disproportionally Greater Need 80 - 100% AMI

Data 2011-2015 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

Discussion

When housing needs are looked at as a percentage of the overall Consortium population broken out by race, whites make up 37% of those with housing needs; Blacks represent 10%, Asians 23%, Native Americans .5%, Pacific Islanders 1% and Hispanics 24%. People in all races and income levels are experiencing housing problems.

NA-20 Disproportionately Greater Need: Severe Housing Problems - 91.405, 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

HUD requires communities to identify disproportionate severe housing need as when the percentage of any racial or ethnic group has a disproportionately greater need in comparison to the needs of that category of need as a whole. For the purposes of HUD, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least 10 percentage points higher than the percentage of persons in a category as a whole.

HUD defines severe housing problems as: 1) Lacks complete kitchen facilities; 2) Lacks complete plumbing facilities; 3) More than 1.5 persons per room; 4) Cost burden over 50%.

The "severe housing problems" category differs from the "housing problems" category by households being more overcrowded and experiencing a greater cost burden. The HUD provided CHAS data shows that populations between 0-30% AMI experience severe housing problems at a much greater rate than other populations.

0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	30,575	11,073	2,803
White	9,849	4,798	1,033
Black / African American	4,480	1,353	269
Asian	6,324	2,694	1,059
American Indian, Alaska Native	212	34	29
Pacific Islander	274	104	29
Hispanic	7,947	1,663	288

Table 13 – Severe Housing Problems 0 - 30% AMI

Data 2011-2015 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	18,962	20,387	0
White	6,459	8,787	0
Black / African American	1,664	1,699	0
Asian	4,497	4,093	0
American Indian, Alaska Native	94	76	0
Pacific Islander	114	172	0
Hispanic	5,625	4,952	0

Table 14 – Severe Housing Problems 30 - 50% AMI

Data 2011-2015 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	10,779	31,255	0
White	3,327	12,230	0
Black / African American	739	3,258	0
Asian	2,819	6,768	0
American Indian, Alaska Native	20	141	0
Pacific Islander	104	421	0
Hispanic	3,419	7,509	0

Table 15 – Severe Housing Problems 50 - 80% AMI

Data 2011-2015 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	5,318	28,495	0
White	1,137	12,094	0
Black / African American	483	2,668	0
Asian	1,785	6,480	0
American Indian, Alaska Native	0	113	0
Pacific Islander	69	370	0
Hispanic	1,569	5,953	0

Table 16 – Severe Housing Problems 80 - 100% AMI

Data 2011-2015 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

Discussion

When housing needs are looked at as a percentage of the overall Consortium population broken out by race, whites make up 32% of those with severe housing problems; Blacks represent 10%, Asians 23%, Native Americans .5%, Pacific Islanders 1% and Hispanics 24%. People in all races and income levels are experiencing severe housing problems.

NA-25 Disproportionately Greater Need: Housing Cost Burdens - 91.405, 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

HUD requires communities to define disproportionate housing cost burden as when the percentage of any racial or ethnic group has a disproportionately greater housing cost burden in comparison to the others of that category of need as a whole. For the purposes of HUD, disproportionately greater housing cost burden exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least 10 percentage points higher than the percentage of persons in a category as a whole.

Housing Cost Burden

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	223,473	71,692	56,454	2,988
White	100,565	26,249	20,768	1,063
Black / African American	12,149	6,330	6,764	279
Asian	71,218	20,214	13,233	1,149
American Indian, Alaska Native	811	235	262	29
Pacific Islander	1,778	811	416	29
Hispanic	31,042	15,290	12,895	328

Table 17 – Greater Need: Housing Cost Burdens AMI

Data 2011-2015 CHAS
Source:

Discussion

This analysis demonstrated housing cost burden disproportionately impact whites in the HOME Consortium with a ratio of 45% in the 30% or less category; 37% in the 30-50% category and 37% in the over 50% AMI category.

A larger point is that there are a number of people in all races and income levels who are experiencing housing cost burdens.

NA-30 Disproportionately Greater Need: Discussion - 91.205 (b)(2)

Are there any income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

Whites in the 0-30% income categories consistently showed up as having a greater need or cost burden. It could be speculated that this is because lenders were more willing to make this population loans in general which could not be supported at these income levels when the cost of living increased. When housing needs are looked at as a percentage of the overall Consortium population broken out by race, whites make up 37% of those with housing needs; Blacks represent 10%, Asians 23%, Native Americans .5%, Pacific Islanders 1% and Hispanics 24%. People in all races and income levels are experiencing housing problems.

If they have needs not identified above, what are those needs?

Not applicable.

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

The following census tracts have a concentration of low income and minority census tracts: Hayward – 4377.02 (Hispanic); Cherryland 4356.02 (Hispanic) and 4356.01 (Hispanic).

NA-35 Public Housing - 91.405, 91.205 (b)

Introduction

The Housing Authority of the County of Alameda (HACA) operates the Section 8 Housing Choice Voucher (HCV) program throughout Alameda County with the exception of the cities of Alameda, Berkeley, Livermore and Oakland, each of which has its own housing authority. HACA no longer owns or operates any Public Housing. It converted 158 former Public Housing units to project-based vouchers under HUD’s Section 18 program between September 2011 and November 2012 and disposed of 72 former Public Housing units under HUD’s RAD program in 2016, also converting them to project-based vouchers.

HACA’s ACC with HUD is for 6,666 HCVs. However, HUD funding is insufficient to lease up all Vouchers. Currently, 715 of HACA’s HCVs are project-based.

The Housing Authority of the City of Livermore (LHA) owns and manages 125 units of multifamily housing at Leahy Square. In addition, LHA has used HUD and City resources to acquire and rehabilitate 27 units of rental housing, including nine transitional units for households graduating from area homeless and domestic violence shelters. LHA staff provides appropriate support services to transitional housing residents, and eventually facilitates their move to permanent independent housing, a top priority among residents.

In total, 125 public housing units in the Consortium provide homes for families, the elderly and disabled individuals.

Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	120	325	9,477	249	9,023	57	83	64

Table 18 - Public Housing by Program Type

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Data Source: PIC (PIH Information Center)

Characteristics of Residents

	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program
# Homeless at admission	0	0	1	10	0	1	9	0
# of Elderly Program Participants (>62)	0	17	133	2,203	91	2,083	10	17
# of Disabled Families	0	34	52	2,431	53	2,258	42	16
# of Families requesting accessibility features	0	120	325	9,477	249	9,023	57	83
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

Table 19 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Race of Residents

Race	Certificate	Mod-Rehab	Public Housing	Program Type					
				Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	49	165	3,165	99	2,982	21	38	24
Black/African American	0	52	60	4,570	85	4,400	31	36	18
Asian	0	7	98	1,618	58	1,532	1	6	21
American Indian/Alaska Native	0	0	0	75	3	68	3	0	1
Pacific Islander	0	12	2	49	4	41	1	3	0
Other	0	0	0	0	0	0	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 20 – Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Ethnicity of Residents

Ethnicity	Certificate	Mod-Rehab	Public Housing	Program Type					
				Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	23	97	1,060	24	1,008	4	19	5
Not Hispanic	0	97	228	8,417	225	8,015	53	64	59

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 21 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

HACA does not own or operate any Public Housing.

The Livermore Housing Authority has not opened its Public Housing waitlist since 2011 and had 646 applicants as of July 2014. The City of Alameda’s Housing Authority does not have a Public Housing waitlist because its sole public housing development was converted to project-based Section 8 in 2009. It does, however, have a series of affordable housing waitlists with a total of 750 applicants. The waitlist was last opened in spring 2015. Of these applicants, 7.2% are elderly and 21% have indicated that they have a disability.

What are the number and type of families on the waiting lists for public housing and section 8 tenant-based rental assistance? Based on the information above, and any other information available to the jurisdiction, what are the most immediate needs of residents of public housing and Housing Choice voucher holders?

The immediate needs of HCV holders are securing housing navigation services for persons with a disability and elderly persons, finding available units to rent that are affordable to voucher holders, and securing security deposit funding. On HACA’s HCV waiting list there are 4,009 applicants; 516 households are elderly, 884 are disabled and 305 have indicated a need for a disabled unit. Additionally, 1,105 are homeless.

The City of Alameda has a waiting list of 750 people, 7.2% are elderly and 21% have indicated that they have a disability.

How do these needs compare to the housing needs of the population at large

These needs are very similar to the population at large that is extremely low income.

Discussion

NA-40 Homeless Needs Assessment - 91.405, 91.205 (c)

Introduction:

Homelessness has nearly doubled in Alameda County over the past five years from 4,040 persons experiencing homelessness counted during to 2015 Point In Time Count to 8,022 persons counted during the 2019 the Point In Time Count. Of those counted in 2019, 1,710 persons (21%) were sheltered and 6,312 (79%) were unsheltered. This represents a 163% increase in unsheltered homelessness since the 2015 count. The CoC estimates that 15,786 persons experienced homelessness in 2019

In federal fiscal year 2019 (10/1/2018-9/30/2019) the homeless housing crisis response system provided prevention services to 166 households. These include funds from Support Services to Veteran Families (SSVF), Whole Person Care, and the philanthropic initiative Keep Oakland Housed. The homeless system modeling with racial equity impact analysis seeks to prevent extremely low-income adults and households with minor children from becoming homeless. The models estimate that 20% of households with only adults could be prevented from becoming homelessness, and 50% of households with minor children. Strategies for preventing homelessness include:

- Housing problem solving with flexible financial resources that can be accessed as needed (not once in a lifetime).
- Shallow subsidies that are renewable based on the household's income.

Alameda County will continue to implement a program using State funds at the County level that uses rapid rehousing strategies to assist homeless individuals leaving State correctional facilities to avoid homelessness. The THP+ program provides transitional housing for youth aging out of foster care. In addition, the Social Services Agency in the County, in collaboration with local providers, is development an 'Emancipation Village' with housing and services for emancipating foster youth. While the Village is located in Oakland, it will serve youth coming from the entire County.

Working together, the system modeling process looks closely at the needs of homeless households with minor children and homeless households with only adults as well as subpopulations such as veterans, transition aged youth, and victims fleeing domestic violence. Through this process stakeholders model the combinations of crisis services and permanent housing needed to end homelessness in Alameda County. The system models will support annual gaps analysis, revealing how much the homeless system needs of permanent supportive housing, extremely low income housing, rapid re-housing, homeless prevention, housing problem solving and flex funds, long term shallow subsidies, transitional housing, emergency shelter, housing navigation, and street outreach.

The homeless system models will be finalized at the end of March 2020. County, City, and the Continuum of Care Board are committed to using the model to guide local, state, and federal investments in homeless services and housing. As an early example, local applications for the state Homeless Housing, Assistance, and Prevention funding, which are due by February 15, 2020, state the intention to spend one-time state funding in support of the homeless system model.

Homeless Needs Assessment

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	498	26	3036	1494	786	244
Persons in Households with Only Children	20	9	144	71	26	25
Persons in Households with Only Adults	1195	6274	12605	5904	1412	219
Chronically Homeless Individuals	287	1556	4992	5373	559	732
Chronically Homeless Families	104	2	513	82	133	438
Veterans	145	547	731	71	332	224
Unaccompanied Child	20	9	144	71	26	25
Persons with HIV	15	44	110	45	15	219

Table 22 - Homeless Needs Assessment

Data Source Comments:

Indicate if the homeless population is: Has No Rural Homeless

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

The Oakland-Berkeley-Alameda County Continuum of Care uses the HUD System Performance Measures to track the number of people becoming homeless, exiting homelessness, and the number of days that persons experience homelessness in our community. During FY 2019 3,600 people became homeless for the first time in our system (System Performance Measure 5.2). During that time period 1,320 persons obtained permanent housing (System Performance Measure 7b.1). The average length of time homeless in FY 2019 was 966 days.

Nature and Extent of Homelessness: (Optional)

Race:	Sheltered:	Unsheltered (optional)
White	0	0
Black or African American	0	0
Asian	0	0
American Indian or Alaska Native	0	0
Pacific Islander	0	0
Ethnicity:	Sheltered:	Unsheltered (optional)
Hispanic	0	0
Not Hispanic	0	0

Data Source
Comments:

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

The Oakland-Berkeley-Alameda County Continuum of care estimates that each year there are 985 households with minor children who experience homelessness each year.

While the number of veterans in need of housing assistance is known, the number of families of veterans in need of housing assistance is unknown.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

Comparing the general and homeless populations of Alameda County demonstrates the patterns of racial disparity that are visible throughout the United States. Individuals identifying as Black/African American, Multi-Racial or Another Race, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander are overrepresented in the homeless population. The 2019 Point in Time Count found that 47% of persons experiencing homelessness identified as Black/African American, compared to 11% of the county’s overall population. Fourteen percent of persons experiencing homelessness identified as Multi-Racial or Other compared with 6% of the county’s general population. Four percent of persons experiencing homelessness identified as American Indian or Alaska Native, compared with 1% of Alameda County’s overall population. And 2% identified as Native Hawaiian or Other Pacific Islander compared with 1% of the general population.

The 2019 Point In Time Count found that White and Asian racial groups had lower representation in the homeless population than in the general population: 31% of the homeless population identified as

White, compared with 43% of the general population; 2% of the homeless population identified as Asian, compared with 29% of the county's general population.

Ethnic disparities in Alameda County are slightly different from national trends. The National Alliance to End Homelessness's 2018 analysis, "Racial Disparities in Homelessness in the United States" showed slightly higher representation of Hispanic/Latino identified persons in the homeless population compared with the general population, Alameda County's 2019 Point In Time Count shows that Hispanic/Latinos make up a 23% smaller proportion of the homeless population than in the general population of Alameda County.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

In the 2019 Point-in-Time Count enumerated 6,312 individuals experiencing unsheltered homelessness and 1,710 individuals residing in emergency shelter, safe haven, or transitional housing facilities. Between 2017 and 2019, there was an increase of 2,449 unsheltered individuals (+63%). Over one-third (35%) of the population were residing in vehicles. An additional 27% were residing in tents or makeshift shelters and 15% were sleeping on the streets and in other outdoor locations.

Discussion:

NA-45 Non-Homeless Special Needs Assessment - 91.405, 91.205 (b,d)

Introduction

Special Needs Housing is defined as developments that provide permanent supportive housing and integrated housing for persons with special needs. Persons with special needs are those who are elderly, who are physically, emotionally or mentally impaired or suffer from mental illness, developmentally disabled, a youth aging out of foster care, persons with addictions, HIV/AIDS and their families, and victims of domestic violence.

There are consistent patterns between the special need population and the increased risk for homelessness because of lack of adequate housing facilities and services available. These populations not only need permanent housing, but also integrated services to decrease their risk for homelessness.

This section provides an overview of the housing and supportive service needs of non-homeless special needs populations in the Consortium.

Describe the characteristics of special needs populations in your community:

HUD defines elderly as age 62 and older, and frail elderly as those persons who require assistance with three or more activities of daily living such as eating, bathing, walking, and performing light housework. The U.S. Census commonly defines elderly as age 65 and older. According to the 2017 American Community Survey (ACS) 5-Year Estimates, 13% of individuals (almost 137,000 persons) in the Consortium are 65 years and older. In addition, 12% of elderly householders aged 65 or older live alone (16,440 individuals).

Elderly households are more likely to be low-income, with 51.5% of households containing at least one person age 65 or older being extremely low-income, very low-income or low-income, with incomes ranging from 0-80% AMI, compared to 33.2% of the households in the general population of the Consortium.

There is a wide range of disability types and needs including mobility limitations or more acute physical disability, mental disability, substance abuse problems (alcohol or drug - AOD) and/or HIV/AIDS. The American Community Survey categorizes disabilities using six disability types or “difficulties.” There are 84,673 people with physical disabilities, or 8.5% of the population of the Alameda County HOME Consortium. In these calculations, people are considered disabled if they have one or more of the following: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Of these 84,673 individuals with difficulties in the Consortium, 3,734 have hearing difficulties, 2,614 have vision difficulties, 5,011 have cognitive

difficulties, 7,784 have ambulatory difficulties, 3,524 have self-care difficulties, and 5,807 have independent living difficulties.

The Alameda County Department of Behavioral Health Care Services provides estimates on the number of people with mental disabilities in the County. The Department serves approximately 38,506 adults a year who have serious emotional disturbance and serious mental illness which include the need for periodic psychiatric hospitalization and other types of 24-hour care.

The majority of non-homeless mentally disabled people are consistently threatened with homelessness. Studies show that many mentally disabled people can live successfully in supported housing with adequate access to treatment and peer supports.

What are the housing and supportive service needs of these populations and how are these needs determined?

In 2014, the Housing Consortium of the East Bay (a nonprofit organization that promotes affordable, accessible housing options for persons with developmental disabilities) found that there are 14,998 adults within the HOME Consortium area who have developmental disabilities and are clients of the Regional Center of the East Bay (RCEB). Of this total, 1409 live in their own home. A total of 2,074 people with physical disabilities live in various types of facilities such as Community Care Facilities (CCF) and Skilled Nursing Facilities (SNF). Some of these adults are requesting to live in their own places with support funded by the RCEB. A total of 11,515 live with a parent or legal guardian and an increasing number of people within this group are also requesting to live on their own with support.

Adults with developmental disabilities have very low incomes, most of them only receiving only SSI benefits (\$1,197/month in 2019). Finding an apartment for 30% of their income in the Consortium area is extremely difficult. Over the last several years the Regional Center of the East Bay has facilitated the move of adults with developmental disabilities from facilities and from living with aging parents to independent supported living by purchasing support services from various community agencies. For people with developmental disabilities the biggest obstacle to living in their own place is the scarcity of affordable housing.

Individuals with physical disabilities require housing which is both affordable and adapted to their physical needs. There is a significant need for supportive services in addition to housing, such as assistance with daily life activities, in-home assistance, and social services such as employment training, counseling, benefits advocacy, and independent living skills.

The California Community Transitions (CCT) program identifies eligible MediCal beneficiaries who have continuously resided in state-licensed health care facilities for a period of 90 consecutive days or longer. Transition coordinators work directly with eligible individuals, support networks, and providers to facilitate and monitor transition from facilities to community settings. Eligible individuals of all ages with physical and mental disabilities have an opportunity to participate in CCT. CCT participants live in

their own homes, apartments, or in approved community care facilities, and receive long-term services and supports which are identified in their individual comprehensive service plans.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

According to the March 2018 Alameda County Comprehensive HIV Prevention Plan, through 2016, the total number of people living with HIV in the County was 5,951. Of these, 39.8% were African American or Black, 31.6% were White or Caucasian, 19.2% were Latino, 6.6% were Asian or Pacific Islander, and 2.8% self-identified as multi-ethnic or “other”. In terms of gender, 80.4% of the individuals living with HIV were male, 18.4 % were female and 1.2% were transgender. Individuals aged 50 and older comprised 47.4% of the population living with HIV, followed by 30.3% who were 40-49 years old, 14.4% who were 30-39 years old, 4.5% who were 25-29 years old, 3.0% who were 18-24 years old and 0.2% who were 17 or less years of age.

Additionally, the Alameda County Comprehensive HIV Prevention Plan provides information on mode of transmission of HIV. The most prevalent mode of transmission was men who have sex with men (MSM), which accounted for 59.1% of the individuals living with AIDS, or 3,115 individuals. Heterosexual contact with individuals who were HIV+ was the mode of transmission for 18.9% of individuals. Injection drug use (IDU) was the mode of transmission for 9.3% of individuals living with HIV. A combination of MSM and IDU was the mode of transmission for 5.8% of individuals living with HIV, and pediatric exposure accounted for 0.8% of the individuals living with HIV. An additional 6.1% of the individuals living with HIV either did not report their mode of transmission nor had a mode of transmission categorized as “other”.

Alameda County HCD administers the HOPWA Program on behalf of the City of Oakland. The HOPWA Program provides funding to build and rehabilitate housing for people with HIV/AIDS; supportive services and case management. The Alameda County AIDS Housing Needs Assessment Plan (2014) findings call for: 1) increase the percentage of low income HIV+ primary care clients with permanent housing; 2) consider additional efforts to support housing assistance and other services that enable clients to obtain and adhere to HIV treatment; and 3) support case management and clinical services that work toward increasing access to non-medical supportive services (e.g. housing).

Discussion:

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

With declining fiscal resources and aging public facilities, public facility improvements are a priority need in the Urban County. Public Facilities (which may include neighborhood facilities, firehouses, public schools, libraries, shelters for persons having special needs) are also considered a main component of commercial and residential area revitalization. The greatest obstacles to implementing public facilities improvements are high construction costs and the time required to construct improvements. Multiple funding sources are usually required, and the projects are phased over time.

The public facilities identified include: senior centers, childcare centers, drop-in resource centers, job training centers, health centers and community centers.

How were these needs determined?

This information was gathered through requested data from the Urban County jurisdictions on the use of CDBG funds which address eligible community development needs. The jurisdictions utilized Transportation Plans, Housing Elements and Neighborhood Plans to identify these needs.

Describe the jurisdiction's need for Public Improvements:

With declining fiscal resources and aging infrastructure, infrastructure improvements are a priority need in the Urban County. Infrastructure improvements, which may include road and sidewalk repairs, water and sewage system upgrades, flood drain improvements, or undergrounding utilities, are also considered a main component of commercial and residential area revitalization. The greatest obstacles to implementing infrastructure improvements are high construction costs and the time required to construct improvements. Multiple funding sources are usually required, and the projects are phased over time.

The public Improvements identified include: ADA access to parks, curb ramps, well maintained sidewalks near facilities that serve seniors and children.

How were these needs determined?

This information was gathered through requested data from the Urban County jurisdictions on the use of CDBG funds which address eligible community development needs. The jurisdictions utilized ADA Accessibility Plans, Pedestrian and Bicycle Master Plans, Transportation Plans, Housing Elements and Neighborhood Plans to identify these needs.

Describe the jurisdiction's need for Public Services:

Public Service is an important need in areas of the Urban County with higher concentrations of moderate and lower income people. It provides a safety net for families and individuals who are in crisis or vulnerable via funding for social service agencies. The Urban County allocates up to 15% of its annual CDBG funds to support public services. Application requirements and priority funding areas vary among the jurisdictions. Please see the individual jurisdictional websites for more information.

Public Services identified include: fair housing counseling services, senior and low income children's meals, homeless outreach and other services, 211 Line, jurisdictional share funding for EveryOne Home and HMIS, mental health services, case management services, and job training.

How were these needs determined?

This information was gathered through requested data from the Urban County jurisdictions on the use of CDBG funds which address eligible community development needs. The jurisdictions utilized Housing Elements and Neighborhood Plans to identify these needs, along with input from citizen committee and other organizations.

Needs Assessment

NA-05 Overview

Needs Assessment Overview

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

How were these needs determined?

Describe the jurisdiction's need for Public Improvements:

How were these needs determined?

Describe the jurisdiction's need for Public Services:

How were these needs determined?

Based on the needs analysis above, describe the State's needs in Colonias

Needs Assessment

NA-05 Overview

Needs Assessment Overview

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

How were these needs determined?

Describe the jurisdiction's need for Public Improvements:

How were these needs determined?

Describe the jurisdiction's need for Public Services:

How were these needs determined?

Based on the needs analysis above, describe the State's needs in Colonias

Needs Assessment

NA-05 Overview

Needs Assessment Overview

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

How were these needs determined?

Describe the jurisdiction's need for Public Improvements:

How were these needs determined?

Describe the jurisdiction's need for Public Services:

How were these needs determined?

Based on the needs analysis above, describe the State's needs in Colonias

Needs Assessment

NA-05 Overview

Needs Assessment Overview

The Needs Assessment for the City of Hayward consists of the non-housing community development needs (NA-50) as identified through the citizen participation process and consultation with community stakeholders. The non-housing community development needs section focuses on three key areas of need in Hayward. These needs are public facilities, public infrastructure and public services for low- and moderate-income (LMI) households and residents with special needs are outlined below.

The City recognizes the need for improved access and the expansion of these key areas. Public facilities, such as community centers, and supportive services are vital to community. Public services will target LMI citizens and may include services to address homelessness, persons with physical and mental health disabilities, the elderly, and youth.

The infrastructure of the City is also in need of expansion and improvements. Public infrastructure activities include improvements to infrastructure in the jurisdiction such as roadway resurfacing and improvements to curbs and ramps on sidewalks for ADA compliance. These needs are classified as non-housing but they have an indirect impact on the supply and demand for housing. They help get resources to those in need and strengthen the neighborhoods.

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

The City of Hayward has identified the need for improved access to and capacity of public facilities and has included a goal in the Strategic Plan:

1A Improve Access to and Capacity of Public Facilities & Infrastructure

In this goal, the City will expand and improve access to public facilities through development activities for LMI persons and households and for special needs population (elderly, persons with a disability, victims of domestic abuse, etc.). Public facilities may include neighborhood facilities, community centers and parks and recreation facilities.

How were these needs determined?

The need for improved public facilities in the City was determined through the citizen participation process and meetings with community stakeholders. City staff was then able to prioritize improvements to public facilities in the city and associate goals and outcomes to address the need.

Describe the jurisdiction's need for Public Improvements:

The City of Hayward has identified the need for the expansion and improvements of public infrastructure and has included a goal in the Strategic Plan:

1A Improve Access to and Capacity of Public Facilities & Infrastructure

For this goal, the City will expand and improve public infrastructure through development activities for LMI persons and households. Activities can include adding ADA compliance for curb ramps and sidewalks and roadway expansion projects.

How were these needs determined?

The need for public improvements in the City was determined through the citizen participation process and meetings with community stakeholders. City staff was then able to prioritize improvements to public infrastructure in the city and associate goals and outcomes to address the need.

Describe the jurisdiction's need for Public Services:

The City of Hayward has identified the need for public services for the special needs population and has included two goals in the Strategic Plan:

3A Provide Supportive Services for Special Needs Populations

3B Provide Vital Services for Low-to-Mod Income Households

For these goals, the City will provide supportive services for low income and special needs populations. Public services will target LMI citizens and may include services to address homelessness, persons with physical and mental health disabilities, the elderly, and the youth. Services may also include recreational programs for special needs populations, and education and health programs for special needs households.

How were these needs determined?

The needs for public services for LMI and special needs populations in the City was determined through the citizen participation process and meetings with community stakeholders. City staff was then able to prioritize public services to LMI and special needs populations in the city and associate goals and outcomes to address the need.

Based on the needs analysis above, describe the State's needs in Colonias

Needs Assessment

NA-05 Overview

Needs Assessment Overview

Identifying Community Needs

To support the City's effort to identify the social service needs of the community, the City's Human Services Commission held two community needs workshops and one focus group with unsheltered neighbors. In addition, the City Council formed a Council Subcommittee on Homelessness (Subcommittee) in December of 2018, which worked closely with staff to research and identify programs and strategies that align local needs with the City's capacity and resources to provide immediate health, safety, and dignity measures to individuals and families experiencing homelessness. The Subcommittee led a series of community meetings with service providers and subject matter experts to gather information and promote active community discussions around program needs and potential program responses. The meetings provided important opportunities to explore potential programs and to understand the challenges and opportunities of each program.

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

Throughout the years, there have been a variety of needs assessments that have helped identify the need for Public Facilities. The City found there was a need for additional public facilities in the following areas:

Health care and behavioral health care:

The only federally qualified community clinic in Livermore and the Tri-Valley region is Axis Community Health. Axis is experiencing a sharp rise in the need for services and registers over 200 new patients seeking care each month. Recent changes in health care laws in conjunction with Medi-Cal eligibility rules mean that more people in Livermore are eligible for Medi-Cal coverage. In addition, many residents cannot afford to purchase private health care coverage, even when offered by their employers, while others have no access to employer-provided coverage.

Ensuring access to health care for our most vulnerable residents benefits the entire community. Research shows that primary care decreases complications from chronic diseases, increases immunization rates, and reduces rates of obesity and diabetes. It also decreases uncompensated emergency room visits, reducing public health costs.

Livermore and the Tri-Valley region face a widespread misconception that because of the region's wealth, local families encountering problems can afford to obtain private assistance. As a result, providers and stakeholders throughout Livermore reported that behavioral health is one of the greatest social concerns in our region. The survey participants described a lack of facilities and services for mental health coupled with the stigma of requesting help.

Centers for homeless and persons in need:

As a result of increasing market rents and lack of access to living wage employment, the number of persons experiencing homelessness in Livermore is continuing to grow and be a recognized issue in the community. The most widely recognized gap in homeless services has to do with the shortage of services for single men. A recommendation from the Mayor's Homeless Summit was to create a place for a co-location of services for homeless individuals that could include laundry, mailboxes, and additional programmatic supports, as well as an opportunity to provide a coordinated entry into the service delivery system. These types of resources could help to stabilize homeless individuals. Outreach workers at these centers could support engagement with chronically homeless community members.

How were these needs determined?

The City of Livermore conducted a Social Services Facility Assessment in 2008, which identified Childcare, Community Care and Senior Services Facilities as a priority need. The 2011, Tri-Valley Needs Assessment identified the need for Psychiatric Health Facilities and inpatient care as a need. In Addition, the 2018, Everyone HOME Strategic Plan to End Homelessness Update identifies the need for Homeless Resource Centers.

Describe the jurisdiction’s need for Public Improvements:

The sidewalks and streets within the City’s main target areas remain a focus for rehabilitation. The target areas also the census tracts contain the lowest income and most racially and ethnically diverse households within our community. Located in census tracts Census Tracts 4514.04, 4514.01, 4514.02 and 4515.03, which qualify as low/moderate income census tracts as defined by HUD, the neighborhoods are located in the center of Livermore and bordered by Murrieta Avenue, Railroad Avenue, Old First Street, Junction Avenue and Portola Avenue. By repairing and upgrading these areas, it will increase the ability of families to safely walk their children to school as well as obtain other basic services.

How were these needs determined?

The sidewalks and streets within the City’s main target areas remain a focus for rehabilitation. The target areas also the census tracts contain the lowest income and most racially and ethnically diverse households within our community. Located in census tracts Census Tracts 4514.04, 4514.01, 4514.02 and 4515.03, which qualify as low/moderate income census tracts as defined by HUD, the neighborhoods are located in the center of Livermore and bordered by Murrieta Avenue, Railroad Avenue, Old First Street, Junction Avenue and Portola Avenue. By repairing and upgrading these areas, it will increase the ability of families to safely walk their children to school as well as obtain other basic services.

Describe the jurisdiction’s need for Public Services:

How were these needs determined?

Based on the needs analysis above, describe the State's needs in Colonias

Needs Assessment

NA-05 Overview

Needs Assessment Overview

The Needs Assessment of the Consolidated Plan outlines San Leandro's priority needs related to affordable housing, homelessness, supportive housing, and community development needs. The City's consultations, community meetings, priority needs survey, and public comment period all contributed in identifying which among these needs have the highest priority. Consequently, in the next Consolidated Planning period (July 1, 2020 through June 30, 2025), the City will provide CDBG funds only to programs and projects that address the City's highest priority needs.

During the development of the Consolidated Plan and to assist the City in identifying the City's highest priority needs, the City invited residents, non-profit agencies, and other general public to complete a Priority Needs Survey. Significant outreach efforts were made to ensure the broad distribution of the survey. The survey was 1) distributed to the second community meeting the City held to discuss the City's Consolidated Plan (the survey was emailed to participants of the first community meeting since it was not yet available for that meeting); 2) emailed to multiple email distribution lists including various sectors of the City (social service agencies, chamber of commerce, homeowners associations, affordable housing developments, among many others); 3) posted on the City's website; and 4) online via SurveyMonkey.com to further improve outreach and to provide respondents a much simpler and more efficient way to submit their survey responses to the City.

In all, City staff received a total of 208 survey responses (14 paper survey responses and 194 surveymonkey.com responses) that identified the following highest priority needs (selection rate of at least 60% by survey respondents): a) increasing the availability of and preserving existing affordable rental housing; b) preserving existing homeownership; c) preventing those currently housed from becoming homeless; and d) pursuing economic development activities.

In general the survey results are consistent with the cost burdens and other housing problems that resulted from the economic recession of last decade and recent housing affordability/supply crisis. Housing rental rates have consistently increased in the last decade in San Leandro as well as throughout Alameda County.

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

The City of San Leandro owns a number of different types of facilities including parks and recreation centers, aquatic centers, public libraries, fire stations, a museum, and the San Leandro Senior Center. All of these community assets provide access to improve the population's physical health, resources for information, and displays of local history. They are all important and critical public resources.

Additionally, there are a number of public-serving facilities owned and operated by non-profit agencies including child care and child development centers, youth centers, domestic violence shelters, homeless shelters, and facilities and housing that serve the special needs population.

Both public and non-profit public facilities are well-used and in high demand among the City's residents.

A selection of Public Facility needs identified include:

- City facility infrastructure resilience and accessibility improvements,
- Maintenance and expansion of City recreational facilities (e.g.: adult recreational facilities and youth sports fields such as basketball courts, baseball fields, football fields),
- Homeless shelters,
- Graffiti abatement.

Lastly, the City must dedicate CDBG funds for annually (until FY 2029-2030) repaying the City's \$2.5 million HUD Section 108 loan in accordance to HUD's 20-year repayment schedule.

How were these needs determined?

The needs for public facilities have been determined in the following ways: 1) studies and ongoing stewardship of public facilities by City staff, 2) by comments on public facility needs and priorities noted by the members of the City Council and the Mayor, and 3) by responses to the Community Development Department's Priority Needs Survey conducted to gather input for the FY 2020-2024 Consolidated Plan.

The City of San Leandro's Engineering and Transportation Department-Project Development Division provides engineering services in support of various public facilities and provides engineering related services to staff in all City departments. The division implements the City's Capital Improvement Program, which includes contract development, project oversight, and design services for capital projects within the City. This division maintains a prioritization list for capital improvements of City facilities that is reviewed and funded incrementally through the annual budget process approved by City Council.

The City's The 2010 ADA Facilities Transition Plan Update is the City of San Leandro's effort to comply with the American with Disabilities Act (ADA) that requires the City to reasonably modify its policies, practices, or procedures to avoid discrimination against people with disabilities. The report identifies physical barriers to accessibility in City-owned facilities and how the City may remove those barriers to facilitate the opportunity of access to all individuals.

The Community Development Department's Priority Needs Survey solicited comments on community facility infrastructure needs and community infrastructure provided by non-profit social service agencies serving San Leandro residents. The City is committed to assisting in these facility improvements in order to assist these agencies provide better services to their clients and/or serve more clients.

Describe the jurisdiction's need for Public Improvements:

The City of San Leandro's Engineering and Transportation Department and Public Works Department are stewards of significant public infrastructure service the City of San Leandro. With City's population growth and concurrent residential housing construction, booming economy driving a very low commercial building vacancy rates, and proximity to the very strong job centers of Oakland, San Francisco, San Jose and Silicon Valley, there is significant need to maintain the public infrastructure. Both these City Departments maintains important infrastructure such as streets and traffic signals, sidewalks, bicycle lanes, parks, emergency service, sewers, storm drains, water treatment, public buildings, the urban forest, access to the San Francisco Bay through the marina and various boat launches, and a state of the art fiber optic installation. All of this infrastructure requires ongoing stewardship and maintenance that employs a significant workforce with expertise and service provision work ethic.

A selection of Public Improvement needs identified include:

- Improved and added bicycle infrastructure,
- Traffic calming,
- ADA Sidewalk accessibility including curb ramps and sidewalk widening,
- Flood prevention,
- Improved Maintenance and added Street trees.

How were these needs determined?

The needs for public improvements have been determined in the following ways: 1) studies and ongoing stewardship of public infrastructure by City staff, 2) by comments on public infrastructure needs and priorities noted by the members of the City Council and the Mayor, and 3) by responses to the Community Development Department's Priority Needs Survey conducted to gather input for the FY 2020-2024 Consolidated Plan.

The City of San Leandro's Engineering and Transportation Department -Project Development Division provides engineering services in support of various public improvements and provides engineering related services to staff in all City departments. The division implements the City's Capital Improvement Program, which includes contract development, project oversight, and design services for capital projects within the City. This division maintains a prioritization list for capital improvements of City infrastructure that is reviewed and funded incrementally through the annual budget process approved by City Council.

The Community Development Department's Priority Needs Survey solicited comments on neighborhood infrastructure needs within the San Leandro City limits. The City is committed to maintaining and improving public infrastructure and improvements in order to provide important urban infrastructure for the needs of San Leandro residents and commercial businesses operating within the City of San Leandro.

Describe the jurisdiction's need for Public Services:

Public and private resources for services designed for those populations who are economically marginalized and who have high needs (educational, mental health and physical health) are overshadowed by the extreme needs and high demand for these services in the community. The high cost of living and the shrinking safety exacerbate these high-need community members.

The needs for public services have been determined in the following ways: 1) by comments on public service needs and priorities noted in public comments at public meetings, public commissions, and by the members of the City Council and the Mayor, and 2) by responses to the Community Development Department's Priority Needs Survey conducted to gather input for the FY 2020-2024 Consolidated Plan, and 3) the Human Services Gap Analysis completed in April 2017 conducted by the City's Recreation and Human Services Department.

A selection of Public Service needs identified include:

- High-level Mental and Behavioral Health Services,
- Child and Family Enrollment in Cal Fresh,
- Service Gaps with Anticipated Cuts to Social Safety Net Programs (e.g.:
- Domestic and Intimate Partner Violence,
- Services for senior citizens,
- Services for those with physical disabilities,
- Legal Services
- Youth services,
- Financial literacy for adults and youth,
- Job training,

- Crime awareness and prevention,
- Tenant/Landlord Counseling,
- Support for small and local businesses,
- Neighborhood Revitalization,
- City investment in Sustainability and Resiliency.

How were these needs determined?

Since 2010, public services have been primarily supported by CDBG funds and the City General Funds through the Community Assistance Grant Program (CAP). Efforts will continue to include the HSC and non-profit agency directors/members to improve and evaluate the needs assessment and funding process. The City's Recreation and Human Services Department hired Urban Strategies Council to conduct a Human Services Gap Analysis that was completed in April 2017. At the October 1, 2018 City Council meeting Staff proposed targeted areas of implementation based on the Gap Analysis and have proceeded to use it to prioritize expenditures of CDBG and the City's Community Assistance Grant Program (CAP) funds. Gaps were identified in the following services offered to San Leandro residents: high-level mental and behavioral health needs, child and family enrollment in CalFresh, cuts to critical safety net programs, and domestic and intimate partner violence. Efforts will continue to include the HSC and non-profit agency directors/members to improve and further evaluate those programs funded to address these identified gaps in service needs. HSC identifies social service needs in the community, reviews requests for funds, and makes recommendations for City financial support to social service agencies. The HSC identifies social service needs in the community and recommends to the City Council possible ways to meet those needs. HSC also evaluates and encourages the provision of social services in the City, reviews requests for funds, and makes recommendations for City financial support to social service agencies.

Additionally, the Community Development Department's Priority Needs Survey solicited comments on public service needs by City programs and programs offered by non-profit social service agencies serving San Leandro. The City is committed to assisting in these facility improvements in order to assist these agencies provide better services to their clients and/or serve more clients.

Based on the needs analysis above, describe the State's needs in Colonias

Needs Assessment

NA-05 Overview

Needs Assessment Overview

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

How were these needs determined?

Describe the jurisdiction's need for Public Improvements:

How were these needs determined?

Describe the jurisdiction's need for Public Services:

How were these needs determined?

Based on the needs analysis above, describe the State's needs in Colonias