2018 Community Needs Assessment

City of Hayward

Full Report and Executive Summary
with Appendices

crescendo

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Executive Summary

Project Objectives and Approach

The City of Hayward commissioned a community-wide Community Needs Assessment process to help identify ways to better serve the community now and in the future. With focus areas in housing, transportation, health, and employment, the broader purpose of the City of Hayward Needs Assessment is to:

1. Determine the human needs of low-income Hayward residents;
2. Identify barriers and gaps that prevent Hayward residents from accessing services;
3. Provide validated data for current and future planning needs; and
4. Garner community input to help develop the 2020 Consolidated Five-Year Plan required as part of Hayward's Community Development Block Grant (CDBG) entitlement.

Methodology

In addition to engaging area residents and City leaders, the Community Needs Assessment (CNA) approach brought in the voices of people from different sectors including housing, healthcare, mental health, faith-based, education, business, transportation, and neighborhood groups.

The methodology included a detailed analysis of quantitative data, qualitative focus group discussions, individual interviews, quantitative surveys, and an analysis of digital and social media traffic related to community interests.

During the CNA process, City staff and Crescendo continually sought out unique insight from individuals and organizations who could provide a broad spectrum of information regarding the needs of underserved populations. Participants included community leaders, service providers, students, and city residents to gain a holistic scope of the strengths and challenges in the community. For a list of participating organizations, please see the full report.

In total, the input from hundreds of the Hayward community members, stakeholders, and service providers is included in the research.

Analysis Area Maps, Definitions and Data Limitations

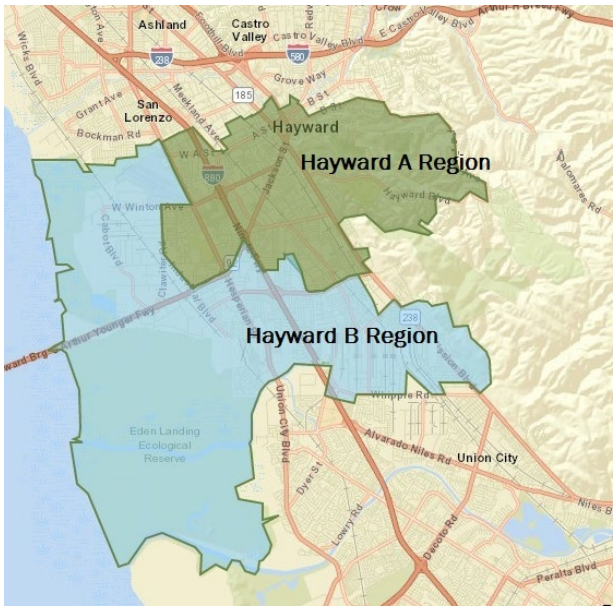
The City of Hayward comprises 38 unique Census Tracts and includes a highly diverse population of approximately 159,312 people. Wherever possible, data has been collected by the smallest consistent geographic unit, which is in most cases is a Census Tract. However, using small units may not be ideal for contrasting data sets.

The census tract data sets provided as part of the assessment process are extensive. There are nearly 60 discrete data elements for each of the 38 Census Tracts. Table 1 shows a small extract of the full data set. The number of people in each tract varies from 2,400 to 7,400. While this detail is helpful when looking at a specific tract, the small numbers make comparisons across tracts statistically problematic.

Exhibit 1: Sample Census Tract Extract

Census Tract	2017 Median Age	2017 Total Population	2017-2022 Population: Annual Growth Rate	Pop 18-64 speak Spanish & No English (%)	ACS Households Below the Poverty Level (%)	Households with 1+ Persons with a Disability (%)	Households Receiving Food Stamps/SNAP (%)	2017 Group Quarters Population (%)	2017 Have a smartphone (%)	2017 Carry medical/hospital accident insurance (%)	2022 Owner Occupied Housing Units (%)	2017 Vacant Housing Units (%)	2017 Median Household Income
4351.02	34.5	5,542	1.04%	0.63%	6.46%	13.77%	3.75%	19.49%	70.18%	74.52%	70.20%	3.95%	$116,420
4354	37.4	4,848	1.09%	3.08%	15.05%	27.62%	14.17%	3.03%	71.94%	68.11%	25.20%	6.58%	$58,718
4362	32.2	4,097	1.04%	2.64%	23.57%	19.23%	28.56%	3.76%	72.91%	56.50%	13.34%	4.59%	$52,432
4363	33.0	9,639	2.19%	2.95%	16.18%	20.16%	14.85%	1.70%	67.75%	60.16%	27.56%	1.87%	$55,856
4364.01	38.4	7,567	1.08%	0.82%	13.54%	28.52%	15.80%	0.66%	71.40%	66.51%	47.79%	7.06%	$79,526
4364.02	50.3	2,840	1.22%	0.00%	3.17%	23.64%	0.31%	0.49%	71.89%	78.40%	85.91%	4.54%	$135,673
4365	29.5	5,234	1.72%	2.47%	23.31%	15.83%	13.56%	0.00%	75.33%	61.43%	20.72%	3.26%	$53,889
4366.01	30.7	6,748	1.44%	5.78%	9.13%	22.07%	13.86%	0.24%	72.32%	56.98%	33.73%	4.37%	$54,220
4366.02	32.3	5,099	1.43%	7.01%	20.46%	17.82%	20.05%	0.16%	72.90%	56.52%	22.04%	3.03%	$54,404
4367	34.0	3,712	1.57%	1.61%	9.31%	26.53%	10.51%	0.65%	68.79%	54.69%	45.12%	3.49%	$54,798
4368	33.6	4,241	0.80%	2.07%	14.68%	18.15%	21.76%	0.28%	71.89%	57.32%	44.41%	2.57%	$67,031
4369	30.5	7,125	0.90%	4.11%	13.02%	25.66%	22.25%	0.06%	67.58%	57.78%	40.45%	2.70%	$54,143
4370	38.9	3,760	1.13%	0.00%	7.02%	17.10%	6.61%	1.06%	69.15%	69.05%	71.53%	4.83%	$73,221
4372	40.0	7,786	1.69%	0.32%	10.41%	26.30%	12.05%	2.26%	65.06%	67.42%	61.58%	1.33%	$58,939
4374	34.3	3,673	1.18%	1.35%	6.38%	29.26%	6.71%	0.16%	70.59%	58.31%	79.51%	2.57%	$77,491
4375	28.3	4,780	0.86%	2.76%	31.80%	21.74%	26.68%	2.45%	66.61%	57.46%	23.54%	4.60%	$50,052
4377.01	29.5	4,151	1.67%	5.43%	23.63%	24.98%	24.98%	0.75%	71.89%	55.88%	16.10%	8.36%	$48,881
4377.02	27.2	4,275	0.32%	13.18%	22.78%	18.85%	38.06%	0.00%	59.74%	58.48%	5.96%	8.53%	$37,773

Exhibit 2: Regions A & B



For the purposes of the Needs Assessment data comparative analysis, the City neighborhoods have been grouped by Census Tract under two large geographic areas labeled in the report as "Hayward A" and "Hayward B."

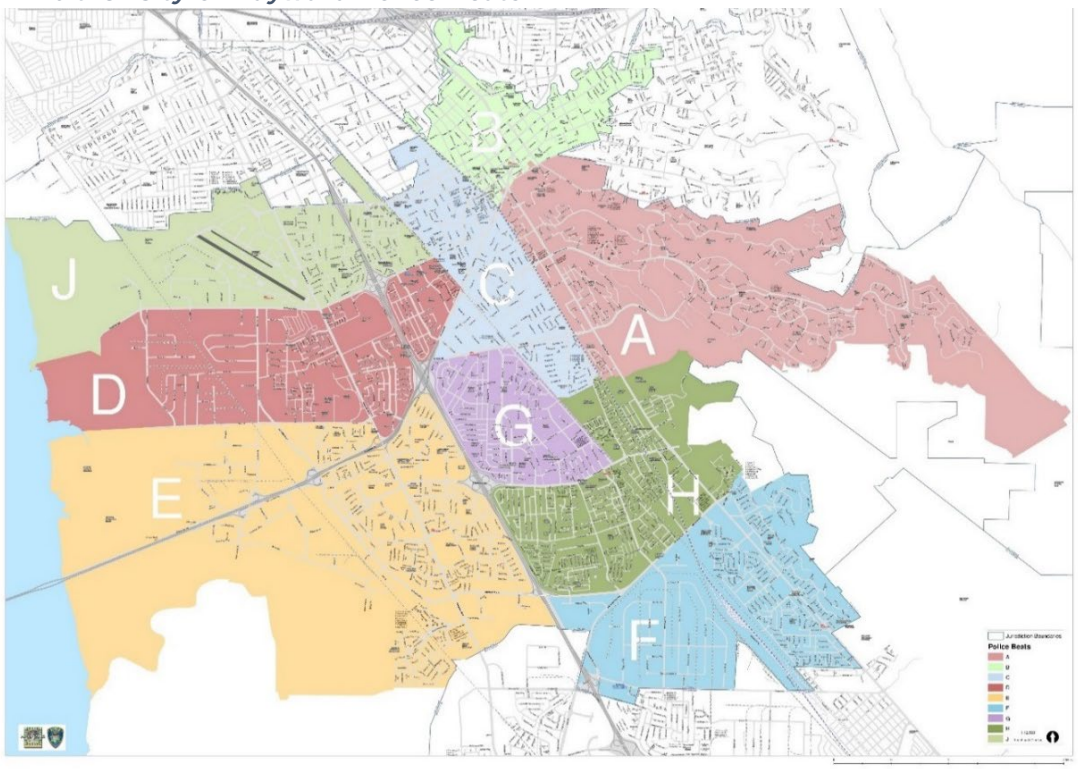
The boundaries of these areas were created by examining a number of local map references, as well as maps which describe how city services (e.g. CSD, Fire, Economic Development, Public Safety, and others) are organized. Exhibit 3 shows one of these references, a map of the City of Hayward Police Beats.

The analysis area "Hayward A" region comprises the northern region of the city, the Jackson Triangle neighborhood, and what is colloquially referred to as "South Hayward." The "Hayward B" region is geographically much larger, and less densely populated.

Grouping the data into "Hayward A" and "Hayward B" makes it possible to highlight distinctions in Hayward's uniquely diverse population while being large enough to ward off noise that arises from too small a data sample.

The dividing lines in the Hayward A and Hayward B analysis areas fall closely along the Hayward Police's nine patrol beats. "Region A" is comprised of the more densely populated police beats A, B, and C. "Region B" covers supervisory areas D through J.

Exhibit 3: City of Hayward Police Beats



For a majority of the data tables the data is presented for California, Alameda County, Hayward, Hayward A, and Hayward B. Hayward A is more densely populated, where Hayward B is larger geographically. This grouping provides a closer look at Hayward communities and illustrates possible themes and divisions along geographic lines within the city. For a more detailed view of key measures by individual Census Tracts see the Report Appendix.

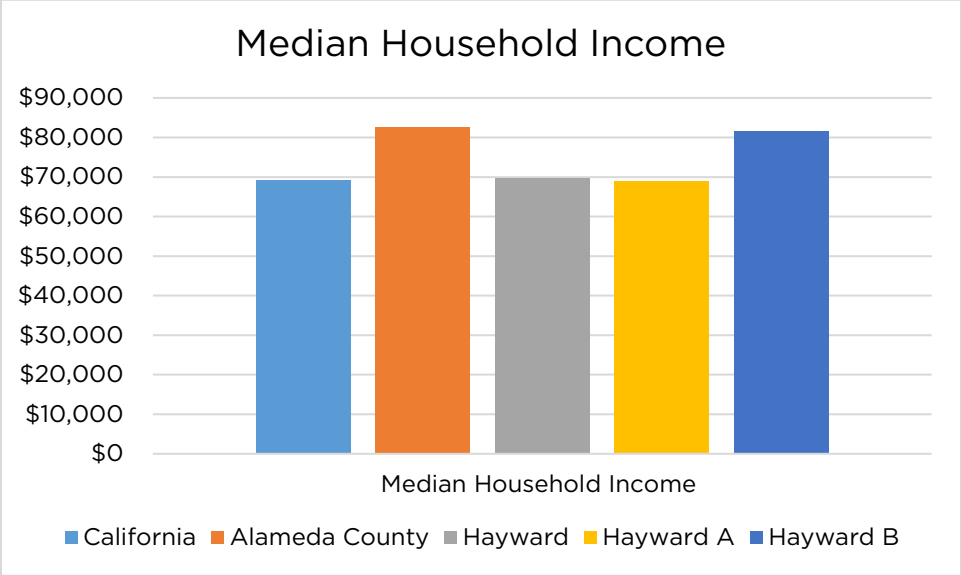
Sources of the secondary data include the American Community Survey from the U.S. Census and ESRI, a California-based data aggregator.

Seven of Hayward's 38 Census Tracts overlap abutting municipalities. These have been excluded from Census Tract breakdown data analysis to retain only Hayward data.

In cases where the sum of Northern and Southern Census Tract domains measures do not precisely equal the reported Hayward totals, the Census Tract measures have been appropriately weighted to reflect a proper representation of the area. The California, Alameda County, and Hayward Data is presented with no statistical adjustments.

The distinctions between Hayward regions A and B in the resulting data analyses and graphs help to illustrate some of the socio-economic differences found in Hayward. For example, sections of region B experience higher median income and stronger economic stability than does A. The incorporation of the Jackson Triangle region into Hayward A highlights its relative income inequality even though some of Hayward's highest earning census tracts fall into Hayward A as well.

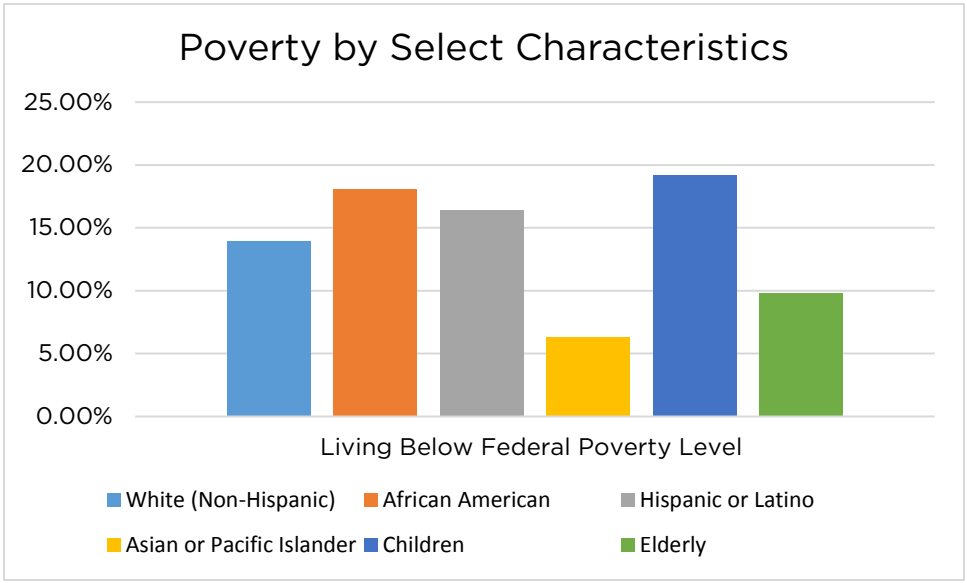
Exhibit 4: Median Household Income



SOURCE: ESRI Data, 2018

The median household income of Hayward ($69,572) is slightly higher than the California average ($69,051) but significantly lower than the Alameda County median household income ($82,654). Incomes in Hayward A ($68,830) are lower than the average for Hayward B ($81,586).

Exhibit 5: Poverty Characteristics



SOURCE: ESRI Data, 2018

Age and race are the foremost factors of poverty in Hayward. Children average the highest rates of poverty (19.2%) and African Americans are the race most likely to experience poverty in Hayward (18.1%.) Asian or Pacific Islander residents average the lowest rates (6.3%.)

Hayward's Unique and Changing Population Demographics

Secondary data analysis of the key measures in the Hayward community reveals that the city stands most apart from Alameda County in the areas of *income* (Alameda County $82,654, Hayward $69,572,) *single-parent households* (Alameda County 17.2%, Hayward 24.9%,) *ethnic minority population* (Alameda County 59.8%, Hayward 67.3%,) and *mobile home dwellings* (Alameda County 1.3%, Hayward 4.5%.)

Moreover, a closer look at changing demographics tells a more dynamic story. From the year 2000 to 2018, Hayward experienced a smaller income increase (35.9%) over the 18-year span than did Alameda County (47.7%) and the state average (45.4%,) and while income did increase, the price of Hayward median home values has outpaced annual earnings.

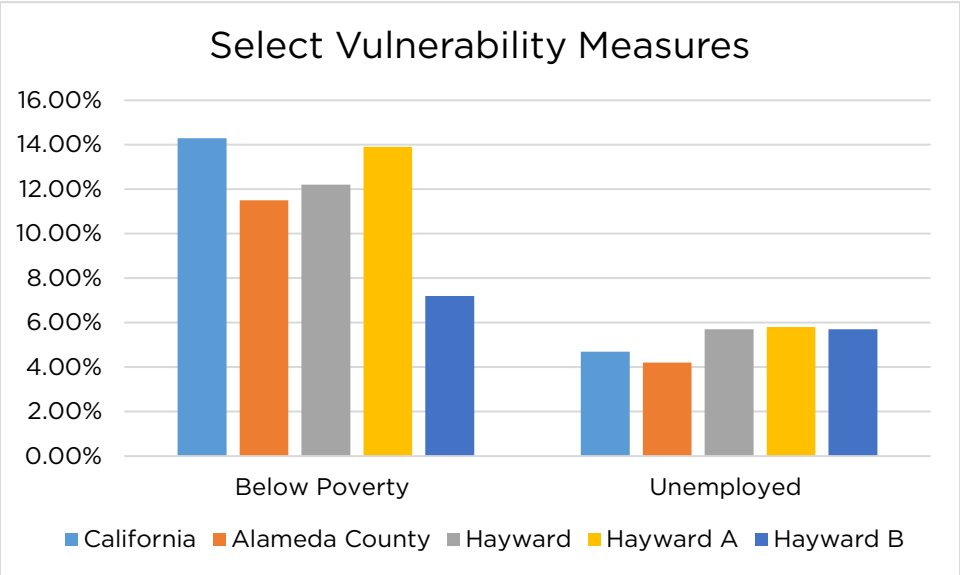
Over that period Hayward did see the larger increase of bachelor's degree attainment (6.0%,) than the county or the state, but the correlation between education and income is not as linear as one might hope. While education levels rose, Hayward experienced the highest increase in poverty when compared with Alameda County and California averages (up 2.5%.)

For example, while African American students average the highest rate of High School graduation in Hayward (93.7%) they are still the most likely to live in poverty (18.1%).

This observation suggests the role that other social determinants play in overall community health. Part of the community needs analysis incorporates the Social Vulnerability Index (SVI), developed by the Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The measures may serve to guide overall population wellness, performance relative to County and State averages, and disaster preparedness.

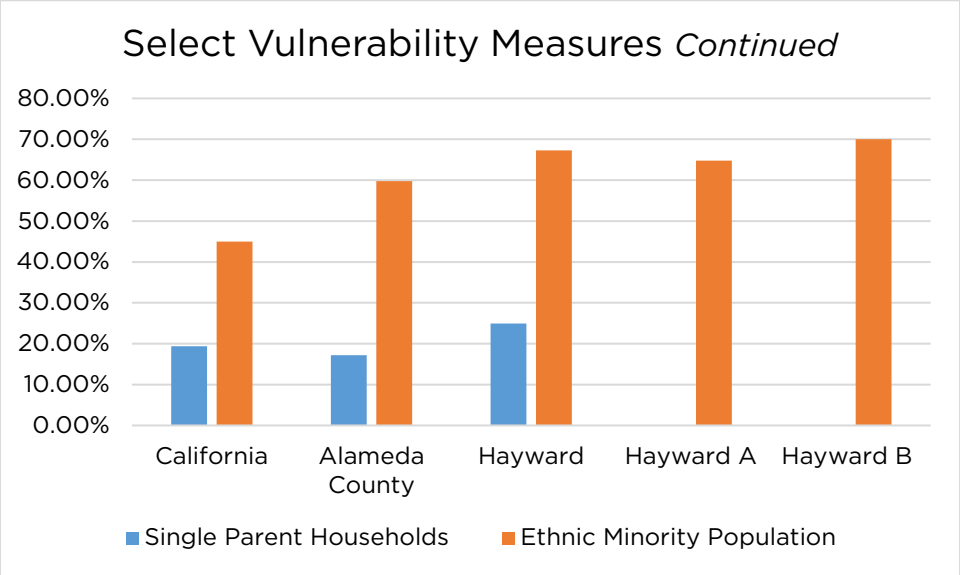
While the complete SVI analyses is located within the body of the report, some of the highlights follow here.

Exhibit 6: Poverty and Unemployment



SOURCE: ESRI Data, 2018

Exhibit 7: Single Family Households

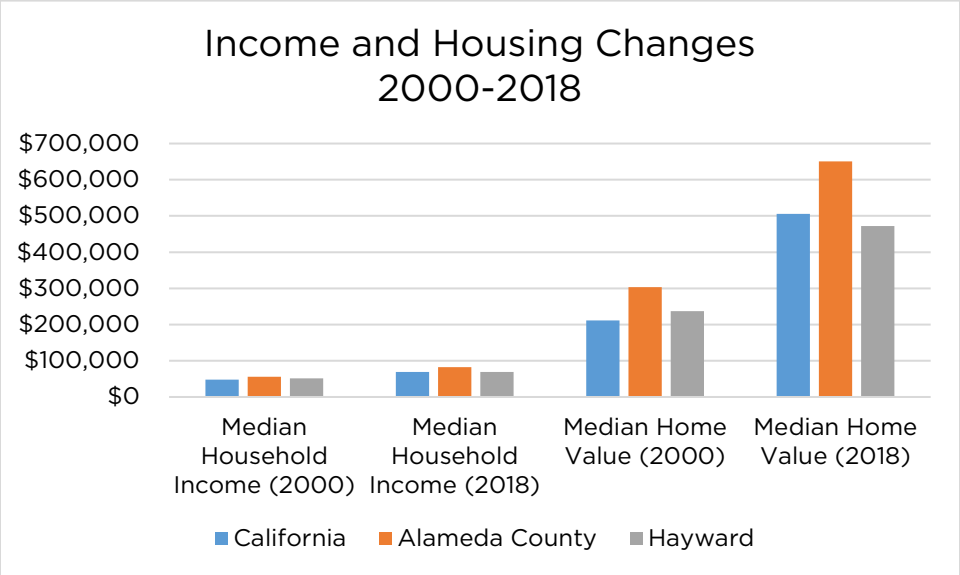


SOURCE: ESRI Data, 2018, American Community Survey, 2017

Changing Demographics in Hayward, Alameda County, and California

Shifting economies, populations, and social trends have impacted California and the Bay Area in a large way. Hayward's changes over the past two decades continue to underscore its unique role in providing opportunity for its residents – and challenges. Exhibit 8 illustrates the affordability gap between small increases in income and large increase in housing values that continues to impact already vulnerable residents.

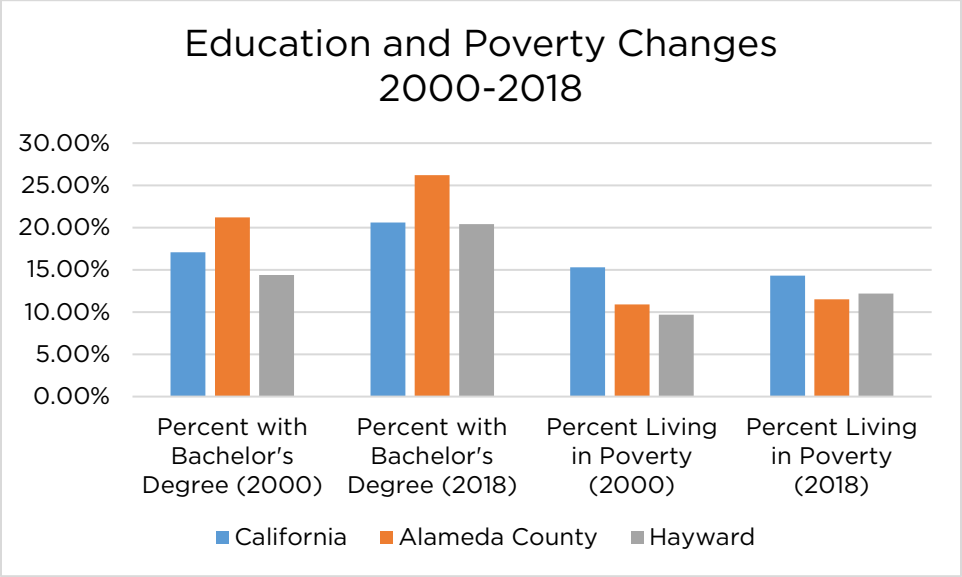
Exhibit 8: Income and Housing Changes



SOURCE: ESRI Data, 2018

The increases in educational attainment are a positive sign, but as noted, the increases in poverty have continued at a higher rate in Hayward when compared with Alameda County and California.

Exhibit 9: Education and Poverty Changes



SOURCE: ESRI Data, 2018

Community Needs and Vulnerable Groups

Through secondary data, qualitative interviews, focus discussions and community surveys, community members and agency partners were consistent in their identification of groups they believe to be particularly vulnerable populations:

- Young Families
- People Experiencing Homelessness
- Isolated Seniors
- People with Mental or Physical Disabilities

Likewise, they were consistent in voicing the "top needs" of the most vulnerable groups in Hayward. While often stated in different words, the core issues and suggestions from service providers and consumers can be combined in several broad categories:

- Housing
- Homelessness
- Outreach and Communications
- Strengthening Positive Community Engagement
- Transportation
- Access to Healthy Food

The greatest areas of need and the strategic activities that community members voiced to positively impact the vulnerable populations in need are highlighted below.

Key Findings

Housing

Affordable housing was mentioned at length in nearly every discussion about needs. In short, residents are concerned they will no longer be able to afford to keep a roof over their heads. As the Great Recession pushed millions of former American homeowners into the rental market, the hope was that as the economy improved in the subsequent years, families would once again return to home ownership.

That has not been the case. Between 2006 and 2016 the percentage of Hayward households that rent increased 6.4 points,[1] and the median home value has soared to $472,051. Hayward does have a unique alternative housing option in its outsized capacity of mobile homes. The percent of people living in mobile homes in Hayward (4.5%) is much higher than the overall rate in Alameda County (1.3%,) and there has been some social momentum with regards to talks about tiny homes. But housing remains the foremost issue for Hayward residents.

Housing Supporting Actions: To help address the issue, the City of Hayward may consider activities such as the following:

- *A more easily accessible database of information about available housing and promote it where individuals and families would be most likely to naturally visit or congregate such as shopping centers, public events, shelters, and others.*
- *Ensure HUD inspections are being conducted for accessibility.*
- *Promote rent control policies based on affordability; a percentage of income not a dollar amount.*
- *Increase lower-rent housing options and policies to incentivize low-cost housing developers*

Homelessness

Intertwined with the housing discussion, individuals experiencing homelessness face multiple challenges. According to EveryOne Home's EveryOne Counts Point-in-Time Homelessness survey, Hayward's Homeless rate (0.004) is incrementally higher than that of Alameda County (0.003) and California (0.003). Many community members brought up the survey and mentioned they felt Hayward's numbers were low, though that anecdotal data cannot be substantiated.

Another group on the brink of homelessness can be described as "at-risk but non 'deprived' community members." Many of them are one very bad day away from losing everything. Something simple like a dead car battery or unexpected illness may prevent an at-risk Hayward resident from going to work, and that may snowball into unpaid bills and unemployment, finalizing with homelessness or something equally severe.

[1] How the housing market has changed over the past decade. Marketplace and APM Research, October 16, 2018. https://www.apmresearchlab.org/stories/2018/10/16/how-the-housing-market-has-changed-over-the-past-decade#h1.the_rise_of_renters. Accessed December 2018.

Homelessness Supporting Actions:

- *Provide more centralized services for people with disabilities and those experiencing homelessness.*
- *Laundry service.*
- *Free shower locations.*
- *Increased shelter services in non-winter months.*

Outreach and Communications

Communications between and among services was frequently mentioned as a need, as was the need for community members to be more aware of the services available. As noted, the discussions suggest these concepts are greatly overlapping. Despite the linguistic difference between "awareness" and "communications" there is a need for greater between and among service providers and the public at large.

Without effective and efficient communication between service centers and with the community, existing services are underutilized and some of the needs of individuals and families go needlessly unmet. Many Hayward residents are either unaware of, or seem overwhelmed by, the logistics of navigating the many services available to them.

Outreach Supporting Actions:

- *Build on the strengths of the 211 system but update the agency files; set expectations of users of an improved 211 service.*
- *Use a "no wrong door" to help people, especially those with disabilities*
- *Take a closer look at data entry systems.*
- *More thorough and personal outreach from City Hall – more direct communication and outreach conducted at sites where higher-need populations tend to be active.*
- *More multilingual translation of city services.*

Strengthening Positive Community Engagement

Hayward has a very dedicated core group of citizens and activists who work with and for outreach organizations, attend community meetings, and put thoughtful action into improving their communities. However, that group must expand if Hayward is to take further steps in improving community engagement.

A key insight from community members engaged in the study centered on the lack of communication between service centers. Many Hayward residents either don't know about or seem overwhelmed by the logistics of navigating the many services available to them. There was little talk about a lack of services; the focus always shifted toward bringing awareness and cohesion to the people they serve.

Community Engagement Supporting Actions:

- *Encourage community involvement in town initiatives*
- *Meet the people where they are communication style*
- *Expand Hayward Green Neighborhood program*

Transportation

Multiple factors generate a focus on transportation issues in Hayward. Though Hayward has two BART stations, the number of people who commute to work via Public Transit in Hayward (9.5%) is lower than the overall amount in Alameda County (14.2%). Fares have increased for public transportation making it prohibitively expensive for people to go to multiple locations (and/or appointments). Qualitative interviews revealed the population to be frustrated with changes made to AC Transit routes and times, and pedestrian issues at specific crosswalks. Hayward also experiences slightly longer commute times than the Alameda County averages (Hayward 31.8 minutes, Alameda County 31.6 minutes). Hayward also has a much higher percentage of workers who commute alone (71.0%) than does Alameda County (62.6%.) On a positive note, more Hayward households have access to a vehicle (93%) than the Alameda County average (90%).

Transportation Supporting Actions

- *Improve security at BART; maintain elevators and escalators so they function*
- *Improve paratransit and wait times.*
- *Revisit changes in bus routes and increase the frequency of busses to work locations.*
- *Address the poor traffic lanes, especially on Jackson.*
- *Fix crosswalks without signals and/or audible signals.*
- *Expanded signage for disabled people and non-English speakers at crosswalks*

Access to Healthy Food

Severely cost-burdened renters are 23 percent more likely than those with less severe burdens to face difficulty purchasing food,2 and over 55% percent of Hayward residents spend over 30% of their income on housing. Over 26% spend over 50% of their income on housing. Hayward averages a higher percentage of children on SNAP benefits (12.8%) than the Alameda County average (7.2%,) and the growing senior population and rising issue of homelessness add additional strain to the community as it looks to provide food for at-risk groups.

Food Access Supporting Actions:

- *Encourage more neighborhood food sources*
- *Healthy food education*
- *Include services for at-risk but non "deprived" populations*

Next Steps and Further Exploration

As noted at several points throughout the Executive Summary the full report includes detailed tables, qualitative interview summaries, results from the community survey, a complete list of participating organizations and more. We would encourage you to explore the results further by reading the full report which follows.

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[2] The State Of The Nation's Housing 2017, Joint Center For Housing Studies Of Harvard University. http://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017.pdf. Accessed December 2018

Full Report Overview

Objectives and Approach

Hayward is home to the second-most diverse population in California. People throughout the Bay Area and beyond are quickly discovering what makes Hayward such an exceptional place to live, work and play. From the shoreline to the hills, Hayward is a vibrant community at the center of it all.

Beyond starting one of the nation's first annual gay proms, the state's first Japanese garden, and the longest-running Battle of the Bands in America, it is easy to see what makes the Heart of the Bay so special.

With 150,000 residents, today the City of Hayward is the sixth-largest city in the Bay Area and a thriving regional center of commerce, manufacturing activity, and trade. Hayward has capitalized on its unparalleled location to become one of the most desirable business locations for companies in advanced industries.

With success comes new challenges and approaches. The City of Hayward convened a community-wide Community Needs Assessment process to help identify ways to better serve the community now and in the future. With focus areas in housing, transportation, health, and employment, the purpose of the City of Hayward Needs Assessment is to:

5. Determine the human needs of low-income Hayward residents;
6. Identify barriers and gaps that prevent Hayward residents from accessing services;
7. Provide validated data for current and future planning needs; and
8. Garner community input to help develop the 2020 Consolidated Five-Year Plan required as part of Hayward's Community Development Block Grant (CDBG) entitlement.

The City of Hayward engaged Crescendo Consulting Group to help facilitate a collaborative, empathetic process involving people from housing, healthcare, mental health, faith-based, education, business, transportation, and neighborhood groups to grapple with and prioritize some of today's most pressing challenges.

The project plan includes a detailed analysis of quantitative data, focus group discussions, interviews, surveys, and an analysis of digital and social media traffic related to community interests. In total, the input from hundreds of the Hayward community members, stakeholders, and service providers is included in the research.

The purpose of this document is to communicate the identified and prioritized community needs in order to help further refine outreach initiatives and support requests for funding and collaboration with other community-based organizations. Additionally, the CNA will be used to provide a community-informed approach to future funding allocations and the Consolidated Plan. The Consolidated Plan is a comprehensive review of the City's housing and community development characteristics and needs, an inventory of resources available to meet those needs, a five-year strategy for the use of those resources, and a one-year Action Plan (updated annually) that presents specific activities in which to implement the strategy.

How to Use This Report

This report provides information about the approach and findings from the Community Needs Assessment including a comprehensive review of housing, transportation, health, and employment. The assessment covers a wide range of topics with community input to help foster on-going community discussion. We invite the reader to investigate and use the information in this report to help move toward solutions, the creation of goals, and the implementation of activities leading to an improved Hayward community.

Acknowledgments

The research reported here was conducted for the City of Hayward by Crescendo Consulting Group, LLC. In addition to the City of Hayward, the Community Needs Assessment is supported by multiple sources including the Alameda County Transportation Program for Seniors and People with Disabilities, the California Department of Housing and Community Development Community Development Block Grant (CDBG) program and the U.S. Department of Health and Human Services (HUD).

The Community Development Block Grant (CDBG) is a federal program administered by the U.S. Department of Health and Human Services (HUD) and the California Department of Housing and Community Development. The funds provide assistance to states and local communities to alleviate poverty, revitalize communities, and empower low-income families to become more self-sufficient.

The Alameda County Transportation Program for Seniors and People with Disabilities, also known as the Paratransit Program, is funded by Alameda County's transportation funding and the primary recipients of Paratransit Program funding are city-based programs operated by jurisdictions and Americans with Disabilities Act (ADA) mandated services operated by transit agencies.

For more details on these programs, please see the Alameda CTC Needs Assessment and the California Housing and Community Development (HCD) Community Development Block Grant Program 2018 report in the appendices.

Approach and Methodology

The City's approach to conducting the Community Needs Assessment (CNA) is a component of a broader approach to continually evaluating and improving service quality and the ability to meet the needs of the underserved population in Hayward.

As shown in the graphic to the right, the Crescendo Assessment to Action approach to Community Needs Assessment is designed to identify service gaps and opportunities to better address needs / barriers. The CNA informs the City's Consolidated Plan and helps to drive revised programs and strategies. On an on-going basis, the City of Hayward evaluates program impacts and identifies opportunities to enhance program effectiveness further.

Assessment to Action© Approach

At a high level, the methodology:

- Collects and analyzes quantitative secondary data from multiple sources that include, but are not limited to, the U.S. Census Bureau, the U.S. Centers for Disease Control and Prevention, ESRI analytical services, the Robert Wood Johnson Foundation, "Healthy People 2020," Community Commons, the California Department of Health and Human Services, and California Department of Housing and Community Development;
- Uses the secondary data to inform and set the context for collection and analysis of primary qualitative data;
- Collects and analyzes primary qualitative data using methods such as focus group discussions, one-on-one interview, community forums, and large sample surveys; and
- Aggregates and analyzes the quantitative and qualitative data to provide insightful lists of high priority needs.

Special efforts were made to engage and include the voices of low-income persons in the assessment. Multi-mode research methods were deployed to cast a broad net and include the perspectives of all community members. Additional details of the approach are contained in the following section.

Community Member Outreach and Data Collection Methods

During the CNA process, City staff and Crescendo continually sought out unique insight from individuals and organizations who could provide a broad spectrum of information regarding the needs of underserved populations and, in some instances, offer suggestions regarding collaboration or other approaches to addressing community needs and shared goals.

The City of Hayward and its consultants reached out to a large number of community members, community service providers, and other key stakeholders. Several research modes were deployed to inclusively conduct a multi-tiered data-collection approach. Key research modes are listed below.

- One-on-one interviews with elected officials, staff and other community stakeholders
- Service recipient interviews and surveys
- Large sample community survey
- Focus groups
- Quantitative data analysis
- Strategic Prioritization Grids
- Town-hall Forum

Participants included numerous community leaders, service providers, students, and city residents to gain a holistic scope of the strengths and challenges in the community. For a completed list of participating organizations, please see the appendix.

Exhibit 10: Outreach, Methods, and Analysis

Group	Approximate Number or Description	Modality
Mayor and City Councilmembers	All	One-on-one interviews
Community service partners	Opinions from nearly 30 organizations were included representing the education, health service, community support, governmental, public safety, and industrial sectors	Focus groups One-on-one interviews
Community-at-large members	Over 600 community members were engaged through multiple research modalities	Community survey Focus groups Youth Survey One-on-one interviews

City Council and Community Services Commissioners

The City's Community Service Division activities are guided by Mayor Barbara Halliday and the City Council with input from the Community Service Commission. The Community Services Commission advises the City Council on the most effective means of allocating available resources for community services; reviews and studies the problems and needs of the community programs and develops effective support needed to secure additional resources either through private channels or through the City or other instruments of the government; and works together with other governmental agencies in keeping abreast of new and current developments in the field of social services in order to maximize the beneficial impact of social programs on the City.

Exhibit 11: CSD Advisors

Name	Position
Barbara Halliday	Mayor
Sara Lamnin	Council Member
Francisco Zermeño	Council Member
Marvin Peixoto	Council Member
Al Mendall	Council Member
Elisa Márquez	Council Member
Mark Salinas	Council Member
Zachariah J Oquenda	Commissioner
Julie Roche	CSC, Vice Char
Arzo Mehdavi	CSC, Parliamentarian
Rachel Zargar	Commissioner
Sarah Guzzman	Commissioner
Afshan Qureshi	Commissioner
Linda Moore	Commissioner
Corina Vasaure	Commissioner
Janet Kassouf	Commissioner
David Tsao	Commissioner
Ernesto Sarmiento	Commissioner
Michael B Francisco	Commissioner
Arvindra Reddy	Commissioner
Arti Garg	Commissioner
Alicia Lawrence	Commissioner
Jose Lara Cruz	Commissioner
Elisha Crader	Commissioner

Community Overview

Analysis Area Maps, Definitions and Data Limitations

The City of Hayward comprises 38 unique Census Tracts and includes a highly diverse population of approximately 159,312 people. Wherever possible, data has been collected by the smallest consistent geographic unit, which is in most cases is a Census Tract. However, using small units may not be ideal for contrasting data sets.

The census tract data sets provided as part of the assessment process are extensive. There are nearly 60 discrete data elements for each of the 38 Census Tracts. Table 1 shows a small extract of the full data set. The number of people in each tract varies from 2,400 to 7,400. While this detail is helpful when looking at a specific tract, the small numbers make comparisons across tracts statistically problematic.

Exhibit 12: Sample Census Tract Extract

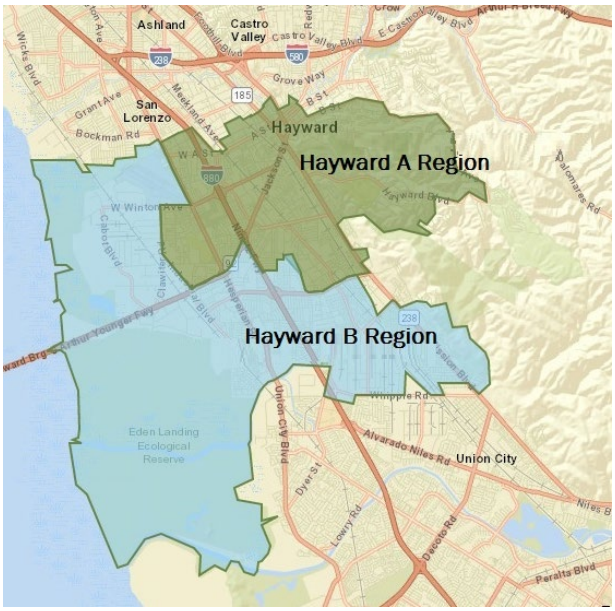
Census Tract	2017 Median Age	2017 Total Population	2017-2022 Population: Annual Growth Rate	Pop 18-64 speak Spanish & No English (%)	ACS Households Below the Poverty Level (%)	Households with 1+ Persons with a Disability (%)	Households Receiving Food Stamps/SNAP (%)	2017 Group Quarters Population (%)	2017 Have a smartphone (%)	2017 Carry medical/hospital accident insurance (%)	2022 Owner Occupied Housing Units (%)	2017 Vacant Housing Units (%)	2017 Median Household Income
4351.02	34.5	5,542	1.04%	0.63%	6.46%	13.77%	3.75%	19.49%	70.18%	74.52%	70.20%	3.95%	$116,420
4354	37.4	4,848	1.09%	3.08%	15.05%	27.62%	14.17%	3.03%	71.94%	68.11%	25.20%	6.58%	$58,718
4362	32.2	4,097	1.04%	2.64%	23.57%	19.23%	28.56%	3.76%	72.91%	56.50%	13.34%	4.59%	$52,432
4363	33.0	9,639	2.19%	2.95%	16.18%	20.16%	14.85%	1.70%	67.75%	60.16%	27.56%	1.87%	$55,856
4364.01	38.4	7,567	1.08%	0.82%	13.54%	28.52%	15.80%	0.66%	71.40%	66.51%	47.79%	7.06%	$79,526
4364.02	50.3	2,840	1.22%	0.00%	3.17%	23.64%	0.31%	0.49%	71.89%	78.40%	85.91%	4.54%	$135,673
4365	29.5	5,234	1.72%	2.47%	23.31%	15.83%	13.56%	0.00%	75.33%	61.43%	20.72%	3.26%	$53,889
4366.01	30.7	6,748	1.44%	5.78%	9.13%	22.07%	13.86%	0.24%	72.32%	56.98%	33.73%	4.37%	$54,220
4366.02	32.3	5,099	1.43%	7.01%	20.46%	17.82%	20.05%	0.16%	72.90%	56.52%	22.04%	3.03%	$54,404
4367	34.0	3,712	1.57%	1.61%	9.31%	26.53%	10.51%	0.65%	68.79%	54.69%	45.12%	3.49%	$54,798
4368	33.6	4,241	0.80%	2.07%	14.68%	18.15%	21.76%	0.28%	71.89%	57.32%	44.41%	2.57%	$67,031
4369	30.5	7,125	0.90%	4.11%	13.02%	25.66%	22.25%	0.06%	67.58%	57.78%	40.45%	2.70%	$54,143
4370	38.9	3,760	1.13%	0.00%	7.02%	17.10%	6.61%	1.06%	69.15%	69.05%	71.53%	4.83%	$73,221
4372	40.0	7,786	1.69%	0.32%	10.41%	26.30%	12.05%	2.26%	65.06%	67.42%	61.58%	1.33%	$58,939
4374	34.3	3,673	1.18%	1.35%	6.38%	29.26%	6.71%	0.16%	70.59%	58.31%	79.51%	2.57%	$77,491
4375	28.3	4,780	0.86%	2.76%	31.80%	21.74%	26.68%	2.45%	66.61%	57.46%	23.54%	4.60%	$50,052
4377.01	29.5	4,151	1.67%	5.43%	23.63%	24.98%	24.98%	0.75%	71.89%	55.88%	16.10%	8.36%	$48,881
4377.02	27.2	4,275	0.32%	13.18%	22.78%	18.85%	38.06%	0.00%	59.74%	58.48%	5.96%	8.53%	$37,773

For the purposes of the Needs Assessment data comparative analysis, the City neighborhoods have been grouped by Census Tract under two large geographic areas labeled in the report as “Hayward A” and “Hayward B.”

The boundaries of these areas were created by examining a number of local map references, as well as maps which describe how city services (e.g. CSD, Fire, Economic Development, Public Safety, and others) are organized. Exhibit 3 shows one of these references, a map of the City of Hayward Police Beats.

The analysis area “Hayward A” region comprises the northern region of the city, the

Exhibit 13: Regions A & B

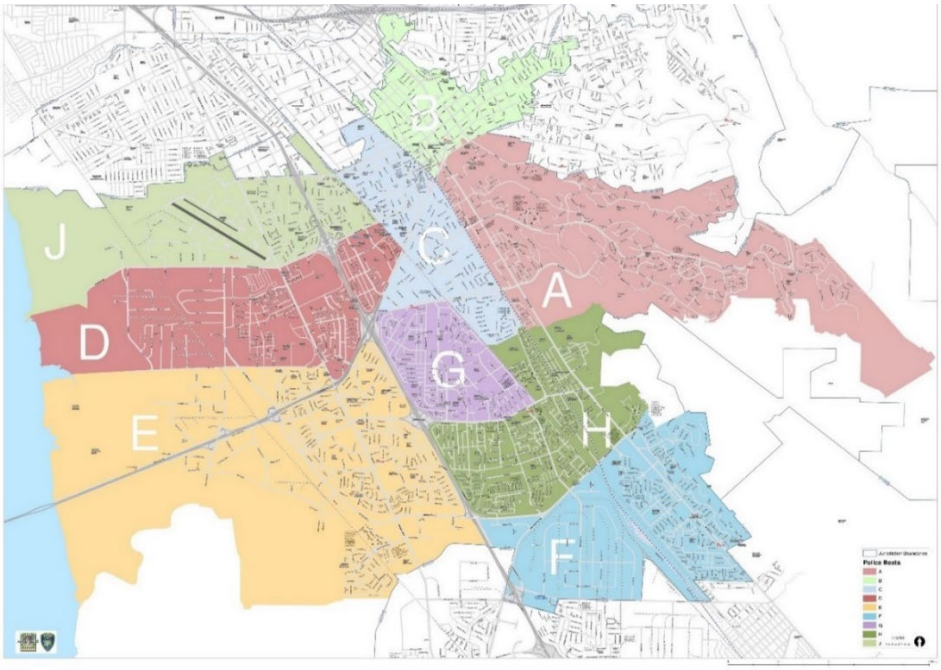


Jackson Triangle neighborhood, and what is colloquially referred to as “South Hayward.” The “Hayward B” region is geographically much larger, and less densely populated.

Grouping the data into “Hayward A” and “Hayward B” makes it possible to highlight distinctions in Hayward’s uniquely diverse population while being large enough to ward off noise that arises from too small a data sample.

The dividing lines in the Hayward A and Hayward B analysis areas fall closely along the Hayward Police’s nine patrol beats. “Region A” is comprised of the more densely populated police beats A, B, and C. “Region B” covers supervisory areas D through J.

Exhibit 14: City of Hayward Police Beats



For a majority of the data tables the data is presented for California, Alameda County, Hayward, Hayward A, and Hayward B. Hayward A is more densely populated, where Hayward B is larger geographically. This grouping provides a closer look at Hayward communities and illustrates possible themes and divisions along geographic lines within the city. For a more detailed view of key measures by individual Census Tracts see the Report Appendix.

Sources of the secondary data include the American Community Survey from the U.S. Census and ESRI, a California-based data aggregator.

Seven of Hayward’s 38 Census Tracts overlap abutting municipalities. These have been excluded from Census Tract breakdown data analysis to retain only Hayward data.

In cases where the sum of Northern and Southern Census Tract domains measures do not precisely equal the reported Hayward totals, the Census Tract measures have been appropriately weighted to reflect a proper representation of the area. The California, Alameda County, and Hayward Data is presented with no statistical adjustments.

The distinctions between Hayward regions A and B in the resulting data analyses and graphs help to illustrate some of the socio-economic differences found in Hayward. For example, sections of region B experience higher median income and stronger economic stability than does A. The incorporation of the Jackson Triangle region into Hayward A highlights its relative income inequality even though some of Hayward’s highest earning census tracts fall into Hayward A as well.

Insights into Causes and Conditions of Poverty

To better identify vulnerable and at-risk populations, as well as areas for potential community improvement, it is helpful to reference the body of evidence that suggests that populations such as people in poverty, minorities, and the elderly often experience higher rates of chronic illness, poorer health, and less stability in the community. The secondary data sets presented, as well as the use of multiple primary data collection methodologies is based on fundamental research, such as the Social Determinants of Health and the Social Vulnerability Index.

Causes of Poverty and Community Health

The Robert Wood Johnson Foundation (RWJF) has found that poverty and health are inseparable.[3] National research by the RWJF, the CDC, the Institute for Healthcare Improvement, and others support the position that social determinants of health (SDH), drive poverty levels and – in turn – community health. The CDC Office of Disease Prevention and Health Promotion authored the seminal publication, "Healthy People 2020" in which they explore the social determinants that comprise healthy communities; in their work, poverty is one of the core tenets of good health.[4] According to the CDC, the social determinants of health include the following determinants, with corresponding sub/correlative factors. ***Areas with low achievement in the following categories are most vulnerable to systemic poverty and poor community health.***

The community needs identified and prioritized in this assessment are driven by the SDHs (including poverty) shown above. CSD programs provide services to community residents in poverty and/or otherwise disadvantaged. All services impact SDH or correlative factors.

Exhibit 15: Social Determinants of Community Well-being

Social Determinant		Subfactors / Correlative Factors
Economic Stability	Poverty	Food Security
	Employment	Housing Stability
Education	High School Graduation	Enrollment in Higher Education
	Language and Literacy	Early Childhood Education and Development
Social and Community Context	Social Cohesion	Civic Participation
	Perceptions of Discrimination and Equity	Incarceration/Institutionalization
Health and Health Care	Access to Health Care	Access to Primary Care
	Health Literacy	
Neighborhood and Built Environment	Access to Healthy Foods	Quality of Housing
	Crime and Violence	Environmental Conditions

[3] Lavizzo-Mourey MD, Risa, Open Forum: Voices and Opinions from Leaders in Policy, the Field, and Academia, Robert Wood Johnson Foundation, 2013.

[4] Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States. July 26, 2010. Available from: http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm

The Social Vulnerability Index

The Social Vulnerability Index was developed by the Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. These 15 measures, housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation may serve to guide overall population wellness, performance relative to County and State averages, and disaster preparedness.

The CDC's Geospatial Research, Analysis & Services Program initially created the Social Vulnerability Index (SVI) to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. CDC's SVI indicates the relative vulnerability of every U.S. Census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks the tracts on the 15 social factors. Each tract receives a ranking for each Census variable and each of the four themes, as well as an overall ranking.

Exhibit 16: Social Vulnerability Index Components

Social Vulnerability Index Components	
Socioeconomic Status	Below Poverty Unemployed Income No High School Diploma
Household Composition and Disability	Aged 65+ Aged Below 18 Disabled Single-Parent Households
Minority Status and Language	Minority Don't Speak English
Housing and Transportation	Multi-Unit Structures Mobile Homes Crowding No Vehicle Group Quarters

These components do not individually represent a social determinant of vulnerability, but when viewed holistically and in the comparative context of surrounding populations, they can be useful to determine at-risk segmentations of communities. For instance, Hayward's diversity (minority population component) is viewed by many in the area as a strength and is not on its own an indication of population vulnerability.

Social Vulnerability Index Measures by Area

The Hayward CSD and its partner agencies share a particular concern for addressing the needs of underserved populations – particularly those in poverty.

Exhibit 17: Social Vulnerability Index Measures

SVI Measures					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
Population	39,806,791	1,645,268	159,312	102,271	51,542
Below Poverty	14.3%	11.5%	12.2%	13.9%	7.2%
Unemployed	4.7%	4.2%	5.7%	5.8%	5.7%
Median Income	$69,051	$82,654	$69,572	$68,830	$81,586
Age 65+	14.0%	14.0%	12.6%	11.3%	15.2%
Age 17 or Younger	23.1%	21.6%	23.8%	24.7%	22.6%
Household with Disability	8.0%	7.0%	7.0%	7.0%	8.0%
Single-Parent Households	19.4%	17.2%	24.9%	n/a	n/a
Ethnic Minority	45.0%	59.8%	67.3%	64.8%	70.0%
Don't Speak English	2.4%	1.6%	2.7%	3.1%	1.1%
Multi-Unit Housing Structures	34.5%	38.2%	40.2%	n/a	n/a
Mobile Homes	3.6%	1.3%	4.5%	n/a	n/a
No Vehicle	2.76%	10.0%	7.0%	n/a	n/a
Group Quarters	2.0%	2.2%	1.6%	1.9%	1.0%
SOURCE: ESRI Data 2018, American Community Survey					

- A data scan of the key measures in the Hayward community reveals the city stands apart from Alameda County in the areas of income, single-parent households, ethnic minority population, and mobile home dwellings. The SVI ranks Hayward more vulnerable than Alameda County in those areas.
- When compared to state averages, Hayward is deemed more vulnerable than the state of California in the measures of single-parent households, ethnic minority population, and multi-unit housing structures.
- A measure where Hayward shows less vulnerability than Alameda County in senior population (Alameda Co. 14.0%, Hayward 12.6%) and Hayward has less population living in poverty (12.2%) than the state average (13.3%). Overall, the SVI ranks Hayward as having higher vulnerability overall than Alameda county and ranks similarly to the California average.

Environmental Scan

Secondary Research and Demographic Analysis

City and County Population Demographics

The City of Hayward's 38 unique Census Tracts includes a highly diverse population of approximately 159,312 people as shown in the following tables.

Key Measures					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
Population	39,806,791	1,645,268	159,312	102,271	51,542
Median Age	36.2	37.7	35.0	34.2	37.7
Median Household Income	$69,051	$82,654	$69,572	$68,830	$81,586
Percent Living in Poverty:	14.3%	11.5%	12.2%	13.9%	7.2%
Ethnicity					
% White non-Hispanic	55.0%	40.2%	32.7%	35.2%	29.9%
% African American	5.90%	10.6%	9.5%	10.4%	6.6%
% Hispanic or Latino	39.6%	22.7%	40.8%	45.4%	34.7%
%Asian or Pacific Islander	14.6%	30.5%	25.7%	19.9%	35.9%
%Two or More Races	4.6%	6.3%	6.1%	7.7%	6.9%
Percent with Bachelor's Degree or Higher	20.9%	26.2%	20.4%	18.9%	20.3%
Percent 16+ Unemployed	4.7%	4.2%	5.7%	5.8%	5.7%
SOURCE: ESRI Data 2018, American Community Survey					

- The median household income of Hayward ($69,572) is slightly higher than the California average ($69,051) but significantly lower than the Alameda County median household income ($82,654).
- Median household income and education (i.e., "Percent with Bachelor's Degree or Higher") are correlated in many areas above, except Hayward B – in which median household income is relatively high, but the Percent with Bachelor's Degree or Higher is lower than some areas.
- Hayward's strong representation of people who are ethnically Hispanic or Latino (40.8%) is much greater than the Alameda County representation and similar to that of California as a whole (39.6%).
- The median age in Hayward B (37.7) is higher than the Hayward average (35.0).

Changing Demographics in Hayward, Alameda County, and California

Shifting economies, populations, and social trends have impacted California and the Bay Area in a large way. Hayward's changes over the past two decades continue to underscore its unique role in providing opportunity for its residents.

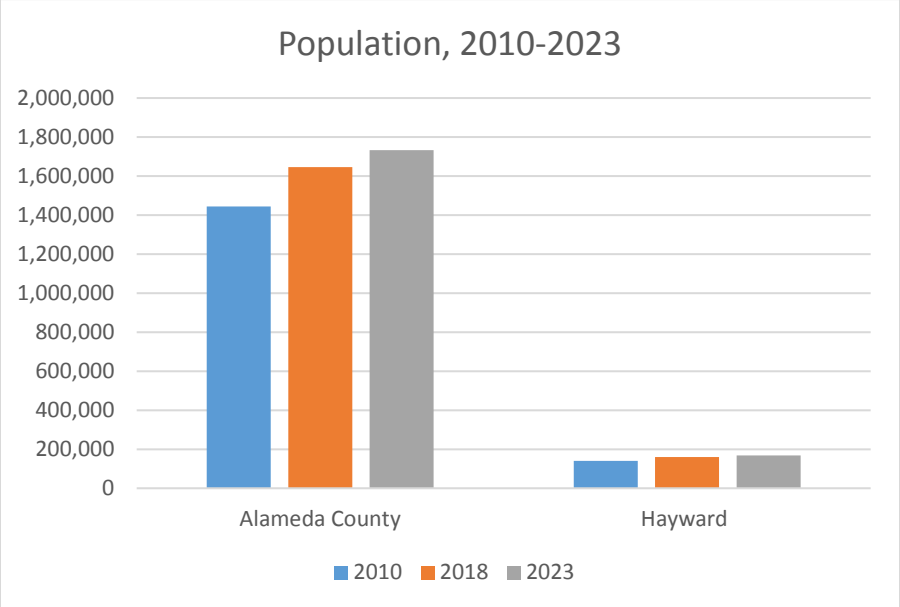
Change Rates 2000-2018			
Measure	California	Alameda County	Hayward
Population (2000)	33,871,648	1,443,741	140,712
Population (2018)	39,806,791	1,645,268	159,312
Change	5,935,143	201,527	18,600
Median Age (2000)	33.3	34.5	31.9
Median Age (2018)	36.2	37.7	35
Change	2.9	3.2	3.1
Percent Living in Poverty (2000)	15.3%	10.9%	9.7%
Percent Living in Poverty (2018)	14.3%	11.5%	12.2%
Change	1.0%	0.6%	2.5%
Percent of Population with Bachelor's Degree (2000)	17.1%	21.2%	14.4%
Percent of Population with Bachelor's Degree (2018)	20.6%	26.2%	20.4%
Change	3.5%	5.0%	6.0%
Median Income (2000)	$47,493	$55,946	$51,177
Median Income (2018)	$69,051	$82,654	$69,572
Change	$21,558	$26,708	$18,395
%Change	45.4%	47.7%	35.9%
Median Home Value (2000)	$211,500	$303,100	$237,300
Median Home Value (2018)	$505,800	$650,784	$472,051
Change	$294,300	$347,684	$234,751
%Change	139.2%	114.7%	98.9%
Source: American Community Survey, 2000-2018			

- Hayward experienced a smaller income increase (35.9%) over the 18-year span than did Alameda County (47.7%) and the state average (45.4%.)
- While income increased dramatically, the price of median home values has outpaced annual earnings.
- Hayward saw the largest increase of bachelor's degree attainment (6.0%.)

Population					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
Population	39,806,791	1,645,268	159,312	102,271	51,542
Population Growth Rate	0.8%	1.0%	1.2%	1.1%	0.8%
2023 Population Forecast	41,456,909	1,732,163	167,995	107,801	53,844
Population Age 18+	76.9%	78.4%	76.1%	75.2%	77.9%
Population Age 65+	14.0%	14.0%	12.6%	11.3%	15.7%
Median Age	36.2	37.7	35.0	34.4	38.1
Gender					
Male	49.7%	49.0%	49.0%	49.8%	49.4%
Female	50.3%	51.0%	51.0%	50.2%	50.6%
SOURCE: ESRI Data 2018, American Community Survey					

- The population growth rate of Hayward (1.2%) is about the same as the rate of Alameda County (1.0%) and California (0.8%).
- According to projections, in 2023 the population of Hayward will be 167,995.
- The population of Hayward residents age 65+ (12.6%) is slightly lower than Alameda County (14.0%).

Exhibit 18: Population Change 2010-23



Race and Ethnicity					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
% White non-Hispanic	55.0%	40.2%	32.7%	35.2%	29.9%
% African American	5.90%	10.6%	9.5%	10.4%	6.6%
% Hispanic or Latino	39.6%	22.7%	40.8%	45.4%	34.7%
%Asian or Pacific Islander	14.6%	30.5%	25.7%	19.9%	35.9%
%Two or More Races	4.6%	6.3%	6.1%	7.7%	6.9%
Diversity Index	82.9%	82.7%	90.5%	89.4%	86.7%
Foreign Born Population	27.0%	31.7%	38.9%	n/a	n/a
Non-English Speaking	2.4%	1.6%	2.7%	3.2%	1.4%
%White	55.0%	40.2%	32.7%	35.2%	30.0%
SOURCE: ESRI Data 2018, American Community Survey					

- Hayward's White population (32.7%) is lower than that of Alameda County (40.2%) and California (55.0%).
- The percentage of Hispanic and Latino people is more highly concentrated in Hayward A (45.4%) than Hayward B (34.7%).
- Hayward's Diversity index percentage (90.5%) is much higher than Alameda County (82.7%) and California (82.9%).
- The percentage of Foreign Born people in Hayward (38.9%) is higher than that of Alameda County (31.7%).

Social and Physical Environment

Educational Achievement					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
No High School Diploma	17.4%	12.1%	18.2%	20.8%	18.1%
Less than 9th Grade	9.6%	6.7%	10.7%	11.8%	11.1%
Some High School No Diploma	7.8%	5.5%	7.5%	9.0%	6.9%
High School Diploma	82.6%	87.8%	81.8%	79.2%	91.9%
GED/Alternative Credential	2.3%	1.7%	2.6%	2.8%	2.6%
Some College No Degree	21.1%	18.0%	20.9%	20.3%	21.8%
Associates Degree	7.7%	6.5%	7.3%	6.9%	8.0%
Bachelor's Degree	20.6%	26.2%	20.4%	18.6%	16.6%
Graduate/Professional Degree	12.6%	19.4%	7.6%	7.2%	5.8%
SOURCE: ESRI Data 2018, American Community Survey					

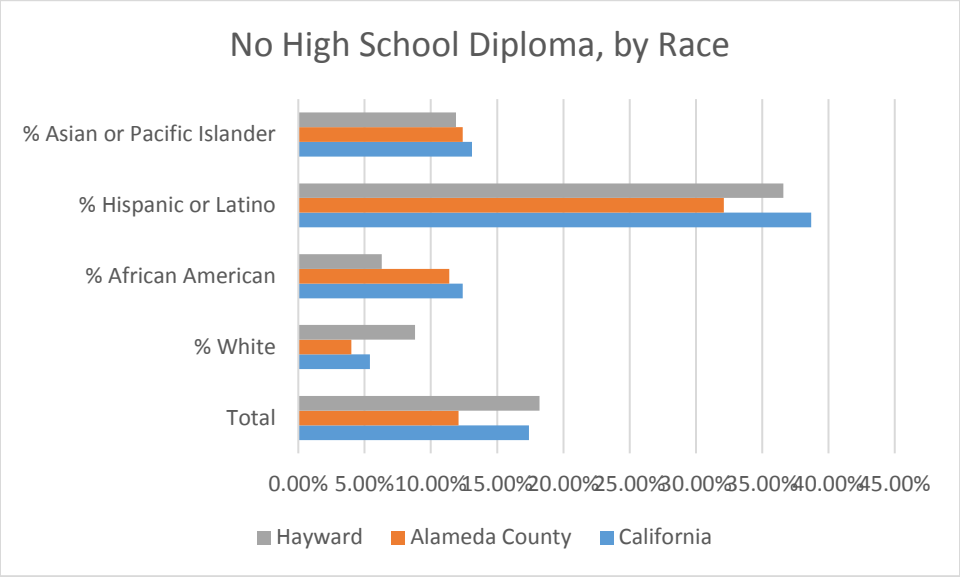
- A higher percentage of Hayward B residents have earned a High School Graduates diploma (91.9%) than Hayward A (79.2%)
- The Hayward population with Bachelor's Degrees (20.4%) is similar to the California rate (20.6%), but a higher percentage of Californians have Graduate Degrees (12.6%) than do Hayward residents (7.6%).

Educational Achievement by Ethnicity			
Measure	California	Alameda County	Hayward
No High School Diploma	17.4%	12.1%	18.2%
% White non-Hispanic	5.4%	4.0%	8.8%
% African American	12.4%	11.4%	6.3%
% Hispanic or Latino	38.7%	32.1%	36.6%
% Asian or Pacific Islander	13.1%	12.4%	11.9%
SOURCE: ESRI Data 2018, American Community Survey			

- In Hayward, the White population without a High School Diploma (8.8%) is much greater than the California (5.4%) and Alameda County (4.0%) average.

- Hispanic or Latino people in Hayward have a high rate of not graduating High School (36.6%), and African Americans have the lowest rate of High School incompletion (6.3%).

Exhibit 19: No HS Diploma by Race



Employment and Income					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
Unemployment Rate	4.7%	4.2%	5.7%	5.8%	5.7%
Median Household Income	$69,051	$82,654	$69,572	$68,830	$81,586
Housing Costs Exceed 30% of Total Household Income	53.6%	49.6%	55.2%	53.4%	52.5%
Housing Costs Exceed 50% of Total Household Income	27.9%	24.9%	26.7%	24.4%	26.6%
Receiving Public Assistance Income	3.8%	3.6%	5.8%	5.8%	6.6%
Living Below Federal Poverty Level	14.3%	11.5%	12.2%	13.6%	7.8%
Households with Children Receiving SNAP	9.4%	7.2%	12.8%	14.7%	10.3%
SOURCE: ESRI Data 2018, American Community Survey					

- More than half of Hayward residents (55.2%) spend over 30% of their income on housing costs.
- One in four Hayward residents (26.7%) spend over 50% of their income on housing costs.
- The median household income of Hayward ($69,572) is slightly higher than the California average ($69,051) but significantly lower than the Alameda County median household income ($82,654).

- Median incomes in Hayward B ($81,586) are higher than Hayward A ($68,830).

Employment by Industry Type			
Measure	**California**	**Alameda County**	**Hayward**
Agriculture	2.4%	0.3%	0.6%
Mining/Oil and Gas	0.1%	0.1%	0.0%
Construction	6.2%	5.3%	7.0%
Manufacturing	9.1%	9.8%	10.5%
Wholesale Trade	2.8%	2.6%	3.9%
Retail Trade	10.4%	9.2%	11.3%
Transportation	4.1%	4.5%	7.5%
Utilities	0.9%	0.7%	0.6%
Information	2.6%	2.7%	2.0%
Finance/Insurance	3.8%	3.8%	3.2%
Real Estate	2.4%	2.2%	2.0%
Professional/Tech Services	8.9%	13.8%	6.9%
Management/Enterprise	0.1%	0.1%	0.1%
Admin/Waste Management	5.0%	4.6%	6.0%
Educational Services	8.4%	9.3%	6.0%
Health Care/Social Services	12.6%	13.0%	13.1%
Arts/Recreation	2.8%	2.5%	1.9%
Service Industry	7.8%	7.0%	8.6%
Other Services	5.4%	5.1%	5.6%
Public Administration	4.5%	3.5%	3.4%
SOURCE: ESRI Data, 2018			

- Hayward has a noteworthy rate of workers employed in the manufacturing (10.5%), retail trade (11.3%), and transportation (7.5%) fields when compared with the Alameda County and California averages.
- 13.8% of workers in Alameda County are employed in the Tech sector, double the rate of Hayward workers (6.9%). California workers also average a higher rate (8.9%).
- A large population of Hayward workers is employed in the service Industry (8.6%) compared with Alameda County (7.0%) and California (7.8%).

Poverty by Select Characteristics			
Measure	California	Alameda County	Hayward
Living Below Federal Poverty Level	14.3%	11.5%	12.2%
% White non-Hispanic	14.3%	9.8%	14.0%
% African American	24.2%	23.2%	18.1%
% Hispanic or Latino	21.9	16.4	16.4
% Asian or Pacific Islander	11.6%	9.1%	6.3%
% Children	21.6%	14.5%	19.2%
% Elderly	10.7%	9.7%	9.8%
SOURCE: ESRI Data 2018, American Community Survey			

- The poverty level in Hayward (12.2%) is lower than that of California (14.3%) but slightly higher than Alameda County (11.5%).
- One in five children (19.2%) in Hayward live in poverty.
- Asian or Pacific Islander residents have the lowest rates of poverty (6.3%) while African Americans experience the highest rates (18.1%).

Housing and Transportation

Housing and Households Profile					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
Median Home Value	$505,800	$650,784	$472,051	$470,124	$435,546
Living Alone	7.4%	8.6%	5.8%	6.1%	4.4%
Group Quarters	2.0%	2.2%	1.6%	1.9%	1.0%
SOURCE: ESRI Data 2018, American Community Survey					

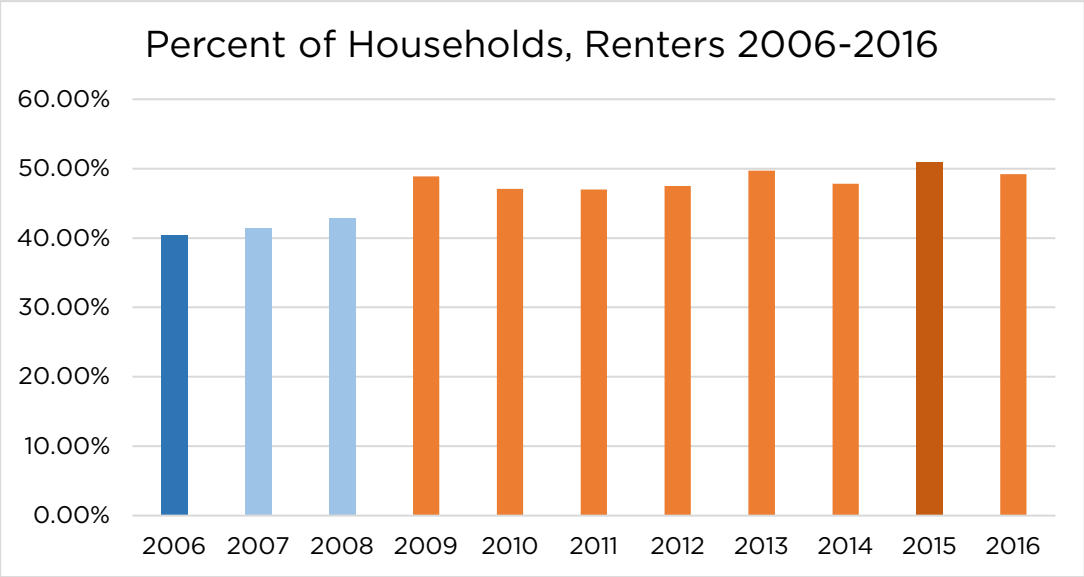
- The median home value in Hayward ($472,051) is lower than the California average ($505,800) and much lower than the Alameda County average ($650,784).
- Home values in Hayward A ($470,124) are almost $40,000 higher than the values in Hayward B ($435,546).
- Slightly more people in Hayward A live in group quarters (1.9%) than do Hayward B (1.0%).

Housing and Households Profile			
Measure	California	Alameda County	Hayward
Single Parent Households	19.4%	17.2%	24.9%
Vacant Housing Units	5.1%	2.8%	2.2%
Homeless Population	114,000	5,629	397
Homeless Rate Per 100,000 Population	0.003	0.003	0.004
65+ Living Alone	23.1%	24.3%	19.3%
Multi-Unit Housing Structures	34.5%	38.2%	40.2%
Mobile Homes	3.6%	1.3%	4.5%
SOURCE: ESRI Data 2018, American Community Survey, US Department of Housing and Urban Development https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf Everyone Counts Survey http://everyonehome.org/everyone-counts/			

- The percent of people living in mobile homes in Hayward (4.5%) is much higher than the overall rate in Alameda County (1.3%).
- Hayward has a higher rate of single-parent households (24.9%) than both Alameda County (17.2%) and California (19.4%).
- Hayward's Homeless rate (0.004) is incrementally higher than that of Alameda County (0.003) and California (0.003). CHECK METRICS

- Between 2006 and 2016 the percentage of households that rent increased 6.4 points.[5]
- As of 2016 the % of Renter Households was 49.2% (22,537) compared to Owner Households at 50.8% (23,255) at +/-1,757 of 45,792 Total Households.

Exhibit 20: Percent of Households Renting



Source: U.S. Census Bureau's American Community Survey one-year estimates, 2006-2016. Data tabulations and viz by APM Research Lab.

Transportation/Commute			
Measure	**California**	**Alameda County**	**Hayward**
Mean Travel Time to Work[6]	28.4	31.6	31.8
Workers Commuting by Public Transit	5.2%	14.2%	9.5%
Workers Who Drive Alone to Work	73.5%	62.6%	71.0%
Workers who Walk to Work	2.7%	3.6%	2.1%
% Without Vehicle		10%	7%
% Seniors Without Vehicle		17%	13%
SOURCE: Healthy Alameda County, http://www.healthyalamedacounty.org/indicators/index/indicatorsearch?module=indicators&controller=index&action=indicatorsearch&doSearch=1&i=&l=132164&primaryTopicOnly=&subgrouping=2&card=0&handpicked=1&resultsPerPage=150&showComparisons=1&showOnlySelectedComparisons=&showOnlySelectedComparisons=1&grouping=1&ordering=1&sortcomp=0&sortcompIncludeMissing=, American Community Survey, 2014			

[5] How the housing market has changed over the past decade. Marketplace and APM Research, October 16, 2018. https://www.apmresearchlab.org/stories/2018/10/16/how-the-housing-market-has-changed-over-the-past-decade#h1.the_rise_of_renters. Accessed December 2018.

[6] Commutes in Minutes

- The number of people who commute to work via Public Transit in Hayward (9.5%) is lower than the overall amount in Alameda County (14.2%).
- The percentage of Hayward commuters who drive alone to work (71.0%) is lower than the California average (73.5%) but higher than the Alameda County average (62.6%).
- The mean travel times to work in minutes for Hayward (31.8) and Alameda County (31.6) are similar; both are slightly lower than the California average (38.4).
- More Hayward households have access to a vehicle (93%) than the Alameda County Average (90%).
- On average, seniors are less likely to have access to a vehicle than the rest of the Hayward and Alameda County population.

Health Status Profile

Chronic Disease Incidence Summary			
Measure	**California**	**Alameda County**	**Hayward**
Adults with Heart Disease	5.3%	4.5%	5.4%
Adults with High Cholesterol	34.3%	32.1%	31.5%
High Blood Pressure	28.4%	26.3%	25.7%
Adults with Asthma	7.7%	8.8%	8.4%
Diagnosed Diabetes	9.9%	9.9%	10.8%
SOURCE: Healthy Alameda County, http://www.healthyalamedacounty.org/indicators/index/indicatorsearch?module=indicators&controller=index&action=indicatorsearch&doSearch=1&i=&l=132164&primaryTopicOnly=&subgrouping=2&card=0&handpicked=1&resultsPerPage=150&showComparisons=1&showOnlySelectedComparisons=&showOnlySelectedComparisons=1&grouping=1&ordering=1&sortcomp=0&sortcompIncludeMissing**= County Health Rankings,** http://www.countyhealthrankings.org/app/california/2018/rankings/alameda/county/outcomes/overall/snapshot			

- The Hayward rate of Diagnosed Diabetes (10.8%) is slightly higher than California and Alameda County (9.9%).
- Hayward's population of Adults with High Cholesterol (31.5%) is slightly lower than Alameda County (32.1%) and California (34.3%).
- Most Chronic Disease measures show little variance from Hayward to Alameda County to California averages.

Mental and Behavioral Health			
Measure	California	Alameda County	Hayward
Severe Mental Illness Related Hospitalizations[7]	320.0	695.0	796.4
Reported Physically Unhealthy 14+ Days	18.4%	14.5%	11.4%
Substance Use ER Visit Rate[8]	1,275.4	1,642.7	2,419.1
SOURCE: Healthy Alameda County, http://www.countyhealthrankings.org/app/california/2018/rankings/alameda/county/outcomes/overall/snapshot County Health Rankings http://www.countyhealthrankings.org/app/california/2018/rankings/alameda/county/outcomes/overall/snapshot Community Commons, https://assessment.communitycommons.org/CHNA/report?page=6&id=620&reporttype=libraryCHNA			

- The rate of Severe Mental Illness Related Hospitalizations in Hayward (796.4) is significantly greater than that of Alameda County (695.0) and more than double the California rate (320.0).
- Hayward residents Substance Use ER Visit Rate per 100,000 population (2,419.1) is much higher than that of Alameda County (1,642.7) and nearly twice the California rate (1,275.4)
- Those in Hayward report feeling unhealthy less than Alameda County as a whole.

Population Weight, Tobacco and Alcohol Use			
Measure	California	Alameda County	Hayward
Adults who are Obese	25.8%	23.0%	26.6%
Percentage of Adults Current Smokers	12.8%	10.6%	14.5%
Percentage of Adults Reporting Binge or Heavy Drinking	15.6%	17.8%	14.4%
SOURCE: Healthy Alameda County, http://www.healthyalamedacounty.org/indicators/index/view?indicatorId=3645&localeId=132164 County Health Rankings http://www.countyhealthrankings.org/app/california/2018/rankings/alameda/county/outcomes/overall/snapshot			

- The percent of obese adults in Hayward (26.6%) is slightly higher than the Alameda County average (23.0%).
- A higher rate of Hayward residents are smokers (14.5%) compared with Alameda County (10.6%) and California (12.8%)

[7] Per 100,000
[8] Per 100,000 Population

Maternal and Child Health			
Measure	California	Alameda County	Hayward
Teen Birth Rate[9]	3.8%	1.6%	2.1%
SOURCE: Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1301&prodType=table			

- Teen Birth Rates are higher in the Hayward (2.1%) than in Alameda County (1.6%).
- The California Average (3.8%) is greater than the averages of Hayward (2.1%) or Alameda County (1.6%).

Doctor Visits					
Measure	California	Alameda County	Hayward	Hayward A	Hayward B
Visited Doctor Last 12 Months	76.0%	77.0%	74.5%	73.7%	75.6%
Visited Doctor Last 12 Months, 6+ Times	28.3%	28.7%	26.3%	26.2%	25.9%
SOURCE: ESRI Data 2018, American Community Survey					

- The rate of Hayward residents who visited the doctor this past year (74.5%) is lower than the overall Alameda County rate (77.0%).
- The percentage of Hayward B residents who visited a doctor in the past year (75.6%) is slightly higher than the percentage in Hayward A (73.7%).

[9] Age 15-19, women with births in past 12 months

Health Service Access and Utilization			
Measure	California	Alameda County	Hayward
Uninsured Adults[10]	17.6%	11.3%	15.4%
Uninsured Children[11]	5.4%	3.5%	4.8%
Uninsured Elderly[12]	1.9%	1.6%	2.0%
Adults with Difficulty Obtaining Care	21.2%	18.7%	17.7%
Children and Teens with Difficulty Obtaining Care	9.1%	11.2%	9.8%
Avoidable Hospitalizations[13]	3,950.2	3,740.6	5,813.4
Children on Medicare[14]	0.8%	0.4%	0.5%
Adults on Medicare[15]	2.8%	2.4%	2.3%
Elderly on Medicare[16]	94.5	93.3	93.2%
Rate of Primary Care Physicians	1280:1	950:1	935:1
Rate of Mental Health Providers	320:1	180:1	194:1
SOURCE: Healthy Alameda County, http://www.healthyalamedacounty.org/indicators/index/view?indicatorId=3645&localeId=132164 County Health Rankings http://www.countyhealthrankings.org/app/california/2018/rankings/alameda/county/outcomes/overall/snapshot Data USA, https://datausa.io/profile/geo/hayward-ca/#health			

- The rate of avoidable hospitalizations in Hayward per 100,000 population (5,813.4) is much higher than the rate in Alameda County (3,740.6) and California (3,950.2).
- Hayward boasts a stronger ratio of Primary Care Physicians (935:1) than both Alameda County (950:1) and California (320:1).
- One in 10 children and teens (9.8%) have experienced difficulty obtaining care in Hayward in the past year.
- Hayward has a slightly lower availability of Mental Health Providers (194:1) than Alameda County (180:1).

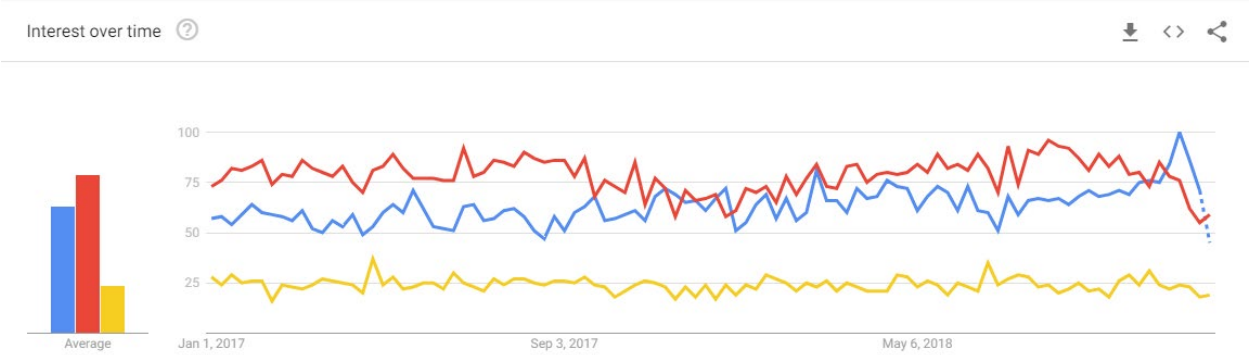
[10] Age 18-64
[11] Age <18
[12] Age 65+
[13] Per 100,000 population
[14] Age <18
[15] Age 18-64
[16] Age 65+

Digital and Social Media Data and Analysis

Google Trends is a search trends tool that shows how frequently a given search term is entered into Google's search engine relative to the site's total search volume over a given period of time. The tool can be used to understand community members' interest in top issues such as homelessness, housing, and transportation by identifying the most common, emerging, and/or surging issues included in publicly available online discussions.

The primary data limitations are related to the precision (or lack thereof) of specific search terms and how Google groups information. For example, At present Google Trends makes information available only in aggregate for the 32 cities in the San Francisco-Oakland-San Jose area.

The following chart shows the search trends from January 1, 2017 through November 28, 2018 for **homelessness, transportation, and affordable** housing for the San Francisco-Oakland-San Jose area, which includes the city of Hayward.



- While interest in **homelessness** topics varies throughout the 23-month period, the overall trendline is trending slightly upwards indicating that more people in the Bay Area are searching for information of homelessness services and issues. While all the trend data is aggregate of the 32 cities that Google defines as the San Francisco-Oakland-San Jose area, search term interest is ranked by city. Hayward is ranked number 10 out of 29 cities in search interest for homelessness.

- **Transportation** has the largest search interest in the San Francisco-Oakland-San Jose area. Its search interest remained relatively stable until it declined around September 2017. Interest in transportation once again increased starting in March 2018. It reached an all-time high in August 2018 before declining. Compared to the 32 other cities in the area, Hayward ranks number 27 in terms of search interest for transportation.

- Searches for **Affordable Housing** has remained stable over the course of the 23-month period, but Hayward ranks number two in terms of search interest for affordable housing. People most often search for affordable housing uses the terms "low income housing," "affordable housing," and "low income apartments."

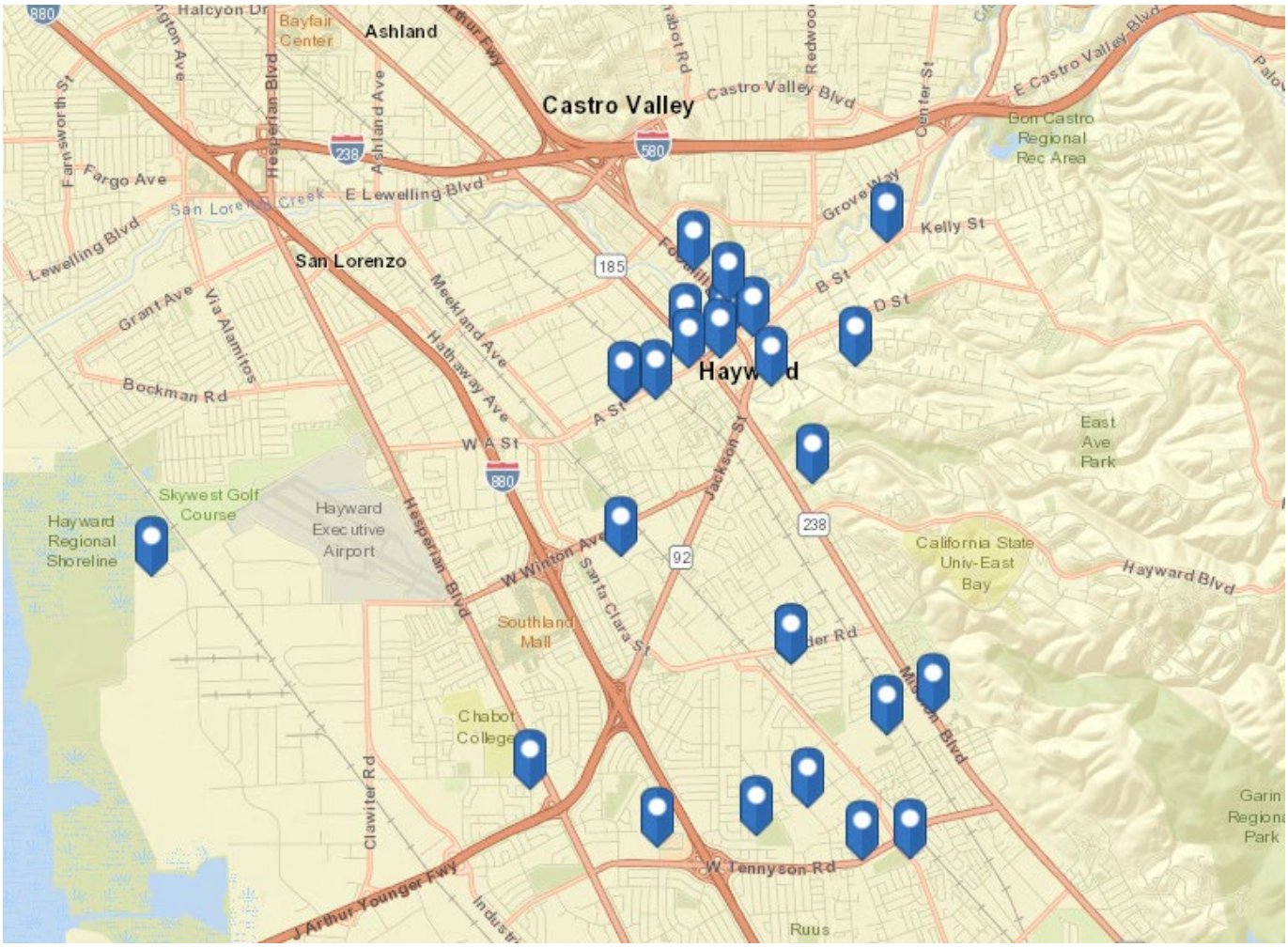
Community Services and Participating Agencies Map

The City of Hayward has robust Geographic Information Systems. The website (https://www.hayward-ca.gov/discover/maps) has a wide range of maps "revealing valuable insights and information about Hayward."

The map below provides a visual representation of the location of the organizations who have participated in this study.

Addition maps are available in the appendices and on the Hayward GIS Web Map and Open Data Portal.

Exhibit 21: Community Services and Participating Agencies Map



Select Data and Materials from Other Studies

As noted in the acknowledgments and methodology, this report includes information from multiple sources that include, but are not limited to, the U.S. Census Bureau, the U.S. Centers for Disease Control and Prevention, ESRI analytical services, the Robert Wood Johnson Foundation, "Healthy People 2020," Community Commons, the California Department of Health, Human Services, the California Department of Housing and Community Development, and The Alameda County Transportation Program for Seniors and People with Disabilities.

These sources have comprehensive datasets. For the reader's convenience, the following data studies are included in the appendices of this document.

- The Alameda CTC Needs Assessment - With the passage of Measure BB, the funding available for transportation services for seniors and people with disabilities in Alameda County nearly doubled. For all of these reasons, the Alameda CTC has conducted an assessment of the mobility needs of seniors and people with disabilities in Alameda County to provide an up-to-date understanding of where we are today, recent trends, and future projections to inform planning efforts and funding decisions.
- The California Housing and Community Development (HCD) Community Development Block Grant Program 2018 report.
- The City of Hayward "Everyone Counts" Homeless Point in Time Study.

Qualitative and Quantitative Primary Data Collection

Qualitative Interviews and Discussion Groups

Qualitative and quantitative data collection is the core of the research of the CNA. The secondary data research provides a framework with which to build a better understanding of the community. However, the qualitative and quantitative primary research techniques provided insight that illuminates the unique character of Hayward. The tone and tenor of nearly all the discussions underscored a shared belief that the city is indeed the Heart of the Bay.

Crescendo conducted a series of qualitative one-to-one interviews (by phone and in-person) and focus group discussions with community members and stakeholders. The purpose of these focus groups will be to solicit consumers' and stakeholders' opinions, feelings, and expectations regarding the following:

- The current availability of services and the identification of unmet needs.
- Access to basic needs and other community services (e.g., housing affordability, transportation, and other access issues).
- The adequacy of current services.
- Resources and strengths that can be used to capitalize on opportunities to improve health and the fabric of the community.

Discussion guides (see Appendix) were developed with the City of Hayward staff.

Over the series of qualitative interviews and focus discussions, a clear prioritization of community members' issues and top needs emerged – many supported by insightful observations. The following sections outline the observations from these groups and interviewees.

Individual Interviews' Areas of Consensus

As part of the qualitative analysis, Crescendo conducted over 30 interviews with community service providers, public officials, City staff and others. These one-on-one in-person and telephonic interviews were held with a diverse group of community stakeholders to gain additional perspective on key topics.

This section includes core themes from both consumers and community partners that were identified during the research. In each case, the document includes several bullet points and sub-issues that support each theme, as well as interview quotations (de-identified) that illuminate respondents' perspectives. They are presented in alphabetical order.

Awareness of Services

There are varying levels of understanding among community members regarding awareness of available community services. Most feel families could use more information, but the challenge is: "How to make people aware before they need them, e.g., before they get evicted, have a health crisis, experience domestic violence.

- *"Families assume I'll just google it. For many, there are no computers in the home. Then they need to know: Am I eligible for it? Is it really free? We have 211, but it really doesn't get to the immediate need."*

- *"People would have more pride if they knew more about the robustness of services. It was hard for me when I first moved here. I found myself saying get more involved."*
- *"If you're not in need, you don't know about these things. If you're lucky to have a job and a house, then most people wouldn't know about the services. They might through their church or civic group, but the neighborhoods are not well defined unless you're in the hills in one of the gated communities."*

Case Management

Navigating the complex bureaucracy of governmental forms is difficult for many residents.

- *"Team members volunteer to clean up the community and receive basic needs in the form of gift cards or other things. We help with things like case management."*
- *"I got my social security check back."*
- *"SSI Ticket to Work information includes employment goals, job counseling."*

Childcare

In general, childcare is an essential need for working families. A key theme related to childcare needs is the barrier to service for low-income people who do not qualify for CalWORKs. Only children from the most deprived living situations can qualify for CalWORKs, but there are many at-risk families who cannot qualify as "deprived" and yet cannot afford childcare. Many families must choose between taking additional work and staying home to care for their children.

- *"We can pay some of the rates, but it's very expensive."*
- *"There was a provider who actually used the 'Help me grow' program for her own child and found it to be very helpful. But many parents do not know about the service."*
- *"Parents need help paying for childcare so they can go to work. I would fix that."*

Communication Between Service Centers and Agencies

There was little discussion of lack of services, but rather a lack of communication between service centers. Many Hayward residents either don't know about or seem overwhelmed by the logistics of navigating the many services available to them.

- *"They have to go to so many places. It's like, 'I've already told my story so many times, and now I have to explain it again.'"*
- *"I saw the city has a brochure on how to get around, using transportation. Most of them are only in English. And on how to use the new smart crosswalks. Even something small like that is helpful. If there was a little how-to manual in different languages for people."*
- *"We need to resurrect Hayward Neighborhood Partnership. We went out as a task force and just handled issues ourselves. I think we need to go back to that. It was all documented, and we were connected directly with the leaders. It felt like it just petered out though."*
- *"I don't know how to email. If they put out a newsletter, how would I get it?"*

Education

There were mixed reviews of the Hayward School system; many folks acknowledged the schools were solid but pointed out some are much better than others, which is a disadvantage to students living in districts with lower-rated schools. Perceptions of the public schools may be the sharpest contrast between the focus discussions and the one-to-one interviews. The challenges posed by poor perceptions of the public-school system was voiced in many interviews.

Another key issue seems to be a lack of after-school programs, especially for young students (K-5th Grade).

- *"Better schools. Overall leadership has an important part of it; not so much politics; it's about an informed electorate interested in kids and quality schools."*
- *"This is my first year dealing with the School District. I got my kids into a dual language immersion program."*
- *"There's not enough after-school programs, and if there is, there's only like 50 spots, and it's not totally free, you still have to pay something."*

Employment

The opportunity to work is eluding many homeless folks who want to be employed. Downtown Streets Team is one example of an organization doing good work to help residents with resumes, job leads, and applications.

- *"Job training is a top need."*
- *"[Name] isn't here because he just started working at Amazon."*
- *"Job club is next Wednesday, the 25th."*

Food and Nutrition

The need for better food and nutrition services was a theme across a large number of the one-to-one interviews.

- *"I'll speak for my seniors; the most in need tend to be isolated. Meals on Wheels also does a check-in to make sure they're safe and engaged. It is a concerning trend that Meals on Wheels struggles to fund itself."*

Housing

Affordable housing was mentioned at length at every focus group. The rising prices of the Bay Area have made their way to Hayward, and residents are concerned they will no longer be able to afford to keep a roof over their head.

- *"My dream would be to have a flexible spending pool for housing like in LA. There this pot of money and we can light up whatever [service] it takes to keep people stable in the community."*
- *"Rent. Rent control. I'm born and raised in Hayward, but my brother moved to the valley. I see him less and less. And he has to commute from the valley."*
- *"When our landlord lost his property, it took a toll on my mental health. So we moved, but our new landlord is so young, and I don't think he knows how to deal with tenants. And when I have to move around a lot like this, it doesn't feel like my home."*
- *"A lot of young people are burdened with just finding a place to live."*

Individuals Experiencing Homelessness

Lack of shelters for individuals experiencing homelessness is a significant need, as well as a further acknowledgment from City Hall regarding the scope of the issue of homelessness in Hayward. Most discussion participants stated they believed the most recent homelessness study conducted by the City was inaccurate, with more individuals experiencing homelessness than reported.

- *"We need acknowledgment of homelessness (from City Hall)."*
- *"We don't have enough shelters; we don't have enough places for them to go."*
- *"If you have a place to stay, you can do everything else. You can go somewhere are get food. You can even grow food! But you need a place to stay."*
- *"The homeless count definitely is inaccurate."*
- *Homelessness is due to poverty; Poverty is due to mental health, addictions or other issues - assuming you had opportunities along the way. Housing stock and affordability is the other side of the equation.*

Language Barriers

Non-English speakers reported difficulty finding work and services due to the language barrier; meanwhile, those who spoke some English still reported feeling second-class in the community.

- *"Another issue is the language barrier."*
- *"A lot of immigrant families don't trust the government, the hospitals."*
- *"I don't feel welcomed at City Hall because I look different."*
- *"Part of the problem, especially for immigrant communities, they don't understand why pre-school is important. They need to be reading at an early age."*

Laundry/Showers

At-risk and homeless residents cited laundry and shower services as a high priority, and a solution to this issue seems very tenable.

- *"Tomorrow afternoon and evening will be free laundry, one load at Redwood Grove and Castro Valley Laundry Land. I do this every other Wednesday."*
- *"People always come in and say, 'We want to hear from you.' And then nothing happens, and they come back a year later and say, 'We want to hear from you.' Let's see some results. Let's have a place to stay, to shower. To wash our clothes. To have internet access."*

Mental Health Services

Although it was rarely mentioned as an explicit "top need," mental health illnesses and trauma were noted as a contributing factor to many of the core problems, e.g., homelessness.

- *"Some of most vulnerable are victims of abuse and people with mental health issues who need Case Management."*
- *"I would want to change our mental health system even if we had housing. It is in shambles. We don't have the full range of services and yet there is ambivalence. People see it as a slippery slope where we would put them in institutions against their will; 72-hour holds is all we have. La Familia is better at MH services, but with Prop 63 in California, lots of mental health funding goes to counties…"*
- *When we talk about mental health, we need to consider deinstitutionalized folks, ACEs, trauma, and other issues that all lead to the inability to work, get an education or have workforce opportunities. This has a generational impact.*
- *[At Tiburcio Vasquez] there are LCSWs on staff for mental health needs, [they] use an integrated model, most other orgs get in and get them out, Kaiser, too, looks at whole person care model.*

Sense of Community

Discussion participants frequently noted how diverse and open-minded their community was; however, an emerging need was fostering a stronger sense of community, where residents are there for one another when times get tough. Another observation was most community-related events are centered around Downtown Hayward and City Hall, where residents of outlying areas feel left out.

- *"Hayward Promise Neighborhood is trying to incorporate more community voice into what's being developed. I was at meeting where the conversation was 'How do we incorporate community voice? Why aren't parents here? Do they need to be given a stipend?'"*
- *"Do they have city hall meetings, like in the movies?"*
- *"I think the city council members need to step their game up. They don't have any outreach, nobody even knows who they are."*
- *"Do they [City Council Members] even live here?"*
- *"It's hard to get people to come out. The city has this attitude like 'Oh, we sent it out on the internet.' And I'm like, 'three people are going to show up.'"*

Transportation

There was much frustration from participants regarding the ongoing service changes of AC Transit; most notably, that changes had been made without their knowing about it.

- *"They changed the AC Transit [bus service]. They didn't put out printed schedules to announce changes. There are endless obstacles. Sometimes you have to ride around the entire city to get from A to B."*
- *"Does anyone know what percentage of homeless people have vehicles?"*

Other

Other concerns included road and sidewalk maintenance, the public library, local businesses, waste removal, mailing addresses for those in-between homes, public lands, and the old REACH Program.

- *"We need long-term solutions; everything else is a band-aid."*
- *"I have anxiety, and it's hard for me to go into a building to get help. I can't even go into a place to get help. It would be nice if someone could come to me. God forbid someone could leave their office, get in their car and come help."*
- *"We need to resurrect Hayward Neighborhood Partnership. We went out as a task force and just handled issues ourselves. I think we need to go back to that. It was all documented, and we were connected directly with the leaders. It felt like it just petered out though."*

Focus Group Participants and Background

In addition to individual interviews, a total of 7 discussion groups were conducted in Hayward with a combination of residents, community leaders, youth, and seniors to gain detailed insight regarding strengths, needs, barriers to success, outreach strategies, and possible improvement activities. The process was particularly helpful when working to understand higher-need sub-groups, such as those on the verge of homelessness.

The discussions used a formal interview guide (see Appendix 4). Details of select groups can also be found in the appendix.

Invitations were sent via community partners and others to participants who included a diverse set of residents, consumers, and activists:

- Area residents
- Childcare consumers and providers
- Youth and seniors
- Community activists
- Low-income families
- Individuals experiencing homelessness
- Faith Leaders
- People with disabilities
- Users of public transportation

The group discussions lasted from 1 hour to 1.5 hours based on group attendance, participation, and general discussion quality. Groups were conducted at the following locations: Community Child Care Council of Alameda County (4C's), St. Rose Hospital, Downtown Streets Team Hayward Meeting, South Hayward Parish, Summer Youth Sports, and Mentorship Program (at Chabot College) and Community Resources for Independent Living.

The focus group process engaged over 70 community members. In some cases, the themes, conclusions, and suggestions between the interviews and focus discussions overlap. For example, homelessness can be described in several ways at different levels. The participants suggest there are system-level access challenges, as well as program level challenges needed.

Qualitative Core Themes and Top Needs Summarized

The qualitative conversations included one-to-one interviews (by phone and in-person) and focus group discussions with community members and stakeholders. Over the series of qualitative discussion, there were areas of consensus, differing opinions, and core themes that emerged. While these themes were often stated in different words by the stakeholder and resident groups, there was a great deal of consensus among their opinions. The major linguistic difference had to do with "awareness" and "communications" between and among service providers and the public at large. The discussions suggest these concepts are greatly overlapping.

The following table illustrates the similarities and differences of the core themes and top needs. A complete list mentions is in the Appendix.

Ranking by Segment	
Need	Qualitative Ranking
Housing	1
Strengthen Positive Community Engagement	2
Homelessness	3
Communication between service centers	4
Transportation	5
Education	6
Access to Food	7
Childcare	8
Language barrier	9
Employment/ Wages	10
Healthcare	11
Seniors	12

Summer Youth Sports Participant Survey

The Summer Youth Sports Program (SYSP) began as a National Collegiate Athletic Association funded initiative to introduce at-risk youth to exercise, teamwork, and outdoor activities. Although NCAA funding has since ceased to exist, Chabot College, the Hayward Promise Neighborhood and a collective of supporters have kept the program in place, adding an additional level of STEM and college preparedness to the program. Approximately 150 students were surveyed at SYSP, to acquire their feedback on Hayward strengths and needs. The input of children is vitally important, as they represent the future of Hayward, and have a unique viewpoint often unseen and unaddressed by community leaders. Rather than try and lead an in-depth discussion of community needs with young students, Crescendo utilized a three-part survey, which encouraged students to think both broadly and specifically on community strengths and needs. The results presented below, reveal surprising insight on issues of housing, mental health, and employment among other things.

Things You Like to do For Fun in Hayward				
	I Never Do This	I Do This Once in a While	I Do This Quite a Bit	I Do This a Lot
Being online - Instagram, Snapchat, YouTube, or other social media	6.2%	17.1%	34.9%	41.8%
Being with friends	3.4%	26.5%	38.8%	31.3%
Family activities	10.3%	31.5%	30.1%	28.1%
Drama or acting in plays	58.9%	26.7%	10.3%	4.1%
Drawing, painting, or other creative art forms	20.0%	32.4%	25.5%	22.1%
Gaming or other activities on a computer, phone, or other device	4.1%	21.9%	34.2%	39.7%
Going to the park or playgrounds	6.8%	52.1%	30.1%	11.0%
Listening to music	4.2%	13.2%	16.7%	66.0%
Play music or taking music classes	45.6%	17.7%	10.9%	25.9%
Play sports – soccer, baseball, basketball, football, or others	8.8%	25.2%	24.5%	41.5%
Swimming	6.8%	30.6%	30.6%	32.0%

- The category of activities young people participate least in was reported to be "Going to the park or playgrounds (11.0%).
- The category of activities young people participate most in was reported to be "Listening to music (66.0%)," followed by "Being online – social media (41.8%)."

What Would You Like to Do More Of?			
	No More Needed	Some More Needed	A Lot More Needed
Being online - Instagram, Snapchat, YouTube, or other social media	60.8%	20.0%	19.2%
Being with friends	8.3%	57.1%	34.6%
Family activities	14.5%	37.4%	48.1%
Drama or acting in plays	56.3%	27.7%	16.0%
Drawing, painting, or other creative art forms	30.9%	46.3%	22.8%
Gaming or other activities on a computer, phone, or other device	56.3%	18.3%	25.4%
Going to the park or playgrounds	16.5%	51.2%	32.3%
Listening to music	38.3%	27.3%	34.4%
Play music or taking music classes	45.5%	25.6%	28.9%
Play sports – soccer, baseball, basketball, football, or others	15.4%	36.8%	47.8%
Swimming	16.2%	36.2%	47.7%

- The activity reported at the highest rate of wanting to do more of was "Family activities (48.1%)."
- Most young people reported not needing more time being online using social media (60.8%).

The following part of the survey reflects surprising insight from young people about the needs of at-risk populations in Hayward.

What Would Make It Easier to Enjoy Living in Hayward			
	No More Needed	Some More Needed	A Lot More Needed
Art or drama classes or activities	41.6%	34.4%	24.0%
Doctors or other medical services	14.2%	47.8%	38.1%
Drug use and alcohol treatment	52.1%	12.6%	35.3%
Employment or job training	6.1%	40.5%	53.4%
Language or translation services for people speaking other languages	10.2%	24.8%	65.0%
Mental health services	18.0%	24.6%	57.4%
Online access	23.4%	39.5%	37.1%
Transportation – buses, etc.	22.5%	39.2%	38.3%
Parts or playgrounds	14.8%	47.7%	37.5%
Programs to help kids stay away from drugs and alcohol	6.3%	15.9%	77.8%
A stable place to live	12.9%	18.2%	68.9%

- The most emphatic response on Hayward needs was "Programs to help kids stay away from drugs and alcohol (77.8%)." They responded much lower to the category "Drug use and alcohol treatment (35.3%), which reflects an attitude of wanting to keep young people away from substances, and not reflective of a current problem of substance use among young people.
- Students also responded strongly to needs on a stable place to live (68.9%) and language or translation services (65.0%).

Community Members Survey

An online constituent survey was developed to offer individuals in the community the opportunity to provide feedback directly. The survey supplements the other primary research activities. Invitations to participate were provided to the community through e-mails from area agencies and the City of Hayward, agencies newsletters, social media channels, and a paper survey distributed in multiple locations.

The resulting participant sample (n=460) included a diverse representation of community residents. While randomized, the sample size yields a total margin of error +/- 4.56%, at the 95% confidence interval. Additional survey details are listed below.

Survey Instrument

The questionnaire included 31 closed-ended, need-specific evaluation questions; one open-ended question; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by careful assessment design effects (e.g., question order, question wording, response alternatives).

Respondent Profiles

- Respondent income ranges were evenly spread among survey takers, but the greatest number of respondents (17.0%) came from the lowest income range, earning less than $25,000 annually.
- Approximately 30% of respondents earned less than $45,000 annually, while 22.8% earned greater than $150,000 annually.

Community Survey Incomes	
Household Income	Percent of
Less than $25,000	17.0%
$25,000 to $44,000	13.3%
$45,000 to $64,000	10.2%
$65,000 to $84,000	11.7%
$85,000 to $99,000	9.3%
$100,000 to $149,000	15.7%
$150,000 to $199,000	11.1%
$200,000 or more	11.7%

Community Survey Racial and Ethnic Characteristics		
Race	Number of Respondents	Percent of Respondents
African American	41	9.3%
American Indian	5	1.1%
Asian	58	13.1%
White (non-	219	49.4%
Hispanic	74	16.7%
Mixed Race	20	4.5%
Other	26	5.9%
Total	443	100.0%

- The racial composition of the survey skewed more towards white non-Hispanic respondents (49.4%), while African American participation (9.3%) was on-par with Hayward representation (9.5%). Hispanic participation (16.7%) was well below Hayward's average (40.8%) and Asian population participation (13.1) was also below the Hayward average (25.7%).

Consumer Information Sources Preferred

What sources do you normally use to find out about Community Resources or to stay up to date on community initiatives in Hayward?		
	Frequency	Percent
City of Hayward Website	144	46.9%
Newspaper	27	8.8%
Social Media	88	28.7%
Television	13	4.2%
Radio	2	.7%
Community outreach worker or other healthcare worker	11	3.6%
Magazine	1	.3%
Friends and relatives	21	6.8%
Total	307	100.0%

- An earlier version of survey data (N=419) which had significantly less low-income participation rated television as a source at 1.7%. The updated data (N=460, which accounts for a higher percentage of low-income respondents) rates television at 4.2%. Therefore, it can be concluded low-income people use television as a source of information at a high rate.

Quantitative Top Needs Compared

Thinking broadly about what will make Hayward an even more successful, thriving community, please rank the following community needs in order of importance.[17]		
	Frequency	Percent
Housing	131	34.5%
Homelessness	82	21.4%
Strengthen Positive Community Engagement	60	15.9%
Transportation	42	10.7%
Access to Healthy Food	36	9.4%
Communication Between Service Centers	33	8.8%
Childcare	22	5.8%

- Housing was the most important need to survey respondents (34.5%).
- Childcare was the lowest important need of the seven presented options (5.8%).
- Around one in ten (8.8%) said Communication Between Service Centers was their most important need. This need was rated higher in focus groups and stakeholder interviews than in the survey.

[17] Percentages may not add up exactly to 100% as some respondents ranked multiple issues as their top need.

Selected Measures by Ethnicity

Ranking of Top Needs by Ethnicity								
Measure	**Total**	African American	American Indian	Asian	Caucasian	Hispanic	Mixed Race	Other
Housing	34.5%	35.1%	80.0%	22.4%	28.6%	53.8%	22.2%	31.8%
Homelessness	21.4%	18.9%	20.0%	20.4%	19.1%	16.9%	22.2%	22.7%
Strengthen Positive Community Engagement	15.9%	8.1%	0.0%	22.4%	16.1%	13.8%	27.8%	13.6%
Transportation	10.7%	2.7%	0.0%	14.3%	16.6%	7.7%	11.1%	9.1%
Access to Healthy Food	9.4%	21.6%	0.0%	8.2%	8.0%	3.1%	5.6%	13.6%
Communication Between Service Centers	8.8%	5.4%	0.0%	8.2%	7.0%	3.1%	5.6%	9.1%
Childcare	5.8%	8.1%	0.0%	4.1%	5.9%	1.5%	5.6%	0.0%

- The ethnic groups who rated Transportation as their highest need were those who identified as Caucasian (16.6%) and Asian (14.3%).
- The ethnic group who rated Homelessness the highest were those who identified as Mixed Race (22.2%).
- While only 5.8% of overall respondents rated childcare as their top need, 8.1% of African Americans did.
- Housing was the highest rated need among all ethnic groups, rated particularly highly among Hispanic respondents (53.8%).

Issues Needing More Focus

As part of the survey, Community members were read a list of Health Issues and asked to rate "Which of the following do you feel need more focus by the community?" using a scale of 1 to 3 --where 1 means that No More Focus is needed, 2 is Somewhat More Focus Needed, and, 3 is Much More Focus Needed. The results were then analyzed and evaluated in total and by demographic groupings.

Community Survey Ranking Results By Domain		
Domain	**Issue Needing More Focus**	**% Reporting "Much More Focus Needed"**
Housing		
	An easily accessible database of information about available housing	54.8%
	Developing and/or providing lower rent housing options	76.7%
	City policies to incentivize low-cost housing developers to maintain affordable rents	74.8%
	Rent control policies based on percentage of income	66.7%
Homelessness		
	Expand winter shelter care	74.5%
	Expand shelter care in non-winter months	75.9%
	Showers/laundry service	74.5%
	Support "tiny homes" movement	74.5%
	Increase outreach services	82.2%
	Increase job training/employment readiness programs	82.1%
Strengthen Positive Community Engagement		
	Encourage community involvement in town initiatives	66.2%
	Meet the people where they are with communication styles	66.0%
	Community events (festivals, concerts, etc.)	48.9%
	Improve community outreach through flyers and e-mail	53.2%
	Expand Hayward Green Neighborhood program	60.5%

Community Survey Ranking Results - *Continued* By Domain		
Domain	Issue Needing More Focus	% Reporting "Much More Focus Needed"
Transportation		
	Improve traffic lanes	73.6%
	Improve wait times for paratransit rides	54.5%
	Expanded signage for disabled people and non-English speakers at crosswalks	24.8%
Access to Food		
	Encourage more neighborhood food sources	85.6%
	Healthy food education	54.3%
	Include services for at-risk but non "deprived" populations	64.0%
Communication Between Service Centers		
	Use/development of an easily accessible service directory	50.7%
	Collaborative events that bring together providers of similar or potentially affiliated services	52.9%
	Additional outreach between City of Hayward and community service providers	61.2%
	Language Translation Services	27.5%
	Better use of 211 service	55.0%
	"No Wrong Door" or one-stop approaches to obtaining services	59.6%
Childcare		
	Lower entry barriers to care (CalWORKs qualification, etc.)	63.8%
	Increase after school programs	76.8%
	Provide transportation for parents and children to and from childcare	53.1%

Areas of Consensus and Prioritization Process

Having used both qualitative and quantitative techniques to identify the top needs of the Hayward Community, the final phase of the project assisted in prioritizing the top needs and their supporting implementation tasks. The following is a summation of the prioritization processes and the recommended strategies and supporting actions that resulted. Some needs, like Housing, are obvious needs with complicated solutions. Others, like Communication Between Service Centers, are less obvious issues but have more tangible solutions.

Synthesis of Results

The needs of Hayward are heavily determined by the needs of its low income and resource-poor residents. Those without are affected every day in the ways of housing, transportation, access to food and education, and access to community services. All other needs tend to fall under the umbrella of those key issues (i.e., homelessness under "Housing," childcare and access to food under "Communication Between Service Centers"). Crescendo heard a great deal about the needs of these at-risk but not "deprived" community members. Many of them are a bad day away from losing everything. Something simple like a dead car battery or unexpected illness may prevent an at-risk Hayward resident from going to work, and that may snowball into unpaid bills and unemployment, finalizing with homelessness or something equally severe. As rents continue to rise at a rate unequal to wages, the City of Hayward must make sure its at-risk population is receiving services to keep up.

Resources and Strengths

As with any complex system, the City of Hayward, its community partners, and its residents can become isolated or "siloed" within their own interests. However, throughout the many discussions "partnership" and a sense of pride in the area's ability to work together was noted a recurring strength.

- ***Empowering People -*** *"We all want to serve and empower people to help themselves and others.*
- ***Striving to Improve the Community*** *– "When I applied for the job [three years ago] I saw areas that were run-down and tired and had a bad reputation. Now there is a huge sense of community; people are striving to improve things."*
- ***Logistics and Open Spaces*** *- "The area has a lot going for it; two Bart stations; investments in parks and facilities. The city is doing a great job with the website."*
- ***Inter-agency Coordination – "****The agencies have good relationships. We're all trying to make a difference. Coordinated, not competitive for programs. We provide no-fee training for each other's staff when we can."*
- ***Formal Partnerships Help*** *- "Organizations serving the same audience tend to tend to work in silos, and we're trying to change that."*

Specific Positive Mentions

A number of recent and/or in-progress partnerships have been noted as examples of this spirit:

- **The Firehouse Clinic** - The Firehouse Clinic is a full-service primary and preventative care center that is located on the grounds of Fire Station #7 in South Hayward. It represents a unique collaboration between the Hayward Fire Department, Tiburcio Vasquez Health Center, Acute Care Hospitals, and the Alameda County Health Care Services Agency's Emergency Medical Services (EMS) Division. https://www.hayward-ca.gov/fire-department/firehouse-clinic

- **Hayward Promise Neighborhood** – Although focused in the neighborhood known as the Jackson Triangle, the HPN is working to be a national model of commitment to community and collective effort which alleviates generational poverty and creates equity for all in Hayward. It is led by California State University East Bay, funded by a grant from the U.S. Department of Education and involves a partnership of residents, local schools, colleges, city government agencies, businesses, and non-profit organizations. http://www.haywardpromise.org/index.php

- **South Hayward Youth and Family Center –** A partnership of the City of Hayward, the County of Alameda and the Hayward Area Recreation and Parks District is moving forward with a planned South Hayward Youth and Family Center facility, to be constructed at 680 West Tennyson Road in South Hayward. Earlier this year the town council authorized the City Manager to execute a Facility Operator Agreement with La Familia Counseling Services and Eden Youth and Family Center for the operations and administration of the Multiservice Facility. https://www.hayward-ca.gov/sites/default/files/Attachment-I_RFQ-statement-of-purpose_2015.pdf

- **Coordination and Efficiency Meetings** – Although separately funded, the City of Hayward, Hayward Schools and the Hayward Area Recreation and Park District (known locally as "H.A.R.D.") meet Quarterly to work on where they may bring more efficiency through collective action. https://www.haywardrec.org/27/About-Us

Activities that set a benchmark for other developing initiatives and underscore these positive examples include using:

- Formal Memoranda of Understanding
- Information sharing systems, especially when privacy issues are voiced
- Warm handoffs "where we can introduce people and project personally."
- Civic engagement workshops
- No-fee training for other agency's staff on topics of common interest.

The participants in the qualitative conversations generally agree that:

- Housing and concerns about affordable housing is an issue for almost every Hayward resident.
- There are many community services available in Hayward, but a lack of coordination and communication between service centers leads to confusion and folks not getting the best possible available care.
- Residents desire a stronger sense of community, purpose and belonging that can be felt from City Hall to the reaches of every Hayward neighborhood.

Community Strengths

At the start of the discussions, participants were asked what they enjoy about the area. In many discussions, there was clearly a sense of pride in the area. The things people enjoy about the area are consistent with stakeholder interviews and include:

- Having family in the area.
- The quiet and easygoing pace of life compared with nearby Bay Area cities.
- A comparative low cost of living with access to the nearby Metropolises.
- The strong sense of community.
- Low crime rate.

Contrasting Perspectives on Homelessness

Interesting distinctions in discussions facing homelessness were seen the emerging themes between Downtown Streets Team and South Hayward Parish. At South Hayward Parish, participants focused on a list of needs and services that were hoped-for by the participants. Housing, safety, places to shower, transportation and the stigma of homelessness dominated the conversation.

At Downtown Streets Team, a different mood prevailed. Participants still discussed their unique needs as individuals experiencing homelessness, but the needs were discussed through the lens of success stories. Participants spoke about gaining employment, the ways they had navigated the complex systems of bureaucracy to achieve aid and their goals for the future. At South Hayward Parish, the prevailing needs were about simple solutions to get through the day; at Downtown Streets Team the conversation was about how participants planned to thrive.

The difference in the tenor of these groups seemed to stem from the sense of community pride and purpose felt by participants in Downtown Streets Team. They spoke about taking pride in beautifying the City of Hayward, and the friendships they fostered in DTST. There were announcements about places to hang out with other people, local basketball tournaments and community barbeques. Residents in the group convened at the South Hayward Parish seemed to feel more isolated in their struggle to provide for themselves and their families. It became clear that engaging community service centers to help at-risk folks find a community is a challenge worth undertaking.

Summary of Vulnerable Groups, Needs and Supporting Actions

Consensus Areas of Need

Through secondary data, qualitative interviews, focus discussions and community surveys community members and partners identified what they believe to be the "top needs" of the most vulnerable groups in Hayward.

While often stated in different words, the core issues and suggestions from service providers and consumers are consistent. Likewise, there is consistency in the community's identification of particularly vulnerable populations:

- Young families
- People experiencing homelessness
- Isolated Seniors
- People with mental or physical disabilities

The greatest areas of need and the strategic activities that community members voiced to positively impact the vulnerable populations in need are highlighted below.
and in the following prioritization grid.

Housing

Affordable housing was mentioned at length in nearly every discussion about need. In short, residents are concerned they will no longer be able to afford to keep a roof over their head. As the Great Recession pushed millions of former American homeowners into the rental market, the hope was that as the economy improved in the subsequent years, families would once again return to home ownership. That has not been the case.

In the years since the Great Recession not a single city of the 173 with populations of 150,000 or more saw a (statistically significant) decline in the percent of households that rent, and many saw substantial increases.[18] Tighter credit conditions, low housing supply, and incomes that have not kept pace with housing costs have compounded the challenge.

Impact: The housing crisis – more accurately, the "cost of housing" crisis – is impacting Hayward residents with a high percentage of people spending more than 30% of their income on housing - and a large portion spending over 50%. The high cost of housing is stretching many people's budgets, putting some at risk of losing their homes (or needing to move), and creating secondary effects of family stress, fewer financial resources for other needs (e.g., healthcare, food, and others), and additional budget pressures.

As one of the best-documented determinants of health and community stability, housing and selected housing interventions for low-income people have multiple benefits. Recent meta-research suggests the impact of housing on personal health alone "can be understood as supporting the existence of four pathways: 1) the health impacts of not having a stable home (the stability pathway); 2) conditions inside the home (the safety and quality pathway); 3) financial burdens resulting from high-cost housing (the affordability pathway); and 4) the health impacts of neighborhoods, including both the environmental and social characteristics of where people live (the neighborhood pathway.)[19]

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[18] Op cit. How the housing market has changed over the past decade. Marketplace and APM Research, October 16, 2018. https://www.apmresearchlab.org/stories/2018/10/16/how-the-housing-market-has-changed-over-the-past-decade#h1.the_rise_of_renters. Accessed December 2018.

[19] Housing And Health: An Overview Of The Literature, " Health Affairs Health Policy Brief, June 7, 2018. https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/full/ Accessed Nov 2018

Housing Supporting Actions: To help address the issue, the City of Hayward may consider activities such as the following:

- *A more easily accessible database of information about available housing and promote it where individuals and families would be most likely to naturally visit or congregate such as shopping centers, public events, shelters, and others.*
- *Ensure HUD inspections are being conducted for accessibility.*
- *Promote rent control policies based on affordability; a percentage of income not a dollar amount.*
- *Increase lower-rent housing options and policies to incentivize low-cost housing developers*

Homelessness

Intertwined with the housing discussion, individuals experiencing homelessness face multiple challenges. According to EveryOne Home's EveryOne Counts Point-in-Time Homelessness survey[20], Hayward's Homeless rate (0.004) is incrementally higher than that of Alameda County (0.003) and California (0.003). Many community members brought up the survey and mentioned they felt Hayward's numbers were low, though that anecdotal data cannot be substantiated.

Another group on the brink of homelessness can be described as "at-risk but non 'deprived' community members." Many of them are one very bad day away from losing everything. Something simple like a dead car battery or unexpected illness may prevent an at-risk Hayward resident from going to work, and that may snowball into unpaid bills and unemployment, finalizing with homelessness or something equally severe.

Homelessness Supporting Actions:

- *Provide more centralized services for people with disabilities and those experiencing homelessness.*
- *Laundry service.*
- *Free shower locations.*
- *Increased shelter services in non-winter months.*

Outreach and Communications

Communications between and among services was frequently mentioned as a need, as was the need for community members to be more aware of the services available. As noted, the discussions suggest these concepts are greatly overlapping. Despite the linguistic difference between "awareness" and "communications" there is a need for greater between and among service providers and the public at large.

Impact: Without effective and efficient communication between service centers and with the community, existing services are underutilized and some of the needs of individuals and families go needlessly unmet. Many Hayward residents are either unaware of, or seem overwhelmed by, the logistics of navigating the many services available to them. To remedy this issue, the City of Hayward may consider potential solutions such as the following.

[20] See: Everyone Home, http://everyonehome.org/everyone-counts/ Accessed January 2019

Outreach Supporting Actions:

- *Build on the strengths of the 211 system but update the agency files; set expectations of users of an improved 211 service.*
- *Use a "no wrong door" to help people, especially those with disabilities.*[21]
- *Take a closer look at data entry systems.*
- *More thorough and personal outreach from City Hall – more direct communication and outreach conducted at sites where higher-need populations tend to be active.*
- *More multilingual translation of city services.*

Strengthen Positive Community Engagement

Hayward has a very dedicated core group of citizens and activists who work with and for outreach organizations, attend community meetings, and put thoughtful action into improving their communities. However, that group must expand if Hayward is to take further steps in improving community engagement.

A key insight from community members engaged in the study centered on the lack of communication between service centers. Many Hayward residents either don't know about or seem overwhelmed by the logistics of navigating the many services available to them. There was little talk about a lack of services; the focus always shifted toward bringing awareness and cohesion to the people they serve.

Community Engagement Supporting Actions:

- *Encourage community involvement in town initiatives*
- *Meet the people where they are communication style*
- *Expand Hayward Green Neighborhood program*

Transportation

Multiple factors generate a focus on transportation issues in Hayward. Though Hayward has two BART stations, the number of people who commute to work via Public Transit in Hayward (9.5%) is lower than the overall amount in Alameda County (14.2%). Fares have increased for public transportation making it prohibitively expensive for people to go to multiple locations (and/or appointments). Qualitative interviews revealed the population to be frustrated with changes made to AC Transit routes and times, and pedestrian issues at specific crosswalks. Hayward also experiences slightly longer commute times than the Alameda County averages (Hayward 31.8 minutes, Alameda County 31.6 minutes). Hayward also has a much higher percentage of workers who commute alone (71.0%) than does Alameda County (62.6%.) On a positive note, more Hayward households have access to a vehicle (93%) than the Alameda County average (90%).

Transportation Supporting Actions

- *Improve security at BART; maintain elevators and escalators so they function*
- *Improve paratransit and wait times.*

[21] Some mentioned an approach like some ADRCs (https://www.aging.ca.gov/ProgramsProviders/ADRC/Consumer/)

- *Revisit changes in bus routes and increase the frequency of busses to work locations.*
- *Address the poor traffic lanes, especially on Jackson.*
- *Fix crosswalks without signals and/or audible signals.*[22]
- *Expanded signage for disabled people and non-English speakers at crosswalks*

Access to Healthy Food

Severely cost-burdened renters are 23 percent more likely than those with less severe burdens to face difficulty purchasing food.[23] Homeowners who are behind in their mortgage payments are also more likely to lack a sufficient supply of food and to go without prescribed medications, compared to those who do not fall behind on payments.

Impact: Hayward averages a higher percentage of children on SNAP benefits than the Alameda County average, and the growing senior population and rising issue of homelessness add additional strain to the community as it looks to provide food for at-risk groups.

Food Access Supporting Actions:

- *Encourage more neighborhood food sources*
- *Healthy food education*
- *Include services for at-risk but non "deprived" populations*

[22] D & Jackson; D & Atherton; Mission & Hotel Avenue were mentioned

[23] The State Of The Nation's Housing 2017, Joint Center For Housing Studies Of Harvard University. http://www.jchs.harvard.edu/sites/default/files/harvard_jchs_state_of_the_nations_housing_2017.pdf. Accessed December 2018

Strategic Grids Prioritization Method

For illustrative purposes, after the data was collected, the community needs identified by respondents were placed into a sample prioritization grid based, in part, on approaches supported by the U.S. Centers for Disease Control and Prevention (CDC); National Association of County and City Health Officials (NACCHO); and, others. In sum, the community needs identified in the various research modalities were placed into the Strategic Grid Analysis (SGA) format. The SGA prioritization approach is recommended by NACCHO to prioritize a list of diverse area needs.

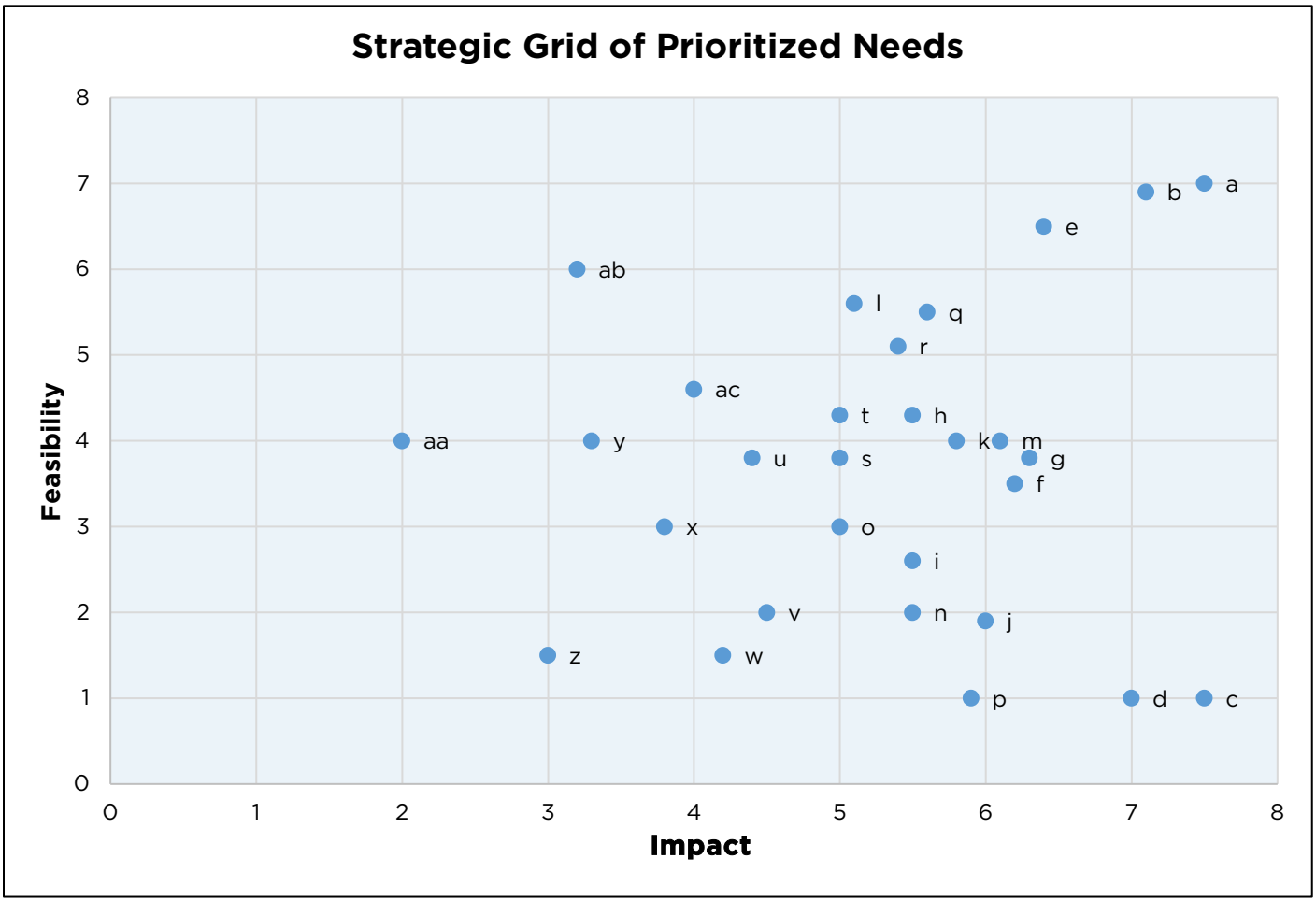
SGAs are generally used to help agencies and municipalities focus efforts on community needs that will yield the greatest benefit and are practical for the organization to undertake. They provide a mechanism to take a thoughtful approach to achieve maximum results with limited resources.

The basic steps to develop the preliminary Hayward SGA were to:

1. Select the axes for the grid. Given that Hayward wants to identify the highest priority needs in each sector (housing, transportation, etc.) for which it can (or could potentially) offer assistance, the criteria most relevant for planning prioritization are impact (high-impact/ low-impact) and feasibility (low/ high likelihood that Hayward and its community partners could implement programs to address the need.)
2. Create a grid showing the four quadrants dictated by the grid axes. See example:
3. Populate the grid
4. Select prioritized needs based on the following criteria:
    a. Top priority: High-Impact/High-Feasibility – Those with high-impact and high-feasibility are the highest priority items.
    b. Second priority: High-Impact/Low-Feasibility – These tend to be long-term projects or ones that may benefit from collaboration with other organizations. They often include essential community needs that must be addressed, but ones for which the agency may not be best suited to address the issue; or, the need may be out of the agency's purview.
    c. Third priority: Low-Impact/High-Feasibility – Often these include politically important and difficult-to-eliminate programs and services and/or ones that have a revenue neutral impact but help sustain employment for key employees.
    d. Fourth priority: Low-Impact/Low-Feasibility – These typically include community issues affecting a small subset of the population and are generally out of the agency's purview.
5. Within each quadrant, needs are prioritized based on their prominence in the primary and secondary research.

It is important to note, that many of the ideas generated through community input are outside the control of the city of Hayward, e.g. lower CALWORKS barriers. In other words, in the illustrative SGA, feasibility is relative to the agency of those assessing it.

Exhibit 22: Strategic Grid of Prioritized Community Needs



Encourage community involvement	a
Expand winter shelters	b
Low Rent Housing	c
Incentivize low rents	d
Showers/laundry service	e
Improve paratransit wait times	f
Expand overall shelters	g
Support tiny homes	h
Increase outreach services	i
Increase job training	j
Income based rent control	k
Encourage better food sources	l
Improve 211	m
At-risk “non-deprived” services	n

“No wrong door”	o
Lower CalWORKs barriers	p
Improve community outreach	q
Accessible housing database	r
After school programs	s
Accessible service directory	t
Childcare transportation	u
Expand Green Neighborhood	v
Improve traffic lanes	w
Language translation services	x
Collaborative events	y
Expand transportation signage	z
Community events	aa
Additional outreach	ab
Healthy food education	ac

Appendices

Appendix 1 - Participating Organizations

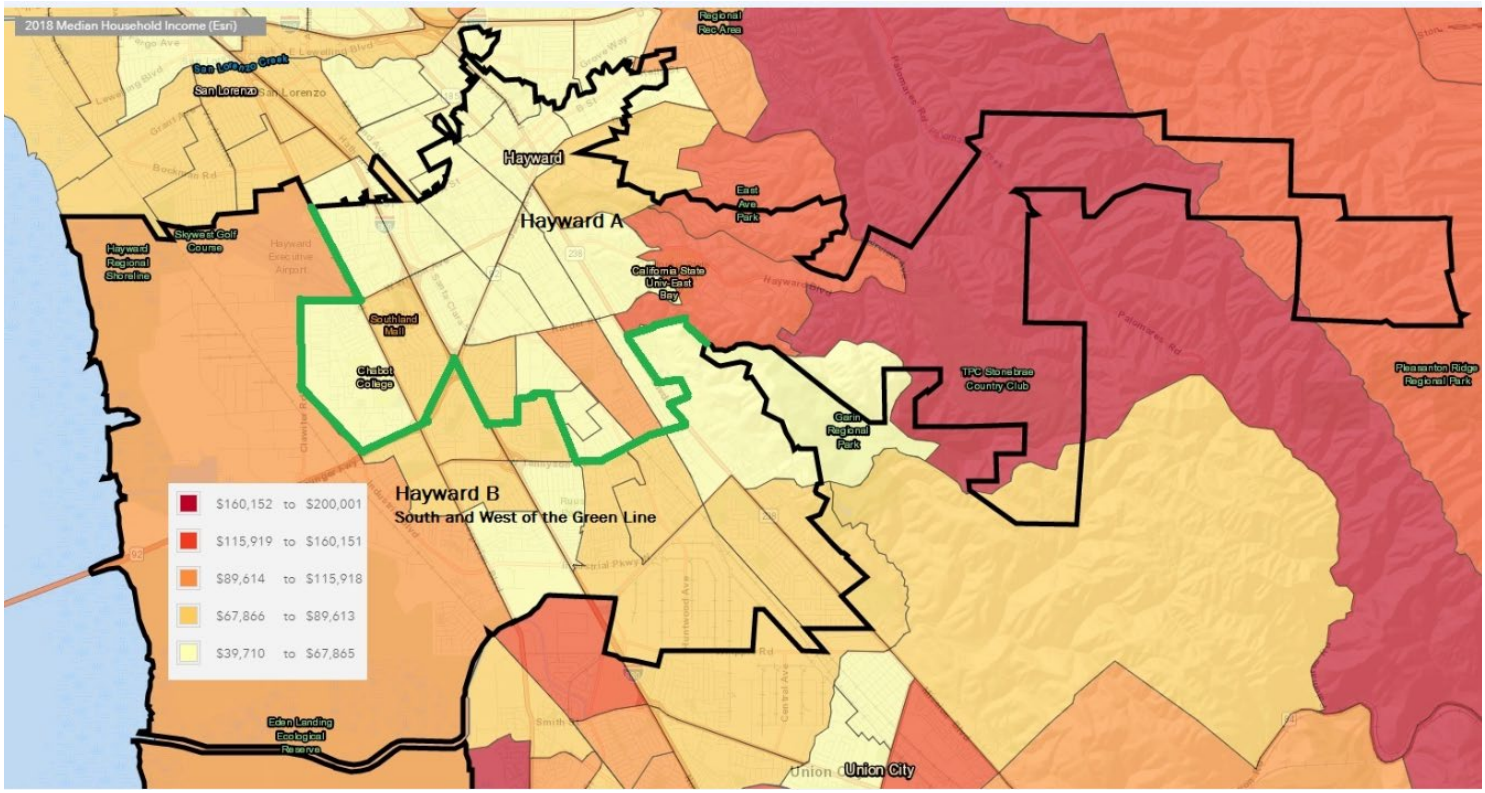
Participants and Participating Organizations		
Council	Hayward City Council	Marvin Peixoto
Council	Hayward City Council	Francisco Zermeno
Council	Hayward City Council	Sara Lamnin
Council	City of Hayward Mayor	Barbara Halliday
Council	Hayward City Council	Al Mendall
Council	Hayward City Council	Elisa Marquez
Council	Hayward City Council	Mark Salinas
Advocacy	Hayward Collective:	Aisha Wahab
Advocacy	South Hayward Neighborhood Collaborative/ La Familia Counseling Center	Karen Norell
Legal	Centro Legal de la Raza	Eleni Wolfe Roubatis
Community Services	Hayward Area Recreation and Park District (HARD)	Paul McCreary
Advocacy	HUSD	Matt Wayne
Education	Moreau Catholic High School	Terry Lee
Business	Hayward Chambers, Hayward Non-profit Alliance & Latino Business Rountable	Kim Huggett
Advocacy	La Familia Counseling Center	Aaron Ortiz
Healthcare	Tiburcio Vasquez Health Center	David Vliet
Faith Based Organization	South Hayward Parish- Food Pantry and Social Services	Ralph Morales
Faith Based Organization	Glad Tidings Church	Bishop Jerry Macklin
Faith Based Organization	Evangelistic Churches of Hayward Area (ECHA)	Pastor Chuck Horner
Community Services	Eden Youth Center	Karen Halfon
Faith Based Organization	New Bridges Church	Rev. Carmen Browne
Housing	Abode Services	Kara Carnahan
Housing	ECHO Fair Housing	Marjorie Rocha

Community Services	Eden Information and Referral	Alison DeJung
Advocacy	Ruby's Place	Vera Ciammetti
Legal	International Institute of the Bay Area	Eleonore Zwinger
Advocacy	Community Resources for Independent Living (CRIL)	Ron Halog
Faith Based Organization	The Salvation Army	Capt. John Kelley
Community Services	Spectrum Community Services	Lara Calvert
Healthcare	St. Rose Hospital Foundation	Michael Cobb
Advocacy	Downtown Streets Team	Julia Lang
Housing	Habitat for Humanity	Jen Gray
Housing	Rebuilding Together	Lisa Malul
Legal	Legal Assistance for Seniors	James Treggiari
Community Services	Eden Area YMCA	Kenny Altenburg
Advocacy	Community Child Care Council (4C's)	Rosemary Obeid
Advocacy	Horizon Services / Project Eden	Rochelle Collins
Housing	Hayward Mobile Country Club	Elaine Sunday
Healthcare	Tiburcio Vásquez Health Center, Inc.	Wil Lacro
Community Services	Community Services Commission	Antonio Isais
Community Services	Community Services Commission	Julie Roche
Community Services	Community Services Commission	Arzo Mehdavi
Education	City of Hayward	Lindsey Polanco
Emergency Services	City of Hayward Fire Department	Chief Garrett Contreras
Community Services	Community Services Commission	Michael Francisco
Community Services	Community Services Commission	Lisa Glover-Gardin

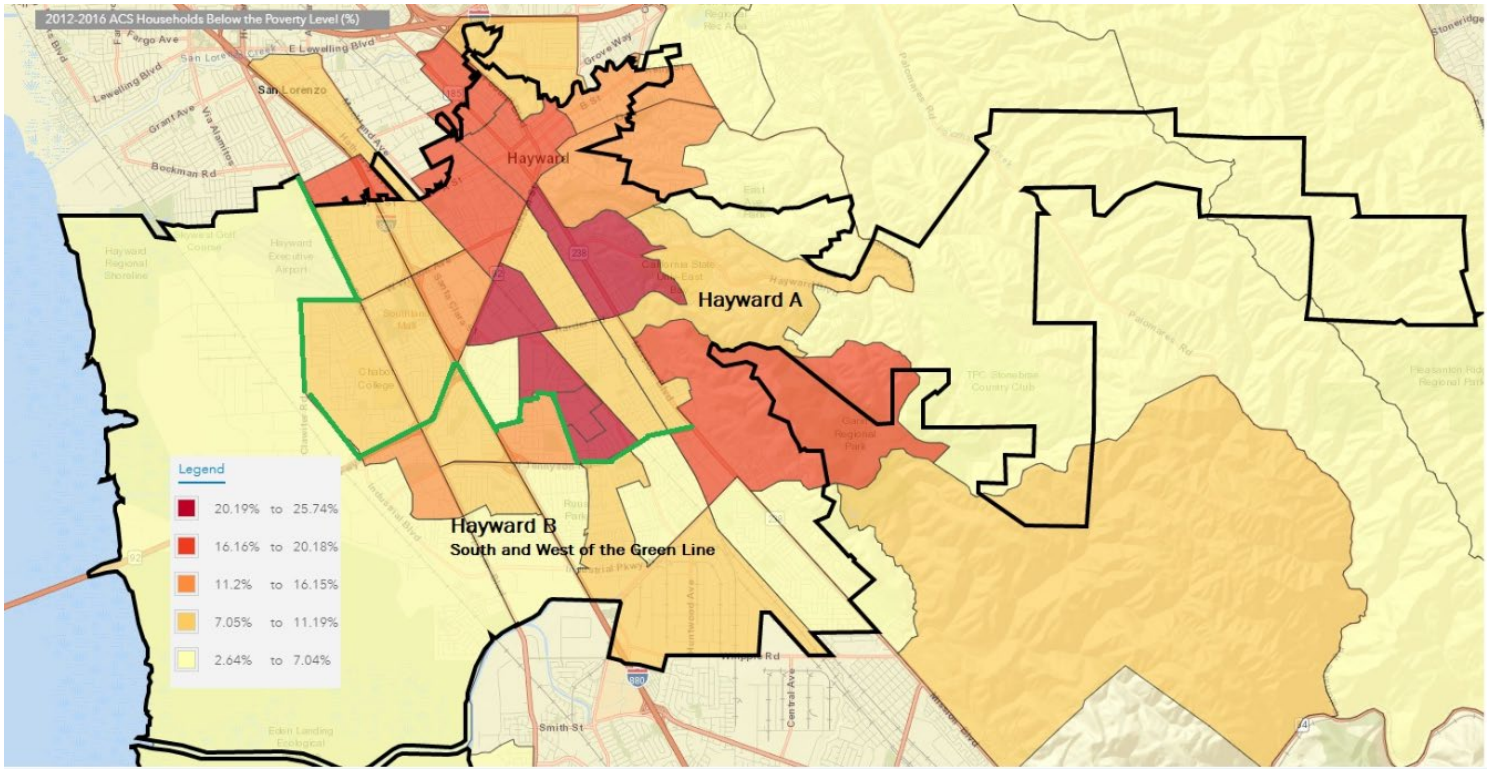
Community Services	Community Services Commission	Saira Guzman
Community Services	Community Services Commission	Janet Kassouf
Community Services	Community Services Commission	Arvindra Reddy
Community Services	Community Services Commission	Ernesto Sarmiento Jr.
Community Services	Community Services Commission	David Tsao
Community Services	Community Services Commission	Rachel Zargar

Appendix 2 - Key Measure Maps by Census Tracts

Income by Census Tract



Poverty by Census Tract



Appendix 3 - Qualitative Interview Guide

Stakeholder Interview Guide

Phase 1 Interviews and Community Groups

Objectives – To determine the human needs of low-income Hayward residents; Identify barriers and gaps that prevent Hayward residents from accessing services; Create validated data to ensure CSD programs address community needs; and Help develop the 2020 Consolidated Five-Year Plan

Identify Stakeholder group(s):

- ☐ Elected Officials, Mayor, Council Members
- ☐ Healthcare providers
- ☐ Social Service agencies
- ☐ Other (specify) _____

Interview Type:

- ☐ Telephone
- ☐ In person

Interview Questionnaire

Introduction

As you saw in the introductory note from [City Manager McAdoo; Dana Bailey] Crescendo Consulting Group will be assisting Hayward staff with the recently launched Community Needs Assessment (CNA).

The primary objectives of the Assessment are to determine the human needs of low-income Hayward residents and identify barriers and gaps that prevent Hayward residents from accessing services.

I have a few questions from some rather broad categories. The discussion will take less than 15 minutes. Shall we get started?

1. **To start with, please tell me a little about ways that you (and your organization) interact with the community?**

Access, Availability, and Delivery of Services

The next series of questions involve needs, the current availability and adequacy of supports, services, and facilities to meet the human needs of area residents.

2. **Thinking broadly about the strengths and needs of people with low-incomes in Hayward, what is first thing that comes to mind?**

3. **What do think are the top five key needs of low-income persons in the community?**

   PROBE as needed and RECORD ON SERVICE TABLE on page 4:
   Transportation, housing, employment, education, income management, housing, emergency assistance/services, nutrition, healthcare, helping persons to become self-sufficient, or coordination of services and connecting persons to services, community revitalization, or other needs.

4. **What populations are especially vulnerable and/or underserved from your perspective?**
   PROBE:

- In what ways do programs in the City reach out to these underserved populations?

5. **Tell me about some of the [other] organizations that provide services to address the needs we're discussing?**

   PROBE: Capacity and access
   What works well?
   Where are there opportunities for change?

6. **How can (or does) your agency [the city] partner with others to address the needs that you identified?**

Enhancing Communications, Coordination and Information

Now I'd like to hear your opinions about assessing the adequacy of communications, service coordination, and information sharing across local and regional partners.

7. **To what degree do you think that the community at large is aware of the breadth of available services in Hayward?**

   PROBE: What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

8. **How do consumers generally learn about access to and availability of services in Hayward?**

   PROBE: Does this vary based on neighborhoods, community groups, ethnic or cultural issues, or other characteristic?

9. **What mechanisms are currently in place to facilitate communications between the public, the City, and private services?**

   PROBE: What works well (and why)? What does not work so well.

Magic Wand Question

10. **If there was one issue that you could personally change with the wave of a magic wand, what would it be?**

Thank you very much again for your time and thoughtful responses to our questions.

Service Table for Reference

CATEGORY	NEEDS	Not Needed (1)	Rarely Needed (2)	Needed (3)	Very Needed (4)
Assistance	Help with applying for Social Security, SSDI, WIC, TANF, etc.	1	2	3	4
	Help finding resources in the community	1	2	3	4
	Finding Child Care	1	2	3	4
	Food	1	2	3	4
	Transportation	1	2	3	4
	Legal Services	1	2	3	4
Case Management	Assistance with goals and self-sufficiency	1	2	3	4
Community	Neighborhood clean-up projects	1	2	3	4
	Crime awareness or crime reduction	1	2	3	4
	Public parks and facilities	1	2	3	4
	Employment opportunities	1	2	3	4
	Digital/computer access				
Education	GED classes	1	2	3	4
	English as a Second Language Classes	1	2	3	4
	Adult Education or Night School	1	2	3	4
	Computer Skills Training	1	2	3	4
	Assistance to attend trade or technical school, or college	1	2	3	4
Employment	Help finding a job	1	2	3	4
	Help with job skills, training & job search	1	2	3	4
Family Support	Financial Education/Budgeting Classes/Credit Counseling	1	2	3	4
	Parenting Classes	1	2	3	4
	Nutrition Education/Healthy Eating Education workshops	1	2	3	4
	Classes on healthy relationships, resolving conflicts, etc.	1	2	3	4
	Counseling services	1	2	3	4
	Programs and Activities for Youth (ages 12-18)	1	2	3	4
	Programs and Activities for Seniors	1	2	3	4
Healthcare	Primary Care Services	1	2	3	4
	Specialty Services	1	2	3	4
	Long Term Care	1	2	3	4
Housing	Affordable Housing	1	2	3	4
	Help paying rent	1	2	3	4
	Help with utility bills	1	2	3	4
	Help to make my home more energy efficient (weatherization)	1	2	3	4
Medical	Health Insurance	1	2	3	4
	Affordable Medical Care	1	2	3	4
	Prescription Assistance	1	2	3	4

Appendix 4 - Qualitative Focus Group Details

Qualitative Focus Group Details

A total of eight discussion groups were conducted in Hayward with a combination of residents, community leaders, youth, and seniors to gain detailed insight regarding strengths, needs, barriers to success, outreach strategies, and possible improvement activities. The group discussions lasted from 1 hour to 1.5 hours based on group attendance, participation, and general discussion quality.

The groups were conducted at the following locations:

- Community Child Care Council of Alameda County (2 Groups at 4Cs)
- St. Rose Hospital (2 Groups)
- Downtown Streets Team Hayward Meeting
- South Hayward Parish
- Summer Youth Sports and Mentorship Program (at Chabot College)
- Community Resources for Independent Living

An overview of each group follows:

Community Child Care Council, Group 1

The first discussion group at 4Cs centered around childcare providers. Participants of this group work closely with at-risk families and children, placing them in childcare services and advising them on how to navigate the services available for low-income residents. The discussion that emerged centered often around frustration in making sure families were efficiently utilizing the range of community services available to them in the high cost Bay Area community.

Top needs ranked by mention are:

- Communication Between Service Centers
- Childcare
- Housing
- Sense of Community

Community Child Care Council, Group 2

This group's participants included parents and childcare consumers. The emerging themes and needs were about formulating a Hayward that worked for all neighborhoods, not just middle class and downtown residents. The downtown Hayward scenic beauty, restaurants and activities were praised, but it was lamented that more of those things aren't available elsewhere in the city.

Top needs ranked by mention are:

- Childcare
- Education
- Housing
- Sense of Community

St. Rose Hospital, Group 1

This group saw the most turnout by community activists. Folks were proud of their city, and not always in lockstep agreement on how to best improve community issues. An emerging theme was a lack of coordination between service centers, and the Spanish speaking participants gave voice to the language barrier issues that many non-English speaking residents face.

Top needs ranked by mention are:

- Communication Between Service Centers
- Housing
- Language Barrier
- Sense of Community
- Individuals Experiencing Homelessness

St. Rose Hospital, Group 2

The central theme of this group was overwhelmingly communication between service centers in the city. There was a lot of back and forth about what programs are available, what the city seems to be doing to promote those services, and ways the process could be improved.

Top needs ranked by mention are:

- Communication Between Service Centers
- Sense of Community
- Housing
- Individuals Experiencing Homelessness

Summer Youth Sports and Mentorship Program

Originally convened by Eden Youth and Family Services, this group surveyed 147 Hayward youths between the ages of 10-13. Rather than lead a formal discussion with a group so young, participants were polled on things they enjoyed about the city, what they'd like to see more of, and what would make life easier for them and their communities.

Top needs ranked by response are:

- Language Translation Services (Language Barriers)
- Mental Health Services (Healthcare)
- Employment or job training
- Transportation

People Experiencing Homelessness in South Hayward

At the group convened at South Hayward Parish, Crescendo had a frank conversation with homeless and at-risk folks about their needs. They had a long list of things that needed improvement to help them just get through the day, let alone put them on a path to prosperity. Participants spoke often about the frustration of feeling run around town to multiple service agencies, only to be given inconsistent information about where to obtain services.

Top needs ranked by mention are:

- Communication Between Service Centers
- Individuals Experiencing Homelessness
- Housing
- Transportation
- Other

Downtown Streets Team

The Downtown Streets team Focus Group allowed Crescendo to get a look at some of the most positive changes happening within the city from the perspective of its own most at-risk residents. While the serious needs of housing, employment, and case management emerged, many inspiring stories and strategies for change were shared. It should be noted that "Individuals Experiencing Homelessness" did not tally as a top need, but almost every issue was discussed through the lens of Homelessness.

Top needs ranked by mention are:

- Employment
- Case Management
- Housing
- Sense of Community
- Laundry/Showers

Community Resources for Independent Living

This group was specifically recruited to engage seniors and people with disabilities who could speak to housing and transportation issues in detail. The participants' personal challenges which make independent living difficult included, but were not limited to blindness, physical frailties, developmental disabilities, and mobility issues.

The detailed nature of this group was especially helpful in identifying specific actions to address "areas requiring additional focus" from the City and its partner agencies. These details also helped form the list that was ultimately rated by the community in the quantitative survey.

There were a number of concerns among the group including social isolation of seniors, mental health and personal safety. The ***top needs*** and associated comments are listed below with specificity regarding solutions.

Communications and Service Access

- Provide more centralized services for people with disabilities and those experiencing homelessness.
- Use a "no wrong door" to help people, especially those with disabilities; an approach like some ADRCs (https://www.aging.ca.gov/ProgramsProviders/ADRC/Consumer/)
- Think of a model less like HACA (http://www.haca.net/) or Eden Youth and Family (http://www.eyfconline.org/) and more like the Fremont Family Resource Center (https://www.fremont.gov/228/Family-Resource-Center) that co-locates State, County, City, and non-profit agencies under one roof to provide social services to families and children.
- The Build on the strengths of the 211 system but update the agency files; set expectations of users "you could be on the phone all day getting information."
- Take a closer look at Eden I & R (http://edenir.org/) data entry systems.

Housing

- Make sure HUD inspections are being conducted for accessibility.
- Make rent control policies based on affordability; a percentage of income not a dollar amount. [This comment found unanimous support.]
- Re-establish trust; trust has been broken [between tenants and landlords.]

Transportation

- Fares have increased and it makes it expensive to go to multiple appointments on public transportation.
- Haywards two BART stations are a real benefit; but they have problems.
- Improve security at BART; maintain elevators and escalators so they function
- Paratransit is difficult. There are three programs. You never know what you are going to get [in terms of drivers and/or vehicle functioning.] There are poor lifts; long wait times for rides.
- Bus routes have changed and there are fewer busses – they are less convenient.
- There are poor traffic lanes, especially on Jackson.
- There are crosswalks without signals and/or audible signals [D & Jackson; D & Atherton; Mission & Hotel Avenue]

ALAMEDA
County Transportation Commission

Assessment of Mobility Needs of People with Disabilities and Seniors in Alameda County

June 2017

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Executive Summary

The Alameda County Transportation Commission (Alameda CTC) has a strong commitment to transportation for seniors and people with disabilities. Alameda CTC funds a wide variety of programs, interacts with the community through advisory committees and outreach, and collects reporting data on services funded by local transportation sales tax measures. In 2016 Alameda CTC contracted with Nelson\Nygaard Consulting Associates to complete this Needs Assessment to collect input from County stakeholders, analyze current data and demographics, and assess the latest industry trends to inform program priorities.

Images from Nelson\Nygaard

Background

The Alameda County Transportation Program for Seniors and People with Disabilities (a.k.a. the Paratransit Program) is funded by Alameda County's transportation sales tax dollars: 10.45% of Measure B and 10% of Measure BB, authorized by voters in 2000 and 2014 respectively. Together Measures B and BB generate approximately $20 million per year for transportation for seniors and people with disabilities. The Paratransit Advisory and Planning Committee (PAPCO), consisting of representatives of the senior and disability community, provides input on funding, planning, and coordination issues regarding transportation services for seniors and persons with disabilities in Alameda County. In addition, the Paratransit Technical Advisory Committee (ParaTAC), composed primarily of city and ADA-mandated paratransit agency staff, advises PAPCO and Alameda CTC on matters related to these services.

The primary recipients of Paratransit Program funding are city-based programs operated by jurisdictions and Americans with Disabilities Act (ADA) mandated services operated by transit agencies. All fixed-route transit providers are legally required to provide complementary paratransit for people who, due to their disability, are unable to ride regular buses and trains, some or all of the time. Per the FTA "each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system." "Direct Local Distribution" (DLD) funds are allocated according to funding formulas

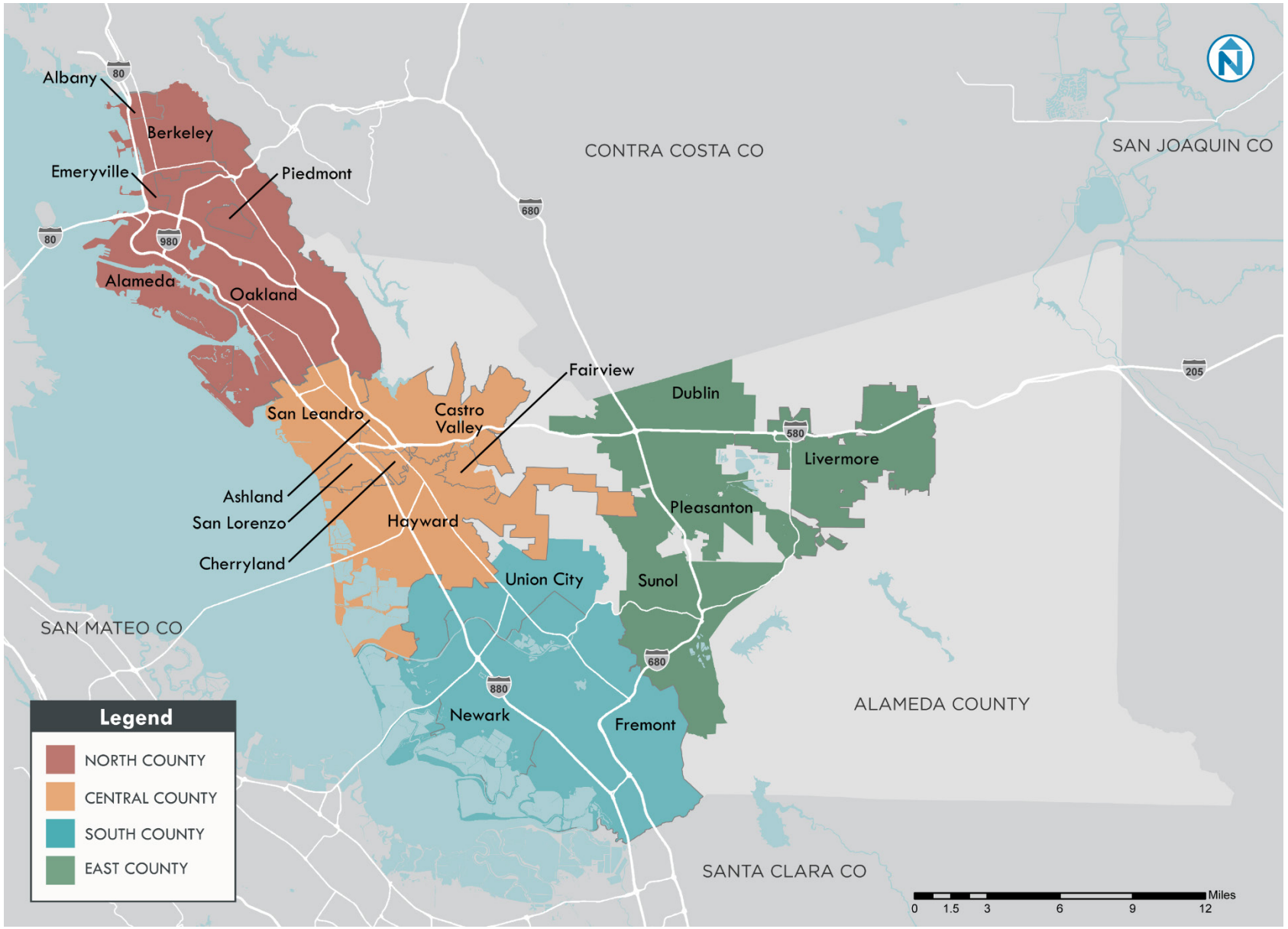
determined by the voter-approved Measure B and BB Transportation Expenditure Plans (TEPs) and input from PAPCO. The TEPs allocate funding by planning area (Figures ES-1 and ES-2) and PAPCO's formula allocates funding within planning areas. The TEPs also include funding for a discretionary grant program; these funds are allocated based on recommendation by PAPCO to DLD recipients and/or non-profit community-based organizations.

Figure ES-1 Alameda County Planning Areas

Planning Area	Cities and unincorporated areas
North County	Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont
Central County	Castro Valley, Hayward, San Leandro, and the adjacent unincorporated areas
East County	Dublin, Livermore, Pleasanton, and the adjacent unincorporated areas
South County	Fremont, Newark, and Union City

Throughout the life of Measure B and BB, the Alameda CTC has worked diligently with the transit agencies, cities, PAPCO, ParaTAC, non-profit partners, and other organizations to effectively utilize these taxpayer funds. In addition to regular reporting and a rigorous annual review of program plans from fund recipients, the Alameda CTC has also led several efforts to strategically evaluate the programs provided and identify unmet needs. In addition, throughout the history of the program, the Alameda CTC has engaged in robust outreach efforts, conducted research, and hosted strategic Mobility Workshops to explore trends in the industry and stay abreast of changing conditions at the county, regional, state, and national levels. Through this work, Alameda CTC has sought to address any identified trends and themes that have emerged and provide guidance to city-based and ADA-mandated programs.

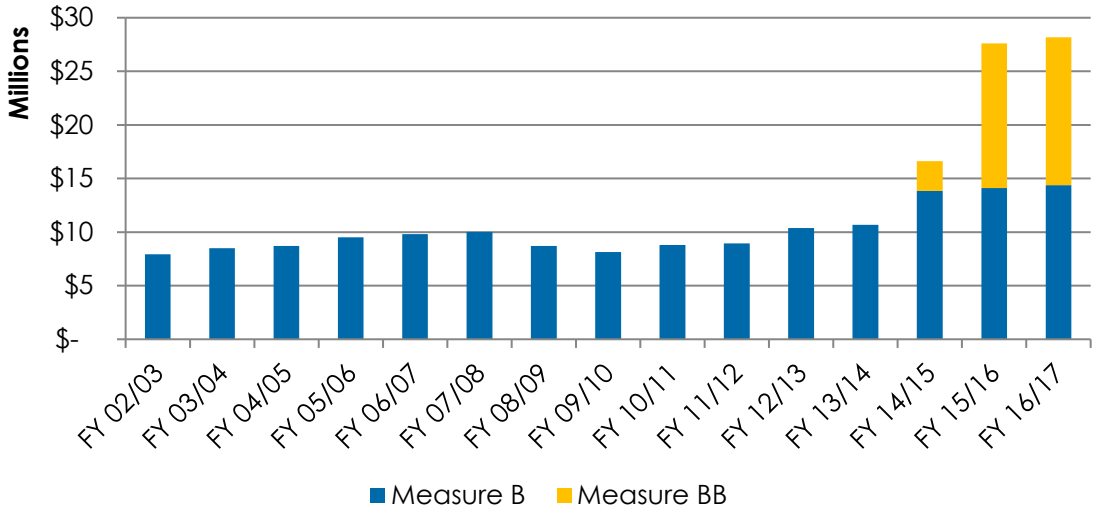
Figure ES-2 Alameda County Planning Areas Map



Current Needs Assessment

With the passage of Measure BB, the funding available for transportation services for seniors and people with disabilities in Alameda County nearly doubled (Figure ES-3).

Figure ES-3 DLD Annual Revenue Trends



Since prior needs assessment efforts, the transportation landscape has changed rapidly. Use of transportation network companies like Uber and Lyft is steadily increasing and the news media frequently reports on autonomous vehicles. At the same time, the advent of new mobility services has reduced the availability of taxis, which many Alameda County programs have relied upon to provide reliable, low-cost, same-day transportation services. In addition, the senior population is growing, and we have better data than ever before about incidence of disability in Alameda County through the American Community Survey (ACS).

For all of these reasons, the Alameda CTC has conducted an assessment of the mobility needs of seniors and people with disabilities in Alameda County in order to provide an up-to-date understanding of where we are today, recent trends, and future projections to inform planning efforts and funding decisions.

Methodology Overview

A variety of methodologies were utilized to prepare this report. They included:

- Outreach
  - Stakeholder interviews
  - Attendance at scheduled meetings and events
  - Special meetings
  - Focus groups
  - Email and phone input from stakeholders
- Analysis of demographics
- Review of other organizations' assessments and plans

East County stakeholders at Alameda CTC Workshop at Ed Roberts Campus.

Image from Nelson\Nygaard

Key stakeholders were identified early in the process to provide input and expertise. Attendance at meetings and focus groups demonstrated that stakeholder interest was very high. Stakeholders included:

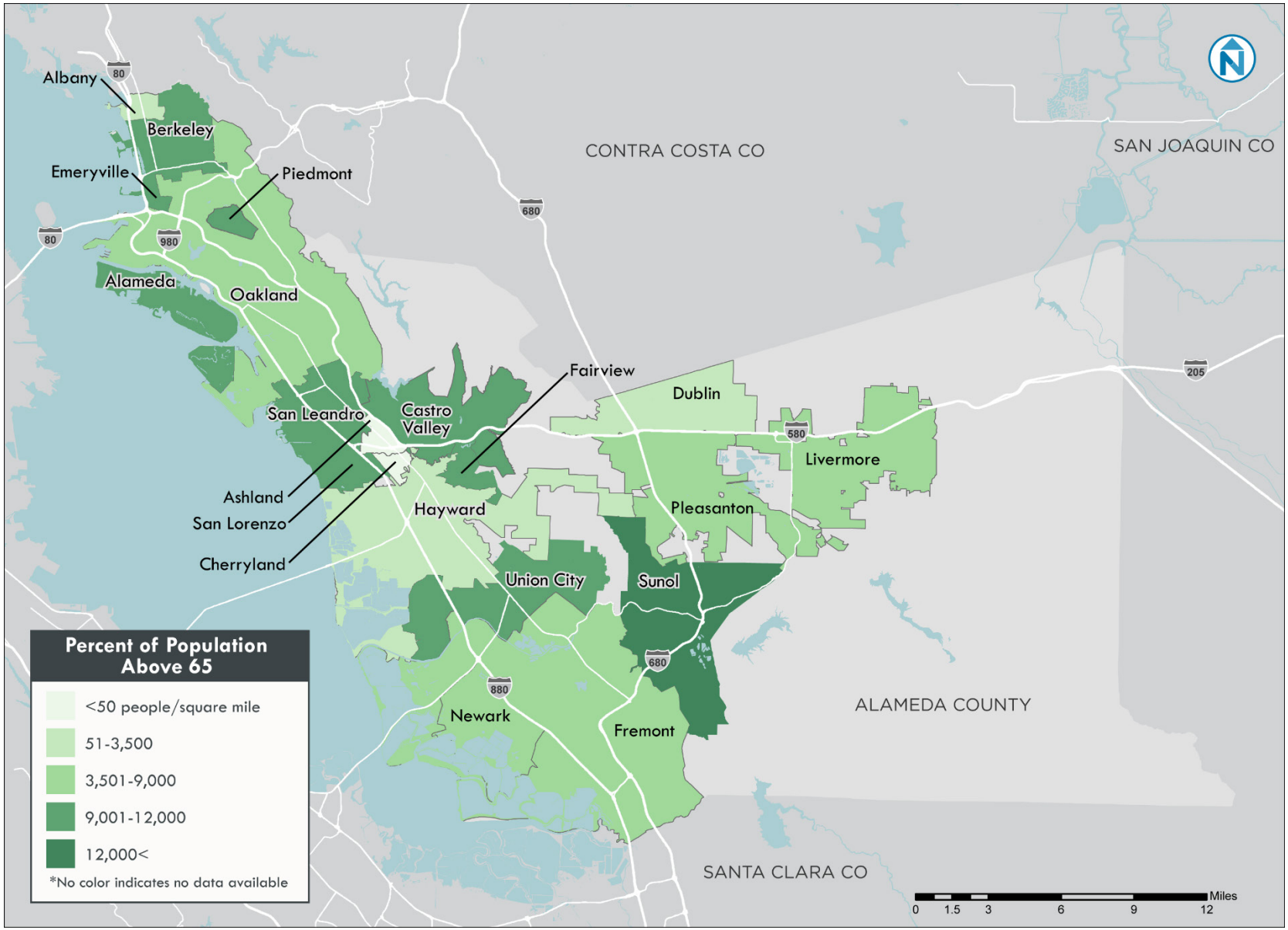
- Alameda CTC-funded providers
- Consumers
- Non-profit organizations that provide transportation to seniors and people with disabilities
- Non-profit organizations that serve seniors and people with disabilities but do not provide transportation
- Community-based organizations that focus on populations of limited English proficiency
- Government agencies and private entities (i.e. hospitals) that administer support programs for seniors and people with disabilities
- Human service agencies that fund and/or support access for transportation services
- Private transportation brokers, taxi services, etc.
- Transportation network companies
- Advocacy organizations that work on behalf of the target populations

Demographic Profile

Detailed demographic analysis was conducted to understand major trends across the county. The analysis helps staff forecast demand for mobility services for seniors and people with disabilities and understand the type and location of service needs in the future. Some key findings of the demographic analysis include:

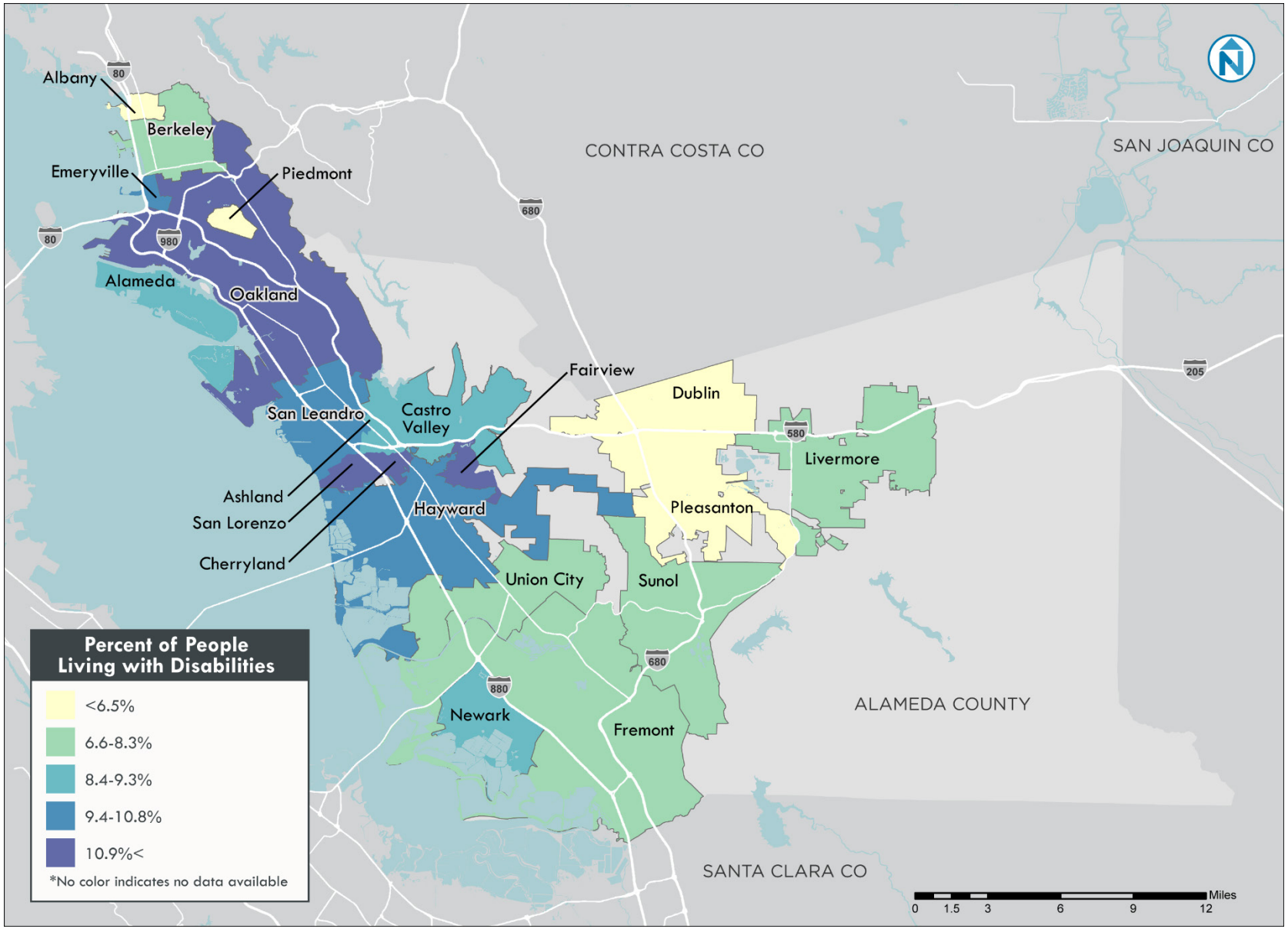
- The number of seniors in Alameda County is on the rise. Seniors made up 10% of the population in 2000 and reached 12% by 2014, just below average for the nine-county Bay Area region. More than one in five Alameda County residents is expected to be 65 or older by 2040. The percentage of seniors in each Alameda County jurisdiction ranges from 9-15% (Figure ES-4)
- Nine percent of the total population in Alameda County is disabled, which is similar to the region as a whole. The disabled population in both the county and the region remained relatively constant between 2010 and 2014. The percentage of people with a disability in each Alameda County jurisdiction ranges from 5-12% (Figure ES-5) and a high portion of seniors also have a disability, 40- 50% in some jurisdictions (Figure ES-6).
- Alameda County has a diversity of urban, suburban, and rural communities. Differences in population density, vehicle access, and proximity to transit play a pivotal role in determining mobility options and how best to serve seniors and disabled residents.
- One in five Alameda County residents live in poverty, higher than any other Bay Area county except Solano County which also has a 20% poverty rate. Poverty among seniors in Alameda County is on-par with that of the general population. More urban parts of the county have higher poverty rates, while more suburban areas have lower poverty rates (Figure ES-7).

Figure ES-4 Distribution of Seniors in Alameda County (2014)



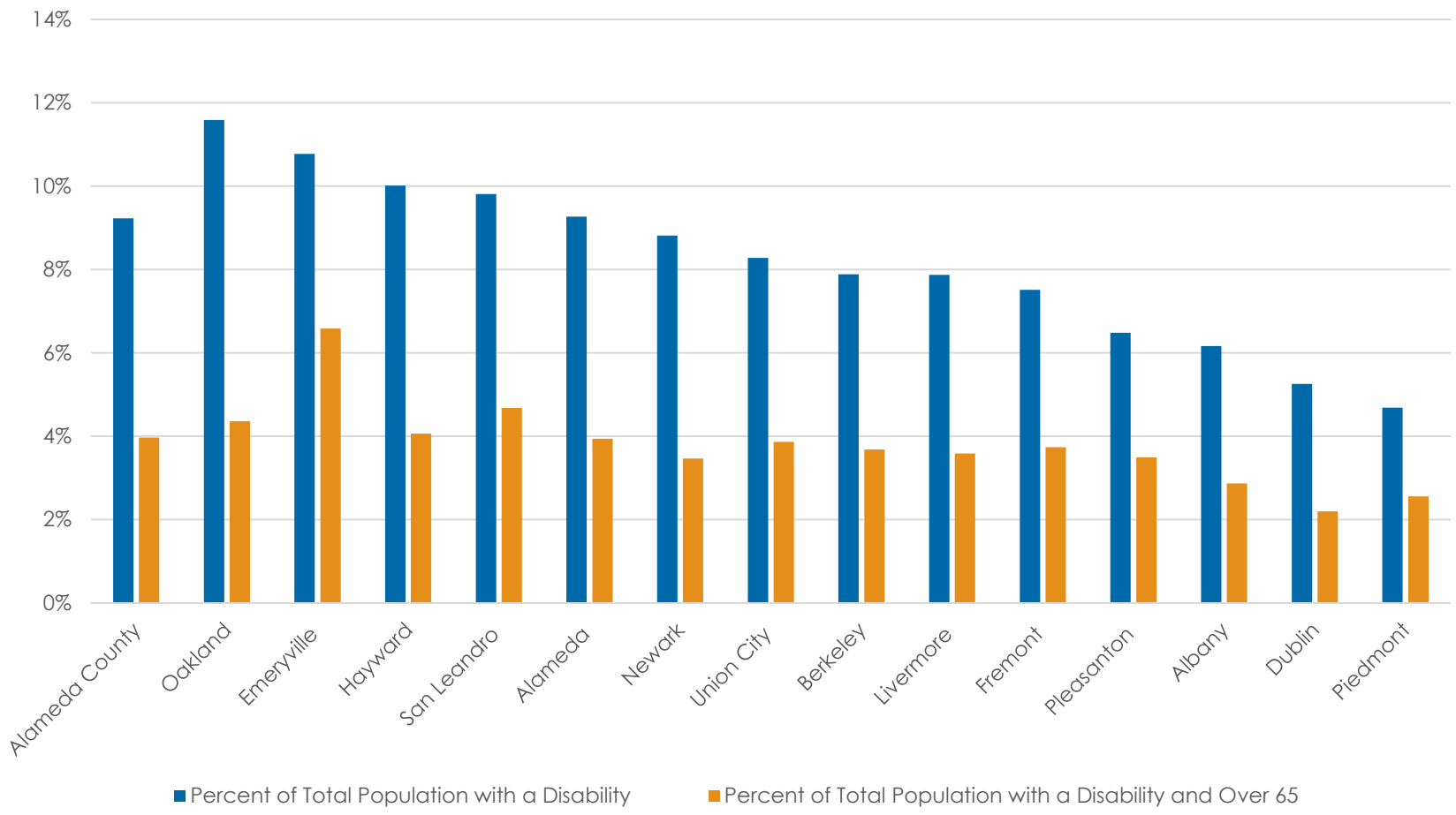
Source: American Community Survey 5-Year Estimates, 2010-2014

Figure ES-5 Distribution of People with Disabilities in Alameda County (2014)



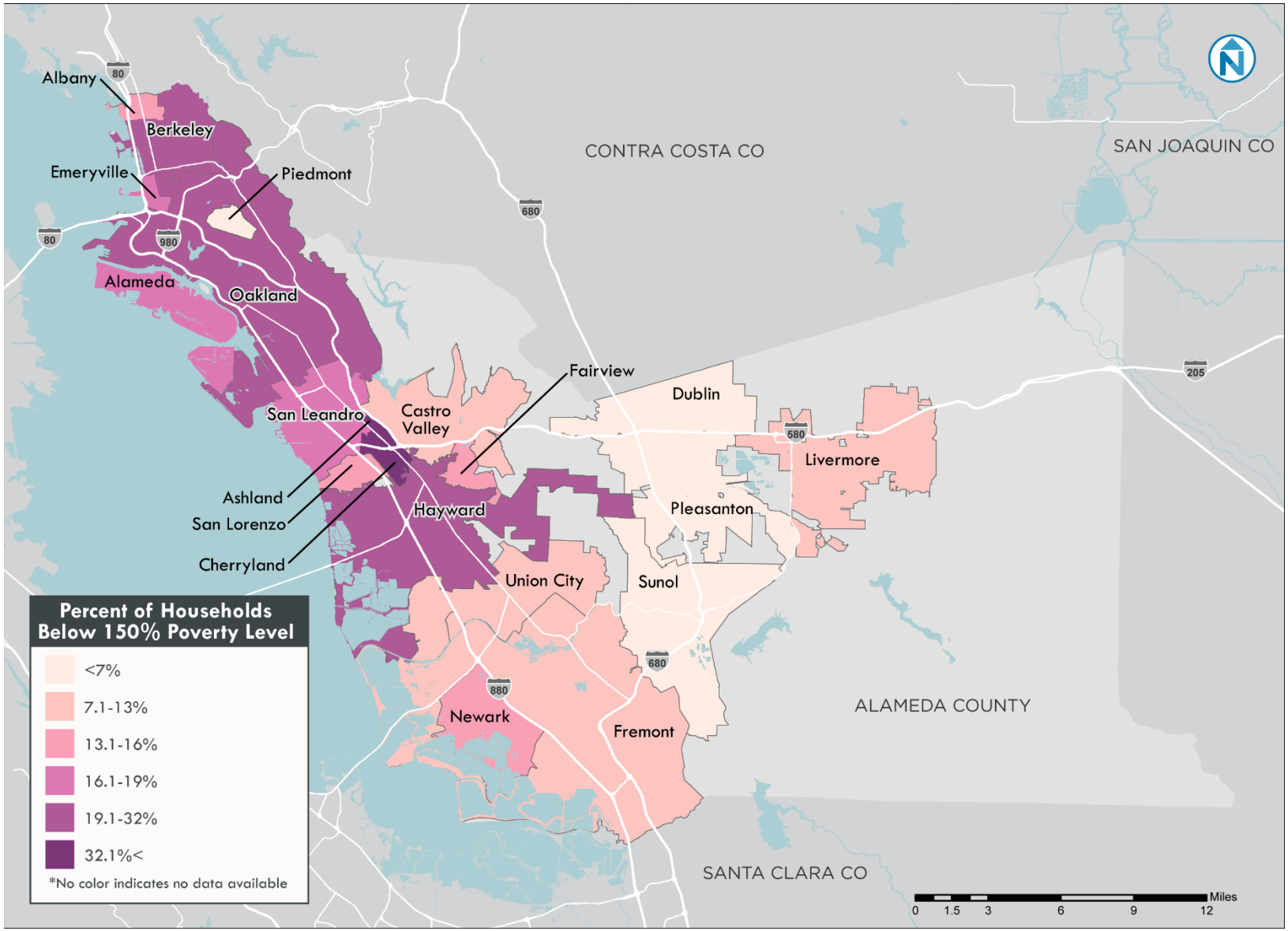
Source: American Community Survey 5-Year Estimates, 2010-2014

Figure ES-6 Total Population with a Disability and Seniors with a Disability by City (2014)



Source: American Community Survey 5-Year Estimates 2010-2014

Figure ES-7 Distribution of Poverty Among Seniors in Alameda County (2014)



Source: American Community Survey 5-Year Estimates, 2010-2014

Existing Services

Transportation resources for seniors and people with disabilities in Alameda County currently include:

- Fixed-Route Transit / ADA-mandated paratransit
- City-Based Paratransit Services
- Alameda CTC Countywide Programs – Hospital Discharge Transportation Service and Wheelchair Scooter Breakdown Transportation Service
- Community-Based Shuttles
  - Services Provided by Jurisdictions
  - Services Provided in Relation to Healthcare/Social Services
  - Services Provided by Non-Profit Organizations
- Private Transportation
- Subsidized Fare Programs/Voucher Programs
- Volunteer Driver Programs
- Mobility Management Services, including:
  - Information & Referral
  - Travel training

Figure ES-8 ADA-Mandated Paratransit and City-Based Programs in Alameda County

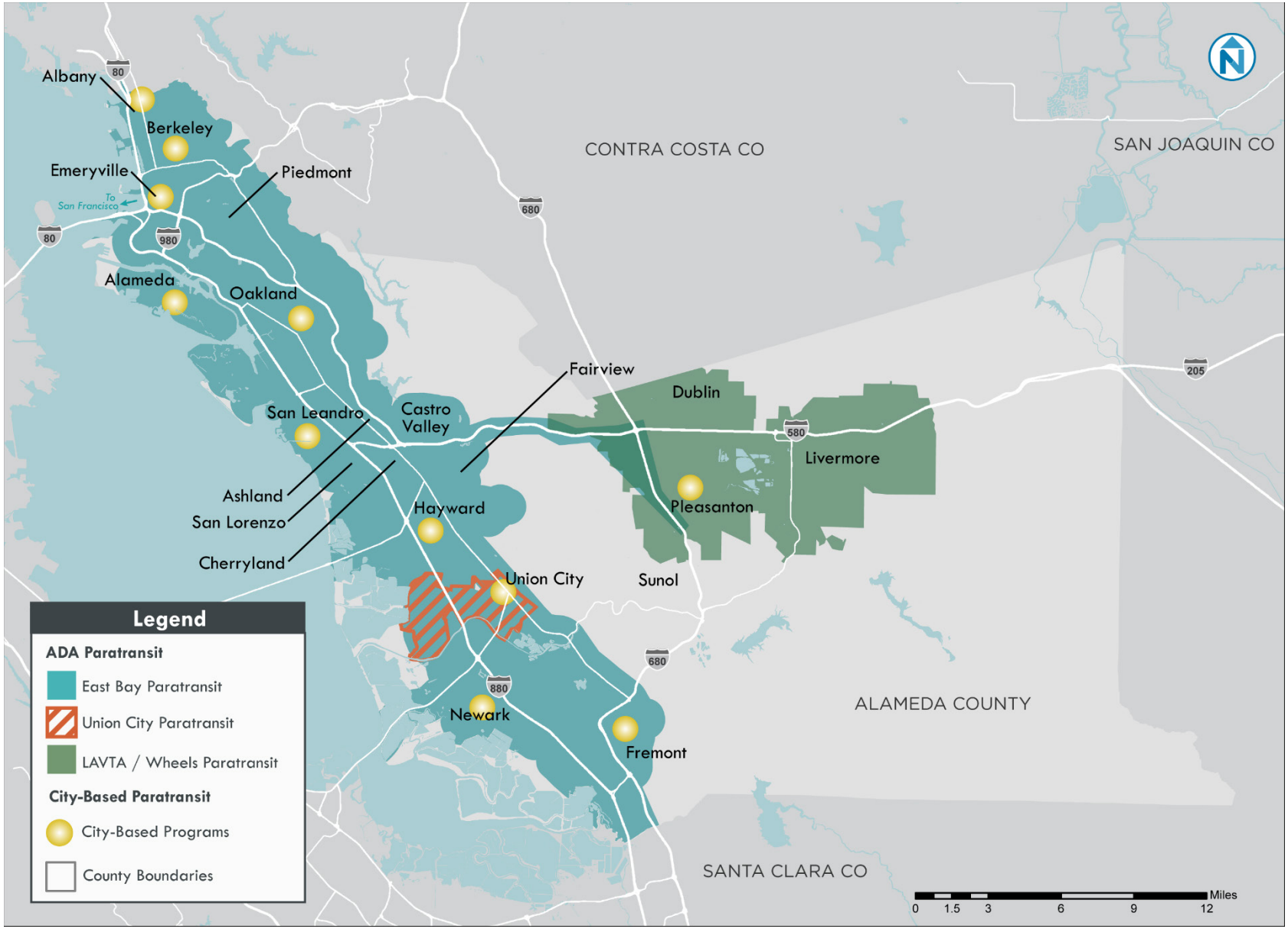


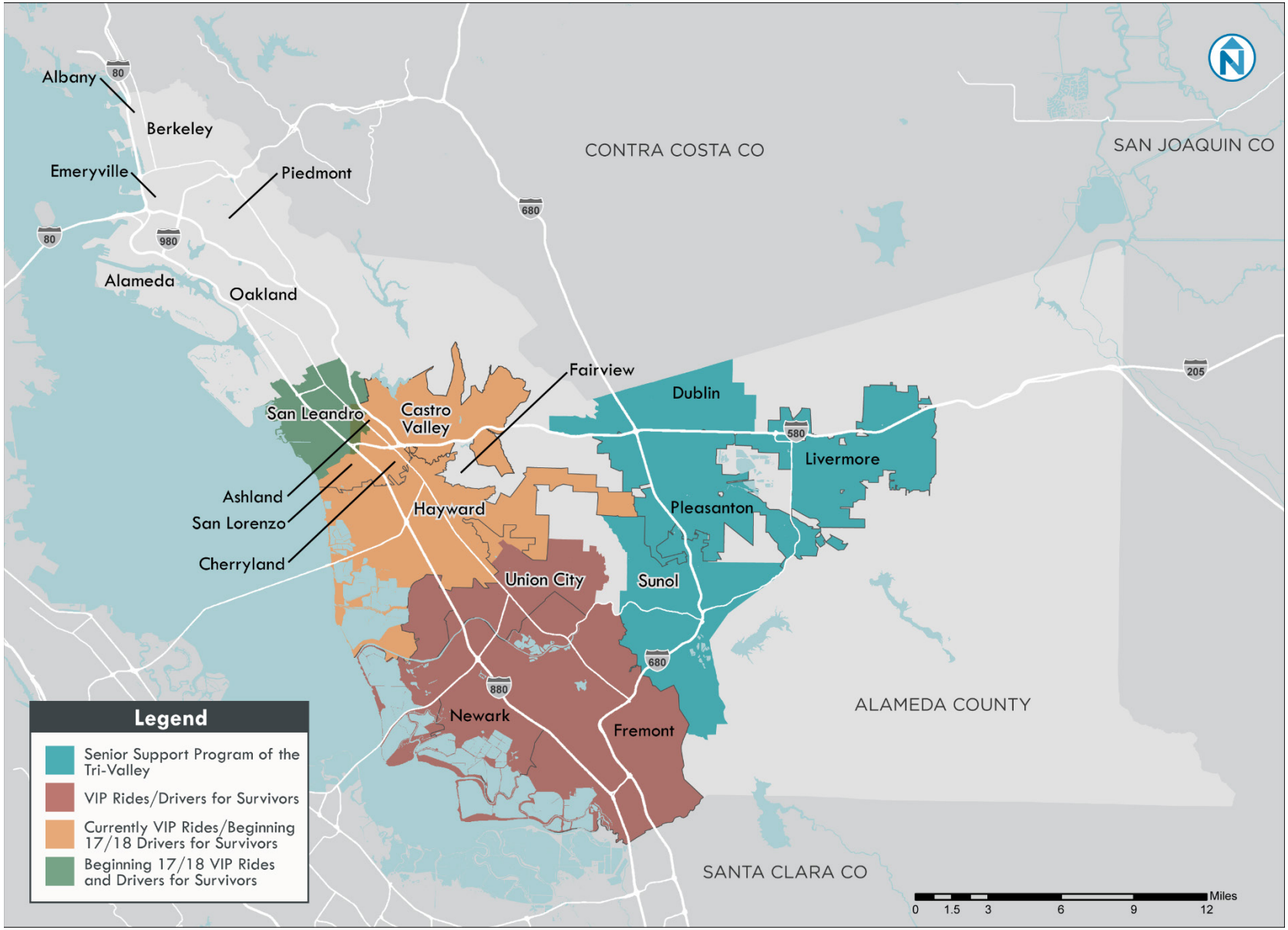
Figure ES-9 Summary of Programs by City/Area, January 2017

City	Planning Area	Door-to-Door	Taxi Subsidy	Specialized Accessible Van	Accessible Shuttle	Group Trips Program	Volunteer Driver Program	Mobility Mgmt./ Travel Training	Scholarship/ Subsidized Fare	Meal Delivery	ADA Para-transit
Alameda	North		●		●	●		■	●		◆
Albany	North		●			●		■			◆
Berkeley	North		●	●				●	◆		◆
Emeryville	North	■	●			◆		■	●	●	◆
Oakland	North	●	●	●		●		■			◆
Hayward	Central		●	●		●	●	●	●	●	◆
San Leandro	Central		◆		●			■			◆
Fremont	South	●	■			●	■	■		●	◆
Newark	South	●	■				■	■		●	◆
Union City	South		■			●	■	■			●
Dublin	East		◆				■	■	◆		◆
Livermore	East		◆				■	■	◆		◆
Pleasanton	East	◆	◆		■	■	■	■	●		◆

*Primary funding source (some programs have mixed funding sources, the box reflects majority):

- Direct Local Distribution Funding ●
- Discretionary Funding ■
- Other Funding ◆

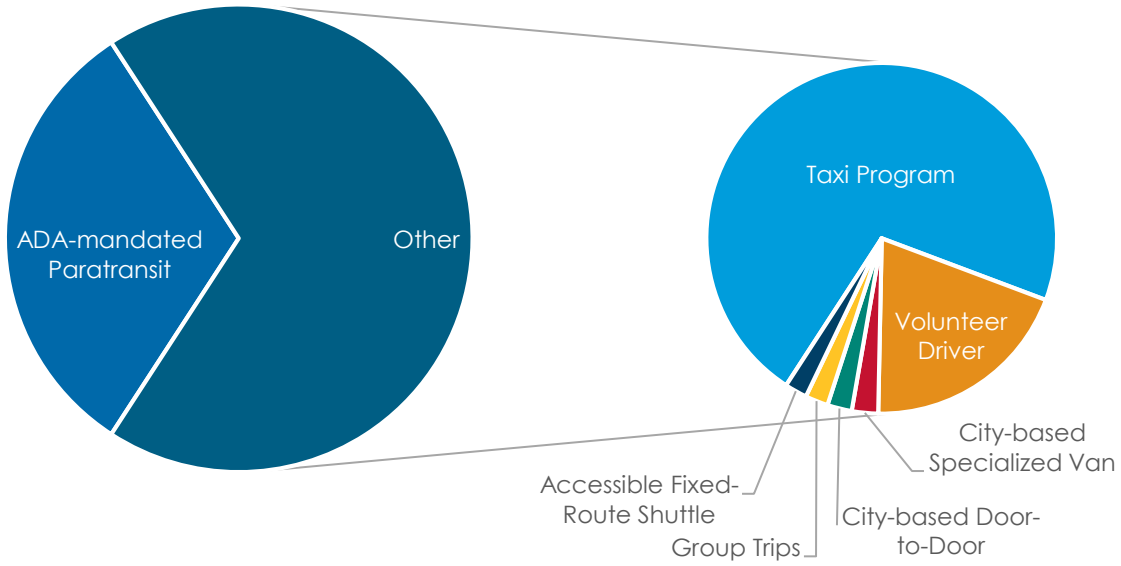
Figure ES-10 Alameda County Volunteer Driver Programs



A review of program funding and trip data reveals some interesting trends.

- In spite of demographic trends that show an increase in the senior population, the compliance and grant reports from FY 09-10 to FY 15-16 do not show a consistent increase in number of rides. Anecdotal communications from ADA-mandated providers indicate trip demand may be rising more recently. Likewise, four years of ADA-mandated performance report data and three years of city-based program plan data have not shown a consistent increase in certified riders.
- Nearly half of East Bay Paratransit (the largest provider of paratransit trips in the County) trips in 2016 were for medical appointments.
- ADA-mandated paratransit programs serve the second most trips and receive the highest proportion of funding, due to the need to serve all trip requests to comply with the ADA, the need to meet FTA requirements for driver training and certification, longer trip lengths, and a large portion of accessible trips.
- Taxi programs serve the highest number of trips and receive a small amount of funding due to short trip distances and serving mostly ambulatory riders.
- Volunteer driver programs receive a low proportion of funding compared to rides provided.

Figure ES-11 Projected Trips by Program Type FY 16-17
(Includes Trips Funded by Non-Alameda CTC Funds)



Source: Program Plan Applications for DLD Funding

Identification of Transportation Needs and Gaps

Many of the needs and gaps included in this report were identified in prior analyses, and were reiterated by stakeholders during the outreach process, including:

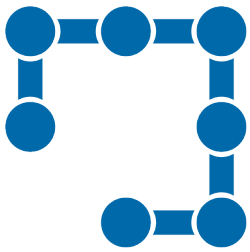
- **Issues with ADA-mandated paratransit performance**, in particular on-time performance and long rides due to shared rides (ADA-mandated paratransit is a shared ride system like transit, and often detours to pick up and drop off other riders) and increasing regional congestion.
- **Lack of access to reliable same-day transportation,** especially for consumers who need accessible vehicles.
- **Needs for better medical transportation options,** especially for cross-county and cross-jurisdictional travel to medical facilities.

The following new key points emerged through this Needs Assessment during the outreach process:

- **Stakeholders were more focused on barriers to accessing fixed-route transit** than the previous focus on ADA-mandated paratransit.
- **There was a strong emphasis on customer service and sensitivity issues** for both fixed-route transit and ADA-mandated paratransit employees.
- **There was concern about affordability of services,** including the high cost of fixed-route transit and ADA-mandated paratransit fares.
- **There was concern about the impact of Transportation Network Companies** like Lyft and Uber.

Overall needs were grouped as follows:

- **Seniors and people with disabilities face barriers in using fixed-route transit due to disrepair and infrastructure issues**, including broken BART elevators and escalators, buses unable to kneel, transit stops not ADA accessible, placed far apart or inconveniently, and bus stops without shelter or a bench.

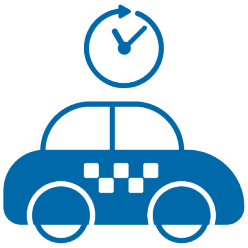


  - Stakeholders also feel that customer service quality needs to be improved in relation to accommodating their needs, such as ensuring safe boarding and seating.
  - Seniors and people with disabilities also report insufficient capacity of fixed route transit service for them to ride, primarily due to crowding during work and school "rush hours."

- **ADA-mandated paratransit riders and their service providers report continued problems with on-time performance** and long rides. Although stakeholders reported concerns to the Alameda CTC about on-time performance, the 2016 East Bay Paratransit survey only showed a one percent decline in on-time performance from the prior three years. The survey also showed overall satisfaction with the quality of service on the surveyed trip.
  - ADA-mandated paratransit stakeholders also report concerns with customer service quality, and also include the staff that take their reservations and dispatch their rides. The 2016 East Bay Paratransit survey showed a 3-5% decline in courtesy of phone reservationists and skill of the customer service agent

  - Stakeholders also noted that ADA-mandated paratransit and other frequently used services cannot meet the needs of seniors and people with disabilities who need to be accompanied by an attendant, "escorting" or door through door service.
- **Many stakeholders raised affordability concerns** due to the high cost of transit and paratransit fares. According to the Alameda County 2-1-1 provider (Eden I&R) many people have to choose between housing and transportation.
  - Riders with disabilities report difficulty in obtaining a Regional Transit Connection (RTC) Card for discount transit fares.

- **Seniors and people with disabilities continue to have concerns and needs related to same day transportation service.**
  - Subsidized taxis provide the second most trips for seniors and people with disabilities, after ADA-mandated paratransit. However, riders still express a need to have more subsidized rides available.



  - Stakeholders have mixed feelings towards Transportation Network Companies (TNCs) like Lyft and Uber, with the perceptions that they provide an opportunity for expanded options for ambulatory passengers, but with strong concerns about the lack of equivalent accessible service, as well as the use of taxpayer funds for new private companies, whose futures are unknown. ADA-mandated providers were concerned about TNCs being expected to provide paratransit trips but failing to operate in a way that would meet FTA requirements.

  - Many stakeholders are concerned about limited availability of accessible taxis and non-availability of accessible vehicles on TNCs and carshare. There was general concern about ensuring equitable access for people with wheelchairs to new modes of transportation such as TNCs, autonomous vehicles, and even bikeshare programs.

- **Numerous stakeholders felt medical transportation needs were not being adequately met.**

  - As hospitals consolidate and specialize, many riders run into barriers traveling and/or transferring between cities, counties, and transportation providers to reach their medical appointments.

  - Dialysis transportation poses continued challenges, due to riders requiring multiple round trips per week, the uncertain length of treatment time, and riders feeling very weak when they are released. Standard ADA-mandated paratransit vehicles can also cause additional discomfort due to suspension/bumpiness issues.
  - Staff affiliated with medical providers expressed concern and confusion about non-emergency medical transportation (NEMT) providers and Medi-Cal limitations, and how to choose and arrange the best transportation option for riders.
  - A number of obstacles were reported related to Alameda CTC's Hospital Discharge Transportation Service (HDTS) including lack of information, receiving vague or inaccurate time information when calling to request a trip, not having enough warning to have time to get the patient ready, or conversely having the trip not show up at all or not being called back until the next day.

- **Stakeholders appreciated the opportunity to provide feedback through the Needs Assessment** and highlighted areas where information sharing could be improved.

  - Some seniors and people with disabilities have barriers to accessing information due to cognitive impairments.
  - Many residents in the County see a lack of information in multiple languages.

  - Many stakeholders expressed concern about the necessity to be tech-savvy to access information and service. Some seniors and people with disabilities find cost and knowledge/comfort barriers to using computers or smartphones.

Strategies to Address Identified Needs and Gaps

This chapter presents a series of initial strategies that have been developed to address the needs identified in the demographic analysis, outreach process, and analysis of existing services. Strategies are suggested for all six major needs identified. These strategies can inform planning efforts and/or funding decisions. The proposed strategies are preliminary and can lay the groundwork for feasibility studies of new Countywide initiatives. These strategies are detailed in Chapter 6.

Figure ES-12 Strategies and Needs Served

Strategy	Need Served					
	Fixed Route Issues	ADA-Paratransit Service Issues	Afford-ability	Same Day Service	Medical Trips	Access to Information
Improve Accessibility of the Fixed-Route Public Transit System	●			●	●	
Expand Flexible Transit Options	●	●	●	●		
Invest in State of Good Repair and Accessibility of Street Infrastructure	●			●		
Continue to Improve Quality of ADA-mandated Paratransit services		●			●	
Expand Volunteer Driver Programs to North and Central County			●		●	
Expand Access to Existing Transit Discounts (RTC and Senior Clipper Cards)	●		●			
Expand Subsidized Fare Programs	●	●	●		●	
Expanded Access to Taxis, modernize taxi program				●		
Explore public/private partnerships				●	●	
Expand Eligible Trip Purposes for Guaranteed Ride Home Program (GRH)	●			●	●	

Strategy	Need Served					
	Fixed Route Issues	ADA-Paratransit Service Issues	Afford-ability	Same Day Service	Medical Trips	Access to Information
Expand Availability of Same-Day Accessible Trips				●		
Increase Role of Mobility Management, One-Call/One-Click			●	●	●	●
Introduce Accessibility of Shared Mobility			●	●		
Expand Senior Walking Groups	●					●
Align Alameda CTC Funding with Needs and Demand	●	●	●	●	●	●
Explore Cost Sharing Partnerships			●	●	●	

Next Steps

This Needs Assessment Report provides guidance for further work that will be undertaken by the Alameda CTC with ADA-mandated providers, city-based programs, and non-profit community based organizations. This effort will include strategies that represent both new initiatives and those that expand existing programs.

Many organizations continue the important work of evaluating needs and gaps and developing strategies to meet them. Alameda CTC will monitor and review information made available from these efforts, including: the MTC Coordinated Public Transit Human Services Transportation Plan Update; a recently initiated needs assessment in the Tri-Valley; Fremont's work with the World Health Organization's Global Network of Age-Friendly Cities[1]; and others that arise in the future.

[1] The Age-Friendly network encourages cities to prepare for the dramatic shift in the aging population by paying attention to the environmental, economic, and social factors that influence the health and well-being of older adults. The model is built on assessing the city's baseline status in relevant areas and developing an action plan that includes ideas from older adults.

1 Introduction

The Alameda County Transportation Commission (Alameda CTC) has a strong commitment to transportation for seniors and people with disabilities. Alameda CTC funds a wide variety of programs, interacts with the community through advisory committees and outreach, and rigorously collects reporting data on services provided with local transportation funding. In 2016 Alameda CTC contracted with Nelson\Nygaard Consulting Associates to complete this Needs Assessment to inform program planning and funding priorities. To identify needs, several strategies were used, including outreach with County stakeholders, analysis of data and demographics, and a review of the latest industry trends. The report concludes with identification of transportation needs and gaps and strategies to address identified needs and gaps.

East County stakeholders at Alameda CTC Workshop at Ed Roberts Campus.

Image from Nelson\Nygaard

Background on Alameda CTC and the Alameda County Paratransit Program

The Alameda County Transportation Program for Seniors and People with Disabilities (a.k.a. the Paratransit Program) is funded by 10.45% of Measure B and 10% of Measure BB, the Alameda County transportation sales taxes, authorized by voters in 2000 and 2014 respectively. The Paratransit Advisory and Planning Committee (PAPCO), consisting of representatives of the senior and disability community, provides input on funding, planning, and coordination issues regarding transportation services for seniors and persons with disabilities in Alameda County. In addition, the Paratransit Technical Advisory Committee (ParaTAC), composed primarily of city and ADA-mandated paratransit agency staff, advises PAPCO and Alameda CTC on matters related to these services. Alameda CTC contracts with a Paratransit Coordination Team to support the committees and the paratransit program (currently Nelson\Nygaard Consulting Associates).

Measure B is allocated as follows: 5.63% to AC Transit and BART to support East Bay Paratransit (the largest Alameda County Americans with Disabilities Act (ADA)

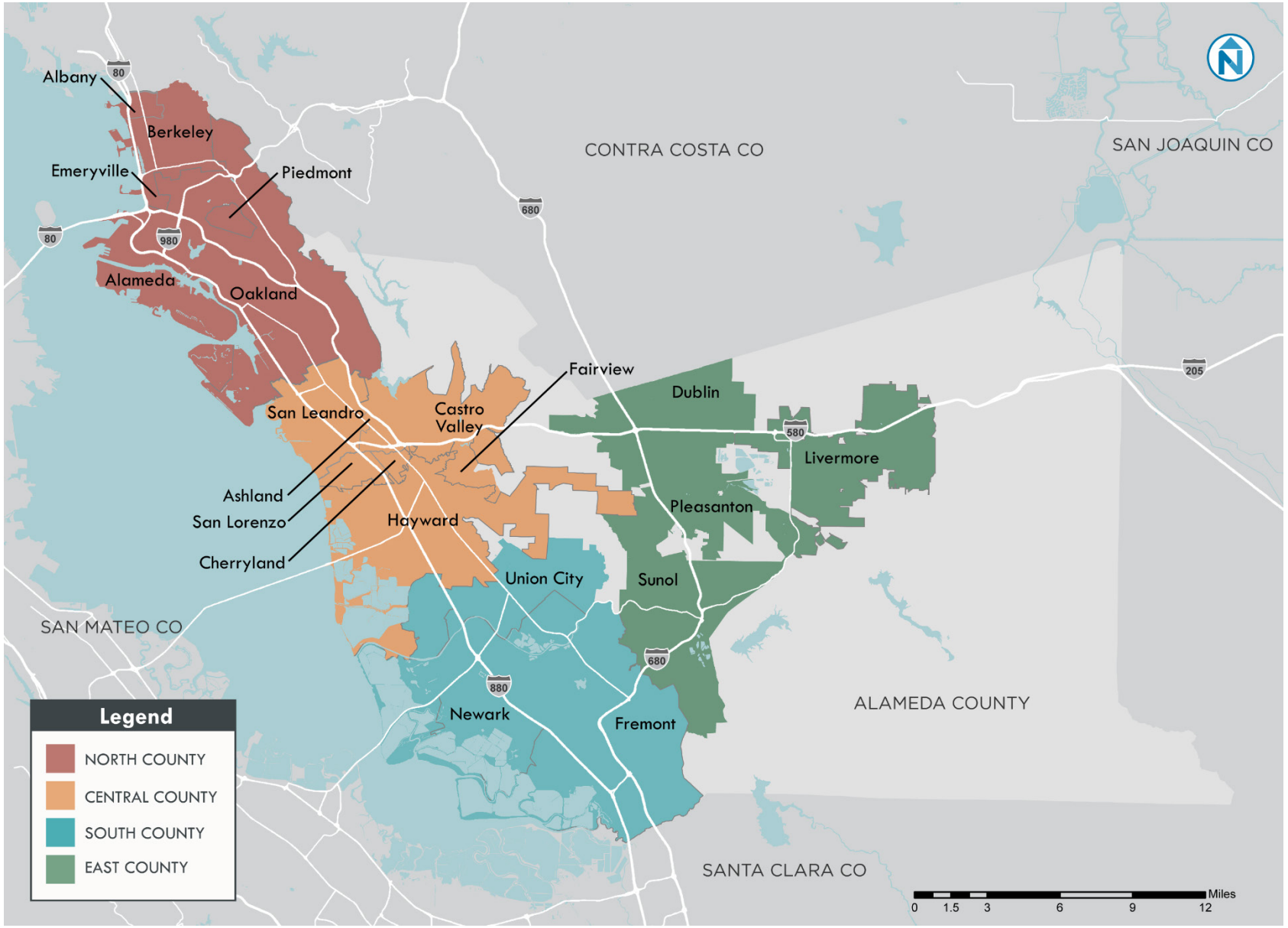
mandated[1] service provider), 3.39% to City-based programs, and 1.43% to discretionary programs to reduce gaps in service. Measure BB is allocated as follows: 6% to AC Transit and BART to support East Bay Paratransit, 3% to City-based programs, and 1% to coordination and service grants. Together Measures B and BB generate approximately $20 million per year for transportation for seniors and people with disabilities. ADA-mandated and city-based program funding are allocated by funding formulas determined by the voter-approved Measure B and BB Transportation Expenditure Plans (TEPs) and input from PAPCO. These funds are provided to jurisdictions and transit agencies as Direct Local Distribution (DLD) funds. The TEP allocates funding by planning area (Figures 1-1 and 1-2) and PAPCO's formula allocates funding within planning areas. The discretionary grant funds are allocated to these DLD recipients and/or non-profit community-based organizations based on recommendations by PAPCO.

Figure 1-1 Alameda County Planning Areas

Planning Area	Cities and unincorporated areas
North County	Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont
Central County	Castro Valley, Hayward, San Leandro, and the adjacent unincorporated areas
East County	Dublin, Livermore, Pleasanton, and the adjacent unincorporated areas
South County	Fremont, Newark, and Union City

[1] All fixed-route transit providers are legally required to provide complementary paratransit for people who, due to their disability, are unable to ride regular buses and trains, some or all of the time. Per the FTA "each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system."

Figure 1-2 Alameda County Planning Areas Map



Background on Needs Assessments and Strategic Planning

Throughout the life of Measure B and BB, the Alameda CTC has worked diligently with the transit agencies, cities, PAPCO, ParaTAC, non-profit partners, and other organizations to effectively distribute these taxpayer funds. In addition to regular reporting and a rigorous annual review of program plans from fund recipients, the Alameda CTC has also led several efforts to strategically evaluate the programs provided and identify unmet needs.

- The first two years of discretionary funding (Gap Cycles 1 and 2) was distributed to the Measure B Direct Local Distribution (DLD) recipients after a thorough planning area planning process with ParaTAC to identify key gaps that were not being met by the existing services. This process resulted in several innovative ideas for grant funding, such as providing taxi medical return trips and hospital discharge trips. These services were funded as grants and were later absorbed into city-based programs or taken on by Alameda CTC.
- As part of Gap Cycles 3 and 4, Consumer Surveys of the city-based programs were conducted. In 2010 the Paratransit Coordination Team completed a Service Delivery Analysis which provided a detailed look at the voluminous program data collected from the programs and related demographic and industry trends. The Analysis made several recommendations that influenced later planning efforts including the addition of income to the funding formula, and greater Countywide emphasis on mobility management, travel training, and volunteer driver programs.
- In 2010 the Alameda CTC also conducted a strategic planning effort focused on planning areas (North, Central, South, and East) called the Coordination and Mobility Management Planning Process (CMMP).

All of these projects were opportunities to assess the transportation needs of seniors and people with disabilities in Alameda County and in some cases develop pilots to address any identified gaps. In addition, throughout the history of the program, the Alameda CTC has engaged in robust outreach efforts, conducted research, and hosted annual strategic Mobility Workshops to explore trends in the industry and stay abreast of changing conditions at the county, regional, state, and national levels.

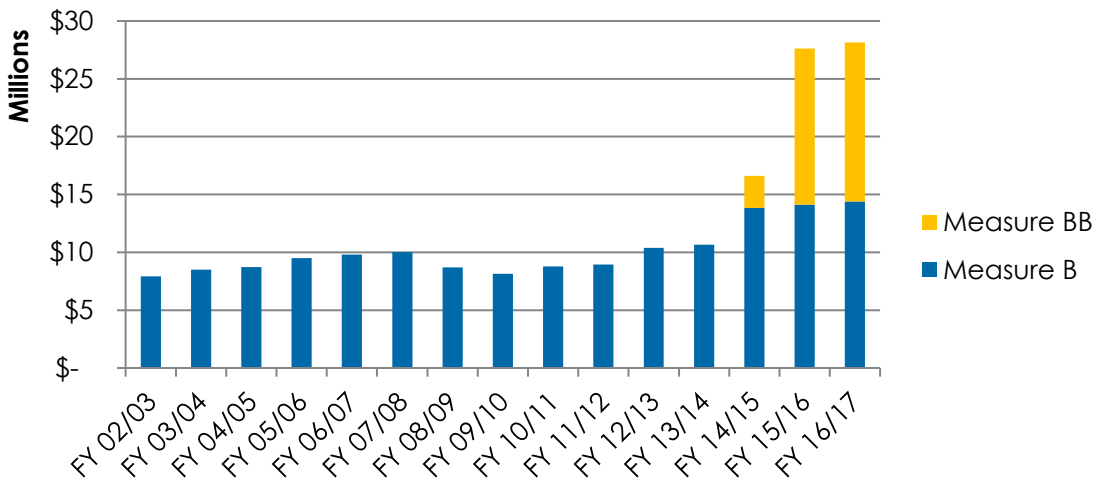
Through this work, Alameda CTC has sought to address any identified trends and themes that have emerged and provide guidance to city-based and ADA programs while still allowing for local autonomy. City staff have been given great latitude in designing and implementing programs to meet their individual communities' needs. Some of these efforts have included:

- The Alameda CTC, in consultation with PAPCO, has twice offered stabilization funding during economic downturns (in 2003 and 2010). This extra funding was drawn from Gap funds and added to DLD to prevent cuts in service.
- Given the variety of programs offered, Alameda CTC has worked with the committees to ensure uniformity in how programs are defined and evaluated. In order to provide greater clarity, PAPCO and ParaTAC developed minimum service levels in 2006 and staff worked with both committees in 2012 to develop the Implementation Guidelines for different modes. Recently performance measures were added to the Guidelines. These efforts have helped to define how the programs relate to each other and the funding streams.
- In alignment with regional priorities and industry trends, the Alameda CTC has also made an effort to promote mobility management in Alameda County. Mobility management has multiple definitions but in the 2013 Coordinated Public Transit – Human Services Transportation Plan the Metropolitan Transportation Commission (MTC) described it as "a strategic, cost-effective approach to encourage the development of services and best practices in the coordination of transportation services connecting people needing transportation to available transportation resources within a community. Its focus is the person — the individual with specific needs — rather than a particular transportation mode. Through partnerships with many transportation service providers, mobility management enables individuals to use a travel method that meets their specific needs, is appropriate for their situation and trip, and is cost-efficient." Some of the mobility management efforts implemented by Alameda CTC include information and referral and travel training.

Current Needs Assessment

Alameda CTC, in collaboration with our partners, supports an impressive variety of transportation programs for seniors and people with disabilities including ADA-mandated paratransit, city-based programs, taxi programs, fixed-route shuttles, volunteer driver programs, travel training, hospital discharge transportation, wheelchair van programs, information hotlines, and more. However, needs and conditions are always evolving, and an assessment of gaps in service must be undertaken on a periodic basis to ensure funding is directed to the most critical areas. Further, with the passage of Measure BB, the funding available for transportation services for seniors and people with disabilities in Alameda County nearly doubled. While the funding for the ADA-mandated paratransit programs is fairly straightforward, this increase in funding provides an opportunity to reassess the best use of city-based and discretionary funding.

Figure 1-3 DLD Annual Revenue Trends



Since prior needs assessment efforts, the transportation landscape has changed rapidly. Use of transportation network companies like Uber and Lyft is steadily increasing and the news media frequently reports on autonomous vehicles. At the same time, the advent of new mobility services has reduced the availability of taxis, which many Alameda County programs have relied upon to provide reliable, low-cost, same-day transportation services. In addition, the senior population is growing, and we have better data than ever before about incidence of disability in Alameda County through the American Community Survey (ACS).

For all of these reasons, the Alameda CTC has commissioned an assessment of the mobility needs of seniors and people with disabilities in Alameda County in order to provide an up-to-date understanding of where we are today, recent trends, and future projections to inform planning efforts and funding decisions.

2 Methodology

Alameda CTC contracted with Nelson\Nygaard Consulting Associates and Quantum Market Research (QMR) in fall of 2016 to complete the Needs Assessment. This report was prepared using a variety of methodologies including stakeholder outreach, demographic analysis, peer research, documentation of resources, and exploration of trends in the field.

Stakeholder Outreach

The Paratransit Coordination Team has conducted extensive outreach with consumers since 2002. Many of the issues raised have been consistent over time and it was determined that this needs assessment should focus on eliciting detailed input from transportation and social service providers and targeted consumer input through standing meetings. Figure 2-1 below shows the list of stakeholders that were targeted for input. Staff reached out to all identified stakeholders and was able to communicate with all of them to varying degrees.

Figure 2-1 Stakeholders Identified for Input

Category	Agencies/Stakeholders	Methodology
Alameda CTC-funded providers	ADA-mandated and City-based programs	Meetings (Joint PAPCO-ParaTAC meeting)
Existing consumers	PAPCO, East Bay Paratransit Service Review Advisory Committee, WHEELS Accessibility Advisory Committee, Tri-City Paratransit Advisory Committee, City-based consumers	Meetings and stakeholder interviews (including Joint PAPCO-ParaTAC meeting)
Non-profit organizations that provide transportation to seniors and people with disabilities	Alameda CTC Gap grant recipients, FTA Section 5310 recipients	Focus group and stakeholder interviews (phone)

Category	Agencies/Stakeholders	Methodology
Non-profit organizations that serve seniors and people with disabilities but do not provide transportation	Alameda County Area Agency on Aging Roundtable; Countywide Travel Training Group; Eden I&R (Alameda County's 211) Contacted Roundtable staff but unable to schedule meeting, instead presented to Alameda County Advisory Commission on Aging. Contacted Roundtable via list-serve for focus groups.	Meetings and stakeholder interviews (phone)
Community-based organizations that focus on populations of limited English proficiency	Friends of Children with Special Needs, Oakland Taxi Up and Go, Indo-Americans Seniors Association of Fremont (INSAF), SAHA – Newark Gardens, Afghan Elderly Association, Spanish Speaking Citizens' Foundation	Meetings and stakeholder interviews (phone)
Government agencies and private entities (i.e. hospitals) that administer support programs for seniors and people with disabilities	Healthcare providers, hospitals (Hospital Discharge Transportation Service contacts), Alameda County Public Health Department, Developmental Disabilities (DD) Council Multiple attempts to obtain input from County and Public Health through different contacts were referred to the DD Council.	Meetings and stakeholder interviews (phone)
Human service agencies that fund and/or support access for transportation services	Alameda County Area Agency on Aging Roundtable (see above)	Meeting

Category	Agencies/Stakeholders	Methodology
Private transportation brokers, taxi services, etc.	MV Transportation, Friendly Cab Contacted but did not provide new input: St. Mini Cab	Stakeholder interviews (phone)
Transportation network companies	Lyft Contacted but did not provide new input: Uber	Stakeholder interviews (phone)
Advocacy organizations that work on behalf of the target populations	Center for Independent Living, Community Resources for Independent Living, United Seniors of Oakland and Alameda County	Events (Healthy Living Festival), stakeholder interviews (phone)

The team scheduled presentations at several existing meetings, shown in Figure 2-2.

Figure 2-2 Presentations at Existing Meetings

Date	Meeting
10/10/16	Alameda County Advisory Commission on Aging (sponsored by Area Agency on Aging)
10/24/16	PAPCO and ParaTAC Joint Meeting
11/01/16	East Bay Paratransit Service Review Advisory Committee
11/02/16	WHEELS Accessibility Advisory Committee
11/04/16	Alameda CTC Countywide Travel Training Group Meeting
11/09/16	Developmental Disabilities Planning and Advisory Council
1/30/17	Oakland Mayor's Commission on Persons with Disabilities and Commission on Aging Joint Meeting

The Needs Assessment team also conducted general outreach to complement these targeted strategies. QMR attended the Healthy Living Festival at the Oakland Zoo on September 15, 2016, passed out informational flyers about the Assessment, and followed up with interested parties to conduct more in depth interviews.

Nelson/Nygaard and Quantum Market Research (QMR) conducted two focus groups for the Needs Assessment, on November 16 and 17, 2016. Participants were primarily comprised of non-profit agencies that are receiving Alameda CTC or 5310 funding and other key providers of services to seniors and people with disabilities. Outreach was done through Alameda CTC partners, the Area Agency on Aging Roundtable, the Senior Services Coalition of Alameda County, and the Alameda

County Behavioral Health Care Services. Both focus groups were well-attended; the organizations that participated were:

- Ala Costa Centers
- Alameda County Healthcare Services
- Beth Eden Senior Housing
- Care Builders at Home
- Center for Elders Independence
- Center for Independent Living
- City of Emeryville, Community Services
- Community Resources for Independent Living
- Crisis Support Services of Alameda County
- D'Nalor Care Homes
- Lifelong Medical Care
- Mobility Matters
- Oakland Taxi Up and Go
- Senior Alternatives
- Senior Moments
- Senior Support Program of the Tri-Valley
- Senior Visionary Services
- Sutter Health, East Bay Medical Foundation
- United Seniors of Oakland and Alameda County

In coordination with City of Fremont staff, on November 15th the team held a special meeting that served as a modified third focus group. It was titled the "Tri-City Transportation Needs Assessment" meeting and was attended by:

- Afghan Elderly Association
- Alzheimer's Services of the East Bay
- CA Department of Rehabilitation
- City of Fremont
- City of Newark
- Drivers for Survivors
- Fremont Paratransit Program
- Fremont Senior Citizens Commission
- Friends of Children with Special Needs
- Indo-Americans Seniors Association of Fremont (INSAF)
- Kaiser Permanente
- LIFE ElderCare
- Regional Center of the East Bay
- Union City Transit & Paratransit
- Satellite Affordable Housing Associates – Newark Gardens

Nelson/Nygaard also conducted stakeholder interviews and received input via email. More detail on outreach can be found in Appendix A.

Demographic and Existing Services Analysis

Nelson/Nygaard analyzed Alameda County demographics using data from the American Community Survey. The team also compiled an inventory of existing services using AccessAlameda.org, Alameda CTC reports and 5310 records, 2-1-1, 511.org, and analyzed past reporting data on Alameda CTC-funded programs. Lastly, the team reviewed relevant plans including the draft MTC Coordinated Plan, the Alameda County Plan for Older Adults, the Alameda County Public Health Department's Community Assessment Planning and Evaluation Unit report on Persons with Disabilities in Alameda County, the East Bay Paratransit Consumer Survey, and planning study information provided by the cities of Alameda and Berkeley.

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3 Demographic Profile

Overview

Demographic trends in Alameda County highlight a growing need for paratransit and senior mobility services. Most notably, the population of Alameda County is aging: more than one in five Alameda County residents is expected to be 65 or older by 2040. This growth in the senior population across Alameda County reflects both regional and national trends. As the population ages, the number of people with disabilities is likely also increasing, but the available data is too inexact to measure this increase with any certainty.

Seniors and people with disabilities in Alameda County experience different levels of transportation access depending on their location within the county. Some cities are relatively high-density with a rich offering of fixed-route transit services, while others are more suburban with a higher need for automobile use. This means there is no one-size-fits-all solution; mobility needs will need to be addressed via a variety of methods.

Alameda County has one of the highest poverty rates in the Bay Area, both among seniors and the general population. Again, it is important to distinguish between different cities across the county: over 30% of Oakland residents live in poverty, compared to 11% of Fremont residents. In general, more urban parts of the county have higher poverty rates, while more suburban areas have lower poverty rates. However, it is important to consider that poverty can compound the limited mobility options that exist in suburban jurisdictions.

The availability of transit services for seniors and people with disabilities within Alameda County is not increasing at a consistent rate to meet the projected growth in demand. Later chapters in this report will expand on stakeholder demand for more access to transit, particularly in more suburban areas. With inconsistent access to transit, access to a private automobile is a significant factor in determining the mobility of many Alameda County residents. An aging population, continued population growth, and longer life expectancies will continue to put pressure on existing mobility services throughout the county in future years.

Methodology

This analysis relies primarily on data from the American Community Survey. Alameda County is comprised of fourteen incorporated cities, as well as six unincorporated communities and rural areas. This report focuses primarily on the fourteen incorporated cities, which are home to over 90% of Alameda County's population. Data from six of the nine unincorporated areas are also included where relevant; data from the remaining three unincorporated communities was not available.

The following geographic areas are included in this report:

Figure 3-1 Geographic Areas Included in Demographic Profile

Geographic Area	Population	Percent of Countywide Population
Alameda County, California	**1,547,000**	**100%**
Cities		
Alameda	74,000	5%
Albany	19,000	1%
Berkeley	115,000	7%
Dublin	46,000	3%
Emeryville	10,000	1%
Fremont	221,000	14%
Hayward	149,000	10%
Livermore	84,000	5%
Newark	44,000	3%
Oakland	400,000	26%
Piedmont	11,000	1%
Pleasanton	73,000	5%
San Leandro	87,000	6%
Union City	72,000	5%
Unincorporated Communities		
Ashland census-designated place (CDP)	23,000	1%
Castro Valley CDP	61,000	4%
Cherryland CDP	15,000	1%
Fairview CDP	10,000	1%
San Lorenzo CDP	25,000	2%
Sunol CDP	1,000	0.1%

Source: American Community Survey 5-Year Estimates, 2010-2014

Key Findings

The most salient findings from the demographic analysis are shown here. The remainder of this chapter provides a more detailed examination of demographic trends and transportation access among seniors and people with disabilities throughout the county.

- **The number of seniors in Alameda County is on the rise.** Seniors made up 10% of the population in 2000 and reached 12% by 2014, just below average for the nine-county Bay Area region. More than one in five Alameda County residents is expected to be 65 or older by 2040.
- **Nine percent of the total population in Alameda County is disabled**, which is similar to the regional percentage. The disabled population in both the county and the region remained relatively constant between 2010 and 2014.
- **Alameda County has a diversity of urban, suburban, and rural communities.** Differences in population density, vehicle access, and proximity to transit play a pivotal role in determining mobility options for these populations and how best to serve seniors and disabled residents.
- **One in five Alameda County residents live in poverty**, higher than any other Bay Area county except Solano County. Poverty among seniors in Alameda County is on-par with that of the general population. More urban parts of the county have higher poverty rates, while more suburban areas have lower poverty rates.

Seniors

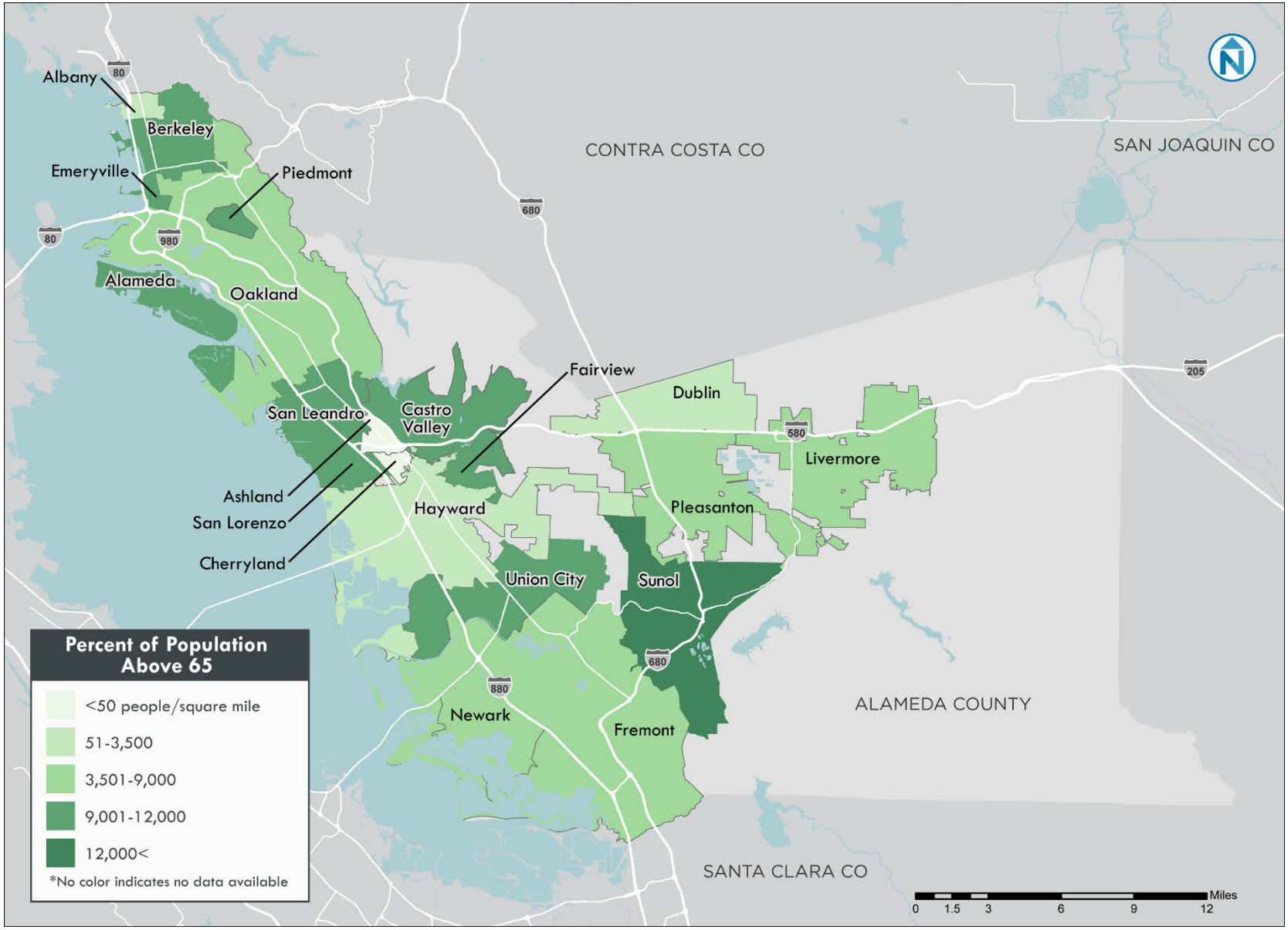
Current Conditions

Alameda County was home to approximately 180,000 people age 65 or older in 2014, according to the U.S. Census' American Community Survey (ACS). Seniors make up approximately 12% of the countywide population, just below the 13.6% average for the nine county Bay Area region. Within the fourteen incorporated cities that make up Alameda County, the percentage of seniors ranges from 9-15%. Piedmont has the highest percentage of seniors at 15%. Alameda, Berkeley, Emeryville, San Leandro, and Union City are next with 13% senior population. Albany and Dublin have the lowest percentage of seniors at approximately 9%. Although the percentage of the population over 65 is relatively consistent across the county, other local characteristics such as population density, vehicle ownership, and access to transit services vary greatly between cities, creating unique challenges in serving the senior population throughout the county.

Among unincorporated communities, Sunol has the highest percentage of seniors at 21% of the total population. However, it is important to note that Sunol has just 0.06% of the total countywide population.

Figure 3-2 shows the distribution of seniors in Alameda County.

Figure 3-2 Distribution of Seniors in Alameda County (2014)

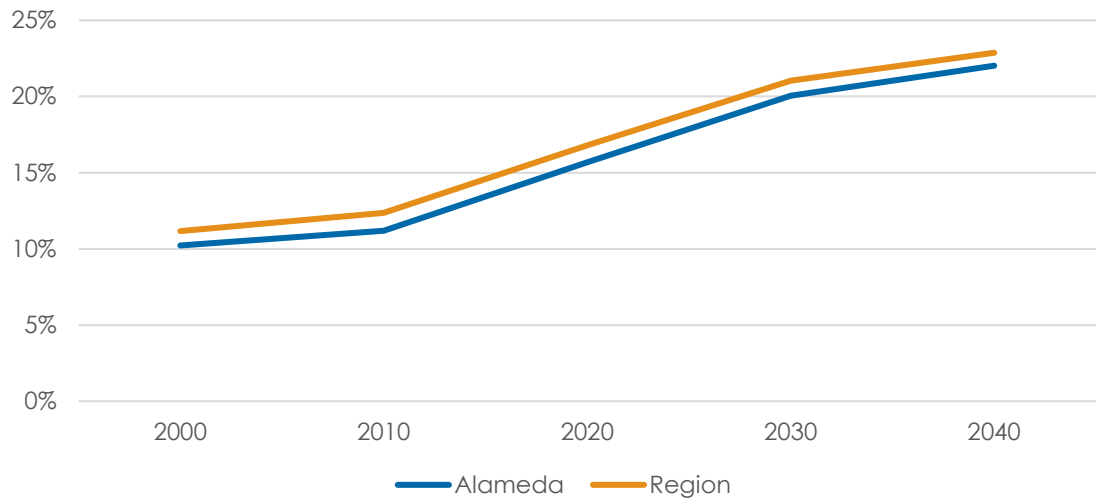


Source: American Community Survey 5-Year Estimates, 2010-2014

Trends

The percentage of seniors is on the rise both in Alameda County and across the Bay Area region. Seniors made up 11% of the regional population in 2000 and grew to 14% by 2014. The senior population in Alameda County has tracked relatively closely with the region: from 10% in 2000 to 12% in 2014. Seniors are expected to comprise 22% of Alameda County residents by 2040. These percentages can be seen over time in Figure 3-3, below.

Figure 3-3 Percentage of the Population who are Seniors (2000-2040)



Source: California Department of Finance Demographic Projections

People with Disabilities

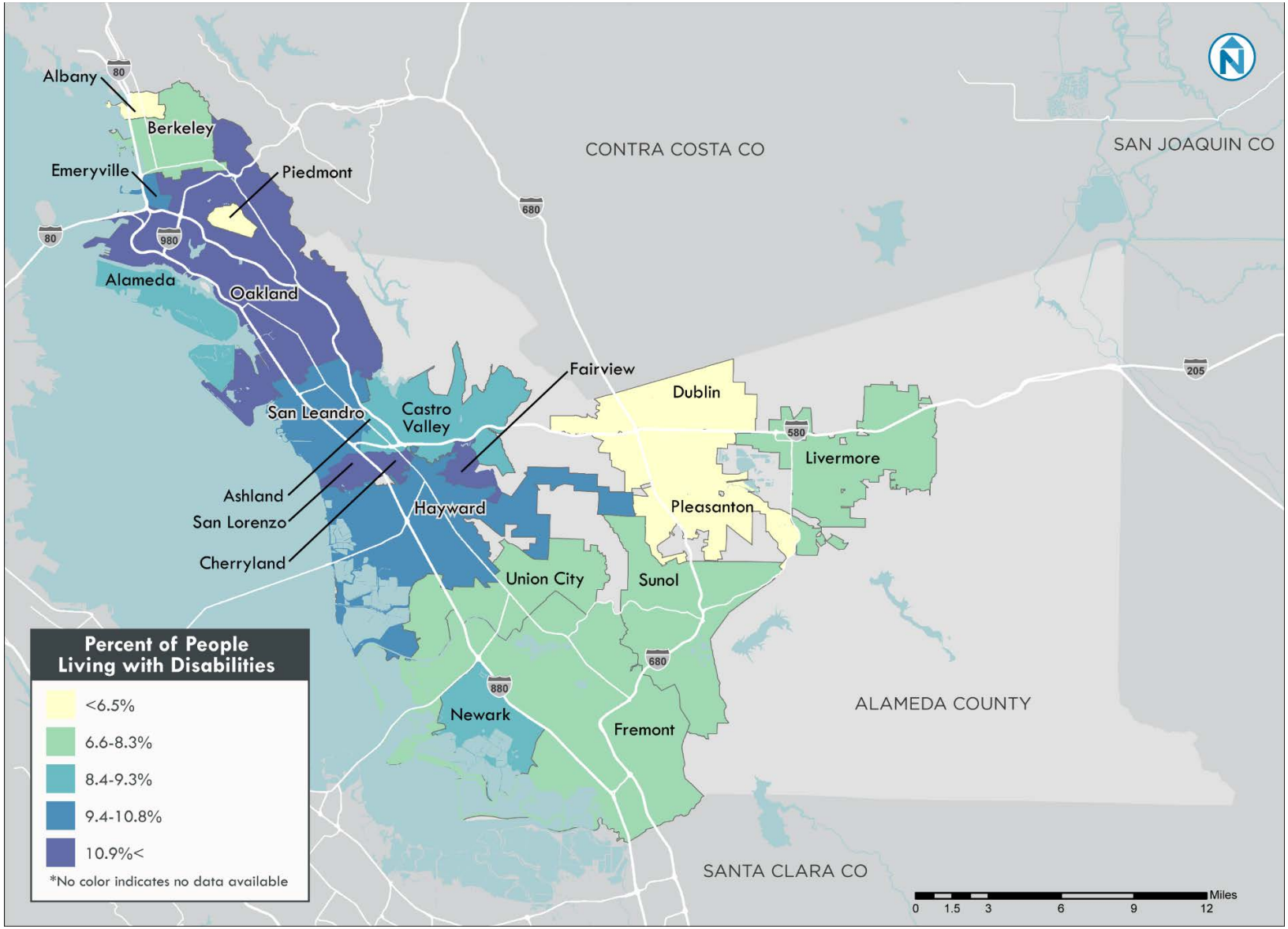
Current Conditions

The American Community Survey, which provides the majority of demographic data for this report, defines a person with a disability as someone with one or more of the following characteristics:

1. **Hearing difficulty**: deaf or having serious difficulty hearing (DEAR).
2. **Vision difficulty**: blind or having serious difficulty seeing, even when wearing glasses (DEYE).
3. **Cognitive difficulty**: difficulty remembering, concentrating, or making decisions (DREM) due to a physical, mental, or emotional problem
4. **Ambulatory difficulty**: difficulty walking or climbing stairs (DPHY).
5. **Self-care difficulty**: difficulty bathing or dressing (DDRS).
6. **Independent living difficulty**: difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT) due to a physical, mental, or emotional problem

Alameda County has a disabled population of approximately 143,000, making up 9% of the total population. Figure 3.6, below, shows the distribution of people with disabilities in Alameda County. City-to-city, the disabled population ranges from 5-12%, a slightly greater spread than the senior population across the county. Oakland and Emeryville have the highest percentage of people with disabilities (12% and 11%, respectively). Among unincorporated communities, Fairview, Cherryland and San Lorenzo have the highest percentage of people with disabilities; Of these, only San Lorenzo makes up more than 1% of the total countywide population.

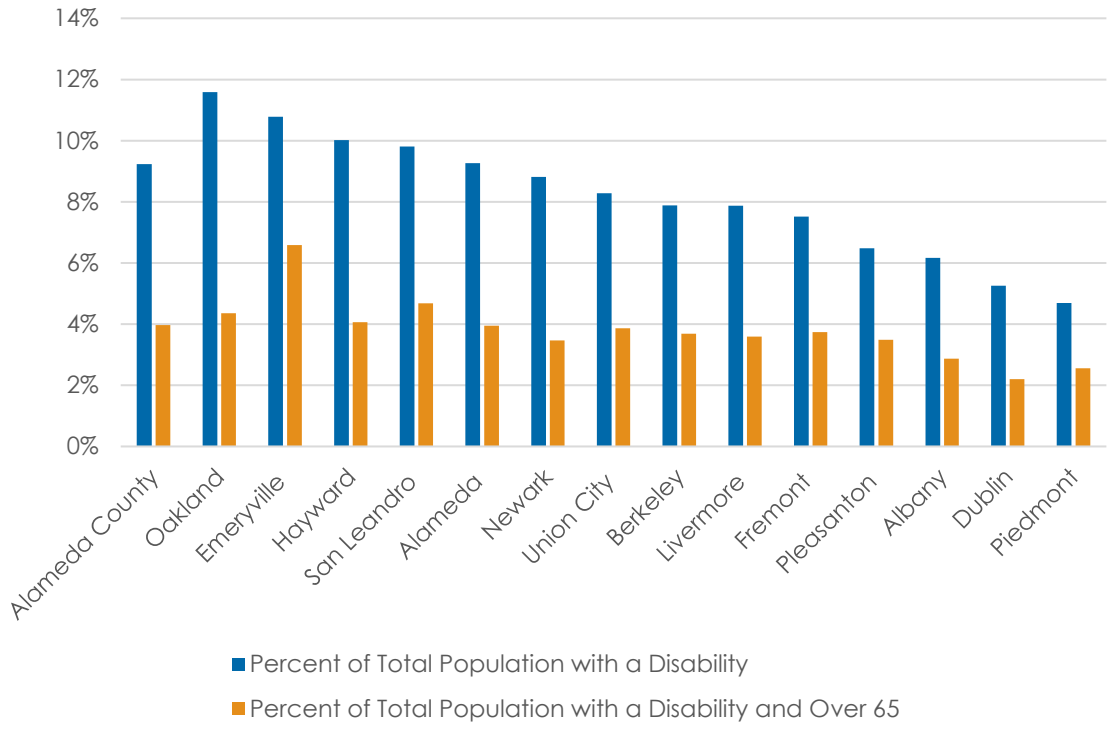
Figure 3-4 Distribution of People with Disabilities in Alameda County (2014)



Source: American Community Survey 5-Year Estimates, 2010-2014

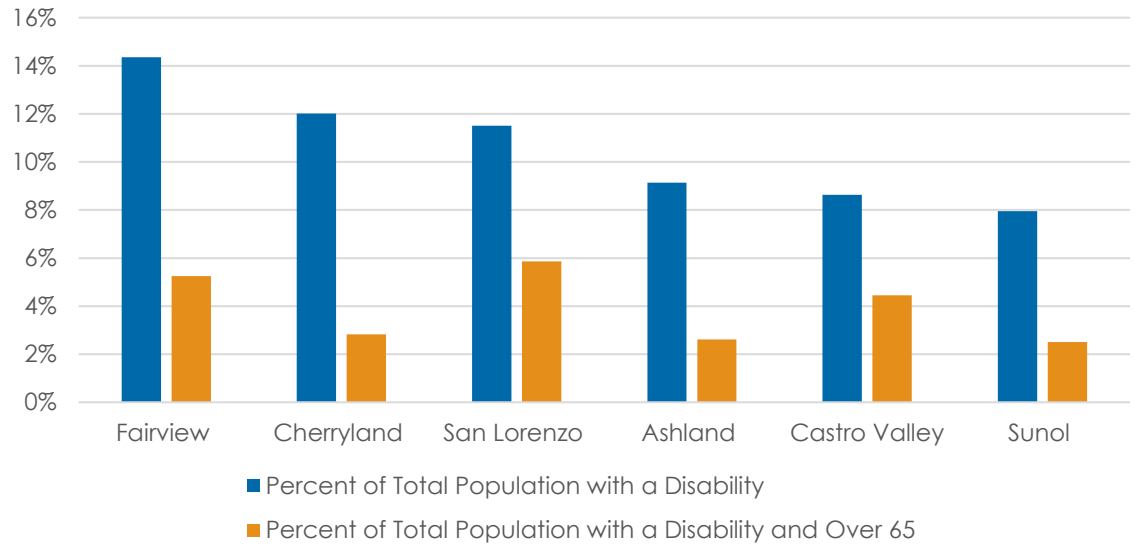
Figures 3-5 and 3-6, below, show the distribution of people with disabilities and seniors with disabilities by city and unincorporated community. In absolute terms, seniors with a disability make up only 4% of the total countywide population. However, seniors are more than three times as likely to experience a disability than the average Alameda County resident: 34% of all seniors in Alameda County have a disability, compared to 9% of the population as a whole. Countywide averages for people with disabilities and disabled seniors are consistent with the greater Bay Area: regionally, 10% of the total population is disabled and 33% of the senior population is disabled.

Figure 3-5 Total Population with a Disability and Seniors with a Disability by City (2014)



Source: American Community Survey 5-Year Estimates 2010-2014

Figure 3-6 Total Population with a Disability and Seniors with a Disability by Unincorporated Community (2014)



Source: American Community Survey 5-Year Estimates 2010-2014

Trends

Due to a lack of robust Census data, it is not possible to reliably report on trends in the number or percentage of people with disabilities in Alameda County. However, it is generally understood that there is a strong overlap between seniors and people who have a disability; the increase in the senior population – and an overall increase in life expectancy nationwide – will continue to increase demand on mobility programs that target seniors and people with disabilities. It is anticipated that the increase in seniors over the next decade will be predominantly comprised of younger seniors (age 65 to 74), who will likely be healthier and have fewer disabilities than older seniors. An increase in the number of people with disabilities could therefore lag behind the increase in the senior population.

Poverty Among Seniors and People with Disabilities

Current Conditions

Alameda County has one of the highest poverty rates in the Bay Area, both among seniors and the general population. For this report, poverty was measured at 150% of the Federal Poverty Level, which is the metric used by the Metropolitan Transportation Commission (MTC) to measure poverty in the San Francisco Bay Area. For 2014, 150% of the Federal Poverty Level was equivalent to $17,505 per-capita annual income, according to US Department of Health and Human Services poverty guidelines.

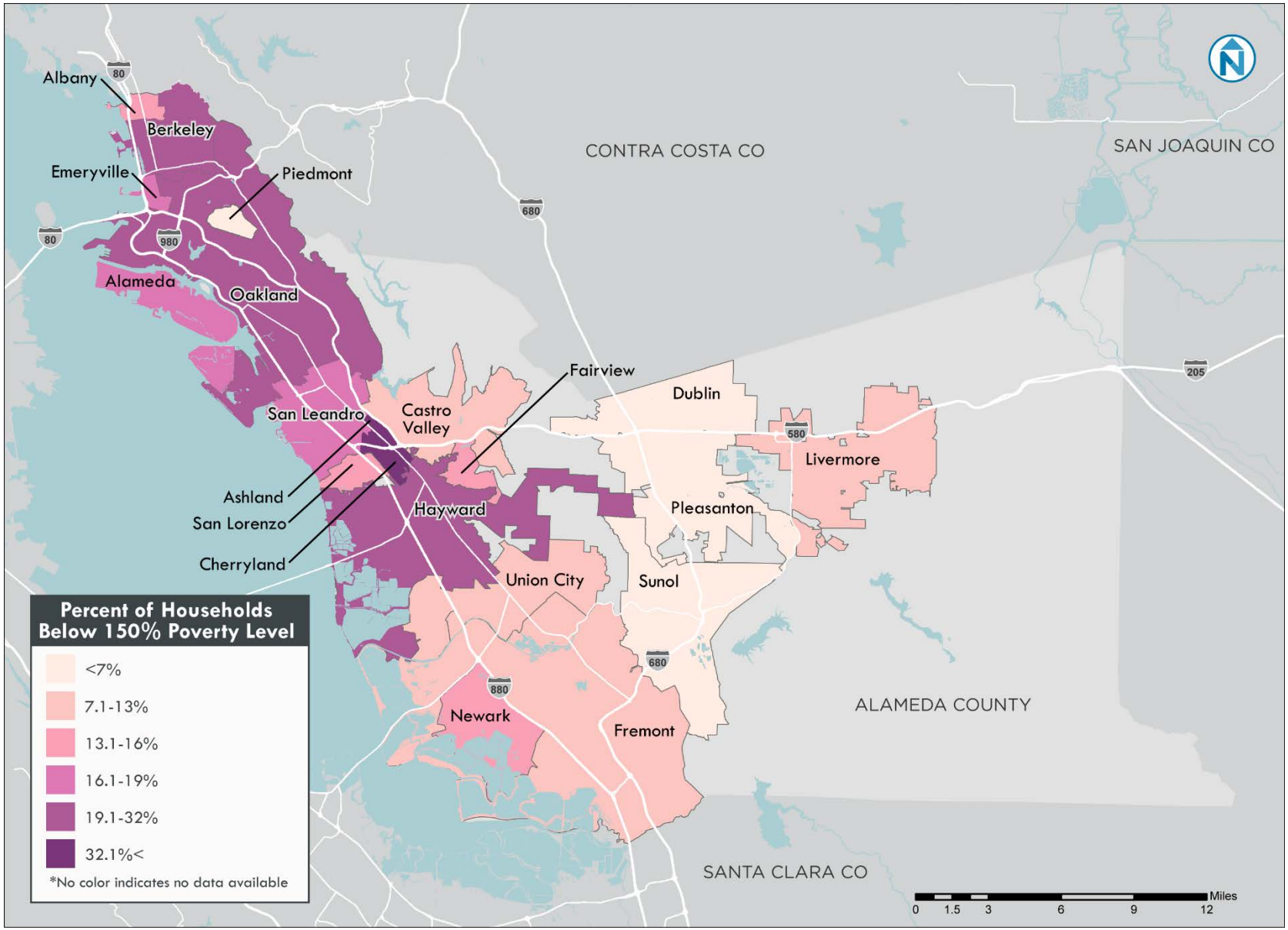
The regional poverty rate is approximately 17% for both the general population and for seniors. Comparatively, Alameda County has a 20% poverty rate for the general population: higher than any other county in the Bay Area except Solano County, which also has a 20% poverty rate. The poverty rate for seniors in Alameda County is 19%: higher than any other county except San Francisco, which has a 24% poverty rate among seniors. In total, just under 35,000 seniors in Alameda County were living in poverty in 2014. The cities with the highest poverty rates in Alameda County are Oakland (32%), Berkeley (24%), and Hayward (23%). Oakland also has the highest senior poverty rate at 30% of all seniors.

One in five people with a disability in Alameda County are living at or below 100% of the Federal Poverty Level (data for poverty rates at the threshold of 150% of the Federal Poverty Level is not available for disabled people in Alameda County). This amounts to over 29,000 individuals. Children under 18 who experience a disability are twice as likely to be living in poverty as disabled individuals over 65, though in total, less than 3% of 0-18 year olds are disabled (compared to 33% of all seniors). These percentages are laid out in Figure B-2 of Appendix B.

Among unincorporated communities, Cherryland, Ashland and Fairview have the highest percentage of people living below 150% of the Federal Poverty Level. Of these, only Ashland makes up more than 1% of the total countywide population. Data for seniors living below 150% of the Federal Poverty Level was not available for unincorporated communities.

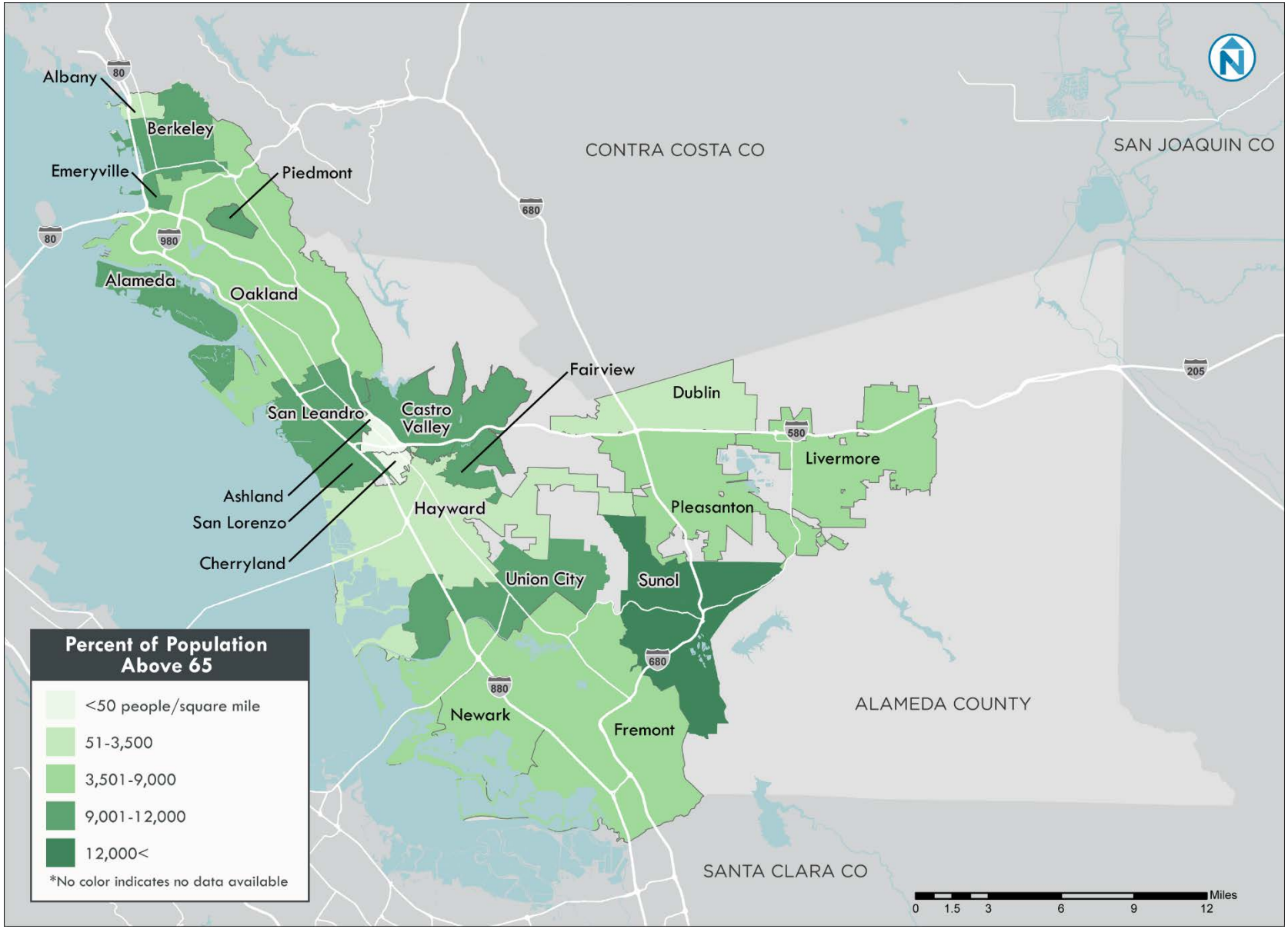
The poverty rate by-city can be seen in Figure 3-7, below. Data for seniors living below 150% of the federal poverty level was not available for Albany, Dublin, Emeryville, Newark, or Piedmont.

Figure 3-7 Distribution of Poverty in Alameda County (2014)



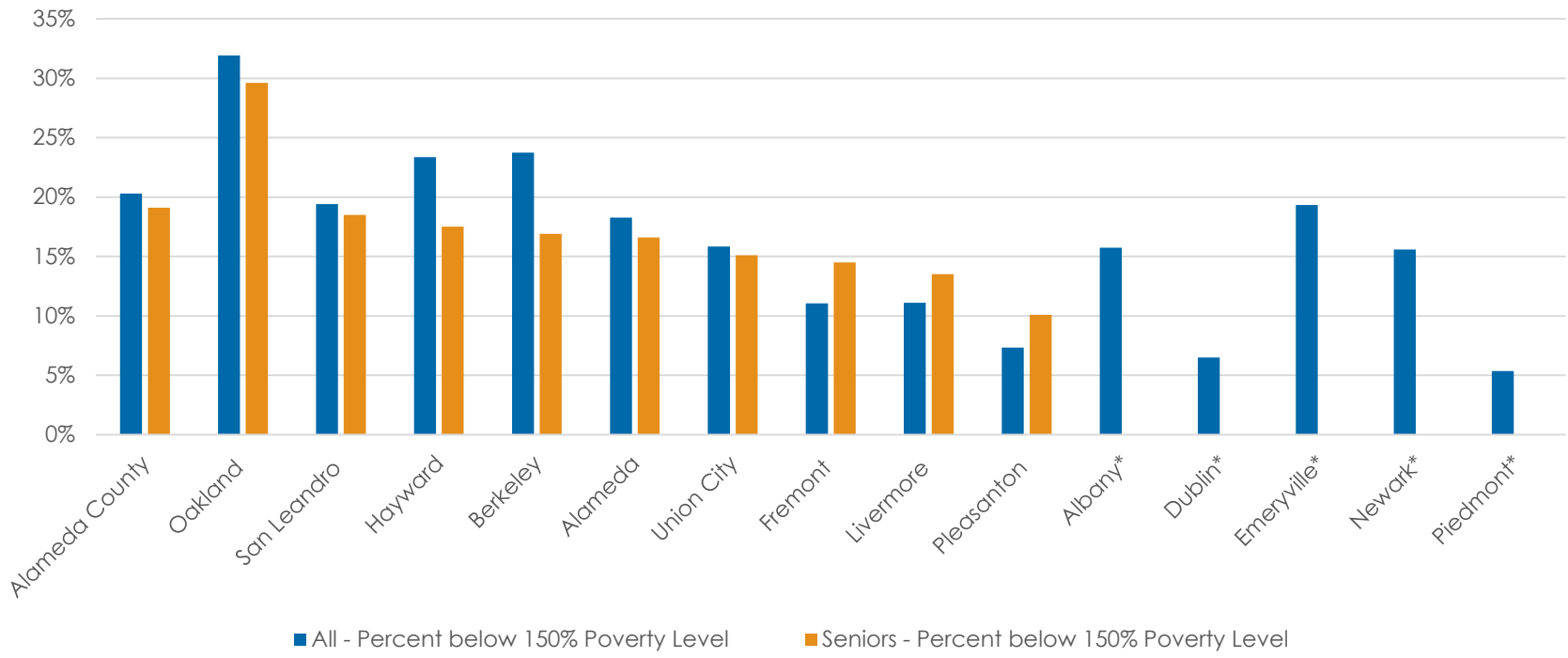
Source: American Community Survey 5-Year Estimates, 2010-2014

Figure 3-8 Distribution of Poverty Among Seniors in Alameda County (2014)



Source: American Community Survey 5-Year Estimates, 2010-2014

Figure 3-9 Percentage of Seniors in Poverty & Percentage of Total Population in Poverty by City (2014)



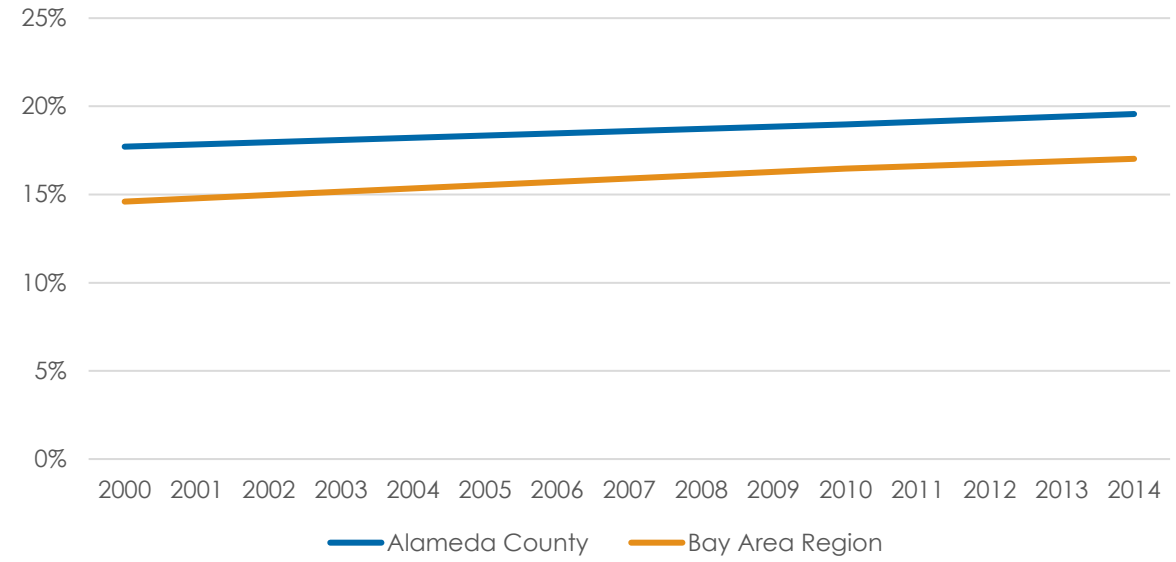
**2014 Data not available for these locations*

Source: American Community Survey 5-Year Estimates 2010-2014

Trends

The percentage of the population living in poverty has been on a slow but steady rise both regionally and in Alameda County over the past decade and a half. Figure 3-10 below shows the increase in poverty both regionally and in Alameda County from 2000-2014. This trend is in line with a general increase in poverty nationwide. 2040 poverty projections were unavailable for comparable populations.

Figure 3-10 Percentage of Population Living in Poverty (2000-2014)



Source: American Community Survey 1-Year Estimates 2000-2014

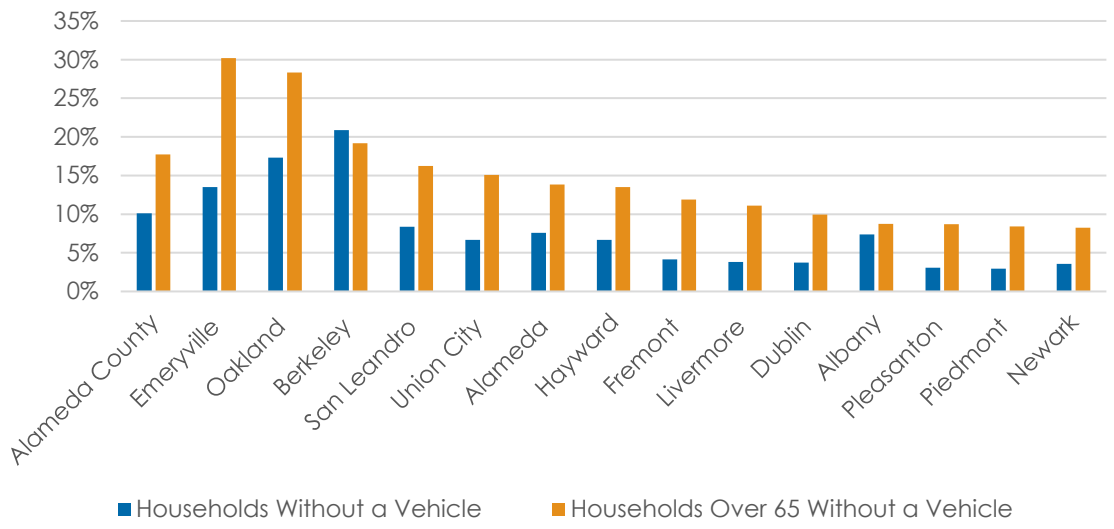
Geographic Distinctions

Seniors and people with disabilities in Alameda County experience very different levels of transportation access depending on their location within the county. Denser cities such as Oakland and Berkeley offer a much greater range of mobility options for seniors and people with disabilities compared to low-density cities such as Fremont and Hayward. Oakland has nearly two-and-a-half times the population density of Fremont, enabling door-to-door paratransit services to operate more efficiently and increasing the likelihood that residents will live within close proximity to fixed-route transit services. Conversely, Fremont is lower density with more limited transit access and a much higher rate of automobile ownership, increasing the likelihood that residents will be dependent on automobiles for their daily transportation needs. Dublin and Pleasanton have the lowest rates of poverty but, like Fremont, have limited transit access and a much higher rate of automobile ownership, increasing the likelihood that residents will be dependent on automobiles

For seniors and people with disabilities, driving may not be possible due to age, disability, or income. As can be seen in Figure 3-11 below, seniors in Alameda County have much lower rates of automobile access that the general population: 18% of seniors in Alameda County do not own a vehicle, compared to 10% for the general population. The distribution of seniors without a vehicle from city-to-city mirrors that of the general population, with more suburban cities having correspondingly higher rates of automobile ownership. 28% of seniors in Oakland and 19% of seniors in Berkeley live in households that do not have a vehicle. However, even in more suburban cities such as Fremont and Hayward – where 12% and 14% of seniors do not have access to an automobile – the lack of auto access among seniors is still higher than the countywide average for the population as a whole.

Not having access to a vehicle is much more likely to present a mobility barrier in suburban areas due to lack of viable alternatives. Seniors and people with disabilities will likely have a greater reliance on friends or relatives to provide transportation, and seniors may feel pressured to drive for longer than they safely should.

Figure 3-11 Households Without a Vehicle in Alameda County (2014)



Source: American Community Survey 5-Year Estimates, 2010-2014

Conclusion

The target populations for Alameda County's paratransit programs are growing and will continue to expand in future years. Additionally, Alameda County has one of the highest poverty rates in the Bay Area, both among seniors and the general population. The Alameda CTC previously recognized the effects of poverty on a community by working with PAPCO and ParaTAC to add income as a factor to the funding formula that is used to distribute Measure B and BB funding.

The specific needs of each city in Alameda County need to be considered, as the mobility challenges facing seniors and people with disabilities differ depending on population density, proximity to public transit, and income. Moreover, unincorporated communities with high rates of seniors, people with disabilities, and poverty will need to be incorporated in the long-term visioning for paratransit services in nearby cities as well as countywide.

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4 Existing Services

Transportation Resources in Alameda County

Image from Nelson\Nygaard

Alameda County offers a wide range of transportation options for seniors and people with disabilities. In addition to fixed-route transit, riders might use ADA-mandated paratransit, city-based taxi subsidy programs, community shuttle services, city-based door-to-door programs, non-profit transportation services, private providers like taxis and Transportation Network Companies (TNCs), and other options. Additional transportation options that are available to these groups as members of the general public include walking, biking (for limited portions of the population), and driving or being driven by family and friends. This chapter is focused on those options that specifically cater to seniors and people with disabilities; it provides a snapshot of resources available at the time of the report (it must be noted that resources change rapidly over time).

Alameda CTC provides funds to jurisdictions and transit agencies as Direct Local Distribution (DLD) funds for ADA-mandated (East Bay Paratransit, LAVTA WHEELS, and Union City Paratransit) and city-based paratransit programs. The majority of trips funded through Measure B are provided by the ADA-mandated paratransit programs. As a result, the majority of Measure B and BB funding is allocated to these programs. City programs are intended to supplement the ADA programs by providing services to fill unmet needs, such as taxi programs to provide same day service or group trip programs. Discretionary funding can be used for a wide range of activities including providing countywide information resources and providing mobility management services to increase awareness of and access to services, as well as supporting innovative pilot programs, unique transportation services offered by non-profit organizations, and Countywide transportation services.

The types of transportation resources available to seniors and people with disabilities in Alameda County are summarized in Figure 4-1 below and subsequently described in more detail.

Figure 4-1 Types of Transportation Resources in Alameda County

Resource	Short Definition
Fixed-Route Transit / ADA-mandated paratransit	Buses, trains, and ferries operated by public transit agencies that run on regular, pre-determined, pre-scheduled routes, usually with no variation. The Regional Transit Connection (RTC) Clipper card is a photo identification card that verifies a rider's eligibility to receive an ADA reduced fare on fixed route transit. Transit agencies provide ADA-mandated paratransit services to complement fixed route transit, in compliance with the American with Disabilities Act (ADA).
Community-Based Shuttles	Fixed route or deviated services offered outside of the transit agencies (often by public-sector agencies or non-profit organizations) that address specific trip needs in the community that are not adequately being met by existing public transportation service. These cater to the general public and special populations.
Private Transportation	Transportation provided by a private for-profit entity in the business of transporting people. These services are often demand-response and initiated and paid for by the rider. Examples are taxis, motor coach services, TNCs (Uber, Lyft, etc.), and vanpools.
Subsidized Fare Programs/ Voucher Programs	Programs typically administered through a social service agency, that enable qualified people to purchase fares/vouchers for transportation services at a reduced rate from providers such as taxis, public transit, or volunteer driver programs. Recipients are usually low-income.
Volunteer Driver Programs	Programs that provide one-way, round-trip, and multi-stop rides. Trips are often door-through-door, in contrast to other transportation options which stop at the curb or door. These programs are provided free of charge, on a donation basis, through membership dues, or at a minimal cost, and typically have an eligibility process and advance reservation requirements.
Mobility Management Services	Mobility management services cover a wide range of activities, such as travel training, coordinated services, trip planning, brokerage, and information and referral. In addition to information and referral and travel training detailed below, mobility management services refer to the provision of individual transportation information and assistance, and service linkage related to information and referral.
Information & Referral	Programs that provide transportation information and direct referral, connecting people to mobility resources that can help them. Agencies may be independent non-profit organizations, libraries, faith-based organizations, or government agencies.
Travel Training	Programs designed to teach people with disabilities, seniors, youth, veterans, and/or low-income populations to travel safely and independently on fixed-route public transportation in their community.

Fixed-Route Transit/ADA-Mandated Paratransit

Image from Nelson\Nygaard

Fixed-route transit is operated by public transit agencies and offers services that run on regular, pre-determined, pre-scheduled routes, usually with no variation. All fixed-route transit providers are legally required to provide complementary paratransit. Per the FTA "each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system." Aside from driving and walking, fixed-route transit is the most widely available transportation option available in Alameda County.

Accessibility features on fixed-route transit include:

- Buses and trains equipped with wheelchair lifts or low floor ramps to allow easy access for people with disabilities.
- Priority seating for seniors, people with disabilities, pregnant women, and other populations who need it.
- Bus drivers trained to understand the needs of all populations who ride the bus, provide assistance in securing wheelchairs in designated spaces, and allow passengers sufficient time to be seated, and get on and off the vehicle.
- Announcement of stops at major intersections, stations, transfer points and, at the request of passengers, specific destinations.
- Stations with elevators to boarding platforms, for ease of access.
- Route and schedule information provided by transit agencies, including the best way to reach a desired destination. This information is available in accessible formats, if needed.

Image from Nelson\Nygaard

For people who, due to their disability, are unable to ride regular buses and trains, some or all of the time, ADA-mandated paratransit is offered. Some certified paratransit riders can ride fixed-route transit depending on the trip and/or their current ability. East Bay Paratransit reported in their Customer Satisfaction Survey Summary that 41% of riders have used public transit in their adult life since being disabled. ADA-mandated paratransit is meant to provide

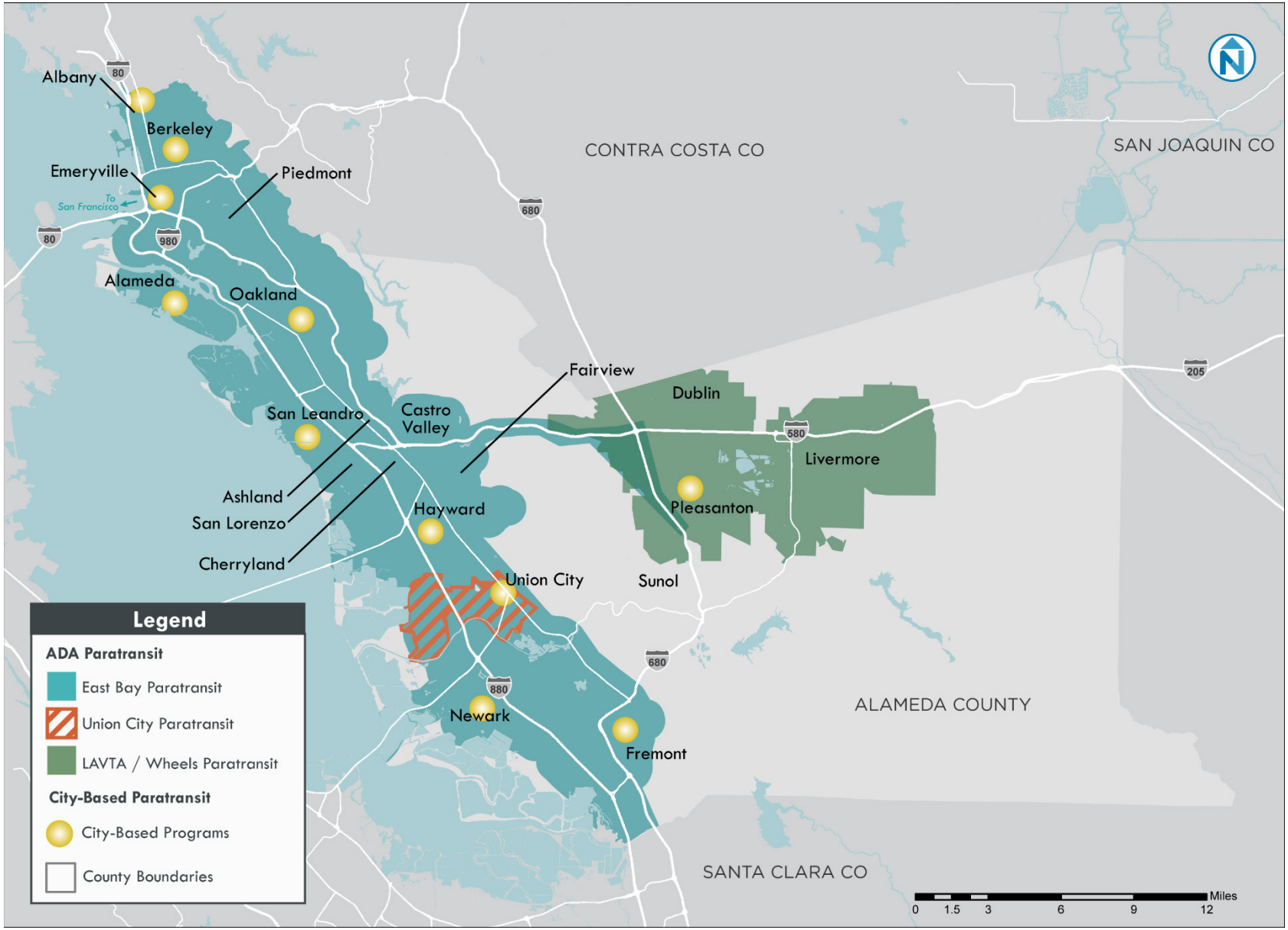
an equivalent level of service as fixed-route transit. This means paratransit services operate in the same area, on the same days and during the same hours as the public transit operates. Paratransit service may be provided on small buses, vans, taxis, or in sedans. It is generally a shared-ride, door-to-door, or curb-to-curb service that must be reserved at least one day in advance.

Figure 4-2 Providers of Fixed-Route and ADA-Mandated Paratransit in Alameda County

Fixed-Route Transit Agency	Service Area	ADA-Mandated Paratransit Provider
AC Transit	West, Central, and South Alameda County (Fremont to Albany) and Western Contra Costa County	East Bay Paratransit (in coordination with BART)
ACE Altamont Corridor Express	Rail service between Stockton and San Jose	The ADA does not require that commuter rail and commuter bus services provide complementary paratransit service
BART	Rapid rail transit in Alameda, Contra Costa, and San Francisco counties	East Bay Paratransit (in coordination with AC Transit); other applicable paratransit providers within ¾ mile of stations in other counties
Capitol Corridor	Rail service between Sacramento and San Jose	The ADA does not require that commuter rail and commuter bus services provide complementary paratransit service
Dumbarton Express	Dumbarton Bridge, Union City, Palo Alto	The ADA does not require that commuter rail and commuter bus services provide complementary paratransit service
San Francisco Bay Ferry (Water Emergency Transportation Authority)	Ferry service between: Alameda/Oakland and San Francisco; Alameda/Oakland and South San Francisco; Harbor Bay and San Francisco; and Vallejo and San Francisco.	Complementary paratransit requirement not defined for ferries
Union City Transit	City of Union City in Alameda County	Union City Paratransit
Wheels (Livermore Amador Valley Transit Authority)	Cities of Dublin, Pleasanton, and Livermore in Alameda County	Wheels Dial-a-Ride Paratransit and Pleasanton Paratransit

Most fixed-route transit agencies contract with private transportation providers to provide ADA-mandated paratransit. These contractors often offer other transportation services including taxis, community shuttles, and charter services.

Figure 4-3 ADA-Mandated Paratransit and City-Based Programs in Alameda County



City-Based Paratransit Services

Image from Nelson\Nygaard

Ten cities in Alameda County offer city-based paratransit services funded by the Alameda CTC. Some programs provide services to adjacent cities and unincorporated areas to cover all twelve cities and unincorporated Alameda County. Programs are meant to complement ADA-mandated paratransit and are often directed more towards seniors. Programs show a wide range of services based on what city staff have determined with community input is most necessary for that community. All cities have a "core" trip-provision service that is funded by DLD funding. Core services are taxi, door-to-door, and/or shuttle. If budget allows, some have other services as well, examples include travel training, group trips, volunteer driver programs, and scholarship/subsidized fare programs. These other types of services are considered more supplemental and may be funded by Alameda CTC discretionary funding. Transportation programs eligible for funding are described in the Implementation Guidelines (Appendix C).

Figure 4-4 City-based Paratransit Program Services Funded by Alameda CTC FY 2016-17

City	Service Mix *(Core service in bold)*
Alameda	**Taxi Program** Accessible Fixed-Route Shuttle Group Trips Scholarship/Subsidized Fare
Albany	**Taxi Program** Group Trips
Berkeley	**Taxi Program** City-based Specialized Van Mobility Management/Travel Training
Emeryville	**Taxi Program** City-based Door-to-Door (discretionary funding) Group Trips Meal Delivery Scholarship/Subsidized Fare

City	Service Mix *(Core service in bold)*
Fremont *(provides some services for Union City and Newark)*	**City-based Door-to-Door** **Taxi Program (discretionary funding)** Group Trips Meal Delivery Mobility Management/Travel Training Volunteer Driver (discretionary funding)
Hayward *(including Castro Valley, San Lorenzo and other unincorporated areas)*	**Taxi Program** City-based Specialized Van Group Trips Meal Delivery Mobility Management/Travel Training Scholarship/Subsidized Fare Volunteer Driver
Newark	**City-based Door-to-Door (contracted through Fremont)** Meal Delivery
Oakland *(including Piedmont)*	**Taxi Program** City-based Door-to-Door City-based Specialized Van Group Trips
Pleasanton *(including Sunol)*	**City-based Door-to-Door** Accessible Fixed-Route Shuttle (discretionary funding) Scholarship/Subsidized Fare
San Leandro	**Accessible Fixed-Route Shuttle** Taxi Program

Note: Union City Transit and Livermore Amador Valley Transit Authority (LAVTA) receive funding through City-based DLD funding for ADA-mandated paratransit. Both providers offer service to geographic areas beyond the ¾ mile ADA requirement. In addition, LAVTA also offers fare subsidies, a subsidized taxi service, and has recently initiated the Go Dublin! pilot which offers same-day rideshare trips on UBER, Lyft and DeSoto Cab Company to persons in Dublin, and includes wheelchair accessible vehicles.

The chart on the following page shows programs available by all cities, planning areas, and funding source.

Figure 4-5 Summary of Programs by City/Area, January 2017

City	Planning Area	Door-to-Door	Taxi Subsidy	Specialized Accessible Van	Accessible Shuttle	Group Trips Program	Volunteer Driver Program	Mobility Mgmt./ Travel Training	Scholarship/ Subsidized Fare	Meal Delivery	ADA Para-transit
Alameda	North		●		●	●		■	●		◆
Albany	North		●			●		■			◆
Berkeley	North		●	●				●	◆		◆
Emeryville	North	■	●			◆		■	●	●	◆
Oakland	North	●	●	●		●		■			◆
Hayward	Central		●	●		●	●	●	●	●	◆
San Leandro	Central		◆		●			■			◆
Fremont	South	●	■			●	■	■		●	◆
Newark	South	●	■				■	■		●	◆
Union City	South		■			●	■	■			●
Dublin	East		◆				■	■	◆		◆
Livermore	East		◆				■	■	◆		◆
Pleasanton	East	◆	◆		■	■	■	■	●		◆

*Primary funding source (some programs have mixed funding sources, the box reflects majority):

- Direct Local Distribution Funding ●
- Discretionary Funding ■
- Other Funding ◆

Alameda CTC Countywide Programs

Alameda CTC offers two small specialized countywide transportation programs. The first is the Hospital Discharge Transportation Service (HDTS). In coordination with participating hospitals, HDTS offers a free accessible ride home or to a rehabilitation facility upon discharge from a hospital. Currently participating hospitals are:

Image from Nelson\Nygaard

- Alameda Health System (AHS), Highland Hospital – Oakland
- Alameda Health System, San Leandro Hospital – San Leandro
- Alameda Hospital – City of Alameda
- Kaiser Permanente – Fremont
- Kaiser Permanente – San Leandro
- Kaiser Permanente – Oakland
- St. Rose Hospital – Hayward
- Stanford Health Care, ValleyCare Medical Center – Pleasanton

The second program is the Wheelchair Scooter Breakdown Transportation Service (WSBTS). The WSBTS is for wheelchair and scooter users in Alameda County who are stranded due to a mechanical breakdown of their mobility device or a medical emergency that has separated them from their chair. Consumers can call a toll-free number and receive a one-way ride within one hour to their home or a repair shop.

Community-Based Shuttles

A broad range of shuttles are offered outside of the transit agencies. These shuttles are often sponsored by public-sector agencies or non-profit organizations, and address unmet transit needs of the community. These shuttles can be fixed-route or offer door-to-door or curb-to-curb service.

Image from Nelson\Nygaard

These transportation services are sometimes dedicated for a specific clientele (i.e. Medicaid eligible persons, seniors attending meal programs, etc.). Riders are often referred to these programs by an agency they are receiving services from, such as a senior center, County Human Service agency, or regional center.

Services Provided by Jurisdictions

Some cities or communities offer free shuttles that are designed to assist people with commuting or shopping. In addition to being free and open to the general public, these shuttles generally offer the same accessibility options, such as lifts and ramps, as fixed-route transit. These shuttles are distinct from the Alameda CTC-funded Accessible Fixed-Route Shuttles listed in Figure 4-5 offered by Alameda, Pleasanton, and San Leandro. The Accessible Fixed-Route Shuttles are limited to or prioritize seniors and people with disabilities certified through those city-based paratransit programs.

Figure 4-6 Community Shuttles for the General Public

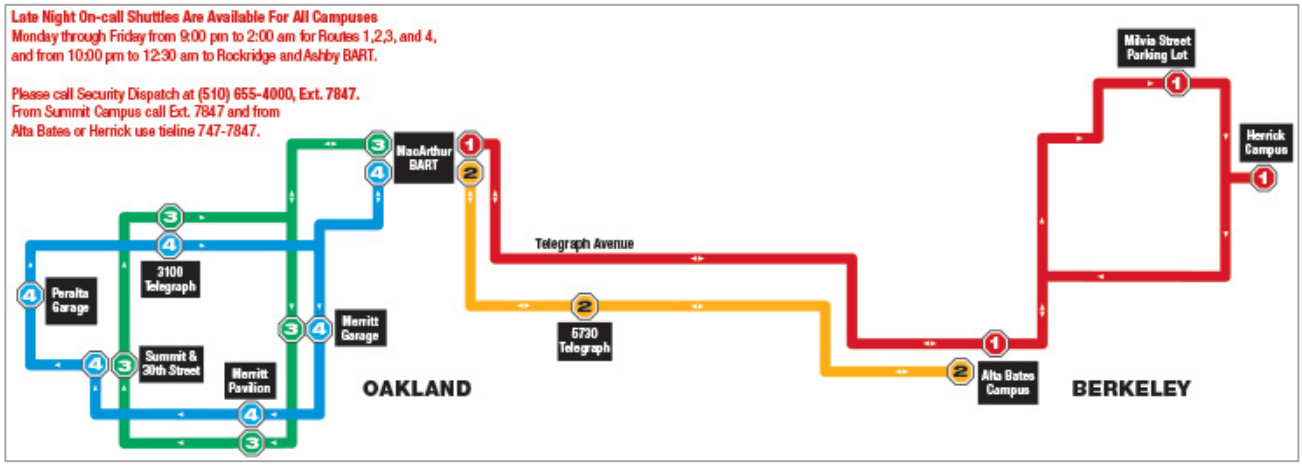
Shuttle	Brief Description
Broadway Shuttle (The B)	Offering fast, free connections from BART, San Francisco Bay Ferry, Amtrak and Capitol Corridor to downtown Oakland offices, restaurants, local shops, social services and entertainment venues
East Oakland Shuttle	Service to Alameda County's Eastmont, Edgewater, and Enterprise offices from the Coliseum BART station in Oakland
Embarcadero Cove Shuttle	Service to the 1900 and 2000 Embarcadero Cove offices in the city of Alameda from the Lake Merritt BART station
Emery Go-Round	Four routes that connect Emeryville's employers and shopping centers with the MacArthur BART station

Shuttle	Brief Description
Estuary Crossing Shuttle	Travels between the College of Alameda and Lake Merritt BART, with a short intervening loop to Wind River Systems. Can carry 13 bicycles.
Fairmont/Juvenile Justice Center Shuttle	Service to Alameda County's Fairmont Hospital and Juvenile Justice Center in San Leandro (as well as the Bay Fair Mall) from the Bay Fair BART station
San Leandro LINKS	Serves businesses in West San Leandro by providing a free transportation link between places of employment and the Downtown San Leandro BART Station
West Berkeley Shuttle	Shuttle service that provides a "last mile" transit connection from the Ashby BART Station to business establishments throughout the West Berkeley Area

Services Provided in Relation to Healthcare/Social Services

There are a number of shuttles and transportation services that are offered by healthcare and social service providers. A number of hospitals provide shuttles to nearby transit hubs.

- Alameda Health System Fairmont Shuttle
- Alameda Health System Highland Shuttle
- Alta Bates Summit Medical Center Shuttle
- Children's Hospital Oakland Shuttle
- Kaiser Oakland Shuttle
- Kaiser San Leandro Shuttle



Alta Bates Summit Medical Center Shuttle Service

Image from www.altabatessummit.org

Program of All-Inclusive Care for the Elderly (PACE) programs provide a comprehensive medical/social service delivery system including transportation for older adults.[1] Alameda County's two PACE programs have accessible vehicles obtained through FTA Section 5310 funding.[2] The two PACE programs are Center for Elders' Independence and On Lok Lifeways.

Image fromwww.calpace.org

The Regional Center of the East Bay (RCEB) serves individuals with, or at risk for, developmental disabilities, and their families. They offer transportation, sometimes provided by RCEB and sometimes through ADA-mandated paratransit, for adult consumers to attend a primary day program, when they are unable to safely use public transportation or when public transportation is not available.

Services Provided by Non-Profit Organizations

Non-profit organizations in the County also offer shuttle programs to fill unmet transportation needs. Many non-profit organizations have received support through

[1] The Programs of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with coordinated care. For most participants, the comprehensive service package enables them to remain in the community rather than receive care in a nursing home. Financing for the program is capped, which allows providers to deliver all services participants need rather than only those reimbursable under Medicare and Medicaid fee-for-service plans. PACE is a program under Medicare, and states can elect to provide PACE services to Medicaid beneficiaries as an optional Medicaid benefit. Individuals can join PACE if they meet certain conditions: age 55 or older, live in the service area of a PACE organization, eligible for nursing home care, and be able to live safely in the community. The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees. Individuals can leave the program at any time. (www.medicaid.gov/medicaid/ltss/pace/index.html)

[2] 5310 grants aim to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. Eligible applicants include private nonprofit organizations, states or local government authorities, or operators of public transportation. Eligible activities include capital purchases of buses and vans, transit-related information technology systems, including scheduling/routing/one-call systems, mobility management programs, travel training, volunteer driver programs, and improved accessible paths, signage, or way-finding technology. FTA funds are competitive and are administered by Caltrans and the Bay Area MTC.

Alameda CTC discretionary funding or in FTA Section 5310 applications. Non-profit organizations offering transportation to consumers through their own vehicles include:

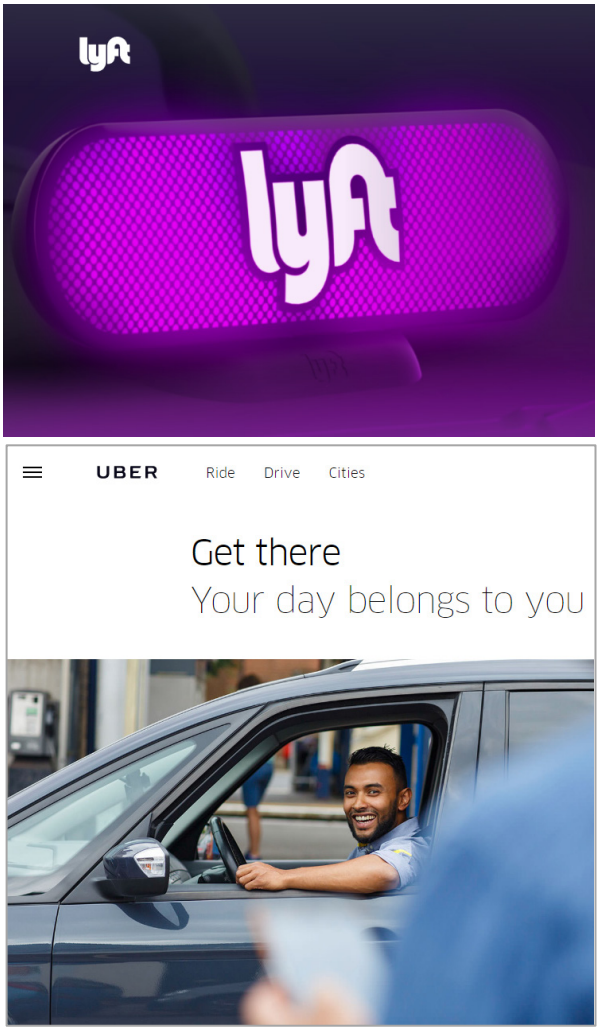
- Alzheimer's Services of the East Bay
- Bay Area Community Services
- Bay Area Outreach and Recreation Program
- East Bay Services to the Developmentally Disabled
- Easy Does It Emergency Services
- Friends of Children with Special Needs

Additionally, there are other types of organizations that may have a vehicle/with a van including churches, senior centers, and senior housing facilities.

Private Transportation

Private transportation providers have always been an integral partner in the provision of transportation resources for seniors and people with disabilities. Private transportation providers are for-profit entities in the business of transporting people. As noted earlier, most fixed-route transit agencies contract with private transportation providers to provide ADA-mandated paratransit. This is also true of many of the Community-Based Shuttles described earlier. In these instances, riders do not request or access the transportation directly from the private company, but through the agency sponsoring the service.

Other options are more likely to be requested directly by the rider. Taxis have filled gaps in service for transportation disadvantaged populations for decades. Recently Transportation Network Companies (TNCs), like Uber and Lyft, have begun to fill some of the same gaps. However, smart-phone, software-



Images from Lyft.com and Uber.com

driven transportation options are difficult to track because the data is privately controlled, and the services are volatile, with providers rapidly going into and falling out of business. Other examples of private transportation are school bus services (where available), motor coach services, shuttles, vanpools, and limousine and sedan services.

Private transportation providers can be helpful in making first and last mile connections. However, riders can face barriers when trying to use private providers directly, including affordability, accessibility for riders with mobility devices, and access to smartphones.

Although private transportation providers are covered by the ADA in terms of access, service, fares and training, it is not clear if they are required to provide accessible vehicles.[3] A number of Bay Area cities and counties including Alameda County, Marin County, San Francisco, and Santa Clara County have attempted to increase accessible taxi options with limited success. While TNCs have not sought to add accessible vehicles to their fleet, they have attempted to increase accessible services with limited success in different locations around the U.S. through options such as uberACCESS, uberWAV, and Lyft Accessible Vehicle Dispatch.

Alameda County also hosts a number of Non-Emergency Medical Transportation (NEMT) services. Non-emergency medical transportation (NEMT) is an important benefit for Medicaid beneficiaries who need to get to and from medical services but have no means of transportation. The Code of Federal Regulations requires States to ensure that eligible, qualified Medicaid beneficiaries have access to NEMT to take them to and from providers. Many NEMT trips are taking people to and from dialysis.

Subsidized Fare Programs/Voucher Programs

The demographic profile of Alameda County noted significant poverty for seniors and people with disabilities and cost can be a barrier to accessing transportation for these populations. Fixed-route transit providers offer reduced fares to seniors 65 and above and people with disabilities. Senior Clipper Cards can be obtained via mail, online, and at the transit agencies' customer service offices. The RTC card is a photo identification card that verifies a rider's eligibility to receive a reduced fare on fixed route transit. With the advent of Clipper, the RTC card now serves as an individual's Clipper Card which automatically applies the discount fare. RTC Clipper cards must be obtained from a fixed route transit provider and require a physician's verification or proof of a DMV Disabled Parking Placard. The initial application must be made in person and there are three locations in Alameda County – AC Transit Customer Service in Downtown Oakland, BART Customer Service in Lake Merritt station, and WHEELS Customer Service in Livermore. For some consumers, obtaining a ride to one

[3] These issues are still being debated and adjudicated in the courts. (www.stanfordlawreview.org/online/loophole-large-enough/)

of these specific locations to apply for a card represents a barrier. No Alameda County transit providers currently have means-based discount programs for the general population.

Subsidized fare and/or voucher programs also exist that are administered through social service agencies. Many transit agencies sell fare products at bulk discounts to social service agencies that serve low-income populations. These organizations determine eligibility and issue the fare products to their clients at their own discretion, free of charge, or at significant discounts. Some programs also include fares/vouchers for volunteer-based transportation programs and/or taxis. These programs are designed primarily to address immediate needs and depend on the discounts offered by transit agencies and available funds to purchase fare products.

Taxi subsidy programs allow eligible participants to use taxis at a reduced fare by reimbursing a percentage of the fare, or by providing a low-cost fare medium, e.g. scrip or vouchers, which can be used to cover a portion of the fare. As noted earlier, many Alameda County cities offer subsidized taxis for seniors and people with disabilities.

Some cities also offer subsidies for ADA-mandated Paratransit. The Alameda CTC Implementation Guidelines require that programs use low-income eligibility verification in order to utilize Measure B or BB funds for any type of subsidized fare programs, and that they submit programs for review by Alameda CTC staff prior to implementation. Further, program sponsors cannot spend more than 3% of their annual DLD funding for subsidized East Bay Paratransit (EBP) tickets.

Volunteer Driver Programs

Volunteer driver programs involve connecting riders to a network of volunteers that provide one-way, round-trip, and multi-stop rides. Participation in these programs can be provided free of charge, on a donation basis, through membership dues, or at a minimal cost, and typically have an eligibility process and advance reservation requirements. Programs are sponsored by non-profit organizations, transit agencies, or cities and counties. Some volunteer driver programs may also have an escort component where volunteers accompany riders with mobility devices on paratransit services, when they are unable to travel in a private vehicle. Some programs may use staff to provide initial rides or to fill gaps when volunteers are unavailable.

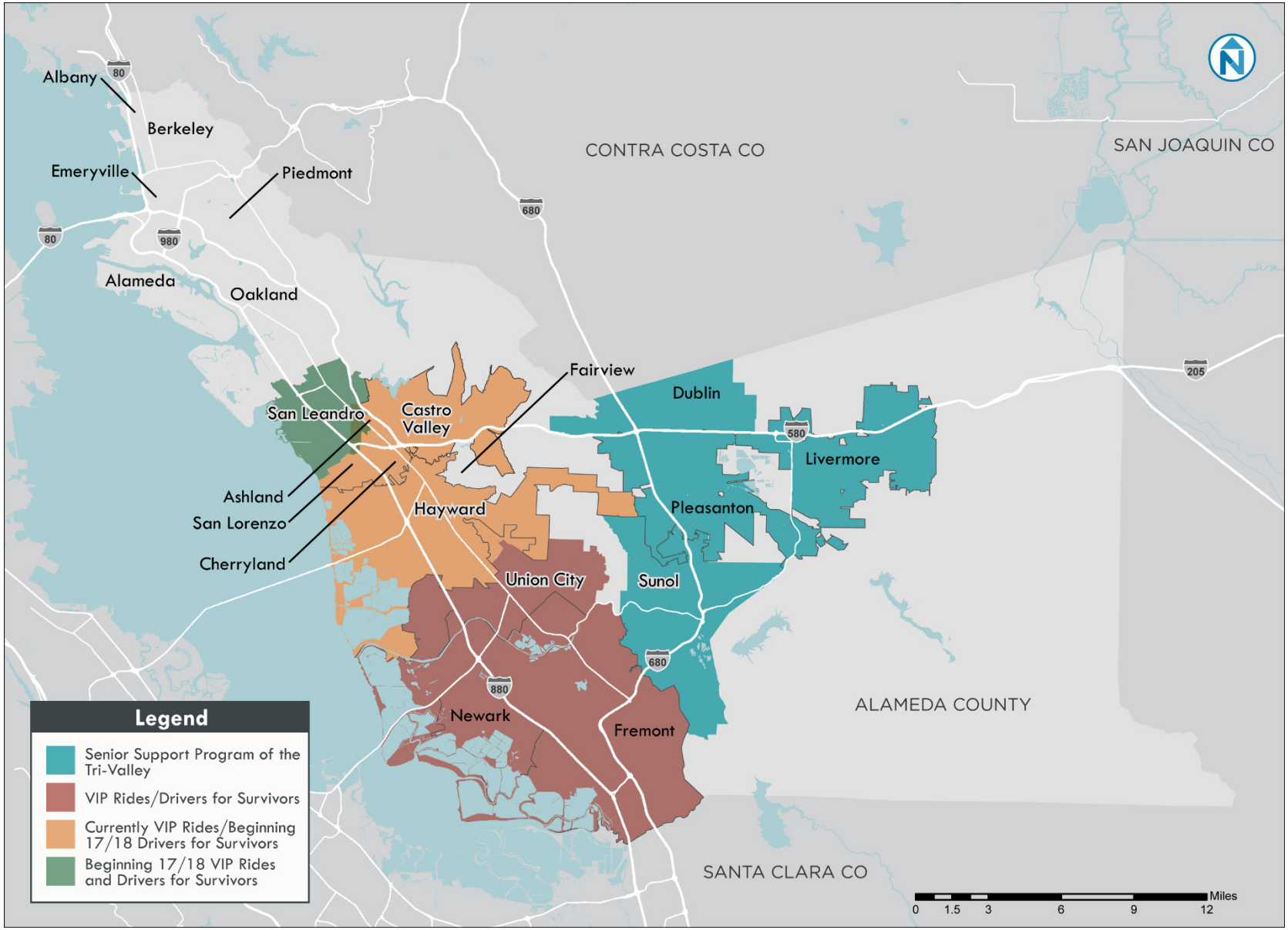
Volunteer driver programs are generally designed for seniors and can fill key needs that are not met by other transportation services like ADA-mandated paratransit. This is because these programs usually offer door-through-door service. These services are therefore ideal for more frail individuals who cannot wait outside, may need a stabilizing arm, help with a jacket or carrying groceries, etc. These programs are also well-suited for certain medical trips, for example when someone needs to stop and pick up a new prescription before going home, or go to a facility in another county

for specialized treatment. Volunteer driver programs usually have to closely monitor their capacity and face ongoing challenges with funding and finding quality volunteers.

Figure 4-7 Volunteer Driver Programs in Alameda County

Program	Description
Drivers for Survivors	Trips for ambulatory cancer patients in Fremont, Newark, and Union City, within a 60-mile radius of a client's home. Also planning to serve San Leandro in FY 2017-18.
VIP Rides Program (LIFE Eldercare)	Trips for seniors and people with disabilities without other options in Fremont, Newark, and Union City. Also serves Hayward and planning to serve San Leandro in FY 2017-18.
Volunteers Assisting Same Day Transportation (VAST) (Escorts Project, Senior Support Program of the Tri Valley)	Trips for seniors 60+ without other options in Dublin, Pleasanton, Livermore and Sunol for the origin of the trip, and throughout the Greater Bay Area to get seniors to their medical appointments/destination.
American Cancer Society Road to Recovery - Patient Transportation Assistance	Every day, cancer patients across California face the challenge of getting to and from their medical appointments. The "Our Road to Recovery" volunteer program ensures that thousands of patients a year get to and from treatment.

Figure 4-8 Alameda County Volunteer Driver Programs



Mobility Management

Mobility management services cover a wide range of activities, such as travel training, coordinated services, trip planning, brokerage, and information and referral. For the purposes of this resource list, mobility management services refer to the provision of individual transportation information and assistance, and service linkage. Some mobility management services are closely related to information and referral, but go further by providing more individually tailored information and providing service linkage. Where available, mobility management is an ideal "entry point" for seniors and people with disabilities to the range of transportation resources available.

Figure 4-9 Mobility Management Providers in Alameda County

Program and Contact Information	Summary of Service
Access Alameda 510-208-7400 www.accessalameda.org	The Access Alameda Website is provided to help individuals identify and connect with the accessible transportation services available in Alameda County, including public transit, Americans with Disabilities Act (ADA) paratransit, city-based paratransit programs, and organizations that provide volunteer drivers and/or training on how to travel by using these services in Alameda County.
Eden I&R 2-1-1 www.edenir.org	Eden I&R is the Alameda County 2-1-1 provider and is looking to expand into more individually tailored information and service linkage.
Tri City Mobility Management 510-574-2053 fremont.gov/366/Transportation-Services	Fremont, Newark, and Union City: Mobility management provides information about transportation access to all callers. Assistance can be provided for a range of transportation needs, from needing wheelchair accessible transportation to assistance retesting for a driver's license.

Other paratransit programs and non-profit organizations engage in less formal mobility management service linkage activities. One notable example is in the Tri-Valley where Pleasanton Paratransit (PPS), LAVTA, and Senior Support Program of the Tri-Valley (SSPTV) are in daily contact and coordination. PPS and LAVTA share some responsibility for ADA-mandated paratransit rides. SSPTV, which provides volunteer driver rides, is located in the same building as PPS.

Alameda CTC has also been an active participant in Regional Mobility Management efforts, such as participating in MTC's Mobility Management Roadmap Study and attending and sometimes hosting the Regional Mobility Management Group meetings.

Information & Referral

Information and referral (I&R) programs provide community information and referral, and connect individuals with resources that can help them. There is a spectrum of I&R services, ranging from a simple website and database listing resources, to a fully-customized trip planner and referral service.

Image from www.edenir.org

Historically 2-1-1 is the primary free, confidential referral and information helpline and website that connects individuals to health and human services, 24 hours a day, seven days a week. Although all 2-1-1 helplines offer transportation information, Alameda County is fairly unique in highlighting it. Eden I&R is the Alameda County 2-1-1 provider.

Information and referral is the key "entry point" for individuals accessing transportation services. An information and referral database or list is only useful with a sufficiently large pool of resources.

Figure 4-10 Information and Referral Services in Alameda County

Program Name	Phone	Website
Eden I&R	2-1-1	www.edenir.org
Access Alameda	510-208-7400	accessalameda.org

Travel Training

Travel training programs generally fall under mobility management and are designed to teach people with disabilities, seniors, youth, veterans, and/or low-income populations to travel safely and independently on fixed-route public transportation in their community. The Association of Travel Instruction identifies three different types of travel training.

Transit Orientation

Group or individual activity conducted for the purpose of explaining the transportation systems; options and services available to address individual transportation needs; use of maps and schedules as resources for trip planning; fare

system, use of mobility devices while boarding, riding, and exiting; vehicular features; and benefits available.

Familiarization

Individual or small group trip activity to facilitate use of transportation systems with a travel trainer accompanying experienced traveler(s) on a new mode of transportation or route to point out/explain features of access and usability.

Travel Training

One-to-one short-term instruction provided to an individual who has previously traveled independently and needs additional training or support to use a different mode of travel, a different route, mode of transit, or travel to a new destination; or One-to-one comprehensive, specially designed instruction in the skills and behaviors necessary for independent travel on public transportation provided to an individual who does not have independent travel concepts or skills to go from point of origin or trip to destination and back.

As noted earlier, fixed-route transit is the most widely available transportation option available aside from driving and walking. In many communities it provides a base level of affordable service to access major destinations like school, work, medical appointments, shopping, etc. Travel training can help seniors and people with disabilities access this transportation resource effectively. Programs can be sponsored by non-profits organizations, transit agencies, and cities or counties.

Figure 4-11 Travel Training Programs in Alameda County

Program	Description
Bay Area Outreach & Recreation Program (BORP)	Training as needed to participants of BORP.
Center for Independent Living (CIL)	Individual training for people with disabilities and seniors. Training primarily provided in Northern and Central Alameda County.
City of Alameda	Training as needed to participants of the Mastick Senior Center.
City of Emeryville	Training as needed to participants of the Emeryville Senior Center.
City of Pleasanton	Individual training for seniors 70+ and people with disabilities in Pleasanton and Sunol.
Community Resources for Independent Living (CRIL) and City of Hayward	Individual and group training for people with disabilities and seniors in Hayward, Pleasanton, Livermore, and Dublin. Training primarily provided in Central and Eastern Alameda County.

Program	Description
Livermore Amador Valley Transit Authority (LAVTA)	Individual and group training for people with disabilities and seniors age 65 or older. Serving primarily those in Livermore, Dublin, Pleasanton, and unincorporated areas of the Tri-Valley.
Through the Looking Glass	Training as needed to families with disability issues in Alameda County.
Tri-City Travel Training Program	Individual and group training for people with disabilities and seniors in the Fremont, Newark, and Union City.
United Seniors of Oakland and Alameda County (USOAC)	Group training for seniors 55+ and people with disabilities in Alameda County. Training primarily provided in Northern and Central Alameda County.

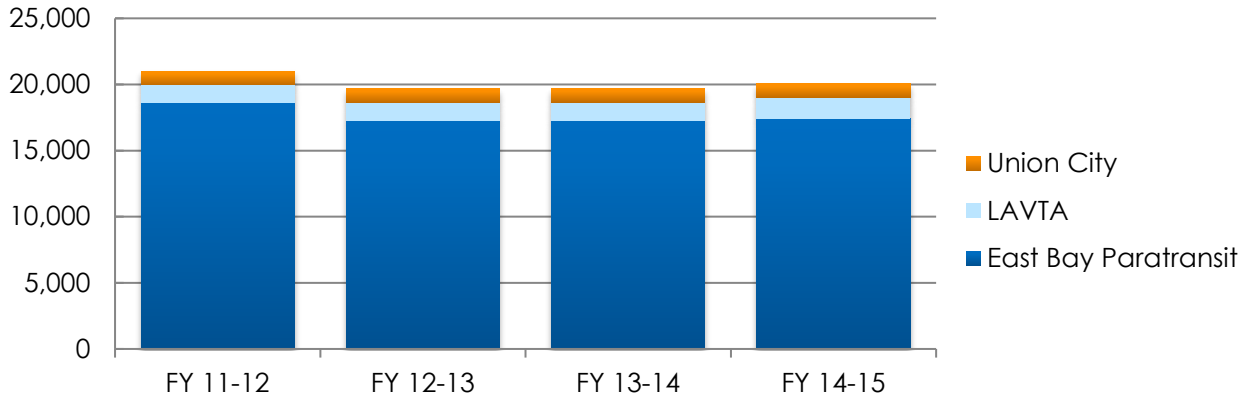
In addition to the programs listed above, the Alameda CTC hosts a Countywide Travel Training Group that meets quarterly. All interested parties are invited to attend to learn about new developments in the field and exchange technical information.

Data Gathered by Alameda CTC from Funded Programs

The Alameda CTC has collected extensive reporting data on funded programs throughout the existence of Measures B and BB. This data includes compliance reports, program plan applications, grant reports, and data for the annual performance report. The data provides a significant resource on trends in the County based on different types of transportation programs.

A review of trends in ADA-Mandated registered riders over the past four years does not show a consistent increase. The drop from FY 11-12 to FY 12-13 does not have an obvious explanation from providers. Suggestions include economic issues and/or closures of day programs.

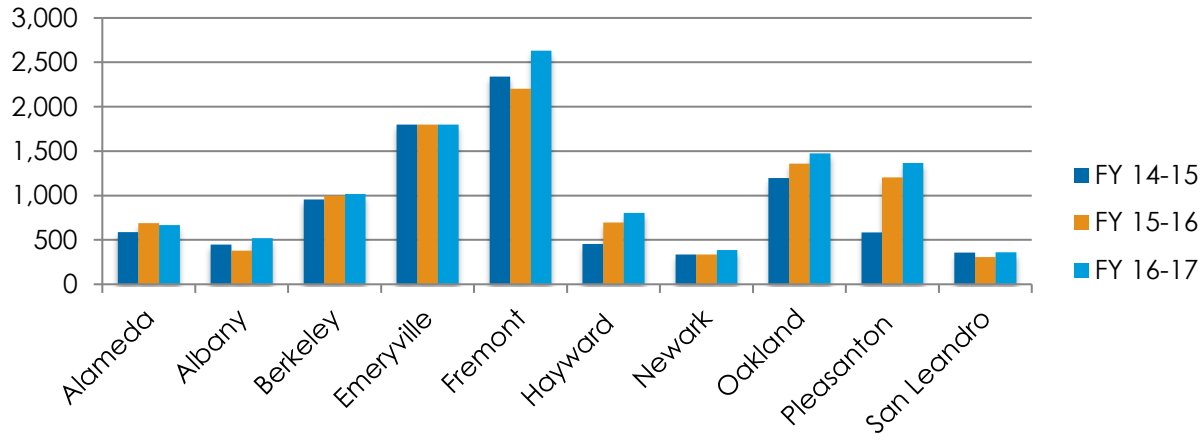
Figure 4-12 ADA-Mandated Paratransit Registered Riders



Source: Performance Report Data from ADA Providers

The Alameda CTC recently began tracking registered riders for city-based programs and some do show an increasing trend, but not all.

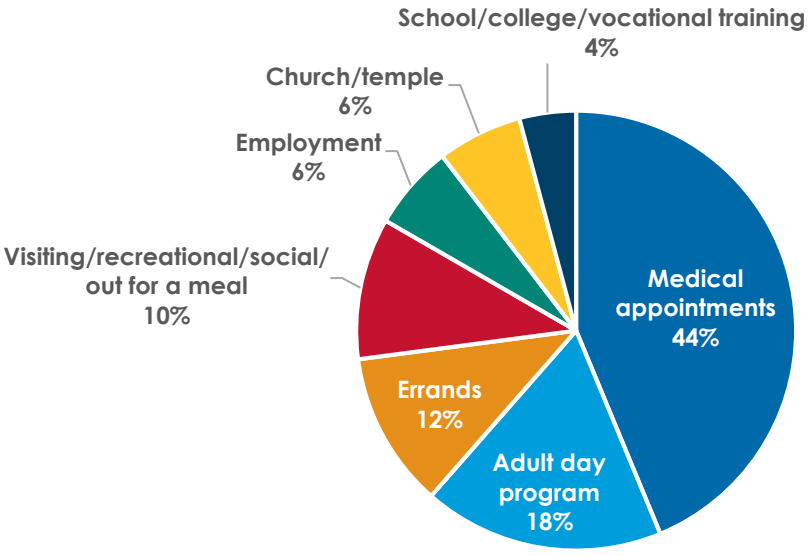
Figure 4-13 City-Based Paratransit Registered Riders



Source: Program Plan Applications for DLD Funding from City-Based Providers

Alameda CTC is not able to track trip purpose for all funded programs. However the largest provider, East Bay Paratransit, reports trip purpose in their Customer Satisfaction Survey Summary. Recent data indicates that close to half of (44%) of all trips were for medical appointments.

Figure 4-14 East Bay Paratransit Trip Purpose



Source: East Bay Paratransit Consortium Customer Satisfaction Survey 2016: Management Report

The Alameda CTC funds seven types of transportation programs that provide trips for seniors and people with disabilities. They are:

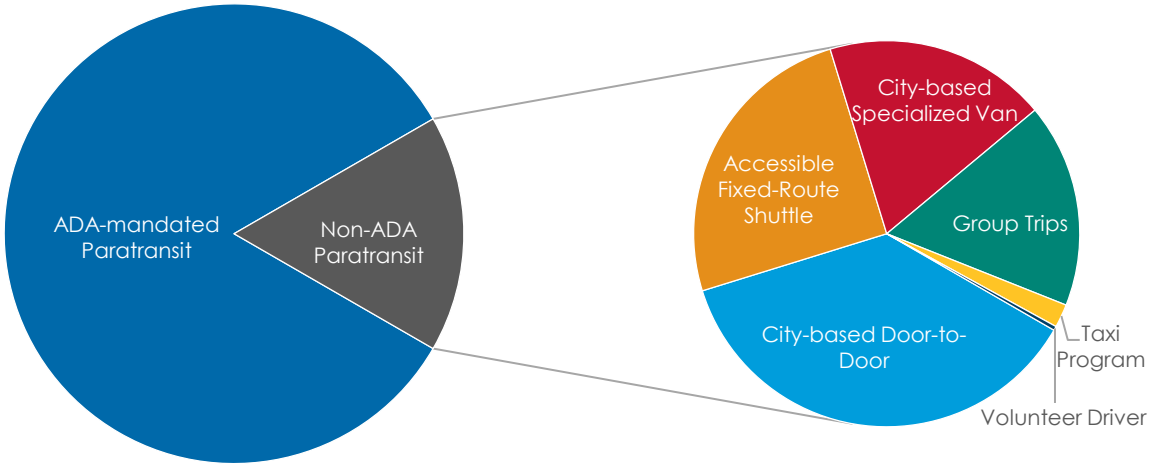
- Accessible Fixed-Route Shuttle
- ADA-mandated Paratransit
- City-based Door-to-Door
- City-based Specialized Van
- Group Trips
- Taxi Program
- Volunteer Driver

Figures 4-15 and 4-16 provide a comparison of Alameda CTC funding and projected rides from program plan applications for FY 2016-17. This provides an overview of where Measure B and BB funding is going today and where we see the highest utilization of services.

These figures suggest several interesting conclusions. First, that while ADA-mandated trips use a majority of the funding, they do not provide a majority of the trips. A difference in cost per trip is the most likely reason behind these differences, and differences in cost per trip are to be expected given the different levels of service provided (Figure 4-17). ADA-mandated providers need to serve all trip requests to comply with the ADA; meet FTA requirements for driver training and certification; provide longer trips (the average East Bay Paratransit trip length in FY 15-16 was 10.4 miles which is farther than estimated average taxi trip lengths); and serve a large portion of accessible trips.

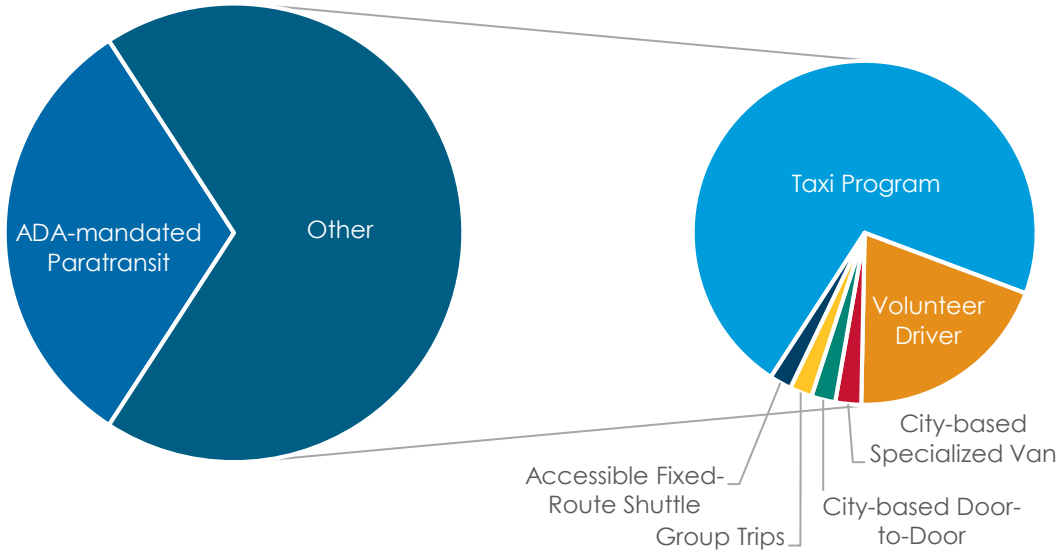
Also, taxi programs serve the highest number of trips and receive a small amount of funding due to short trip distances and serving very few wheelchair trips. Taxi programs appear to be a heavily utilized and comparatively cost effective strategy (further discussion of this in Chapter 5 and 6).

Figure 4-15 Alameda CTC Funds Allocated by Program Type FY 16-17



Source: Program Plan Applications for DLD Funding

Figure 4-16 Projected Trips by Program Type FY 16-17
(Includes Trips Funded by Non-Alameda CTC Funds)



Source: Program Plan Applications for DLD Funding

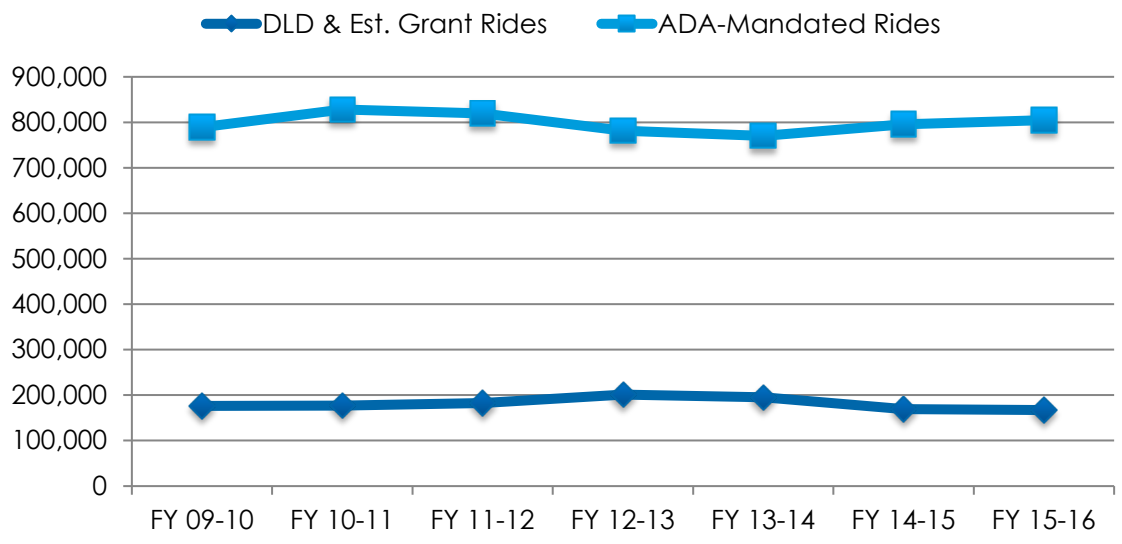
Figure 4-17 FY 14-15 Cost Per Trip

Program	Cost Per Trip
Accessible Fixed-Route Shuttle (Figure 4-5)	$ 19.29
ADA-mandated Paratransit	$ 43.25
City-based Door-to-Door	$ 39.06
City-based Specialized Van	$ 29.99
Group Trips	$ 10.47
Taxi Program	$ 20.41
Volunteer Driver	$ 18.45

Source: Compliance Reports

In line with projections for increased population, staff anticipates increased demand for rides. However, a look at ridership volumes in recent years does not provide a clear trend. ADA-mandated trips appear to be increasing somewhat, yet overall DLD and grant-funded trips are flat. Anecdotal communications from ADA-mandated providers indicate trip demand may be rising more recently.

Figure 4-18 Ridership Trends



Source: Compliance and Grant Reports

Conclusion

As noted previously, the target populations for Alameda CTC programs are growing and the mobility challenges facing seniors and people with disabilities differ throughout the county. Alameda County has a diversity of urban, suburban, and rural communities, and differences in population density, vehicle access, and proximity to transit play a pivotal role in determining mobility needs and options for seniors and disabled residents. An aging population, continued population growth, and longer life expectancies will continue to put pressure on existing mobility services throughout the county.

Figure 4-5 showed a summary of programs by city and planning area. In examining the range of services provided and ridership data, some key take-aways include:

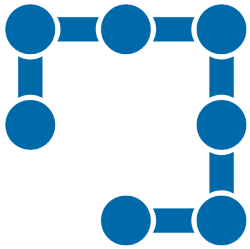
- ADA-mandated paratransit and subsidized taxi are the only programs available in every jurisdiction in Alameda County.
- Until recently, volunteer driver programs were available throughout the County, but with the recent withdrawal of one program, North County is no longer served and one portion of Central County will not be fully served again until FY 2017-18.
- South and East County, which are more suburban, focus proportionally more resources on city-based door-to-door service than the other planning areas, perhaps due to less robust coverage by ADA paratransit providers.
- North County has the majority of the free community shuttles (one shuttle is in Central) and better access to fixed-route transit.
- There is a significant differential in the costs of the different types of services due to the types of trips they serve. Programs that serve longer trips, accommodate all trip needs, and serve both seniors and people with disabilities tend to be more costly than those that serve shorter trips for ambulatory passengers only. Both types of services are important for serving the full range of needs of the senior and disability population.
- Several of the city-based programs offer subsidized fare programs, addressing issues of poverty for seniors in the county. In addition, expansion of access to the Clipper RTC card for people with disabilities could increase access to discounted transit fares.

These findings are important as Alameda CTC considers how to distribute future funding. Funding allocations should be targeted to best meet actual demand and need and should consider program effectiveness and usage. Over time, Alameda CTC must continue to work with its partners to improve paratransit programs throughout the county.

5 Identification of Transportation Needs and Gaps

This chapter draws on several sources including outreach conducted with consumers, their advocates, and agencies who serve them (Chapter 2), as well as demographics (Chapter 3), analysis of current programs (Chapter 4), and other reports. Many of the needs and gaps identified in this chapter have been identified in prior efforts. However, some overall trends have changed since previous analyses. Stakeholders were more focused on fixed-route transit issues than the previous focus on ADA-mandated paratransit. In addition, there was a strong emphasis on customer service and sensitivity issues for both transit and paratransit employees. Consistent with regional trends, there was also concern about the high cost of transit and paratransit fares, the impact of Transportation Network Companies like Lyft and Uber, and cross-jurisdictional travel (particularly for medical appointments).

Issues and Needs related to Fixed-Route Transit Service



In discussions with stakeholders, several issues came up related to fixed-route transit services. Though these services are technically accessible, and could be a viable travel option for some, issues such as poor customer service, disrepair, and crowding make the services functionally inaccessible for many seniors and people with disabilities. Issues and needs highlighted by stakeholders included:

- **Disrepair and broken infrastructure**, e.g. broken BART elevators and escalators and buses unable to kneel.
- **Lack of amenities at bus stops,** e.g. not ADA accessible, no shelter or bench or real time arrival information.
- **Poor customer service**, e.g. drivers not calling out stops for the visually impaired, drivers not waiting for seniors to be seated before leaving the stop, and lack of patience in communicating with riders who have cognitive issues.
- **Crowding on transit**, particularly during work or school "rush hours." A focus group participant stated "The culture is not conducive to seniors with people rushing, packed in, rushing in and off the train. It doesn't allow time for seniors and disabled to even get to the door in time."
- **Transit stops spaced too far apart** or not close enough to the most needed locations.
- **Long waits** and transfers, indicating a need for higher frequency services and/or timed transfers.

- **Need for more non-commute service**, e.g. addition of non-commute ACE train trips

The Alameda County Plan for Older Adults from May 2016 called out several of these issues: "Although many transportation options exist, the systems lack flexibility and older adults frequently must wait for long periods of time for drivers to arrive, or may not be comfortable waiting for or boarding buses. Although 67% of consumer survey respondents noted that they utilize public transportation, the lack of frequency and location of routes is a deterrent to some."

Issues and Needs related to ADA-mandated Paratransit Service

Although many stakeholders discussed fixed-route transit first, many also had concerns regarding ADA-mandated paratransit.

- **On-time performance** continues to be a concern.
- **Long rides**, without bathroom breaks for riders, due in part to East Bay Paratransit's large service area.
- **Lack of efficiency**: One service provider noted that eleven people might be traveling from one location to a common destination on six separate ADA paratransit buses, indicating a need for more coordination and efficiency.
- **Customer service** for ADA-mandated paratransit drivers, less so for ADA reservations and dispatch staff.

It should be noted that perception in service can be skewed, consumers often focus on one bad experience and minimize less eventful trips. This is one reason that East Bay Paratransit's Annual Customer Satisfaction Survey focuses on the last trip taken.

Although stakeholders reported concerns to the Alameda CTC about on-time performance, the 2016 EBP survey only showed a one percent decline in on-time performance from the prior three years. The survey also showed overall satisfaction with the quality of service on the surveyed trip but a 3-5% decline in courtesy of phone reservationists and skill of the customer service agent.

Need for Door-through-Door Service and Other High Need Trips

Many noted that ADA-mandated paratransit simply cannot meet all the needs of seniors and people with disabilities. Types of need that ADA services cannot meet well included:

- Those who need "escorting" or door through door service, e.g., some consumers need help carrying their groceries in or out of their house.
- Riders traveling with small children in car seats. Parents and/or children may have a disability and require specialized assistance.
- Riders needing group trips such as church groups or senior housing facilities.

Only volunteer driver programs consistently meet the needs of seniors and people with disabilities who need "escorting" or door through door service. Volunteer driver programs were present in all parts of the county until recently. Unfortunately, at the end of December 2016, the non-profit organization providing a volunteer driver program for North County and San Leandro discontinued their service in Alameda County, leaving a gap in door through door service.

Separate from door through door service, some consumers need to be accompanied by an attendant due to behavioral issues. Sometimes this need is not addressed due to a lack of resources and the consumer is suspended from ADA-mandated paratransit.

Lack of Affordability

Region-wide, there is concern about **the high cost of transit and paratransit fares**. According to the Alameda County 2-1-1 provider (Eden I&R) many people have to choose between housing and transportation. Also they are embarrassed at their situation and as a result are less likely to request help or seek resources. According to the Alameda County Plan for Older Adults "Alameda County older adults are particularly challenged by economic insecurity...many older adults lack the financial resources to meet basic needs, an assertion evidenced by the fact that almost 20% of food provided through the Alameda County Food Bank is distributed to older adults. According to the 2011 Elder Economic Security Index, which takes into account costs for housing, food, out-of-pocket medical expense and other necessary spending, half of Alameda County older adults do not have enough income to cover their basic needs."

Stakeholders also noted **difficulty in obtaining the Regional Transit Connection (RTC) Clipper card** which allows for discounts for people with disabilities on most transit services. The RTC card is a photo identification card that verifies a rider's eligibility to receive an ADA reduced fare on fixed route transit. With the advent of Clipper, the RTC card now serves as an individual's Clipper Card which automatically applies the discount fare. RTC Clipper cards must be obtained from a fixed route transit provider and require a physician's verification or proof of a DMV Disabled Parking Placard. The initial application must be made in person and there are three locations in Alameda County – AC Transit Customer Service in Downtown Oakland, BART Customer Service in Lake Merritt station, and WHEELS Customer Service in Livermore. Some consumers find obtaining a ride to one of these specific locations to apply a barrier. Senior Clipper Cards can be obtained via mail, online, and at the transit agencies' customer service offices. Some travel training programs like Fremont assist trainees in obtaining Senior Clipper Cards.

Need for Same Day Service

Subsidized taxi issues identified

Subsidized taxi service is the most common "core" service provided by city-based paratransit programs. These programs provide same-day service for ambulatory passengers. Subsidized taxi service programs provide the second most trips for seniors and people with disabilities, after ADA-mandated paratransit. However, despite the fact that it's available in some form throughout the County and highly utilized, stakeholders still highlighted issues with subsidized taxi programs including:

- **More demand than supply**: All programs have trip limits which cap the number of trips or amount of subsidy value each consumer can utilize. Consumers expressed that this often means they cannot take all the trips they need.
- **Difficulty traveling to other cities**: Taxi programs are often part of city-based programs and travel is limited to within one city; stakeholders noted that travel between cities can be challenging. Riders are often unaware of the constraints drivers might have in driving in different cities due to permitting differences.
- **Limited availability of accessible taxis**: Many stakeholders noted concern about the lack of parity of availability between accessible taxis and taxis for ambulatory riders.

In addition to these consumer-related issues, the different subsidy mechanisms used by different programs and outdated fare media can pose a challenge to taxi providers. Different taxi programs use a wide variety of fare media including scrip in different denominations; vouchers in fixed values that may not cover the cost of the trip and need to be supplemented with cash; reimbursement programs that require a specific receipt; and different reimbursement/payment structures. For example, a taxi driver permitted in Berkeley and Oakland must submit Oakland scrip to their company for reimbursement but bring their Berkeley scrip to the specified window in City Hall on the one day a week the window is open. Some companies use non-metered vehicles for accessible trips which then require a calculated meter fare based on Google maps.

Program sponsors in Alameda County have recognized that these complicated systems provide a disincentive to service at a time when the taxi industry is already struggling. Several cities are exploring the feasibility of an electronic debit card for taxi payment. The Alameda CTC sponsored a feasibility study and initial assessments indicate high startup costs and the rapidly evolving industry may make such a system infeasible. However the Paratransit Team is continuing to work with interested cities.

Transportation Network Companies (TNCs)

Many stakeholders expressed ambivalence towards Transportation Network Companies (TNCs) like Lyft and Uber. Some wanted greater usage of them for trips like dialysis. Others were concerned about their lack of accessible vehicles and with the prospect of fund recipients or the Alameda CTC potentially partnering with them and utilizing taxpayer funds for new private companies, whose futures are unknown. ADA-mandated providers were concerned about TNCs being expected to provide paratransit trips but failing to operate in a way that would meet FTA requirements including vehicle maintenance, drug and alcohol testing, ADA sensitivity training, logging of service miles and hours, etc.

Accessible service equity issues identified

As noted above, there is a lack of equity in access to subsidized taxi service for non-ambulatory riders. Stakeholders raised similar concerns for other mobility services like Lyft, Uber, and carshare. As a result, consumers who require an accessible vehicle have less access to same-day transportation services. Stakeholders emphasized that all new modes of transportation need to be made accessible to all users.

Lack of Accessibility of Shared Mobility Providers

There was interest from some stakeholders in ensuring that shared mobility programs are fully accessible to people with disabilities, including both carshare and bikeshare programs. These stakeholders were generally already involved with these shared mobility programs as staff developing programs or consumers of the accessible City Carshare vans. In November 2016, City Carshare transferred their fleet to Getaround but the accessible vans were not transferred and were decommissioned. This created significant disruption to consumers' lives, including cancelations of existing reservations and missed consumer appointments. This also attracted media attention.[1]

[1] http://www.sfchronicle.com/business/article/Wheelchair-vans-won-t-roll-in-City-CarShare-10633616.php

Medical Trips

According to the Alameda County Public Health Department, people with disabilities are 2.3 times more likely to delay medical care. This is, in part, due to lack of reliable transportation options for medical trips. Several of the specific issues consumers face are described below.

Traveling and/or transferring between cities, counties, providers, etc. continues to be difficult for many seniors and people with disabilities. This is particularly highlighted for medical appointment trips to facilities including UCSF in San Francisco, John Muir in Walnut Creek, and Stanford Hospital in Palo Alto, which are located in three different counties outside of Alameda County. When ADA-mandated paratransit riders need to transfer between providers, the trip is called a "regional trip." Regional trip transfers are made more difficult by the standard 30 minute pick-up/drop-off window that many ADA-mandated providers use. East Bay Paratransit faces particular challenges with regional trips because of their geographic location and service area in the center of the Bay Area. Many transit agencies make little attempt to coordinate regional trips or travel beyond required limits, but EBP provides a regional trip coordinator to help with this effort.

Dialysis transportation poses continued challenges. Prior outreach has identified challenges associated with these trips. Riders require three to four round trips per week, the length of treatment time is often uncertain and can run late, and riders are very weak when they are released. Sometimes the facility will not release a rider for transportation because their medical condition precludes it. This can be exacerbated by paratransit trips that are provided in buses rather than sedans as some people are very uncomfortable due to vehicle suspension/bumpiness issues. Facilities are often also unwilling to adjust schedules to off-peak periods.

Medi-Cal eligibility limitations were brought up by staff and consumers. Staff affiliated with medical providers expressed concern about non-emergency medical transportation (NMT) providers that do not accept Medi-Cal eligibility and overall limitations with Medi-Cal not authorizing reimbursement for some trips. Prior outreach by the Alameda CTC indicates that there is confusion about how Medi-Cal NMT works and how to choose and arrange the best transportation option for riders.

Challenges with the Hospital Discharge Transportation Service (HDTS) have been highlighted by hospital staff, the transportation provider, the Alameda CTC, and consumers. Hospital discharge trips are challenging to serve because of the uncertainty related to patient discharge timing. The transportation provider has had limited success in meeting this need reliably and Alameda CTC staff has struggled to document and analyze the quality of the service. Hospital staff reported a number of obstacles including lack of information, receiving vague or inaccurate time information when calling to request a trip, not having enough warning to have time

to get the patient ready, or conversely having the trip not show up at all or not being called back until the next day. As a result of these issues some staff rarely use the program, one staff member noted they would "end up having to call a taxi" when discharging patients. This program also came up in discussion with Eden I&R because some staff had called 2-1-1 for options.

Affordable gurney transportation was also highlighted by a stakeholder as a medical transportation gap.

Access to Information

Due to the wide range of services offered in Alameda County, the Alameda CTC has made a strong effort to provide information resources. Staff found there are still gaps or concerns in accessing transportation information. A focus group participant stated "I've only been in the Bay Area for 6 years now. I don't recall any specific campaign I've seen to engage the public. We have a super growing population of seniors… it's one of those things that would appear a priority to make that clearer." Eden I&R stakeholders also indicated that "Seniors tend to be very isolated and sometimes don't have networks to get information from. They still use phone books; some have limited computer proficiency. When talking to seniors, calls may take longer because they are processing information, or want to chat. You need to be patient."

Specific gaps in access to information included:

- **Multi-lingual resources**: Eden I&R reports that consumers frequently need information translated into Spanish, Tagalog, Hindi, Farsi, Mandarin, and Cantonese. Information also needs to be translated into Braille, audio, large print, and other accessible formats. Stakeholders noted similar issues for individuals with cognitive or mental health issues.
- **Smartphone Access**: Many stakeholders expressed concern about the necessity to be tech-savvy to access information. There is some concern about the ability of target groups to leverage information due to the overall increase in societal reliance on smartphone ownership. While it's true that smartphone ownership declines with age and increases with income, smartphone use among all groups is increasing. East Bay Paratransit's 2016 Customer Satisfaction Survey reports that one-third (35%) of customers have access to a computer, and over three-fourths (84%) own a cell phone. Of those who have access to a computer, eight in ten (80%) use e-mail. Of those who have a cell phone, half (49%) own a smartphone and over half (56%) can receive a text about van arrival.

Miscellaneous issues identified

There were a variety of other issues that came up in stakeholder outreach, these are summarized here:

- **Limited transportation options for over-sized mobility devices**, is a recurring issue for providers using lifts such as ADA-mandated programs. There is also difficulty finding a "one-size-fits-all" wheelchair securement device.
- **Personal safety concerns** came up in several different contexts. For example, an individual with a vision-impairment might need to confirm that the correct service and driver is picking them up. Safety from injury was also raised in the comments with regard to driver training, as noted in the transit and ADA section above. As an example, one stakeholder referred to bus drivers who commence driving before everyone is safely seated. Another injury concern was the previously noted fact that East Bay Paratransit has eliminated all sedans and some people are unable to ride in the buses due to vehicle suspension/bumpiness issues.
- **Better services to meet the transportation needs of people in crisis**, for instance those who are homeless or suffering from domestic violence or extreme poverty. They suggested that a form of same-day service emergency payment/credit system be created for individuals to get food or get away from an abuser. Stakeholders also noted a need for increased emergency planning and better coordination between adjacent operators about communication during an emergency.
- **More accessible parking**: Meeting participants noted that the new protected bike lanes on Telegraph Avenue had removed parking spaces that were well-suited for accessible vehicles. There have been other situations where new construction/facilities eliminated blue spaces.
- **Recreational trips**: It should be noted that although urgent needs, particularly medical trips, were often the focus of stakeholder comments, the need for socialization and recreation trips were not forgotten. Stakeholders would like to address essential trip needs more effectively in order to have the capacity to enjoy trips that improve their quality of life.

6 Strategies to Address Identified Needs and Gaps

This chapter presents a series of initial strategies that have been developed to address the needs identified in the demographic analysis, outreach process, and analysis of existing services. Strategies are suggested to meet the major needs identified. These strategies can inform planning efforts and/or funding decisions. The proposed strategies are preliminary and can lay the groundwork for consideration of new initiatives. More detail on each strategy is provided in the discussion following the table.

Figure 6-1 Strategies and Needs Served

Strategy	Need Served					
	Fixed Route Issues	ADA-Paratransit Service Issues	Afford-ability	Same Day Service	Medical Trips	Access to Information
Improve Accessibility of the Fixed-Route Public Transit System	●			●	●	
Expand Flexible Transit Options	●	●	●	●		
Invest in State of Good Repair and Accessibility of Street Infrastructure	●			●		
Continue to Improve Quality of ADA-mandated Paratransit services		●			●	
Expand Volunteer Driver Programs to North and Central County			●		●	
Expand Access to Existing Transit Discounts (RTC and Senior Clipper Cards)	●		●			
Expand Subsidized Fare Programs	●	●	●		●	
Expanded Access to Taxis, modernize taxi program				●		
Explore public/private partnerships				●	●	

Strategy	Need Served					
	Fixed Route Issues	ADA-Paratransit Service Issues	Afford-ability	Same Day Service	Medical Trips	Access to Information
Expand Eligible Trip Purposes for Guaranteed Ride Home Program (GRH)	●			●	●	
Expand Availability of Same-Day Accessible Trips				●		
Increase Role of Mobility Management, One-Call/One-Click			●	●	●	●
Introduce Accessibility of Shared Mobility			●	●		
Expand Senior Walking Groups	●					●
Align Alameda CTC Funding with Needs and Demand	●	●	●	●	●	●
Explore Cost Sharing Partnerships			●	●	●	

Improve Accessibility of the Fixed-Route Public Transit System

Public transit can be a viable travel option for seniors and people with disabilities. It is lower cost than most other alternatives, it is available on a same day basis, it does not require an advance reservation, and it provides access throughout Alameda County. However, stakeholders identified several needs and challenges related to use of the transit system. The strategies below are designed to address these issues. Many of these strategies dovetail with the recommendations of the Countywide Transit Plan and other overall Alameda CTC priorities.

Invest in State of Good Repair

Stakeholders identified disrepair of public transit infrastructure as a barrier to use of public transit; examples included broken BART elevators and escalators and buses unable to kneel. Alameda CTC works closely with transit operators in the county to identify additional funding for state of good repair investments through our Comprehensive Investment Plan and legislative program, by leveraging Measure B and BB to attract additional funding. Alameda CTC will continue to advocate for additional funding for reinvestment in the public transit system in collaboration with our partner local and regional agencies.

Enhance Public Transit Accessibility

Stakeholders also identified lack of amenities at transit stops and stations as a barrier to use of public transit; examples included transit stops placed far apart or inconveniently, and bus stops that are not ADA accessible and/or without a shelter or a bench. Alameda CTC can work with Alameda County's public transit operators and jurisdictions to systematically improve bus stops that have high use by seniors and people with disabilities and improve access to these stops (see next strategy). As with state of good repair investments mentioned above, Alameda CTC will continue to leverage local sales tax dollars to attract additional funding for these types of investments.

Increase Capacity during Peak Hours

Significant work is being done at a regional level to expand the capacity of the transit system during rush hour, especially in the core of the regional transit system. Efforts currently underway include Bay Bridge Forward and the Core Capacity Transit Study, both being led by MTC. Alameda CTC will continue to participate in development of these and other efforts to ensure sufficient capacity during crowded times to allow for better access for all riders, including those with mobility devices. As with the strategies above, more service will require more funding, and Alameda CTC will continue advocating for additional funding for transit service.

Expand Flexible Transit Options

Since the passage of the ADA, the transit industry has explored many modal options along the continuum between fixed route and paratransit service. The primary distinctions between these options is the level of flexibility that is introduced to both schedules and routes. Some examples include route and point deviation, circulators, and shuttles. Some of these have already been implemented in Alameda County and should be examined for lessons learned before implementation in new locations. The Alameda CTC should help ensure coordination between fixed-route transit providers and stakeholders when piloting or implementing these kinds of services.

Enhance Customer Service through Sensitivity Training

As part of the outreach process, consumers indicated that there remain issues regarding lack of driver sensitivity in service provision to people with disabilities and seniors on both paratransit and fixed route transit. Stakeholders pointed out that lack of customer service on public transit services can itself be a barrier to use of transit. For example, calling out stops for visually impaired, waiting for seniors to be seated before leaving the stop, and patience in communicating with riders who have cognitive issues are critical to make seniors and people with disabilities feel comfortable riding the bus. Strategies to address this issue could include monitoring

the trainings conducted by contractors and public agencies and standardizing surveys to identify specific problem areas/agencies that require increased staff sensitivity training. Assistance with sensitivity training could also be offered to taxi providers and TNCs.

Invest in State of Good Repair and Accessibility of Street Infrastructure

For many seniors and people with disabilities, barriers in the environment such as lack of or broken sidewalks can have a significant impact on their ability to access services, including fixed route transit services. Improvements to the safety and accessibility of streets that facilitate use of street networks by pedestrians and cyclists are beneficial to the target population groups in addition to the general population. Strategies include adjusting traffic signal timings to allow for more crossing time for pedestrians, curb cuts to allow for access by those with mobility devices, and adding and improving sidewalks. Alameda CTC can work with jurisdictions to address these needs through DLD funding, including paratransit, local streets and roads, and bicycle and pedestrian funding.

Address Senior/Disabled Needs in Alameda CTC Corridor Studies

As part of implementation of the Countywide Multimodal Arterials Plan and Countywide Transit Plan, Alameda CTC is embarking on a series of multimodal corridor studies to improve major arterials in Alameda County for all users. Taking into account the needs of seniors and people with disabilities will be critical in these efforts, including sidewalks, crosswalks, accessible parking, etc.

Continue to Improve Quality of ADA-mandated Paratransit services

There were several areas of improvement identified by stakeholders for ADA-mandated paratransit services, such as improving coordination and efficiency to reduce multiple vehicles going to the same location, improving driver customer service skills, and improving on-time performance. Alameda CTC will continue to work with our ADA-Paratransit partner agencies to continuously improve the quality of ADA service provided. Examples might include support for software to coordinate between scheduling platforms and transit systems, or a paperless fare system for riders that will work regionally and across transit agencies.

Expand Volunteer Driver Programs to North and Central County

Stakeholders identified that only volunteer driver programs consistently meet the needs of seniors and people with disabilities who require "escorting" or door-through-door service. Volunteer driver programs once existed throughout Alameda County, however in December 2016, the non-profit organization providing a volunteer driver program for North County and San Leandro discontinued their service in Alameda County, leaving a gap in door through door service. Alameda CTC will work with our

current providers to expand volunteer driver programs to cover Central and North County to ensure that this critical need is served.

Address Affordability Challenges Faced by Seniors and People with Disabilities

One in five Alameda County residents live in poverty, higher than any other Bay Area county except Solano County, which has the same poverty rate. Poverty among seniors in Alameda County is on-par with that of the general population. More urban parts of the county have higher poverty rates, while more suburban areas have lower poverty rates.

Since many people in these target populations are unemployed or living on fixed incomes, the cost of public transportation can be a barrier. The Alameda CTC previously recognized the effects of poverty on these communities by working with PAPCO and ParaTAC to add income as a factor to the funding formula in 2012. There are several additional steps that can be taken to increase the affordability of transportation for seniors and people with disabilities

Expand Access to Existing Transit Discounts (RTC and Senior Clipper Cards)

Transit agencies already offer discounts for seniors and people with disabilities. The Regional Transit Connection (RTC) Clipper card allows for discounts for people with disabilities and the Senior Clipper card offers senior discounts on most transit services. Senior Clipper Cards can be obtained via mail, online, and at the transit agencies' customer service offices, and the Alameda CTC will work with our transit agency and city-based program partners to provide easier access if possible. However, the initial application for the RTC Clipper Card must be made in person and there are only three locations in Alameda County – AC Transit Customer Service in Downtown Oakland, BART Customer Service in Lake Merritt station, and WHEELS Customer Service in Livermore. Alameda CTC will work with our transit agency and city-based program partners to expand the number of locations throughout Alameda County where RTC Clipper cards can be obtained.

Expand Subsidized Fare Programs

Programs funded by Direct Local Distribution (DLD) funding can offer scholarship programs based on income. Alameda CTC will explore options and appropriateness for establishing some type of consistent targeted scholarship program or increasing fare subsidies to address the most urgent transportation needs.

Improve Same Day Transportation Options

Expand Access to Existing Taxi Programs

Subsidized taxi service is the most common "core" service provided by city-based (non-ADA-mandated) paratransit programs and provides same-day service for ambulatory passengers. Subsidized taxi service also provides the second most trips for seniors and people with disabilities, after ADA-mandated paratransit, and is a relatively low-cost service type for providers. Expanding access to existing taxi programs to allow for more trips per consumer would improve same day trip access for ambulatory passengers at a comparatively low cost. City-based programs should review trip limits in current programs and consider expanding access to these programs. ADA-mandated providers hope that expanding taxi-access would lead to less reliance on ADA-mandated services and allow for better service delivery (availability, on-time performance, etc.) on ADA-mandated services.

Modernize Taxi Programs

The voucher and scrip systems used for the majority of Alameda County's taxi subsidy programs are complicated and outdated. Program sponsors in Alameda County have recognized that these complicated systems provide a disincentive to use the service at a time when the taxi industry is already struggling. Several cities are exploring the feasibility of an electronic debit card for taxi payment. The Alameda CTC sponsored a feasibility study and initial assessments indicate high startup costs, and the rapidly evolving industry may make such a system infeasible or obsolete. However the Paratransit Team is continuing to work with interested cities. The Alameda CTC will continue to support efforts towards an electronic debit card for taxi payment or other new technical innovations (such as Cobconnect's acquisition of Flywheel to "craft a more robust taxi-centric software platform"[1]) as appropriate.

Explore Public/Private Partnerships

Public/private partnerships could be created or expanded between municipal or transportation agencies and taxi companies or TNCs in order to expand same day options in the county. The Alameda CTC has Implementation Guidelines (see Appendix C) that identify basic policies that DLD recipients must follow when working with these types of partners. Beyond those, the following guidelines should be considered if agencies establish funding agreements involving taxis and/or TNCs in order to maximize the benefits of these partnerships:

- Provide minimum data sharing requirements

[1] https://venturebeat.com/2017/04/07/cabconnect-acquires-flywheel-in-bid-to-create-on-demand-taxi-platform/

- Provide minimum service characteristics for partnerships, including the need to serve accessible trips and/or have robust equitable alternatives
- Provide support with regard to meeting regulatory requirements (e.g. local, regional, state or federal requirements for grant applications and reporting, drug and alcohol testing, etc.)

Another strategy relating to TNCs could be to provide funding and/or technical assistance for a pilot program to link TNCs to Non-Emergency Transportation providers (NMT) or other vehicles as a way to increase capacity and provide accessible service.

Funding and/or technical assistance could be provided to establish a Lyft concierge (or similar) service, in which a third party can book trips for others on the web. Under this scenario, consumer credit cards would need to be on file or the agency could pay for trips and collect funds from riders. A staff member would need to be available to take calls in order to meet the needs of those who don't have access to a credit card, or who have dexterity or cognitive challenges.

Expand Eligible Trip Purposes for Guaranteed Ride Home (GRH) program

The Alameda CTC's existing Guaranteed Ride Home Program is targeted at commuters. One strategy could be to expand the eligible purposes to allow seniors and people with disabilities to utilize the service for urgent same day trips. In contrast to traditional programs that are work commute oriented, these could address situations in which consumers suddenly become too ill to return on a bus or train, or the last scheduled bus has departed and there are no accessible options available. These kinds of uncertainties discourage transit use by those who would otherwise be able to use this mode.

Expand Availability of Same-Day Accessible Trips

On-demand accessible trips is a perennial problem that has been identified as a priority in every needs assessment that has been conducted in the county and throughout the Bay Area. Alameda County residents have had access to very limited same-day accessible service through HDTS and WSBTS, but these programs are very limited in eligible trip purpose and have faced significant challenges in reliability and declining usage. Alameda CTC can work with city-based program partners to develop a better model for same day accessible trips that increases the eligible trip purposes, making the service more useful for consumers and more attractive for contractors. Planning area models should be explored to address the challenges of having one contractor trying to serve trips throughout the vast extent of Alameda County.

Expanded flex type services described above could also begin to address this problem.

Increase Role of Mobility Management to Expand Access to Information

As described earlier in this report, the concept of mobility management is effectively used throughout the U.S., and has a broad range of interpretations. As part of the national and region-wide trend towards mobility management, two strategies recommended for Alameda County are presented in the paragraphs below.

Expand One-Call/One-Click Services

While Alameda County residents with disabilities and seniors currently have options for obtaining information about appropriate mobility resources, a more robust One-Call/One-Click program than is currently available would elevate this function to a higher level. Under this scenario, staff of the lead agency (or participating agencies) would serve as "travel agents" and provide specific guidance on how to access services, including completion of eligibility application forms, instructions on how to read transit schedules, real-time information on bus arrivals etc. Proactive targeted outreach could also be done to senior centers, congregate living facilities, and other senior service providers.

Key factors that will need to be taken into consideration in the development of this strategy are access by individuals who have limited English-speaking capabilities, those with cognitive issues, and those for whom the technology could represent a barrier.

Continue to Encourage Partnerships

In order to leverage the broad array of resources in the county and better provide services, partnerships between key stakeholders can be strengthened through a variety of strategies, including establishing subcommittees of ParaTAC, convening forums focused on specific topics such as serving medical trips to other counties in coordination with transportation agencies in those counties, convening East Bay regional PCC meetings, continuing to conduct countywide travel training meetings, addressing affordability challenges, improving capital infrastructure, improving access to information, etc. Key stakeholders could include:

- Fixed-route transit staff
- County staff and City staff
- Direct Local Distribution (DLD) recipients and non-profit service providers
- Transportation providers and public health service providers
- Neighboring Counties, neighboring transit agencies, and the region
- Private transportation providers
- Countywide travel training stakeholders
- Alameda County mobility management providers

Additional Enhanced Mobility Strategies

Introduce Accessibility of Shared Mobility

A bikeshare program that serves people with disabilities can be developed with partners such as MTC, BORP, and the City of Oakland. The program can include bicycles that have been especially adapted for wheelchair users, such as the Rio Mobility Firefly. Another mode of shared mobility that can be customized with public subsidies in order to enhance access for people with disabilities would be purchasing accessible vehicles for carshare programs (or a similar low-cost rental option), potentially in partnership with an Independent Living Program. The experience of City Carshare which provided incentives for drivers to use publicly-funded accessible vehicles would need to be examined before pursuing this strategy.

Expand Senior Walking Groups

Senior walking groups should be promoted because they reduce isolation and have health benefits. These groups can also identify infrastructure barriers, such as lack of or poorly maintained sidewalks, lack of curb ramps, or signage that poses a hazard to walkers with visual impairments and can report these to the local jurisdiction.

Strategies to Leverage Funding

Provide technical assistance to potential grant applicants in identifying and applying for federal, state and regional funds. Alameda CTC could serve as both a clearinghouse for this information as well as providing limited one-on-one assistance to entities exploring additional funding sources. Alameda CTC funds can also be used as "match" funds in order to facilitate pursuit of these funds to increase trips and subsidies.

Align Alameda CTC Funding with Needs and Demand

As part of the grant selection process, Alameda CTC rewards proposals that demonstrate coordination between various grant applicants. Alameda CTC should continue to provide assistance to grant applicants to ensure that the grant requests are consistent with agency goals and needs identified herein.

The Alameda CTC should also reexamine the funding formula and consider whether to incorporate service provided and/or the proportion of the target populations served. Another strategy would be to direct the allocation of funding by program type to more closely align with needs identified here.

Explore Cost Sharing Partnerships

Since medical trips are often the most common trip types on publicly funded transportation modes by people in the target groups, a number of strategies can be explored. For medical trips requiring transfers on ADA-mandated paratransit,

providers could be encouraged to increase cost-sharing partnerships that allow them to travel into other service areas (e.g. East Bay Paratransit providing trips into and returning from San Francisco). Another would be to assist transportation providers in securing Medi-Cal reimbursement for medical trips provided on paratransit programs. The Alameda CTC could identify partners to assist medical providers with confusion about how Medi-Cal NMT works and how to choose and arrange the best transportation option for riders. Finally, providers should pursue strategies to address cost sharing with dialysis clinics for meeting the needs of riders travelling to dialysis treatment.

Next Steps

This Needs Assessment Report provides guidance for further work that will be undertaken by the Alameda CTC with our partners, including ADA-mandated providers, city-based programs, and non-profit community based organizations. This effort will include strategies that represent both new initiatives and those that expand existing programs. Prioritization will be determined in collaboration with ParaTAC and PAPCO and as funding opportunities arise.

Many organizations continue the important work of evaluating needs and gaps and developing strategies to meet them. Alameda CTC will monitor and review information made available from these efforts, including: the MTC Coordinated Public Transit Human Services Transportation Plan Update; a recently initiated needs assessment in the Tri-Valley; Fremont's work with the World Health Organization's Global Network of Age-Friendly Cities[2]; and others that arise in the future.

Figure 6-2 summarizes potential lead implementers, and partner agencies by strategy.

[2] The Age-Friendly network encourages cities to prepare for the dramatic shift in the aging population by paying attention to the environmental, economic, and social factors that influence the health and well-being of older adults. The model is built on assessing the city's baseline status in relevant areas and developing an action plan that includes ideas from older adults.

Figure 6-2 Implementation Framework for Identified Strategies

Strategy	Lead Implementer	Partner Agencies
Improve Accessibility of the Fixed-Route Public Transit System		
Invest in State of Good Repair	Transit Agencies	MTC, Alameda CTC
Enhance Public Transit Accessibility	Transit Agencies, Cities	Alameda CTC
Increase Capacity during Peak Hours	Transit Agencies	MTC, Alameda CTC
Expand Flexible Transit Options	Transit Agencies	
Enhance Customer Service through Sensitivity Training	Transit Agencies	
Invest in State of Good Repair and Accessibility of Street Infrastructure		
Use DLD Funding to Invest in Street Infrastructure	Jurisdictions	Alameda CTC
Address Senior/Disabled Needs in Alameda CTC Corridor Studies	Alameda CTC	Jurisdictions, Transit Agencies
Continue to Improve Quality of ADA-mandated Paratransit Services		
Improve quality of ADA-mandated services	Transit Agencies	Alameda CTC, MTC
Expand Volunteer Driver Programs		
Expand Volunteer Driver Programs to North and Central County	Non-profit organizations	City-based programs, Alameda CTC
Address Affordability Challenges Faced by Seniors and People with Disabilities		
Expand Access to Existing Transit Discounts (RTC and Senior Clipper Cards)	Clipper, Transit Agencies, MTC	Alameda CTC, city-based programs
Expand Subsidized Fare Programs	City-based programs	Alameda CTC
Improve Same Day Transportation Options		
Expand Access to Existing Taxi Programs	City-based programs	Alameda CTC
Modernize Taxi Programs	City-based programs	Alameda CTC
Explore Public/Private Partnerships	City-based programs, Alameda CTC	MTC
Expand Eligible Trip Purposes for Guaranteed Ride Home (GRH) program	Alameda CTC	
Expand Availability of Same-Day Accessible Trips	City-based programs	Alameda CTC
Increase Role of Mobility Management to Expand Access to Information		
Expand One-Call/One-Click Services	Non-profit organizations, Alameda CTC	City-based programs

Strategy	Lead Implementer	Partner Agencies
Continue to Encourage Partnerships	Alameda CTC, MTC	City-based programs, Transit Agencies
Additional Enhanced Mobility Strategies		
Introduce Accessibility of Shared Mobility	Non-profit organizations, city-based programs	
Expand Senior Walking Groups	Non-profit organizations, city-based programs	
Strategies to Leverage Funding		
Align Alameda CTC Funding with Needs and Demand	Alameda CTC	City-based programs
Explore Cost Sharing Partnerships	ADA-mandated Paratransit	Alameda CTC

Potential Funding Sources

There are a number of potential funding sources that could be considered to address the identified strategies. These include:

- Measure B and BB DLD and discretionary funds
- Vehicle Registration Fee funds
- Various Caltrans planning grants
- Federal Transit Administration (FTA) Section 5310 Enhanced Mobility of Seniors & Individuals with Disabilities grants

Periodically new funding opportunities arise from local, state, and federal sources. Recent examples include Senate Bill-1 and Regional Measure 3. Alameda CTC will continue to monitor new funding opportunities that arise in the future and work with partners to leverage appropriate funding for Alameda County.

7 Sources

Source	Location
511	511.org/transit/accessibility/overview
Access Alameda	accessalameda.org
Alameda County Plan for Older Adults: May 2016	www.alamedasocialservices.org/public/services/elders_and_disabled_adults/docs/planning_committee/Alameda_County_Area_Plan_Final.pdf
Alameda County Public Health Department Community Assessment Planning and Evaluation Unit (CAPE) Presentation September 2016	Not publicly available, contact ACPHD staff
Alameda CTC DLD and grant data	Meeting packets on www.alamedactc.org (Contact staff to identify particular meetings)
Alliance of Information and Referral Systems	www.airs.org/i4a/pages/index.cfm?pageid=3500
American Community Survey 5-Year Estimates 2010-2014, American Community Survey 5 Year Estimates 2011-2015	factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
Association of Travel Instruction (ATI)	www.travelinstruction.org/20-travel-training
City of Alameda Web Survey Comments for the Citywide Transit/TDM Plan (June through August 2016)	Not publicly available, contact City staff
Berkeley Paratransit Services Community Needs Assessment July – December 2015	Not publicly available, contact City staff
Eden I&R	www.alamedaco.info/Resource-Finder/Resource-Finder-Transportation-Services.asp
East Bay Paratransit Consortium Customer Satisfaction Survey 2016: Management Report	Not publicly available, contact East Bay Paratransit staff
Easter Seals Project Action (ESPA)	www.projectaction.com/glossary-of-disability-and-transit-terms
ESPA Webinar on Private Transportation and the ADA	Not publicly available, contact ESPA

Source	Location
Federal Transit Administration Regulations and Guidance: Transportation Services for Individuals with Disabilities	www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/part-37-transportation-services-individuals-disabilities
Medicaid Non-Emergency Medical Transportation Booklet for Providers	www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/nemt-booklet.pdf
Metropolitan Transportation Commission (MTC) Draft Coordinated Plan 2017	Not publicly available at time of publication, contact MTC staff
MTC Means Based Fare Presentation	s3.amazonaws.com/media.legistar.com/mtc/meeting_packet_documents/agenda_2423/03b_Means_Based_TAC_Presentation_5-28-15.pdf
Program of All-Inclusive Care for the Elderly (PACE)	www.dhcs.ca.gov/services/ltc/Pages/ProgramofAll-InclusiveCarefortheElderly.aspx
Regional Center of the East Bay	www.rceb.org

APPENDIX A
Outreach Contacts

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Appendix A Outreach Contacts

Date	Organization	Event/Location	Category (meeting, stakeholder interview, focus group)
09/15/16	Multiple stakeholders	United Seniors of Oakland and Alameda County (USOAC) Healthy Living Festival / Oakland Zoo	Event
10/10/16	Alameda County Advisory Commission on Aging	Alameda County Advisory Commission on Aging monthly meeting / Eastmont (Oakland)	Meeting
10/24/16	Alameda CTC Paratransit Advisory and Planning Committee (PAPCO) and Paratransit Technical Advisory Committee (ParaTAC)	Quarterly Joint Meeting / Alameda CTC	Meeting
11/01/16	East Bay Paratransit Service Review Advisory Committee (SRAC)	Service Review Advisory Committee (SRAC) monthly meeting / East Bay Paratransit (Oakland)	Meeting
11/02/16	Livermore Amador Valley Transit Authority (LAVTA) Wheels Accessibility Advisory Committee (WAAC)	Wheels Accessibility Advisory Committee (WAAC) meeting / Livermore	Meeting
11/04/16	Community Resources for Independent Living (CRIL), Center for Independent Living (CIL), United Seniors of Oakland and Alameda County (USOAC), City of Pleasanton	Alameda CTC Countywide Travel Training Group quarterly meeting / Oakland	Meeting
11/08/16	Fresenius Medical Care	Email	Stakeholder interview
11/08/16	California School for the Blind, Fremont	Email	Stakeholder interview
11/09/16	Developmental Disabilities Planning and Advisory Council	Developmental Disabilities Planning and Advisory Council monthly meeting / Oakland	Meeting
11/09/16	Center for Independent Living (CIL)	Email	Stakeholder interview

Date	Organization	Event/Location	Category (meeting, stakeholder interview, focus group)
11/14/16	Consumer	Telephone	Stakeholder interview
11/15/16	▪ Afghan Elderly Association ▪ Alzheimer's Services of the East Bay ▪ CA Department of Rehabilitation ▪ City of Fremont ▪ City of Newark ▪ Drivers for Survivors ▪ Fremont Paratransit Program ▪ Fremont Senior Citizens Commission ▪ Friends of Children with Special Needs ▪ Indo-Americans Seniors Association of Fremont (INSAF) ▪ Kaiser Permanente ▪ LIFE ElderCare ▪ Regional Center of the East Bay ▪ Union City Transit & Paratransit ▪ Satellite Affordable Housing Associates – Newark Gardens	Tri-City Transportation Needs Assessment meeting / Fremont	Meeting
11/16/16	▪ Ala Costa Centers ▪ Care Builders at Home ▪ Center for Elders Independence ▪ Center for Independent Living ▪ Community Resources for Independent Living ▪ Mobility Matters ▪ Oakland Taxi Up and Go ▪ Senior Moments ▪ United Seniors of Oakland and Alameda County	Focus Group - Active Partners / Oakland	Focus group

Date	Organization	Event/Location	Category (meeting, stakeholder interview, focus group)
11/17/16	▪ Alameda County Healthcare Services ▪ Beth Eden Senior Housing ▪ City of Emeryville, Community Services ▪ Crisis Support Services of Alameda County ▪ D'Nalor Care Homes ▪ Lifelong Medical Care ▪ Senior Alternatives ▪ Senior Support Program of the Tri-Valley ▪ Senior Visionary Services ▪ Sutter Health, East Bay Medical Foundation	Focus Group - Potential Partners / Oakland	Focus group
12/06/16	Spanish Speaking Citizens' Foundation	Email	Stakeholder interview
12/21/16	City of Oakland, Bikeshare Coordinator	Telephone	Stakeholder interview
12/21/16	Eden I&R	Telephone	Stakeholder interview
12/22/16	Asian Health Services	Telephone	Stakeholder interview
12/22/16	In Home Supportive Services (IHSS)	Telephone	Stakeholder interview
12/22/16	St. Rose Hospital, Hayward	Telephone	Stakeholder interview
12/22/16	Kaiser Permanente, Oakland	Telephone	Stakeholder interview
12/23/16	Friendly Cab	Telephone	Stakeholder interview
1/23/17	Alameda CTC Paratransit Advisory and Planning Committee (PAPCO)	Monthly meeting / Oakland	Meeting
1/30/17	Oakland Mayor's Commission on Persons with Disabilities (MCPD) and Council on Aging (CoA)	Joint Meeting / Oakland	Meeting

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APPENDIX B
Demographic Tables

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Appendix B Demographic Tables

Figure B-1 Population Breakdown By City with Population Density and City Size

Location	Residents per Square Mile	Total Population	% Over 65	% With A Disability	% Without Access to A Vehicle*
Alameda County	**2200**	**1,559,308**	**12%**	**9%**	**10.13%**
Berkeley	11600	115,688	13%	8%	20.90%
Albany	11000	19,020	10%	6%	7.36%
Emeryville	9400	10,497	14%	11%	13.52%
Oakland	7500	402,339	12%	12%	17.30%
Alameda	7400	75,763	13%	9%	7.59%
San Leandro	6800	87,159	13%	10%	8.38%
Piedmont	6800	10,957	15%	5%	2.94%
Dublin	3900	49,694	9%	5%	3.73%
Union City	3800	71,675	13%	8%	6.67%
Livermore	3500	83,901	11%	8%	3.83%
Hayward	3500	149,596	10%	10%	6.68%
Pleasanton	3300	73,164	12%	6%	3.06%
Newark	3300	43,635	12%	9%	3.56%
Fremont	3000	221,654	11%	8%	4.15%

Source: Source: American Community Survey 5-Year Estimates 2010-2014, American Community Survey 5 Year Estimates 2011-2015

*Vehicle access data is from 2015

Figure B-2 Poverty Among the General Population, Seniors and Disabled People in Alameda County

Group	Poverty Rate
Alameda County	
Total Population	1,559,300
Number of People in Poverty (150% FPR)	316,200
% of Total Population in Poverty (150% FPR)	20%
Senior Population	179,900
Number of Seniors in Poverty (150% FPR)	34,300
% of Senior Population in Poverty (150% FPR)	19%
Disabled Population	142,800
Number of Disabled People in Poverty (100% FPR)	29,100
% of Disabled Population in Poverty (100% FPR)	20%

Source: American Community Survey 5-Year Estimates 2010-2014

Note: FPR = Federal Poverty Rate

Figure B-3 Existing 2014 Population Breakdown

Location	Population	% With a Disability	% Over 65	% Over 65 With A Disability	% Without Access to a Vehicle*	% of Total Population in Poverty	% of Seniors in Poverty
Alameda County	**1,559,308**	**9%**	**12%**	**4%**	**10%**	**20%**	**19%**
Alameda	75,763	9%	13%	4%	8%	18%	17%
Albany	19,020	6%	10%	3%	7%	16%	--
Berkeley	115,688	8%	13%	4%	21%	24%	17%
Dublin	49,694	5%	9%	2%	4%	7%	--
Emeryville	10,497	11%	14%	7%	14%	19%	--
Fremont	221,654	8%	11%	4%	4%	11%	15%
Hayward	149,596	10%	10%	4%	7%	23%	18%
Livermore	83,901	8%	11%	4%	4%	11%	14%
Newark	43,635	9%	12%	3%	4%	16%	--
Oakland	402,339	12%	12%	4%	17%	32%	30%
Piedmont	10,957	5%	15%	3%	3%	5%	--
Pleasanton	73,164	6%	12%	3%	3%	7%	10%
San Leandro	87,159	10%	13%	5%	8%	19%	19%
Union City	71,675	8%	13%	4%	7%	16%	15%

Source: American Community Survey 5-Year Estimates 2010-2014, American Community Survey 5 Year Estimates 2011-2015

*Vehicle access data is from 2015

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APPENDIX C

Implementation Guidelines and Performance Measures

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Appendix C Implementation Guidelines

Implementation Guidelines– Transportation for Seniors and People with Disabilities Program

Implementation Guidelines

These guidelines lay out the service types that are eligible to be funded with Alameda County Measure B (2000), Measure BB (2014) and Vehicle Registration Fee (VRF, 2010) revenues under the Special Transportation for Seniors and People with Disabilities Program (Paratransit). All programs funded partially or in their entirety through these sources, including ADA-mandated paratransit services, city-based non-mandated programs and discretionary grant funded projects, must abide by the following requirements for each type of paratransit service.

Fund recipients are able to select which of these service types are most appropriate for their community to meet the needs of seniors and people with disabilities. Overall, all programs should be designed to enhance quality of life for seniors and people with disabilities by offering accessible, affordable and convenient transportation options to reach major medical facilities, grocery stores and other important travel destinations to meet life needs. Ultimately, whether a destination is important should be determined by the consumer.

The chart below summarizes the eligible service types and their basic customer experience parameters; this is followed by more detailed descriptions of each.

Service	Timing	Accessibility	Origins/ Destinations	Eligible Population
ADA Paratransit [1, 2]	Pre-scheduled	Accessible	Origin-to-Destination	People with disabilities unable to ride fixed route transit
Door-to-Door Service	Pre-scheduled	Accessible	Origin-to-Destination	People with disabilities unable to ride fixed route transit and seniors
Taxi Subsidy [3]	Same Day	Varies	Origin-to-Destination	Seniors and people with disabilities

Service	Timing	Accessibility	Origins/ Destinations	Eligible Population
Specialized Accessible Van	Pre-scheduled & Same Day	Accessible	Origin-to-Destination	People with disabilities using mobility devices that require lift- or ramp-equipped vehicles
Accessible Shuttles	Fixed Schedule	Accessible	Fixed or Flexed Route	Seniors and people with disabilities
Group Trips	Pre-scheduled	Varies	Round Trip Origin-to-Destination	Seniors and people with disabilities
Volunteer Drivers	Pre-scheduled	Generally Not Accessible	Origin-to-Destination	Vulnerable populations with special needs, e.g. requiring door-through-door service or escort
Mobility Management and/or Travel Training	N/A	N/A	N/A	Seniors and people with disabilities
Scholarship/ Subsidized Fare Programs	N/A	N/A	N/A	Seniors and people with disabilities
Meal Delivery Programs	N/A	N/A	N/A	Meal delivery programs currently funded by Measure B may continue, but new programs may not be established.
Capital Expenditures [4]	N/A	Accessible	N/A	Seniors and people with disabilities
Hospital Discharge Transportation Service (HDTS)/Wheelchair Scooter Breakdown Transportation Service (WSBTS)	Same Day	Accessible	Origin-to-Destination	People with disabilities using mobility devices that require lift- or ramp-equipped vehicles

[1] ***Note on ADA Mandated Paratransit***: Programs mandated by the American's with Disabilities Act are implemented and administered according to federal guidelines that may supersede these guidelines; however all ADA-mandated programs funded through Measure B and BB or the VRF are subject to the terms of the Master Programs Funding Agreement.

[2] ***Interim Service for Consumers Awaiting ADA Certification***: At the request of a health care provider or ADA provider, city-based programs must provide interim service through the programs listed above to consumers awaiting ADA certification. Service must be provided within three business days of receipt of application.

[3] ***Note on Transportation Network Companies***: Programs may utilize Transportation Network Companies (e.g. Lyft, Uber) under the guidelines for Taxi Subsidy Programs. Other service types are ineligible unless wheelchair accessible service can be provided equitably. Programs should review the Department of Transportation guidance on shared mobility at www.transit.dot.gov/regulations-and-guidance/shared-mobility-frequentlyasked-questions. Program changes to utilize TNC's are subject to review by Alameda CTC staff prior to implementation.

[4] ***Note on Capital Expenditures***: Any capital expenditures within the eligible service categories must be consistent with the objectives of the Alameda CTC Special Transportation for Seniors and Peoples with Disabilities (Paratransit) Program described above and are subject to review by Alameda CTC staff prior to implementation.

City-based Door-to-Door Service Guidelines	
Service Description	City-based door-to-door services provide pre-scheduled, accessible, door-to-door trips. Some programs allow same day reservations on a space-available basis. They provide a similar level of service to mandated ADA services. These services are designed to fill gaps that are not met by ADA-mandated providers and/or relieve ADA-mandated providers of some trips. This service type does not include taxi subsidies which are discussed below.
Eligible Population	Eligible Populations include: 1. People 18 and above with disabilities who are unable to use fixed route services. Cities may, at their discretion, also provide services to consumers with disabilities under the age of 18, and 2. Seniors 80 years or older without proof of a disability. Cities may provide services to consumers who are younger than age 80, but not younger than 70 years old. *Cities may continue to offer "grandfathered" eligibility to program registrants below 70 years old who have used the program regularly in FY 11/12, as long as it does not impinge on the City's ability to meet the minimum requirements of the Implementation Guidelines.* *Program sponsors may use either ADA eligibility, as established by ADA-mandated providers (incl. East Bay Paratransit, LAVTA, Union City Transit) or the Alameda County City-Based Paratransit Services Medical Statement Form, as proof of disability. Program sponsors may, at their discretion, also offer temporary eligibility due to disability.*
Time & Days of Service	At a minimum, service must be available any five days per week between the hours of 8 am and 5 pm (excluding holidays). At a minimum, programs must accept reservations between the hours of 9 am and 5 pm Monday – Friday (excluding holidays).
Fare (Cost to Customer)	Fares for pre-scheduled service should not exceed local ADA paratransit fares, but can be lower, and can be equated to distance. Higher fares can be charged for "premium" same-day service.
Other	Door-to-Door programs must demonstrate that they are providing trips at an equal or lower cost than the ADA-mandated provider on a cost per trip basis. Cost per trip is defined as total cost (all sources) during a reporting period divided by the number of one-way trips, including attendant and companion trips, provided during period. Programs may impose per person trip limits to due to budgetary constraints, but any proposed trip limitations that are based on trip purpose must be submitted to Alameda CTC staff for review prior to implementation.

Taxi Subsidy Program Guidelines	
Service Description	Taxis provide curb-to-curb service that can be scheduled on a same-day basis. Transportation Network Companies (e.g. Lyft, Uber) can also provide similar service at the discretion of the program sponsor with local consumer input. Taxis charge riders on a distance/time basis using a meter. Taxi subsidy programs allow eligible consumers to use taxis at a reduced fare by reimbursing consumers a percentage of the fare or by providing some fare medium, e.g. scrip or vouchers, which can be used to cover a portion of the fare. These programs are intended for situations when consumers cannot make their trip on a pre-scheduled basis. The availability of accessible taxi cabs varies by geographical area and taxi provider, but programs should expand availability of accessible taxi cabs where possible in order to fulfill requests for same-day accessible trips.
Eligible Population	Eligible Populations include: 1. People 18 and above with disabilities who are unable to use fixed route services. Cities may, at their discretion, also provide services to consumers with disabilities under the age of 18, and 2. Seniors 80 years or older without proof of a disability. Cities may provide services to consumers who are younger than age 80, but not younger than 70 years old. *Cities may continue to offer "grandfathered" eligibility to program registrants below 70 years old who were enrolled in the program in FY 11/12 and have continued to use it regularly, as long as it does not impinge on the City's ability to meet the minimum requirements of the Implementation Guidelines.* *Program sponsors may use either ADA eligibility, as established by ADA-mandated providers (incl. East Bay Paratransit, LAVTA, Union City Transit) or the Alameda County City-Based Paratransit Services Medical Statement Form, as proof of disability. Program sponsors may, at their discretion, also offer temporary eligibility due to disability.* *ADA-mandated providers that are not also city-based providers (East Bay Paratransit and LAVTA) are not required to provide service to seniors 80 years or older without ADA eligibility.*
Time & Days of Service	24 hours per day/7 days per week

Taxi Subsidy Program Guidelines	
Fare (Cost to Customer)	Programs must subsidize at least 50% of the fare. Programs can impose a cap on total subsidy per person. This can be accomplished through a maximum subsidy per trip, a limit on the number of vouchers/scrip (or other fare medium) per person, and/or a total monetary subsidy per person per year.
Other	Programs may also use funding to provide incentives to drivers and/or transportation providers to ensure reliable service. Incentives are often utilized to promote accessible service. Planned expenditures on incentives are subject to review by Alameda CTC staff prior to implementation. Programs may utilize Transportation Network Companies (e.g. Lyft, Uber) for these programs but should review the Department of Transportation guidance on shared mobility at www.transit.dot.gov/regulations-and-guidance/shared-mobilityfrequently-asked-questions. Program changes to utilize TNC's are subject to review by Alameda CTC staff prior to implementation.

City-based Specialized Accessible Van Service Guidelines	
Service Description	Specialized Accessible van service provides accessible, door-to-door trips on a pre-scheduled or same-day basis. This service category is not intended to be as comprehensive as primary services (i.e. ADA-mandated, City-based Door-to-Door, or Taxi programs), but should be a complementary supplement in communities where critical needs for accessible trips are not being adequately met by the existing primary services. Examples of unmet needs might be a taxi program without accessible vehicles, medical trips for riders with dementia unable to safely take an ADA-mandated trip, or trips outside of the ADA-mandated service area. When possible, a priority for this service should be fulfilling requests for same-day accessible trips. This service may make use of fare mediums such as scrip and vouchers to allow consumers to pay for rides.
Eligible Population	At discretion of program sponsor with local consumer input.
Time & Days of Service	At discretion of program sponsor with local consumer input.
Fare (Cost to Customer)	At discretion of program sponsor with local consumer input.

City-based Specialized Accessible Van Service Guidelines	
Other	Specialized Accessible van programs must demonstrate that they are providing trips at an equal or lower cost to the provider than the ADA-mandated provider on a cost per trip basis, except if providing same-day accessible trips. Cost per trip is defined as total cost (all sources) during a reporting period divided by the number of one-way trips, including attendant and companion trips, provided during period.

Accessible Shuttle Service Guidelines	
Service Description	Shuttles are accessible vehicles that operate on a fixed, deviated, or flex-fixed route and schedule. They serve common trip origins and destinations visited by eligible consumers, e.g. senior centers, medical facilities, grocery stores, BART and other transit stations, community centers, commercial districts, and post offices. Shuttles should be designed to supplement existing fixed route transit services. Routes should not necessarily be designed for fast travel, but to get as close as possible to destinations of interest, such as going into parking lots or up to the front entrance of a senior living facility. Shuttles are often designed to serve active seniors who do not drive but are not ADA paratransit registrants.
Eligible Population	Shuttles should be designed to appeal to older people, but can be made open to the general public.
Time and Days of Service	At discretion of program sponsor with local consumer input.
Fare (Cost to Customer)	At discretion of program sponsor, but cannot exceed local ADA paratransit fares. Fares may be scaled based on distance.
Cost of Service	By end of the second fiscal year of service, the City's cost per one-way person trip cannot exceed $20, including transportation and direct administrative costs. Cost per trip is defined as total cost (all sources) during a reporting period divided by the number of one-way trips, including attendant and companion trips, provided during period.

Accessible Shuttle Service Guidelines	
Other	Shuttles are required to coordinate with the local fixed route transit provider. Shuttle routes and schedules should be designed with input from the senior and disabled communities and to ensure effective design, and any new shuttle plan must be submitted to Alameda CTC staff for review prior to implementation. Deviations and flag stops are permitted at discretion of program sponsor.

Group Trips Service Guidelines	
Service Description	Group trips are round-trip rides for pre-scheduled outings, including shopping trips, sporting events, and community health fairs. These trips are specifically designed to serve the needs of seniors and people with disabilities and typically originate from a senior center or housing facility and are generally provided in accessible vans and other vehicle types or combinations thereof.
Eligible Population	At discretion of program sponsor.
Time and Days of Service	Group trips must begin and end on the same day.
Fare (Cost to Customer)	At discretion of program sponsor.
Other	Programs can impose mileage limitations to control program costs.

Volunteer Driver Service Guidelines	
Service Description	Volunteer driver services are pre-scheduled, door-through-door services that are typically not accessible. These programs rely on volunteers to drive eligible consumers for critical trip needs, such as medical trips. Programs may use staff to complete intake or fill gaps. This service meets a key mobility gap by serving more vulnerable populations and should complement existing primary services (i.e. ADA-mandated, City-based Door-to-Door, or Taxi). Volunteer driver programs may also have an escort component where volunteers accompany consumers on any service eligible for paratransit funding, when they are unable to travel in a private vehicle.
Eligible Population	At discretion of program sponsor.
Time and Days of Service	At discretion of program sponsor.

Volunteer Driver Service Guidelines	
Fare (Cost to Customer)	At discretion of program sponsor.
Other	Program sponsors can use funds for administrative purposes and/or to pay for volunteer mileage reimbursement purposes (not to exceed Federal General Services Administration (Privately Owned Vehicle) Mileage Reimbursement Rates) or an equivalent financial incentive for volunteers.

Mobility Management and/or Travel Training Service Guidelines	
Service Description	Mobility management services cover a wide range of activities, such as travel training, escorted companion services, coordinated services, trip planning, and brokerage. Mobility management activities often include education and outreach which play an important role in ensuring that people use the "right" service for each trip, e.g. using EBP from Fremont to Berkeley for an event, using a taxi voucher for a same-day semi-emergency doctor visit, and requesting help from a group trips service for grocery shopping.
Eligible Population	At discretion of program sponsor.
Time and Days of Service	At discretion of program sponsor.
Fare (Cost to Customer)	N/A
Other	For new mobility management and/or travel training programs, to ensure effective program design, a plan with a well-defined set of activities must be submitted to Alameda CTC staff for review prior to implementation.

Scholarship/Subsidized Fare Program Guidelines	
Service Description	Scholarship or Subsidized Fare Programs can subsidize any service eligible for paratransit funding and/or fixed-route transit for customers who are low-income and can demonstrate financial need.
Eligible Population	Subsidies can be offered to low-income consumers with demonstrated financial need who are currently eligible for an Alameda County ADA-mandated or city-based paratransit program. Low income requirements are at discretion of program sponsors, but the requirement for household income should not exceed 50% AMI (area median income).

Scholarship/Subsidized Fare Program Guidelines	
Time and Days of Service	N/A
Fare (Cost to Customer)	N/A
Other	Low-income requirements and the means to determine and verify eligibility must be submitted to Alameda CTC staff for review prior to implementation. If program sponsors include subsidized East Bay Paratransit (EBP) tickets in this program, no more than 3% of a program sponsor's Alameda CTC distributed funding may be used for the ticket subsidy. Other services or purposes proposed for scholarship and/or fare subsidy must be submitted to Alameda CTC staff for review prior to implementation.

Meal Delivery Funding Guidelines	
Service Description	Meal Delivery Funding programs provide funding to programs that deliver meals to the homes of individuals who are generally too frail to travel outside to congregate meal sites. Although this provides access to life sustaining needs for seniors and people with disabilities, it is not a direct transportation expense.
Eligible Population	For currently operating programs, at discretion of program sponsor.
Time and Days of Service	For currently operating programs, at discretion of program sponsor.
Fare (Cost to Customer)	For currently operating programs, at discretion of program sponsor.
Other	Currently operating funding programs may continue, but new meal delivery funding programs may not be established.

Capital Expenditures Guidelines	
Description	Capital expenditures are eligible if directly related to the implementation of a program or project within an eligible service category, including but not limited to, purchase of scheduling software, accessible vehicles and equipment and accessibility improvements at shuttle stops.
Eligible Population	N/A
Time and Days of Service	N/A

Capital Expenditures Guidelines	
Fare (Cost to Customer)	N/A
Other	Capital expenditures are to support the eligible service types included in the Implementation Guidelines and must be consistent with objectives of the Alameda CTC Special Transportation for Seniors and Peoples with Disabilities (Paratransit) Program. Planned expenditures are subject to review by Alameda CTC staff prior to implementation.

Hospital Discharge Transportation Service (HDTS)/ Wheelchair Scooter Breakdown Transportation Service (WSBTS)	
Service Description	These are specialized Countywide services providing accessible, door-to-door trips on a same-day basis in case of hospital discharge or mobility device breakdown. These services are overseen by the Alameda CTC.
Eligible Population	At discretion of Alameda CTC. Targeted towards seniors and people with disabilities without other transportation options who need trips on a same-day basis in case of hospital discharge or mobility device breakdown.
Time & Days of Service	At discretion of Alameda CTC.
Fare (Cost to Customer)	No cost to consumer.

Performance Measures – Transportation for Seniors and People with Disabilities Program

Performance Measures

The Alameda CTC collects performance data from all programs funded with Alameda County Measure B (2000), Measure BB (2014) and Vehicle Registration Fee (VRF, 2010) revenues. All programs funded partially or in their entirety through these sources must at a minimum report annually through the Annual Compliance Report for Direct Local Distribution (DLD) funding on the performance measures identified within the Implementation Guidelines for each DLD program.

The performance measures for the Measure B and Measure BB Direct Local Distribution (DLD) funding distributed through the Special Transportation for Seniors and People with Disabilities (Paratransit) Program, which funds ADA-mandated paratransit services, city-based non-mandated paratransit programs and discretionary grant-funded projects, are identified below. Additional performance-related data may be required through separate discretionary grant guidelines or to report to the Alameda CTC's Commission or one of its community advisory committees.

ADA-mandated Paratransit
• Number of one-way trips provided • Total Measure B/BB cost per one-way trip *(Total Measure B/BB program cost during period divided by the number of one-way trips provided during period.)*

City-based Door-to-Door Service
• Number of one-way trips provided • Total Measure B/BB cost per one-way trip *(Total Measure B/BB program cost during period divided by the number of one-way trips provided during period.)*

Taxi Subsidy Program
• Number of one-way trips provided • Total Measure B/BB cost per one-way trip *(Total Measure B/BB program cost during period divided by the number of one-way trips provided during period.)*

City-based Specialized Accessible Van Service
• Number of one-way trips provided • Total Measure B/BB cost per one-way trip *(Total Measure B/BB program cost during period divided by the number of one-way trips provided during period.)*

Accessible Shuttle Service
• Total ridership *(One-way passenger boardings)* • Total Measure B/BB cost per one-way passenger trip *(Total Measure B/BB program cost during period divided by the total ridership during period.)*

Group Trips Service
• Number of one-way passenger trips provided • Total Measure B/BB cost per passenger trip *(Total Measure B/BB program cost during period divided by the number of passenger trips provided during period.)*

Volunteer Driver Service
• Number of one-way trips provided • Total Measure B/BB cost per one-way trip *(Total Measure B/BB program cost during period divided by the number of one-way trips provided during period.)*

Mobility Management Service
• Number of contacts provided with mobility management support • Total Measure B/BB cost per individual provided with mobility management support *(Total* Measure B/BB *program cost during period divided by the number of individuals provided with support during period.)*

Travel Training Service
• Number of individuals trained • Total Measure B/BB cost per individual trained *(Total Measure B/BB program cost during period divided by the number of individuals trained during period)*

Scholarship/Subsidized Fare Program
• Number of unduplicated individuals who received scholarship/subsidized fares • Number of one-way fares/tickets subsidized • Total Measure B/BB cost per subsidy *(Total Measure B/BB program cost during period divided by the number of subsidized fares/tickets during period)*

Meal Delivery Funding
• Number of meal delivery trips • Total Measure B/BB cost per meal delivery trip *(Total Measure B/BB program cost during period divided by the number of meal delivery trips during period)*

Community Development Block Grant Program

Report to the Legislature
In Response to Senate Bill 106 (Chapter 96, Statutes of 2017)

June 2018

Governor Edmund G. Brown Jr.
State of California

Alexis Podesta, Secretary
Business, Consumer Services and Housing Agency

Ben Metcalf, Director
California Department of Housing and Community Development

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Executive Summary

The federal Community Development Block Grant (CDBG) program is an important tool for helping local governments tackle serious challenges facing their communities—from safe, stable, affordable housing, to creating jobs through the expansion and retention of local businesses, to health and safety improvement projects like senior daycare facilities, fire stations, and medical clinics.

The California Department of Housing and Community Development (HCD) administers the distribution of CDBG funds that come from the U.S. Department of Housing and Urban Development (HUD) aimed at smaller and rural communities that often lack access to other types of financial resources.

In July 2017, HCD embarked on a comprehensive process to redesign the federal CDBG program by analyzing the current structure and identifying ways the program could be improved. HCD partnered with a diverse spectrum of stakeholders and formed the CDBG Redesign Working Group to ensure inclusive and diverse input. HCD also received valuable technical assistance provided by HUD. These collaborative efforts identified and evaluated inefficiencies in administration, requirements, and overall program effectiveness.

Specific program challenges include:

- California has the lowest CDBG expenditure rate in the country and was recently monitored by HUD, which called for significant changes to bring the program into compliance with the federal rules;
- Resources and capacity to effectively implement the program at both the state and local levels have been reduced due to budget reductions in recent years, making the program's operation and oversight more difficult; and
- While CDBG funding provides an opportunity to support local community needs, it must also align with state priorities and meet national objectives.

HCD intends to address these challenges by focusing on the following:

- Improving program delivery to ensure eligible cities and counties can successfully participate, including developing clear and consistent policies and procedures; communicating regularly with, and inviting input from, local jurisdictions and other stakeholders; and providing technical assistance and training to jurisdiction staff.
- Making changes necessary to ensure the state's expenditure rate increases and California's compliance with HUD rules is restored.
- Reorganizing HCD's operations to maximize the efficient use of resources and eliminate inefficiencies in program administration.
- Providing robust and transparent information and analysis to support ongoing program improvement and assessment of the program's ability to fulfill its promise to improve the lives of low- and moderate-income individuals and families throughout California.

HCD looks forward to working with the CDBG Redesign Working Group and other stakeholders to refine its redesign efforts and to ensure this important federal resource is effectively used to improve California's communities.

Summary of Key Proposed Policy Changes

Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
FROM COMPARISON OF FEDERAL AND STATE PROGRAM REQUIREMENTS						
Notice of Funding Availability (NOFA) Timing: HCD is considering obligating funds earlier in the Program Year through a standardized, streamlined NOFA in January of every year with awards to be made upon receipt of funds from the U.S. Department of Housing and Urban Development (HUD).	This change would contribute to an increase in the state's expenditure rate by ensuring that funds are awarded much earlier in the Program Year.	Yes	Yes	Low	Slightly Less (-1)	Neutral (0)
Award Amounts: HCD is considering limiting the minimum and increasing the maximum allowable grant per activity.	This change would mean fewer grants to be administered by HCD, and possibly an increase in local jurisdictions' ability to participate in the program because of less time spent seeking additional financing.	No	Yes	Low	Slightly Less (-1)	Slightly Less (-1)
Eligibility Requirements: HCD is considering all eligibility requirements as part of the redesign process and development of new program guidelines.	Changes to eligibility requirements need further exploration to determine their impact on expenditures, workload and program effectiveness.	No	No	Low	Neutral (0)	Neutral (0)
Eligible Activities: HCD is considering eliminating some eligible activities, possibly those that are underutilized or do not reflect local or state priorities.	Eliminating some eligible activities could reduce workload for HCD staff and target funds to activities that reflect policy priorities.	No	Yes	Low	Slightly Less (-1)	Slightly Less (-1)
General Administration (GA) Fees: HCD is considering higher GA levels for certain types of activities that have a heavier administrative burden.	Grantees would benefit from a higher administrative amount for those activities that require additional administrative oversight.	No	No	Low	Neutral (0)	Neutral (0)
Procurement: HCD recently adopted the federal requirements at 2 CFR Part 200 to bring the state into compliance with federal regulations. HCD is considering implementing a procurement policy similar to that of other states as part of the redesign process and development of new program guidelines.	This change would reduce the burden on both local jurisdictions to figure out the rules and state staff to determine if the process meets federal requirements. Since resolving procurement issues can delay projects moving forward, simplifying this issue could increase the state's expenditure rate because grantees could more quickly expend funds on project activities.	No	Yes	Medium	Less (-2)	Less (-2)

Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Record Retention: HCD is proposing to update materials and trainings for staff and local governments to reflect the three-year retention requirement.	This change would bring HCD into compliance with federal regulations.	No	No	Low	Slightly Less (-1)	Less (-2)
Monitoring: HCD is implementing a new monitoring plan in response to the HUD Monitoring Report.	This will bring HCD into compliance with federal monitoring requirements. It will have workload impacts on both local jurisdictions and the state.	Yes	No	High	More (+2)	Slightly More (+1)
STRATEGIES TO INCREASE EXPENDITURES						
Pre-Agreement Costs: HCD is proposing allowing reimbursement of pre-agreement costs to expedite completion of general conditions and the implementation of the activity upon award, at the risk of the applicant jurisdiction.	This change would allow grantees to undertake (and be reimbursed for) pre-agreement steps (such as environmental review) on all exempt activities, at their own risk, until final clearance of the General Conditions Checklist. This would allow grantees to implement activities soon after award, which would increase the state's expenditure rate.	No	Yes	Low	Neutral (0)	Neutral (0)
Planning Only Grants: HCD is proposing allowing and encouraging Planning Only grants to complete certain readiness activities before large amounts of Treasury funds are obligated.	This change would reduce the number of projects that either 1) take a protracted time to complete because of time required to complete pre-implementation activities, or 2) fail to move forward at all. This change would increase the state's expenditure rate and reduce workload to the extent project modifications and contract changes decline.	No	Yes	Low	Slightly Less (-1)	Slightly Less (-1)
Method of Distribution (MOD) and NOFA Frequency: No change to the current MOD or frequency of NOFAs.	There are serious flaws with alternative approaches, and it cannot be demonstrated that other approaches would result in increased expenditures or administrative efficiencies.	No	No	Low	Neutral (0)	Neutral (0)
NOFA Development: HCD is considering developing a streamlined, boilerplate NOFA that could be used for all future NOFAs with minimal revision.	This change would result in a more expedited NOFA development and publication process, resulting in greater administrative efficiency.	No	Yes	Low	Less (-2)	Slightly Less (-1)

Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Growth Control Measures: HCD is proposing requiring the No Growth Control Measures confirmation to be made a part of the Resolution required to be submitted with the application.	This change would result in administrative efficiencies and a reduction in HCD staff time during application evaluation.	No	No	Low	Slightly Less (-1)	Slightly More (+1)
50 Percent Rule: HCD is proposing to allow an applicant wishing to apply for new grant funds to voluntarily disencumber funds previously awarded prior to the application deadline if the project for which they were awarded is stalled or becomes infeasible.	This change would allow jurisdictions to apply for funding without having to request a waiver. This would ensure funds would be either expended more quickly or returned without delay for making additional awards, increasing the state's expenditure rate and reducing workload.	Yes	Yes	Low	Slightly Less (-1)	Slightly More (+1)
Readiness: HCD is proposing to simplify and strengthen readiness requirements. Threshold readiness criteria will be further refined as part of the redesign process and development of new program guidelines in order to enhance the likelihood of more timely expenditure of funds and to reduce administrative complexity at the same time. HCD proposes to require as a threshold criterion for a program, adopted guidelines; and for a project, at least site control and a funding commitment.	This change would increase the likelihood of a more timely expenditure of funds, increasing the state's expenditure rate, and reduce workload and administrative complexity.	No	Yes	Low	Slightly Less (-1)	Neutral (0)
Timely Reporting: HCD is proposing to make timely submittal of the prior two annual reports a threshold requirement for applications. If an applicant has not participated in the CDBG program previously, the application will not be rejected based on this criterion.	This change would increase HCD's ability to fully comply with HUD's reporting requirements.	Yes	No	Low	Neutral (0)	Neutral (0)
Capacity: HCD is proposing to make capacity a threshold criterion with demonstrated capacity required before an application would be considered for funding.	This change could result in fewer applications moving past threshold for evaluation with stronger applications and subsequent awards for projects and programs more likely to successfully implement grant-funded activities, increasing the state's expenditure rate.	No	Yes	Low	Slightly Less (-1)	Neutral (0)
Application Processing: HCD is proposing to develop a self-scoring application and require all applicants to complete the scoring process as part of their application.	This change would reduce staff workload and could result in funding activities that would be more successful, increasing the state's expenditure rate.	No	Yes	Medium	Slightly Less (-1)	Slightly More (+1)

Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Post-Award Considerations: HCD is establishing performance milestones identifying progress toward successful completion in standard agreements, and will disencumber funds if milestone deadlines are missed unless the delay is not the fault of the grantee and the activity continues to be feasible.	This change will slightly increase staff workload, while also increasing the state's expenditure rate by more quickly reallocating funds to projects that are ready to be implemented.	Yes	Yes	Medium	Slightly More (+1)	Slightly More (+1)
STRATEGIES TO REDUCE PROGRAM INCOME						
Program Income (PI) Agreements: HCD is proposing to develop a new PI Reuse Agreement (PIRA) and all grantees with PI undertaking activities that will generate PI will be required to execute this agreement. It will be a separate agreement from the Standard Agreement for administration of grant funds.	This change would provide clarity and consistency regarding the responsibilities required to use PI. It would result in the use of PI on a more expedited basis and would reduce unspent PI on hand. Once implemented, its impact on local jurisdiction workload should be neutral. It should reduce HCD workload slightly as there would be fewer waivers and amendments to process.	Yes	Yes	Medium	Slightly Less (-1)	Neutral (0)
Spend-Down Policy: HCD is proposing a change to allow grantees to keep PI to be spent on the same activity as long as they complete at least one project within 18 months. The limit of PI funds allowed on hand would be $250,000 for Housing Rehabilitation and Homebuyer Assistance, and $750,000 for Economic Development Loans. Any amount of PI above these limits must be remitted to HCD.	This change would provide a predictable and achievable PI policy that would apply to all grantees with PI. It would achieve administrative simplicity, eliminate confusion, and result in a reduction in unspent PI. The impact of this change on workload would be neutral after implementation. It would keep PI in the communities that generate it, where it could be used to fund additional CDBG activities.	Yes	Yes	None	Neutral (0)	Neutral (0)
Supplemental Activities: "Supplementals" will be replaced through the use of a PIRA.	This provides grantees the ability to use available PI on a project without the complication of the Supplemental process. It will simplify the process.	Yes	Yes	Medium	Less (-1)	Neutral (0)
SUPPORTING ECONOMIC DEVELOPMENT						
Set-Aside Period: HCD proposes continuing the ED OTC program. HCD is proposing a reduction in the length of time before set-aside ED funds are reallocated to non-ED activities from 15 months to 12 months or the next NOFA, whichever is soonest.	Reducing the set-aside period from 15 months to 12 months would assist HCD in meeting HUD monitoring requirements and increasing the state's expenditure rate.	Yes	Yes	Low	Neutral (0)	Neutral (0)

Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
OPERATIONAL AND ORGANIZATIONAL CHANGES						
Streamlined Contracting Period: HCD is establishing a standard of having contract boilerplates completed prior to the announcement of awards. The goal is to reduce delivery time for contracts to awardees from 60 to 30 days after award.	Having boilerplates completed before awards are announced will allow HCD to move from award notices to execution of contracts for these awards in a timely manner.	Yes	Yes	Medium	Slightly More (+1)	Neutral (0)
Appeals Process: HCD is implementing a formal appeal process that includes the threshold review stage when applications submitted in response to a given NOFA are being initially reviewed and analyzed. Applicants will have 15 days to appeal their final score or, in the case of threshold review, their disqualification from being considered for funding.	The formal appeal process will allow applicants an opportunity to dispute scores or threshold determinations prior to HCD finalizing the ratings and rankings. Currently, this appeals process starts after the announcement of awards at the end of the rating and ranking period for applications. This action will improve customer service and provide additional transparency to HCD's award processes by creating a standardized formal appeal process prior to making awards.	No	No	Low	Slightly Less (-1)	Neutral (0)
Early Review of Organizational Documents: Organizational documents are key documents required as part of the contracting process, to allow HCD to enter into a legally binding contract with the correct entities involved with an award. Currently the review of these documents occurs during the initial contracting stage, which occurs after awards are made. If any issues are identified with the organizational documents, they typically delay the contracting process.	By moving the review of these organizational documents earlier into the application review time frame, HCD can ensure timely completion of the award process and execution of contracts after awards.	Yes	Yes	Low	Neutral (0)	Neutral (0)

Introduction

In July 2017, the state Department of Housing and Community Development (HCD) initiated a process to redesign California's federal Community Development Block Grant (CDBG) program. This redesign process responds to the Budget Trailer Bill, Senate Bill (SB) 106,[1] which expressed legislative intent for improving the CDBG program and directed HCD to engage in specific activities to address stakeholder concerns. The redesign must also address program deficiencies identified by the U.S. Department of Housing and Urban Development (HUD) in its recent Monitoring Report.

Among other things, SB 106 required HCD to "analyze and report on its award process, contract management processes and policies, and fiscal processes…identifying efficiencies that can be implemented to improve the processing of applications, contract management and fiscal processes, and communications with local agencies. HCD shall identify requirements previously adopted by the state that are in excess of the minimum requirements applicable to eligible activities…that, if eliminated, facilitate greater subscription of federal funds and reduce state administrative workload." The results of this analysis, which will be further evaluated as part of the CDBG program redesign, must be submitted to the Department of Finance (DOF) and the Budget Committees of the Legislature by June 30, 2018.

The purpose of the CDBG program redesign is to design the program so it will better serve local jurisdictions while streamlining HCD's workload and complying with federal requirements. Specifically, it must address low expenditure rates and high levels of unspent Program Income (PI),[2] while ensuring the program is effectively serving the needs of California's rural and non-entitlement communities in line with program requirements, national best practices, and state priorities.[3]

The CDBG redesign is being undertaken in partnership with the CDBG Redesign Working Group (RWG), which is comprised of local jurisdictions, HCD staff, and a broad array of other stakeholders.[4] Concurrent with the redesign process, HUD is providing technical assistance (TA) to assess California's CDBG program and make

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[1] 2017 Budget Trailer Bill, SB 106, Chapter 96, Statutes of 2017. In this report, it is referred to as SB 106. See Appendix I for the text and brief analysis of SB 106.

[2] See Appendix II for definitions of key terms used in this report.

[3] For a more complete discussion of the CDBG redesign process and issues redesign must address, see the July 2017 CDBG Proposed Program Redesign Framing Paper at http://www.hcd.ca.gov/grants-funding/active-funding/docs/CDBG-Framing-Paper-7.28.17-Final.pdf.

[4] This report would not have been possible without the commitment and consistent engagement of the RWG. HCD would like to acknowledge all of the members' contributions to the CDBG redesign process. For the list of RWG members, see Appendix III. For more information about the CDBG redesign process, please see http://www.hcd.ca.gov/grants-funding/active-funding/cdbg/CDBG-program-redesign.shtml.

recommendations to improve the program and ensure compliance with federal requirements.

One result of this redesign process will be the development of new CDBG Program Guidelines. Upon completion of the new guidelines, they will be submitted to DOF for approval and the Joint Legislative Budget Committee of the California Legislature (JLBC) will be notified before adoption.

This report summarizes the results of the CDBG redesign process to date and responds to the reporting requirements mandated by SB 106. It is the culmination of almost a year of work, six listening sessions throughout the state, and ten in-person RWG meetings since July 2017. It describes the context for redesign, provides an overview of the current CDBG program, discusses key program redesign policies, and describes changes to HCD's administration of the CDBG program. This report is being submitted to DOF and the Legislative Budget Committees in accordance with SB 106 requirements.

The CDBG Redesign Timeline provides a summary of the key milestones in the redesign process and development of the new CDBG Program Guidelines.

CDBG Program Redesign Milestones—July 2017 to June 2019

Updated: June 29, 2018

Key Milestones	Target[5] Completion Date	Notes
Senate Bill (SB) 106 chaptered	July 21, 2017	
CDBG Redesign Framing Paper submitted to Legislature	July 31, 2017	
Redesign Working Group (RWG) convened	August 28, 2017	SB 106 required HCD to begin meeting with stakeholders for the purpose of developing new program guidelines collaboratively by September 1, 2017.
2017 NOFA issued	September 1, 2017	SB 106 required HCD to issue a NOFA to expedite allocation of all available unencumbered funds as of May 22, 2017 by January 1, 2018. Applications were due by December 1, 2017 and awards will be announced in Summer 2018.
Links to CDBG economic development regulations or guidelines published by U.S. Department of Housing and Urban Development (HUD) provided on HCD website	December 29, 2017	SB 106 required HCD to provide these Internet links by January 1, 2018. Additional revisions to the CDBG program webpage (to address stakeholder feedback) are in process and are expected to be completed in Fall 2018.
Training on federal rules, regulations, or guidelines published by HUD on economic development activities provided to HCD staff	December 12 and 13, 2017	SB 106 required HCD to provide this training to staff by January 1, 2018. A 2-day training was provided to HCD staff by Steve Sachs, former HUD Region IX Director. An additional day of training on economic development, to which both HCD staff and stakeholders will be invited, will be held in Fall 2018.
SB 106 Report submitted to Department of Finance (DOF) and budget committees of both houses of the Legislature	June 29, 2018	SB 106 required HCD to submit the results of its analysis of inefficiencies in current operations of the CDBG program and areas in which the state program requirements are in excess of the federal program requirements by June 30, 2018. The SB 106 Report also identifies program and operational changes that could facilitate greater subscription of program funds and reduce state administrative workload, as required by SB 106.
Chapter 21 of the CDBG Grant Management Chapter on economic development updated	June 29, 2018	SB 106 required HCD to update Chapter 21 to facilitate the subscription of and reflect all federal requirements for economic development business assistance loans. Once the CDBG redesign is complete, all chapters of the Grant Management Manual will be revised to align with new program requirements.
2018 NOFA issued	September 2018	The 2018 NOFA, based on the 2017 NOFA, will reflect the existing program requirements while also incorporating some elements of redesign to reduce administrative burdens and increase the state's expenditure rate. Applications will be due November 2018 and awards will be made in Spring 2019.

[5] For milestones post-June 30, 2018: All dates represent HCD's current estimate and are subject to change.

Key Milestones	Target[5] Completion Date	Notes
Update CDBG webpage and complete stakeholder Communications Plan	September 2018	The work of the RWG will continue through December 2018 until CDBG program redesign is completed and the new program guidelines are issued. A Communications Plan that provides consistent, ongoing information to stakeholders and regular input to HCD is a critical component of CDBG program redesign.
Complete CDBG Technical Assistance (TA) / Training Plan	October 2018	A Plan for providing regular TA and training, for both HCD staff and stakeholders, is a critical component of the CDBG program redesign to ensure consistent implementation and full compliance with federal requirements. HCD will partner with associations in order to provide this TA and training within existing staff resources.
CDBG Advisory Committee Charter drafted	November 2018	Before the RWG is dissolved, a Charter for the CDBG Advisory Committee, the entity charged with providing input to HCD on CDBG program and operational issues, must be developed. Roles, responsibilities, and expectations for Advisory Committee members will be articulated, and an outreach plan to invite representative membership from non-entitlement jurisdictions, tribes, consultants, and associations, will be developed.
Draft CDBG Program Guidelines issued	December 2018	Once the Draft CDBG Program Guidelines are issued, the RWG will be dissolved.
30-day public comment period for Draft CDBG Program Guidelines	January 2019	Working in partnership with associations, HCD will schedule workshops and webinars to provide an overview of the new program guidelines and invite input from stakeholders.
CDBG Advisory Committee convened	January 2019	
Final CDBG Program Guidelines issued	March 2019	
2019 NOFA issued	April 2019	The goal is to shift the NOFA cycle forward so that by 2020, the annual NOFA is issued in January for that year's HUD allocation. This will allow HCD to issue awards for CDBG funds as soon as the Program Year begins on July 1, which will increase the state's expenditure rate.
2019 Annual Plan to HUD submitted	May 2019	The 2019 Annual Plan will include the redesigned CDBG program.
CDBG Grant Management Manual revision complete	May 2019	Work to revise the CDBG Grant Management Manual will begin January 2019 so that revisions are complete for the 2019 CDBG allocation.

CDBG Program Redesign Considerations

The CDBG program redesign is occurring amidst several significant challenges to the program. Over the past ten years, the United States Congress has cut the overall appropriation for CDBG, resulting in a 34 percent grant reduction for HCD to award to eligible local jurisdictions in California. Without an increased ability to demonstrate success, the program may experience much deeper cuts in the future. Additionally, nine limited-term positions provided from 2014 to 2017 to address a workload backlog expired on July 1, 2017. Including these nine positions, and as a result of the reduction in both federal funding and state match, HCD staff funded by the program has been reduced by 61 percent since 2010 (from 28 to 11). The CDBG program redesign must take these reductions in resources into account.

In addition to the budgetary challenges, there are significant programmatic challenges that must also be addressed through the CDBG program redesign. California has the worst expenditure rate in the nation,[6] and HUD has issued clear direction that California must redesign CDBG program implementation to do all of the following: 1) improve the expenditure rate, 2) expend available PI, 3) conduct grantee monitoring, and 4) implement internal control requirements and other operating efficiencies. Subsequent to a week-long site visit in November 2017, HUD formalized these requirements in a Monitoring Report issued March 12, 2018. Under HUD rules, HCD has 15 months from the date of this report to demonstrate it has addressed the HUD findings and is in compliance with program requirements. The CDBG program redesign is an opportunity to implement the changes required so that HCD can bring the CDBG program into compliance with these requirements.

In redesigning the CDBG Program, HCD is seeking a balance between offering the maximum degree of flexibility to local jurisdictions to use CDBG funds for appropriate and needed activities, while at the same time ensuring the program fulfills national and state policy objectives, complies with federal requirements, and has an administrative structure that is aligned with current resources available to implement the program. HCD is committed to creating a program with an administrative workload that can be sustained within the resources available, through refocusing the scope of the program to enable HCD to more efficiently and effectively implement the program and respond to state priorities and the needs of local jurisdictions.

Given the challenges of redesigning the CDBG program to achieve these goals, HCD has developed a CDBG Redesign and Improvements Roadmap (Roadmap) that illustrates the three key components of program redesign. As the Roadmap illustrates, CDBG program redesign is an ongoing process that will inform and be informed by

[6] From HUD's May 2018 Expenditure Report.

concurrent activities being undertaken by HCD to redesign CDBG operations and implement Business Process Improvements (BPIs). These concurrent activities will be discussed later in this report, in the Operational and Organizational Changes section.

Over time, as the redesigned program is successfully implemented, HCD will use the following milestones to measure progress in achieving the goals of redesign:

Increases in the number of local jurisdictions that apply for CDBG funds from previous years;

- Decreases in the level of unspent CDBG grant funding to within the parameters set by HUD;
- Higher utilization rates of PI than in previous years;
- Reductions in disencumbrances and extension requests from past years; and
- Decreases in administrative costs for both HCD and local jurisdictions to match resources available and reflect programmatic efficiencies.

As important as these measures are, HCD must also provide ongoing program improvement to ensure the program is successful in meeting its policy objectives, including the following:

- Increases in new and rehabilitated affordable housing;
- Increases in services provided to the most vulnerable residents; and
- Increases in the number of jobs created and retained for lower-income residents.

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

CDBG Redesign and Improvement Roadmap

	July 2017 – June 2018	July 2018 – June 2019	July 2019 – June 2020
CDBG Program Redesign	• Convened Redesign Working Group to advise HCD on redesign • Provided policy framework to improve customer service, increase expenditures, reduce unspent program income, support economic development, and reduce administrative burdens • Updated CDBG webpage with accurate information and links to HUD • Prepared redesign reports for Legislature and DOF in response to SB 106 mandates	• 2018 NOFA release: Sept 2018 • Develop concrete implementation strategies to achieve redesign • Produce new CDBG program guidelines • Develop and adopt Advisory Committee charter • Provide outreach, technical assistance, and training on redesigned program, guidelines and NOFA through partnerships with associations • 2019 NOFA release: April 2019	• 2019 funding applications due: Summer 2019 • 2019 awards announced: Fall 2019 • 2019 Standard Agreements: Winter 2019-20 • Revise CDBG program guidelines as needed

CDBG Operations Redesign	• Consolidated Contract Management and FRED sections into a single Grant Management Section;
	• Created CDBG dedicated work unit
	• Created Federal NOFA section to focus better on federal award processes
	• Responded to HUD with Corrective Action Plan
	• Conducted 3 onsite monitoring visits Continued to meet AB 325 requirements for disbursements and contracts
	• Documented CAPES reporting needs/gaps
		• Implement new processes to improve internal controls per the HUD Corrective Action Plan
		• Expand TA monitoring
		• Develop data management procedures for IDIS reporting
		• Develop a protocol for monthly grantee communications
		• Provide internal and external training on new policies and procedures
			• Complete implementation of new processes specified in the HUD Corrective Action Plan:
			  ○ Revise 14 policies and procedures
			  ○ Revise Grant Management Manual
			  ○ Update or revise key legal documents
			  ○ Provide trainings on specific topics (internal and external)

Business Process Improvement (BPI)	• Began training HCD staff and internal BPI Change Agents • Initiated 5 BPI pilot teams • Integrated Change Management with BPI efforts	• Mature the BPI project selection process • Increase the number of internal BPI Change Agents • Initiate independent functioning of Experienced Change Agents • Complete or have underway at least 10 BPI projects	• Utilize BPI as the primary continuous improvement methodology for CDBG • Utilize internal BPI Change Agents to facilitate all BPI efforts independently

The CDBG Program at a Glance

The Federal CDBG Program

The federal CDBG program consists of two components: an entitlement program, in which larger jurisdictions receive a direct allocation of CDBG funds from HUD, and a non-entitlement program, in which small and rural jurisdictions receive CDBG funds through allocations to states for purposes of the CDBG program. Congress, recognizing that small and rural jurisdictions often lack capacity to successfully implement all components of the CDBG program, amended the Housing and Community Development Act of 1974 (CDBG Act) in 1981 to give each state responsibility for administering CDBG funds for non-entitlement areas. Non-entitlement areas are cities with populations of less than 50,000 (except cities that are designated principal cities of Metropolitan Statistical Areas) and counties with populations of less than 200,000.

Under the non-entitlement CDBG program, states are responsible for ensuring grant funds are used to meet one of three National Objectives defined in federal CDBG statute: to develop and preserve decent affordable housing, provide services to the most vulnerable residents in communities, and create and retain jobs for lower-income residents in communities. Annually, each state develops funding priorities and criteria for selecting projects and awarding grants and is required to publicize its proposed Method of Distribution for CDBG funds as part of its Consolidated Plan and Annual Action Plan updates.

The federal allocation is made each year using states' poverty rates in combination with the number of jurisdictions (state and local) competing for the funds. Nationwide, as the federal budget decreases and additional jurisdictions shift from non-entitlement to entitlement status and become eligible for their own grants from HUD, resources for the non-entitlement CDBG program have been reduced.

Federal program requirements direct that a minimum of 70 percent of the CDBG grant funds must be expended to benefit low- and moderate-income families/individuals. Low-income families are defined as families whose incomes are at or below 50 percent of local area median income (AMI). Moderate-income families are defined as families whose incomes are 50 to 80 percent of AMI. General Administration (GA) and Planning and Technical Assistance, which are essentially the administrative components of the program, cannot exceed a combined 20 percent of the total federal grant. A maximum of 15 percent of the total funds available (both grant and PI funds) may be expended for Public Services activities. There is also a required Colonia[7] set-aside, which is currently five percent of the total federal grant. There are no federal requirements regarding

[7] See Appendix II for definitions of key terms used in this report.

eligible activities.[8] Grantees may apply for any combination of activities in an application period as long as the activities are funded under the NOFA.

States must comply with federal program requirements in implementing the CDBG non-entitlement program and may also enact additional state-specific programmatic requirements. In California, all facets of the CDBG program are administered by HCD.

California's CDBG Program

HCD's announcement of available funding to local non-entitlement jurisdictions is made through a Notice of Funding Availability (NOFA), which currently includes the following broad categories of eligible activities (with examples for use of funds):

- Housing Assistance (rental rehabilitation, first-time home buyer assistance, infrastructure in support of housing)
- Economic Development (programs and projects in support of job creation)
- Public Infrastructure (roads, sidewalks, water/sewer)
- Public Facilities (fire stations, community centers)
- Public Services (food banks, senior centers, youth centers)
- Planning (feasibility for general community development and economic development)

Within these broad categories,[9] there is a range of individual activities for which applicants can apply.

California's CDBG regulations currently allow eligible jurisdictions to submit one application that includes any combination of up to seven activities in response to the NOFA, and they may submit a separate application for Economic Development (ED) Over-the-Counter (OTC) set-aside funds. Eligible applicants may apply for the 1.25 percent state-required Native American and federally required Colonia set-asides, in addition to these funding categories. HCD may publish a separate CDBG NOFA to address such things as damage from wildfires, droughts, or floods.

In 2011, HCD implemented changes to improve CDBG program delivery and administrative processes. The most significant changes were the development of a NOFA in 2012 announcing the availability of funds in one "Super-NOFA" instead of four separate NOFAs as had been done in prior years, and the creation of the "50 Percent Rule." The 50 Percent Rule requires jurisdictions with grants made in 2012 and thereafter to have expended at least 50 percent of the combined total of all open CDBG

[8] For a discussion of eligible activities currently offered in California's non-entitlement program and alternatives for reducing the number of eligible activities, please see Appendix VII.

[9] See Appendix VII for a complete listing of these activities.

grants in order to be eligible to apply for additional CDBG funds in response to a new NOFA.

In addition, new rules in 2013 required that jurisdictions expend all PI on hand before using grant funds and required HCD to report all CDBG PI activity in the HUD Integrated Data and Information System (IDIS). HUD strongly encouraged HCD to collect all unspent local PI and include it in subsequent NOFAs. Instead, after consulting with stakeholders, HCD developed a process that allows local jurisdictions to identify "Supplemental Activities" and use their PI to fund another CDBG-eligible activity that benefits their communities. However, even with this provision, the amount of PI local jurisdictions have on hand remains problematic. CDBG grantees have a combined outstanding balance of more than $20 million in unspent PI, funds that are held by the local jurisdictions in which they were generated and could be benefitting those communities.

CDBG Activity from 2012-13 through 2016-17

For the five-year period from 2012-13 through 2016-17, HCD received 216 applications for CDBG grant funds from 134 different jurisdictions and made 190 awards. The majority of these jurisdictions received awards in one of these years, although many awardees received multiple grant awards. Table 1 provides an overview of these data.

For the period 2012-13 through 2016-17, California received a total of almost $224.2 million in federal funds from HUD for CDBG activities. During this time, HCD awarded almost $210.0 million for CDBG activities. Grantees have spent just over $116.0 million of these awards, leaving a total remaining balance of $94.4 million unspent ($67.1 million still allocated to grantees and $27.3 million disencumbered).

For the period from 2012-13 through 2016-17, the three broad categories of activities with the greatest demand for funds (as measured by the total amount of funds requested) were Infrastructure (30 percent, $81.4 million), Public Facilities (22 percent, $60.5 million), and Housing Assistance (19 percent, $51.4 million). During this period, the single activity with the largest amount of funds awarded was Water/Sewer Projects ($53.7 million) in the Infrastructure category, followed by Public Facilities ($37.8 million). Activities with the highest expenditure rates over this period were Street Improvement Projects (70 percent), Public Facilities excluding street and water/sewer improvements (62 percent), and Public Services (61 percent). Overall, ED OTC projects had the highest expenditure rate (83 percent).

Table 2 reports application, award, and expenditure activity for broad-level activity categories for CDBG awards made during fiscal years 2012-13 to 2016-17, and

Figure 1 shows the percentage distribution of application amount, award amount, and expenditure amount, respectively, across these activity categories. Table 3 reports

application, award, and expenditure activity for more detailed activity categories, excluding ED OTC.[10]

For more historical information about California's CDBG Program and funds awarded, the Consolidated and Annual Performance Evaluation Reports (CAPERS) and HCD's Annual Reports are both available on the HCD website.

[10] For information about these applications and awards, please see the Supporting Economic Development section of this report.

Table 1: CDBG Activity 2012-13 through 2016-17: Eligible Jurisdictions, Applicants, and Awardees

	Approximate number of eligible jurisdictions	Number of applicants	Total application amount	Number of awardees	Total amount awarded
2012-13	163	62	$55,623,833	56	$47,866,897
2013-14	163	65	$79,405,574	53	$60,536,637
2014-15	163	31	$45,197,887	31	$37,765,333
2015-16	163	23	$35,515,475	23	$33,427,976
2016-17	163	35	$54,856,247	27	$30,294,002
Totals:	134 jurisdictions applied at least once	216 applications were received	$270,599,016	190 awards were made	$209,890,845

Percent of Awardees That Received Multiple Awards 2012-13 through 2016-17

1 year:	2 years:	3 years:	4 years:
59.8%	33.6%	4.9%	1.7%

Note: 163 jurisdictions were eligible for state CDBG funding under the 2017 NOFA. This number is an approximation of eligible jurisdictions for previous years, due to annual population changes.

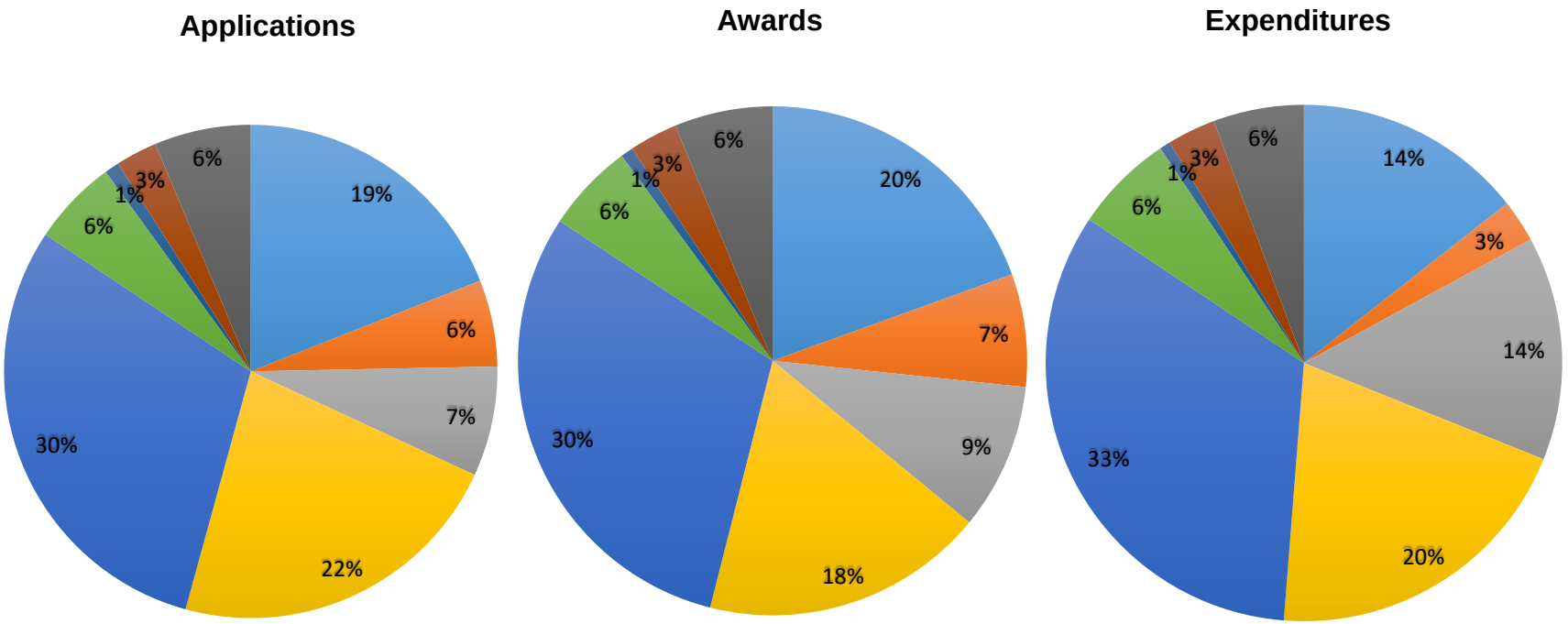
Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018.

Table 2: CDBG Activity 2012-13 through 2016-17: Application, Award, and Expenditure Activity (Activity Summary)

	Application Amount	Award Amount	Expended	Unexpended	Disencumbered
Total Housing (Direct Homeownership, Single and Multi-Family Rehabilitation)	$51,439,313	$40,896,230	$16,723,678	$11,873,900	$13,276,922
Total Economic Development Competitive Awards (Projects, Programs and Planning)	$15,352,564	$15,031,075	$3,091,395	$5,387,097	$3,499,467
Total Economic Development Over-the-Counter (Projects, Programs and General Administration)	$19,516,274	$19,516,274	$16,280,192	$2,281,714	$954,368
Public Facilities (Non-Street Improvements and Non-Water/Sewer)	$60,521,180	$37,786,017	$23,416,063	$16,777,055	$672,461
Total Infrastructure Projects	$81,444,822	$63,603,826	$38,480,108	$21,488,629	$5,474,508
Public Services Activities	$15,273,733	$11,868,605	$7,257,688	$2,755,545	$986,378
Code Enforcement	$2,568,081	$1,656,453	$769,687	$668,453	$190,365
Total Planning Only Activities	$7,371,908	$6,434,597	$3,528,165	$1,639,450	$416,821
General Administration	$17,111,141	$13,097,768	$6,589,354	$4,274,564	$1,791,804
Total all CDBG activities:	$270,599,016	$209,890,845	$116,136,330	$67,146,407	$27,263,094

Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018.

Figure 1: CDBG Applications, Awards and Expenditures by Activity, 2012/13 through 2016/17



Note: Activities grouped according to categories identified in HCD CDBG NOFAs. Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018.

- Total Infrastructure Projects
- Public Services Activities
- Code Enforcement
- Total Planning Only Activities
- General Administration
- Total Housing (Direct Homeownership, Single and Multi-Family Rehabilitation)
- Total Economic Development Competitive Awards (Projects, Programs and Planning)
- Total Economic Development Over-the-Counter (Projects, Programs and General Administration)
- Public Facilities (Non-Street Improvements and Non-Water/Sewer)

Table 3: CDBG Activity 2012-13 through 2016-17: Application, Award, and Expenditure Activity (Activity Detail)

Housing:	Application Amount	Awarded Amount	Expended	Unexpended	Disencumbered
Direct Homeownership Assistance	$17,714,364	$14,101,312	$6,593,803 47%	$3,383,830 24%	$4,474,395 32%
Total Rehabilitation Activities – Single and Multi-Family	$33,724,949	$26,794,918	$10,129,875 38%	$8,490,070 32%	$8,802,527 33%
Economic Development (excluding Over-The-Counter):					
Economic Development Infrastructure	$2,135,000	$2,414,070	$0 0%	$0 0%	$0 0%
Economic Development Loans – For or Non-Profit	$5,307,969	$5,432,679	$1,368,529 25%	$2,055,522 38%	$1,698,884 31%
Economic Development Microenterprise Loans and Grants	$2,468,039	$1,989,944	$275,457 14%	$995,734 50%	$684,330 34%
Economic Development Microenterprise Technical Assistance	$5,441,556	$5,194,382	$1,447,409 28%	$2,335,841 45%	$1,116,253 21%
Public Facilities (non-Water/Sewer and Non-Street Improvements):	$60,521,180	$37,786,017	$23,416,063 62%	$16,777,055 44%	$672,461 2%
Infrastructure:					
Street Improvements Projects	$14,262,603	$9,917,783	$6,959,236 70%	$3,890,461 39%	$395,296 4%
Water/Sewer Projects	$67,182,219	$53,686,043	$31,520,872 59%	$17,598,168 33%	$5,079,212 9%

Housing:	Application Amount	Awarded Amount	Expended	Unexpended	Disencumbered
Public Services Activities:	$15,273,733	$11,868,605	$7,257,688 61%	$2,755,545 23%	$986,378 8%
Code Enforcement:	$2,568,081	$1,656,453	$769,687 46%	$668,453 40%	$190,365 11%
Planning Only:					
Undefined Planning Only Activities	$4,550,276	$3,810,944	$2,254,149 59%	$571,220 15%	$345,611 9%
Community Development Planning Only	$2,119,438	$1,933,391	$972,605 50%	$681,376 35%	$233,891 12%
Economic Development Planning Only	$702,194	$690,262	$301,411 44%	$386,854 56%	-$162,681 -24%
General Administration:	$17,111,141	$13,097,768	$6,589,354 50%	$4,274,564 33%	$1,791,804 14%
Total all CDBG activities (excluding Economic Development OTC):	$251,082,742	$190,374,571	$99,856,138 52%	$64,864,693 34%	$26,308,726 14%

Percentages in table are calculated as percent of award amount. Excludes Economic Development Over-the-Counter applications and awards. For detailed information about these applications and awards, please see the Supporting Economic Development section of this report. Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018.

Comparison of Federal and State Regulations and Program Requirements

As a component of the CDBG program redesign effort, SB 106 required HCD to identify requirements previously adopted by the state that are in excess of the minimum federal requirements applicable to eligible activities that, if eliminated, facilitate greater subscription of program funds and reduce state administrative workload.

A comprehensive comparison of federal and state program requirements was provided as part of a contract between HUD and Enterprise Community Partners (Enterprise). Enterprise compared California Code of Regulations (CCR), Title 25, Section 7050 to 7126, the state regulations governing the CDBG program, to 24 Code of Federal Regulations (CFR) Part 570, Subpart I, the federal regulations governing the CDBG program. In addition, Enterprise provided a review of the current HCD policies and procedures found in the CDBG Grant Management Manual, Management Memoranda and Bulletins, NOFA documents, and Checklists of General Conditions. The side-by-side comparison, a cover memorandum to the side-by-side comparison, and a memorandum addressing HCD policies provide additional details and are all attached as Appendix IV.

This section of the report summarizes the most significant areas where changes in state regulations (which will become program guidelines per SB 106 authority) and policy would result in greater expenditure of program funds and a reduction in the state administrative workload.

Allocations and Awards

Set-Asides

Program set-asides are not required pursuant to federal regulations; however, it is common for states to create distinct funding allocations within each CDBG Program Year allocation. California law requires set-asides for certain types of eligible activities and a set-aside for a particular group of beneficiaries:

- A 51 percent set-aside for the purpose of providing or improving housing opportunities, including, but not limited to, the construction of infrastructure [Title 25, Section 7052, and Health and Safety Code (H&SC) Section 50828];
- A 1.25 percent set-aside for areas of concentration of Native Americans (Title 25, Section 7062, and H&SC Section 50831); and
- A 30 percent set-aside for the purpose of Economic Development (Title 25, Section 7062.1, and H&SC Section 50827).

HCD implements the 51 percent set-aside policy by ensuring that this set-aside is met cumulatively in a funding round. Eligible applications for the 1.25 percent Native American set-aside are funded and then any unsubscribed funds are awarded for other activities. For the 30 percent Economic Development (ED) set-aside, eligible applications are awarded funds in response to the competitive NOFA and the remainder is held for ED Over-the-Counter (OTC) applications for 15 months before being awarded for non-ED activities. Currently, ED is the only set-aside that consistently has unawarded funds that are reallocated to other project types in the next funding cycle.

Proposed Change: No change to the set-aside percentages is being proposed. However, the number of months the ED funds are set aside before being awarded for non-ED projects is proposed to be reduced from the current 15 months to 12 months or the next NOFA cycle, whichever comes first. This change would contribute to an increase in the state's expenditure rate because unspent ED funds would more quickly be awarded to other activities. For more discussion of this topic, please see the Economic Development section of this report.

NOFA Timing

Federal regulations do not stipulate the method states must use to announce funding availability and acceptance of applications. Currently, the HCD process for creating the NOFA is complicated, lengthy, and requires a significant amount of staff time to ensure consistency with federal requirements and incorporation of any changes in policy. This is followed by a lengthy review process before awards are announced. Staffing changes over the last several years have further complicated the NOFA process because staff are not experts in the CDBG program.

Many states with a July 1 CDBG Program Year start date (like California) announce estimated funding between November and January before the new Program Year starts, accept and review applications and make conditional awards as early as May, and execute contracts as soon as the HUD Agreement with the state has been executed. This minimizes the delay between when the states receive their new CDBG allocation from HUD and when the funds are awarded and available for expenditure by local jurisdictions. In recent years, HCD's timing of the release of the NOFA, making awards, and executing agreements has varied, resulting in challenges for local jurisdictions and HCD in planning workload and spending funds as quickly as possible.

Proposed Changes: HCD is considering obligating funds earlier in the CDBG Program Year in order to expedite and increase the expenditure of funds. This could be done through an earlier and consistent annual release date for the NOFA, acceptance of applications, and notice of conditional awards as soon as funds are received from HUD. Having a consistent schedule would make workload and project planning easier for both local jurisdictions and HCD as it would be more predictable year to year.

HCD is also proposing to develop a shorter boilerplate NOFA and application, which could be used for each funding cycle with changes only to reflect guideline or policy changes that have occurred since the prior NOFA (in the event they change from year to year), as well as any changes in funding limits, workshop schedules, application deadlines, and special conditions. This would result in a more streamlined process for both local jurisdictions and HCD staff as well as a more predictable application preparation process for local jurisdictions.

Award Amounts

Federal regulations require that states disclose any maximum or minimum allowable grant amounts as part of the Consolidated Plan/Annual Action Plan Update. California regulations mandate specific grant amount thresholds not required by federal regulation. HCD policy also sets caps on the maximum and minimum awards of grant funds by activity type. In some instances, those caps may be too low to be of benefit to a local unit of government.

Proposed Changes: HCD is considering changes to the current allowable minimum and maximum grant amounts. The impact of both limiting the minimum and increasing the maximum allowable grant per activity would be twofold: 1) larger grants would mean fewer grants to be administered by HCD, and 2) larger grant amounts could increase the ability of local governments to participate in the CDBG program because they would not be required to spend as much time seeking additional financing for a project.

HCD is considering making changes to the number of activities per application. This would reduce the amount of time for staff to review applications, clear special conditions, execute contracts, and manage grants.

Eligibility Requirements

Finally, California regulations stipulate certain eligibility requirements for local units of government that are not federally mandated (e.g., housing element compliance, 50 percent expenditure rate, and limits to applications).

Proposed Changes: HCD is looking at all eligibility requirements as a part of the redesign process and development of new program guidelines.

Eligible Activities

Although federal regulations stipulate that states may not make an eligible activity “ineligible,” states may prioritize the funding to meet their particular states’ needs. Most states only fund a portion of the federally eligible activities. Nationally aggregated, state CDBG programs spend their funds on the following activities:

- Public Improvements 55%
- Economic Development 17%
- Housing 15%
- Administration/Planning 9%
- Acquisition 3%
- Public Services 1%

Current state regulations do not limit the eligible activities that may be undertaken with CDBG funds. However, some activities, including fast-spending activities like environmental remediation or demolition, are currently only allowed as a portion of a larger project, not as a stand-alone activity. In addition, supplemental activities are further restricted. For more discussion of supplemental activities, please see the Strategies for Reducing Program Income section of this report.

Proposed Changes: HCD is considering the elimination of some eligible activities, possibly those that are underutilized or do not reflect local or state priorities. Reducing the number of eligible activities could reduce workload for HCD staff and target funds to activities that reflect policy priorities. However, some local jurisdictions cite the flexibility of CDBG funding as one of its key features, as so much other funding is restricted in use or activity. This issue will be explored further in the redesign process. For more discussion on reducing Eligible Activities, please see Appendix VI at the end of this report.

Program Income (PI)

PI presents one of the greatest challenges for both HCD staff and grantees in expending funds effectively and efficiently. While federal requirements direct that excess PI must be returned to the state and reallocated, federal policy also provides the state the authority to determine what level of PI is considered excess and must be returned for reallocation. Federal policy also allows grantees to retain PI funds to continue the same activity and allows for funding draws for separate activity types as long as the grantee will expend the funds in a reasonable time frame, as defined by the state.

HCD's current interpretation and implementation of federal PI policy has been one of the significant contributors to the state's low expenditure rate. Currently, HCD PI policy requires grantees to spend all PI on hand prior to receiving any grant funds. Since PI is often generated on a somewhat unpredictable basis, it can be extremely challenging for grantees to comply with this requirement. For more discussion of PI, please see the Reducing PI section in this report.

General Administration Fees

Federal regulations allow up to 20 percent of the total CDBG allocation to be spent for general administration expenses (both state and local) and planning only activities. The state currently allows up to 7.5 percent of a local jurisdiction's grant award to be used for general administration. Nationally, this amount ranges between 5 percent and 18 percent. Increasing the amount allowable for general administration would increase expenditures. Since some activity types have higher administrative costs, HCD could consider higher general administration amounts for specific activity types that have a heavier administrative burden.

Federal regulations also allow for Activity Delivery Costs (ADCs). ADCs are those allowable costs incurred for implementing eligible CDBG activities (e.g. underwriting or inspection fees). All ADCs are allocable to the CDBG activity, including direct and indirect costs integral to the implementation of the final CDBG activity. There is no federal cap on ADCs although most, if not all, states put some restrictions or cap on the use of these funds.

Proposed Change: HCD will consider increasing the percentage of funds that can be used for general administration in the redesign process and development of new program guidelines. HCD will also consider increasing the allowable ADC per project or program type to ensure that all necessary and eligible costs are reimbursable.

Additional Requirements

Procurement

The state adopted federal 24 CFR Part 85 by reference to govern the procurement process for CDBG applicants and grantees. The requirements of Part 85 have since been moved to 2 CFR 200, so there are technical changes required to bring the state into alignment with federal regulations. Additionally, HCD is currently implementing a much stricter interpretation of these regulations than necessary for both Request for Proposal/Request for Qualification (RFP/RFQ) and Conflict of Interest regulations and not all staff appear to implement current HCD procurement policy consistently. In some cases, an RFP/RFQ that received only one response has been labeled a sole-source contract by HCD staff, when in fact it is not a sole-source contract as long as the jurisdiction has documented (1) compliance with procurement requirements, and (2) that multiple contractors are qualified to respond to the RFP/RFQ.

However, prescriptive procurement policies can have some advantages, such as reducing the need and time required for review. Most states implement a consistent procurement policy utilizing sample forms and templates. This approach reduces the burden on both the local jurisdictions to determine the rules and state staff to determine if the process meets federal requirements. Since procurement issues often delay

projects in moving forward, simplifying this policy could increase the state's expenditure rate because grantees could spend funds on project activities more quickly.

Proposed Changes: HCD has recently adopted the federal requirements in 2 CFR Part 200. This change will be included in future revisions to the Grant Management Manual. Additional policy changes in HCD's procurement policy will be considered as part of the redesign process and development of new program guidelines.

Financial Management

Federal regulations allow for the use of Lump Sum draws and Escrow accounts for housing rehabilitation programs that meet the requirements of 24 CFR 570.511 and 24 CFR 570.513. Lump Sum draws and Escrow accounts provide greater access to ready funds at the local level for owner-occupied rehabilitation projects that have been approved and require multiple draws to complete. Although implementing this policy would require additional staff time for both local jurisdictions and HCD, the long-term effect would be fewer draws, with corresponding reductions in workload, and faster expenditure of funds on eligible programs.

Proposed Changes: No changes are currently proposed. Lump Sum draws and Escrow accounts are already allowable by HCD; however, because the loans made by grantees are generally small enough for them to carry, they are seldom used.

Record Retention

Federal requirements specify that all "Records of the state and units of general local government, including supporting documentation, shall be retained for the greater of three years from closeout of the grant to the state, or the period required by other applicable laws and regulations as described in §570.487 and §570.488." HCD currently requires local government records to be kept for five years from the date of the final expenditure report, which is not in compliance with the federal requirements.

Proposed Change: HCD will update all manuals, trainings, policies, and procedures to reflect the three-year retention requirement and bring the state into compliance with federal regulations.

Monitoring

Federal regulations require the state to "make reviews and audits, including on-site reviews, of units of general local government as may be necessary or appropriate to meet the requirements of section 104(e)(2) of the Act." The state must also "take such actions as may be appropriate to prevent a continuance of the deficiency, mitigate any adverse effects or consequences, and prevent a recurrence. The state shall establish remedies for units of general local government noncompliance."

The state has been out of compliance with the federal monitoring requirement in recent years.

Proposed Change: HCD will implement a pilot monitoring plan process to oversee local government compliance with federal and state regulations. For more discussion of this topic, please see the Operational and Organizational Changes section of this report.

Please see the following pages for a Comparison of Federal and State Policies Key Proposed Policy Changes.

Comparison of State and Federal Policies Community Development Block Grant Program Key Proposed Policy Changes

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Set-Asides: State law requires that funds be set aside for the following categories: Housing – 50% Economic Development (ED) – 30% Native Americans -1.25% Currently the ED funds are being held for 15 months before being allocated to non-ED activities.	No change to the current set-asides. HCD is proposing a reduction in the length of time before set-aside ED funds are reallocated to non-ED activities from 15 months to 12 months or the next NOFA, whichever comes first.	This change would contribute to an increase in the state's expenditure rate because unspent ED funds would be more quickly awarded to other activities.	Yes	Yes	Low	Neutral (0)	Neutral (0)
NOFA Timing: Currently, the CDBG NOFA is released in January (or later) after the July 1 CDBG Program Year start date. This causes the program to always be a minimum of 6 to 8 months behind in obligating and expending funds. The NOFA creation process is extremely cumbersome to HCD staff.	HCD is considering obligating funds earlier in the Program Year through a standardized, streamlined NOFA in January of every year with awards to be made upon receipt of funds from HUD.	This change would contribute to an increase in the state's expenditure rate by ensuring that funds are awarded much earlier in the Program Year.	Yes	Yes	Low	Slightly Less (-1)	Neutral (0)
Award Amounts: HCD sets caps on the maximum and minimum award level.	HCD is considering limiting the minimum and increasing the maximum allowable grant per activity.	This change would mean fewer grants to be administered by HCD, and possibly an increase in local jurisdictions' ability to participate in the program because of less time spent seeking additional financing.	No	Yes	Low	Slightly Less (-1)	Slightly Less (-1)

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Eligibility Requirements: State regulations stipulate some additional eligibility requirements for applicant jurisdictions.	HCD is considering all eligibility requirements as part of the redesign process and development of new program guidelines.	Changes to eligibility requirements need further exploration to determine their impact on expenditures, workload and program effectiveness.	No	No	Low	Neutral (0)	Neutral (0)
Eligible Activities: Currently, the state does not limit the eligible activities that may be funded. Most states only fund a portion of the federally eligible activities.	HCD is considering eliminating some eligible activities, possibly those that are underutilized or do not reflect local or state priorities.	Eliminating some eligible activities could reduce workload for HCD staff and target funds to activities that reflect policy priorities.	No	Yes	Low	Slightly Less (-1)	Slightly Less (-1)
General Administration (GA) Fees: Currently, HCD allows up to 7.5 percent of a local jurisdiction's grant award to be used for GA. Nationally, GA ranges from 5 percent to 18 percent.	HCD is considering higher GA levels for certain types of activities that have a heavier administrative burden. HCD is also considering increasing the Activity Delivery Cost for activity types.		No	No	Low	Neutral (0)	Neutral (0)
Procurement: HCD is currently implementing a much stricter interpretation than required by federal regulation for both Request for Proposal/Request for Qualification and Conflict of Interest compliance. Most states implement a consistent procurement policy utilizing sample forms and templates.	HCD recently adopted the federal requirements at 2 CFR Part 200 to bring the state into compliance with federal regulations. HCD is considering implementing a procurement policy similar to that of other states as part of the redesign process and development of new program guidelines.	This change would reduce the burden on both local jurisdictions to figure out the rules and state staff to determine if the process meets federal requirements. Since resolving procurement issues can delay projects moving forward, simplifying this issue could increase the state's expenditure rate because grantees could more quickly expend funds on project activities.	No	Yes	Medium	Less (-2)	Less (-2)

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Record Retention: Currently, HCD is requiring local governments to keep records for five years. Federal requirements are for a maximum of three years.	HCD is proposing to update materials and trainings for staff and local governments to reflect the three-year retention requirement.	This change would bring HCD into compliance with federal regulations.	No	No	Low	Neutral (0)	Neutral (0)
Monitoring: HCD is not currently complying with federal monitoring requirements. This issue was discussed in the March 12, 2018 HUD Monitoring Report.	HCD is implementing a new monitoring plan in response to the HUD Monitoring Report.	This will bring HCD into compliance with federal monitoring requirements. It will have workload impacts on both local jurisdictions and the state.	Yes	No	High	More (+2)	Slightly More (+1)

Promising Practices from Other States and Jurisdictions

The non-entitlement CDBG program was designed to provide maximum flexibility to states in implementing their CDBG programs while remaining in compliance with federal CDBG requirements. Due to this flexibility and the diverse priorities of individual states, reviewing how high-performing states[11] operate their programs provides an opportunity to identify a variety of strategies for improving expenditures and reducing unspent PI. As part of the CDBG program redesign process, HCD reviewed the CDBG operational and administrative processes in six high-performing states – Ohio, Vermont, Connecticut, Louisiana, Nevada, and Iowa – specifically identifying strategies for timely expenditure of funds, monitoring practices, planning activities, and PI policies.

Table 4 provides a comparison of key features of these state programs. Table 5 shows these six high-performing states' expenditure rate standing in comparison to California's, based on data from HUD released in April 2018. A detailed description of these states' operations is included in this report as Appendix V.

Additionally, a profile of the Los Angeles (LA) County CDBG program is included in this section as a California-based illustration of promising practices that HCD could consider in redesigning the CDBG program, as resources allow. Table 6 provides a comparison of the LA County CDBG program with the California non-entitlement CDBG program. For the complete profile of the LA County CDBG program, please see Appendix VI.

Promising Practices from Six High-Performing States

The analysis of these high-performing states' CDBG program operations leads to the following conclusions:

- The earlier in the annual Program Year applications are accepted and funds are awarded, the more quickly grant funds are drawn;
- Readiness factors such as threshold and/or scoring requirements mean projects begin sooner and expend funds more quickly;
- Allowing the reimbursement of properly procured pre-agreement costs increases the speed of expenditures;
- Fewer and higher dollar grant awards expend funds more quickly;
-

[11] HUD generally considers a state to be high performing when its balance of unexpended CDBG grants funds is no more than 2.5 times its most recent CDBG allocation and its average monthly expenditure rate is 1.0 or greater (equaling 1/12 of the annual allocation amount). These states are in the top 1/3 of the expenditure ranking because more than half the states are above 2.0.

- High levels of training and technical assistance reduce staff time on questions and problem resolution; and
- Grant Management information technology systems can reduce administrative costs and enhance communications with grantees

Each of these states is unique and not comparable in size—in either population or geography —to California. However, these states have demonstrated success in operating their CDBG programs and have implemented policies and procedures that could, at least in part, be replicated in California and could contribute to an increase in the state's expenditure rate and a reduction of unspent PI. Additionally, some of these practices could have positive effects on workload for both local jurisdictions and HCD. These practices will be considered further in the redesign process and the development of new program guidelines.

Table 4: Promising Practices State Summary

	OH	VT	CT	LA	NV	IA	CA
Program Funding / Eligibility Overview							
2017-2018 HUD Allocation (new funds)	$40.7 million	$6.9 million	$12 million	$19.7 million	$3.3 million	$21.5 million	$27 million
Program Year Start Date	July 1	July 1	July 1	April 1	July 1	January 1	July 1
Application Due Date	May before	April before	April before	July after	January before	January 1	TBD
General Admin Retained (matched)	2.2%	2%	2%	2%	2%	2%	3%
TA Retained (does not require match)	0.6%	1%	1%	1%	1%	1%	0%
How are Funds Disbursed	Combination	Rolling	Annual Competition	Competitive	Annual Competition	Combination	Combination
Eligible Participants	600 Non-entitlements	250 Non-entitlements	155 Non-entitlements	>300 Non-entitlements	27 Non-entitlements	>600 Non-entitlements	163 Non-entitlements
CDBG Eligible Activities Offered	All	Limited	Limited	Limited	All	Limited	All
Program Income	Retained by jurisdiction	½ Retained by jurisdiction	Retained by jurisdiction	Retained by jurisdiction	Retained by jurisdiction	Returned to State	Retained by jurisdiction
Pre-Agreement Costs Allowable	Yes	Yes	Yes	Yes	No	No	No
Threshold Readiness Requirements	Yes	Yes	Yes	Yes	Scoring	Scoring	No
Set-Asides	Yes	Yes	No	Yes	No	Yes	Yes

Operational Overview							
Dedicated CDBG Staff[12]	13 Dedicated + 1 FTE[13]	8 Dedicated +2 FTE	3 Dedicated + 6 FTE	9 Dedicated + 4 FTE	2 Dedicated + 2 FTE	8 Dedicated + 1 FTE	11 FTE
Active Projects	300	71	>100	140	>50	157	Unavailable
Average # Grants/Contracts per year	140	25	20	45	18	60	Unavailable
Average % of Contracts Requiring Amendment	25%	40%	15%	10%	<10%	0%	Unavailable
Reporting Frequency	Annually	Semi-Annually	Semi-Annually	Annually	Quarterly	Per Draw/Quarterly	Annually - Proposed
How are reports and forms submitted	On-line System	On-line System	E-mail Word	Hard Copy Mailed	Excel	Word	Excel
Provide Ongoing Training	Quarterly	Annually	Yes	Annually	No	3-5 Annually	No
Provide Ongoing Technical Assistance	Yes	Yes	Yes	Yes	Yes	Yes	No

[12] Does not include ancillary staff (IT, facilities, legal, administrative, etc.).

[13] Dedicated means staff who work full time on the CDBG program. FTE (full-time equivalent) means the total number of hours equal to full time that a number of individuals work on the CDBG program. The actual number of staff working on the program may be greater.

Table 5: Expenditure Rates for California and High-Performing States[14]

State	Total Unexpended from Open Grants	Most Recent Grant Amount	Ratio Unexpended To Grant	Program Year Start	Current Program Year Start
8 LOW-PERFORMING STATES					
CALIFORNIA	$132,901,750	$27,488,951	4.83	Jul	7/1/17
NORTH CAROLINA	$172,894,492	$43,391,053	3.98	Jan	1/1/18
FLORIDA	$93,660,197	$24,176,468	3.87	Jul	7/1/17
ARKANSAS	$57,551,374	$15,947,251	3.61	Jul	7/1/17
MISSOURI	$69,867,829	$20,328,096	3.44	Apr	4/1/18
OREGON	$40,749,425	$11,978,330	3.40	Jan	1/1/18
WISCONSIN	$80,559,373	$24,391,621	3.40	Apr	4/1/18
MICHIGAN	$100,967,251	$30,967,266	3.30	Jul	7/1/17
15 HIGH-PERFORMING STATES					
IOWA	$49,318,056	$21,527,996	2.30	Jan	1/1/18
LOUISIANA	$36,831,111	$19,678,475	1.99	Apr	4/1/18
VERMONT	$11,679,758	$6,282,652	1.87	Jul	7/1/17
ALASKA	$4,733,394	$2,628,989	1.86	Jul	7/1/17
ARIZONA	$18,707,379	$10,487,774	1.80	Jul	7/1/17
ALABAMA	$37,198,549	$21,398,440	1.78	Apr	4/1/18
CONNECTICUT	$20,038,480	$12,105,315	1.74	Jul	7/1/17
KANSAS	$22,190,464	$13,650,232	1.66	Jan	1/1/18
OHIO	$65,796,577	$40,770,896	1.63	Jul	7/1/17
MASSACHUSETTS	$47,493,659	$29,757,361	1.61	Apr	4/1/18
NEW HAMPSHIRE	$11,473,205	$8,022,548	1.60	Jan	1/1/18
MAINE	$13,268,781	$10,606,496	1.43	Jan	1/1/18
NEVADA	$4,046,074	$3,263,851	1.25	Jul	7/1/17
UTAH	$4,184,271	$4,868,432	1.24	Jul	7/1/17
DELAWARE	$1,282,195	$2,015,390	0.86	Jul	7/1/17
		Average Expenditure Rate	2.62		

[14] HUD generally considers a state to be high performing when the available balance in its CDBG treasury account is no more than 2.5 times its most recent CDBG allocation and its average monthly expenditure is 1.0 or greater (equaling 1/12 of its annual allocation amount.

Promising Practices from Los Angeles County CDBG Program

Los Angeles (LA) County is an entitlement recipient of federal CDBG program funding. This means it receives a direct allocation from HUD, rather than participating in the state program administered by HCD. On behalf of LA County, the Los Angeles Community Development Commission (LACDC), with a full-time staff of 16, serves a population of 2,378,796. This makes the LA CDBG program the largest Urban County CDBG program in the nation. The LACDC receives approximately $21 million annually in CDBG funds,[15] of which it retains 20 percent ($5 million) for program administration. The remaining $16 million is distributed using an allocation formula to 47 participating cities (PCs) and five Supervisorial Districts (Districts) for eligible Community Development activities. Economic Development is funded through a Revolving Loan Fund rather than directly with CDBG funds. All Program Income (PI) is remitted by grantees to the LACDC within 30 days of receipt of funds and is then credited to that grantee's funding pool. At the time a funding request is submitted for reimbursement, the LACDC pays it with any PI on hand prior to drawing down any CDBG funds.

To distribute CDBG funds, LACDC adopted HUD's allocation method established in 1975, which yields an approximate 50/50 split between the 47 PCs and the five Districts. Each District reviews funding requests for Community Development activities submitted by community-based organizations, County departments, and LACDC. Once the Districts select the activities they want to fund, the funded activities are made part of the One-Year Action Plan that is approved by the Board of Supervisors for submission to HUD.

Entitlement recipients have a three-year CDBG expenditure requirement. HUD's expenditure requirement means grantees must have no more than 150 percent (equal to 1.5 years) of the annual allocation on hand as of April each year to be in compliance with the requirement. The LACDC consistently operates the program within HUD's expenditure requirement. For the three-year period 2015-16 through 2017-18, its expenditure rates were 145 percent (1.45 years), 143 percent (1.43 years), and 147 percent (1.47 years), respectively. The LACDC processes a large number of reports and stays proactively engaged with grantees and stakeholders, while maintaining the CDBG program in compliance with HUD's requirements for timely expenditure of funds and low PI balances.

This success is attributed to the following three critical factors:

- Online Grant Management System: To proactively administer and operate the CDBG program, the LACDC provides one-on-one, ongoing planning, comprehensive training, technical assistance, and monitoring to all grantees.

[15] In comparison, the state of California receives approximately $27 million annually for the state CDBG program.

This one-on-one approach is made possible because of its CDBG Online Grant Management System. The system allows both grantees and LACDC staff to easily upload, manage, modify, and store program and project data.

- Proactive Planning: The LACDC implements an annual planning process in which CDBG program staff work closely with grantees to proactively plan and develop projects in a process that starts in September for the upcoming Program Year, July 1 to June 30. This nine-month planning process ensures that grantees develop activities that are in a strong position to be implemented on July 1 each year (or as soon as HUD allocates funds) and timely expenditure of grant funds.
- Ongoing Technical Assistance and Monitoring: The LACDC's In-Progress Monitoring (IPM) approach is a proactive and interactive process that identifies potential problems early on. This process incorporates instructional training, ongoing technical assistance, routine site visits, quarterly reporting, and annual monitoring. This approach brings together programmatic and financial resources within a Grant Management Unit (GMU) using a standardized risk assessment to determine the degree of required monitoring.

Because it is an entitlement recipient, LACDC has access to a much larger proportion of CDBG funding to support effective operation of the program. It uses these funds to provide 16 full-time staff who implement the program. Additionally, the decisions LA County has made regarding the funding of ED activities and management of PI may support its success in complying with HUD requirements while providing CDBG funding for an array of Community Development activities.

As HCD continues to redesign the state CDBG program, it would benefit from consulting with LACDC further to explore the feasibility of adopting some of these approaches within the more limited resources available for implementing the non-entitlement program.

Table 6: Comparison between Los Angeles County (LA) CDBG Program and State CDBG Program Administered by HCD

	LA	HCD
Program Funding / Eligibility Overview		
Expenditure Rate[16]	147 percent; 1.47 years	475 percent; 4.75 years
2017 HUD Allocation (new funds)	$21.5 million	$27 million
Amount Retained for Program Administration	20 percent	3 percent
2017 Notice of Available Funding	$21.5 million	$35 million
How Funds are Disbursed	Formula Allocation	Competitive Applications and Over the Counter (Economic Development only)
Eligible Participants	Participating Cities (47) Supervisorial Districts (5)[17]	Non-entitlement jurisdictions (163)
CDBG Eligible Activities Offered	All Community Development activities (57) No current funding is allocated for Economic Development activities	Currently: All (63) Proposed: Limited (26)
Program Income[18]	Remitted to LACDC[19]	Retained by jurisdiction
Operational Overview		
Staff	16 dedicated staff	11 full-time equivalent
Open Activities (cumulative)	221	350
Contracts and Amendments Processed (last 12 months)	364	45
Reports Reviewed (last 12 months)	1,456 (quarterly and annual)	90 (annual reports)

[16] Expenditure rate is based on HUD's 150 percent expenditure rule which means that a grantee cannot have more than 150 percent or 1.5 years of annual funding available to be in compliance.

[17] Community-based organizations, County departments and LACDC receive funding from the Supervisorial Districts' approved activities.

[18] Remitted PI is retained by the LACDC and kept in each grantee's funding pool. It is expended prior to grant funds being dispersed to the grantee. If PI is not spent by end of program year, the grantee's upcoming allocation will be reduced by that amount and the unused grant funds reallocated to eligible activities.

[19] LACDC – Los Angeles Community Development Commission, administers the CDBG program on behalf of Los Angeles County.

	LA	HCD
Reporting Frequency	quarterly and annually	Currently: semi-annually and annually Proposed: annually
How Applications, Reports, and Forms are Submitted	CDBG Online Grant Management System	Excel Form-based
Standardized Risk Assessment	Yes, at minimum annually	No
Monitoring Frequency	Annually	Currently: None Proposed: Annually
Types of Monitoring	Full: On-site Limited: Desktop	Currently: None Proposed: On-site
Operational Overview – continued		
Who is Monitored	All grantees	Currently: None Proposed: All grantees
Planning, Training, and Technical Assistance Provided	Yes: Ongoing, annual cycle, and grantee-specific	Yes: Limited to several workshops and webinar when new Notice of Funding Availability issued

Strategies to Increase Expenditures

From a fiscal perspective, California has the equivalent of 4.83 years of federal CDBG grant funds (over $94 million, as of May 2018) sitting in the U.S. Treasury, not including the approximately $20 million in PI on hand at the local level. The unspent federal grant funds have been awarded to local jurisdictions (with the exception of the current year's ED set-aside balance and the anticipated 2017 grant awards), but have not been expended by grantees. This situation poses a serious problem because these funds are not benefiting the communities they are intended to support and such large amounts of unspent funds contribute to California's low CDBG expenditure rate. HUD's current general guidance is that grantees should have no more than 2.5 years of unspent federal grant funds on hand.

Table 7 shows expenditure rates for different activities for awards executed in fiscal years 2012-13 through 2016-17. Comparing rates within each year, higher expenditure rates are shaded more darkly and lower expenditure rates are shaded more lightly.[20] Table 8 shows the distribution of jurisdictions' expenditure rates, by percentile, for contracts executed in fiscal years 2012-13 through 2016-17.[21] The average expenditure rate across jurisdictions for contracts executed in fiscal year 2012-13 is 72.5 percent, while for 2016-17 it is 9.5 percent.

As expected, older grants have a higher expenditure rate than more recent grant awards. Comparing the distribution of expenditure rates across activities (Table 7) to the distribution of expenditure rates across jurisdictions (Table 8), it appears that low expenditure rates are a problem for certain activities, rather than for certain jurisdictions. For older contracts, the jurisdiction-level expenditure rates are fairly high. In contrast, for some activities (e.g., ED activities funded through the competitive NOFAs and Housing Assistance), the expenditure rates are consistently lower, even for the older contracts.

HUD is updating its reports to reflect all states' compliance or non-compliance with this timeliness requirement. California's data will not reflect well on the CDBG program's success at expending funds and the state could be at risk of having funds recaptured. Excessive unspent funds could be used by Congress to justify a cut or full elimination of the program. CDBG program redesign must address both California's low expenditure rates and the amount of unspent PI on hand in local jurisdictions.

[20] Specifically, the shading represents the quartile distribution within each fiscal year. The bottom 25 percent of expenditure rates in each year are unshaded, the next 25 percent are shaded light blue, the next 25 percent are shaded medium blue, and the highest 25 percent are shaded dark blue. The percentile cutoffs are calculated separately for each fiscal year.

[21] The way to understand Table 8 is in fiscal year 2012-13, 10 percent of jurisdictions have expenditure rates below 8.2 percent, half of jurisdictions have expenditure rates below 86.2 percent (and half have expenditure rates above 86.2 percent), and so on.

Equally important, these unexpended funds represent programs and projects that could be providing important benefits to residents and communities in local jurisdictions throughout the state. California's CDBG program must be redesigned so that the use of grant funds addresses the unmet needs of low- and moderate-income individuals and households in the predominately rural, eligible jurisdictions. In addition, the CDBG program needs to better reflect key state priorities and more effectively facilitate national promising practices in areas like climate adaptation and community revitalization.

Table 7: CDBG Grant Performance 2012-13 through 2016-17: Award Expenditure Rates

	2012-13	2013-14	2014-15	2015-16	2016-17
Housing:					
Direct Homeownership Assistance	71.1%	37.3%	58.1%	40.1%	1.6%
Total Rehabilitation Activities – Single and Multi-Family	61.1%	37.7%	40.6%	4.2%	1.5%
Economic Development - Over the Counter:					
Economic Development Infrastructure					25.8%
Economic Development Non-Infrastructure*	100.0%	97.2%	92.5%	52.7%	
General Administration	94.1%	60.0%	100.0%	0.5%	34.9%
Economic Development - Competitive NOFA:					
Economic Development Infrastructure		0.0%		0.0%	
Economic Development Loans – For or Non-Profit	46.4%	30.7%	15.1%	0.0%	0.0%
Economic Development Microenterprise Loans and Grants	28.7%	45.5%	0.0%	0.0%	2.8%
Economic Development Microenterprise Technical Assistance	30.7%	22.1%	35.5%	0.0%	17.1%
Public Facilities (Non-Street Improvements and Non-Water/Sewer)	108.1%	102.1%	76.4%	23.2%	7.1%
Infrastructure:					
Street Improvements Projects:	52.9%		99.0%	52.1%	
Water/Sewer Projects:	74.3%	75.6%	78.8%	23.0%	11.6%
Public Services Activities:	83.6%	64.2%	66.8%	47.0%	23.9%
Code Enforcement:	68.4%		53.3%	52.7%	9.5%
Planning Only:					
Undefined Planning Only Activities		60.2%	61.8%		21.3%

	2012-13	2013-14	2014-15	2015-16	2016-17
Community Development Planning Only	61.6%			46.3%	7.2%
Economic Development Planning Only	65.9%			0.0%	0.0%
General Administration	71.3%	56.8%	59.6%	31.2%	15.5%
Total all CDBG activities:	72.5%	73.8%	63.2%	29.9%	9.5%

**includes nonresidential historic preservation, direct financial assistance to non-profits, microenterprise loans and grants, microenterprise technical assistance, and microenterprise general support.*

Blank entry means no awards made in the category for the fiscal year.

Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018

Table 8: CDBG Grant Performance 2012-13 Through 2016-17: How are jurisdiction expenditure rates distributed?

Distribution	2012-13	2013-14	2014-15	2015-16	2016-17
Minimum	0.0%	0.0%	0.0%	0.0%	0.0%
10th percentile	8.2%	0.0%	5.4%	0.0%	0.0%
25th percentile	51.7%	47.6%	28.0%	0.0%	0.0%
50th percentile	86.2%	82.7%	63.6%	11.0%	0.0%
75th percentile	98.0%	96.4%	93.7%	62.0%	11.9%
90th percentile	100.0%	100.0%	99.4%	73.7%	24.9%
Maximum	100.0%	120.0%[22]	100.0%	82.3%	97.9%
Average:	72.5%	73.8%	63.2%	29.9%	9.5%

Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018.

[22] The total award exceeds the allocation most likely due to PI funds.

As noted earlier in this report, CDBG funds are made available through the publication of a NOFA. After publication of the NOFA, HCD holds workshops throughout the state providing additional clarification and information about what is required in an application and how applications are reviewed and ranked for funding. In an effort to increase the rate by which CDBG funds are expended and decrease administrative complexity, HCD is proposing changes to the timing and design of the NOFA and strengthening the pre-application considerations, up-front actions, and application requirements to show readiness and capacity to spend the funds, if awarded.

Table 9 summarizes proposed strategies for increasing expenditures and evaluates whether they address the goals of CDBG program redesign.

Table 9: STRATEGIES FOR INCREASING EXPENDITURES THROUGH CDBG PROGRAM REDESIGN: Key Policy Changes

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Pre-Agreement Costs: HCD does not allow reimbursement of pre-agreement costs so that grantees often do not start the process of completing the general conditions, including design, financing, and procurement of consultants, until after award.	HCD is proposing allowing reimbursement of pre-agreement costs to expedite completion of general conditions and the implementation of the activity upon award, at the risk of the applicant jurisdiction.	This change would allow grantees to undertake (and be reimbursed for) pre-agreement steps (such as environmental review) on all exempt activities, at their own risk, until final clearance of the General Conditions Checklist. This would allow grantees to implement activities soon after award, which would increase the state's expenditure rate.	No	Yes	Low	Neutral (0)	Neutral (0)
Planning Only Grants: HCD does not currently allow Planning Only grants to determine feasibility of a proposed activity. If a project is determined to be infeasible after award has been made, HCD currently allows grantees to modify the project through a reduction in scope or other modification using a contract amendment or extension instead of de-obligating and reallocating the awarded funds.	HCD is proposing allowing and encouraging Planning Only grants to complete certain readiness activities before large amounts of Treasury funds are obligated.	This change would reduce the number of projects that either 1) take a protracted time to complete because of time required to complete pre-implementation activities, or 2) fail to move forward at all. This change would increase the state's expenditure rate and reduce workload to the extent project modifications and contract changes decline.	No	Yes	Low	Slightly Less (-1)	Slightly Less (-1)

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Method of Distribution (MOD) and NOFA Frequency: Currently, a competitive NOFA is published annually and no formula allocation is used.	No change to the current MOD or frequency of NOFAs.	There are serious flaws with alternative approaches, and it cannot be demonstrated that other approaches would result in increased expenditures or administrative efficiencies.	No	No	Low	Neutral (0)	Neutral (0)
NOFA Timing: Prior to 2016, the CDBG NOFA was published in January each year, approximately six months after receipt of funds from HUD. Over the past two years, the NOFA has been published at an even later time—May 2016 and September 2017, making it even more difficult for the state to comply with the HUD requirement that all funds be obligated within 15 months of receipt.	HCD is considering obligating funds earlier in the Program Year through a standardized, streamlined NOFA in January of every year with awards to be made upon receipt of funds from HUD.	This change would contribute to an increase in the state's expenditure rate by ensuring that funds are awarded much earlier in the Program Year.	Yes	Yes	Low	Neutral (0)	Neutral (0)
NOFA Development: The current NOFA is complicated and lengthy and requires careful staff work to ensure continued accuracy and compliance with federal requirements and incorporation of changes in policy. There is a lengthy internal review process before publication.	HCD is considering developing a streamlined, boilerplate NOFA that could be used for all future NOFAs with minimal revision.	This change would result in a more expedited NOFA development and publication process, resulting in greater administrative efficiency.	No	Yes	Low	Less (-2)	Slightly Less (-1)
Growth Control Measures: In order to be eligible, a jurisdiction must not have in place any growth control measures. Department staff are required to confirm this fact, which can require extra work by Department staff.	HCD is proposing requiring the No Growth Control Measures confirmation to be made a part of the Resolution required to be submitted with the application.	This change would result in administrative efficiencies and a reduction in HCD staff time during application evaluation.	No	No	Low	Slightly Less (-1)	Slightly More (+1)

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
50 Percent Rule: Currently, an applicant is ineligible to apply for or receive a CDBG grant unless the applicant has expended at least 50 percent of CDBG funds awarded in 2012 or later. The HCD Director may waive the rule, thus making an applicant eligible to apply for and receive CDBG funds.	HCD is proposing to allow an applicant wishing to apply for new grant funds to voluntarily disencumber funds previously awarded prior to the application deadline if the project for which they were awarded is stalled or becomes infeasible.	This change would allow jurisdictions to apply for funding without having to request a waiver. This would ensure funds would be either expended more quickly or returned without delay for making additional awards, increasing the state's expenditure rate and reducing workload.	Yes	Yes	Low	Slightly Less (-1)	Slightly More (+1)
Readiness: Currently, readiness for a program can be adopted guidelines. Readiness for a project can include a funding commitment from other sources; a project budget, scope of work, and schedule; evidence of procurement for architectural and/or engineering services; preliminary project plans; and list of local permits.	HCD is proposing to simplify and strengthen readiness requirements. Threshold readiness criteria will be further refined as part of the redesign process and development of new program guidelines. In order to enhance the likelihood of more timely expenditure of funds and to reduce administrative complexity at the same time, HCD proposes to require as a threshold criterion for a program, adopted guidelines; and for a project, at least site control and a funding commitment.	This change would increase the likelihood of a more timely expenditure of funds, increasing the state's expenditure rate, and reduce workload and administrative complexity.	No	Yes	Low	Slightly Less (-1)	Neutral (0)
Timely Reporting: CDBG deducts points for missing semi-annual and annual Program Income reports.	HCD is proposing to make timely submittal of the prior two annual reports a threshold requirement for applications. If an	This change would increase HCD's ability to fully comply with HUD's reporting requirements.	Yes	Yes	Low	Neutral (0)	Neutral (0)

	applicant has not participated in the CDBG program previously, the applicant will not be rejected based on this criterion.						
Capacity: Currently, the capacity of an applicant is considered in the rating and ranking of applications.	HCD is proposing to make capacity a threshold criterion with demonstrated capacity required before an application would be considered for funding.	This change could result in fewer applications moving past threshold for evaluation with stronger applications and subsequent awards for projects and programs more likely to successfully implement grant-funded activities, increasing the state's expenditure rate.	No	Yes	Low	Slightly Less (-1)	Neutral (0)
Application Processing: Currently, HCD provides an appendix to the application that can be used by applicants to determine their approximate rating score, but it is voluntary and does not affect the application review process.	HCD is proposing to develop a self-scoring application and require all applicants to complete the scoring process as part of their application.	This change would reduce staff workload and could result in funding activities that would be more successful, increasing the state's expenditure rate.	No	Yes	Medium	Slightly Less (-1)	Slightly More (+1)
Post-Award Considerations: Currently, HCD does not include performance milestones that specify circumstances in which grant funds will be disencumbered.	HCD is establishing performance milestones identifying progress toward successful completion in standard agreements, and will disencumber funds if milestone deadlines are missed unless the delay is not the fault of the grantee and the activity continues to be feasible.	This change will slightly increase staff workload, while also increasing the state's expenditure rate by more quickly reallocating funds to projects that are ready to be implemented.	Yes	Yes	Medium	Slightly More (+1)	Slightly More (+1)

Pre-Agreement Costs

HCD currently requires grantees to complete a General Conditions Checklist (per project type) prior to release of funds. The time to complete the general conditions is often protracted since applicants are reluctant to risk expending funds to complete the work necessary to clear the conditions in advance of an award. That means grantees often do not start the process of completing the general conditions, including design, financing, and procurement of consultants, until after award. One possible strategy for encouraging applicants to have completed these conditions sooner is by allowing/reimbursing pre-agreement costs or requiring a local funding match.

Proposed Change: HCD proposes allowing/reimbursing pre-agreement costs and/or requiring a local match to expedite completion of general conditions so that the applicant can enter into a contract with HCD and implement the activity soon after award. That approval would allow the grantee to undertake (and be reimbursed for) pre-agreement steps (such as environmental review) on all activities at their own risk until final clearance of the general conditions.

Planning Only Grants

As stated above, many grantees do not begin steps such as design, environmental review, and financing until after award. Frequently it only becomes apparent the proposed activity is not feasible as planned after the award has been made. HCD currently allows the grantee to modify the project through a reduction in scope, a contract amendment, and sometimes a contract extension instead of de-obligating and reallocating the awarded funds. It is presumed that having to start over with a completely new activity would delay the timeline and have a negative impact on the rate of expenditures. However, these changes in scope, contract amendments, and contract extensions also delay a project's timeline and have a negative impact on the state's expenditure rate. They also add workload for both local jurisdictions and the state.

Proposed Change: HCD proposes allowing and encouraging the use of Planning Only grants to complete certain readiness activities before large amounts of Treasury funds are obligated. As an example, the cost of the Environment Review Record (ERR) in California is frequently substantially higher than in many areas of the country. Allowing Planning Only grants that include the completion of the ERR would mitigate this burden for the grantee and reduce the amount of obligated funds reserved for projects that have a long lead time before implementation while pre-implementation activities are completed. This would also reduce the workload for both local jurisdictions and HCD if the number of post-award modifications is reduced, which would be expected.

Method of Distribution and NOFA Frequency

Other states allocate CDBG funds in a variety of ways, including formula allocation, competitive allocation, combination of formula and competitive allocation, alternate years of formula and competitive allocation, and various iterations of these approaches. Early in the process of CDBG redesign and prior to the passage of SB 106, there was some discussion within HCD about the possibility of changing the Method of Distribution (MOD) and frequency of publishing NOFAs, including the possibility of doing a part-formula and part-competitive allocation as well as doing a two-year NOFA instead of an annual one. Both approaches were initially identified as strategies thought to reduce the workload at HCD and increase expenditures. After much consideration and conversations with other states, CDBG experts, and knowledgeable CDBG users, HCD has concluded that these approaches would not reduce the workload of HCD staff nor result in the increased expenditures that were expected.

Awarding CDBG funds through a formula allocation would not be effective in California because:

- The amounts received by each jurisdiction would typically not be adequate to implement an activity without amassing a few years of funding in order to do something significant;
- Allocating funds through a formula would result in a greater administrative burden for HCD because all 163 local jurisdictions would likely participate, increasing the number of awards and contracts staff must execute and monitor; and
- Once implemented, any changes to the MOD would be very disruptive for local jurisdictions, as they would have planned their activities based on an ongoing and consistent funding source.

Similarly, while a two-year NOFA cycle appears on the surface to reduce workload because the NOFAs, applications, awards, and contracts would be less frequent, upon closer consideration this approach has some serious flaws. One issue is the delay in funding the applications that do not receive awards in the first year. In the first year of the NOFA, the highest-rated applications would be funded. This could mean that the lower-rated applications, which would be funded in the second year, might be less ready by then as financial commitments or other readiness factors decrease due to the time delay. This could make it more difficult for these jurisdictions to successfully expend grant funds quickly. In addition, the applications to be funded in the second year of the NOFA cycle would require additional staff review to re-evaluate readiness and viability, which would mean additional workload by HCD staff and could result in the elimination of applications for failure to be ready.

Another problem with a two-year NOFA cycle is local jurisdictions' concern over the uncertainty of federal CDBG funding, which could limit applicants' ability to plan for activities funded in the second year.

Proposed Change: HCD is not proposing any change in the MOD or frequency of the NOFAs.

NOFA Timing

All CDBG funds are required to be obligated within 15 months of receipt from HUD. Prior to 2016, the CDBG NOFA was published in January each year, approximately six months after receipt of funds from HUD, with awards made many months later. Over the past two years, the NOFA has been published at an even later time—May 2016 and September 2017, making it even more difficult for the state to comply with the HUD requirement. The delay of the NOFA until after receipt of funds from HUD contributes to the state's low expenditure rate and has resulted in a finding in the March 12, 2018 Monitoring Report for failure to meet the 15-month obligation requirement.

As discussed in the Comparison of Federal and State Requirements and Promising Practices sections of this report, other states have timed their NOFAs to allow awards to be made immediately upon receipt of HUD funding.

Proposed Change: As a way of improving timely expenditure of CDBG funds and ensuring HCD meets the federal obligation requirement, HCD is considering timing the publication of the NOFA in January prior to the release of funds from HUD, which typically occurs in either July or August, with awards made as soon as the funds are received. This would contribute to an increase in the state's expenditure rate by ensuring that funds are awarded much earlier in the Program Year.

NOFA Development

Until 2012, three CDBG NOFAs were developed and published separately, one for Community Development, one for ED, and one for Planning. Each year since 2012, the CDBG NOFA has been a "Super NOFA" that includes all eligible activities. The Super NOFA must comprehensively address every program component, making the NOFA lengthier and more complicated. In addition, upon receipt of applications, evaluation and rating/ranking occurs across all program activities making the review process time-consuming and unwieldy. Other states have successfully developed much simpler, streamlined NOFAs, and HCD is considering implementing this approach for several programs.

Proposed Change: HCD is considering developing a streamlined, boilerplate NOFA, which could be used every year with updates only to reflect changes to eligible activities and funding limits, workshop schedules, application deadlines, and any significant changes to the guidelines that would result in a change in the MOD or awards. This change would significantly reduce the workload of HCD staff in developing the NOFA and result in a more streamlined review process for HCD staff as well as more predictable application preparation for local jurisdictions.

Threshold Criteria

Current criteria used to determine whether or not an application has passed threshold and will be rated and ranked include the following:

Federal requirements:

- Debarment (not on Federal Excluded Parties List)
- Citizen participation (all public hearings and citizen participation requirements)
- Resolution by governing body
- Statement of Assurance (signed by Chief Executive Officer)

State requirements:

- Housing Element compliance (Housing Element adopted and submitted to HCD)
- Assurance that the applicant jurisdiction has no growth control measures
- Compliance with 2 CFR Part 200 (no audit findings)
- Must have expended 50 percent of CDBG funds awarded in prior five years

While each of these criteria is important, HCD is proposing some additional or revised criteria. By strengthening these requirements, only applications for activities that can demonstrate readiness to implement would continue through the application review process. There could be a corresponding reduction in general conditions that must be met before execution of a Standard Agreement. Both of these factors would increase the state's expenditure rate because project or program readiness would be improved and activities would be implemented more quickly.

Growth Control Measures

To pass threshold, applications must indicate there are no growth control measures in place. Upon further investigation by staff as they review an application, there may be measures in place that are in fact growth control measures. This requires extra work by HCD staff to look further into each jurisdiction's application to ensure compliance.

Proposed Change: HCD is proposing requiring the No Growth Control Measures confirmation to be made a part of the local jurisdiction's governing body's resolution required to be submitted with the application. This change would require greater effort by applicants to ensure there are no growth control measures in place and would

reduce the amount of time HCD staff must spend following up with local jurisdictions to verify compliance.

The 50 Percent Rule

Section 7060(3) of the current state regulations specifies that an applicant is ineligible to apply for or receive a CDBG grant unless the applicant has expended at least 50 percent of CDBG funds awarded in 2012 or later. This requirement, known as the 50 Percent Rule, is intended to ensure that jurisdictions have successfully implemented activities and spent their prior grant awards before requesting additional funding. If jurisdictions are not spending their prior grant funds, it contributes to the state's low expenditure rate and results in less funding for other jurisdictions that have projects that are ready to implement.

Assembly Bill (AB) 723 allows the Director of HCD to waive the 50 Percent Rule, thus making an applicant eligible to apply for and receive CDBG funds. HCD has implemented a waiver process for applicants who meet one of two criteria: 1) The application is for a "shovel ready" project, or 2) the applicant received 2016 Special Drought and/or Disaster NOFA awards. Waiver requests are time-consuming and create workload for both local jurisdictions and HCD staff.

Proposed Change: HCD is proposing to allow a jurisdiction wishing to apply for CDBG funding for a new activity to voluntarily disencumber funds previously awarded prior to the application deadline if the project for which they were awarded is stalled or becomes infeasible. This would allow these new applications to be funded without the jurisdiction having to requesting a waiver of the 50 Percent Rule. The disencumbered funds would then be available to award farther down the list of applications as part of the current NOFA, which would increase the state's expenditure rate and reduce workload for both local jurisdictions and the state.

Readiness

Readiness is demonstrated differently if the application is requesting funding for a program or a project. Readiness for any program can be demonstrated by adopted guidelines. Those guidelines can be simple as for a Meals on Wheels program or complex as for a housing rehabilitation program. Readiness for a project can be demonstrated by site control; a funding commitment from other sources (if other funding is necessary); a project budget, scope of work, and schedule; evidence of procurement for architectural and/or engineering services; preliminary project plans; or a list of local permits. Confirming readiness, which is important to ensure grant funds will be expended quickly, can be complex and time-consuming for HCD staff.

Proposed Change: HCD is proposing changing the readiness requirements to enhance the likelihood of more timely expenditure of funds and reduce administrative complexity.

At a minimum, HCD proposes requiring adopted guidelines for a program and at least site control and a funding commitment for projects. Threshold readiness criteria will be further refined in the redesign process and development of the new program guidelines.

Timely Reporting

HCD is required to report to HUD annually. This is done through receipt of semi-annual and annual reports from grantees. Those reports are critical to HCD's ability to submit accurate and timely reports to HUD. Grantees' lateness or failure to report negatively impacts HCD's ability to fulfill its reporting responsibilities on time and accurately. This issue was discussed in the March 12, 2018 HUD Monitoring Report and HCD must bring the state into compliance with the reporting requirements.

Currently, HCD deducts points from applications for missing semi-annual or annual reports. One way to better ensure that grantees' reports are submitted regularly is to require past reports to have been submitted as a threshold criterion for evaluation of an application.

Proposed Change: HCD is proposing that timely submittal of the prior two annual reports be considered a threshold requirement as a demonstration of past performance and capacity. If an applicant has not participated in the CDBG program previously, the applicant will not be rejected based on this criterion. If the applicant has had funding for only one prior year, one year's annual report will suffice. This criterion would be implemented gradually to ensure jurisdictions have an opportunity to comply.

Capacity

While capacity to undertake the administration of a CDBG grant is currently considered in rating and ranking applications, each applicant should meet a capacity baseline before being considered for an award. That capacity can be demonstrated by things like having a track record of successfully expending grant funds, or by having a staffing structure that provides at least the minimal level of staffing required to manage a grant, create reports, oversee staff doing the work, or oversee a consultant providing assistance to complete the work. Without sufficient capacity, a local jurisdiction is less likely to successfully implement grant-funded activities, which contributes to the state's low expenditure rate.

Proposed Change: HCD is proposing to make capacity a threshold requirement. Applicants would be required to demonstrate sufficient capacity to successfully implement grant-funded activities before their applications would be considered for funding. Rating points would be assigned beyond the threshold capacity criterion based on additional evidence of capacity.

Application Processing

Some other states successfully use a self-scoring application process that simplifies the evaluation process for state staff as well as informing applicants of their competitiveness in the evaluation and award process. Currently, HCD provides an appendix to the application that can be used by applicants to determine their approximate rating score, but it is voluntary and does not affect the application review process.

Proposed Change: HCD is proposing to develop a self-scoring application and require that all applicants complete the scoring process as part of their application. While this change would not eliminate HCD staff review and evaluation time for applications, if applicants are required to self-score, there is more likelihood they will submit applications that are complete and meet the threshold requirements. This could increase the likelihood that funded activities are successfully implemented, increasing the state's expenditure rate.

Post-Award Considerations

HUD has expressed concern that HCD is not disencumbering funds and subsequently awarding them to another eligible applicant with a project ready to be implemented quickly enough. This contributes to the state's low expenditure rate. Currently, HCD does not include performance milestones or specify circumstances in which missing a milestone will result in disencumbrance and/or repayment of funds already expended. One way to address this concern is to establish milestones in the Standard Agreement executed after funds are awarded. The Standard Agreement could also clarify that missing a milestone will result in disencumbrance and/or repayment of funds already expended.

Proposed Change: HCD will establish performance milestones identifying progress toward completion for inclusion in Standard Agreements with grantees. If the grantee misses a milestone, the missed deadline will be reviewed by HCD and an amendment to the Standard Agreement, if appropriate, will be allowed. If it is determined the missed milestone was avoidable and that the project is in jeopardy of failure, the funds will be disencumbered and any funds expended on the project would be required to be repaid. This change will ensure that projects that are unlikely to be successfully implemented are identified early and steps taken by HCD to determine if grant funds should be disencumbered. While this could increase staff workload, it could increase the state's expenditure rate by more quickly reallocating these funds to projects that are ready to be implemented.

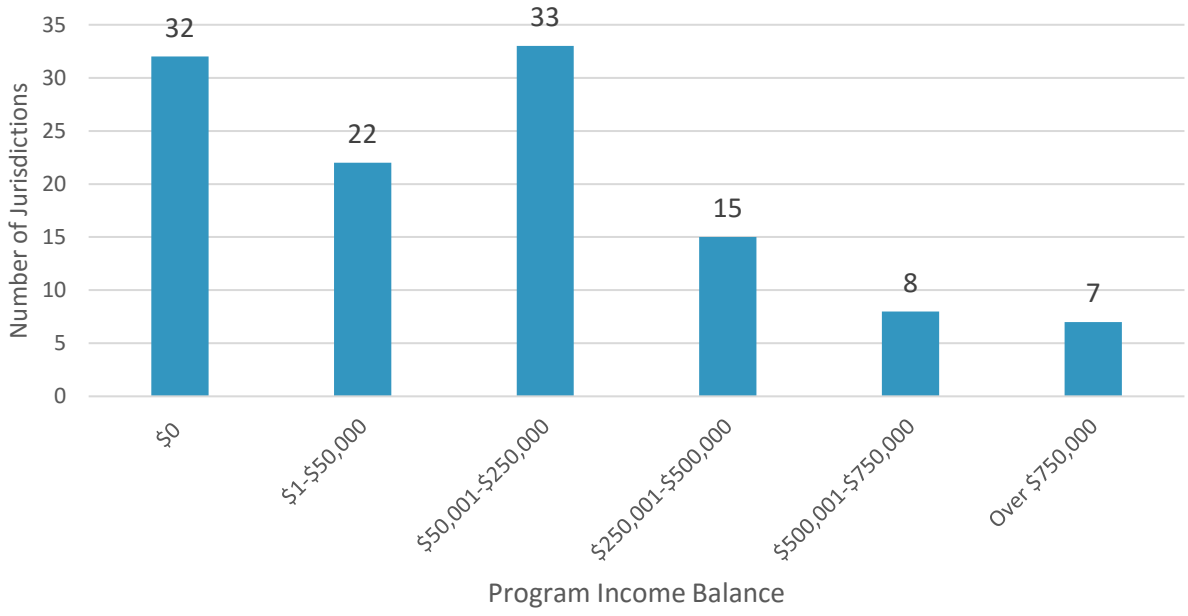
Reducing Unspent Program Income

Program income (PI) is the gross income received by the grantee (local jurisdictions) and its sub-recipients directly generated from the use of CDBG funds. PI retained by grantees is considered by HUD to be additional CDBG program funds subject to all the same requirements as CDBG grant funds.

HUD has made a finding that California's CDBG program grantees hold an excessive amount of PI and has directed HCD to make the necessary changes to require the expenditure of PI for eligible uses within a specific time frame or require the remittance of unspent PI to HCD for use in future NOFAs. Additionally, federal regulatory changes now require HCD to report all PI by grantee, including the amount anticipated to be received in the year, as well as what the eligible uses and National Objectives will be.

Analysis by HCD staff found that unspent PI was a widespread problem, as shown by Figure 2. While HCD anticipated finding a few grantees with large amounts of unspent PI, instead the majority of grantees have some amount of unspent PI on hand. Out of 117 grantees reporting as of June 30, 2017, 33 (28 percent) had between $50,000 and $250,000, and 30 (26 percent) had over $250,000 PI on hand. Almost 73 percent of grantees (85) had balances of unspent PI at the time of reporting.

Figure 2
How many jurisdictions have high PI balances?



Source: California Department of Housing and Development Semi-Annual Reports of CDBG Program Income, summary report 6/30/2017.

Considerations in Revising Policy

Based on analysis conducted by HCD and stakeholder feedback, it is clear that only a very small number of HCD staff, grantee staff, and program administrative sub-contractors have a good understanding of HCD's current PI requirements. Additionally, HCD's current PI policies, including the PI Reuse Agreement (PIRA) and use of PI Supplemental Activities, are complex and impact the expenditure of both grant and PI funds. In its assessment of California's CDBG program, Enterprise[23] recommended a number of actions to mitigate this problem, including providing technical assistance to local jurisdictions to ensure they understand how to manage PI according to the rules, making changes to the processes used by HCD to oversee PI, and training HCD staff on these processes.

To develop options for addressing the PI issue, HCD gathered information from four sources, including reviews, discussions, and recommendations from:

- HUD monitoring feedback;
- Enterprise's recommendations;
- The CDBG Redesign Working Group and its subgroup on PI; and
- HCD staff.

Current PI policy requires a written agreement be in place between HCD and the CDBG grantee in order for the grantee to spend PI funds. A written agreement may be an open Standard Agreement or an executed PIRA. Activities funded solely with PI (not part of an open Standard Agreement and which do not include grant funds) also require HCD approval of a PI Waiver Request.

Under HCD's current PI policy, grantees are required to spend any PI on hand prior to requesting grant funds from an open Standard Agreement. Although this has the appearance of reducing PI on hand, it has an impact on the total amount of grant funds available. (The requirement to spend PI before grant funds can be drawn does not "increase the Treasury funds balance" since money is not added to HCD's credit line with the U.S. Treasury. Using PI on hand instead of drawing grant funds has a negative impact on the grant expenditure rate.)

Further, HCD's requirement that grantees with open Standard Agreements spend their PI before drawing grant funds could interrupt or eliminate the ability to carry out the PI activities grantees have identified as priorities in their communities. To accommodate PI projects, HCD established "supplemental activities" that, with HCD approval, are added to a Standard Agreement, allowing grantees to access grant funds for PI activities when the grantee spends PI on grant-awarded activities. The structure of "supplementals" is

[23] As noted earlier in this report, HUD contracted with Enterprise provide technical assistance to HCD regarding strategies to increase expenditures and reduce unspent PI.

overly cumbersome and difficult for both grantees to manage and HCD to oversee. The current policy is not effective and may contribute to the low expenditure rate and excessive staff time—both for grantees and for HCD staff who have to monitor it.

As an example of the complexity of the current structure, a grantee with a Standard Agreement that includes general administration (GA), housing rehabilitation, and one planning activity cannot draw grant funds for a PI sidewalks project because it was not included as a "PI supplemental activity." However, if the Standard Agreement included GA, housing rehabilitation, and planning as grant-funded activities, as well as a "PI Supplemental - Sidewalks" activity, the grantee could request grant funds for the sidewalk project if PI had previously been used to pay a housing rehabilitation cost. This approach could severely affect the grant expenditure rate and may also hamper the ability of grantees to maintain ongoing programs. HCD has the ability to allow grantees to maintain PI on hand if it is deemed likely to be applied to continue the activity within the "reasonably near future" [24 CFR 570.489(e)(3)(ii)(A)].

Further, a revolving loan fund (RLF) is a separate fund, independent of other CDBG program accounts, funded with PI and set up for the purpose of carrying out specific CDBG-eligible activities. These activities generate payments to the account to fund additional loans for the same type of activity. While PI that is held in a RLF does not have to be used before grant funds are used for a different CDBG activity, the revolving funds must be used before additional grant funds are drawn down for the same activities supported with RLF funds.

To allow grantees flexibility in using PI for projects that are needed and wanted in the community but would not be competitive in a NOFA round, a definition of a "reasonable amount" of PI on hand, as well as reasonable timelines for using the PI, must be established. For any activities outside the approved PIRA, the grantee could either apply for CDBG grant funds or submit a request to include an additional activity. This could be done with a PIRA amendment or a separate project-specific contract with defined milestones (non-ongoing activities).

HCD must have a policy on the amount of funds that can be reasonably expected to be used in the foreseeable future. This can be one set amount or a different level for different ongoing activities (e.g., housing vs. ED).

It is important for HCD to establish policies concerning:

- How PI may be utilized (define "continuing the same activity");
- The amount of funds allowed to be kept for "ongoing" activities (as defined by HCD);
- The length of time between activities a grantee continues in order for activities to be "ongoing;" and

- The approval of PI projects to ensure they have milestones for readiness and completion.

HCD does not currently require grantees to remit PI to the state. To improve the PI expenditure rate and reduce the amount of PI on hand, any grantee that is deemed by HCD to be non-compliant with federal rule [24 CFR 570.489(e)(3)(ii)(A)] because it is "unlikely to be applied to continue the activity within the reasonably near future" must either allocate the PI to another project or remit the PI to the state. HCD must establish a limit for how long grantees may retain funds on hand without progress on the activity (such as expenditure of funds) and set a limit on the number of times PI can be re-allocated before grantees are required to remit the PI to HCD to be distributed through the next NOFA cycle.

Proposed Changes for PI: HCD is proposing a new PI policy.[24] The proposed policy will reduce PI on hand and will increase expenditures of unspent PI either through grantees' compliance with this policy or through remittance of PI to HCD to award to unfunded applications in the next NOFA. To provide grantees flexibility in determining which activities best meet their community needs and to allow activities that may not score well enough in a competitive NOFA round to be funded, grantees may use PI through the execution of a PIRA. After execution of the PIRA (for funds held in both a PI account and a RLF), grantees will be able to maintain a PI balance of $250,000 for Housing Rehabilitation and for Homebuyers Assistance, and $750,000 for ED. Those balances must result in a completed project at least every 18 months in order to continue to collect PI. If no projects are completed in 18 months, all PI must be returned to HCD for re-awarding to other jurisdictions.

Anticipated Result of Proposed Policies

While the proposed policy for addressing the problem of excessive PI on hand—either in PI accounts or RLF accounts--will be an administrative burden in the short run and to some degree over time, the current policy and process have been found out of compliance and HCD is required to increase oversight of PI. This proposal will increase the administrative burden, but less so than continuing the current PI policy. In addition, as long as grantees understand their responsibilities clearly (which has been a challenge under the current policy), HCD expects the vast majority will comply, making oversight less burdensome. HCD will sweep back unspent PI every 18 months to then make the funds available in the first following NOFA.

Table 10 summarizes proposed strategies for reducing unspent PI and evaluates whether they address the goals of CDBG program redesign.

[24] For a detailed list of proposed PI policy changes, please see Appendix V at the end of this report.

Table 10: STRATEGIES TO REDUCE PROGRAM INCOME THROUGH CDBG PROGRAM REDESIGN KEY PROPOSED POLICY CHANGES

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Program Income (PI) Agreements: Currently, a PI Reuse Agreement (PIRA), in the form of an open Standard Agreement or a PI Reuse Agreement, is executed. However, the PI agreement is administratively burdensome and is not consistently implemented	HCD is proposing to develop a new PIRA and all grantees with PI undertaking activities that will generate PI will be required to execute this agreement. It will be a separate agreement from the Standard Agreement for administration of grant funds.	This change would provide clarity and consistency regarding the responsibilities required to use PI. It would result in the use of PI on a more expedited basis and would reduce unspent PI on hand. Once implemented, its impact local jurisdiction workload should be neutral. It should reduce HCD workload slightly as there would be fewer waivers and amendments to process.	Yes	Yes	Medium	Slightly Less (-1)	Neutral (0)
Spend-down Policy: Current PI policy is that grantees must spend PI to zero before being allowed to draw grant funds through an open Standard Agreement.	HCD is proposing a change to allow grantees to keep PI to be spent on the same activity as long as they complete at least one project within 18 months. The limit of PI funds allowed on hand would be $250,000 for Housing Rehabilitation and Homebuyer Assistance, and $750,000 for Economic Development Loans. Any amount of PI above these limits must be remitted to HCD.	This change would provide a predictable and achievable PI policy that would apply to all grantees with PI. It would achieve administrative simplicity, eliminate confusion, and result in a reduction in unspent PI. The impact of this change on workload would be neutral after implementation. It would keep PI in the communities that generate it, where it could be used to fund additional CDBG activities.	Yes	Yes	None	Neutral (0)	Neutral (0)

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditures	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Supplemental Activities: Currently, the process is achieved through the use of supplementals, which allow one or more activities and are requested as a part of a grant application.	"Supplementals" will be replaced through the use of a PIRA.	This provides grantees the ability to use available PI on a project without the complication of the Supplemental process; it will simplify the process.	Yes	Yes	Medium	Less (-1)	Less (-1)

Supporting Economic Development

As described earlier in this report, HUD allocates CDBG funds to the state on an annual basis. Funds can be awarded to eligible nonentitlement local jurisdictions for Community Development and Economic Development (ED) activities.

Overview of Economic Development Activities in CDBG

California H&SC Section 50827 and Section 7062.1 of the state CDBG regulations require HCD to set aside 30 percent of the net annual federal CDBG award for ED activities.

CDBG ED funds are currently made available for the following three areas:

- Planning activities
- Programs operated at the local level by cities and counties for Enterprise Fund (EF) activities, including:
    - Business Assistance (BA), and
    - Microenterprise (ME) activities
- Over-the-Counter (ED OTC) projects which include:
    - Commercial/Industrial (CI) Infrastructure Development
    - CI Building Acquisition, Construction, and/or Rehabilitation
    - Other CI Improvements, and
    - ED Assistance to For-Profit Businesses

Federal regulations require that 100 percent of all CDBG funds be committed (publicly awarded to a specific grantee for a specific purpose) within 15 months of execution of the HUD contract, and encourages states to obligate and announce 95 percent of all funds within 12 months. Each CDBG NOFA includes two application deadlines: one for all Community Development programs, all planning grants, and ED non-OTC projects; and a separate deadline for ED OTC projects. This process provides funding (up to the set-aside limit) throughout the period between NOFAs for ED OTC projects. Since ED projects need funding based on the project's timing, not based on a NOFA cycle, funding ED projects on an OTC basis at the proper time increases the number of projects that are successfully completed.

Table 11: CDBG Economic Development Grants 2012-13 Through 2016-17: Comparing Over-The-Counter Awards with Competitive NOFA Awards

	Number of awards	Average amount awarded	Average percent low/moderate income	Average poverty rate	Average unemployment rate
Awarded via Over-the-Counter:	7	$2,666,312	43.9%	17.3%	6.1%
Awarded via competitive NOFA:	42	$375,045	44.1%	16.8%	7.1%

Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018.

Table 11 compares jurisdictions that have received ED awards through the OTC process with those that have received funding through the competitive NOFA process, for awards made in the five-year period 2012-13 through 2016-17. While the number of awards for OTC applications is significantly lower—there are six competitive awards for every OTC award—the size of the awards is substantially higher. Jurisdictions receiving awards made through both processes are very similar demographically.

ED Planning Grants

ED funds may be awarded either to conduct the planning portion of a specific project (but they cannot be used for any project implementation activities) or for planning unrelated to any other ED activity funded as part of the grant. Planning activities include either project-specific or non-project-specific activities that would result in an ED activity. Project-specific planning funds allow jurisdictions and developers to pay for project feasibility activities prior to submission of an ED OTC project application. Awards for ED planning are made through the competitive NOFA process.

All planning activities, like other CDBG activities, must meet a National Objective in order to be eligible for CDBG funding. The planning application must identify the project, along with the National Objective and "proposed beneficiaries" that would be realized if the project were to be implemented. Alternatively, applications may include documentation that the project, if implemented, will create or retain jobs for Low/Moderate Income (LMI) residents, which HUD defines as at or below 80 percent of the Area Median Income. In limited circumstances, the National Objective of addressing Slum/Blight may be used for ED projects.

Enterprise Fund Activities

Enterprise Fund (EF) activities fall into two categories: Business Assistance (BA) and Microenterprise (ME). All funds for EF activities are awarded through the competitive NOFA process.

In BA, loans are provided to eligible for-profit businesses and the funds can be used for marketing, underwriting, financing of working capital to pay for expenses, furniture and equipment, property improvements, acquisition, demolition, financing of existing debt, relocation costs, and off-site public improvements. Eligible businesses can be existing or start-up companies. Eligible businesses must meet underwriting and documentation standards similar to those used by commercial lenders, including credit history and scores, equity contributions, historical income, projected income, collateral, and debt coverage. In addition, loans must be underwritten using HUD underwriting standards.

ME funds may be used to provide three different types of assistance to eligible businesses: technical assistance, financial assistance, and support services (support services are only eligible in conjunction with technical assistance). An ME business is a commercial enterprise that has five or fewer employees, one or more of whom are the owners. Businesses may receive ME technical assistance and support services for up to three years from the date eligibility is determined. Eligible ME technical assistance and support services costs include technical assistance classes to increase capacity, one-on-one training to help develop a marketing plan (but not implementation or marketing costs), transportation, and child care to allow a program participant to attend technical assistance activities.

ME financial assistance may only be provided as a loan or grant (not both) after underwriting and confirmation that the ME participant and his or her business is financially viable. Costs for services are restricted to certain eligible activity costs. Eligible financial assistance costs include working capital, marketing costs, operating expenses, inventory, furniture and equipment, property improvements, relocation costs, and auxiliary expenses.

Economic Development Over-the-Counter (ED OTC)

ED OTC funding can be awarded for the following eligible activities:

- Direct financial assistance to a for-profit business;
- Direct financial assistance to a non-profit enterprise, i.e., an incubator or health care facility;
- Direct assistance to a jurisdiction for a public facility, i.e., an incubator or commercial facility; and
- Public infrastructure in support of a business or businesses, i.e., industrial park or shopping center, commercial rehabilitation, or historic rehabilitation.

The most common type of ED OTC assistance provided is in the form of a performing loan to an eligible business by the jurisdiction/grantee for a specific project or purpose. The more complex ED OTC projects involve ED OTC funds being used to pay for infrastructure improvements in support of a commercial development (shopping center or industrial park, for instance) that will support multiple businesses, and all businesses associated with or served by the infrastructure must be underwritten and qualified as part of the ED OTC funding proposal.

ED OTC funds may be used to pay for marketing costs, furniture and equipment, property improvements, demolition and reconstruction, refinancing an existing debt, relocation, and off-site public improvements.

Economic Development Over-the-Counter Considerations

Prior to initiation of the CDBG redesign process, one proposed strategy for increasing expenditures and reducing workload was to eliminate the ED OTC process and require all ED funds to be awarded through the competitive NOFA process, with unsubscribed funds awarded to non-ED activities. However, performance data comparing grants awarded for ED activities through the OTC process with ED awards made through the competitive NOFA process reveal that ED OTC projects have a higher expenditure rate. Over the five–year period 2012-13 through 2016-17, ED OTC projects spent a total of 83 percent of funds awarded, compared to 22 percent for those that received funding through the NOFA process.

Table 12: CDBG Economic Development Grant Performance 2012-13 Through 2016-17: Comparing Over-The-Counter Awards with NOFA Awards

	Application Amount	Award Amount	Expended	Unexpended	Disencumbered
Awarded via Over-the-Counter:					
Economic Development Infrastructure	$839,019	$839,019	$216,200 26%	$622,819 74%	$0 0%
Economic Development Non-Infrastructure*	$17,825,164	$17,825,164	$15,546,980 87%	$1,505,000 8%	$833,184 5%
General Administration	$852,091	$852,091	$517,012 61%	$153,895 18%	$121,184 14%
Total ED awarded via OTC:	$19,516,274	$19,516,274	$16,280,192 83%	$2,281,714 12%	$954,368 5%
Awarded via NOFA:					
Economic Development Infrastructure	$2,135,000	$2,414,070	$0 0%	$0 0%	$2,135,000 88%
Economic Development Non-Infrastructure*	$13,919,758	$13,307,267	$3,392,806 25%	$5,773,951 43%	$3,336,786 25%
General Administration (Includes non-ED general administration)**	$17,111,141	$13,097,768	$6,589,354 50%	$4,274,564 33%	$1,116,253 9%
Total ED awarded via competitive NOFA (excl. General Administration):	$16,054,758	$15,721,337	$3,392,806 22%	$5,773,951 37%	$5,471,786 35%
Total all CDBG Economic Development activities (ex. General Administration):	$35,571,032	$35,237,611	$19,672,998 56%	$8,055,665 23%	$6,426,154 18%

Table 12 summarizes this data, showing funds spent as well as unexpended and disencumbered for both ED OTC and ED non-OTC projects.

**includes nonresidential historic preservation, direct financial assistance to non-profits, microenterprise loans and grants, microenterprise technical assistance, and microenterprise general support.*

***includes all General Administration for illustrative purposes. Includes General Administration funding for non-ED projects.*

Percentages in table are calculated as percent of award amount. Some columns may not sum to 100 percent due to rounding.

Source: Department of Housing and Community Development, Consolidated Automated Program Enterprise System (CAPES). Data retrieved 5/24/2018.

Since the passage of SB 106, stakeholders have continued to stress the importance of the ED OTC option in program redesign discussions. Considering this feedback, HCD is working on a streamlined and user-friendly process for the ED OTC process. HCD has implemented a business process improvement process, reorganized key business units within HCD, conducted ED training for CDBG staff, revised Chapter 21 of the Grant Management Manual on ED, and is exploring ways to partner with ED associations to leverage their resources in providing training and technical assistance for applicants.[25] This creates an opportunity to develop an ED OTC strategy that contributes to increasing the volume and timeliness, and ultimately the success, of ED OTC applications.

These factors, along with a greater understanding of the timing challenges posed by restricting ED applications to the competitive NOFA application period with a firm deadline for applications, have led HCD to reconsider the most effective approach to maximize the use of ED set-aside funds for the entire range of ED projects. These ED activities provide significant benefits to local jurisdictions by providing new employment opportunities to low- and moderate-income residents and improving the overall business environment for these communities. However, in order to increase the state's expenditure rate, it is expedient to reduce the length of time ED funds are set aside, from 15 months to 12 months, before unawarded funds are made available for non-ED activities through the competitive NOFA process.

Additionally, continuation of the ED OTC program requires continued efforts to improve business processes, streamline and simplify program operations, and increase efficiency within HCD so that the availability of resources to continue the ED OTC program is maximized. Given the competing and concurrent demands on staff to address the findings contained in the March 12, 2018 HUD Monitoring Letter, this will be challenging. However, from a policy and programmatic perspective in which the goal is to maximize the effective use of CDBG funds to provide the greatest benefit to communities, continuation of the ED OTC program makes sense.

Proposed Change: HCD is proposing reducing the set-aside period for ED OTC funds from 15 months to 12 months or the next NOFA, whichever is sooner. Reducing the set-aside period from 15 months to 12 months would assist HCD in meeting HUD monitoring requirements and increasing the state's expenditure rate.

To address the resource issue discussed above, HCD will continue to implement business process improvements, support staff training on ED, consider further revisions to the Grant Management Manual chapters on ED, and partner with ED associations to improve the effectiveness and efficiency of the CDBG program. HCD will also seek a less staff-intensive structure for assisting local jurisdictions interested in ED and

[25] For more discussion of these improvements, please see the Operational and Organizational Changes section of this report.

processing applications for ED OTC projects in order to establish and sustain the capacity to continue the ED OTC program. Exploration of alternative approaches for providing CDBG funds for ED activities should also continue as CDBG redesign progresses and new CDBG program guidelines are developed.

Other Improvements to Support Economic Development Applications and Activities

In addition to the strategies described above to support successful implementation of the ED OTC program, there are other actions HCD plans to take to improve the success of ED applications and activities generally. SB 106 directed HCD to update CDBG Grant Management Manual Chapter 21 (Economic Development – Business Development) to reflect all federal requirements for ED Business Assistance Loans, provide updated links on the HCD website regarding federal regulations or guidelines for ED, and train HCD staff on the federal requirements for ED. While these actions have been completed, HCD acknowledges there are additional areas in which improvement is needed. There is also a continued need for technical assistance and training, for both HCD staff and local jurisdictions, on ED requirements and ways to ensure compliance with these requirements.

Stakeholders engaged in the CDBG program redesign have identified additional areas for consideration to support the success of local jurisdictions wishing to apply for funding for, and successfully implement, ED activities. One consistent theme underlying these suggestions is that HCD should adhere closely to the federal CDBG program requirements for ED and not add additional requirements through state program regulations (which will be guidelines per SB 106), policies, or procedures. Specific suggestions include the following:

- Consider awarding all ED set-aside funds through the OTC process rather than through both a competitive NOFA process and OTC.
- Adjust the percentage of grant funding allowable for ED administrative costs for programs or projects that are more administratively intensive.
- Adjust ED activity delivery costs upward for projects that are more complex and require additional activity delivery attention. Consider establishing activity delivery costs based on a percentage of the total activity budget.
- Consider adopting successful ED loan program guidance and documents from other entitlement areas' and states' CDBG programs so that Department oversight of ED loans could be less time intensive.
- Allow grantees to use both Urgent Need and Slum/Blight as the National Objective addressed by the ED activity, as appropriate.

- Consider allowing applications for Community Revitalization Strategy Areas (CRSAs) that, once established, would provide more opportunity for economic revitalization.
- Provide additional ED training for eligible jurisdictions to ensure they are able to put together successful applications for funding.
- Give points in application review for attendance at ED training provided by HCD—either directly or through an association or contract with a provider.
- Contract with an organization like Rural Communities Assistance Corporation to coordinate OTC project funding for ED projects and water and sewer projects, which could both build local capacity and provide consistency for applicants and HCD.
- Allow additional ED-eligible activities (infrastructure in support of ED activities, façade improvement, and commercial rehabilitation), once the redesigned CDBG program has been implemented and if it can be done without the need for additional staff.
- Reinstate HCD's verification of local jurisdictions' business loan guidelines in advance in order to reduce or eliminate review time for individual business loans, or revise and provide as guidance a business loan guideline template that meets all necessary requirements.
- Consider assigning points to an ED application for a project using California GO Biz tax credits or located in a Federal Opportunity Zone.
- Explore partnering with the U.S. Department of Agriculture, California GO Biz, or other funding entities to align funding decisions in order to provide additional resources for ED activities in eligible jurisdictions.
- Provide information on how HCD determines the amount to be set aside for ED and communicate this and other key information regularly to jurisdictions in order to increase transparency and consistency.

Discussions will continue in the coming months to assess the feasibility of these suggestions and their impacts on the state's expenditure rate and workload. Additional changes to support the success of ED applications and projects will be included in the redesigned program guidelines and other program documents as they are determined to be feasible, have no (or a positive) effect on the state's expenditure rate, and are easy to implement within existing resources.

Table 13 provides a summary of key policy changes proposed to support ED and evaluates whether they address the goals of CDBG program redesign.

Table 13: STRATEGIES TO SUPPORT ECONOMIC DEVELOPMENT (ED) THROUGH CDBG PROGRAM REDESIGN: KEY PROPOSED POLICY CHANGES

Previous Policy	Proposed New Policy	Explanation for Proposed Change in Policy	Addresses HUD Monitoring	Increases Expenditure Rate	Effort to Implement	Workforce Impact HCD	Workforce Impact Local
Set-Aside Period: HCD currently holds ED Over-the-Counter (OTC) funds for up to 15 months after the NOFA deadline.	HCD is proposing reducing the set-aside period for ED OTC funds from 15 months to 12 months or the next NOFA, whichever is sooner.	Reducing the set-aside period from 15 months to 12 months would assist HCD in meeting HUD monitoring requirements and increasing the state's expenditure rate.	Yes	Yes	Neutral (0)	Neutral (0)	Neutral (0)

Operational and Organizational Changes

Throughout this report, inefficiencies in the way HCD currently administers the CDBG program are identified and changes to address these inefficiencies are proposed. This section of the report adds a specific focus on the operational and organizational changes currently being implemented in HCD, responding to the requirement in SB 106 that HCD "analyze and report on its award process, contract management processes and policies, and fiscal processes, identifying efficiencies that could be implemented to improve the processing of applications, contract management and fiscal processes, and communications with local agencies."

Table 14 provides an overview of the CDBG grant life cycle. This cycle is initiated when HUD allocates the year's CDBG funding and ends when HCD reports on the closeout of grants funded from each HUD funding cycle. Understanding this cycle provides a context for the discussion of operational and organizational improvements below.

Over the past six months, concurrent with implementing operational and organizational changes to increase efficiency and improve administration of the CDBG program, HCD has initiated formal business process improvement (BPI) processes to streamline processes and improve the quality of HCD's operations by identifying and removing causes of bottlenecks, inefficient handoffs, and errors. The BPI process will evaluate the entire CDBG grant management life cycle and identify key bottleneck areas. Over time, the cumulative effect of these BPIs should improve customer experience and streamline HCD operations. HCD will be tracking and measuring the impact of the BPIs implemented to provide data for continuous improvement of the CDBG program and to inform future BPI activities.

The sections below identify specific BPIs, organizational restructures, and any technology enhancement in process or proposed for the CDBG award, contract management, and fiscal processes initiated since June 2017. The final portion of this section also includes information about the trainings provided to support the organizational and operational changes identified for each component of CDBG operations.

Award Process

Organizational Restructure

In March 2018, in conjunction with creation of a consolidated Grant Management section (see discussion below), HCD also reorganized its NOFA/Award (NOFA) unit to create a separate federal NOFA unit. Prior to March 2018, staff in the NOFA unit managed programs with both federal and state funding. By creating a federal NOFA unit, HCD can improve customer service, build subject matter expertise, and better meet CDBG program requirements.

Table 14: CDBG Grant Life Cycle

HUD Allocation & Annual Plan	Notice of Funding Availability (NOFA) and Award	Grant Management/Fiscal Operations	Monitoring/HCD Closeout	HUD Closeout & Reporting
Allocation: After Congress provides the overall CDBG allocation for the entire country, HUD uses a set of formulas to identify exactly how much each entitlement and non-entitlement region will receive for its annual allocation. *Annual Plan:* Before HCD can publish a NOFA or make any awards, HCD must produce an Annual Plan for review and approval by HUD. This substantial document outlines how HCD intends to notice the availability of funds, the proposed method of distribution, intended objectives, and other specific program requirements.	*NOFA:* HCD annually produces a competitive NOFA for eligible non-entitlement jurisdictions to apply for CDBG funding. HCD also administers an Over-the-Counter Economic Development application process. *Award:* Applications submitted are reviewed, rated, and ranked based on the scoring criteria approved by HUD, consistent with state requirements, and identified in the NOFA. After an appeal period, the highest-ranked applications are awarded funds within each of the different CDBG eligible activity groups (Economic Development, Infrastructure, housing rehabilitation, etc.)	After the contract is executed between HCD and the local jurisdiction for the total award amount, each grantee is required to submit the compliance documentation outlined in the executed contract. Once these initial general conditions are met, and until all funds are expended, local grantees submit various documents (invoices, notices, etc.), which are reviewed by HCD staff to ensure ongoing compliance.	HCD is required to periodically monitor each local grantee, through desk reviews, site monitoring, and regular monitoring of required documentation. At the end of the contract period, or after all funds are expended, HCD initiates the closeout process to ensure that the original objectives outlined in the grant application have been successfully met, and that all HUD requirements have been fully completed.	HCD reports to HUD on each individual grantee contract to ensure that (a) a National Objective is met, and (b) the correct amount of funds have been disbursed. HCD is also required to report to HUD on the total funded activities related to each grant cycle. This reporting is done through the federal Integrated Disbursement and Information System (IDIS) database system.

Note: The shaded area of the table corresponds with the parts of the grant cycle SB 106 directed HCD to analyze as part of this report.

Business Process Improvements

HCD has initiated four BPI efforts focusing on the award process: (1) self-scoring of applications, (2) a streamlined contracting process, 3) a formal appeal process for applicants, and 4) early review of organizational documents.

Self-Scoring: Applications currently submitted to HCD are reviewed for eligibility and each receives a score based on the scoring criteria identified through regulations and each NOFA. Similar to other HCD programs and given the over-subscription rates, HCD proposes creating a Self-Scoring tool for applicants as part of the CDBG application. Self-scoring helps build capacity for applicants to evaluate their applications and supporting documentation. Self-scoring allows reviewing staff to focus on the highest scoring applications for analysis and final score determinations. Applicants will have 15 days to appeal their final score (see Appeal Process below). This change will reduce staff time needed to review applications and help reduce the overall review time frame.

Streamlined Contracting Process: HCD is establishing a standard of having contract boilerplates completed prior to the announcement of awards. HCD enters into a contract with each grantee based on the awards made in each NOFA round. Having the boilerplates completed before awards are announced will allow HCD to move from award notices to execution of contracts for these awards in a timely manner. The goal is to reduce delivery time for contracts to awardees from 60 to 30 days after award.

Appeals Process: HCD is implementing a formal appeal process across several programs. This formal appeal process includes the threshold review stage when applications submitted in response to a given NOFA are being initially reviewed and analyzed. Applicants will have 15 days to appeal their final score or, in the case of threshold review, their disqualification from being considered for funding. The formal appeal process will allow applicants an opportunity to dispute scores or threshold determinations prior to HCD finalizing the ratings and rankings. Currently, this appeals process starts after the announcement of awards at the end of the rating and ranking period for applications. This action will improve customer service and provide additional transparency to HCD's award processes by creating a standardized formal appeal process prior to making awards.

Early Review of Organizational Documents: Organizational documents are key documents in the contracting process that identify the specific roles and responsibilities of partners working together on a project. This information is required as part of receiving grant funds, to allow HCD to enter into a legally binding contract with the correct entities involved with an award. Currently the review of these documents occurs during the initial contracting stage, which occurs after awards are made. If any issues are identified with the organizational documents, they typically delay the contracting

process. By moving the review of these organizational documents earlier into the application review time frame, HCD can ensure timely completion of the award process and execution of contracts after awards.

In addition to the four actions listed above, HCD will implement additional BPIs to analyze the awards process for additional opportunities for streamlining by identifying and removing causes of bottlenecks, inefficient hand-offs, and errors.

Technology

On October 1, 2015, Assembly Bill (AB) 325 was signed by the Governor. This bill required HCD, beginning January 1, 2016, to issue Standard Agreements to awardees within 60 days of awards being announced. In response to AB 325, HCD enhanced its main database to track and report on the timing of Standard Agreements being provided to awardees within 60 days. Since the start of the AB 325 requirements, 118 contracts have been executed. All (100 percent) of these have been completed within the required 60-day statutory time frame.

In addition to implementing the AB 325 requirements, HCD is proposing to convert the CDBG application from a hard copy paper format to an electronic one. The electronic application would allow HCD to compile and analyze data needed for reviewing and rating applications in a shorter period. Additionally, an electronic application would reduce errors. When HCD staff receive the current paper applications, they have to enter a significant amount of information into HCD's database. This manual data entry is both costly in time and can be prone to errors. This proposal would help reduce the time HCD needs to review and rate applications, and would do so with less potential for errors. This would help improve the timely processing of applications and reduce the time between application deadlines and noticing of awards.

Contract Management Processes

Organizational Restructure

In March 2018, HCD restructured two operations sections that work on the CDBG program into a single Grant Management Section. The purpose of this consolidation was to eliminate duplication of effort, streamline approval processes, build internal staff capacity, and provide for grantees greater continuity with fewer changes in staff overseeing a single grantee award.

Prior to this consolidation, CDBG grantees were assigned two representatives (one in Fiscal Oversight and one in Grant Management). Contract Management staff were predominately responsible for ensuring that proper documentation was reviewed for grant compliance requirements (such as procurement, labor, or environmental review), along with reviewing disbursement requests for reimbursement of eligible program costs. Fiscal staff were predominately responsible for re-reviewing and approving

disbursements (which had already been reviewed and approved by Contract Management staff); processing funds requests in the state and federal systems; aggregating programmatic outcome and performance information; and reporting data to HUD.

This consolidation also created a single CDBG unit within the Grant Management Section that works with grantees, processes disbursements, and reports accomplishment information to HUD. Furthermore, in addition to reducing redundancies, by creating a unit focused solely on administering CDBG, HCD can provide a more consistent interpretation of regulations, policies, and grant conditions, which will reduce the time required to complete work and improve customer experience.

2015 – 2/2018	After 2/2018
6 staff: 2 managers and 4 staff to review a contract	2 Staff: 1 Staff and 1 Manager in Grant Management
CDBG oversight spread throughout the Section	Oversight consolidated in one CDBG unit

Business Process Improvements

The current phase of BPIs in Grant Management is focused on reducing the time it takes to clear grant compliance requirements by reducing staff review time from 21 days to 14 days. Clearing grant conditions is necessary for grantees to receive funding. Two Grant Management staff are dedicated to the BPI activities currently under way.

Fiscal Processes

Technology

As noted above, on October 1, 2015, AB 325 was signed by the Governor. This bill required HCD, beginning January 1, 2016, to notify grantees of approval or denial of any requests for fund disbursements within 30 days. No additional resources were provided to HCD to implement this new requirement.

As Table 16 illustrates, since January 1, 2016, over 99 percent of fund disbursements have been completed within the required statutory timeframe.

Table 16: Timely Processing of Disbursements (January 1, 2016 to May 31, 2018)

Number of Disbursements Processed in 30 days or less	Total Amount of Disbursements	Percentage completed within statutory deadline
1,351	$91,919,377	99.19%

Data Clean-up

HCD has partially completed work to clean up historical data regarding CDBG contracts. The goal for this data clean-up is to complete requirements from past years and provide accurate information to HUD. Once complete, resources can be directed to work on other much-needed CDBG activities, such as current grant management activities, providing technical assistance, and monitoring local grantees. This clean-up work involves data from three different databases. HCD analyzed data from 1994 to 2011 grant years, identifying 2,399 contracts that needed work. HCD has established templates and processes to identify different stages of this clean-up work, given the large number of contracts. The most important work, which has been completed, involved over 650 contracts that had remaining fund balances. The next stage will focus on the remaining 1,749 contracts for reconciliation with the state accounting system. This work is projected to be completed by October 2018. The final stage in this process is reconciliation with the federal IDIS database, which is projected to be completed by July 2019. Once this stage is completed, grant years 1994 to 2011 will have been closed out and resources can be redirected to other CDBG operations activities.

Internal and External Training

In addition to the organizational restructuring, BPI efforts, and data clean-up described above, HCD has conducted several trainings, totaling 119 hours, to help ensure successful implementation of the CDBG program. These trainings were provided to both HCD staff and managers, along with local grantees. External trainers with significant expertise in the CDBG program provided more than 80 percent (96 hours) of the total training provided. HUD approved and provided resources for these external trainers, ensuring the information provided would help both HCD and local grantees successfully meet HUD's program requirements. These training sessions included training on general CDBG requirements, along with specific training on CDBG ED requirements.

In addition to training provided by external sources, HCD also implemented an additional 23 hours of training through internal resources for staff and managers working on the CDBG program. Several of the training topics were selected to specifically address SB 106 requirements, such as improvements to customer service,

financial processes, and grant management. This internal training was provided during implementation of the organizational restructuring that created the Grant Management section, providing staff and managers in the newly-created CDBG section an opportunity to learn the information necessary to successfully and consistently address the needs of grantees, meet the objectives of the business process improvements, and implement other operational goals for the CDBG program.

HUD Monitoring Report

The CDBG redesign landscape changed dramatically on March 12, 2018, when HCD received the HUD Monitoring Letter and Report (Monitoring Report). This Monitoring Report was produced after HUD conducted a week-long on-site review of HCD's CDBG activity, along with additional on-site visits to local grantees. The Monitoring Report included requirements for more compliance monitoring and reporting, and more internal controls to meet program and compliance requirements. Specifically, the Monitoring Report includes 25 findings and five concerns that must be resolved, including:

- Low expenditure rate of awarded funds
- Lack of proper financial tracking, including internal controls
- Lack of proper monitoring of grantees
- Revisions and updates to the Grant Management Manual
- Lack of proper reporting of data into the federal IDIS database
- Timely distribution of awards based on HUD's timeline
- Lack of proper documentation of benefits for Economic Development awards
- Closeout of prior grant years
- Confusion over correct income limits

On May 1, 2018, HCD submitted to HUD the required "Management Plan" that included specific proposals to address each of the HUD findings for review and approval. Once HUD approves the Management Plan, HCD has until June 2019 to implement the corrective actions, which include:

- Production of policies and procedures for the following CDBG requirements
    - Program Income reporting
    - Program Income reuse
    - Auditing grantees
    - Sub-grantee closeout and reporting

    - Use of Revolving Funds
    - Risk assessment of grantees
    - Planning activities and requirements
    - Non-compliance of local grantees
    - Acquisition of property
    - Assessment of homebuyer assistance programs
    - Neighborhood Stabilization Program (NSP) lead abatement notices
    - Payments and contracting of sub-grantee recipients
    - Separate tracking of grant activities and objectives
- Revising all chapters of the Grant Management Manual
- Updating or revising key legal documents, including Standard Agreements, to comply with federal Office of Management and Budget requirements
- Trainings for internal staff and local grantees on:
    - Program Income
    - Contracting with sub-grantees
    - Grant closeout
    - Real property asset management
    - Neighborhood Stabilization Program (NSP)

The Management Plan submitted by HCD also included other activities required by HUD that have little or no impact on program redesign or the experience of local jurisdictions participating in the program, such as updating the federal database and reporting on past grant activities.

The development and implementation of the HUD-required policies and procedures, along with required revisions to the Grant Management Manual, will provide for both HCD and local grantees a consistent set of requirements and interpretation of regulations to successfully meet program requirements. Virtually all of these policies and procedures will also require additional reporting by either local grantees, HCD, or both, and will potentially increase the administrative costs for operating the CDBG program. However, HCD has no option but to comply with the HUD requirements. Failing to do so could result in the loss of these critical federal grant dollars.

Improving Communications with Local Jurisdictions

SB 106 directs HCD to identify strategies that can be implemented to improve communications with local jurisdictions. In recent years, stakeholders have expressed frustration with HCD's not providing consistent information, staff inaccessibility, not interacting with practitioners (local agencies and consultants) when making changes to the program, and a lack of technical assistance in the form of up-to-date information and resources that can assist in applying for and managing a CDBG grant. Through the CDBG redesign process and in response to the HUD Monitoring Report, HCD has initiated several activities focused on improving communications with local jurisdictions.

As a first step, through the formation of the CDBG Redesign Working Group (RWG), there has been an open exchange between members of the group and staff from HCD. The RWG has collaboratively reached agreement where possible and used the RWG meetings as an avenue for providing clarity with respect to issues and practices that have made it difficult for grantees to be successful. The work has been productive and HCD hopes that this collaborative approach will continue beyond the redesign of the CDBG program.

The CDBG Advisory Committee is a long-standing group of eligible jurisdictions and grantees, consultants to eligible jurisdictions and grantees, and HCD staff. Advisory Committee meetings have been held periodically over many years with the purpose of informing Advisory Committee members and discussing program changes that are considered important to either HCD or grantees. Many members of the RWG also sit on the Advisory Committee. HCD plans to develop a charter for the Advisory Committee in an effort to clarify its purpose and roles of members on the Advisory Committee. The charter for the RWG was an important foundational document that has guided the work of the group throughout the last ten months. HCD will develop a charter for the Advisory Committee, in collaboration with the RWG, and will reconvene the Advisory Committee on a regular basis when CDBG redesign has been completed.

The HCD website underwent a major change in January 2017. Since that change occurred, HCD has found there are additional changes that are important to make the website useful. External customers have shared their frustrations as well. Work started early in 2018 to make improvements.

In addition to improvements in the format and usability of its website, HCD has created a CDBG Redesign web page with additional information about redesign to ensure visibility about its progress and process. Updates have been made to links that provide resource information—specifically about CDBG's ED activities and HUD resources. HCD will continue to update and enhance the information and resources on the website whenever new information becomes available. The CDBG Advisory Committee and the RWG will be invited to share information as it becomes known to them so that the website can be as robust and current as possible.

SB 106 required HCD to update Chapter 21 of the Grant Management Manual. That chapter addresses Economic Development—Business Development. The remaining chapters of the Grant Management Manual also need attention, and HCD will update those chapters once CDBG redesign is complete so that the document will be most useful to and current for both grantees and HCD staff.

Prior to the functional realignment of staff at HCD, the website made available staff contacts in specific programmatic areas and specialties as well as any geographic areas of responsibility. That information was not available before the operational changes described in this section. HCD has recently added a page to the CDBG webpage providing a map that provides Grant Management staff and managers' contact information by geographic region.


Grant Management CDBG
Reps by County
Gwyn Reese (916) 263-5766
Gwyn.Reese@hcd.ca.gov
Del Norte
Siskiyou
Modoc
Humboldt
Trinity
Shasta
Lassen
Tehama
Mendocino
Glenn
Butte
Plumas
Sierra
Lake
Colusa
Yuba
Nevada
Sutter
Placer
Sonoma
Yolo
Napa
El Dorado
Sacramento
Marin
Solano
Amador
Alpine
San Francisco
Contra Costa
San Joaquin
Calaveras
Alameda
Tuolumne
San Mateo
Stanislaus
Mono
Santa Clara
Mariposa
Santa Cruz
Merced
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Monterey
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Revised May 2018

In order to maintain and continue the level of communication and sharing that is in the best interest of both HCD and HCD's external customers, in addition to the above actions, HCD will partner with associations to both spread the word to stakeholders as well as provide ongoing two-way communication. This will better ensure that stakeholders are well informed about resources and information that is important to them. Those associations include such organizations as the California Association for Local Economic Development, California League of Cities, and Rural County Representatives of California.

Communication is essential to the work of HCD and its partners in California. In order to ensure the success of CDBG, HCD will continue to provide what is necessary in a way that is accessible and practical to current and potential grantees.

Implications for Program Redesign/Next Steps

At the time this report was written, the full impact of the operational changes has not been realized. However, the actions listed within this report, when implemented, will achieve both operational efficiencies and a better experience for local jurisdictions interacting with staff and navigating the program requirements.

The CDBG program redesign work and the HUD Management Plan work must be balanced within current resources for the CDBG program. Timelines may be impacted based on staff available to complete the work within the time frames.

Table 15, below, summarizes the organizational and operational improvements discussed in this section.

Table 15: Summary of CDBG Organizational and Operational Improvements since June 2017

Activity Area	Notice of Availability (NOFA) & Award	Grant Management/Fiscal Operations	Monitoring/HCD Closeout
Organizational Changes	Reorganized the NOFA unit to create a separate federal NOFA unit to ensure program continuity and expertise on CDBG application and award process.	Consolidated two sections (Contract Management and Fiscal) into one Grant Management Section. Within the new Grant Management Section, a CDBG unit has been created. This consolidation created more efficient approval and management oversight, and will improve customer service through timely and consistent communications and a known point of contact.	Incorporated staff with expertise from the audit and evaluation team into the upfront technical assistance monitoring team to assist grantees prepare for an eventual full audit and onsite monitoring.
Business Process Improvements (BPIs)	Updating the contract development process to reduce time to deliver contracts to awardees from 60 to 30 days after awards have been announced. Proposing to develop self-scoring applications, which will reduce staff review time, potential appeals and timeline to make awards. Implementing a formal appeal process, including at the threshold stage, to allow applicants the opportunity to dispute scores, or in the case of threshold appeals, their disqualification. This action will improve customer service and provide greater transparency in the award process. Shifting the timing of the review of organizational documents to the application review process instead of post-award, to reduce the potential for delays during the contracting phase.	Completed BPI process to reduce time to review and approve general grant conditions from 21 to 14 days after receipt of documents from grantees.	Piloting a new monitoring process with initial grantee program review to identify any gaps or missing requirements, followed by technical assistance to help grantees be successful in program compliance. HCD will provide grantees with the opportunity to address any gaps or issues prior to formal monitoring visits.
Technology	Developed database tracking tool to comply with requirements of AB 325 to provide contracts within 60 days of awards. Currently HCD is maintaining 100 percent compliance with this requirement. Proposing to convert CDBG application from a hard copy paper format to an electronic one, to improve the	Developed database tracking tool to disburse funding within 30 days of funding request, per AB 325 requirements. HCD is maintaining 100 percent compliance with this requirement.	

Activity Area	Notice of Availability (NOFA) & Award	Grant Management/Fiscal Operations	Monitoring/HCD Closeout
	timely processing of applications and reduce the time between application deadlines and noticing of awards.		
Data Clean up		Reviewed 2,399 contracts, identified 650 priority contracts, and completed work on 475 of these priority contracts. The cleanup work on the remaining contracts identified is projected to be completed by July 2019, which will support grant close out for HUD funding years 1994 to 2011.	Initiating close out of 1994-2011 grant years, which will address HUD monitoring findings, eliminate backlog, and allow staff resources to focus on current grant management activities.
Staff Training and Development	Basic CDBG Economic Development two-day training, taught by an external CDBG expert consultant, was held for HCD staff in December 2017, as required by SB 106. One additional day of CDBG Economic Development training will be scheduled in fall 2018 for HCD staff and local jurisdictions together.	Trainings have been provided for HCD staff on basic grants management, customer service, disbursement process review, contract processes, and management review.	Training has been provided for HCD staff on financial management.

Next Steps and Conclusions

There is much work ahead for HCD and grantees to refresh and restore the CDBG Program to its original purpose while ensuring programmatic compliance with federal requirements and a state administrative structure that is aligned with current resources.

In order to achieve this end, HCD will continue its work with the Redesign Working Group to address the specific areas described in this report—increasing the expenditure rate, reducing and managing program income (PI), and enhancing the over-the-counter economic development (ED OTC) activity in a way that creates jobs that sustain California's non-entitlement communities. Necessary steps to take include:

- Improving program delivery to ensure eligible local jurisdictions can successfully participate, including developing clear and consistent policies and procedures; communicating regularly with, and inviting input from, local jurisdictions and other stakeholders; and providing technical assistance and training to staff from HCD and local jurisdictions.
- Making changes necessary to ensure the state's expenditure rate increases and California's compliance with the HUD rules is restored.
- Reorganizing HCD's operations to maximize the efficient use of resources and eliminate inefficiencies in program administration.
- Providing robust and transparent information and analysis to support ongoing program improvement and assessment of the program's success in fulfilling its promise to improve the lives of low- and moderate-income individuals and families throughout California.

HCD is seeking a balance between offering the maximum degree of flexibility to local jurisdictions to use CDBG funds for appropriate and needed activities, while at the same time ensuring an administrative structure that can be sustained within the resources available. HCD appreciates the significant contribution of the members of the Redesign Working Group who have shared their time, talents, and support toward this effort. The work is not yet done, and their contributions have greatly enhanced HCD's understanding of the challenges faced by small and rural California communities and the residents they serve.

Over time, as HCD implements the redesigned CDBG program, progress should be measured by the following:

- Increases in the number of local jurisdictions that apply for CDBG funds from previous years;
- Decreases in the level of unspent CDBG grant funding to within the parameters set by HUD;

- Higher utilization rates of PI than in previous years;
- Reductions in disencumbrances and extension requests from past years; and
- Decreases in administrative costs for both HCD and local jurisdictions to match resources available and reflect programmatic efficiencies.

As important as these measures are, success in meeting the goals of the CDBG program should also be measured. HCD and local jurisdictions must hold themselves and each other accountable to ensure the program is successful in meeting its policy objectives, through measures that include the following:

- Increases in new and rehabilitated affordable housing;
- Increases in services provided to the most vulnerable residents; and
- Increases in the number of jobs created and retained for lower-income residents.

HCD is committed to seeing the CDBG redesign process through to its conclusion to ensure the CDBG program can fulfill its mission—serving the needs of low- and moderate-income individuals and families living in California's rural and non-entitlement communities.

CITY OF HAYWARD

2017 EVERYONE COUNTS

HOMELESS POINT-IN-TIME COUNT AND SURVEY

Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2017 Alameda County Point-in-Time Count was a community-wide effort conducted on January 30, 2017. In the weeks following the street count, a survey was administered to 119 unsheltered and sheltered homeless individuals in Hayward, in order to profile their experience and characteristics.

2017 Homeless Census Population

2017 Sheltered/Unsheltered Population

Age

Gender

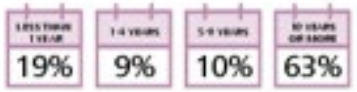
Race/Ethnicity

(Top Responses)

27% Latino	54% White	24%
73% Non-Latino	9% Multi-ethnic	7%

Residence Prior to Homelessness

Length of Time in Alameda County



Subpopulations

2017 Sheltered/Unsheltered Population by City

Household Breakdown

Foster Care

15% of survey respondents have been in the foster system.

Justice System Involvement

20% of respondents spent one or more nights in jail/prison/juvenile hall in the past year.

Post K-12 Education

9% of respondents were currently enrolled in a vocational program or college.

Health Conditions

Current health conditions affecting housing stability or employment.

(Note: Multiple response question, numbers will not total to 100%)

- 55% Psychiatric or emotional conditions
- 39% Chronic health problems
- 35% Post-Traumatic Stress Disorder
- 30% Physical disability
- 20% Drug or alcohol abuse
- 10% Traumatic brain injury
- 2% AIDS/HIV related

Disabling Conditions

Respondents reported the number of conditions that limited their ability to maintain work or housing. Many reported multiple conditions.

- 22% of survey respondents reported having one disabling condition.
- 15% of survey respondents reported having two disabling conditions.
- 19% of survey respondents reported having three disabling conditions (tri-morbidity)

First Homelessness Episode

40% Yes 60% No

50% of those experiencing homelessness for the first time were homeless for one year or more

Age at First Episode of Homelessness

11% 0-17	15% 18-24	34% 25-39
18% 40-49	20% 50-64	2% 65+

Primary Cause of Homelessness

(Top 6 Responses)

51% Money Issues	20% Personal Relationships	9% Physical Health Issues
9% Mental Health Issues	6% Substance Use Issues	4% Incarceration

What Might Have Prevented Homelessness

(Top 4 Responses)

43% Rent Assistance	30% Employment Assistance
22% Family Counseling	22% Benefits/ Income

Duration of Current Episode of Homelessness

- 5% 30 days or less
- 40% 1-11 months
- 55% 1 year or more

Not Interested in Housing

1%

Only 1% of survey respondents said they were not interested in Independent, Affordable Rental Housing or Housing with Supportive Services.

Services and Assistance

75% of survey respondents reported receiving benefits

Services Currently Accessing

(Top 6 Responses)

56% Free Meals	43% Emergency Shelter	29% Health Services
29% Drop-in Center	20% Mental Health Services	20% Job Training/ Employment Services

Reasons for Not Accessing Shelter Services

(Top 6 Responses)

37% They are full	29% They are too crowded	23% Concerns for personal safety
23% They are too far away	22% Bugs and germs	18% I can't stay with my partner/family

*Subpopulation Definitions

Chronically Homeless

An individual with a disabling condition or a family with a head of household with a disabling condition who:

- Has been continuously homeless for 1 year or more and/or;
- Has experienced 4 or more episodes of homelessness within the past 3 years.

Veterans

Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Families

A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

Unaccompanied Children

Children under the age of 18 who are homeless and living without a parent or legal guardian.

Transition-Age Youth

Young adults between the ages of 18 and 24 years old.

CHNA

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

St. Rose Hospital

St. Rose HOSPITAL

ASR

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Table of Contents

1. EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) Background

The Affordable Care Act (ACA), enacted by Congress on March 23, 2010, stipulates that nonprofit hospital organizations complete a community health needs assessment (CHNA) every three years and make it widely available to the public. This assessment includes feedback from the community and experts in public health, clinical care, and others. This CHNA serves as the basis for implementation strategies that are filed with the Internal Revenue Service (IRS).

The IRS requires that the hospital conduct a CHNA and adopt an implementation strategy for each of its facilities by the last day of its taxable year, which for St. Rose Hospital is September, 30th, 2016. The CHNA assessment itself was conducted in 2015, meeting the requirement that the assessment be conducted in the same tax year it is due, or in the two years immediately preceding that year.

This 2016 assessment is the second such assessment conducted since the ACA was enacted and builds upon the information and understanding that resulted from the 2013 CHNA. This 2016 CHNA report documents how the CHNA was conducted and describes the related findings.

Process & Methods

Twelve local hospitals in Alameda and Contra Costa Counties ("the Hospitals") began the second CHNA cycle in 2015. The Hospitals' goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs.

Community input was obtained during the summer and fall of 2015 via key informant interviews with local health experts, focus groups with community leaders and representatives, and focus groups with community residents. Secondary data were obtained from a variety of sources – see Attachment 2 for a complete list. Secondary data were available for Alameda County, and in many cases also for the northern and southern parts of St. Rose's service area separately; the northern part of St. Rose's service area includes the cities of Hayward, San Leandro, San Lorenzo, and Union City, and the southern part includes the cities of Fremont and Newark.

In November 2015, health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria. Needs were then prioritized by a subgroup of hospitals and community representatives using a second set of criteria. The results of the prioritization are included on the next page.

Prioritized Needs

Based on community input and secondary data, the Hospitals generated a list of health needs, and then community representatives and representatives of the local participating hospitals prioritized them via a multiple-criteria scoring system. These needs are listed below in St. Rose Hospital's priority order, from highest to lowest.

Health Needs Identified by CHNA Process, in Order of Priority

Health need	Why is it important?	What does the data say?
Obesity, diabetes, and healthy eating/active living	Healthy diets and achievement and maintenance of healthy body weights reduce the risk of chronic diseases and promote health. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. Creating and supporting healthy food and physical environments allows people to make healthier choices and live healthier lives.	In the St. Rose service area, youth consume inadequate amounts of fruits and vegetables, a very small proportion of the adult population walks or bikes to work, and there are fewer WIC-authorized food stores than in the state overall. In the northern St. Rose service area, youth are less active than in the state overall, and the area has fewer recreation and fitness facilities per capita than the state. A little more than one third of the youth population in the northern St. Rose service area are overweight, a larger proportion than the state overall. In the southern St. Rose service area, a larger proportion of residents live in areas designated as a food desert than in the state overall, and there are more fast food establishments per capita than in the state overall. Residents reflect these issues with their concern about access to healthy foods.
Mental health	Mental health is a state of	In the St. Rose service area, the

Health need	Why is it important?	What does the data say?
	successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health plays a major role in people's ability to maintain good physical health, and conversely, problems with physical health can have a serious impact on mental health.	rate of Emergency Room (ER) visits for injury due to intentional self-harm among youth is higher than the state and Healthy People 2020 (HP2020) objective. The suicide rate in the service area is higher than the state among Whites; the rate of severe mental-illness related ER visits in the service area is much higher than the state among Blacks. The community feels there are not enough providers, and insurance coverage is limited.
Violence and injury prevention	Violence and intentional injury contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth.	In the St. Rose service area, indicators of violence such as homicide, domestic violence, rape, assault injury, and school suspension/expulsion rates are all worse than state rates. The community expressed concern about unsafe streets and domestic violence.
Cardiovascular disease and stroke	Nationally, more than 1 in 3 adults (81.1 million) live with one or more types of cardiovascular disease. In addition to being	In the St. Rose service area, mortality rates due to ischaemic heart disease and stroke are higher than the Healthy People

Health need	Why is it important?	What does the data say?
	the first and third leading causes of death respectively, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. It is imperative to address risk factors early in life to prevent complications of chronic cardiovascular disease.	2020 (HP2020) objectives, and some ethnic groups have disproportionately higher rates of death than others. Also, the percentage of those with hypertension in the county is slightly higher than the state average. In addition to remarking on the lack of access to healthy food and open spaces for exercise, the community expressed concern about heart disease and its risk factors among certain ethnic populations.
Economic security	Research has increasingly shown how strongly social and economic conditions determine population health and differences in health among subgroups, much more so than medical care. For example, research shows that poverty in childhood has long-lasting effects limiting life expectancy and worsening health for the rest of the child's life, even if social conditions subsequently improve.	In the St. Rose service area, nearly one in six residents experience food insecurity, and some ethnic groups have higher proportions living in poverty than others. Also, in northern St. Rose service area, fourth-grade reading proficiency is worse than both the Healthy People 2020 (HP2020) objective and the state average. The community expressed concern about low wages, access to employment, and lack of affordable housing.
Substance abuse, including alcohol, tobacco, and other drugs	Substance abuse has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases. Substance abuse is now understood as a disorder that can develop into	Data about illegal drug use are not available, but the rate of ER visits for substance abuse in Alameda County is higher than the state and community expressed concern about drug use and the lack of treatment services available to address this problem. Data available on

Health need	Why is it important?	What does the data say?
	a chronic illness for some individuals. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to: teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime and suicide.	alcohol use show that St. Rose service area residents may be using alcohol more frequently than Californians overall.
Healthcare access & delivery, including primary & specialty care	Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to health care and compromised healthcare delivery impact people's ability to reach their full potential, negatively affecting their quality of life.	Wide disparities exist across multiple racial and ethnic groups among the uninsured population in the St. Rose service area. The percentages of people in the county who delayed or had difficulty obtaining care are both worse than the Healthy People 2020 (HP2020) objective. The downstream indicator of preventable hospital events shows that northern St. Rose service area residents are far more likely to be hospitalized for preventable issues than Californians overall. The community expressed concern about the cost of care and insurance as well as a lack of care providers.
Communicable diseases, including STIs	Communicable diseases are diseases that are primarily transmitted through direct contact with an infected individual or their discharge (such as blood or semen).	In the St. Rose service area, the statistics on HIV prevalence and HIV-related hospitalizations are worse than the state, and show disparities for Black residents. Also, the tuberculosis rate is

Health need	Why is it important?	What does the data say?
	Communicable diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.	much higher than the Healthy People 2020 (HP2020) objective, and pertussis cases have been rising in the county. The community expressed concern related to education of adolescents about sexual health.
Maternal and infant health	The topic area of maternal and child health addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birth-weight, infant mortality, teen births, breastfeeding, and access to prenatal care. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.	In the St. Rose service area, the statistics on low birthweight, Head Start Program enrollment, and food insecurity are worse than the state. Also, the infant mortality rate shows ethnic disparities. In the northern (but not southern) St. Rose service area, a larger proportion of children are born at low birthweight than the state overall.
Cancer	Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. It is the second most common cause of death in the United States. Behavioral and	In the St. Rose service area, cancer incidence rates are close to state rates and Healthy People 2020 (HP2020) targets, but incidence and mortality rates show ethnic disparities. In the northern (but not southern)

Health need	Why is it important?	What does the data say?
	environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening.	St. Rose service area, the overall cancer mortality rate is worse than the state. Available data on cancer screening show service area rates that are similar or better than the state.
Asthma	Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life-threatening. Risk factors for asthma currently being investigated include having a parent with asthma; sensitization to irritants and allergens; respiratory infections in childhood; and overweight. Asthma is considered a significant public health burden and its prevalence has been rising since 1980.	In the St. Rose service area, nearly one in six adults and fully one in five children have asthma. Black asthma patients account for a larger proportion of service area hospital discharges than at the state level. Also, air quality in the northern St. Rose Service area is worse than in the state overall. The community expressed concern about childhood asthma.

Next Steps

After making this CHNA report publicly available in 2016, each hospital will develop individual implementation plans based on this shared data.

2. INTRODUCTION/BACKGROUND

Purpose of CHNA Report & Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provides guidance at a national level for CHNAs for the first time. Federal requirements included in ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new regulations 501(r), one of which is conducting a community health needs assessment (CHNA) every three years. The CHNA report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community's health needs that were identified and prioritized as a result of the assessment. Final requirements were published in December 2014. The 2016 CHNA meets both state (SB697) and federal (ACA) requirements.

The federal definition of community health needs includes the social determinants of health in addition to morbidity and mortality. This broad definition of health needs is indicative of the wider focus on both upstream and downstream factors that contribute to health. Such an expanded view presents opportunities for nonprofit hospitals to look beyond immediate presenting factors to identify and take action on the larger constellation of influences on health, including the social determinants of health. In addition to providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream factors. For example, ACA created more incentives for health care providers to focus on prevention of disease by including lower or no co-payments for preventative screenings. Also, funding has been established to support community-based primary and secondary prevention efforts.

Impact of the Affordable Care Act on CHNA

The last CHNA report conducted was in 2013, before the full implementation of the Affordable Care Act (ACA). Healthcare access was a top concern for the community and nonprofit hospitals and remains so in 2016.

The federal definition of community health needs includes social determinants of health in addition to morbidity and mortality. This broad definition of health needs is indicative of the wider focus on both upstream and downstream factors that contribute to health. Such an expanded view presents opportunities for non-profit hospitals to look beyond immediate presenting factors to identify and take action on the larger constellation of influences on health, including the social determinants of health. In addition to providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream factors. For example, ACA created more

incentives for health care providers to focus on prevention of disease by including lower or no co-payments for preventative screenings. Also, funding has been established to support community-based primary and secondary prevention efforts.

The intent of ACA is to increase number of insured and make it affordable through Medi-Cal expansion and healthcare exchanges implemented by participating states. While the ACA has expanded coverage of care for many people and families, there still exits a large population of people who remain uninsured as well as those who experience barriers to healthcare, including costs of healthcare premiums and services and getting access to timely, coordinated, culturally appropriate services.

State and County Impacts

Following the institution of the ACA in January 2014, Medi-Cal was expanded in California to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the Federal Poverty Level (approximately $15,856 annually for an individual) are now eligible for Medi-Cal. In 2014, "Covered California," a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the Federal Poverty Level can benefit from subsidized premiums.[1]

Between 2013 and 2014 there was a 12% drop in the number of uninsured Californians aged 18-64 years old,[2] according to data cited by the California Healthcare Foundation. According to the California Health Interview Survey, in 2013 19% of the population aged 18-64 in Alameda County was not insured (191,000 people).[3] Previous years (2011 and 2012) had seen the uninsured rate at 14%, demonstrating an unexpected increase between 2011 and 2013 in Alameda County.[4] Also according to the California Health Interview Survey, in 2014 18% of the population aged 18-64 in Contra Costa County was not insured (122,000 people). This continues the unexpected increasing trend, beginning in 2012 when 15% of the 18-64 population in Contra Costa County was uninsured, and continuing in 2013, when 16% of that population was uninsured.[5]

[1] http://www.healthforcalifornia.com/covered-california
[2] California Health Interview Survey (CHIS), 2014. Retrieved Nov. 1, 2015 from http://www.chcf.org/aca-411/
[3] Insured/uninsured figures for Alameda County for 2014 are not considered statistically stable.
[4] California Health Interview Survey (CHIS), 2011-2014. Retrieved Dec. 11, 2015 from http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/geography
[5] California Health Interview Survey (CHIS), 2011-2014. Retrieved Dec. 11, 2015 from http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/geography

Although some Alameda County residents may have obtained health insurance for the first time, health insurance costs, the cost of care, and access to timely appointments, remains a concern. As discussed later in this report, residents (including those whose insurance plans did not change since ACA) are experiencing difficulties with getting timely appointments for care, which they attribute to the lack of healthcare professionals. Indeed, professionals who participated in this assessment also expressed concern about the lack of a sufficient number of doctors and clinics that accept Medi-Cal and/or Denti-Cal insurance. This is supported by evidence that there was an increase in the proportion of people who said they had forgone care because they could not get an appointment (from 5% in 2013 to 8% in 2014).[6]

While 2014 survey data are informative in understanding initial changes in healthcare access, a clearer picture on what healthcare access looks like will be forthcoming in future CHNA reports. While health care access is important in achieving health, a broader view takes into consideration the influence of other factors including income, education, and where a person lives. These factors are shaped by the distribution of money, power, and resources at global, national and local levels, which are themselves influenced by policy choices. These underlying social and economic factors cluster and accumulate over one's life, and influence health inequities across different populations and places.[7] According to the Robert Wood Johnson Foundation's approach of what creates good health, health outcomes are largely shaped by social and economic factors (40%), followed by health behaviors (30%), clinical care (20%) and the physical environment (10%).[8] In order to address the bigger picture of what creates good health, health care systems are increasingly extending beyond the walls of medical offices to the places where people live, learn, work, and play.

[6] California Health Interview Survey (CHIS), 2014. Retrieved Nov. 1, 2015 from http://www.chcf.org/aca-411/
[7] Santa Clara County Public Health Department, 2014 *Santa Clara County Community Health Assessment*.
[8] http://www.countyhealthrankings.org/our-approach

3. 2013 CHNA Summary & Results

In 2013, St. Rose Hospital identified community health needs in a process that met the IRS requirements of the CHNA. During this first CHNA study, the research focused on identifying health conditions, and secondarily the drivers of those conditions (including healthcare access). Our hospital identified the health needs found in the list below. In the 2016 study, the Hospitals, including our hospital, built upon this work by using a combined list of identified needs from 2013 to ask about any additional important community needs, and delving deeper into questions about healthcare access, drivers of prioritized health needs and barriers to health, and solutions to the prioritized health needs. We also specifically sought to understand how the Affordable Care Act implementation impacted residents' access to healthcare, including affordability of care. The health needs are listed in alphabetical order below.

2013 St. Rose Hospital CHNA Health Needs List (in alphabetical order)

Health Need
Dental
Health literacy/education
Healthcare access
Healthy eating (nutrition)
Mental health
Pollution/clean environment

The section below describes the health needs our hospital chose to address and the strategies we identified to address them. For a description of evaluation findings for these strategies, please see Section 8.

Mental Health

Need Statement	Issues arising from living in a state of stress, living in a stressful environment due to limited economic resources, safety concerns for self and family.
Strategy 1	The FACES for the Future (FACES) program at St. Rose Hospital provides internships, academic support, and direct mental health services to 45 at-risk high school students per year. Using both Hospital resources and a grant from the Vesper Society, FACES identifies teens in need and ensures their access to mental and behavioral health resources. The

	FACES program partners with La Familia Counseling Services (LFCS) to provide psychosocial support to both students and their families, as well as whole-group mental health and wellness workshops for students.
Strategy 2	Case Management Mental Health Evaluation/Referrals: St. Rose Hospital is not psychiatric facility, therefore cannot address many of the community mental health needs, but there is a process in place to get mental health evaluations/referrals to patients that are seen at the hospital. The following are procedures that are followed to give patients in need of mental health assistance adequate support: • Patient are transferred to John George or other Psychiatric Facility are medically stable patient who are a threat to self or others including altered level of consciousness/incoherent and that are incapable of making good decision for him or herself. These patients are sent from the ER. • Inpatients transferred to John George or Willow Rock (Psychiatric for Teens) are patients who continuously have suicidal ideation. • MD usually refers patients who are admitted for Drug or Alcohol related diagnosis (Overdose, Gastrointestinal Bleeding, and Cirrhosis) to Social Services for consult. • Social Worker offers resources to different drug & Alcohol Program in the community. The patient must be independent, ambulatory and agreeable to sign up and check themselves in for the program. • For patient who are admitted under 5150 or Suicidal Ideation and if MD believes that patient is depressed, MD calls the Psychiatric Consultant. The Psychiatric Consultant provides phone consults or if available, he will see the patient in-house. The consultant makes recommendation such as medication dose adjustments or clearing patient as not suicidal. • All healthcare personnel are mandated reporter if abuse is suspected. Adult Protective Services & Child Protective Services Report are available online. Once the report is filed, APS and CPS will follow-up and will make the determination on where is the safest place for patient to discharge to. • Types of Abuse for APS: - Physical

- Sexual
- Neglect by Others
- Abandonment
- Financial
- Isolation
- Self-Neglect

- Types of Abuse for CPS:
  - Substance Abuse (Usually a baby that was born from a positive drug moms)
  - Physical
  - Mental
  - Sexual
  - Neglect

Access to Health Resources

Need Statement	Inability to address basic healthcare needs due to a lack of access to resources to maintain and/or improve one's health, including primary, specialty, and preventative care
Strategy 1	Community Health Fairs: St. Rose Hospitals plans to participate in community health fairs structured by other organizations. At the fairs the hospital will plan to give out informational flyers of where community members can get medical services, such as OB/GYN, and women's imaging services, orthopedic services, gastroenterology services and cardiology services.
Strategy 2	Patient Assistance Fund – St. Rose Hospital Foundation: The St. Rose Hospital Foundation assists in providing funds to support hospital services and patient care. The Patient Assistance Fund is an annual appeal dedicated to providing direct support to patients and families who have no insurance or means to pay for medications, equipment, treatments and supplies when they are discharged for the hospital.

Nutrition

Need Statement	Poor dieting habits resulting from living in an unhealthy food environment with limited access to fresh and healthier foods.
Strategy 1	Farm Stand: St. Rose Hospital will be working with Dig Deep Farms to bring a farm stand on the hospital's campus for the community. Along with the farm stand, St. Rose intends to have its own booth once a month giving attendees demonstrations of healthy recopies and giving out health tip flyers/educational material.
Strategy 2	Patient Nutrition Services: Unhealthy diets can lead to the development of chronic disease. The St. Rose Hospital Dietitians provide patients and their families with diet education and nutritional resources in regards to diabetes and cardiovascular disease, as well as diet education for other health related diseases such as obesity, Chronic Kidney Disease, and Congestive Heart Failure. The goal of providing diet education and counseling is to promote lifestyle changes to control or prevent further disease specific complications.

Health Literacy

Need Statement	Inability to improve one's health due to limited health literacy and education, including how to maintain and improve one's health through healthy behaviors such as diet and physical activity
Strategy 1	St. Rose Hospital Annual Health Fair: Every year St. Rose Hospital hosts a community health fair on campus that offers the public free health screens, health care demonstrations and health exhibits form various health and community organizations. This offers the community opportunity to receive vast amount of education on different health topics, such as back safety, bike helmet safety, and nutrition & healthy eating tips. The following screenings are anticipated to be offered: - Cholesterol Screening - Glucose Screening - Blood Pressure Screening - Bone Density Screening

	- BMI (Body Mass Index) Testing - Adult & Pediatric Dental Screenings - Flu Vaccines The fair's admission is free
Strategy 2	St. Rose Hospital – Community Classes/Support Groups: St. Rose sponsors a number of support group organizations to provide encouragement and education to the community. The following classes/support groups are offered: - Overeaters Anonymous - Myasthenia Gravis Support Group - Harmony, Acceptance, Peace & Serenity - Lamaze Series Class - Breastfeeding Basics Class - Diabetes Class - Co-Dependents - Look Good Feel Better Class - St. Rose Better Breathers Club - Mommy and Me Class - UFANDA – United Filipino American Nutritionist Dietitian Association

Written Public Comments to 2013 CHNA

St. Rose Hospital provided the public an opportunity to submit written comments on the facility's previous CHNA report through http://www.strosehospital.org/contact-us/. This site will continue to allow for written community input on the hospital's most recently conducted CHNA report.

As of the time of this CHNA report development, St. Rose Hospital had not received written comments about previous CHNA reports. St. Rose Hospital will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate hospital staff.

Evaluation Findings of Previously Implemented Strategies

Purpose of 2013 Implementation Strategy Evaluation of Impact

St. Rose Hospital's 2013 Implementation Strategy Report (ISR) was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA report describes and assesses the impact of these activities. For more information on St.

Rose Hospital's ISR, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing implementation strategies, please visit http://www.strosehospital.org/wp-content/uploads/2013/10/SRH-Implementation-Plan-2013-2015-FINAL.pdf. For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by St. Rose Hospital in the 2013 ISR.

1. Mental health
2. Access to health resources
3. Nutrition
4. Health literacy

St. Rose Hospital is monitoring and evaluating progress to date on its 2013 implementation strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs.

As of the documentation of this CHNA report in March 2016, St. Rose Hospital had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, St. Rose Hospital will continue to monitor impact for strategies implemented in 2016.

2013 Implementation Strategy Evaluation of Impact, by Health Need

Mental Health

- The St. Rose Youth Volunteer and Shine Programs met the goal by increasing the total number of students to 39 who volunteered a total number of 6,957 hours.
- The FACES Program continued to provide health careers exploration, academic enrichment, wellness support and youth Leadership Development to 30 at-risk students. Program internships at St. Rose strengthened existing partnerships. The new pilot mentorship program in partnership with the Physician Assistant program at Samuel Merritt University (SMU) continues to be successful.

Nutrition

- Individual and community classes, support group classes, education and training classes have increased. Over 5000 classes were held in FY 14/15.

Access to Health Resources

- St. Rose Hospital continues to participate with Alameda County Public Health Department and other Hayward community-based organization such as the South Hayward Neighborhood Collaborative to address the health needs of the Harder/Tennyson.

Health Literacy

- Individual and community classes, support group classes, education and training classes have increased. Over 5000 classes were held in FY 14/15.
- The St. Rose Health Fair was held administering 850 free flu shots to our community on October 12, 2014. In addition, the hospital also provided 203 blood pressure screens, 170 glucose screenings, and 75 cholesterol screenings. St. Rose Hospital also participated in a variety of community health fairs providing 1220 additional flu shots.

4. About Our Hospital

St. Rose Hospital, an independent community hospital located in Hayward, has been an integral part of the local community for over 50 years. The hospital, accredited by the Joint Commission, has built a strong reputation for outstanding cardiology, emergency, diagnostics and women's services. Through innovation and strategic partnerships, St. Rose Hospital has helped create a healthier community. As one of Hayward's largest employers, St. Rose Hospital also plays a vital economic role in the community, providing nearly 900 jobs and an outstanding quality of life for its employees. Over 300 highly-skilled physicians practice at St. Rose Hospital, along with an experienced staff to provide high quality, yet cost-effective health care to the community, regardless of income or insurance status.

Mission

St. Rose Hospital provides quality health care to our community with respect, compassion and professionalism. We work in partnership with our highly valued physicians and employees to heal and comfort all those we serve.

Vision

St. Rose Hospital will be the health care provider of choice in central and southern Alameda County. We actively seek partnerships with all groups and individuals dedicated to improving the overall health of the diverse community we serve.

About Our Hospital's Community Benefits Program

Each year, St. Rose Hospital provides a host of innovative and impactful community benefit programs and services to underserved and underinsured residents. St. Rose Hospital community benefit programs and activities are designed to:

- Meet the specific health care needs of targeted populations
- Expand availability of health care to those who need it most
- Provide health information and education resources
- Teach participants about healthier lifestyles and the importance of staying healthy

These programs were developed to ensure that we meet the needs of the community.

Community Served

The Internal Revenue Service defines the "community served" by a hospital as those individuals residing within its hospital service area. A hospital service area includes all

residents in a defined geographic area and does not exclude low-income or underserved populations.

St. Rose collaborated on the 2016 CHNA with other hospitals in the Greater Southern Alameda County area. KFH-San Leandro and KFH-Fremont shared their service area data with St. Rose, and where applicable, these data are used in this report as the northern and southern St. Rose service area, respectively.

Geographic description of the community served (towns, counties, and/or zip codes)

Although St. Rose patients come from all around Alameda County, the majority reside in the southern part of the Alameda County. The St. Rose service area mainly covers the cities of San Leandro, Hayward, San Lorenzo, Union City, Newark and Fremont.

Alameda County consists of the following major cities and towns: Alameda, Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Piedmont, Pleasanton, San Leandro, and Union City.

According to the County of Alameda,[9] the following unincorporated towns and areas are also included in Alameda County: Ashland, Castro Valley, Cherryland, Fairview, San Lorenzo, and Sunol.

Demographic Profile of Community Served

The U.S. Census estimates a population of 1,535,248 in Alameda County (U.S. Census Bureau, American Community Survey, 2009-2013). Over one fifth (22%) of the population in Alameda County is under the age of 18, while 12% is 65 years or older, leaving approximately two thirds who are adults under the age of 65. Alameda County is also very diverse, with only 46% of the population White alone. Nearly 6% of the population is of two or more races.

Asians comprise nearly half of the service population in southern St. Rose service area (47%) and one fourth (25%) in the northern St. Rose service area which is almost similar in percentage to the Alameda County (26.8%). The northern St. Rose service area has higher percentages of Latino population (34%) compared to Alameda County overall (22.5%).

[9] https://www.acgov.org/about/cities.htm

Demographics

Race/Ethnicity (alone or in combination with other races)	**Percent of County**	**Percent of Northern St. Rose Service Area**	**Percent of Southern St. Rose Service Area**
White	45.6%	40%	32%
Asian	26.8%	25%	47%
Black	12.1%	13%	4%
Pacific Islander/Native Hawaiian	0.8%	2%	0%
American Indian/Alaskan Native	0.6%	1%	1%
Some other race	8.3%	13%	9%
Multiple races	5.9%	6%	7%
Latino (of any race)	22.5%	34%	18%

Note: Percentages do not add to 100% because they overlap.
Data source: U.S. Census Bureau, American Community Survey, 2009-2013

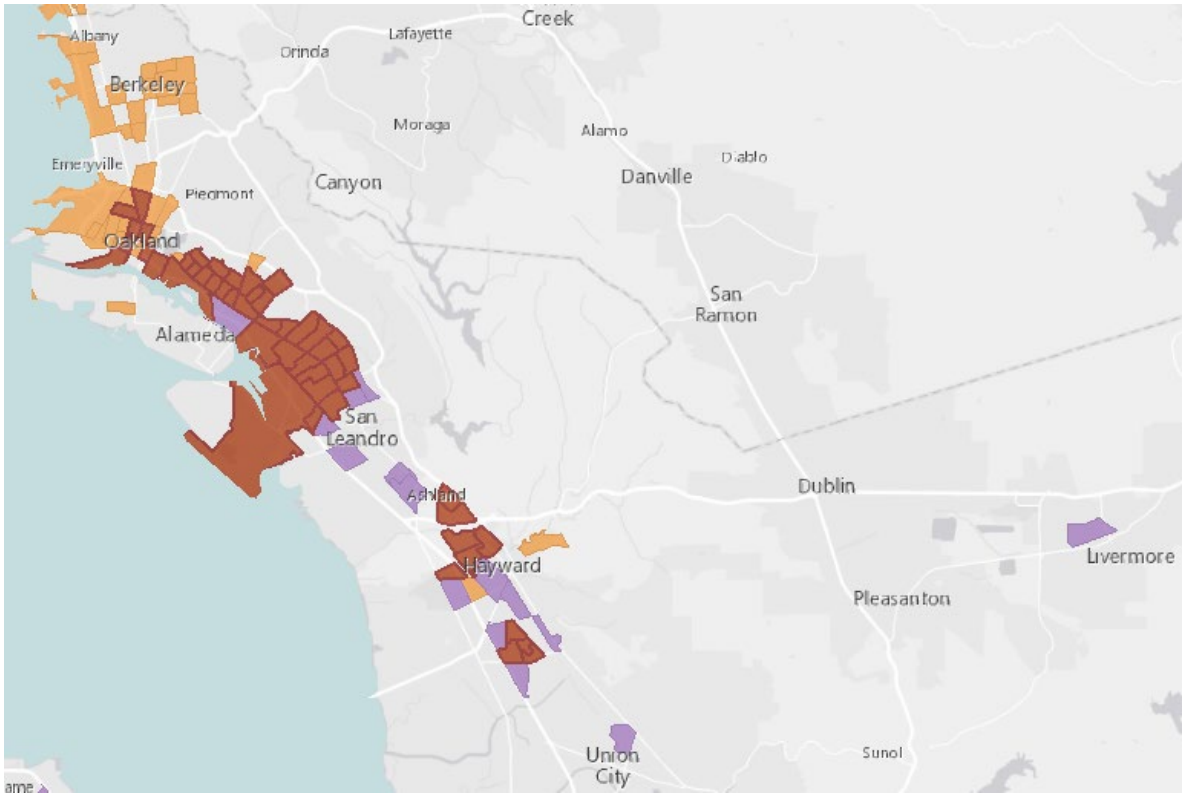
One in ten (10.4%) Alameda County residents age five or older are linguistically isolated; that is, they "live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speaks English 'very well'" (U.S. Census Bureau, American Community Survey, 2009-2013). A larger proportion of this population (18.7%) has limited English proficiency; that is, they "speak a language other than English at home and speak English less than 'very well.'" According to the Community Commons data platform, this indicator is relevant because "an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education."

Social Determinants of Health

Two key social determinants, poverty and education, have a significant impact on health outcomes.

More than one in four Alameda County residents (27.8%) lives below 200% of the federal poverty level, and close to half (43.1%) of households are overburdened by housing costs (i.e., housing costs exceed 30% of total household income). The map below displays where vulnerable populations live by identifying where high concentrations of population living in poverty and population living without a high school diploma overlap. Data are from the U.S. Census Bureau 2009-13 American Community Survey.

Alameda County Vulnerability Footprint

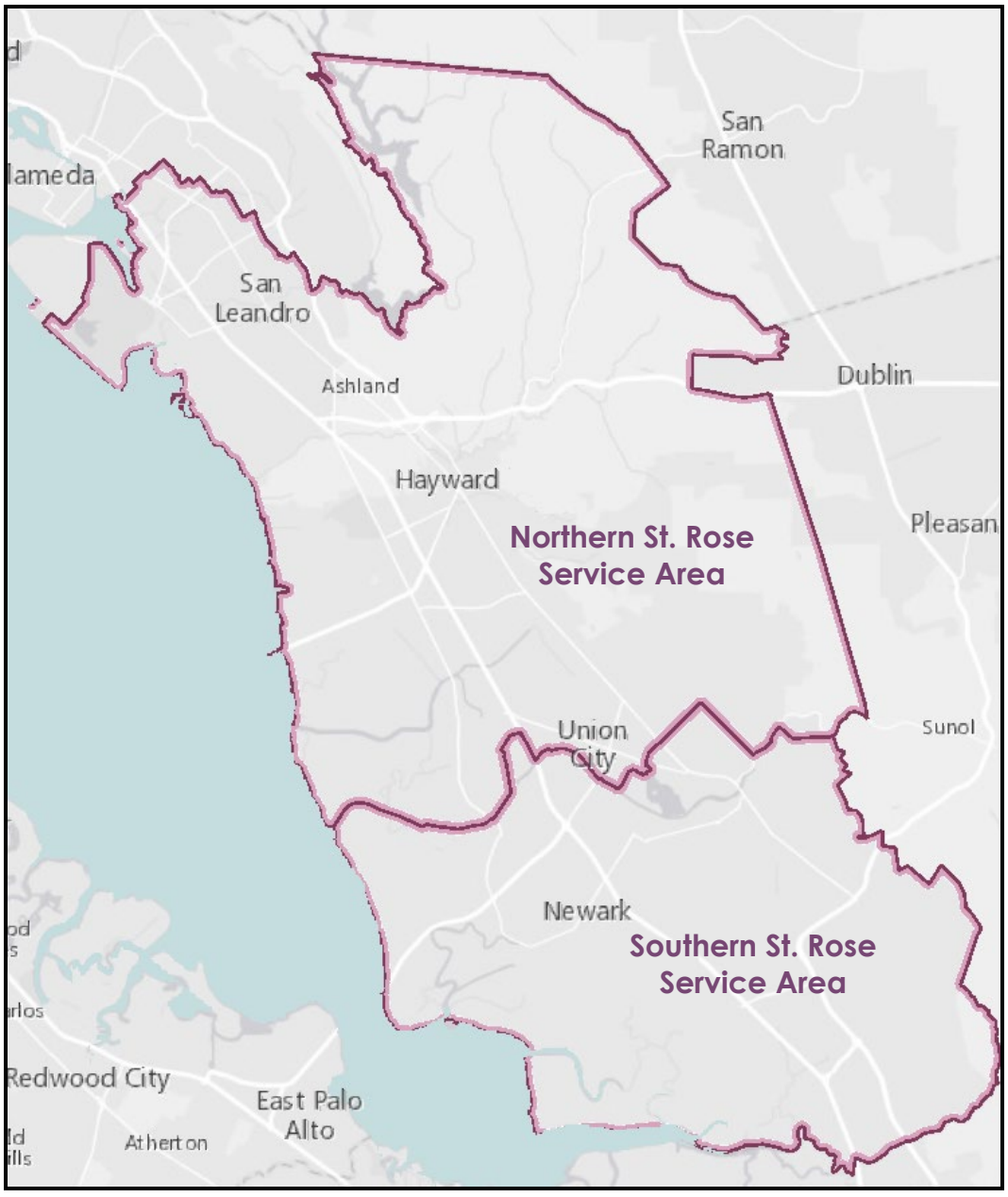


The orange shading shows areas where the percentage of population living at-or-below 100% of the Federal Poverty Level (FPL) exceeds 25%. The purple shading shows areas where the percentage of the population with no high school diploma exceeds 25%. Educational attainment is determined for all non-institutionalized persons age 25 and older. Dark red areas indicate that the census tract is above these thresholds (worse) for both educational attainment and poverty.

Close to half (43.9%) of the children in Alameda County are eligible for Free & Reduced-Price lunch (NCES Common Core of Data 2013-14), while nearly one in six children (15.7%) lives in a household with income below 100% of the Federal Poverty level (U.S. Census Bureau, American Community Survey, 2009-2013). Over one in 10 people (12.6%) in the community are uninsured (U.S. Census Bureau, American Community Survey, 2009-2013).

Map of Community Served

St. Rose Service Area Map



5. ASSESSMENT TEAM

Hospitals & Other Partner Organizations

Community benefit managers from twelve local hospitals in Alameda and Contra Costa Counties ("the Hospitals") contracted with Applied Survey Research in 2015 to conduct the Community Health Needs Assessment in 2016. The Hospitals were comprised of:

- John Muir Health
- Kaiser Permanente Diablo (Antioch and Walnut Creek hospitals)
- Kaiser Permanente East Bay (Oakland and Richmond hospitals)
- Kaiser Permanente Greater Southern Alameda (Fremont and San Leandro hospitals)
- St. Rose Hospital
- San Ramon Regional Hospital
- Stanford Health Care – ValleyCare
- UCSF Benioff Children's Hospital Oakland
- Washington Hospital Healthcare System

Identity & Qualifications of Consultants

The community health needs assessment was completed by Applied Survey Research (ASR), a nonprofit social research firm. For this assessment ASR conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the process of identification of community health needs and assets and of prioritization of community health needs, and documented the process and findings into a report.

ASR was uniquely suited to provide the Hospitals with consulting services relevant to conducting the CHNA. The team that participated in the work –Dr. Jennifer van Stelle, Abigail Stevens, Angie Aguirre, Samantha Green, Martine Watkins, Chandrika Rao, Melanie Espino, Kristin Ko, James Connery, Christina Connery, Emmeline Taylor, Paige Combs, and sub-contractors Dr. Julie Absey, Robin Dean, Lynn Baskett, and Nancy Ducos – brought together diverse, complementary skill sets and various schools of thought (public health, anthropology, sociology, social ethics, psychology, education, public affairs, healthcare administration, and public policy).

In addition to their research and academic credentials, the ASR team has a 35-year history of working with vulnerable and underserved populations including young children, teen mothers, seniors, low-income families, and immigrant families, families who have experienced domestic violence and child maltreatment, the homeless, and children and families with disabilities.

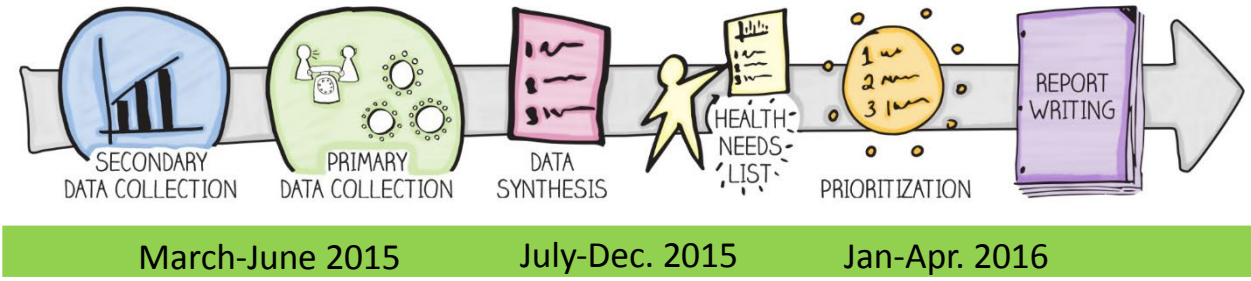
ASR's expertise in community assessments is well-recognized. ASR won a first place award in 2007 for having the best community assessment project in the country. They accomplish successful assessments by using mixed research methods to help understand the needs in question and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders.

Communities recently assessed by ASR include Arizona (six regions), Alaska (three regions), the San Francisco Bay Area including San Mateo, Santa Clara, Alameda, Contra Costa, Santa Cruz, and Monterey Counties, San Luis Obispo County, the Central Valley area including Stanislaus and San Joaquin Counties, Marin County, Nevada County, Pajaro Valley, and Solano and Napa Counties.

6. Process & Methods

The Hospitals worked in collaboration on the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over five months and culminated in a report written for the Hospitals in spring of 2016.

Alameda and Contra Costa Counties – Hospitals' CHNA Process



Primary Qualitative Data (Community Input)

The Hospitals contracted with Applied Survey Research (ASR) to conduct the primary research. They used three strategies for collecting community input: key informant interviews with health experts, focus groups with professionals, and focus groups with residents.

Each group and interview was recorded and summarized as a stand-alone piece of data. When all groups had been conducted, the team used qualitative research software tools to analyze the information and tabulated all health needs that were mentioned, along with health drivers discussed. ASR then tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in key informant interviews. This tabulation was used in part to assess community health priorities.

Community Leader Input

In all, ASR consulted with 44 community representatives of various organizations and sectors. These representatives either work in the health field or improve health conditions by serving those from the target populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- County Public Health (5)
- Other health centers or systems (11)
- Mental/Behavioral health or violence prevention providers (12)

- School system representatives (2)
- City or county government representatives (3)
- Nonprofit agencies providing basic needs (11)

See Attachment 4 for the titles and expertise of key stakeholders along with the date and mode of consultation (focus group or key informant interviews).

See Attachment 5 for key informant interview and focus group protocols.

Key Informant Interviews

ASR conducted primary research via key informant interviews with 18 Alameda County experts from various organizations. Between June and October 2015, experts including the public health officers, community clinic managers, and clinicians were consulted. These experts had countywide experience and expertise.

Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies, including specific groups or areas with greater or special needs; how access to healthcare has changed in the post-Affordable Care Act environment; drivers of the health needs they identified and barriers to health; and suggested solutions for the health needs they identified, including existing or needed resources.

Stakeholder Focus Groups

Three focus groups with stakeholders were conducted between August and October 2015. The discussion centered around four sets of questions, which were modified appropriately for the audience. The discussion included questions about the community's top health needs, the drivers of those needs, health care access and barriers thereto, and assets and resources that exist or are needed to address the community's top health needs, including policies, programs, etc.

Details of Focus Groups with Professionals

Focus	Focus Group Host/Partner	Date	Number of Participants
Mental health	National Alliance on Mental Illness	08/20/15	8
Minority (Asian)	Washington Hospital	09/02/15	8
Veterans	U.S. Department of Veterans Affairs, Oakland Vet Center	09/23/15	10

Please see Attachment 4 for a full list of community leaders/stakeholders consulted and their credentials.

Resident Input

Resident focus groups were conducted between August and October 2015. The discussion centered around four sets of questions, which were modified appropriately for the audience. The discussion included questions about the community's top health needs, the drivers of those needs, the community's experience of health care access and barriers thereto, and assets and resources that exist or are needed to address the community's top health needs.

In order to provide a voice to the community it serves in Alameda County, the study team targeted participants who were medically underserved, in poverty, and/or socially or linguistically isolated. One focus group was held with community members. This resident group was held in Union City, a relatively central location in southern Alameda County. Residents were recruited by the nonprofit host, Centro De Servicios, who serves uninsured residents.

Details of Focus Groups with Residents

Population Focus	Focus Group Host/Partner	Date	Number of Participants
Immigrant population	Centro De Servicios	09/18/15	10

2016 Resident Participant Demographics

Ten community members participated in the focus group discussions in Alameda County. All participants were asked to complete an anonymous demographic survey, the results of which are reflected below.

- 100% of participants (10) completed a survey.
- 100% (10) of participants were Latino.
- 100% (10) were between the ages of 18 and 64 years old. 50% were younger than 40, and 50% were 40 or older.
- 10% (1) were uninsured, while 40% had benefits through Medi-Cal or Medicare. The rest had private insurance.
- Residents lived in various areas of southern Alameda County: Hayward (7), Union City (2), and Cherryland (1).
- 80% (8) reported having an annual household income of under $45,000 per year, which is not much more than the 2014 California Self-Sufficiency

Standard for Alameda County for two adults with no children ($38,817). This demonstrates a fair level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

Secondary Quantitative Data Collection

ASR analyzed over 150 health indicators to assist the Hospitals with understanding the health needs in Alameda County and prioritizing them. Data from existing sources were collected using the Community Commons data platform customized for Kaiser Permanente, the UCLA data platform for the California Health Interview Survey (AskCHIS), and other online sources. In addition, ASR collected data from the Alameda County Public Health Department.

As a further framework for the assessment, the Hospitals requested that ASR address the following questions in its analysis:

- How do these indicators perform against accepted benchmarks (Healthy People 2020, statewide and national averages)?
- Are there disparate outcomes and conditions for people in the community?

Information Gaps & Limitations

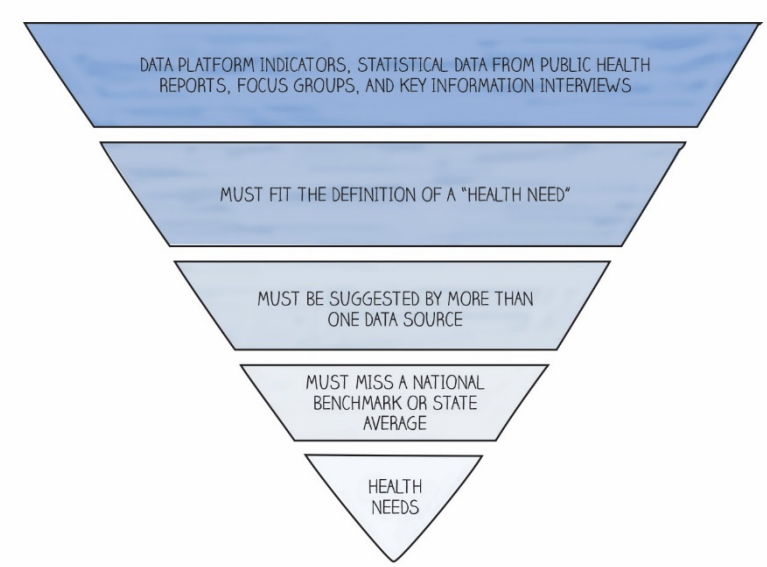
ASR and the Hospitals were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. Such limitations included data on sub-populations, such as foreign born, the LGBTQ population and incarcerated individuals. Health topics in which data are limited include: bullying, substance abuse (particularly, use of illegal drugs and misuse of prescription medication), use of e-cigarettes and related behaviors such as vaping, dental health (particularly dental caries), consumption of sugar-sweetened beverages (SSBs), elder health, disabilities, flu vaccines, quality of life and stressors, police-associated violence, human trafficking, discrimination and perceptions related to race, sexual behaviors, and extended data on breastfeeding.

7. Identification & Prioritization of Community Health Needs

To identify the community's health needs, ASR and the Hospitals followed these steps:

1. Gathered data on 150+ health indicators using the Community Commons platform[10], public health department reports, Healthy People 2020 objectives, and qualitative data. See Attachment 3 for a list of indicators on which data were gathered.

2. Narrowed the list to "health needs" by applying criteria.



3. Used criteria to prioritize the health needs.

These steps are further defined below.

Identification of Community Health Needs

As described in Section 5, a wide variety of experts and community members were consulted about the health of the community. Community members were frank and forthcoming about their personal experiences with health challenges and their perceptions about the needs of their families and community.

Collectively, they identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (environmental and clinical) that affect the health outcomes. They spoke about prevention, access to care, clinical practices that work and don't work, and their overall perceptions of the community's health.

[10] Powered by University of Missouri's Center for Applied Research and Environmental System (CARES) system, found at www.communitycommons.org

In order to generate a list of health needs, ASR used a spreadsheet (known as the "data culling tool") to list indicator data and evaluate whether they were "health needs." The indicator data collected included Community Commons web platform data, secondary data from county public health department reports, and qualitative data from focus groups and key informant interviews.

In order to be categorized as a prioritized community health need, all four of the following criteria needed to be met:

1. The issue must fit the definition of a "health need."
2. The issue is suggested or confirmed by more than one source of secondary and/or primary data.
3. At least one related indicator performs poorly against the Healthy People 2020 ("HP2020") benchmark or, if no HP2020 benchmark exists, against the state average.
4. The need must meet a minimum community prioritization threshold (by at least five of fourteen key informant interviews or one of four focus groups).

DEFINITIONS

Health **condition:** A disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Health **driver:** A behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health.

Health **need:** A poor health *outcome* and its associated health *driver*, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.

Health **outcome:** A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality.

Health **indicator:** A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly). and can be used to describe one or

Any health needs that did not reach the primary data threshold in criterion #4 above needed to meet the following more stringent criteria to rise to the list:

(a) Three or more indicators must miss a state or national benchmark by 5% or more from target

(b) At least one indicator must show an ethnic disparity.

A total of eleven health conditions or drivers fit all four criteria or conditional criteria and were retained as community health needs. The list of needs, in priority order is found below.

Summarized Descriptions of Health Needs (2016)

Healthy diets and achievement and maintenance of healthy body weights reduce the risk of chronic diseases and promote health. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support

these behaviors in settings such as schools, worksites, health care organizations, and communities. Creating and supporting healthy food and physical environments allows people to make healthier choices and live healthier lives. **Obesity, diabetes, and healthy eating/active living** are health needs locally as marked by youth who consume inadequate amounts of fruits and vegetables, a very small proportion of the adult population walks or bikes to work, and fewer WIC-authorized food stores than in the state overall. In the northern St. Rose service area, youth are less active than in the state overall, and the area has fewer recreation and fitness facilities per capita than the state. A little more than one third of the youth population in the northern St. Rose service area are overweight, a larger proportion than the state overall. In the southern St. Rose service area, a larger proportion of residents live in areas designated as a food desert than in the state overall, and there are more fast food establishments per capita than in the state overall. Residents reflect these issues with their concern about access to healthy foods.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community and society. Mental health plays a major role in people's ability to maintain good physical health, and conversely, problems with physical health can have a serious impact on mental health. Mental health is a health need locally as illustrated by the rate of Emergency Room (ER) visits for injury due to intentional self-harm among youth, which is higher than the state and Healthy People 2020 (HP2020) objective. The suicide rate in the service area is higher than the state among Whites; the rate of severe mental-illness related ER visits in the service area is much higher than the state among Blacks. The community feels there are not enough providers, and insurance coverage is limited.

Violence and intentional injury contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. Violence and injury prevention are health needs locally as demonstrated by indicators of violence such as homicide, domestic violence, rape, assault injury, and school suspension/expulsion rates that are all worse than state rates. The community expressed concern about unsafe streets and domestic violence.

Nationally, more than 1 in 3 adults (81.1 million) live with one or more types of cardiovascular disease. In addition to being the first and third leading causes of death respectively in the nation, **heart disease and stroke** result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. It is imperative to address risk factors early in life to prevent complications of chronic

cardiovascular disease. Cardiovascular disease and stroke are health needs locally as demonstrated by mortality rates due to ischaemic heart disease and stroke that are higher than the Healthy People 2020 (HP2020) objectives, and some ethnic groups having disproportionately higher rates of death than others. Also, the percentage of those with hypertension in the county is slightly higher than the state average. In addition to remarking on the lack of access to healthy food and open spaces for exercise, the community expressed concern about heart disease and its risk factors among certain ethnic populations.

Research has increasingly shown how strongly social and economic conditions determine population health and differences in health among subgroups, much more so than medical care. For example, research shows that poverty in childhood has long-lasting effects limiting life expectancy and worsening health for the rest of the child's life, even if social conditions subsequently improve. **Economic security** is a health need locally as illustrated by the fact that nearly one in six residents experience food insecurity, and some ethnic groups have higher proportions living in poverty than others. Also, in northern St. Rose service area, fourth-grade reading proficiency is worse than both the Healthy People 2020 (HP2020) objective and the state average. The community expressed concern about low wages, access to employment, and lack of affordable housing.

Substance abuse has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases. Substance abuse is now understood as a disorder that can develop into a chronic illness for some individuals. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to: teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide. Substance abuse (including tobacco and alcohol) is a health need as evidenced by the rate of ER visits for substance abuse in Alameda County, which is higher than the state. Data about illegal drug use are not available, but the community expressed concern about drug use and the lack of treatment services available to address this problem. Data available on alcohol use show that St. Rose service area residents may be using alcohol more frequently than Californians overall.

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to health care and compromised healthcare delivery impact people's ability to reach their full potential, negatively affecting their quality of life. **Healthcare access & delivery, including primary and specialty care**, is a health need locally in part because wide disparities exist across multiple racial and ethnic groups among the uninsured

population in the St. Rose service area. The percentages of people in the county who delayed or had difficulty obtaining care are both worse than the Healthy People 2020 (HP2020) objective. The downstream indicator of preventable hospital events shows that northern St. Rose service area residents are far more likely to be hospitalized for preventable issues than Californians overall. The community expressed concern about the cost of care and insurance as well as a lack of care providers.

Communicable diseases are diseases that are primarily transmitted through direct contact with an infected individual or their discharge (such as blood or semen). Communicable diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection. Communicable diseases, including sexually transmitted infections (STIs), are health needs locally as demonstrated by the fact that the statistics on HIV prevalence and HIV-related hospitalizations are worse than the state, and show disparities for Black residents. Also, the tuberculosis rate is much higher than the Healthy People 2020 (HP2020) objective, and pertussis cases have been rising in the county. The community expressed concern related to education of adolescents about sexual health.

The topic area of **maternal and child health** addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birth weight, infant mortality, teen births, breastfeeding, and access to prenatal care. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Maternal and infant health are health needs locally as evidenced by the statistics on low birthweight, Head Start Program enrollment, and food insecurity, which are all worse than the state. Also, the infant mortality rate shows ethnic disparities. In the northern (but not southern) St. Rose service area, a larger proportion of children are born at low birthweight than the state overall.

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. It is the second most common cause of death in the United States. Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening. Cancer is a health need locally as evidenced by incidence rates that are close to state rates and Healthy People 2020 (HP2020) targets, but which show ethnic disparities. In the northern (but not southern) St. Rose service area, the overall cancer mortality rate is worse than the state. Available data on cancer screening show service area rates that are similar or better than the state.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes

can range in severity from mild to life-threatening. Risk factors for asthma currently being investigated include having a parent with asthma; sensitization to irritants and allergens; respiratory infections in childhood; and being overweight. Asthma is considered a significant public health burden and its prevalence has been rising since 1980. Asthma is a health need locally as marked by the fact that nearly one in six adults and fully one in five children have asthma. Black asthma patients account for a larger proportion of service area hospital discharges than at the state level. Also, air quality in the northern St. Rose Service area is worse than in the state overall. The community expressed concern about childhood asthma.

For further details, please consult the Health Needs Profiles appended to this report as Attachment 8.

Prioritization of Health Needs

Before beginning the prioritization process, St. Rose Hospital and its hospital partners chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

Severity of need: This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.

Magnitude/scale of the need: The magnitude refers to the number of people affected by the health need.

Clear disparities or inequities: This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.

Multiplier effect: A successful solution to the health need has the potential to solve multiple problems. For example, if rates of obesity go down, diabetes rates could also go down.

Community priority: The community prioritizes the issue over other issues on which it has expressed concern during the CHNA primary data collection process. ASR rated this criterion based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.

Scoring Criteria 1-3: The score levels for the prioritization criteria were:

3: Strongly meets criteria, or is of great concern
2: Meets criteria, or is of some concern
1: Does not meet criteria, or is not of concern

A survey was then created, listing each of the health needs in alphabetical order and

offering the first four prioritization criteria for rating. Community representatives and representatives of the local, participating hospitals rated each of the health needs on each of the first four prioritization criteria via an online survey in the first quarter of 2016. ASR assigned ratings to the fifth criterion based on how many key informants and focus groups prioritized the health need.

Combining the Scores: For each of the first four criteria, group members' ratings were combined and averaged to obtain a combined score. Then, the mean was calculated based on the five criteria scores for an overall prioritization score for each health need.

List of Prioritized Needs

The need scores ranged between 1.82 and 2.90 on a scale of 1-3 with 1 being the lowest score possible and 3 being the highest score possible. The needs are ranked by prioritization score in the table below. The specific scores for each of the five criteria used to generate the overall community health needs prioritization scores may be viewed in Attachment 6.

2016 St. Rose Hospital Health Needs by Prioritization Rank

Rank	Health Need	Overall Average Priority Score
1	Obesity, diabetes, & healthy eating/active living	2.90
2	Mental health	2.80
3	Economic security	2.67
4	Cardiovascular disease & stroke	2.66
5	Substance abuse, including alcohol, tobacco, and other drugs	2.58
6	Violence/injury prevention	2.56
7	Healthcare access & delivery, including primary & specialty care	2.43
8	Cancer	2.17
9	Infectious diseases, including STIs	1.97
10	Asthma	1.89
11	Maternal & child health	1.82

8. CONCLUSION

The Hospitals worked in collaboration to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a shared assessment. By gathering secondary data and doing new primary research as a team, the Hospitals were able to collectively understand the community's perception of health needs and prioritize health needs with an understanding of how each compares against benchmarks.

After making this CHNA report publicly available in 2016, each hospital will develop individual implementation plans based on this shared data.

9. List of Attachments

1. Glossary
2. Secondary Data Sources
3. List of Indicators on Which Data Were Gathered
4. Persons Representing the Broad Interests of the Community
5. CHNA Qualitative Data Collection Protocols
6. 2016 Health Needs Prioritization Scores: Breakdown by Criteria
7. Community Assets & Resources
8. 2016 CHNA Health Needs Profiles