EASTERN ALAMEDA COUNTY

Human Services Needs Assessment

January, 2024

JSI

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Acknowledgements

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We acknowledge and thank the advisory groups that served in varying capacities. Profound appreciation goes to the Eastern Alameda Power and Action Committee members for their advocacy and engagement throughout this project: Maria Gomez, Francesca Rosinski, Jasmin Schroder, Trenton Thomsen, and Emily Wilson. We also thank the two members who did not wish to be named.

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Eastern Alameda County Human Services Needs Assessment: Executive Summary

INTRODUCTION

The cities of Dublin, Livermore, and Pleasanton, collectively known as the Tri-Valley, have collaborated to provide Human Services for many years. The Eastern Alameda County Human Services Needs Assessment (EACHSNA) follows the 10-year census and evaluates the strengths, needs, and recommendations for the human service delivery network for the region and the individual cities. In 2022 the three cities hired JSI to lead this process. This report represents those findings, including recommendations and associated implementation steps.

METHODS

The project team established guiding theoretical values and frameworks to center equity and honor those with lived experience. An emphasis was placed on identifying causes of pervasive inequities, centering the voices of those most impacted, and ensuring recommendations were sustainable and effective. This work was conducted alongside advisory bodies including community members, nonprofit organizations, and city and county representatives.

Quantitative data were analyzed from sources including the Census, local organizations, and county agencies. These findings depict the demographics of the Tri-Valley and select social determinants (e.g., poverty, housing instability). Qualitative data were collected through focus groups, interviews, community events and through organizations. Findings were supported through existing community-based and regional reports.

FINDINGS

The Tri-Valley is economically stable, however there are concentrated pockets within each of the three cities with high concentrations of individuals living below the federal poverty level. Further, while there are significant numbers of social service providers in each of the three cities, notably some services require recipients to travel outside of the region, which has implications for transportation and accessibility.

Community strengths were identified to ensure that recommendations could build upon and leverage assets, capabilities, and resources. Identified strengths included: community cohesion; diversity; quality of health care and mental health services; nonprofit organizations and other support service providers; recreation; and high quality schools.

Challenges/opportunity areas were identified at both the community and organizational levels. Community members experienced housing challenges and difficulty accessing health care and

mental health services.* There is also a general lack of awareness of available services and need for service navigation, as well as an expressed desire for more linguistically and culturally responsive providers. A need for outpatient and residential substance use treatment services was identified. Community members also expressed concerns around safety, and a need for more transportation services.

There is also significant need for youth services. For young children this includes high quality, affordable childcare and early childhood education. For older children, parents and youth alike expressed a desire for accessible extracurricular activities including after school and enrichment programs, and affordable summer programs and recreational activities, including sports. Older youth identified concerns around academic pressures and responsibilities, mental health and physical safety, substance use including a need for prevention programs and treatment services, and a lack of access to school bathrooms.

Organizations identified a need to increase awareness of services among each other, to avoid service duplication and to optimally leverage resources. They expressed a need to be able to recruit and retain members of their workforce, particularly those who are racially, culturally, and linguistically diverse. They expressed frustration at the general perception that needs are lower in the Tri-Valley. Finally, they identified several funding challenges including a need for grants that cover infrastructure, operating costs, and marketing, as well as a high burden for grant applications and reporting requirements.

RECOMMENDATIONS

These are divided into approach recommendations which address community or organizational need (i.e., *how* the work is done), and actionable recommendations which are more specific, targeted strategies to meet discrete community and organizational needs (i.e., *what* work is done).

Approach recommendations include: 1) implementing North Star questions to serve as a constant reference point for decision-making, helping to steer the direction of the work and maintain coherence across programs and initiatives; 2) creating more structured and formal community engagement mechanisms to carry this work forward; and 3) anticipating systemic challenges and building responsive organizational relationships to address social determinants of health.

Actionable recommendations include: 1) building a regional service network to support nonprofit collaboration and the alignment and coordination of services; 2) expanding youth services and supports as a long-term investment in reducing future human service needs; 3) examining funding mechanisms and processes to reduce the administrative burden and create increased and sustained funding opportunities from each of the three cities as well as from Alameda County and other funding sources; 4) building a pipeline for a diverse workforce, that

* Distinct elements of health care and mental health services were identified as a strength or a challenge. For more information, please refer to the full report.

meets the needs of the residents of the Tri-Valley; and 5) considering multi-sector service and infrastructure solutions to provide a safety net for those experiencing multiple concurrent needs (e.g., housing, mental health, and/or substance use).

There is deep commitment from Dublin, Livermore, and Pleasanton to collaborate and take a regional approach to meeting identified needs from this process. To ensure accountability, recommendations will be selected and associated implementation plans will be developed to track, evaluate, and communicate progress toward agreed upon goals and approaches.

I. HOW TO USE THIS DOCUMENT

This report is designed to be read from start to finish, or it allows the reader to directly access separate sections. Below, you will find the select highlights along with its corresponding page numbers for easy reference.

How were data collected?

Learn more about what data were used and how the data were collected.

- Quantitative data.....16
- Qualitative data.....17

Who participated?

Explore the many ways that community representatives, non-profits, and others were engaged.

- Advisory group development.....12
- Priority populations.....14
- Demographics.....18

What were Tri-Valley strengths?

Read about some of the Tri-Valley assets, capabilities, and resources.

- Strengths.....42

What challenges were identified?

Examine some opportunities for improvement identified by community members and non-profit organizations.

- Community level challenges.....47
- Organizational level challenges.....70

What values or frameworks guided this work?

Hear about the approach to equity and the theories that guided this work.

- Guiding theoretical values and frameworks.....6

What were recommendations for the Tri-Valley?

Discover the recommendations identified through this process including how to advance change, and what to address.

- Approach recommendations.....73
- Actionable recommendations.....76

What will come of this work?

Review the proposed next steps including how recommendations will be prioritized and implemented.

- Implementation processes.....82
- Sample implementation plans.....83

II. TERM DEFINITION

We've defined key terms used throughout this report to ensure its process and findings are accessible and clear.

Capacity Building	The process of developing and strengthening the skills, instincts, abilities, processes, and resources that organizations, communities, and individuals need to survive, adapt, and thrive.[1]
City Council	The City Council is a governing body which includes the Mayor and four City Council members, and has all the regulatory and corporate powers of a municipal corporation provided under California State Law.[2]
Community Liaison	An individual who served on both the Steering Committee and Eastern Alameda Power and Action Committee, connecting the JSI Project Team, city staff, and community members. They provided historical and current context on best practices for engagement with the Tri-Valley community.
Eastern Alameda Power and Action Committee	An advisory committee which included community members, service providers, and service recipients. This committee was involved with focus group and interview recruitment, preparation, facilitation, and supported data analysis.
Federal Poverty Level	A measure used to gauge access to aid programs (e.g., government assistance programs). It is based on household income and size. In California, the FPL for a family of four in 2023 was set at $30,000.
Health Equity	Work to identify, dismantle, and reimagine systems of power ingrained with racism, discrimination, neglect, disrespect and dehumanization. This work contributes to the evolution of society in offering all people opportunities, security, power, resources and information to live their happiest and healthiest lives.[3]
Human Services Commission and Joint Commission	Dublin, Livermore, and Pleasanton each have their own Human Services Commission to advise the city council on community human service needs and identify ways to meet these needs. The Commission focuses on communities that are socially or economically disadvantaged. The Joint Commission refers to a workshop or meeting attended by Human Service Commissioners from all three cities.
Human Services	Services provided by the cities, nonprofits, and other agencies that support communities and individuals with basic needs like food and shelter and other services such as health care and employment.
Lived Experience	Knowledge based on personal perspective, identities, and history beyond professional or educational experience. People's lived experience is directly affected by social, health, public health, or other issues and by the strategies that aim to address those issues. Lived experience gives people insights that can inform and improve systems, research, policies, practices, and programs.[4]
Macro-Level Factors	Factors that affect the health of an individual on a structural level and entire communities, counties, states, and countries. Advocating for policy changes to create more affordable housing is an example of trying to change a macro-level factor that affects an individual's ability to find housing.
Medi-Cal	California's Medicaid health care program, which pays for a variety of medical services for children and adults with limited income and resources.[5]

Needs Assessment	A process and resulting resource used to understand the qualities of a given community including its strengths and opportunities for growth. Needs Assessments often use both quantitative and qualitative data to gain a representative depiction of a community.
North Star	A constant reference point for decision-making, helping to steer the direction of the work and maintain cohesion across programs and initiatives.
Power Sharing	Distribution of power in which different representative groups share decision making and other responsibilities.
Quantitative Data	Can be counted, measured, or given a numerical value. In this needs assessment, the quantitative data include demographic information such as race, ethnicity, age, income, employment, marriage status, etc. Quantitative data can be collected through surveys, census, local organizations and county agencies, and other sources.
Qualitative Data	Typically collected through focus groups, interviews, and conversations. These data are not numerical. Qualitative data collection methods allow community members to share their experiences and deep insights that are more difficult to capture quantitatively/numerically.
Recommendations: Approach and Actionable	Recommendations in this report are categorized into 'Approach' and 'Actionable.' Approach recommendations encompass broad or overarching factors that should be integrated into any approach to meet a human service need, regardless of the specific strategy employed. Actionable recommendations are more precise, focused on a singular or multiple social determinant of health simultaneously.
Social and Structural Determinants of Health	The non-medical factors that influence health outcomes, including the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. They include economic policies and systems, development agendas, social norms, social policies and political systems.[6]
Steering Committee	An advisory group formed for the Eastern Alameda County Human Services Needs Assessment with representatives from the three cities, Alameda County, local nonprofits, and JSI Project Team members. This committee provided oversight and support to the project and assisted with the distribution of findings.
Strengths-Based approach	Focuses on identifying and building upon a community or individual's strengths. It is a shift from focusing on the issues in a community only.
Tri-Valley	Another term for the three cities in Eastern Alameda County: Dublin, Livermore, and Pleasanton. The cities are geographically adjacent to each other, totaling 65.95 square miles and a collective population of 234,282.
Triangulation	The use of multiple methods (e.g., interviews and focus groups) or data sources in qualitative research to develop a deep understanding of a theme or event. Triangulation is important in ensuring information is accurate.
Upstream and Downstream Factors	Upstream factors: Structural or contributing conditions that affect a person's health or wellbeing. For example, when individuals speak of the need for affordable housing, they often acknowledge other forces such as inflation and the need for a living wage. Downstream factors: The result of upstream factors affecting health. These are often measured as individual-level factors that shape a person's health outcomes, or the health outcomes themselves. For example, an individual's ability to access fresh fruits and vegetables affects their risk of developing diabetes.

III. STORY

This report begins with a story in recognition that data—no matter how close to community members' lived experiences—is insufficient in truly conveying the challenges and complexities that any individual or family experiences. This story is not of any one person or family, but rather a compilation of stories that were heard. These are stories that weave various realities found throughout the Tri-Valley community into a much broader picture. This story is presented to ground our findings, allowing the reader to see how human services (and the lack of them) can shape not only individual outcomes, but the life course of future generations and an entire region.

The G family is a multigenerational family in which Mia, the matriarch, lives with her son Luis, his wife, Laura, and their children Alexa and James. They love the beauty of the mountain landscape and year-long warm weather of the place they call home; however, each member of the family experiences barriers challenging their ability to live happy, healthy, and peaceful lives.

Let's begin with Mia. Mia is 72 years old and was diagnosed with type 2 diabetes a few years ago. As her condition progresses, she struggles with her mental health. Mia is covered under Medicare but has a hard time finding a mental health provider (e.g., a therapist or social worker) who not only speaks her language but also understands how challenging it is for her to talk about her mental health. It is also difficult for Mia to keep track of her various appointments and she is unable to drive the distance to the nearest hospital to see her specialists. Sometimes, Mia prefers not to go to any of her appointments because constant travel and management make her anxious.

Mia's son Luis works two low-wage jobs, neither of which provide health insurance, and he makes just enough not to qualify for Medi-Cal. English is not Luis's first language, which makes navigating the health insurance system very challenging. Luis tries his hardest to make sure he does not get injured on the job and lives in fear of receiving a large medical bill.

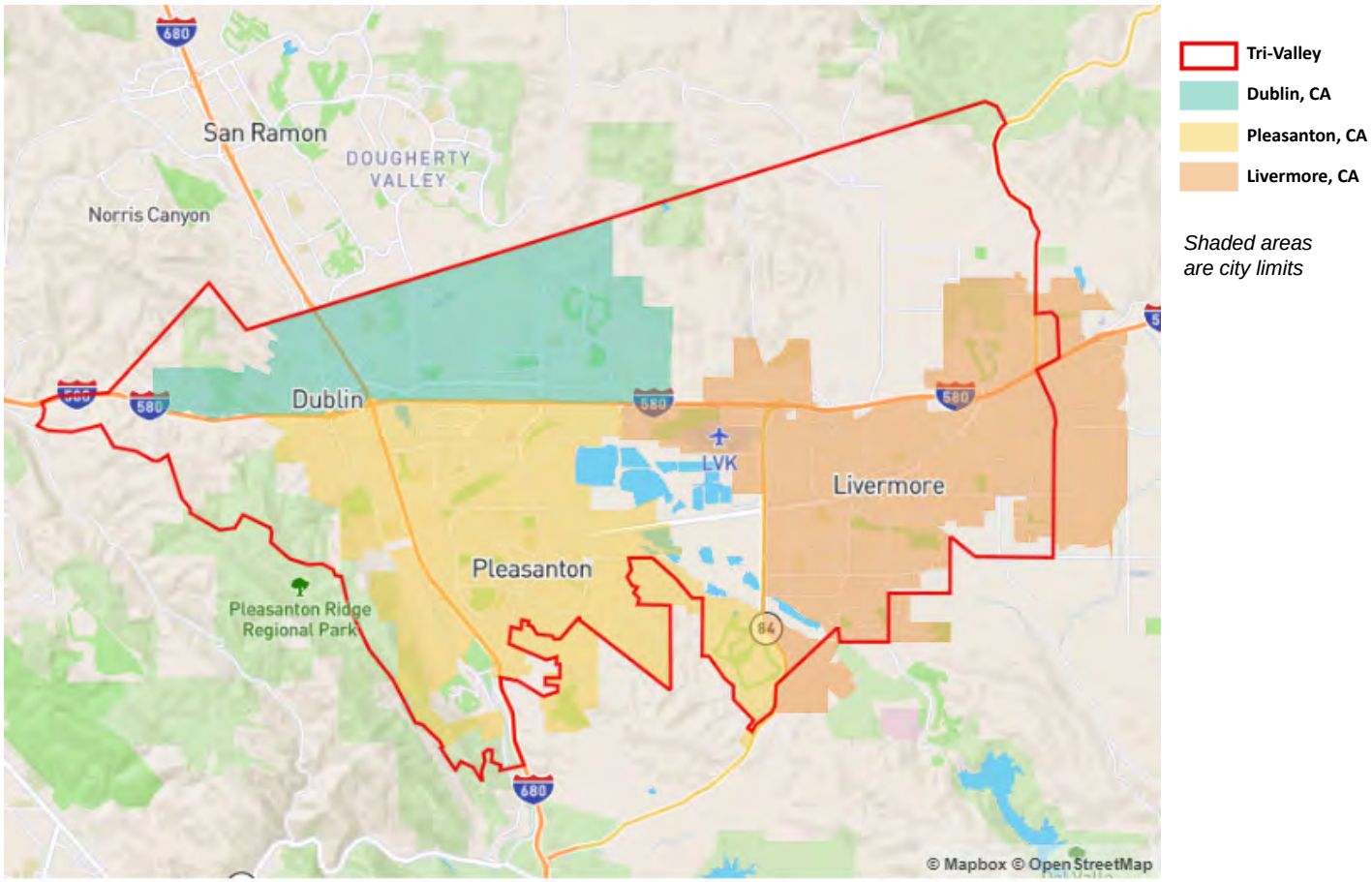
Luis's wife Laura also works a low-wage job. She is desperate to connect with women her age but is ashamed about how poorly she speaks English. Laura has thought about taking English classes but her work schedule makes it difficult to attend classes regularly. Alexa and James are in fifth and tenth grade, respectively. Alexa was born in the United States; James was five years old when their parents and grandmother arrived in the country. Alexa enjoys school but wishes she could take art classes. Her parents support her creative interests, but are unable to pay for classes.

James has been struggling with several things, particularly mental health. James, who uses they/them pronouns, works very hard at school. James feels they owe it to their parents to get into a great school and bring the family out of poverty. They would like to talk to someone who understands the pressures of being the oldest child. Sometimes James has intense panic attacks but feels their parents would not understand how they feel and does not want to add more stress to their lives.

The story of the G family is not unusual. In this assessment, seeds of these stories—of isolation, challenges navigating human services, stigma toward mental health, transportation and linguistic challenges, and more—emerged through the many conversations with community members. The assessment you are about to read analyzes the strengths and challenges in the Tri-Valley and includes recommendations to respectively build upon and mitigate them. This is all in service of the overarching goal of improving residents' health and wellness.

IV. BACKGROUND

Figure 1. Tri-Valley Map



The cities of Dublin, Livermore, and Pleasanton, collectively known as the Tri-Valley (figure 1), have provided Human Services collectively for many years. The cities value innovation, collaboration, and problem solving to maintain and improve the quality of life for all residents. Each city has a unique perspective on how to meet the needs of its residents. While each city respects the individuality of each community, it also sees value in focusing on collaboration for common efforts and regional solutions. The Eastern Alameda County Human Services Needs Assessment (EACHSNA) is one such collaboration, created to evaluate the strengths and needs of the human service delivery network for the region and the individual cities.

In 2011, the Tri-Valley conducted a needs assessment focused on the cities' most vulnerable populations: low-income families, individuals, children, seniors, and people with disabilities.[7] This Tri-Valley needs assessment process follows the 10-year census, as will the regional needs assessment.

The 2011 assessment found a significant and increasing disparity between the growing demand for human services and a stagnating, and at times, declining supply of services in Eastern Alameda County. Many of the findings in the report mirror those reflected here related to mental/ behavioral health, housing, health care, workforce, transportation, and changing demographics.

However, one finding in the 2011 needs assessment that did not surface here was a need for increased food and nutrition programs. This reflects the success of the region in mitigating food insecurity through funding and other initiatives, one of the many efforts undertaken to increase access to resources and services. A list of additional programs and initiatives that emerged in response to findings from the 2011 needs assessment is available in Appendix 7.

The COVID-19 pandemic exacerbated the need for more resources so, in 2022, the three cities hired JSI to lead the EACHSNA process. JSI is a public health research and consulting organization with an office in Berkeley, California. It has over 40 years of experience providing technical services to federal, state, and local agencies to improve the health of individuals and communities, with a focus on vulnerable populations. JSI was tasked with conducting the EACHSNA by leveraging existing documents including the prior needs assessment; incorporating a diversity, equity, and inclusion framework to ensure an equitable and inclusive process and outcomes; and developing a final report including recommendations and associated implementation steps.

Figure 2. Timeline of the Tri-Valley Needs Assessments

2003

Tri-Valley commissioned its first human services needs assessment collecting critical local data for programmatic, policy, and resource allocation decision making.

2011

The three cities commissioned a follow up report to assess the changing needs, demonstrate current and future human service needs and service delivery gaps, and recommend ways to meet residents' human service needs.

2021

The three cities resolved to conduct a needs assessment every 10 years to stay abreast of the changing needs within their individual cities and the region as a whole.

2022

JSI was hired to complete the 2022 needs assessment.

V. GUIDING THEORETICAL VALUES AND FRAMEWORKS

Community Engagement, Power Sharing, and Capacity Building

Our process grounded the work in equity and ensured a sound and inclusive assessment process. It started with the use of an equity framework as a roadmap for the assessment to help ensure a collaborative, engaged, and intentional process that built community capacity and relationships. The following outlines each framework principle and how it was applied in the Needs Assessment.

Centering lived experience: In recognition of the fact that community members and service providers are the experts of their lives, the JSI Project Team worked thoughtfully and deliberately to center the voices of community members within the Tri-Valley who were eligible for, have sought out, or have received human services. Throughout the project, the JSI Project Team aimed to lessen participants' burden while maximizing opportunities for participation. It focused on identifying and engaging people who are often labeled "difficult to reach,"[i] particularly those identified as priority populations in the project's initial scoping activities.

Equitable data practices: There is a long history of extractive data collection practices in the United States, with little to no sharing of power, capacity building within communities, or follow-up in how data were used. Thus, equity was a focus of every step of data collection and analysis. Community members were trained and supported to collect data as focus group and interview facilitators; provided trainings on topics including qualitative analysis; and shaped the identification and prioritization of strengths, challenges, and recommendations.

Strengths-based approach: The central purpose of a human service needs assessment is to identify challenges (i.e., community and organizational

[i] Note: This term is problematic because it obscures the historic lack of inclusion efforts and barriers to participation, including a lack of trust.

challenges) and possible solutions, but it is also important to identify and celebrate individual and community assets, capabilities, resources, and strengths. All too often when the focus is directed on individuals or neighborhoods with high human service needs, the emphasis is on issues or deficits. This is not only disempowering; it also fails to recognize the many ways that communities can be a source of strength and resilience. Thus throughout the data collection and in this report, we celebrate and honor the strengths of the Tri-Valley.

Community capacity building: Similar to the recognized need for equitable data practices, one of the guiding values for this needs assessment was on the importance of engaging in power-sharing activities to support community members' capacity to develop, implement, and sustain local initiatives. For this project, this included training with community member participants of the Eastern Alameda Power and Action Committee (EAPAC) with a focus on capacity building and mentorship on methods of data collection, and an explicit focus on how power might be shared to ensure community members felt included in the needs assessment process and beyond. To that end, we made efforts to ensure the findings were broadly accessible to the community by building a public-facing website and creating a section in this report to define terms used throughout.

Additional Applied Frameworks

As the work unfolded, the community described challenges as cross-generational, interconnected, and stemming from broader, overarching factors. This is important to capture because it not only describes *what* people are experiencing, but also *how* they experience and think about their conditions. The following section represents the effort to capture this through existing frameworks that help us think about the challenges and how to shape effective solutions.

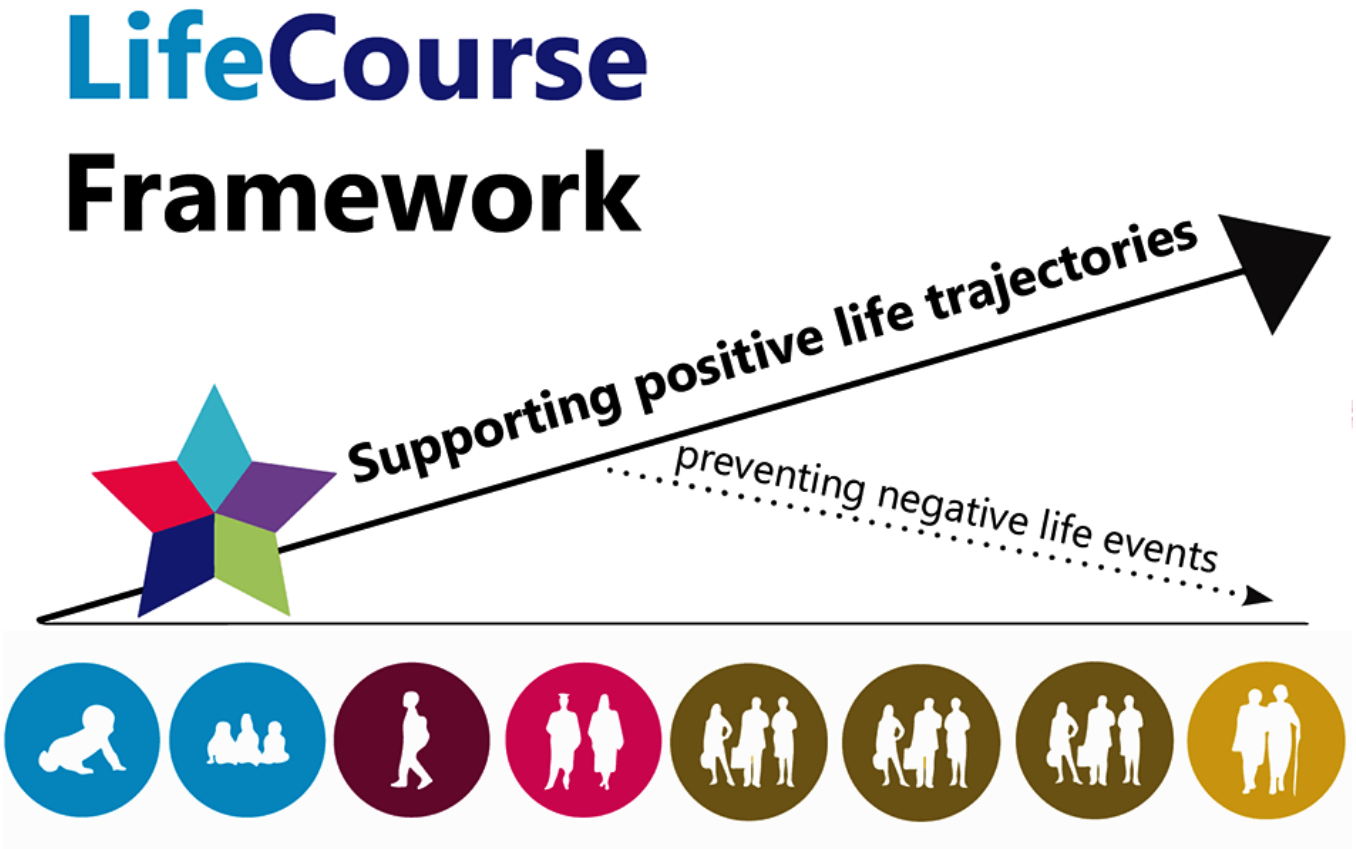
The Life-Course Perspective

The life-course perspective provides a lens to identify interventions that have the potential to crease change across generations. The life-course perspective calls us to focus on: 1) distinct life stages (e.g., adolescence or older adults); 2) the trajectories of lives based on a number of factors and conditions (e.g., social and structural determinants of health); and 3) the relationship between individual and collective life courses, or as Martin Luther King Jr. put it, "the inescapable network of mutuality." This refers to the idea that the fate of all individuals are linked. Put another way, the health and wellness of the Tri-Valley is inextricably connected to those individuals who are the least resourced within the communities.

> *The G family is a perfect example of why it is important to consider a life-course perspective. The barriers facing the 72-year-old Mia effect the entire family. If Mia's diabetes gets out of control due to challenges of managing her appointments, her son Luis and daughter-in-law Laura may have to take time off of work to care for her. If the family begins to struggle financially and have a challenging time putting food on the table, Alexa's and James' hindered development and mental health will diminish their ability to learn in school.*

In the context of this EACHSNA update, the use of the life-course perspective draws attention to the need for services that are focused on distinct age groups, while also considering the importance of ensuring people's needs are met across time. For example, it is important to focus on specific challenges and interventions for teenagers now and to think about how their needs are expected to evolve as they enter young adulthood). It also draws attention to the need to design and deliver services that are both universal or widely available for everyone, and targeted, in that they should respond to the needs of distinct priority populations. For example, there is a need for universal mental health services, but those services must also be tailored to the needs of adolescents, non-English speakers, and people who lack mental health insurance. The life-course perspective also calls us to consider the emotional, physical, psychological, and social needs that evolve within specific historical and cultural contexts. For example, the application of a life-course perspective calls us to understand how youth might be uniquely and disproportionately affected by the COVID-19 pandemic and to identify services and a responsive delivery mechanism to meet those needs.

Figure 3. Model of the Life-Course Framework. Source: State of Hawaii Department of Health



Structural Considerations

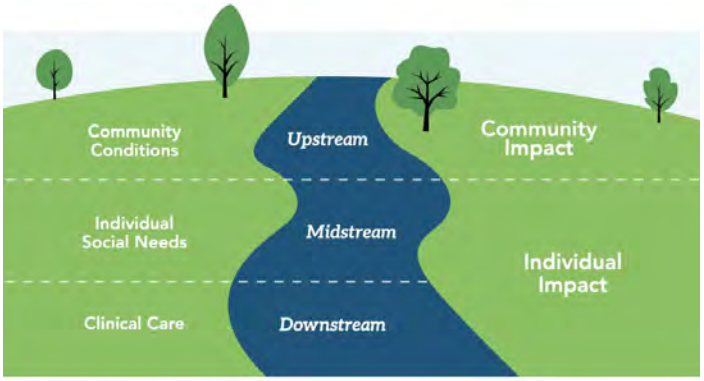
UPSTREAM AND DOWNSTREAM

A needs assessment provides a snapshot or even a retrospective look at the challenges faced by a community or its sub-groups. However, it is important to note that what a needs assessment typically captures represents what are often called 'downstream' factors. These are often mentioned at the individual-level, simply because a needs assessment asks individuals about their experiences. For example, when asked about challenges, a community member might mention a health concern such as high blood pressure. From a downstream lens, a responsive intervention might be to make sure that person has access to health services. However, looking midstream and upstream might point to different interventions. In the example of high blood pressure, a midstream contributor might be the stress the person is under from being unemployed. A midstream intervention might connect the individual to career services. Finally, looking even further upstream might indicate a broader decline in available jobs within a region. This would indicate a need to think about and examine ways to attract industry to a region and/or provide career training opportunities.

Human services are directly charged with mitigating the downstream consequences flowing from these macro level or structural factors. However, there is a parallel need to work upstream to prevent these needs from arising in the first place. Thus, when focusing on downstream conditions, there should always be a broader conversation about midstream and upstream contributors and possible interventions. This ensures any intervention can have the greatest effect. One human service provider eloquently expressed this desire to focus upstream:

> *"If we're talking about dreams here… we really need to go upstream and start working with people before they get into crisis and need to be connected to care. We need to preempt [crises] when people are younger, when babies are being born. ...Getting them access to education, stable housing and food would make a huge difference so they don't end up in crisis."*

Figure 4. Upstream and Downstream Approach to Health



Source: Jon Warner

SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH

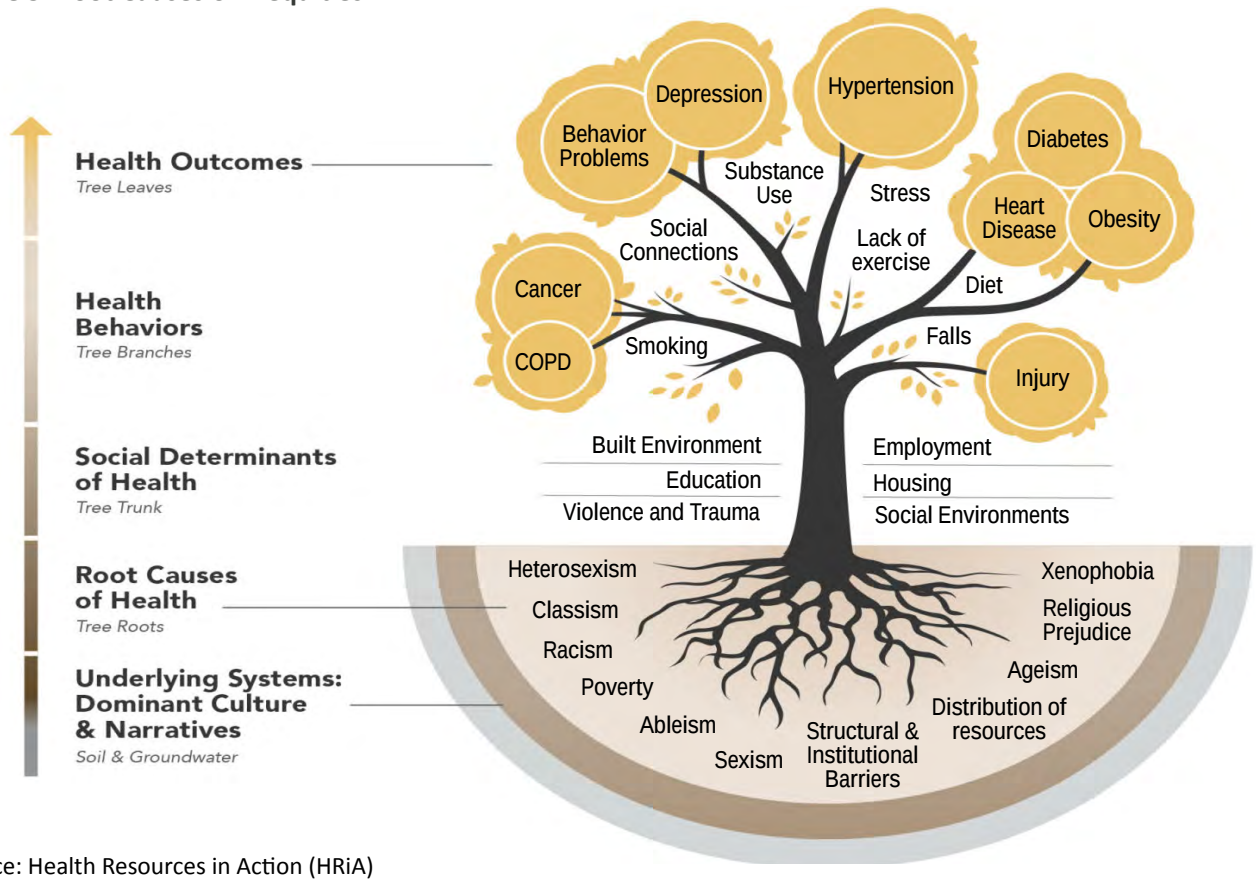
These mid- and upstream factors are often called social or structural determinants of health. These non-medical factors influence health outcomes and are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. As described above, community members often mentioned these in the same breath as the challenge they were experiencing. Similarly, while nonprofit organizations identified some of the workforce challenges to attracting and retaining diverse service providers, they also noted the high cost of housing and funding limitations (e.g., funders not supporting operational costs) that were barriers to providing a living wage. One faith-based organization representative said that:

> *"We feel that problem [living wage] acutely as a church because we have to pay…we can't compete with Google, and Facebook. We're a nonprofit, a church. And so we need employees who work here and who live here. It doesn't do much good to have a pastor who lives in Tracy or Modesto or Stockton. So in some ways, the nonprofit world and the church world face the same challenges that the schools do in getting teachers here, or police officers or firefighters to live here."*

ROOT CAUSES

Troughout this needs assessment, participants identified several social or structural determinants that helped to create the current conditions that the region is experiencing. These are best understood

Figure 5. Root Causes of Inequities



Source: Health Resources in Action (HRiA)

as root causes. In this needs assessment, these included housing and land use policies, racism and discrimination, the cost of living and inflation, policy, various structures and institutions, and funding streams.

The integration of this framework was particularly important in the development of recommendations. There is an immediate need to provide human services for those suffering in the Tri-Valley. However, there is an equally pressing need to work systemically to remove the root causes of that suffering. This need informed the Approach Recommendations to consider a series of North Star questions to guide the selection and implementation of any strategy to support the health and wellbeing of Tri-Valley residents. It also called for community- and organizational-level challenges and opportunities to answer 'What are the upstream conditions that have created this need that we might address through strategies that have a community impact?'

Report Considerations

A needs assessment is a powerful tool, representing the elevated needs of community members, nonprofit organizations, and direct service providers. Triangulation with census and other published data sources gives a representation of the human service needs and resources in the Tri-Valley. However, while we made significant efforts to engage a broad subsection of people from each of the three cities across a variety of identity characteristics, it is believed that complete representation is not possible. Further, although efforts were made to project future needs, especially in the grounding of the life-course perspective, time will age these findings as the cities and region evolve after these results and recommendations are published.

This is not to suggest that these findings are inherently invalid, but rather a call for the varied audiences to use this report as a starting point for conversation and reflection. The perspectives of those who do not see their experiences and priorities represented here are just as valid as those who do. If you disagree with the findings or recommendations here, or identify needs that have not been elevated, consider this an invitation to advocate for change by raising your individual or collective voice in service of continuing to advance collaborative change.

Additionally, as indicated in the discussion of Root Causes and Social and Structural Determinants of Health, many of the needs identified herein represent downstream consequences of structural conditions outside the control of those meeting human service needs. This document can also serve as evidence of the need for continued upstream efforts to reduce the need for human services more broadly. We encourage the use of this document as a mobilizing force to those continuing to advance systemic change.

Let's go back to the G family. Laura does not speak English very well and feels shame when trying to begin a conversation with her neighbor who only speaks English. This shame was magnified one day when she was walking with her daughter Alexa on a beautiful spring day.

Laura and Alexa were having a conversation in Spanish when a person walking behind them said: "Speak English, this is America."

As limited as Laura's English is, she knew what this person meant. Not only did this make Laura even more insecure, but Alexa began to doubt whether she should speak a language other than English in public. Recently, she missed a few medical appointments because she worried about her ability to communicate with her providers.

VI. METHODS

Leveraging the guiding theoretical frameworks and values, the EACHSNA update used quantitative and qualitative methods to meet the needs assessment objectives. The process also involved substantial intentionality and involvement of the voice of Tri-Valley community members throughout. The overall approach included four phases: 1 landscape scan; 2 advisory group development; 3 qualitative and quantitative data collection; and 4) analysis of findings.

Foundational Steps: Gathering Input and Establishing Advisory Groups

Landscape Scan

JSI started the project with an initial landscape scan guided by interviews, engaging individuals at a community event, and creation of a social services inventory. The goals of the landscape scan included:

1. Establishing a preliminary understanding of the context in which human services are provided in the Tri-Valley and the people and organizations giving and receiving them.
2. Creating a social services inventory of human services in the Tri-Valley.
3. Identifying individuals for the project's advisory groups – Steering Committee, Community Liaison and EAPAC.
4. Establishing connections with organizations to facilitate recruitment for focus groups and interviews.

Individual's names, events, and organizations were initially provided by the core city staff and the Human Services Joint Commission. Interviewees also connected the JSI Project Team with additional Tri-Valley organizations and individuals who they thought should be involved in the project (i.e., snowball sampling). The JSI Project Team interviewed individuals from different human service sectors and who serve a diverse range of communities within the Tri-Valley.

During the landscape scan, the team interviewed 13 executives, staff members, and volunteers from nonprofits, county agencies, and schools. These conversations consisted of questions focused on:

- The identification of the most pressing issues in the community.
- Whether the individual was part of the previous needs assessment work or the implementation of emergent recommendations.
- The identification of priority populations and organizational or individual contacts through whom they might be engaged.
- Whether they had any reports or other data that could help inform this needs assessment.

Notes were taken during the interview and coded independently by two JSI Project Team members to identify significant themes. These initial findings were presented to the Steering Committee and at the Dublin, Livermore, and Pleasanton City Council meetings. They were also used to develop subsequent interview and focus group guides, particularly for the nonprofit focus groups.

The JSI Project Team also attended La Familia's Dia de los Muertos Community Event. At this event, JSI talked with community members and residents in English and Spanish about what they loved and what they would change about their community.

After collecting this preliminary information and gaining input from the Joint Commission and at City Council meetings, JSI recruited members and developed the EAPAC and the Steering Committee. These committees informed data collection efforts, identified priority populations, and helped reach individuals and organizations.

Joint Commission and City Council Meetings

At the beginning of the project, the JSI Project Team met with each Human Services Commission and City Council to present the needs assessment approach, gather feedback, and refine priority populations from city leadership. The table below includes the dates of each of these meetings.

Table 1. Meetings Attended by the JSI Project Team

EVENT	DATE
Joint Human Services Commission Meeting, Pleasanton	November 2, 2022
Dublin City Council Meeting	April 4, 2023
Pleasanton City Council Meeting	April 18, 2023
Livermore City Council Meeting	June 12, 2023

Needs Assessment Website

In alignment with the equity framework principle of equitable data practices, process information was made available through the website www.mytrivalley.org throughout the Needs Assessment The site included an explanation of what a needs assessment is; the methodologies used in the EACHSNA; opportunities to get involved through the advisory or focus groups; reports on current findings and demographics trends; and upcoming events. All three cities determined that the site would only be active through the duration of the Needs Assessment project, and any relevant data would be carried forward into this report.

Advisory Groups Development

The JSI Project Team developed three advisory roles/groups (see below to ensure the application of the equity framework and guide project implementation. The individuals who comprise these groups are community leaders—both those with organizational standing and those with lived experience.

JSI created and presented a graphic at the Joint Commission and City Council meetings (see Figure 6) to facilitate communication about the purpose of each of these advisory bodies and how they would intersect. Some JSI Project Team members were on the Steering Committee only; others were a bridge between the EAPAC and the Steering Committee. The Community Liaison also served in a bridge role, attending both EAPAC and Steering Committee meetings. After in-depth deliberation about whether or not to hold ongoing joint EAPAC and Advisory Committee meetings, the decision was made to hold the majority meetings separately given the distinct scopes of work and responsibilities for each group, and in recognition of the potential power dynamics between them. The two groups were brought together twice during the data analysis and recommendation development phases to provide input on and add nuance to the findings.

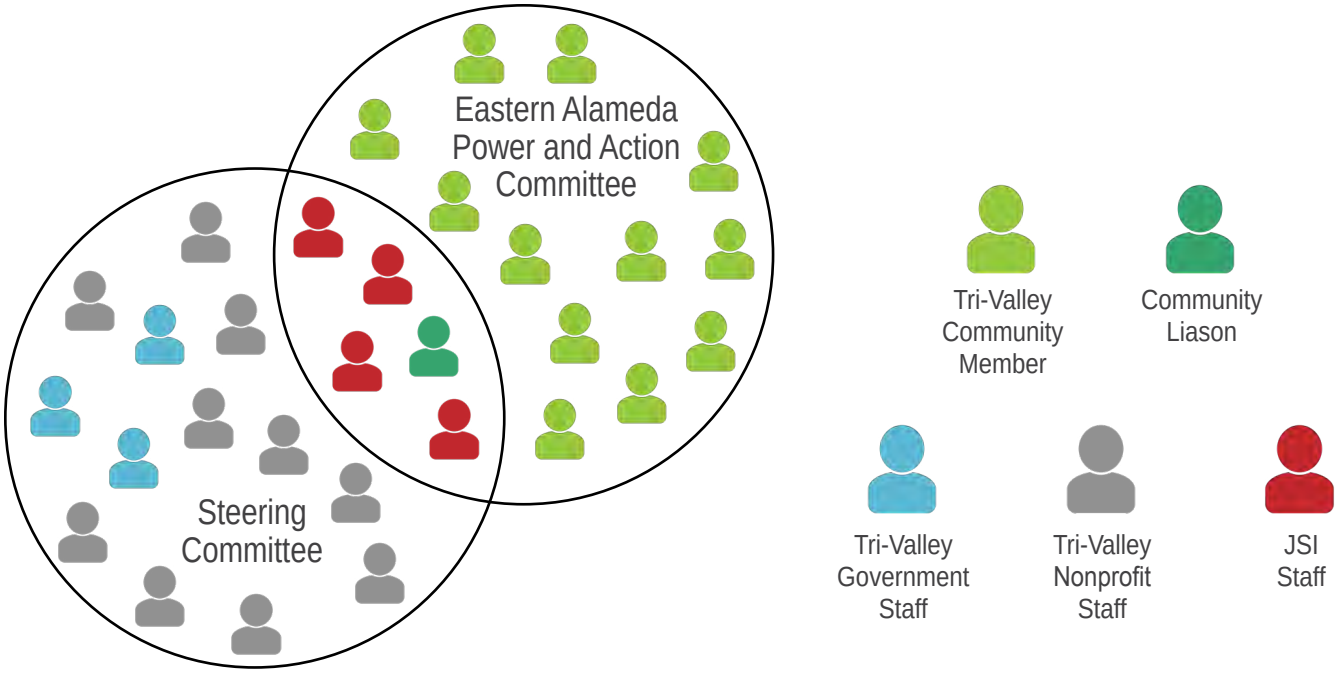
COMMUNITY LIAISON

The community liaison was an essential member of the advisory groups for the Needs Assessment. As consultants with no experience living, working, or seeking services in the Tri-Valley, the JSI Project Team acknowledged the potential for gaps in the assessment. The Community Liaison had knowledge and context to illuminate the distinct features of and experiences within the Tri-Valley. The role also served on both the Steering Committee and the EAPAC. Given that the groups would not meet with each other until the end of the project, the liaison

Table 2. Project Advisory Roles

ROLE	RESPONSIBILITY	COMPOSITION
Community Liaison	Serve on both the Steering Committee and EAPAC, connect the JSI Project Team, city staff, and community members. Provide historical and current context on best practices for community engagement in the Tri-Valley.	One individual who has experience in direct service work, a Tri-Valley community member, understanding of human services landscape in Tri-Valley
EAPAC	Support community connections and qualitative data process, co-facilitate focus groups, and provide feedback on interview tools and preliminary data analysis and overall process.	Community members, human service providers, recipients of Tri-Valley services Compensated role for community members
Steering Committee	Provide oversight of the project, support the assessment process, review work plan and status of project activities, support logistics and project requirements, coordinate events, and preview deliverables.	Tri-Valley city representatives, County staff, nonprofit leadership, and select JSI Project Team members

Figure 6. Advisory Groups for the EACHSNA



supported bidirectional communication between the two groups, the JSI Project Team, and the Steering Committee.

Catherine Arthur (Cat), RN, PHN, MSN, a Livermore Valley Joint Unified School District School Nurse was selected as the community liaison for the project. She was initially recommended by city staff during the landscape scan. Cat was interviewed by two members of the JSI Project Team and selected based on her experience as a parent/community liaison in the school (e.g., demonstration of inclusive approach and valuing diverse voices) and her higher-level interest/knowledge and connection to families/community members. In addition to working in Livermore schools, she lives in Livermore. During the landscape scan, Cat and others interviewed said the majority of the Tri-Valley's pockets of poverty are concentrated in Livermore. Given this, it was important to have a community liaison who understood the needs of Livermore residents in particular.

EASTERN ALAMEDA POWER AND ACTION COMMITTEE

Before beginning active recruitment of EAPAC members, the JSI Project Team created a 2-page document titled "What is a Needs Assessment?" that described the purpose of a needs assessment, what the EACHSNA aimed to accomplish, and its importance and potential implications. It also outlined the process for conducting the needs assessment, including an explanation of quantitative and qualitative data, the equity framework, and an overview of the advisory groups involved. It offered ways for community members to get involved, including serving on the EAPAC and participation in focus groups or interviews, and an invitation to reach out via email. The JSI Project Team also created an EAPAC Recruitment Flyer, which outlined the purpose of the EAPAC, the roles and responsibilities of members, opportunities for their professional development, and compensation information. Both of these materials were published in English and Spanish and sent to community members via email, posted on the project website, and distributed in person by the Community Liaison.

Next, the JSI project team created an EAPAC Interest Form, which was accessible via a QR code on the EAPAC flier. The interest form was created using Google Forms, published in English and Spanish, and offered the option to complete the form on behalf of oneself or someone else. This form centralized contact information for interested community members and provided information on potential EAPAC members' lived experiences (e.g., types of human services received); demographic characteristics (to ensure representation of priority

populations); connection to the Tri-Valley community; and interest in serving on the EAPAC. Questions were designed to be open-ended, optional, and require minimal time to complete. The Community Liaison was integral to ensuring that the language on the form was accessible and inclusive, and that the form was not a barrier to participation.

Twenty-seven responses were received and all interested candidates were contacted via phone and/or email to set up a 15–20-minute phone screen.

The JSI Project Team and Community Liaison developed a set of questions to ask EAPAC candidates during the phone screen:

- Would you be able to meet for 1.5 hours in the evening once every other month?
- Are there groups of people you would not be able to work with?
- What groups are you most comfortable working with?
- What communities do you feel that you are most connected with?
- We will be discussing a variety of social and health topics throughout this process, such as adolescent health and LGBTQIA+ advocacy. Are there any topics you would not feel comfortable engaging with?
- Specific follow-up questions about their applications.

JSI Project Team members and the Community Liaison conducted phone screens, during which notes were taken in a shared spreadsheet and reviewed after. Based on the initial phone screen, if there was any uncertainty about a candidate, a second team member conducted an additional phone conversation. Using documentation from these calls, the JSI Project Team and Community Liaison recommended EAPAC members, selected to represent all three cities, with experience accessing and/or directly providing human services in the Tri-Valley, diverse backgrounds (e.g., race, ethnicity, cultural, linguistic), and representing one or more priority populations. Candidates who were employed by a city or county government agency and served on the Tri-Valley Human Services Joint Commission were ineligible due to potential conflicts of interest. The list of recommended EAPAC members was brought to core city staff for discussion and approval. Ten people were invited to join the EAPAC. The other 16 candidates were thanked for their interest and informed they had not been selected. They were also invited to participate in a future focus group or interview, if interested.

STEERING COMMITTEE

Steering Committee candidate selection was informed by the landscape scan interviews and through recommendations from the three city staff members. The selection process ensured there was representation from the three cities, a mix of nonprofit, community, and Alameda County representation, racial and ethnic diversity, and that organizational type spanned the various categories of human services guided by the Kaiser Family Foundation Framework (i.e., economic stability, neighborhood and physical environment, education, food, community and social context, and health care system).[8] As a result, individuals from the following organizations were selected: Las Positas Career Center, Livermore USD, Alameda County Social Services, Alameda County Department of Public Health, Axis Community Health, Alameda County Community Health Improvement Plan, Alameda County Housing and Community Development Agency, Asian Pacific Islander American Public Affairs Tri-Valley Chapter, CityServe of the Tri-Valley, Open Heart Kitchen, and the cities of Dublin, Livermore, and Pleasanton.

Priority Populations

From the data gathered through the landscape scan interviews, quantitative demographic data, City Council meetings, Human Service Commission meetings, and advisory groups, 12 groups were identified as priority populations for the Needs Assessment (table 3).

Although this Needs Assessment is meant to capture the breadth of lived experiences among residents of the Tri-Valley, particular emphasis was placed on the communities that were anticipated to be most in need of human services, may have had a distinct lived experience based on one or more identity characteristics, and most likely to be affected by the resulting recommendations.

Table 3. Priority populations for the EACHSNA

POPULATION[ii]	DESCRIPTION
Faith-based leaders	Individuals or groups that are part of faith-based organizations which can include but are not limited to churches, mosques, and temples.
Female heads of households	Female members of family units who are the primary source of income in the household.
First responders	Police officers, firefighters, emergency medical technicians, nurses, etc.
Indigenous communities	Member of an indigenous community or tribal nation.
Individuals who are unhoused	Individuals who have experienced being unhoused currently or in the past.
Individuals with disabilities	Individuals who identify as a person with disabilities, including physical, intellectual, and/or developmental.
Lesbian, gay, bisexual, transgender, and queer (LGBTQ) community	Individuals or groups that identify as part of the LGBTQ community.
Livermore agricultural workers	Agricultural workers including those who worked in winery fields, typically immigrants or refugees.
Non-English speakers	Includes individuals who do not speak English or feel comfortable participating in a focus group or interview in English. Languages most commonly spoken in the Tri-Valley include Spanish, Pashto, Farsi, Mandarin, Cantonese, and Dari.
Seniors/older adults	Individuals ages 65 years and older.
Those who work, but do not live in the Tri-Valley	People who cannot afford to live in the Tri-Valley due to the high cost of living. This often includes essential workers, such as teachers or first responders.
Youth	Individuals between the ages of 14 and 25.

Within these priority population categories is an acknowledgment of the complexity of identity, and an honoring of the heterogeneity, or differences in experiences, within any one category. It is also recognized that identity is intersectional; that is, individuals within these prioritized groups may identify with more than one category. Those tasked with completing this needs assessment sought to understand and articulate the complexity of individual lived experiences. We acknowledge that it is reductive to presume that an individual has a particular lived experience based on a singular or even intersectional identity categorization. However, given the systemic and sociopolitical factors, these individuals may distinctly experience social and structural determinants of health. Deeply understanding individuals' lived experiences and the extent to which certain identity characteristics affected them was therefore a key consideration in the method selection.

ENGAGING DIFFERENT LANGUAGE GROUPS

The Steering Committee and city staff prioritized Spanish, Pashto, Farsi, Mandarin, Cantonese, and Dari for the EACHSNA because of the large population of individuals in the Tri-Valley who speak them. However, as data collection progressed, a number of barriers to engaging speakers of these languages, particularly Pashto, Farsi, and Dari. While recruitment materials were translated into these languages, there was insufficient infrastructure to reach community leaders and build trust within this project's timeframe and scope. Moving forward, deliberate strategies must be identified and implemented to build relationships and engage community members meaningfully beyond the data collection period. This could include inviting non-English or multilingual speakers onto the project team, publishing project materials (e.g., the project website) in all relevant languages, and going directly to communities to disseminate the findings. Trust, instrumental to

[ii] Presented in alphabetical order

involving people who don't speak English equitably, must be built between and during community engagement activities.

Quantitative Analysis and Qualitative Data Collection

Informed by the aforementioned Foundational Steps, the JSI Project Team conducted quantitative analyses, collected primary qualitative data, and triangulated findings using existing community-based and regional reports. Early in the project, preliminary quantitative findings were produced and made public through the EACHSNA website. This informed the identification of priority populations, shaped the co-design of data collection instruments in concert with the EAPAC, and informed and involved community members in the Needs Assessment process.

Next, the JSI Project Team used several qualitative methodologies to engage residents of the three cities including tabling at community events, conducting interviews and focus groups, and administering intercept interviews, which involves informally engaging available individuals in a brief conversation about needs assessment topics. It is important to note that the only primary data collection activity was qualitative. It is said that quantitative data (e.g., surveys) allow researcher to go an inch deep and a mile wide, while qualitative data (e.g., focus groups, interviews) go a mile deep and an inch wide. A qualitative methodological approach was selected to gain a more nuanced and contextualized understanding of the lived experience of community members (especially priority populations) and nonprofit organizations.

In qualitative data collection, the focus is not on generalizability per se, meaning the goal is not to achieve a numeric indicator that is meant to be statistically representative of an entire community. Rather, the metric of quality for qualitative data is the extent to which saturation is achieved. Saturation means that across data collection activities, no new substantive information is arising. To achieve this, an iterative data collection approach was taken. This allowed periodic modification of data collection methodologies to ensure a diverse sample was engaged. To achieve saturation, methods were expanded to include individual service provider and intercept interviews.

The resulting community-level challenges and opportunity areas and organization-level challenges and opportunity areas were identified then cross-checked with other regional reports to determine the extent to which existing data supported or added nuance to the emergent themes. Further, findings were presented to the EAPAC and Steering Committee in a series of joint meetings, where both groups offered rich context to emergent ideas and themes. Findings were also reported to nonprofit organizations, resulting in discussion about the prioritization of recommendations and their feasibility. Feedback from these activities resulted in the refinement of the theme and/or resulting recommendation.

Quantitative Data

CENSUS DATA

The JSI Project Team drew on large amounts of secondary data to guide and contextualize this project. In particular, the team relied on data published by the US Census Bureau, which are comprehensive, systematic, standardized, and available at granular geographic levels (the lowest and most commonly used level of geography in this report is the census block group). These data offer insights into age, gender, race, income level, educational attainment, and more, providing a robust quantitative foundation for understanding the demographic and socioeconomic profile of the Tri-Valley and the needs of the communities. In addition to US Census Bureau data, data from the Environmental Protection Agency, the Centers for Disease Control and Prevention, the US Department of Housing and Urban Development, and the US Department of Agriculture were analyzed. A comprehensive list of all quantitative data and census block groups can be requested from the contact in Appendix 3.

To standardize geographic analysis, a unique geography called "Tri-Valley" was created and used across most of the tables, charts, and maps that appear in this report. This geography is a set of the most densely populated census block groups within the larger geographic region known as the Livermore-Pleasanton Census County Division (CCD). Both the

Table 4. Supplemental Reports

NAME	DESCRIPTION
TVAPC 2023 Data Profile: Just Getting by in the Tri-Valley	A data profile detailing the demographic and population changes of Dublin, Livermore, and Pleasanton. It highlights issues and barriers faced by low-income households and the intersectionality of such barriers.
2019 Tri-Valley Paratransit Study	A study exploring how effective the organization, management, and delivery of paratransit services are in the Tri-Valley area.
Stanford 2022 Community Health Needs Assessment	Conducted by Stanford Health Care, ValleyCare to assess the health of the community in their service area, which primarily consists of Dublin, Livermore, Pleasanton, and San Ramon.
John Muir Health 2022 Community Health Needs Assessment	Explores the conditions affecting community health within the service area of John Muir Health. The service area consists largely of Contra Costa and Northern Alameda Counties, and Livermore. Data from this report about the Tri-Valley is limited to the Livermore region.
Kaiser Permanente Walnut Creek Medical Center 2022 Community Health Needs Assessment	A community health profile of the Kaiser Permanente Walnut Creek Medical Center's service area, which includes Walnut Creek, Contra Costa, Antioch, and Livermore. Data for this report about the Tri-Valley is limited to the Livermore region.
Alameda County Community Health Needs Assessment	This Alameda County Health Care Services Agency and Public Health Department report looks at the conditions and factors influencing the health of county residents.
2022 Tri-Valley Homeless Count and Survey Comprehensive Report	A report documenting the Point In Time (PIT) Count including a detailed assessment of the cities of Dublin, Livermore, and Pleasanton.
2021-2022 2-1-1 Contact Activity	A summary report on contact activity and client demographics for people using 2-1-1 in 2021–2022.

CCD and the Tri-Valley are visualized in Figure 1: the CCD is the large polygon with the thick black outline and the Tri-Valley, which sits entirely within the CCD, is outlined in red.

REGIONAL REPORTS

Additionally, this report references data found in similar reports based on the Tri-Valley region. Data found and used from these reports (Table 4) supplement the primary data detailed in this needs assessment.

Qualitative Data

Several qualitative data collection strategies were used to obtain a sample that captured the depth and breadth of experiences with providing and receiving services in the Tri-Valley.

After the exploratory landscape scan and formation of the steering committee and EAPAC, the qualitative phase of the needs assessment included one-on-one and small group interviews, focus groups with nonprofits and community members, intercept interviews, and interactive tabling sessions at various events throughout the Tri-Valley. In addition to the number of individuals involved, the JSI Project Team and the individual members of the EAPAC did extensive outreach to priority populations through flier distribution, posting on community forums (Nextdoor, Facebook, etc), word of mouth, email, and phone calls. In recruitment for focus groups and interviews, participants were asked to answer optional demographic questions including, age, gender, city they live or work in, ethnicity and race, education, marital status, languages spoken, and household income. This allowed individuals to identify with multiple groups and helped ensure priority populations were engaged.

Table 5. Data Collection Activity and Sample

QUALITATIVE DATA COLLECTION EFFORT	PEOPLE INVOLVED
9 community focus groups (adults + youth)	81
2 nonprofit focus groups • executive staff • direct service staff	19
Community tabling • Dublin St. Patrick's Day Festival • La Familia Dia de los Muertos event • Tri-Valley NonProfit Alliance Poverty webinar	110+
Interviews with community members	29
Interviews with nonprofit leaders and faith-based organizations	26
Interviews with first responders	3
Intercept interviews • Axis Health Center • Livermore Senior Center • La Salud Health Fair: Salud y Sol End of Summer Health Fiesta	70
TOTAL	**338**

DEMOGRAPHICS

For the majority of the primary data collection efforts, demographic data were not collected in recognition of: 1) the discomfort of many individuals when asked personal information, potentially resulting in lower levels of engagement; and 2) the desire to lessen the burden of participation, particularly for those engaged through tabling events and intercept interviews.

The exception to this was focus groups, in which individuals had the option of providing demographic information. Of the 81 individuals who participated in focus groups, 63 elected to provide demographic information. This information is summarized below. These data points should be interpreted with caution and with the reminder that they do not reflect the demographics of people engaged in individual interviews, intercept surveys, or tabling events.

Participants were asked how to describe themselves (capturing racial and ethnic demographics), and the response category allowed for multiple selections to capture individuals who self-identified as multiracial. The largest proportion of participants self-identified as white (41.9%), followed by East Asian (20.9%) which includes Chinese, Filipino, and Japanese ancestry. Hispanic, Latino, and Spanish origin represented 9.7% of respondents. The other participants included South Asian (e.g., Indian, Pakistani, Bangladeshi) at 8.1%; and Black or African American, including Jamaican, Haitian, Nigerian, and Ethiopian at 8.1%. 6.5% of respondents selected multiple racial or ethnic categories while 4.8% of respondents indicated that they preferred not to answer this question.

The majority of participants (40.3%) had less than a high school diploma, while 8.1% had a high school diploma or an associate's degree (3.2%). 22.6% had a bachelor's degree, and 17.8% had a master's degree or higher. Annual household income ranged from $35,000 to more than $200,000, with the majority (40.3%) indicating that they preferred not to answer. Languages spoken by focus group participants included English, Hindi, Spanish, Mandarin, and Cantonese.

REPRESENTATION AND IMPLICIT BIAS

Throughout this project, the JSI Project Team collaborated closely with city staff, the Steering Committee, EAPAC, and other partners to inform the approach to data collection, analysis, and recommendations. Key considerations, including representation across the three cities, as well as distinctions within and between cities, were revisited. As mentioned, when discussing priority populations and the data collection design, the focus was on understanding the complexity of lived experiences for individuals most in need of human services, balanced against the need to ensure broad representation. Throughout this process and in close collaboration with the EAPAC, the JSI Project Team often questioned its own implicit biases and the potential biases of those involved. In addition to this ongoing internal work, the findings were triangulated with census data and regional reports to determine the extent to which lived experiences were reflected in existing data.

Additionally, a recurring question arose of whether there were substantive differences between cities or whether findings and the resulting recommendations were experienced regionally. Initially, distinct efforts were made to collect within-city data, as significant

differences within each were anticipated. As data collection and analysis progressed, however, it was found that issues were largely cross-cutting. For example, participants from all three cities identified concerns about housing, health and mental health services, substance use, transportation, and more. Additionally, youth from each city identified similar and overlapping themes. Further, participants proposed more regional recommendations. Nonetheless, there are some distinctions between the three cities, and many human services are funded or implemented within cities. Thus, the primary findings are organized by cross-cutting themes driven by the data. To add context and nuances, these findings are supplemented with city-specific data from census data and other published reports, where possible.

NONPROFIT FOCUS GROUPS

Focus groups with nonprofits were conducted to more fully explore the emerging themes from the landscape scan interviews. Steering Committee and JSI Project Team members circulate a Google form to indicate interest in and availability in the focus groups. A total of 43 respondents, including nonprofit and city government organizations members, completed the form.

Because nonprofit executives and leaders have insights that are qualitatively different from those who work in more client-facing roles, the two sessions were separated into direct service staff and executives. This accounted for power dynamics and created an environment of peers in each case. Both focus groups were conducted over Zoom and recorded so that the JSI Project Team could code and analyze generated transcripts. Three JSI Project Team members were in attendance. Two co-facilitated and the third took notes to ensure the recordings were captured and provide technical assistance necessary to support participation.

The JSI Project Team drafted a different facilitation guide for each nonprofit focus group. Input and feedback were solicited from Steering Committee members so that questions were relevant and aligned with the objectives of the focus groups. These objectives included learning more about the experiences of nonprofit staff in Tri-Valley, including organizational needs and partnerships and understanding the human services strengths, challenges, and opportunities, and recommendations to improve them.

The first nonprofit focus group was held with 11 direct service staff on March 16, 2023. The nonprofit focus group for executives was conducted on March 22, 2023 with 17 individuals. Unlike the direct service staff group, this session included both Steering Committee members and other nonprofit executive staff. Findings from these focus groups informed organizational-level challenges and opportunity areas and the development of recommendations.

COMMUNITY FOCUS GROUPS

Just as the Steering Committee was involved in the co-design of nonprofit focus groups, EAPAC members were integral to the design and implementation of community focus groups. Members spent a considerable amount of time inside and outside scheduled meetings providing feedback on interview guides and recruitment materials and spreading the word on social media and in-person.

Recruitment. EAPAC and JSI Project Team members created several physical and electronic copies of fliers that could be circulated on social media and in-person. Fliers included basic information about the Needs Assessment and a QR code that linked to a separate community member focus group interest form. In addition to inquiring about city of residence/occupation, preferred modality (e.g., online or in person), and available dates, a set of preliminary demographics questions was included. While all participants who completed the form were invited to participate in their top-choice focus group, the demographic questions allowed the JSI Project Team members to assess who had been made aware of and expressed interest in participating in focus groups so that recruitment and outreach efforts could be altered if needed. The form also included a question on what services, if any, a participant had or was currently receiving.

Structure. While the nonprofit focus groups were separated along direct service provision/executive leadership roles to control for power, a different set of circumstances influenced the structuring of focus groups with community members. For one, there had been strong interest from the Joint Human Service Commission and Steering Committee members to

extract themes and findings that were city-specific so that the Human Services Commissions of Dublin, Livermore, and Pleasanton could use the data to more accurately implement any resultant interventions. Conducting separate focus groups specific to Dublin, Livermore, and Pleasanton, then, was a natural organizing practice to produce city-specific results. (As noted above, as data collection and analysis progressed, this evolved to have a more regional-focus). To maximize accessibility and convenience, adult focus groups for all three cities were offered over Zoom and in-person at the Dublin and Livermore public libraries. Each focus group was led by two to three co-facilitators and a notetaker/recorder. In-person sessions were recorded using physical recording devices.

The final consideration that influenced the structure of community focus groups was the separation of youth (under 20) from adults. The idea for this division came from EAPAC members, particularly the youth in high school, who felt strongly that the challenges and experiences of young people in the Tri-Valley were fundamentally different from those of older community members. As such, a set of three youth-specific focus groups, two in-person and one virtual, was conducted.

Capacity Building through Facilitation. All focus groups for adults and youth were co-designed and co-facilitated by the JSI Project Team and selected EAPAC members. Though this was not originally written into the project design, after several EAPAC members expressed interest, the JSI Project Team led a capacity-building workshop to share best practices in data collection and focus group facilitation. A subset of EAPAC members had experience with community engagement and facilitation and shared their expertise in this training. This was an opportunity for the JSI Project Team to meet its commitment to capacity building.

EAPAC members ensured that questions were written with accessible language, follow-up probes were phrased so that they could be naturally introduced into conversation, and the length of the guide was manageable. While selected individuals from the JSI Project Team attended and supported facilitation, the priority was on building the capacity of EAPAC facilitators to use the focus group guides and lead the conversations.

It is difficult to overstate EAPAC members' involvement as co-facilitators effect on the quality of community member focus group data. Their presence allowed participants to share insights and details that they may not have had JSI Project Team members been the only facilitators. Their familiarity with the Tri-Valley community was also crucial to establishing trust between participants, as EAPAC facilitators generally understood context-specific details like places and organizations that participants directly or indirectly referenced. Most importantly, EAPAC facilitators were close, empathetic listeners who offered emotional support to participants who shared intimate, vulnerable stories and anecdotes. Often, participants offered advice, resources, and support to one another, going as far as to give the names of coordinators and organizations.

Youth focus groups also benefited greatly from youth EAPAC members as co-facilitators. They brought the same empathy and critical listening skills to an environment that allowed young participants to discuss challenges and experiences that, as predicted, were qualitatively different from those of adults.

INDIVIDUAL INTERVIEWS

In addition to focus groups, several individual interviews were conducted with other community members and leaders and selected categories of service providers. Leaders of faith-based organizations were individually interviewed during the qualitative data collection phase, since their organizations were well-known for providing social services related to food and shelter in the community. Additionally, individual interviews were conducted with first responders, who are often called to respond to individuals in crisis and have first-hand knowledge about the types of emergency services needed.

Finally, upon initial review of the linguistic representativeness of focus group participants, the Steering Committee felt that it was important to conduct additional outreach to communities that primarily spoke a language other than English. After close collaboration with the EAPAC and select Steering Committee members, it was decided that

engaging individuals from these communities with the remaining time and lack of existing infrastructure could risk tokenizing their experiences and create further mistrust. As an alternative, an effort was made to better understand the lived experiences of non-English speaking communities through interviews with the nonprofit providers that serve them. It is an imperfect approach, as discussed, but determined to have the lowest risk of harm. This experience illuminated the need to establish relationships with non-English speaking residents of the Tri-Valley, which subsequently informed an Approach Recommendation.

TABLING EVENTS AND INTERCEPT INTERVIEWS

Another follow-up from the initial review of focus group themes with the Steering Committee was the need to more thoroughly engage Spanish speakers and older adults. In an effort to bring the Needs Assessment process closer to these communities, a series of intercept interviews was conducted at the main Axis Health Center in Pleasanton, the Livermore Senior Center, and the La Salud family health fair in Livermore. Intercept interviews were conducted by approaching patients and residents, offering a brief explanation of the Needs Assessment, and asking three short questions.

Finally, the JSI Project Team conducted a series of tabling events at popular community functions such as the Dublin St. Patrick's Day festival and the Día de Los Muertos event hosted by La Familia. The JSI Project Team also attended a webinar hosted by the Tri-Valley NonProfit Alliance titled "Race, Power and Poverty: Understanding How These Factors Impact Socio-Economic Status in the Tri-Valley." The purpose of attending these events was to build an understanding of the Tri-Valley and the various communities within it. These events were also an opportunity to inform the community of the Needs Assessment and opportunities to participate.

VII. FINDINGS

This section presents results from the quantitative secondary data analysis and primary qualitative data collection activities. [For more information on how data were collected and analyzed, see the Methods section.] Table 6 outlines the strengths and the community and organizational level challenges and opportunity areas. The findings are complete with hyperlinks for convenient navigation to detailed subsections of the report.

Table 6. Strengths, Challenges, and Opportunities

STRENGTHS[iv]
Community cohesion
Diversity
Health care and mental health services
Nonprofits and support services
Recreation
Schools and educational excellence
COMMUNITY LEVEL CHALLENGES/ OPPORTUNITY AREAS[v]
Housing
Health care
Mental health
Service provision, awareness, and navigation
Racial/linguistic/cultural responsiveness
Substance use
Safety
Transportation
Youth
ORGANIZATIONAL LEVEL CHALLENGES/ OPPORTUNITY AREAS[vi]
Service awareness and duplication
Workforce
Perception of need and funding
Emergency preparation

[iv] Organized alphabetically.

[v] Organized by challenges mentioned most frequently, followed by youth-specific findings.

[vi] Organized by challenges mentioned most frequently.

Several of the themes outlined in the findings include quotes from the qualitative data collection processes. These quotes are not the sole source of qualitative data from which a given theme arises but are rather meant to offer articulations of a given strength or challenge in a community member's or service provider's own words. It is also important to note that these findings represent people's *perceptions* of services needed, which may at times differ from the *existence* of available services. Discrepancies between the perception and existence of services may reflect areas in need of promotion and awareness-raising efforts.

Demographic Trends in the Tri-Valley

Population

As of 2021, approximately 238,000 people resided in the Tri-Valley (see Figure 7 and Table 7). Livermore is the largest municipality in the Tri-Valley, with a total population of just over 88,000. Pleasanton is home to a total population of just under 80,000. Dublin is the smallest, most densely populated, and fastest growing municipality, with a total population of approximately 70,000.[vii]

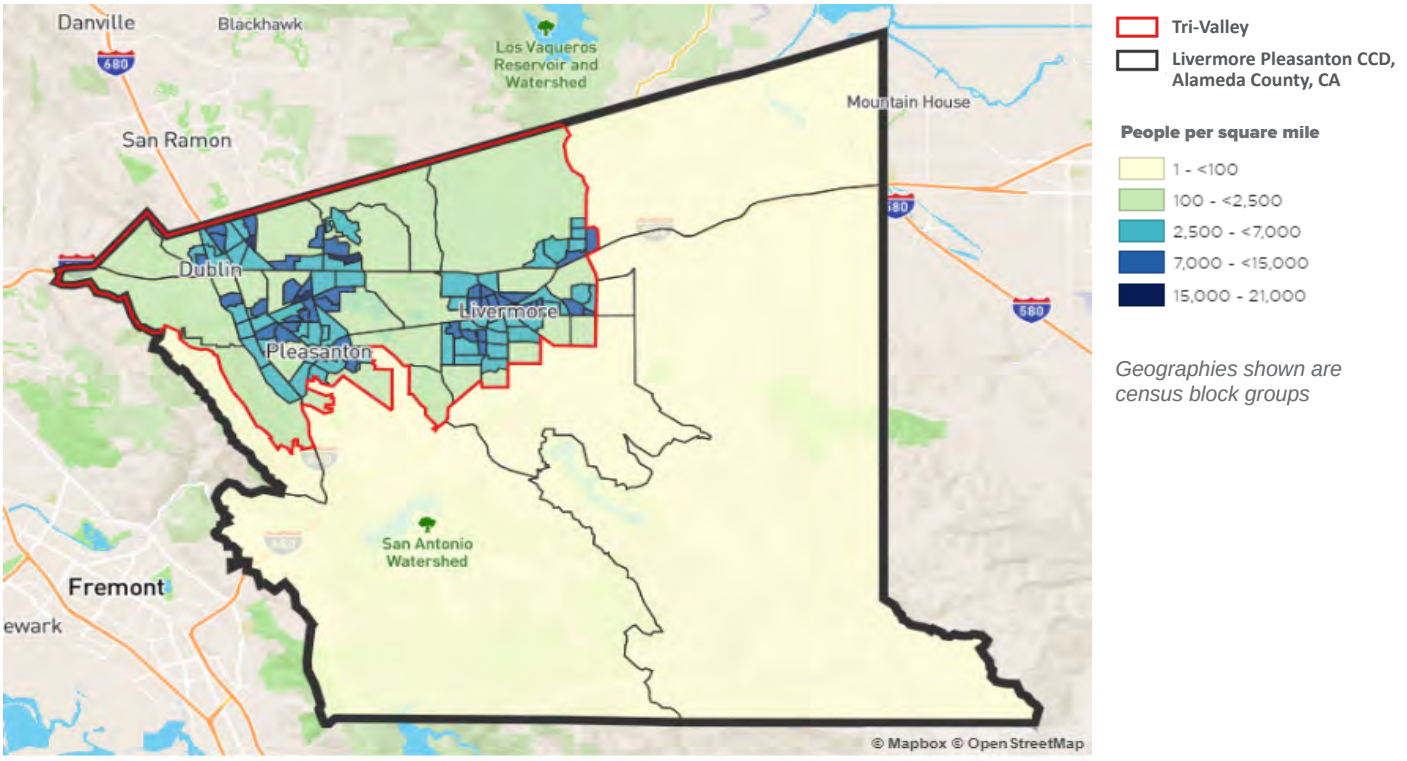
Since the 2010 census, Dublin's population has increased by 50%, a rate that far outpaced the other two municipalities in the Tri-Valley (see Table 7).

Table 7. Total Population and Percent Change

	TOTAL POPULATION (2021)	TOTAL POPULATION (2010)	PERCENT CHANGE (2010–2021)
Dublin	69,818	46,407	50
Livermore	88,403	81,666	8
Pleasanton	79,558	70,197	13
Tri-Valley	237,779	198,270	20

Sources: US Census Bureau; US Census Bureau ACS 5-year
Note: Percent change calculated as the difference between the total in 2021 and the total in 2010 divided by the total in 2010.

Figure 7. People per Square Mile



Sources: US Census Bureau 2020, 2021

[vii] Approximately 3,000 people who live in Dublin are in adult correctional facilities (e.g., FCI Dublin), but are not represented by the statistics in this report, including the 2021 population estimate. Additionally, some students in the Livermore school district do not live in Alameda County. They are not represented by the statistics in this report.

Figure 8. Historic and Projected Population Growth

Sources: US Census Bureau, US Census Bureau ACS 5-year

The total population in all three municipalities is projected to continue to climb over the next 5 to 7 years, with Dublin's growth outpacing the other two. By 2030, given these projected growth rates, it is likely that Dublin's total population will be roughly the same as Pleasanton's (Figure 8).

Age

The median age in the Tri-Valley region (40.5 years) is 3.5 years older than in California overall (37 years) and nearly 3 years older than in Alameda County (38 years). All three municipalities in the Tri-Valley have approximately the same number of children (between 18,000 and 20,000) as of 2021 (Table 8).

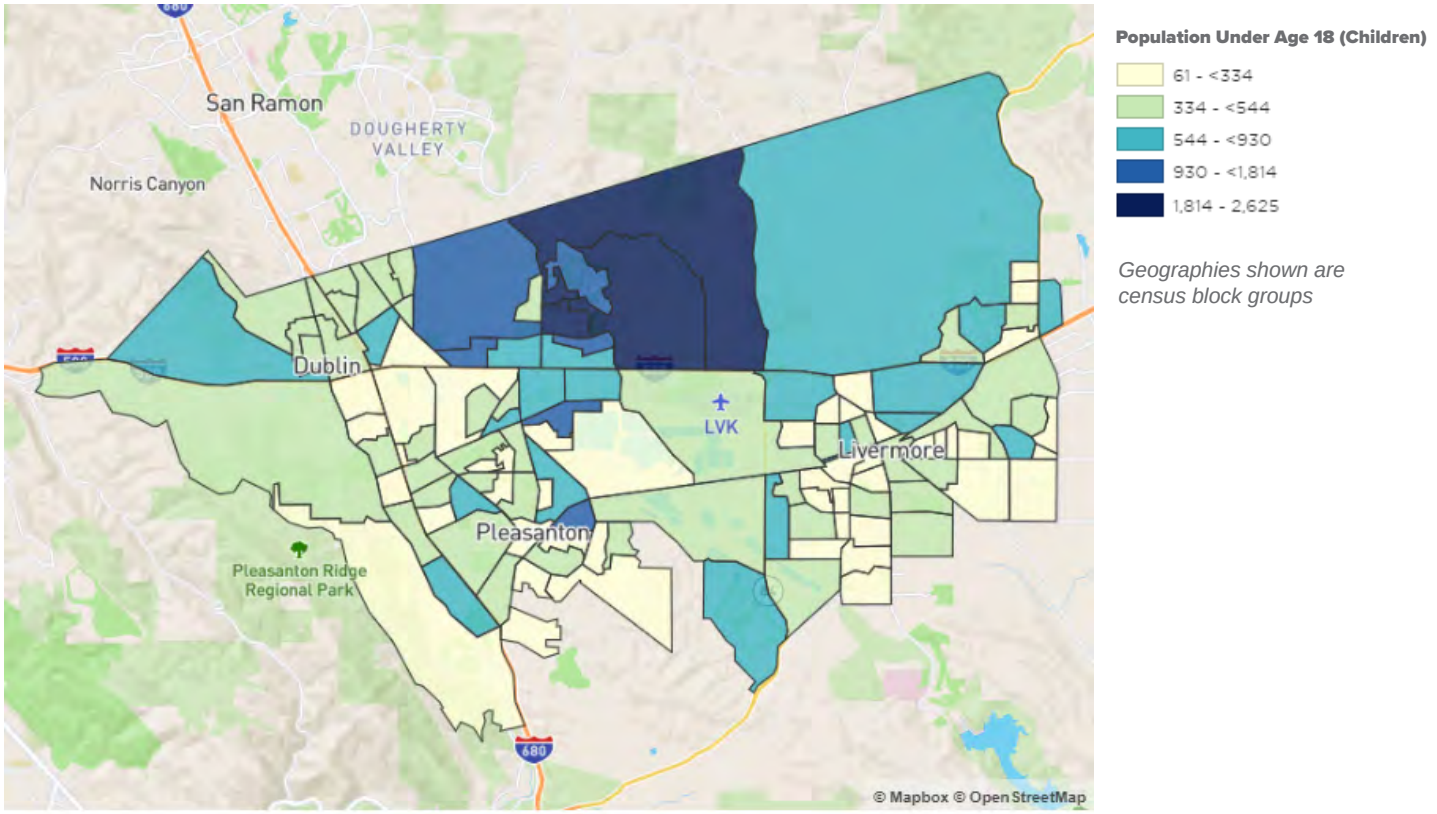
Dublin is the youngest municipality in the region, where children make up more than one-quarter of the population (27%), a fact that is reflected by the geographic distribution of children in Map 2. It is the only municipality whose median age (36.5 years) is younger than the state and the county. Pleasanton is the oldest municipality in the region, where the median age is 41 years, 4 years older than California's median age (37 years). People over age 65 account for just under 15% of Pleasanton's population, and people over age 85 account for just under 2%.
As seen in Table 8, the total number of children in Dublin is projected to increase over the next 5 to 7 years, while the number of children in Livermore and Pleasanton is projected to increase only slightly and level off. By contrast, over this same time period, the number of seniors is projected to steadily increase in Livermore and Pleasanton, but level off and only slightly increase in Dublin over the same period (Figure 11). The current median age mix across the Tri-Valley is well illustrated by Figure 12, which shows where the youngest census block groups (dark green) and oldest census block groups (dark purple) are located. Again, Dublin stands out as being significantly younger than the other two municipalities.

Table 8. Population by Age and Location

	MEDIAN AGE IN YEARS	POPULATION UNDER AGE 5	POPULATION UNDER AGE 18	POPULATION AGE 18–64	POPULATION AGE 65 AND OVER	POPULATION AGE 85 AND OVER
Dublin	36.5	7.6% (5,296)	26.6% (18,564)	64% (44,664)	9.4 (6,590)	0.7 (473)
Livermore	40.4	6.9 (6,111)	22.6 (19,963)	63.9 (56,463)	13.5 (11,977)	1.9 (1,718)
Pleasanton	41.1	4.8 (3,785)	24.0 (19,096)	61.1 (48,629)	14.9 (11,833)	1.9 (1,486)
Tri-Valley	40.5	6.4	24.2	62.8	13.0	1.6
Alameda County	38	5.6	20.6	65.4	14.0	1.8
California	37	6%	22.8	62.8	14.4	1.8

Source: US Census Bureau ACS 5-year 2017-2021
Note: Percentages reflect the area's total population. Parenthetical numbers count individuals in each category.

Figure 9. Population Under Age 18 (Children)



Sources: US Census Bureau ACS 5-year 2017-2021

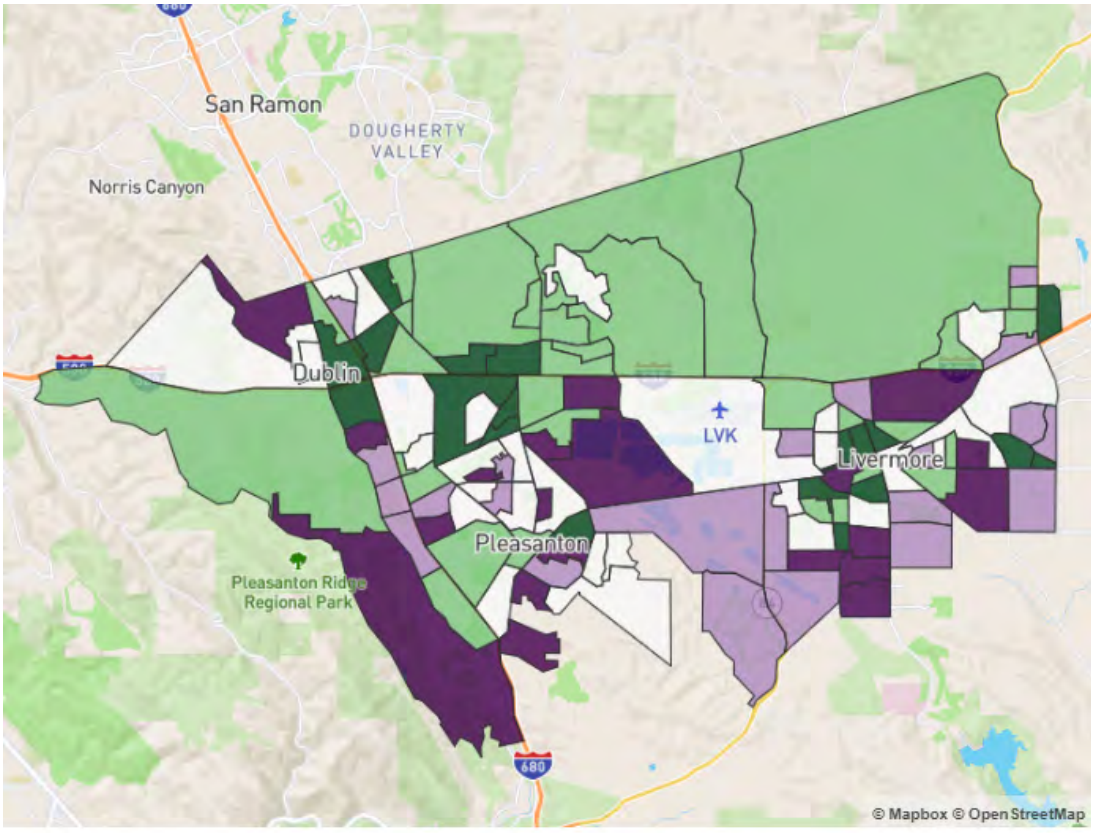
Figure 10. Historic and Projected Trends in Number of Children

Sources: US Census Burea, US Census Bureau ACS 5-year
Children are people under age 18

Figure 11. Historic and Projected Trends in Number of Seniors

Sources: US Census Burea, US Census Bureau ACS 5-year
Seniors are people age 65 and older

Figure 12. Median Population Age



Sources: US Census Bureau ACS 5-year 2017-2021

Race and Ethnicity

Since 2000, the white non-Hispanic population of the Tri-Valley region has declined both proportionally and by count (Table 9). Even with this decline, the region remains substantially whiter (43% white) than Alameda County (30% white) and the state (36% white) (Table 9). Dublin is the least white municipality in the region, where non-Hispanic whites account for 29% of the population. Livermore is the municipality in the Tri-Valley with the highest percentage of those who identify as white (Figure 13), accounting for 55% of the total population. Whites account for 44% of the total population in Pleasanton.

Over the coming 5 to 7 years, the white non-Hispanic population is predicted to continue to decline in Pleasanton. It is expected to remain relatively stable in Dublin and Livermore. Proportionally, the white non-Hispanic population is projected to continue to decrease in all municipalities as non-white populations are projected to continue to increase proportionally (Figure 14).

At 2% of the total population, the proportion of Black non-Hispanic individuals living in the Tri-Valley is substantially lower than in Alameda County (10%) and the state (5%). As illustrated in Figure 15, Dublin is home to the largest Black population in the region

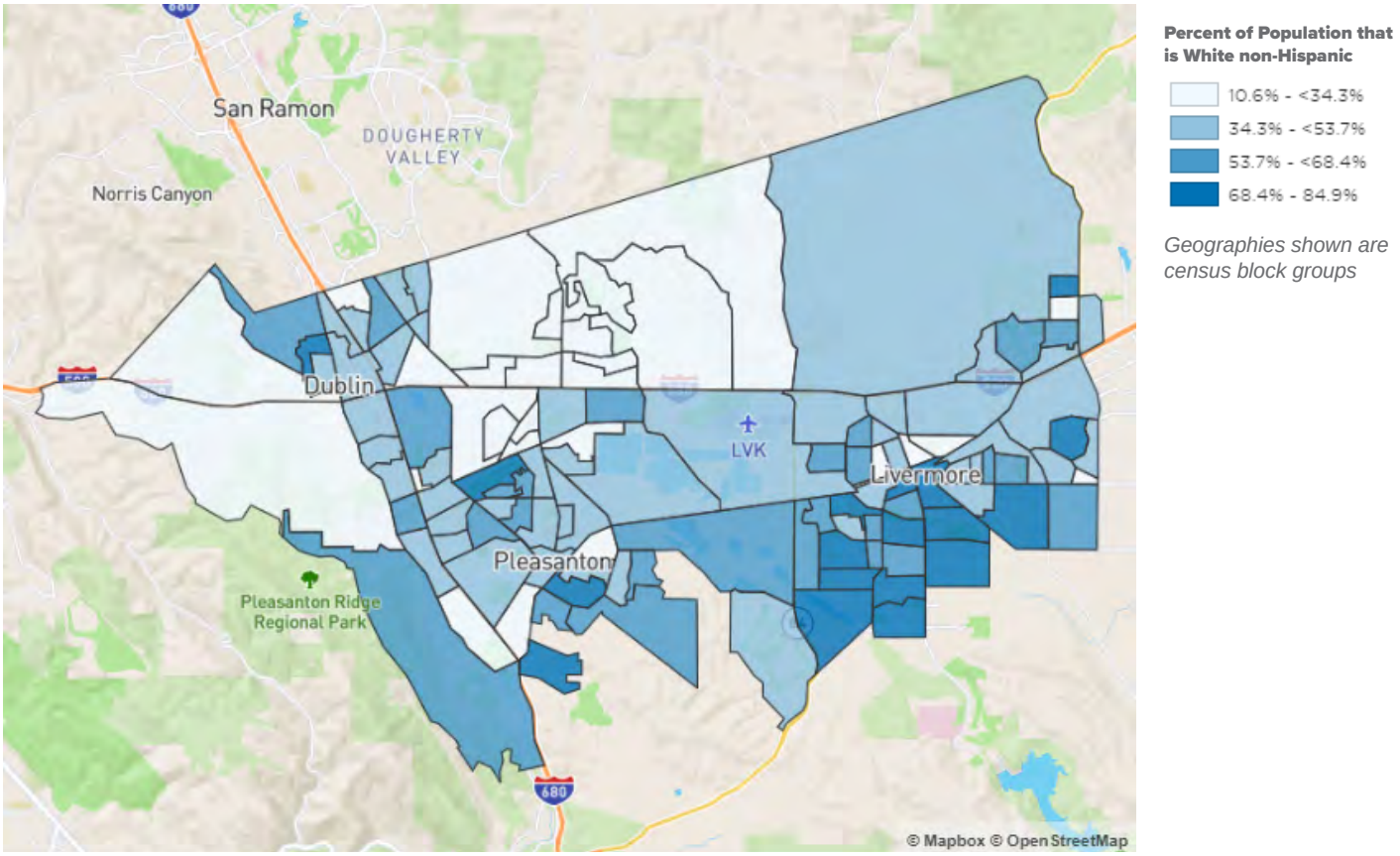
Table 9. Race and Ethnicity by Location

	WHITE NON-HISPANIC POPULATION	BLACK NON-HISPANIC POPULATION	ASIAN NON-HISPANIC POPULATION	HISPANIC POPULATION
Dublin	28.8 (20,078)	3.6 (2,517)	52.3 (36,526)	9.6 (6,688)
Livermore	55 (48,578)	1.7 (1,528)	14.7 (12,975)	22.8 (20,176)
Pleasanton	43.5 (34,606)	1.8 (1,397)	38.9 (30,972)	10.8 (8,605)
Tri-Valley	43.4	2.3	33.5	15.2
Alameda County	29.9	9.9	31.4	22.4
California	35.8	5.4	14.7	39.5

Source: US Census Bureau ACS 5-year 2017-2021

Note: Percentages reflect the area's total population. Parenthetical numbers count individuals in each category.

Figure 13. Percent of Population Who Are White Non-Hispanic

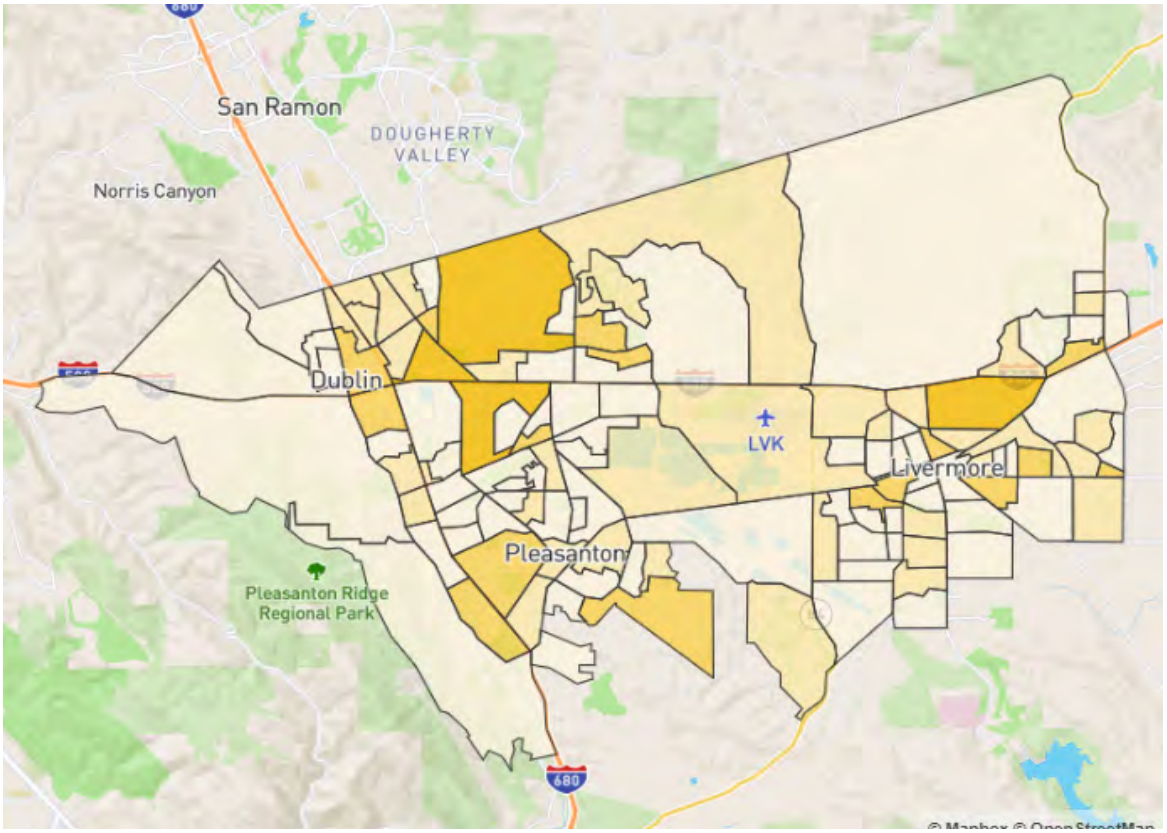


Sources: US Census Bureau ACS 5-year 2017-2021

Figure 14. Historic and Projected Trends in Number of People Who Are White Non-Hispanic

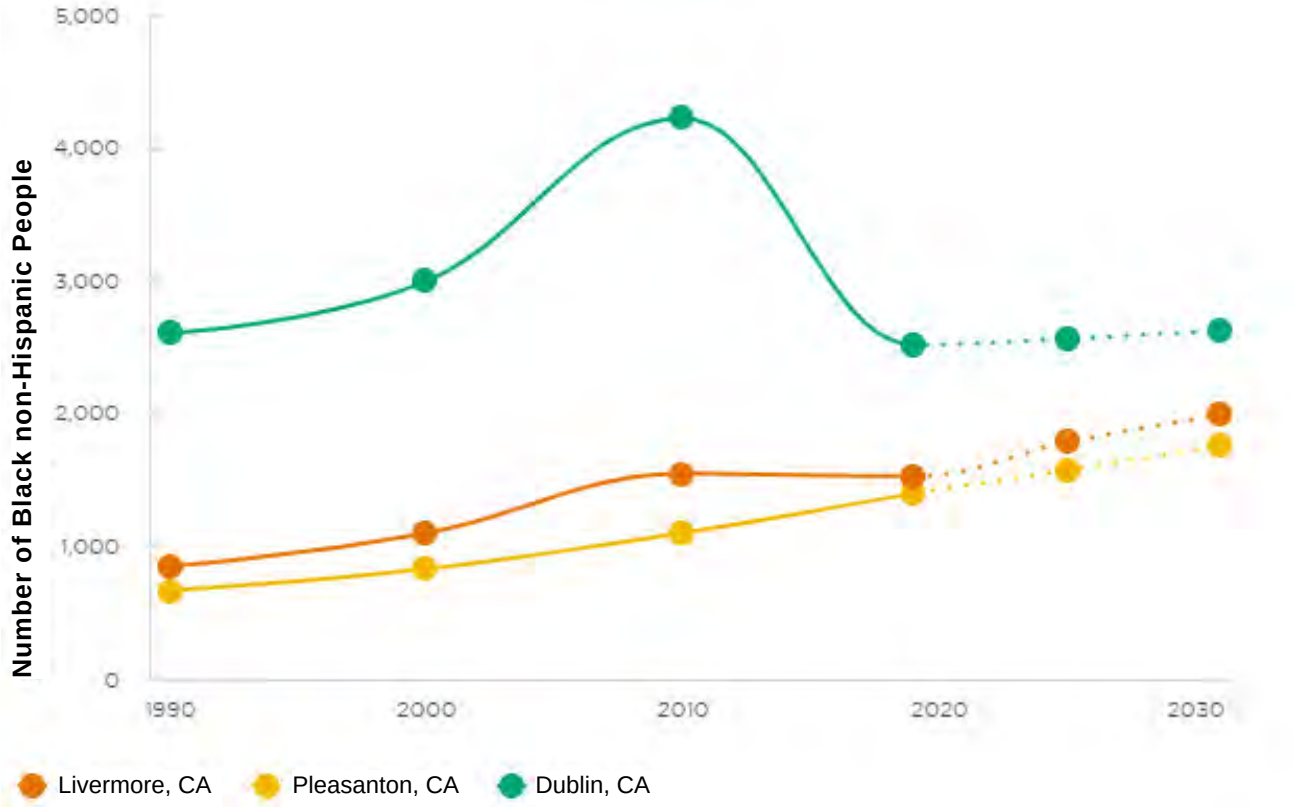
Sources: US Census Bureau; US Census Bureau ACS 5-year

Figure 15. Percent of Population Who Is Black Non-Hispanic



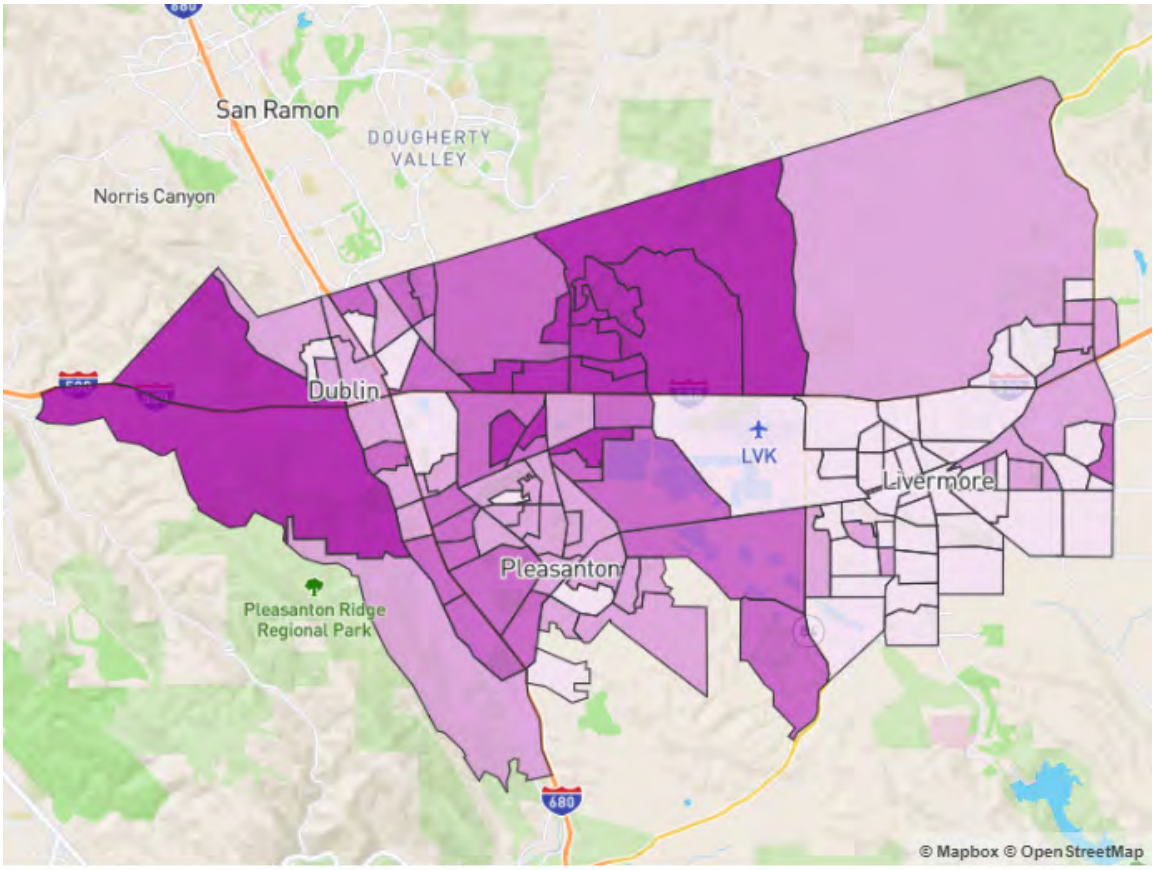
Sources: US Census Bureau ACS 5-year 2017-2021

Figure 16. Historic and Projected Trends in Number of People Who Are Black Non-Hispanic



Sources: US Census Bureau; US Census Bureau ACS 5-year

Figure 17. Percent of Population Who Are Asian Non-Hispanic



Sources: US Census Bureau ACS 5-year 2017-2021

Figure 18. Historic and Projected Trends in Number of People Who Are Asian Non-Hispanic

Sources: US Census Bureau; US Census Bureau ACS 5-year

proportionally and by count (4%; 2,517 – see Table 9) though the number and proportion of Black individuals in Dublin declined sharply in the last 10 years (Figure 16). The Black population is projected to rise in Livermore and Pleasanton over the next 5 to 7 years, though Dublin is still projected to have the largest Black population in the Tri-Valley (Figure 16).

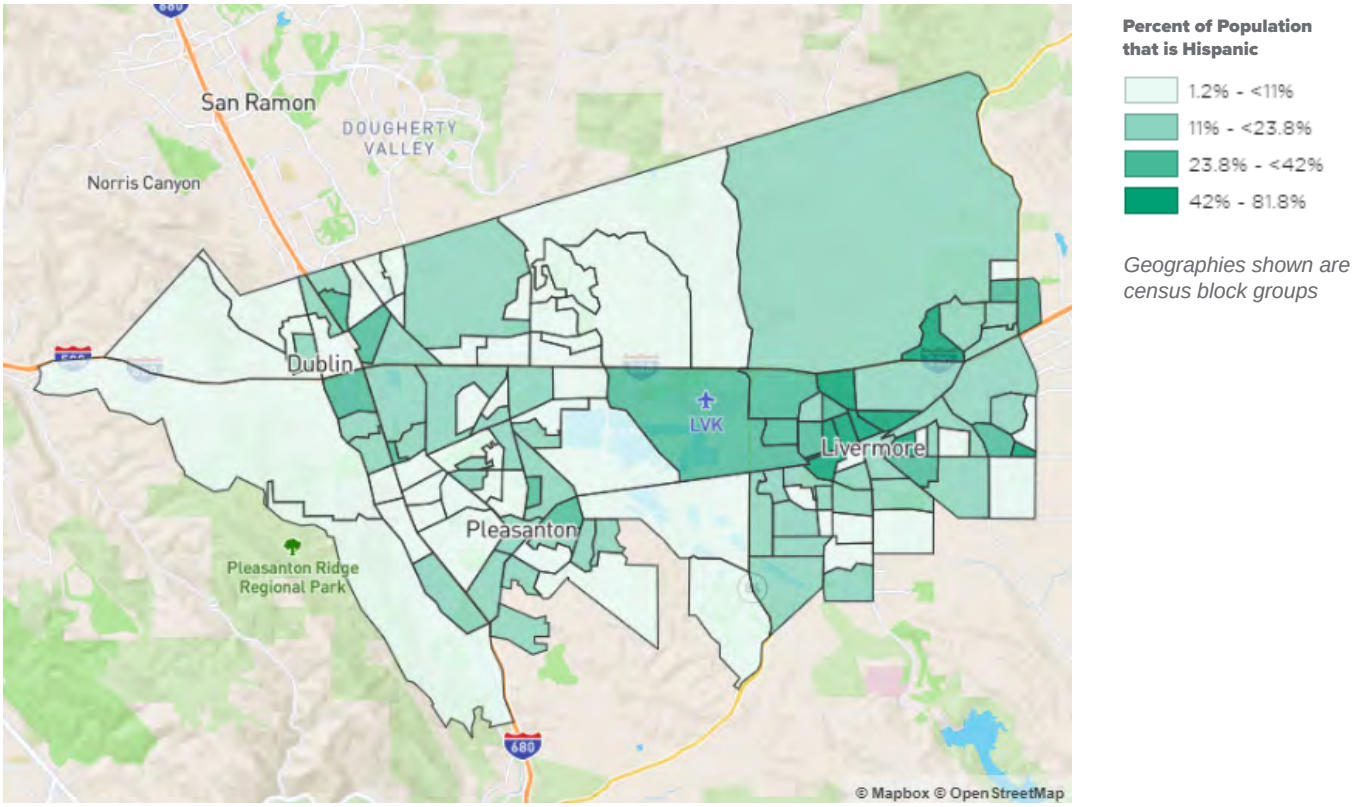
Proportionally, the population residing in the Tri-Valley region is significantly more Asian than the California population overall (Table 9). Asians who are non-Hispanic account for 15% of the state's total population, but they make up 34% of the population in the Tri-Valley (Table 9). A majority of people (52%; 36,526) who live in Dublin identify as Asians who are non-Hispanic. Pleasanton is also home to a large number of Asians who are non-Hispanic (30,972), who account for 39% of its total population (Table 9). The concentration of Asians in these two municipalities is made evident by Figure 17. As seen in Figure 18, the number of Asians who are non-Hispanic grew dramatically between 2010 and

Table 10. Percent and Number of Non-Hispanic Asian Nationalities and Ethnic Groups by Location

	INDIAN	CHINESE	FILIPINO	KOREAN	OTHER ASIAN	VIETNAMESE	JAPANESE	PAKISTANI	TAIWANESE
Dublin	25.6 (17,857)	13.7 (9,592)	4.8 (3,380)	2.6 (1,793)	2.2 (1,518)	1.7 (1,186)	0.6 (428)	0.6 (423)	0.4 (269)
Livermore	5.2 (4,583)	2.5 (2,180)	3.0 (2,647)	0.7 (627)	0.6 (553)	1.3 (1,120)	0.4 (391)	0.2 (148)	0.1 (94)
Pleasanton	19.0 (1,508)	10.9 (8,667)	1.7 (1,331)	3.0 (2,347)	1.4 (1,140)	0.8 (644)	0.7 (578)	0.6 (515)	0.6 (510)
Tri-Valley	15.8	8.6	3.1	2.0	1.4	1.2	0.6	0.5	0.4
Alameda County	8.5	10.4	5.3	1.2	1.5	2.0	0.7	0.4	0.5
California	2.1	3.9	3.3	1.2	0.7	1.7	0.7	0.2	0.2

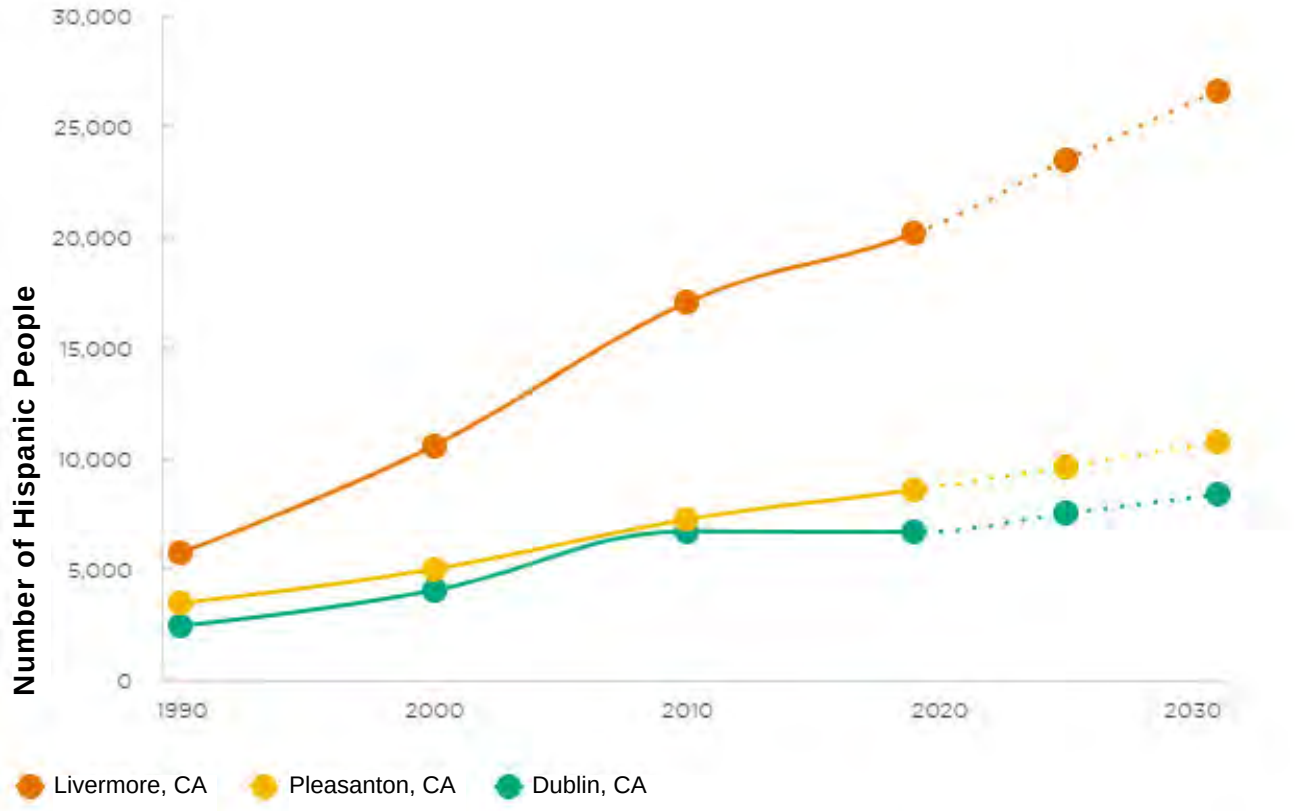
Source: US Census Bureau ACS 5-year 2017–2021
Note: Percentages reflect the area's total population. Parenthetical numbers are individuals in each category.

Figure 19. Percent of Population Who Are Hispanic



Sources: US Census Bureau ACS 5-year 2017-2021

Figure 20. Historic and Projected Trends in Number of People Who Are Hispanic



Sources: US Census Bureau; US Census Bureau ACS 5-year

2020. In fact, the proportion of Asians who are non-Hispanic in the Tri-Valley region doubled between 2010 and 2020. Asians accounted for 34% of the total population in 2020, compared to 17% of the total population in 2010. At the regional (Tri-Valley) level, the proportion of all other racial groups declined during this period.

The category of Asians who are non-Hispanic captures many different nationalities and ethnic groups (Table 10). Approximately 26% of the over 142,000 Indian Americans who live in Alameda County reside in the Tri-Valley. Over half of these individuals (17,857) live in Dublin, where they account for more than 25% of the municipality's total population.

The Tri-Valley's population is 15% Hispanic, a substantially lower proportion than in the state (40%) and Alameda County (22%) (Table 9). As seen in Figure 19, the largest Hispanic population in the Tri-Valley (by both proportion and count) is located in Livermore, where Hispanics account for 23% of the total population (an increase from 2010, when they represented 21% of Livermore's total population). Although the total number of Hispanics living in the Tri-Valley has increased since 2010, proportionally the group has slightly decreased (15% in 2021 compared to 16% in 2010). Its proportional share is predicted to increase in the next 5 to 7 years (Figure 20).

Taken together, these data demonstrate that the overall population increase in the Tri-Valley in the last decade was mostly driven by: 1) a dramatic increase in the number of Asian (non-Hispanic) individuals living in the region, particularly in Dublin and Pleasanton; and 2) a slight increase in the number of Hispanic individuals living in the region, particularly in Livermore and Dublin. **In the coming years, the Tri-Valley is projected to continue to grow, become less white, more Asian and Hispanic, and—except for Dublin—older.**

Economic Stability

By many measures, as seen in Table 11, the Tri-Valley has a relatively high level of economic stability, particularly as compared to the state and county. Table 12 references the Federal Poverty Level (FPL), a measure used to determine eligibility for various government programs and benefits. For example, to be eligible for Medi-Cal adults must be at up to 138% FPL, while Medi-Cal for children is up to 266% FPL.

Table 11. Unemployment Rate and Median Household Income by Location

	UNEMPLOYMENT RATE (%)	MEDIAN HOUSEHOLD INCOME
Dublin	3.7	$171,168
Livermore	3.3	$139,904
Pleasanton	4.0	$167,932
Tri-Valley	3.6	$150,427
Alameda County	5.0	$112,017
California	6.5	$84,097

Source: US Census Bureau ACS 5-year 2017-2021
Note: Percentages in column 1 reflect the total civilian labor force age 16 and over that is unemployed in each area. Percentages in columns 3 and 4 reflect the area's total population for whom poverty status is determined. Parenthetical numbers are counts of individuals in each category.

Table 12. Federal Poverty Level by Location

	BELOW 100% FEDERAL POVERTY LEVEL	BELOW 200% FEDERAL POVERTY LEVEL
Dublin	3.7 (2,501)	7.6 (5,234)
Livermore	4.0 (3,502)	11.5 (10,134)
Pleasanton	4.8 (3,834)	8.7 (6,895)
Tri-Valley	4.2	9.6
Alameda County	8.9	19.4
California	12.3	28.5

Source: US Census Bureau ACS 5-year 2017–2021
Note: Percentages in columns 1 and 2 reflect the area's total population for whom poverty status is determined. Parenthetical numbers are individuals in each category.

Table 13. Income Cutoffs for Federal Poverty Level by Household Size

	% FPL	0%	100%	150%	200%
HOUSEHOLD SIZE	1	$0	$14,580	$21,870	$29,160
	2	$0	$19,720	$29,580	$39,440
	3	$0	$24,860	$37,290	$49,720
	4	$0	$30,000	$45,000	$60,000
	5	$0	$35,140	$52,710	$70,280
	6	$0	$40,280	$60,420	$80,560
	7	$0	$45,420	$68,130	$90,840
	8	$0	$50,560	$75,840	$101,120
	add'l, add	$0	$5,140	$7,710	$10,280

Source: Covered California, https://www.coveredca.com/pdfs/FPL-chart.pdf

When comparing 100% and 200% FPL, the key difference lies in the income threshold: 100% FPL is the baseline measure and means that a person's or a family's income is at the threshold defined as poverty for their household size; 200% FPL indicates an income level that is twice the baseline. The income cutoffs for households of different sizes are enumerated in Table 13.

The poverty level in the Tri-Valley is half that of the county (4.2% compared to 8.9% of the population) and just one-third that of the state (12.3%). The region also has a relatively low unemployment rate: 3.6% in the Tri-Valley compared to 5% in Alameda County and 6.5% in California overall (Table 12). Figure 21 shows more recent unemployment statistics reported by the California Employment Development Department. The spike in unemployment in all three municipalities in 2020 is directly attributable to the COVID-19 pandemic. Unemployment rates in the region have not returned to their pre-pandemic levels, but even so they remain significantly lower than unemployment at the county and state levels.

As seen in Figure 22, the median household income is more than $160,000 in almost half of the census block groups in the Tri-Valley, nearly double the state median household income (Table 11). The gap in median household income between the Tri-Valley and the state is projected to increase over the next 5 to 7 years (Figure 23).

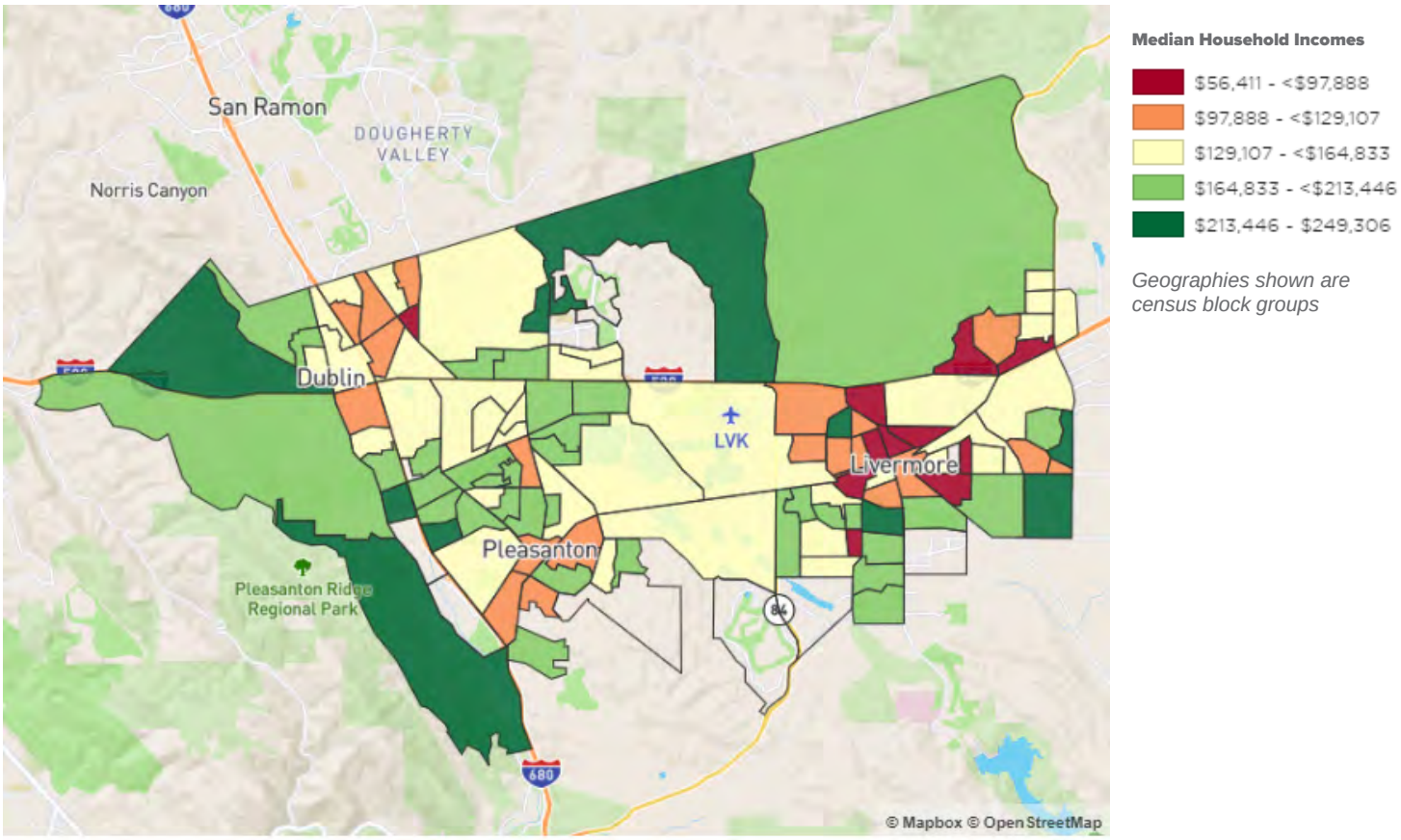
Median household income can be somewhat misleading, however. Using different measures and disaggregating the data illustrates that some regions and populations of the Tri-Valley are more economically disadvantaged than others. The FPL accounts for cost of living, so it is a more robust measure of poverty than median household income. Figure 24 shows the proportion of the population in each census block group that is below the FPL.

Table 14 shows the racial breakdown of people living in poverty in each municipality as of 2021. One would expect the poverty rate for each group to roughly align with its proportion of the total population. For example, if white people account for 25% of the population in a place, one might expect that 25% of the impoverished population in that same place would be white. If the rate is substantially higher or

Figure 21. Unemployment Rates by Year

Source: TVAPC Data Profile, 2023[1,5]

Figure 22. Median Household Income

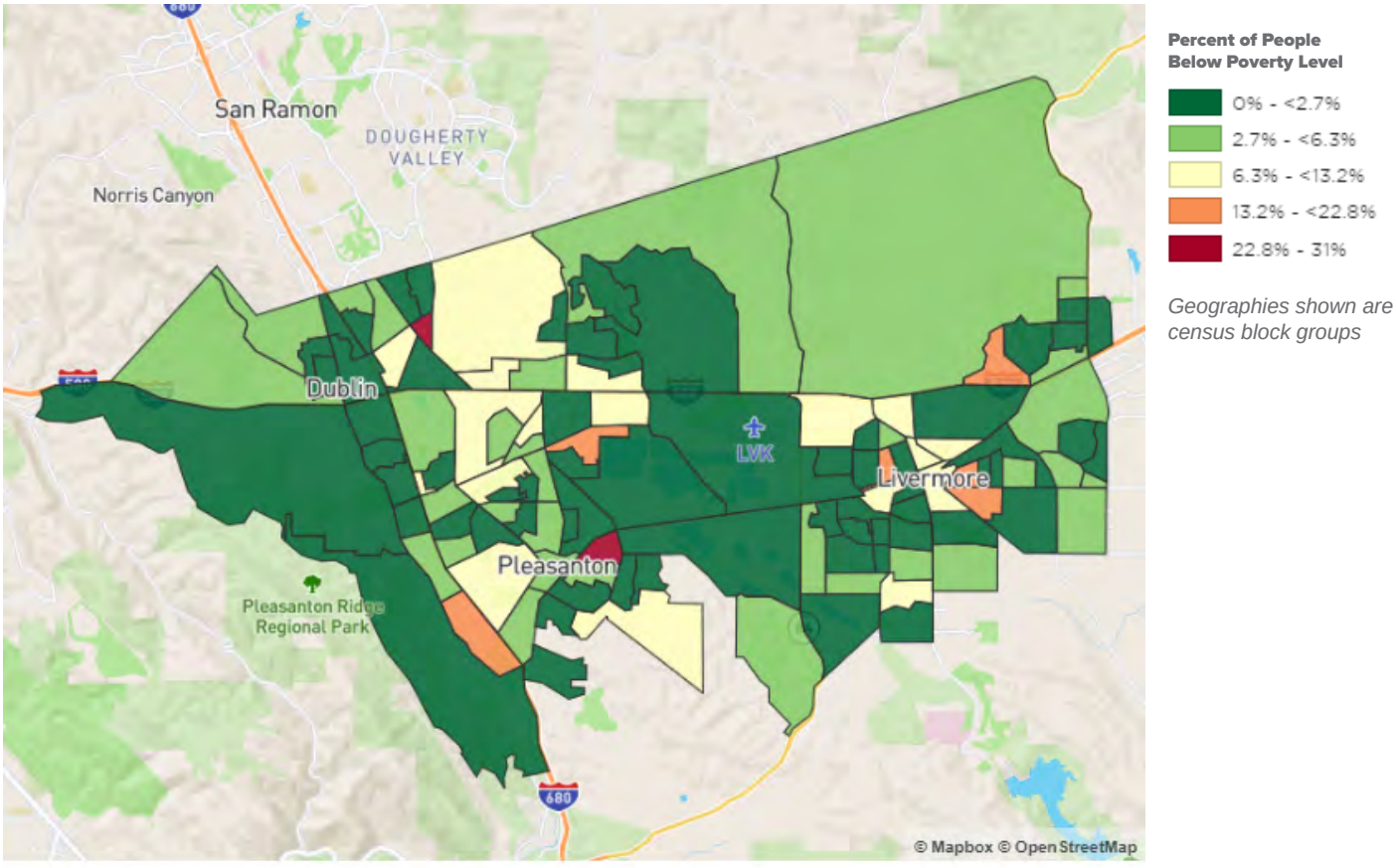


Sources: US Census Bureau ACS 5-year 2017-2021

Figure 23. Historic and Projected Trends in Median Household Income

Sources: US Census Bureau; US Census Bureau ACS 5-year

Figure 24. Percent of People Below Federal Poverty Level



Sources: US Census Bureau ACS 5-year 2017-2021

Table 14. Federal Poverty Level by Race, Ethnicity, and Location

	ALL PEOPLE BELOW FPL	WHITE PEOPLE BELOW FPL	BLACK PEOPLE BELOW FPL	ASIAN PEOPLE BELOW FPL	HISPANIC PEOPLE BELOW FPL
Dublin	2,501	583	187	1,247	400
Livermore	3,502	1,967	161	324	1,300
Pleasanton	3,834	1,348	135	1,352	889

Source: US Census Bureau ACS 5-year 2017–2021

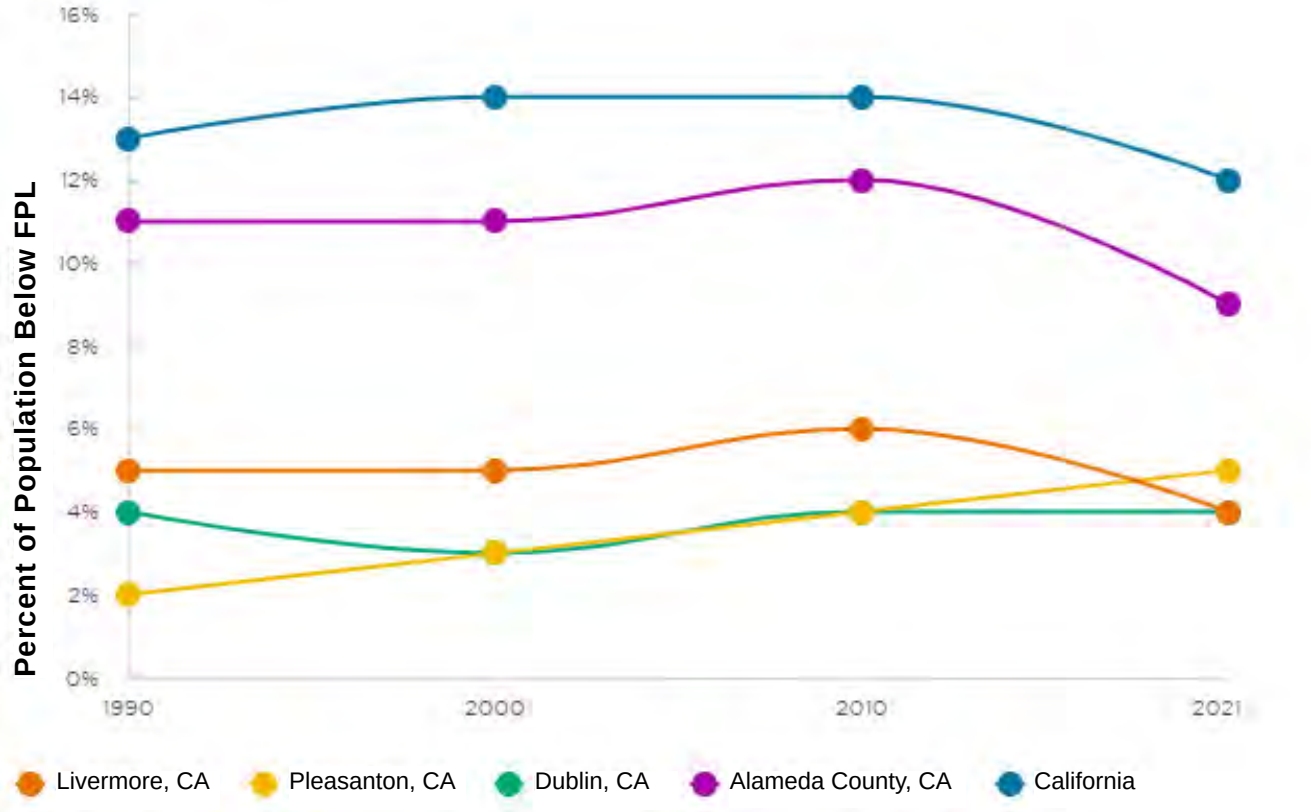
lower, it illustrates a disparity. In all three Tri-Valley municipalities, the number of Black and Hispanic people below the poverty level is higher than would be expected, given their representation in each place at a population level. The disparity is greatest among the Black population in Livermore and the Hispanic population in Pleasanton. By contrast, the number of white and Asian people below the FPL is less than would be expected across the Tri-Valley. The one exception is in Livermore, where the number of white people below it aligns with their representation at a population level.

The proportion of people living below the poverty level in the Tri-Valley has remained relatively stable for the past 30 years, hovering right around 4% (Figure 25). The highest proportion of people living in poverty was reported in Livermore in 2010, when the rate reached 6%. This is still much lower than the average and absolute rates in Alameda County and California over the same period of time.

Existing Services

The JSI Project Team compiled a social services inventory for the Tri-Valley in the early stages of the needs assessment process. During the project period, the Tri-Valley Human Services Pocket Guide was updated. It lists available services but not service type by location. Such a spatial analysis is important given

Figure 25. Historic and Projected Trends in Population Below Poverty Level



Sources: US Census Bureau; US Census Bureau ACS 5-year

the size and scale of the three cities. Clustered service types in one area may mean that residents of another city and/or without convenient access to public transit may not have access to services. Additionally, this demonstrates that some key services reside outside the Tri-Valley.

Services were placed into the six broad categories of the Kaiser Family Foundation's social determinants of health framework (Figure 26).[8]

Organizations with complete addresses (e.g., not P.O. boxes) included in the social services inventory were geocoded using latitude and longitude coordinates. This information was uploaded into a geographic information system and data were visualized to assess the spatial distribution of resources across the Tri-Valley. Trends—particularly gaps—were assessed given socioeconomic variation. The maps below provide a number of different views on the type and location of services that were included in the social services inventory. All service locations included on the maps were color coded to align with the aforementioned KFF categories. As seen in Figure 27, some organizations included in this list are not located within the Tri-Valley. They were included because they serve all of Alameda County and were listed by key informants.

Figures 28, 29, and 30 are zoomed-in views of each of the three municipalities in the Tri-Valley to better show the spatial distribution of services in each. Color variation indicates which KFF category aligned with the service location.

Figure 26. Kaiser Family Foundation Social Determinants of Health Framework

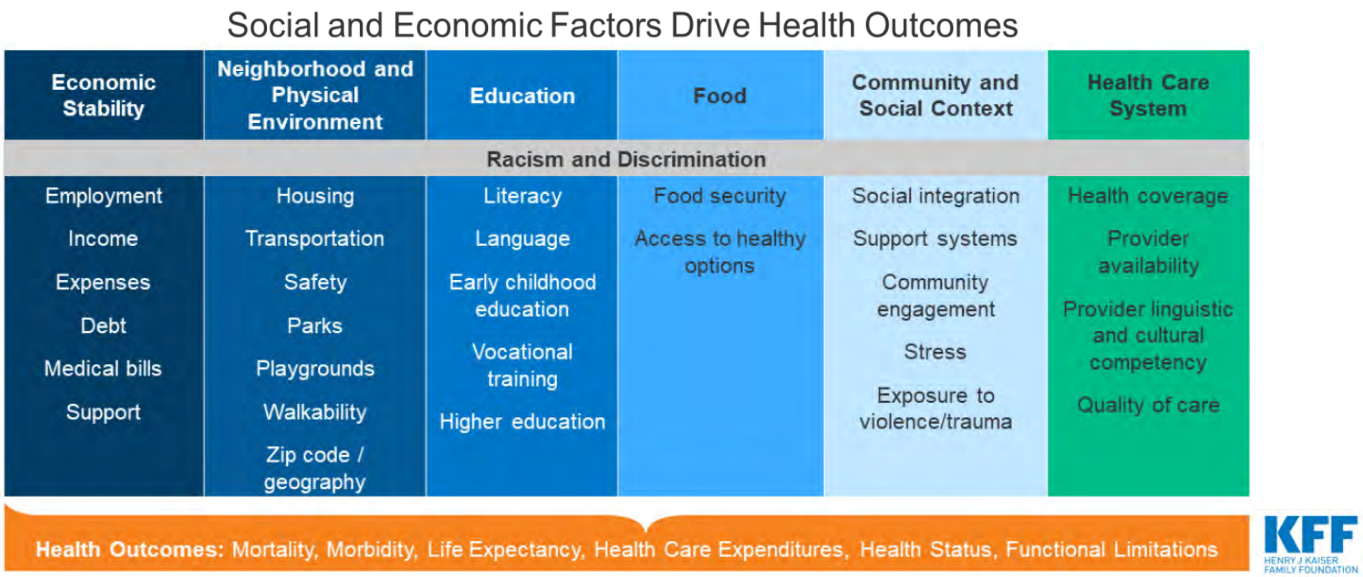


Figure 27. Service Types by Location

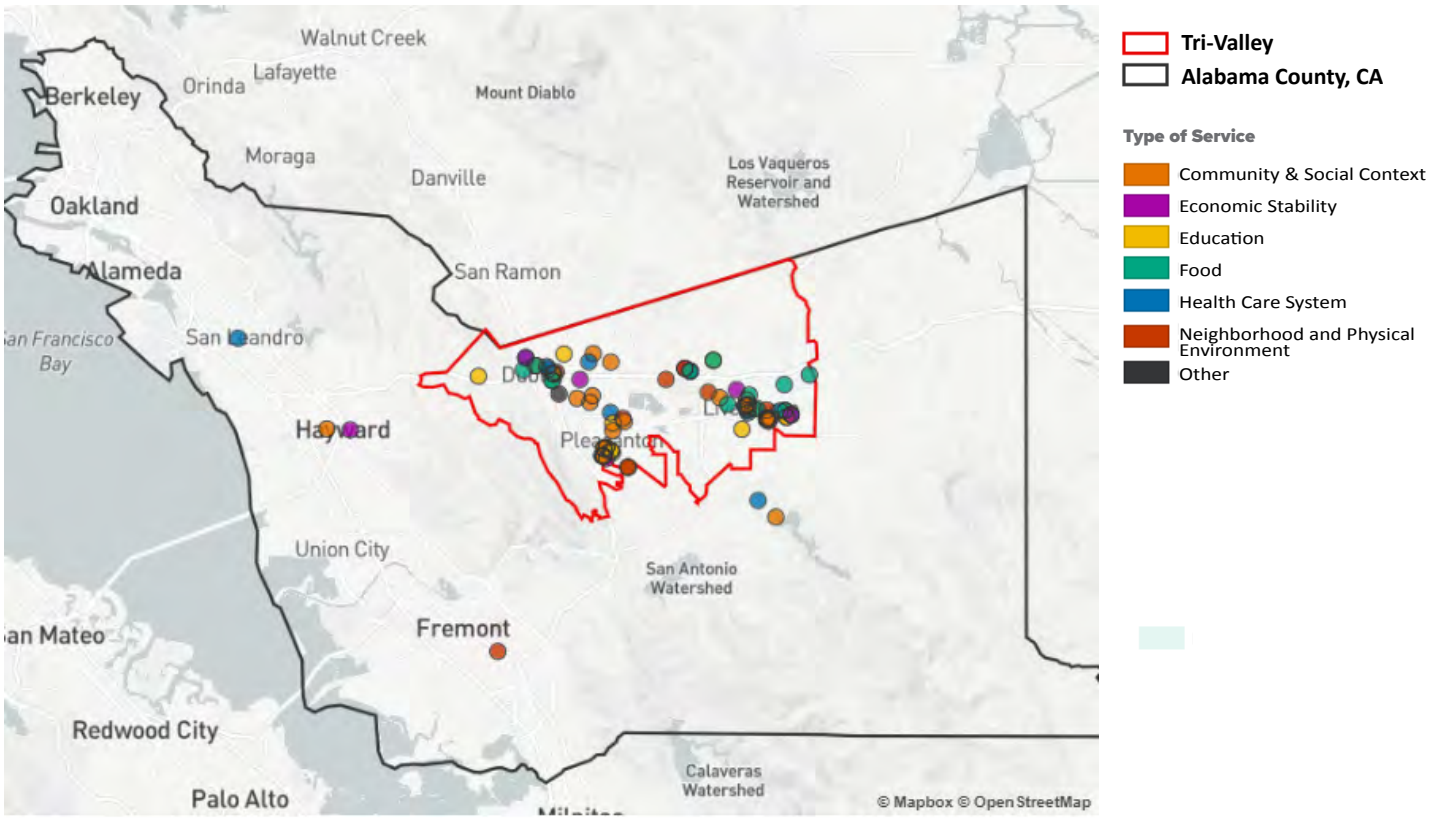


Figure 28. Service Types in and Around Dublin

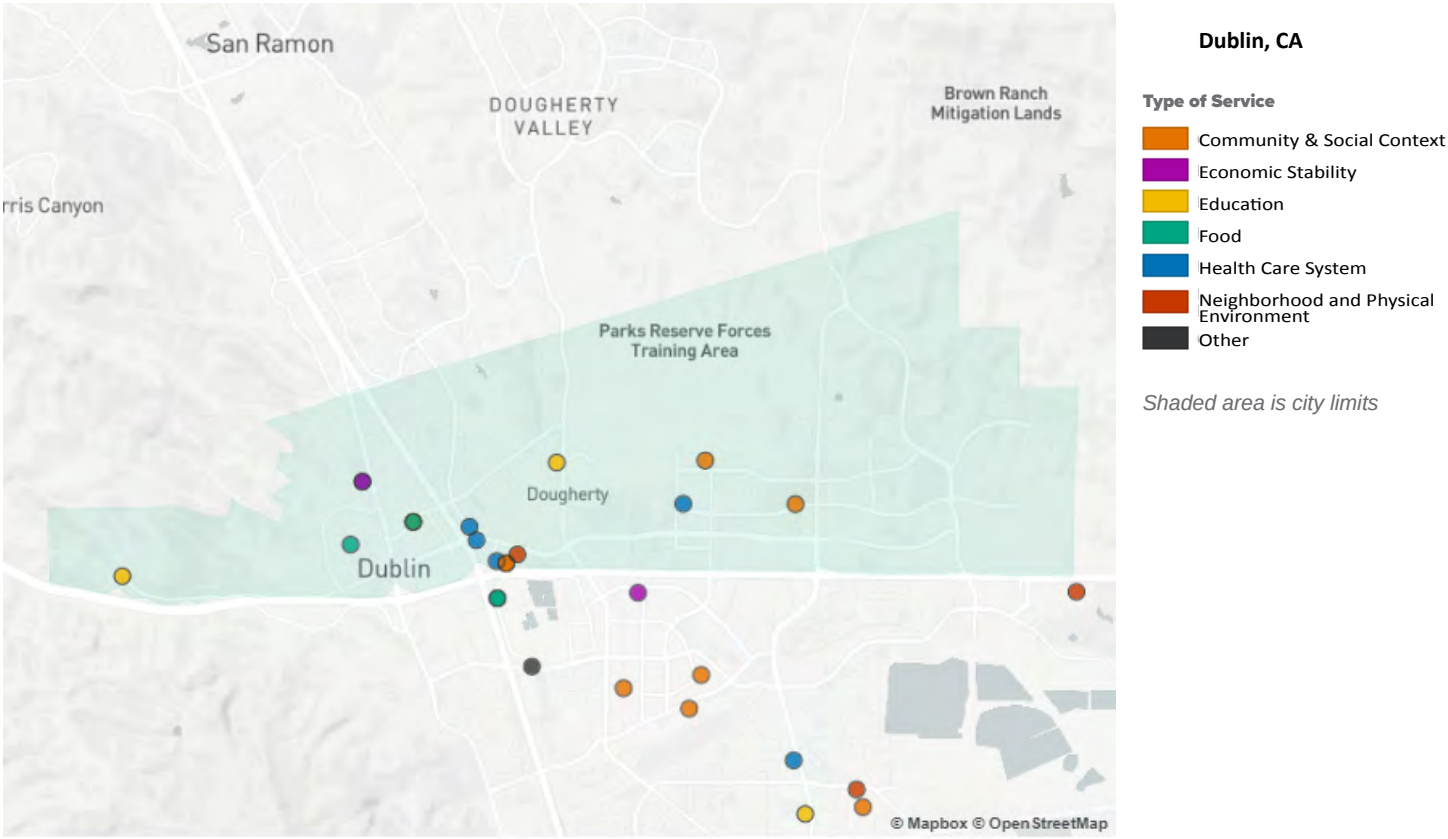
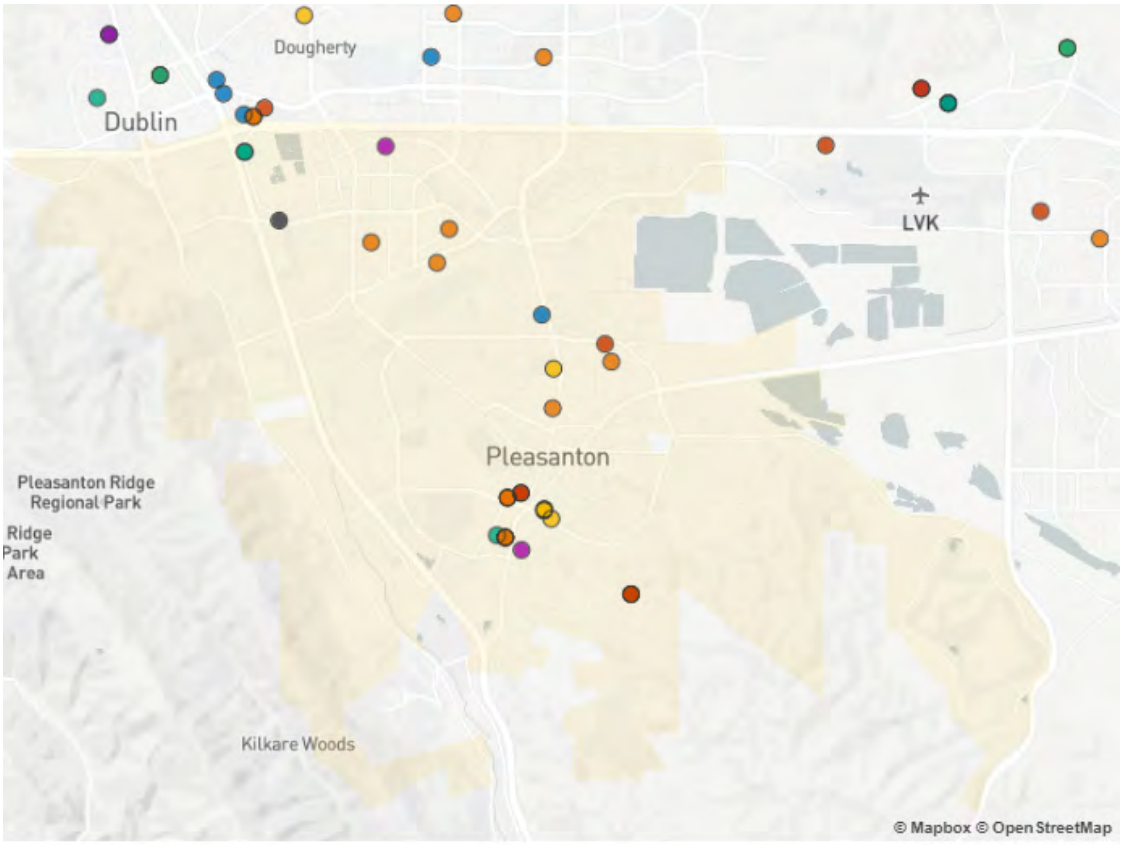


Figure 29. Service Types in and Around Pleasanton



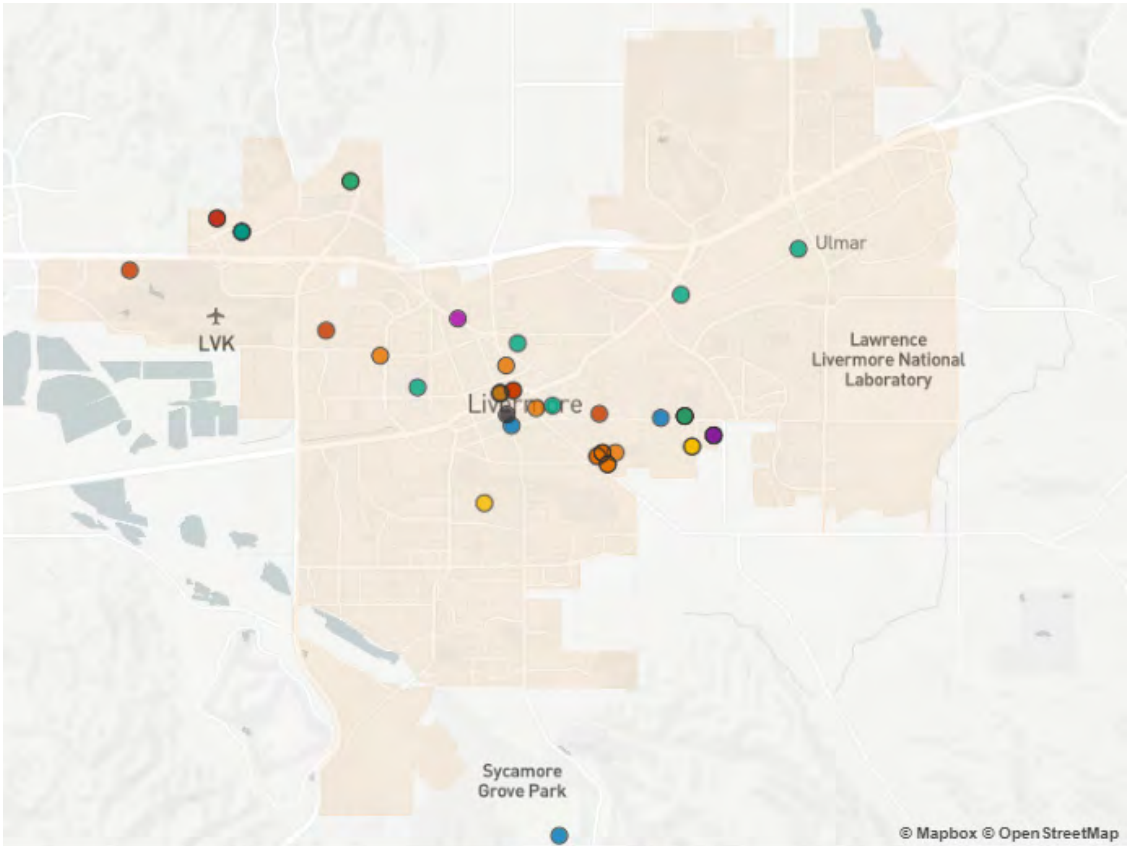
Pleasanton, CA

Type of Service

- Community & Social Context
- Economic Stability
- Education
- Food
- Health Care System
- Neighborhood and Physical Environment
- Other

Shaded area is city limits

Figure 30. Service Types in and Around Livermore



Livermore, CA

Type of Service

- Community & Social Context
- Economic Stability
- Education
- Food
- Health Care System
- Neighborhood and Physical Environment
- Other

Shaded area is city limits

To compare service location with the relative need for those services in any given area, the poverty rate (at the census block group level) was added underneath the point location layer illustrating disaggregated service categories. [Note: While the FPL is a good proxy measure for socioeconomic burden, it may not fully capture the burden experienced in Livermore as compared to the other two municipalities.]

First, as seen in Figure 31, most health care system resources included in the social services inventory are in Dublin, despite Dublin residents experiencing lower levels of burden across most measures. Figure 32 shows a concentration of community and social context service locations in Livermore, with about an equal number of locations in Dublin and Pleasanton.

Figure 31. Health Care Services by Percent of People Below Poverty Level

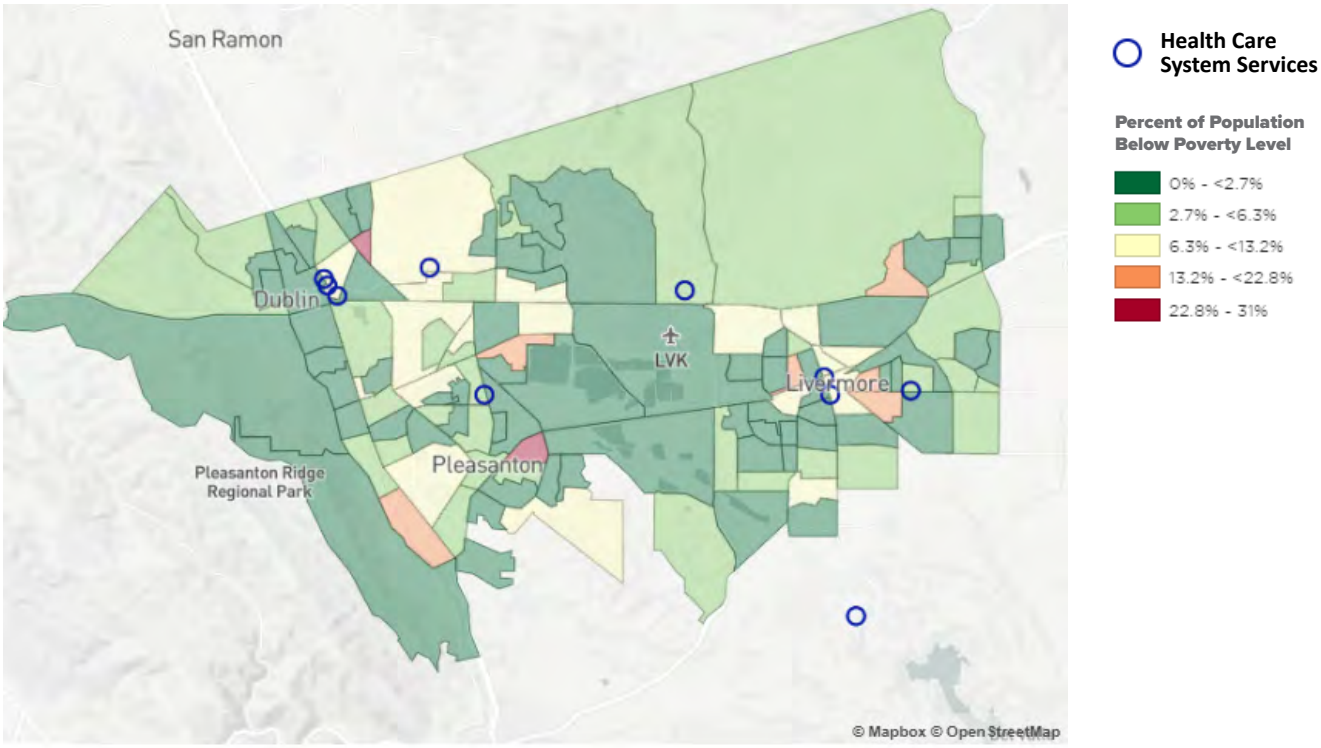


Figure 32. Community and Social Services by Percent of People Below Poverty Level

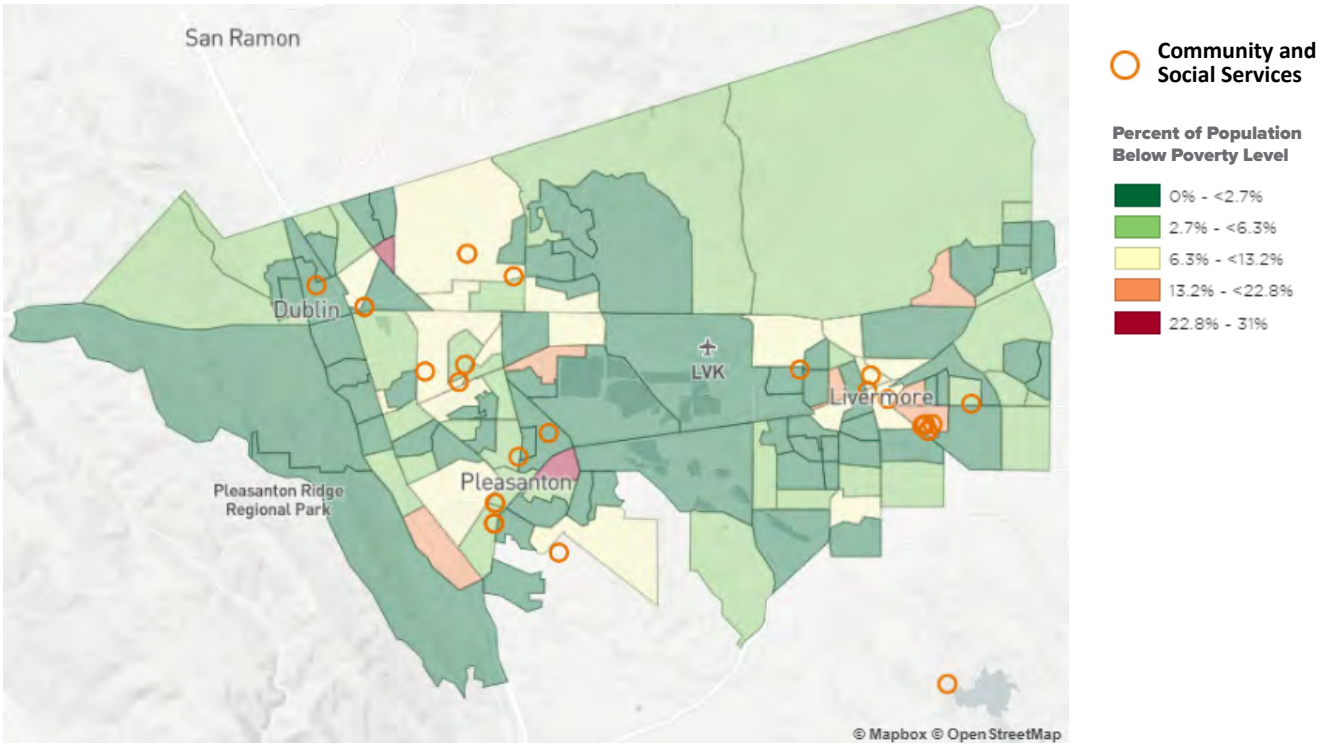


Figure 33. Food Services by Percent of People Below Poverty Level

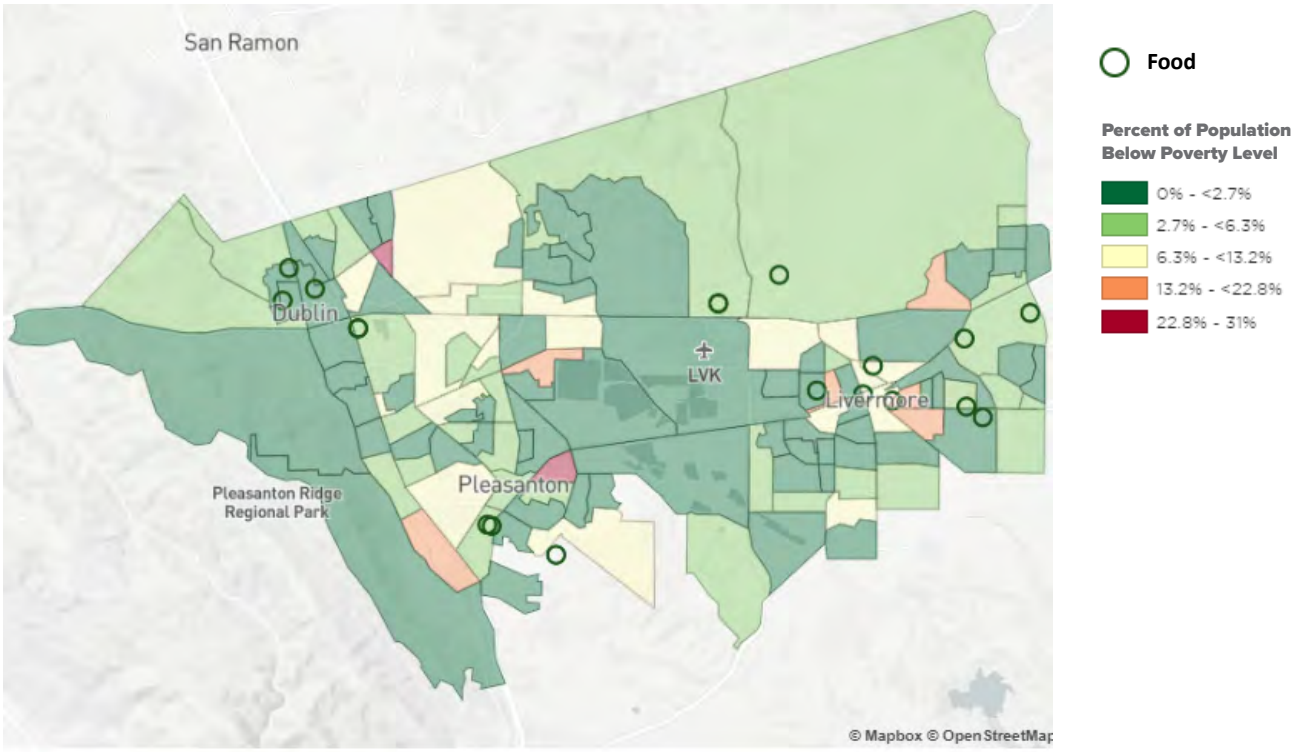


Figure 33, which highlights service locations in the food category, indicates that Pleasanton is home to fewer food resources than the other two municipalities in the Tri-Valley. Figure 34 indicates that there are fewer organizations, in general, that directly focus on economic stability as compared to many of the other service categories. As seen in Figure 35, one organization offering education services is in the most economically disadvantaged census block group in Dublin. However, most service locations in the education category are near downtown Pleasanton. The majority of organizations providing services in the neighborhood and physical environment categories are in Livermore (Figure 36). Notably, only one such organization is located in Dublin.

Figure 34. Economic Stability Services by Percent of People Below Poverty Level

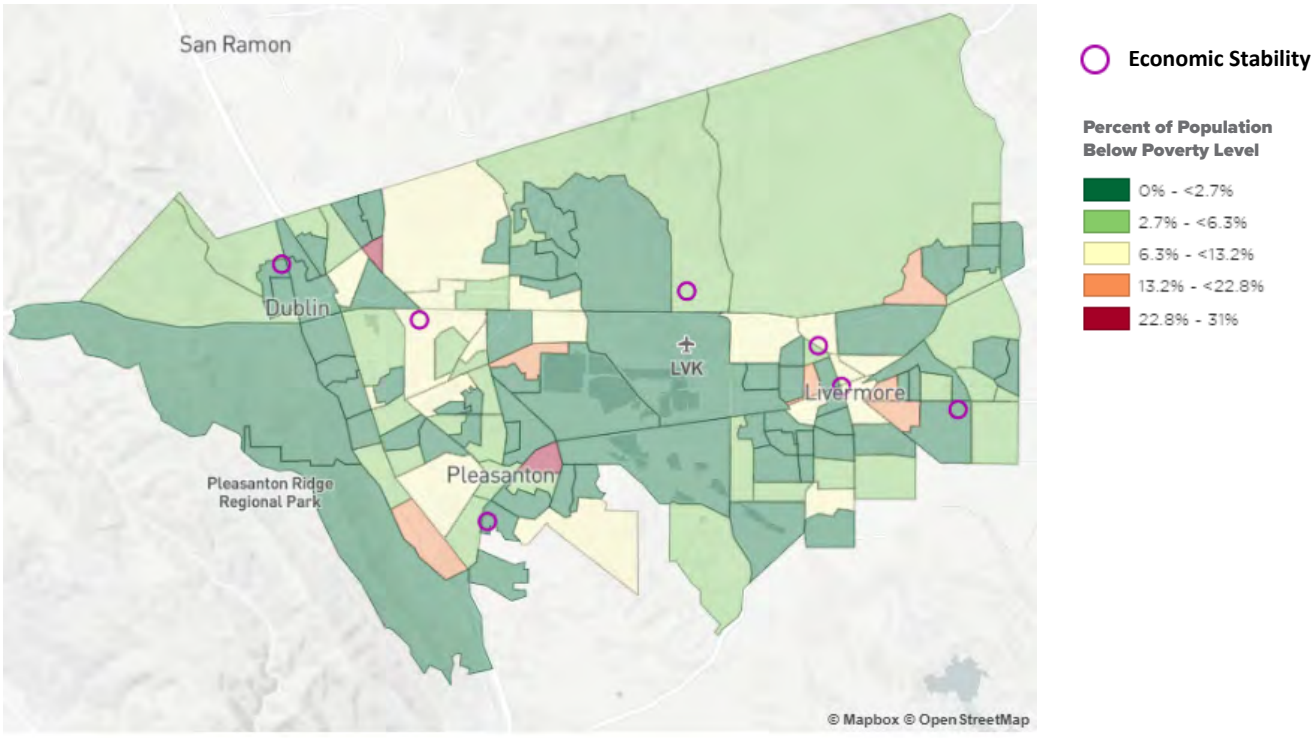


Figure 35. Education Services by Percent of People Below Poverty Level

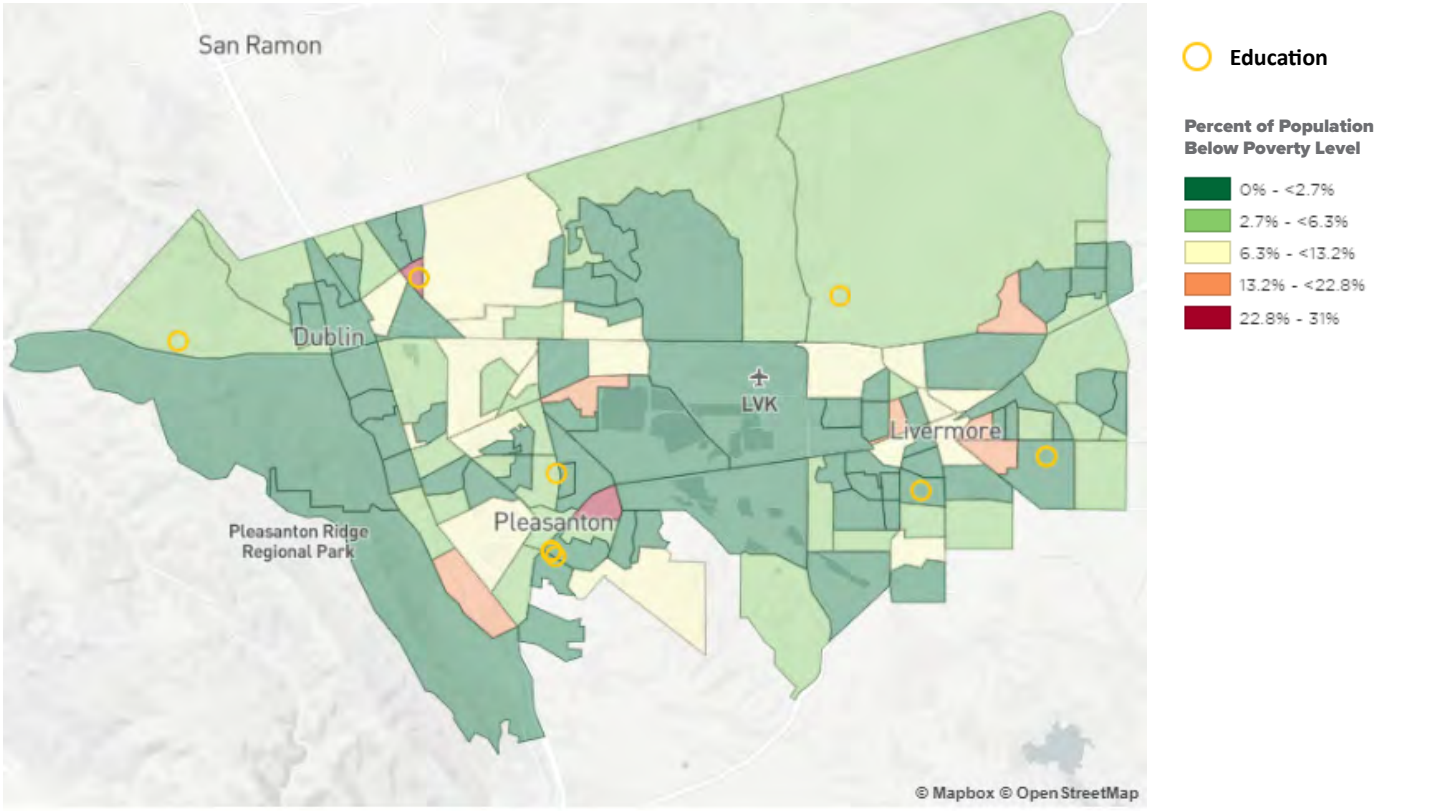
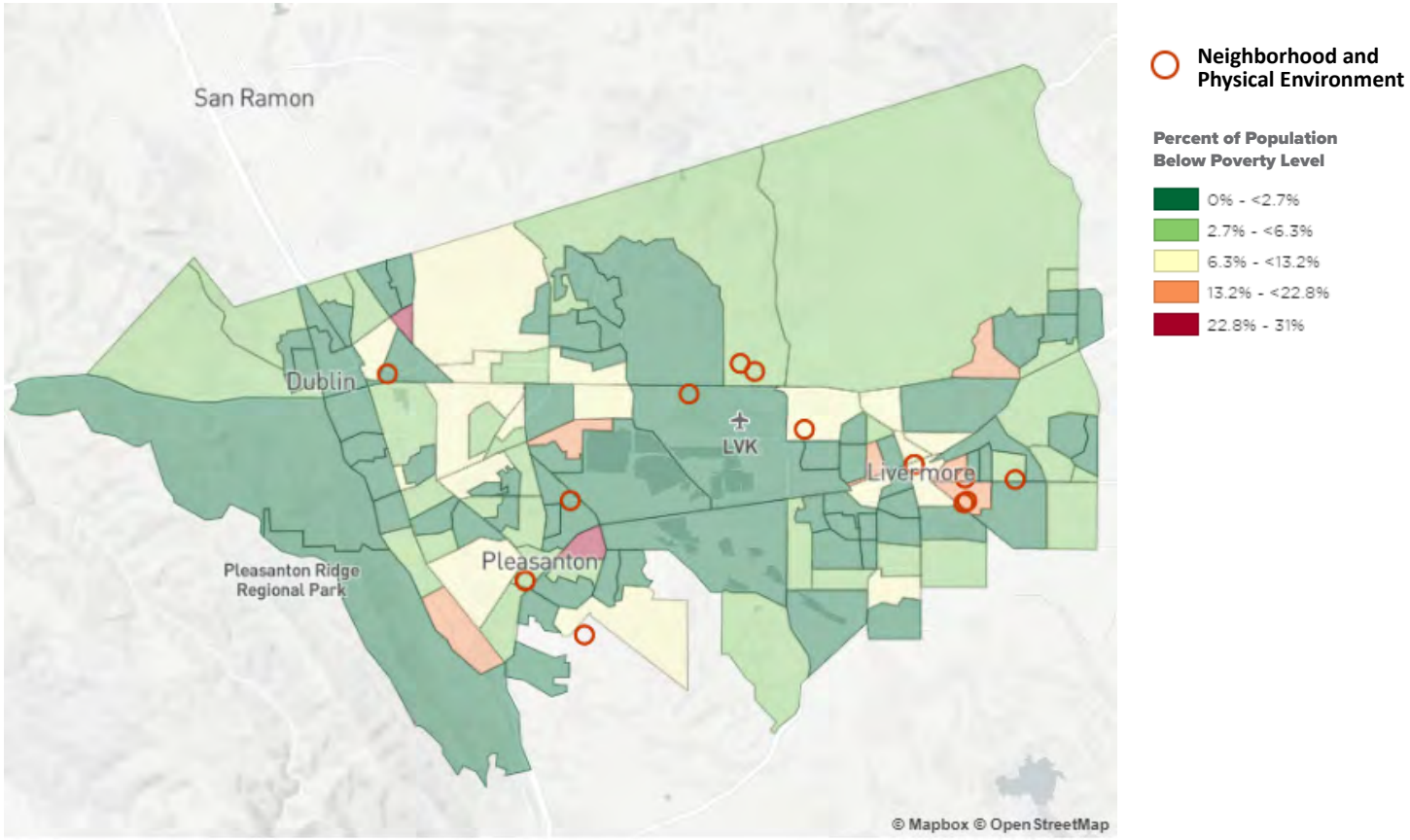


Figure 36. Neighborhood and Physical Environment Services by Percent of People Below Poverty Level



Strengths

The strengths of the Tri-Valley area are not just seen, but deeply felt. Community members expressed what makes their community great and provided context for why they are invested in its improvement through this needs assessment. Key Tri-Valley strengths are community cohesion, diversity, nonprofit and law enforcement services, education, health care and mental health services, and recreation.

Community Cohesion

The Tri-Valley was described as warm and welcoming. Residents said that people in the community were helpful, empathetic, compassionate, and look out for one another. One resident mentioned the importance of giving back:

> *"… I have not gone hungry in my life. But I know that I've been very fortunate. There's a lot of people who have made that possible for me, that I don't take that for granted. .... And I have an obligation to help others to see what I can do to kind of pass on and lift up folks that didn't get those same opportunities."*

People also seem to try to get to know each other and noted that their neighbors lend a helping hand when needed. One recalled a time when she was struggling and how the community came together to help her.

> *"… I'm a single mom. And I don't have a lot of income. And one time when I lost my job, there were parents from the PTA that donated grocery gift cards for me. And one of the teachers bought coats when my son and I didn't have proper outerwear. He rides his bike to school … and he was late to school. The teacher said 'Why are you late?' And my son explained to him, 'my bike broke down, it's not working properly and I'm always trying to fix it and it won't.' And so the teacher took it upon himself to ask other teachers in the lunchroom to donate. And they got him a new bike, so he was able to get back and forth to school."*

Additionally, given that the health and social service systems can be hard to navigate, communities coordinate events where residents can get basic necessities.

Image 1. Something I Love About My Community Sign

> *"We really are a community, everybody kind of does watch out for one another. … Again, something kind of very small, but I think it does go a long way. And I think being a Livermore resident, that's a huge piece of what keeps us here is our neighborhood and the people in it."*

Diversity

Another common thread that residents noted was the rich diversity in the Tri-Valley. Participants celebrated the cultural, ethnic, and socioeconomic differences among residents. They also valued the ability to build relationships and get to know others from different backgrounds.

> *"I think that diversity is a strength in our community…we've got diversity especially as it relates to Asian and white individuals. We lack diversity as it relates to African Americans and to some extent, the Hispanic population. But there's a lot of ethnic diversity. And I think that gives us strength"*

As a result of the changing demographics, new nonprofits have sprung up, and existing nonprofit leaders and organizations have worked to provide culturally sensitive services that contribute to creating a community where everyone feels welcomed. One service provider said:

> *"I think there's a lot of diversity. And I think that's why I like working at [organization name]. There's people from all walks of life, all different socioeconomic levels, and a lot of different cultures. And I think I've learned a lot from my patients about different religions, different cultures, you know, different value systems. And I think diversity is always good. It gives you a nice perspective of the world and it makes me grow as a person just to learn about different people's different ways of life."*

Health Care and Mental Health Services

Access to high-quality health care providers and mental health services was another strength identified. Tri-Valley's location offers community members great health care options. One participant noted, *"clearly, we've got a lot of health care options between Kaiser and Valley Care and UCSF [University of California San Francisco]…"* Additionally, community members said that most people had access to high-quality, affordable health care coverage through Medi-Cal.

Community members also praised the wrap-around services provided by Axis Community Health. One focus group participant described these services:

> *"I'm a marriage and family therapist so we work with emotional needs, but at Axis, we're a wrap-around team. So if they need like resources for housing or food or they're having transportation issues… we have care coordinators that we work with. We also consult with the doctors on the medical side… we try to meet the needs of all the patients, whatever needs they may have."*

Furthermore, in response to the need for high-quality accessible mental health services, the Tri-Valley partnered with outside organizations. One participant said:

> *"I definitely think we have seen a great success in partnering with outside resources. I think for a long time, law enforcement specifically has tried to keep everything close to the chest… We didn't hire mental health clinicians to work for the city of Pleasanton. We subcontracted out to a company that already was doing that and providing surface services in other parts of Alameda County. So they already had the staff and the training and the experience to work effectively."*

Finally, the Tri-Valley has implemented changes in how law enforcement is involved in mental health. One first responder interviewee described the alternative response unit which aimed to:

> *"...reduce the number of involuntary psychiatric holds in the community and to be able to provide resources to the community. [The community] was pretty vocal about wanting to remove the police from non-criminal calls relating to mental health issues, and homelessness and things like that. And so from there, we [law enforcement] put together an alternate response unit…One of the missions of the unit is to provide a non-uniform response to people suffering from mental illness or who are in crisis."*

Nonprofits and Supportive Services

NONPROFIT SERVICES

Strategic partnerships. The comprehensive services of nonprofit organizations, enhanced by the strategic partnerships with other organizations including faith-based entities, was mentioned as a significant strength of the Tri-Valley. Community members described services as helpful and appreciated the partnerships.

Nonprofit leaders also expressed their support for collaboration among nonprofits. They demonstrated the importance of working together to leverage services to serve the community more effectively and stressed how important it is to be able to share ideas and work together to serve the community. Many expressed appreciation for the Tri-Valley NonProfit Alliance.

> *"I think one of the strengths in the Tri-Valley is that we have the Tri-Valley NonProfit Alliance...*

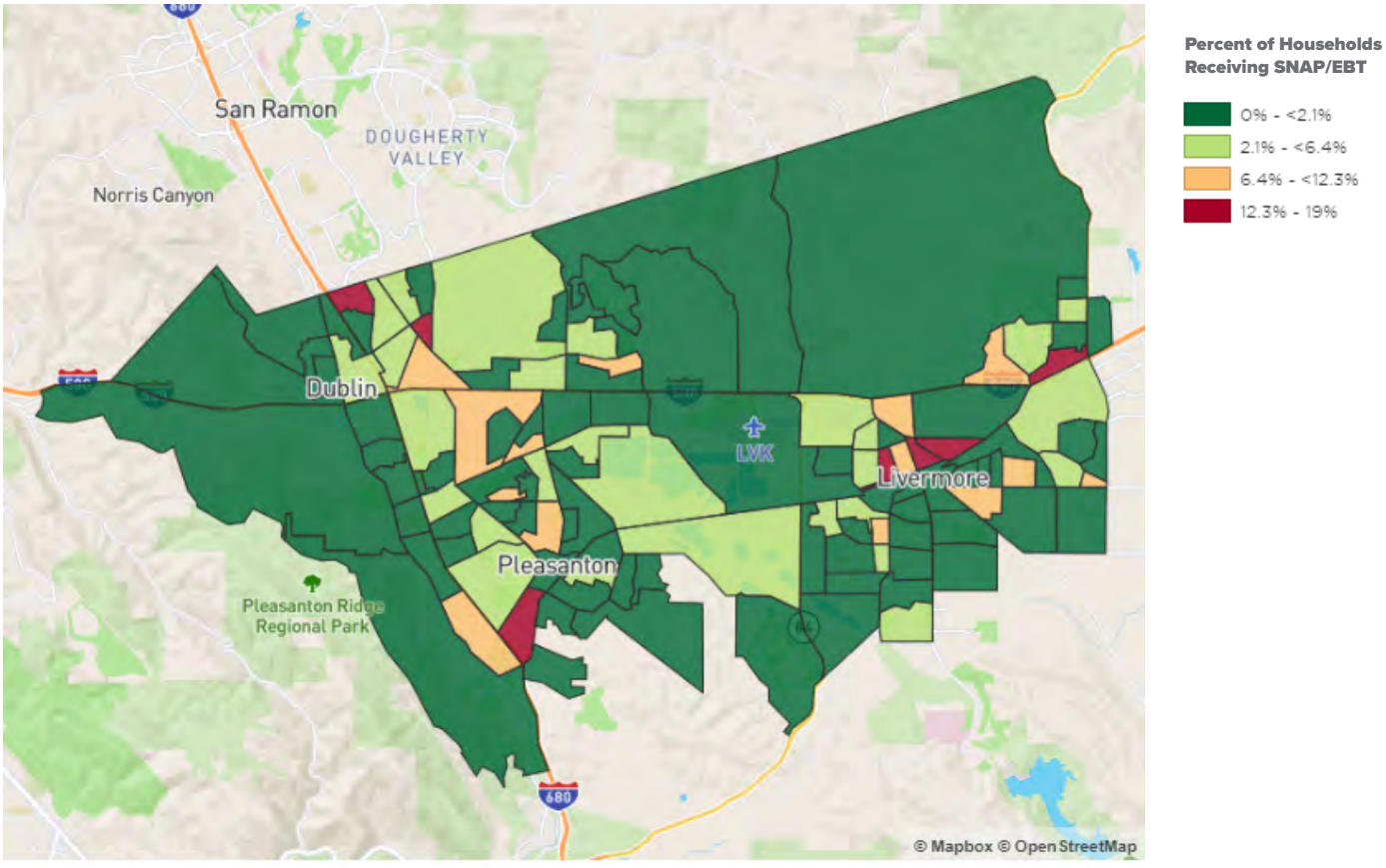
which does a great job in providing support to nonprofits, trainings with their speaker series, and now even meeting places or space. So I think that that organization is a real strength for all of us in the valley."

Nonprofit participants also discussed several collaborations including those between food banks and faith-based organizations to mitigate food insecurity in the Tri-Valley:

"People trust the organizations… CityServe mainly is the one that's most accessible to members in the community… There's also the Axis Community Health clinic here that is accessible, and it's easy for the patients because [there are] different locations…There's also Open Heart Kitchen. And they are able to obtain hot meals as well. And there's also the churches in the grand station like St. Vincent DePaul, and other community services that provide …showers and…laundry as well."

Food security and services. As illustrated above, participants spoke at length about the number of nonprofit and faith-based resources that are working to ensure Tri-Valley community members have adequate food. This is critical because in a 2022 John Muir Health Needs Assessment key informants indicated that food insecurity was increasing in the Tri-Valley area, particularly among the Asian community in Pleasanton.[9] Table 15 shows that at a municipal level, a large proportion of the population is considered to have low access to healthy food within half-a-mile, considered the upper limit of "walkable." The 1-mile distance (also in Table 15) shows that in the Tri-Valley, there are a significant number of people who have very low access to healthy food. Additionally, the high rates of vehicle access throughout the Tri-Valley (Table 24) suggest that almost all people living there are able to access healthy food at a one-mile distance. Figure 37 depicts the location of households receiving food assistance (SNAP/EBT) in the Tri-Valley. Census block groups in downtown Livermore stand out as having particularly high proportions and counts of households receiving food assistance as compared to most other areas in the community.

Figure 37. Percent of Households Receiving SNAP/EBT



Sources: US Census Bureau ACS 5-year 2017-2021

Table 15. Food Access and Percent of Food Stamp Recipients by Location

	PERCENT OF PEOPLE WITH LOW ACCESS TO HEALTHY FOOD (1/2 MILE TO < 1 MILE)	PERCENT OF PEOPLE WITH VERY LOW ACCESS TO HEALTHY FOOD (≥ 1 MILE)	PERCENT OF HOUSEHOLDS RECEIVING FOOD STAMPS
Dublin	54.1	12.1	2.7
Livermore	65.6	21.0	3.3
Pleasanton	57.5	18.3	2.4
Tri-Valley	60.1	17.5	2.9
Alameda County	43.8	8.9	6.9
California	51.0	18.5	9.5

Sources: US Census Bureau ACS 5-year 2017–2021; USDA ERS 2019
Note: Columns 1 and 2 are proportions of the total population in each area.
Column 3 represents proportions of the total number of households in each area.

FIRST RESPONDERS

Participants said that law enforcement was well trained to handle mental health services and provided exceptional emergency response capabilities. When asked about a community strength, one resident responded, *"I was thinking about our police department and just their partnerships with like Horizons Counseling Center and all that they do to support our community.*" When someone said, *"Pleasanton has a very responsive and understanding police force,"* another participant concurred.

Recreation

In nearly every conversation, community members mentioned parks and outdoor areas as a strength, describing them as inclusive, accessible for people with disabilities, well maintained, environmentally friendly, and an overall great resource. They appreciated the bike paths, hiking trails, places for recreational sports, and how spacious they were.

> *"What I like about Dublin is that I lived here for 12 years, it's very laid out with the parks, they're all environmentally friendly. It's all accessible for everyone – doesn't matter what your disability is like – it's accessible…"*

Schools and Educational Excellence

Many residents mentioned the quality of schools in the Tri-Valley. Students and parents agreed that the schools were well-equipped to prepare students for college. *"I knew this is where I wanted to raise my children because the schools are excellent."* Other residents said that families felt supported and respected when they were in need. One mentioned that school personnel were sensitive to the stigma associated with seeking help:

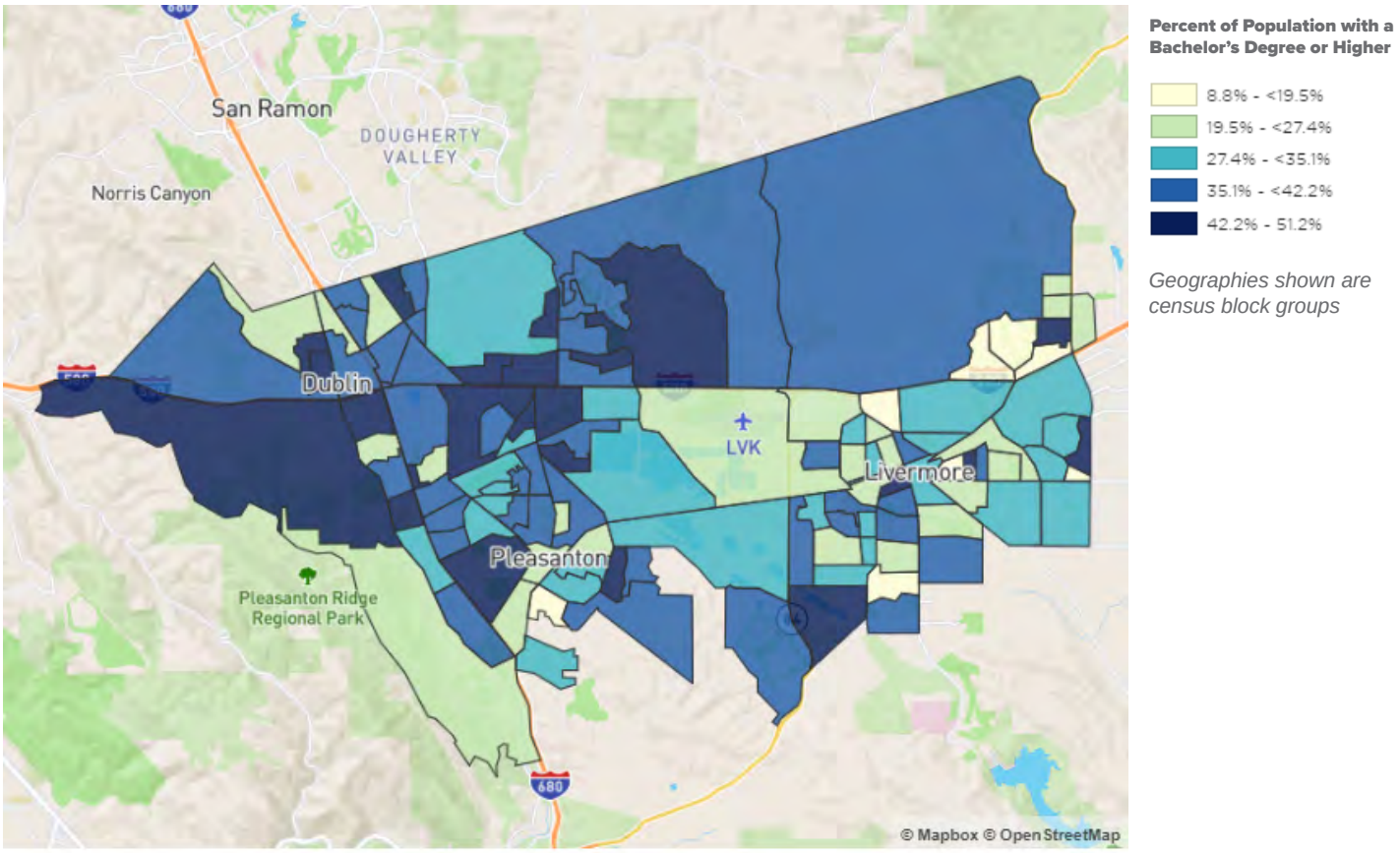
> *"… if it weren't for my social worker at [my child's] school, I would have struggled a lot more than I did… And I want to say it was in elementary when I found out that there were resources here available to me. And they waited until after school so I could come and pick up laundry detergent, or toilet paper, or whatever I needed. Because they didn't want my son to feel like he was an outcast with the other kids. That's really important..."*

Table 16 captures the educational attainment across the Tri-Valley. Every municipality in the region was above both state (22%) and county (29%) levels of postsecondary educational attainment (bachelor's degree). Figure 38 shows geographic variation in educational attainment at a census block group level. Educational attainment is highest in Dublin and Pleasanton, though educational attainment throughout the Tri-Valley is higher than state and county levels in most places.

Although rates of educational attainment are generally high throughout the Tri-Valley, disaggregating by racial groups highlights some disparities. As seen in Figure 39, the high school

graduation rate for white students in the Tri-Valley is 10 percentage points higher than it is for Black students. Similarly, disaggregated data on chronic absenteeism also point to racial disparities, with the highest rates reported among Black students in Dublin and Pleasanton, and among American Indian or Alaska Native students in Livermore (Table 17).

Figure 38. Percent of Population with a Bachelor's Degree or Higher



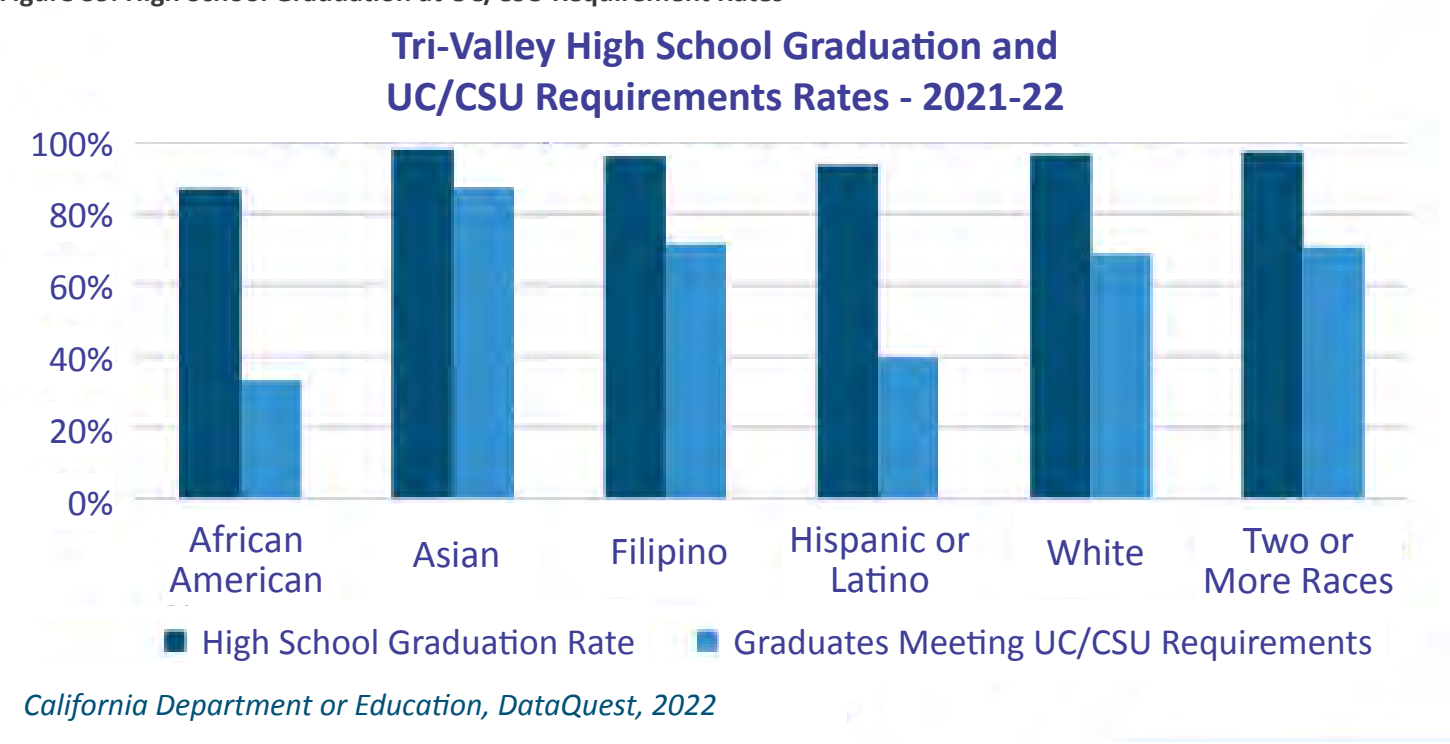
Sources: US Census Bureau ACS 5-year 2017-2021

Table 16. Education Levels, by Percent

	LESS THAN 9TH GRADE	9TH– 12TH GRADE	HIGH SCHOOL DEGREE	SOME COLLEGE	ASSOCIATE'S DEGREE	BACHELOR'S DEGREE	GRADUATE DEGREE	POPULATION OVER AGE 25 (DENOMINATOR)
Dublin	2.3	2.2	10.2	11.9	5.8	37.9	29.7	47,792
Livermore	2.7	3.2	16.1	22.0	9.4	29.5	17.0	62,933
Pleasanton	1.6	1.8	9.9	13.3	7.1	35.7	30.6	55,414
Tri-Valley	2.2	2.5	12.3	16.4	7.7	33.8	25.0	162,624
Alameda County	5.7	5.3	16.7	16.3	6.4	28.3	21.3	1,193,863
California	8.7	7.1	20.4	20.5	8.0	21.9	13.4	26,797,070

Source: US Census Bureau ACS 5-year 2017–2021
Note: Percentages reflect each geography's population that is over age 25.

Figure 39. High School Graduation at UC/CSU Requirement Rates



California Department or Education, DataQuest, 2022

Table 17. Chronic Absenteeism Rates by Student Race/Ethnicity

	DUBLIN	LIVERMORE	PLEASANTON
African American	31.90%	36.00%	31.70%
American Indian or Alaska Native	13.60%	42.40%	16.70%
Asian	8.00%	13.20%	8.00%
Filipino	7.80%	15.60%	9.80%
Hispanic or Latino	22.60%	30.20%	21.90%
Pacific Islander	28.30%	29.40%	20.60%
White	14.30%	18.20%	13.60%
Two or More Races	13.80%	18.40%	15.30%
Not Reported	25.00%	--	12.00%

California Department or Education, DataQuest, 2023

Community-Level Challenges and Opportunity Areas

Housing

Housing is a significant challenge, particularly as the roots of the current housing crisis lie in overarching structural factors beyond the scope of those working to meet health and human service needs. Housing is an intractable challenge not just in the Tri-Valley, but in the entire Bay Area and beyond. It is unsurprising that housing was a significant problem in the 2011 needs assessment[7] and other hospital-based and county-wide needs assessments.[10,11] Additionally, it was the top concern among individuals calling the 2-1-1 helpline, with requests for housing being over three times higher than any other need and representing the highest unmet need among callers.[12]

In this EACHSNA, housing challenges were most frequently tied to such factors as the need for a living wage, especially for those working in the service industry and essential workers (e.g., custodians, teachers, fire fighters), and the high cost of living in the Tri-Valley and rising inflation in the United States. From the landscape scan the theme of housing also came up as an issue that correlated with employment issues, substance use, and mental health. This

Table 18. Rentership, Home Ownership, and Cost Burden by Location

	OWN	RENT	HOUSING COST BURDENED OWNERS	HOUSING COST BURDENED RENTERS
Dublin	64.4	35.6	25.4	36.4
Livermore	72.3	27.7	27.7	49.9
Pleasanton	67.5	32.5	22.9	46.4
Tri-Valley	67.9	32.1	25.7	44.4
Alameda County	53.9	46.1	28.1	46.5
California	55.5	44.5	30.7	51.5

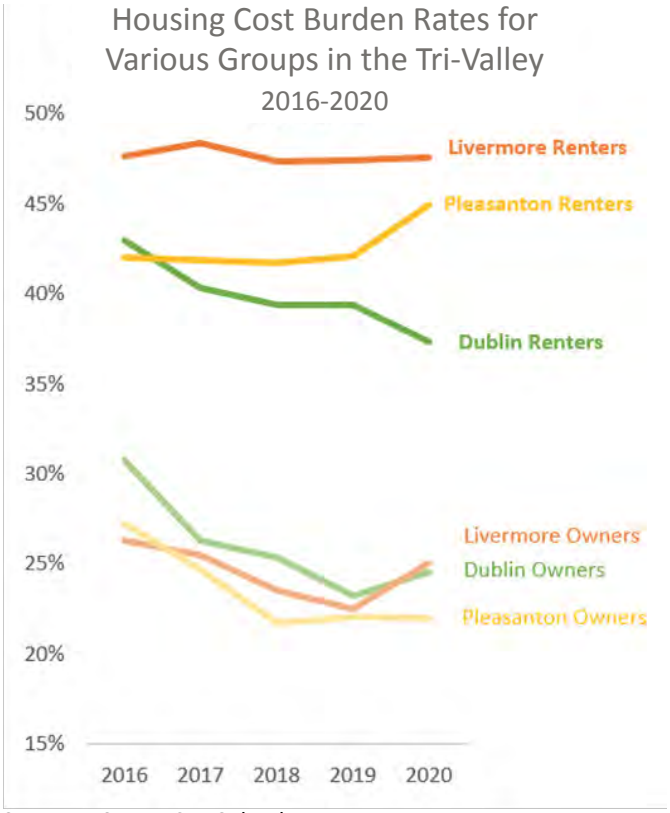
Source: US Census Bureau ACS 5-year 2017–2021
Note: Percentages for columns labeled "Own" and "Rent" reflect the given area's total population.
Percentages for columns labeled "Cost Burdened Home Owners" and "Cost Burdened Renters" reflect the category in the particular area.

was corroborated by the 2022 Tri-Valley PIT Count which found that 72% of unhoused individuals had psychiatric or emotional conditions; 70% had post-traumatic stress disorder; and 45% reported drug or alcohol abuse.[13]

The rate of home ownership in the Tri-Valley (68%) is considerably higher than in Alameda County (54%) and in California (56%) (Table 18). Relatedly, rentership is considerably lower in the region as compared to Alameda County and California. Table 17 disaggregates the rate of housing cost burden between homeowners and renters, and shows that rates for both are generally better than at the county and state levels in almost all three municipalities. The exception is in Livermore, where a larger proportion of renters (50%) are housing-cost burdened than at the county level (47%). At every level of geographic analysis, renters are more likely than homeowners to be housing-cost burdened (Table 18). As seen in Figure 40, this trend has held true over time. Since 2016, the housing cost burden rate has been highest among renters in Livermore, followed by those in Pleasanton.

The Livermore Housing Elements also indicated this, showing that a very low-income household in Livermore can afford $1,199 to $1,850 in rent per month, depending on the household size. However, with average rents starting at $2,206 for a one-bedroom unit, these households cannot afford average market-rate rentals without facing cost burden issues.[18] The housing cost burden rate appears to be trending upward for Pleasanton renters, downward for Dublin renters, and stable for Livermore renters. Throughout this time period, rates of housing cost burden among homeowners in the three municipalities were much lower than among renters, and—aside from a slight uptick between 2019 and 2020 among Livermore and Dublin owners—rates have been steadily trending down (Figure 40). The Stanford Valley Care Needs Assessment has some additional context on housing cost burden.[11] Both quantitatively and qualitatively, the report found that housing and other costs of living in the Tri-Valley are extremely high; the median home rental cost is more than 40% higher than the median state home rental cost.

Figure 40. Housing Cost Burden Rates by City for Renters and Owners



Source: US HUD CHAS database

A number of significant housing challenges arose, many which relate to the lack of affordable housing stock, especially for people who are low-income. Housing is best summed up as a need for more: more affordable housing units and vouchers, rental assistance programs, emergency housing options, and programs to increase the accessibility of homeownership, especially for young families. One interviewee said *"There's not enough housing, especially low-income, affordable housing. And so all our young adults are moving away, because they can't find housing, and sometimes their families are following them, and that's a real blow to the community."* Some focus group participants in Pleasanton expressed frustration at the lack of low-income housing, asking why Pleasanton was allowing developers to take credits instead of building low-income or affordable housing.[viii]

Housing was frequently mentioned alongside the recognition of the high (and rising) cost of living in the Tri-Valley and an acknowledgement that salaries have not risen as quickly as the cost of living, which has resulted in a high housing burden (i.e., over 50% of income going toward housing expenditures). High housing costs were also mentioned by nonprofits, as high rents inherently stretch their budgets and result in their inability to sustain rental subsidies or provide emergency housing funds in the long-term. Increasingly, nonprofit organizations have supported those who are unhoused or financially challenged to move to more affordable regions.

Housing concerns were particularly salient for many participants as, at the time of data collection, the COVID-19 eviction moratorium was concluding. Many service providers also noted that the pandemic had exacerbated housing problems, with many residents falling behind on rent due. Community members expressed frustration with this, as well as fear as to how they might be directly affected and what might be done to mitigate housing instability. Some discussed the possibility of building more affordable housing, while acknowledging the challenges of NIMBYism.[ix]

Housing concerns not only affect those directly affected, but also those who serve them in other capacities. Services are stretched thin, and those working directly with clients expressed a distinct sense of frustration about their inability to meet community needs, which has a long-term negative impact on the workforce. One nonprofit staff member said:

> *"I think it's always been the case that there's never been enough resources to meet the need. I think we are all seeing unparalleled demand, particularly for housing and shelter the last few years. Folks in extremely stressful, challenging, horrible situations, with just not nearly enough available resources or resources that even exist to connect them to, and then for all of us working in these organizations on the frontlines…taking these calls and not being able to successfully say, 'Oh, yes, there is an emergency shelter bed we can put you into.' I just think it's really exacerbated, and then it causes mental health challenges for our staff."*

In addition to housing as an overarching community concern, many raised concerns about the distinct ways that certain groups or sub-populations are disproportionately affected. This included people who are currently unhoused, young families, people with disabilities, and older adults.

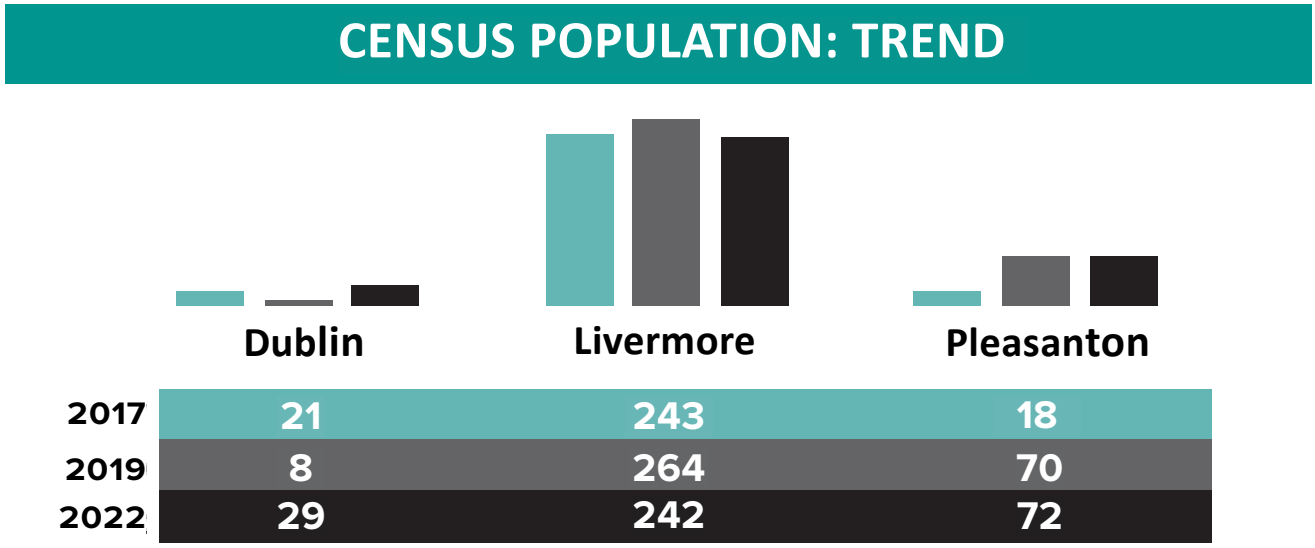
There is recognition that being without shelter inherently destabilizes an individual across a number of areas (e.g., mental health, food security). There was acknowledgement of a need for more steps to provide intervention before an individual is unhoused to prevent structural, physical, and mental precarity.

According to the 2022 Tri-Valley PIT Count, unhoused individuals are predominantly in Livermore.[13] As seen in Figure 41, there was a dramatic increase in the number of unhoused individuals in Pleasanton between 2017 and 2019. The number of unhoused individuals captured by the PIT counts has been relatively stable in the other two municipalities since 2017.

[viii] This reflects the perception of those focus group participants; the City of Pleasanton Inclusionary Housing Ordinance provides options for compliance including on-site construction of affordable units, payment of an in-lieu fee, and other alternatives.

[ix] From the acronym 'not in my backyard,' which refers to generalized support for affordable housing, as long as it's elsewhere in a community.

Figure 41. Number of Individuals Who Are Unhoused by City



Source: Tri-Valley 2022 Homeless PIT Count Report

For those with disabilities or receiving Supplemental Security Income (SSI) or Social Security Disability Insurance Program (SSDI), finding affordable housing is near-impossible. One interviewee said:

> *"I don't think we have enough funds to get folks housed. It's been crazy, The Tri-Valley is a really expensive area. Some of the minimum housing income requirements are not accessible to patients who are receiving SSI or SSDI. These folks are receiving about $1,300 a month. And the minimum income requirement and these housing applications, they go from like 20/30k to 60k a year. And these patients are only making $11,000–$12,000 because of SSI. And that's not enough, you know? Unfortunately, affordable housing… I know we try our best, but it's insufficient."*

Community members cited concerns about the long waitlists for affordable housing and the increasing need for housing stock. With the growing population of older adults in the Tri-Valley, the need for housing was particularly pressing. Nonprofits indicated that they are encountering a rising number of seniors who are unstably housed. Older adults are particularly precarious because they are likely to have higher medical bills, and housing instability likely exacerbates health conditions. One person described the cycle that many older adults experience:

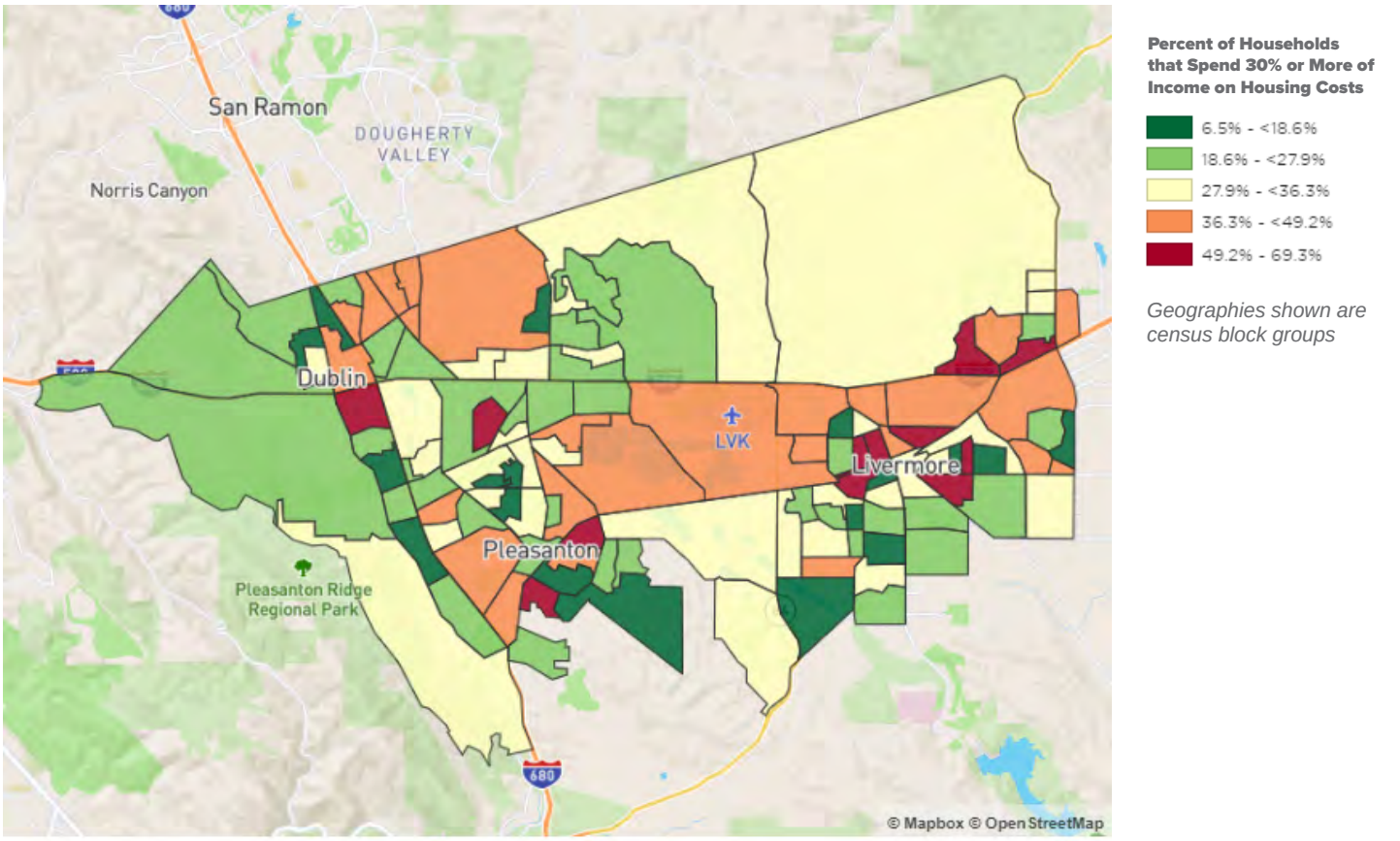
> *"I'm seeing more low-income seniors than I have seen in the past. We have an office that serves seniors specifically, and I'm just seeing more low-income seniors and more seniors who have rented somewhere for 15 years. Now that landlord is moving and they're selling their house, and now they have to find affordable rent, and they're not on a list, they're not…you know, they don't have access to that, because they haven't needed it. We've seen more seniors become homeless with not being able to find somewhere affordable in time. And that's for those vulnerable seniors that already have health issues and then to have to live in a car or on the street, that's just going to make their health decline more."*

Others noted that high housing costs and housing precarity does not just effect those who are low-income; it is beginning to have a ripple effect across the region:

> *"I think that in order to stop the increase of homelessness, and it's not just for people who are low-income or [have] mental health issues…you are now seeing middle class, even upper-middle class (if there is even an upper-middle class) on the verge of losing their housing, because of jobs that do not pay enough to continue to stay housed with the high rent."*

Some cited this as a result of the tech industry. They noted that at one time the region was positioned to be a contender for Silicon Valley, which increased housing prices. However, more recently, nonprofits indicated that they are seeing increasing housing instability among those who have historically been

Figure 42. Housing Burden by Location



Sources: US Census Bureau ACS 5-year 2017-2021

more affluent and not previously needed services, such as people who have been laid off in the tech industry.

It is important to note that though housing affordability is a problem across the region, there are differences between the three cities, and racial and ethnic sub-populations are disproportionately affected. As discussed above and shown in Figure 42, a substantial proportion of the population across the Tri-Valley is considered housing-cost burdened, meaning that households spend 30% or more of their income on housing costs (either mortgage or rent).

Downtown areas are particularly affected by housing costs. Additionally, as discussed above and shown in Table 18 and Figure 40, renters are more likely than homeowners to be housing-cost burdened. As seen in Table 19, in the Tri-Valley—as in Alameda County and most other places in the United States—nonwhite individuals are far more likely to rent than to own their homes.[14] As a result, there are racial disparities when it comes to housing cost burden in the Tri-Valley. One exception is for the Asian sub-population, among whom rates of home ownership are much higher (and renter rates lower) as compared to the county and the state (Table 19).

Table 19. Home Ownership and Renter Rates by Race and Ethnicity

	WHITE		BLACK		ASIAN		HISPANIC	
	OWN	RENT	OWN	RENT	OWN	RENT	OWN	RENT
Dublin	57.3	42.7	29.6	70.4	73.0	27.0	53.4	46.6
Livermore	75.1	24.9	53.8	46.2	81.5	18.5	47.5	52.5
Pleasanton	69.0	31.0	11.1	88.9	72.5	27.5	42.6	57.4
Tri-Valley	64.5	35.5	40.0	60.0	73.6	26.4	54.9	45.1
Alameda County	59.6	40.4	32.1	67.9	62.8	37.2	39.5	60.5
California	60.0	40.0	35.6	64.4	60.4	39.6	45.4	54.6

Source: US Census Bureau ACS 5-year 2017–2021

Health Care

Concerns related to health care including service availability and accessibility, the cost of services, perceptions of quality of services, and cultural responsiveness were raised frequently. Within health care, a number of barriers specific to specialty, mental health, reproductive health, dental, and youth mental health services arose. Accessibility was a frequent concern, with participants highlighting barriers including geographic distance to services and transportation and related to insurance status or type.

The need to travel for services, particularly specialty, and referrals, which often took individuals outside the Tri-Valley (e.g., San Francisco or "over the hill" (i.e., Oakland)), was mentioned frequently and had transportation infrastructure implications. Traveling for medical care takes a significant amount of time and affects work. One participant said

> *"I went through the same thing (navigating health care services) for so many services for so many years. We had to go up to Antioch so that my child could get her insulin pump and get taught on how to do it. It's like well…okay…I gotta take like half-a-day off to go up there with her."*

Kaiser was also frequently mentioned in regard to geographic distance, with participants saying that they had to travel to Walnut Creek or Oakland for hospital services.

Many insurance concerns came from people who were un- or under-insured because they did not qualify for Medi-Cal, but participants also spoke of private insurance challenges, including that individuals with private insurance were unable to access substance use treatment or mental health services. One participant described a Kaiser-specific experience:

> *"We kind of find this weird little gray area, where people, you know, if you have Kaiser and you have a child who needs mental health [services], you know, maybe acute mental health help, it can take two months to get that appointment. And so we've had to find various partners like Axis Community Health and the Bridge program."*

The vast majority of the people who live in the Tri-Valley were insured (97%) (Table 20). Just over one in five (20%) had public health insurance (Table 20).[x] Livermore is home to the highest proportion and number of uninsured individuals in the region and the highest proportion and number of individuals in the region on public health insurance. A more granular geographic analysis at the census block group level shows that, in addition to Livermore, there are a few areas in Pleasanton with uninsured rates that exceed the county (4%) and state (7%) level (see Figure 43 and Table 20). At the census tract level (the most detailed geography for which such data are available), it becomes clear that many of the places where people are uninsured also report high rates of public insurance, reflecting the socioeconomic status of the people living in those places, particularly downtown Livermore and southeast Pleasanton (see Figure 44).

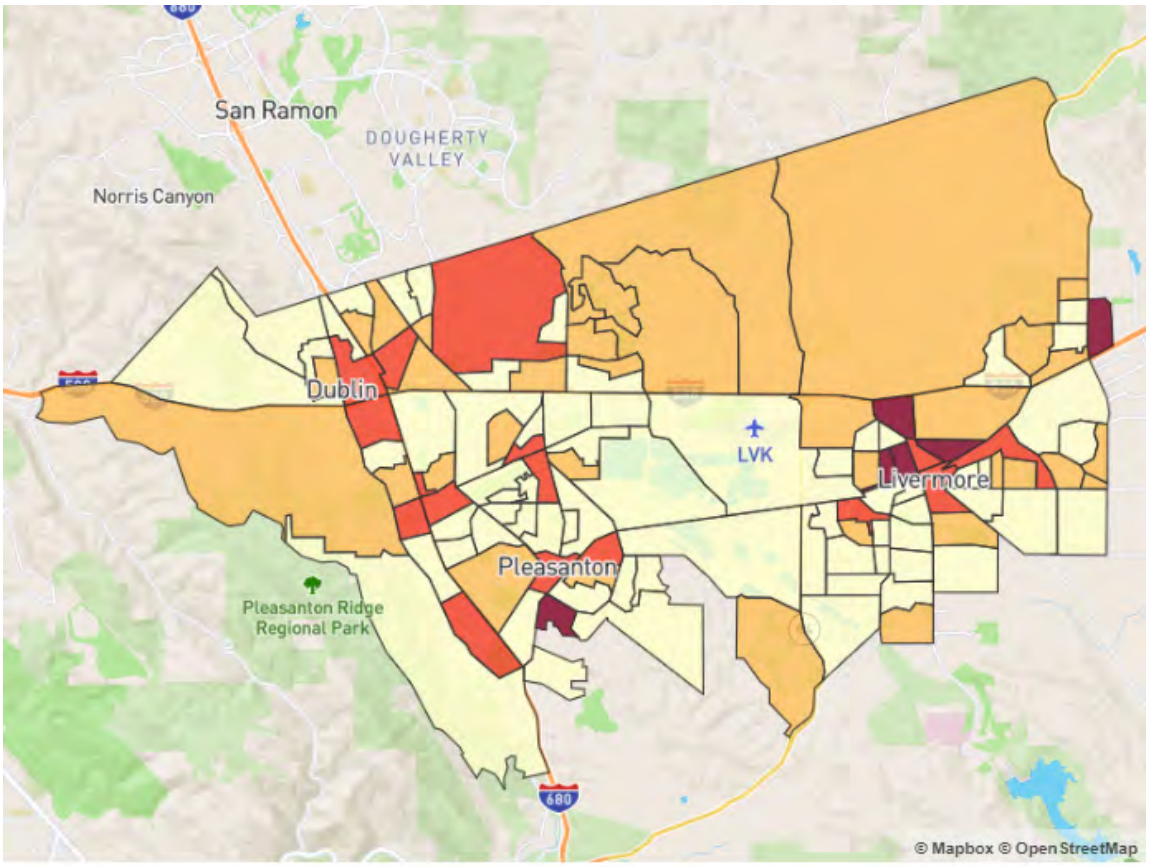
Table 20. Insurance Status by Location

	PERCENT OF THE POPULATION THAT IS UNINSURED	NUMBER OF PEOPLE WHO ARE UNINSURED	PERCENT OF THE POPULATION WITH PUBLIC HEALTH INSURANCE	NUMBER OF PEOPLE WITH PUBLIC HEALTH INSURANCE
Dublin	2.2	1,518	15.5	10,620
Livermore	3.1	2,720	23.3	20,576
Pleasanton	2.3	1,809	19.7	15,619
Tri-Valley	2.6	5,952	20.1	46,474
Alameda County	4.3	71,358	30.4	506,491
California	7.2	2,800,277	38	14,781,015

Source: US Census Bureau ACS 5-year 2017–2021

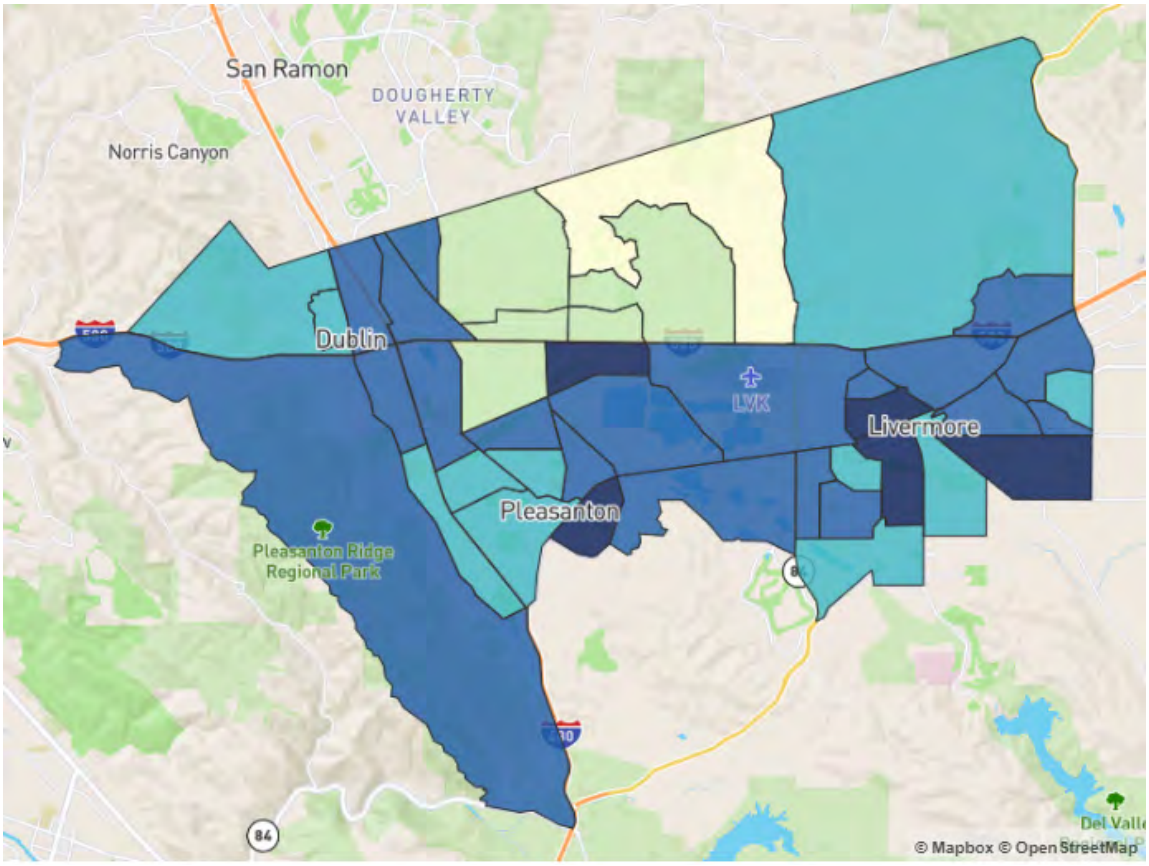
[x] The Census Bureau classification of public insurance includes Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); and the Children's Health Insurance Program.

Figure 43. Percent of the Population Who Are Uninsured



Sources: US Census Bureau ACS 5-year 2017-2021

Figure 44. Percent of the Population with Public Health Insurance



Sources: US Census Bureau ACS 5-year 2017-2021

Table 21. Provider to Patient Ratio

	PRIMARY CARE PHYSICIAN	PRIMARY CARE NURSE PRACTITIONER	DENTIST	OBGYN
Dublin	1,624	4,107	970	3,947
Livermore	2,600	8,840	1,263	11,098
Pleasanton	698	2,040	804	1,611
Alameda County	997	2,394	1,172	3,009
California	1,038	2,324	1,297	3,976

Source: NNPES NPI 2022

Insurance status affects the availability of transportation to medical appointments, particularly for those on Medicare. One provider said:

> *"Patients who need medical care and have a managed care plan, such as Alliance or Anthem Blue Cross, they are able to obtain transportation through their insurance for medical appointments, pharmacy visits, dental visits, and therapy visits. But mainly our patients who have Medicare, it's difficult for them to have a transportation resource unless they use paratransit or Wheels."*

While community health clinics were cited frequently as a regional strength, people noted long appointment wait times and an insufficient number of health clinics overall. This often resulted in emergency room use for routine health care (including prescription refills), as one community member described. *"Yes we have access, but it takes us two months in order to get a doctor. So basically, we have to go to the emergency room if we want to get seen right now."*

Data show that the dentist ratio for municipalities in the Tri-Valley is in line with or better than the ratios for Alameda County and California. For the four types of providers in Table 21, Livermore notably lags behind the other two municipalities. The ratios for obstetricians or gynecologists and primary care providers are particularly concerning, and likely indicate that people in Livermore seeking prenatal, gynecological, and primary care face barriers to access (Table 21).

Although community members acknowledged that the Tri-Valley built a dental clinic (following the identified gap in the 2011 needs assessment[7]), and expanded services overall at Axis Community Health, they noted long wait times for dental care. One individual indicated that their children waited 1.5 years to receive dental care. The Kaiser Permanente Walnut Creek Health Center reported that children in need of dental services using general anesthesia must travel outside the Tri-Valley area, leading to the geographic and transportation barriers mentioned earlier in this section.[10] Others described the insufficiency of dental coverage through Medicare and Covered California and the difficulty of finding dentists who accept the plan:

> *"Access to a dentist is a very difficult thing. A few dentists don't want to accept any 'other than premier' dental plans. And so, you know, you are in a queue, and there are fewer dentists that do accept those lower benefits for dental types of work. Is that unfair? It's an equity issue, I'll say that."*

As with other regional opportunity areas, participants noted how the health care system was differentially experienced by sub-groups or -populations. The need for health care services for children was mentioned frequently, with participants noting that kids had to travel to Oakland's Children's Hospital for acute and non-acute exams. Seniors were also highlighted as a group with distinct health care and supportive health care navigation service needs. Finally, for non-English speakers and those who speak it as a second language, the need for translation services in health care settings was mentioned frequently and further explored in the linguistic and cultural responsiveness opportunity area. The Stanford 2022 Community Health Needs Assessment also identified Latinx, undocumented people, veterans, and unhoused populations as groups who struggle to access care due to a lack of providers and available appointments.[11]

Mental Health

Mental health was also a significant concern and opportunity area for the Tri-Valley across various stakeholders including community members, non-profit employees, and first responders. Additionally, triangulation with other needs assessments validates the finding that mental and behavioral health service is a significant need.[11] Within mental health, challenges related to accessibility (similar to those categorized under health care), including distance to services, service availability and costs, and insurance; factors exacerbating conditions; populations with distinct needs; and workforce arose.

Table 22. Adult Mental Health Indicators

	DEPRESSION PREVALENCE	POOR MENTAL HEALTH PREVALENCE
Dublin	16.8	13.3
Livermore	19.6	14.8
Pleasanton	17.3	12.6
Tri-Valley	17.8	13.4
Alameda County	15.9	13.5
California	17.5	15.9

Source: CDC BRFSS PLACES, 2021

As seen in Table 22, rates of depression and poor mental health in the Tri-Valley are highest in Livermore. Just under one-in-every five Livermore adults is diagnosed with depression. Depression rates are higher than in Alameda County for every municipality in the Tri-Valley, though only Livermore's rate (20%) exceeds the state's (18%). Rates of poor mental health across the region are more in line with the county rate, though Livermore also stands out with nearly 15% of its adult population reporting that their mental health is poor. Further, the suicide rate in Livermore (9.8 per 100,000) is higher than in Alameda County (7.7), with the rate being highest among the white population.[9] In the Alameda County needs assessment, Livermore identified behavioral health as a key priority.[14]

A number of factors hinder access to mental health services. Community members cited the limited number of mental health providers and services in the region, and relatedly, long wait lists to receive care. One individual said that *"it can take up to two months to get an appointment."* These issues were interwoven with transportation challenges, particularly when referrals sent those seeking mental health services to parts of the county outside the Tri-Valley. The long wait lists and provider shortage in the Tri-Valley echoed the Livermore focus group findings from the Alameda County Needs Assessment.[14]

Insurance impedes access to mental health care through service coverage (or lack thereof), the resulting effect on service costs, availability of providers who take a particular type of insurance, and need for individuals to be able to navigate the complex system. Participants noted difficulty navigating insurance, which often resulted in decreased access to care. This was a problem for public and private insurance (particularly Kaiser), demonstrating that mental health service access is a barrier regardless of an individual's socioeconomic status. One participant expressed the relationship between insurance type and the need for service navigation:

> *"Another issue or challenge is that a lot of the county resources that are available require you to have MediCal insurance. The Tri-Valley in and of itself is socioeconomically more affluent, and we have a population of people who are experiencing mental health challenges. They can't get help in the interim because they have a level of insurance, but they can't navigate that insurance to get mental health resources. Because they have privatized insurance, they're not eligible for programs."*

This issue was also captured by one participant's experience trying to ensure her children had mental health services and her challenges navigating insurance and transportation.

> *"I am a widow and when my husband died, we went on medical and Social Security. At the time, my kids were under 18 so they were on Medicare. We chose Kaiser, and Kaiser doesn't do regular counseling so basically I paid out of pocket for grief counseling for three years for both my kids. Then when the kids both developed anxiety and depression we needed to get regular psychology and psychiatry appointments. So first we were shunted up to [name redacted] in Oakland. That's a long way to go to get a psychiatry or psychology appointment. And we were supposed to be going every week. And now that my kids are both over*

18, we've been shunted back to [name redacted] for the psychologist that my younger child is still seeing on a regular basis."

In addition to service availability, participants noted a number of factors increasing the need for mental health services. COVID-19 was most frequently cited, with participants expressing concern about the extent to which mental health challenges will have lasting consequences. Key informants for the John Muir report described mental health status in the Tri-Valley as critical due to the fear, anxiety, stress, job loss, isolation, and lack of trust that resulted from the pandemic.[9] Similar consequences were raised in relation to youth and the extent to which mental health issues might be compounded by social media. Throughout the landscape scan interviews, parents reflected on ongoing behavioral health challenges among children and adolescents, expressing feelings of overwhelm.

The landscape scan interviews also brought forth themes about mental health stigma. It was noted that societal stigma makes accessing mental health services a challenge for many. While telehealth emerged as a potential solution during the pandemic, respondents noted that it does not cater to everyone's needs or digital capabilities.

The unhoused, individuals with severe mental illness, immigrant and refugee populations, and older adults were also mentioned as having distinct needs for mental health services. A relationship was often drawn between people with severe mental illness and who are unhoused, with much discussion on how the factors exacerbated each other. One nonprofit employee spoke of the long-term mental and emotional effects of housing instability, noting the connection between being in a near-constant state of crisis and a person's immediate mental health, functionality, and decision-making capacity. Mental health crises are often exacerbated by insufficient emergency mental health centers and services.

"Trying to find emergency psychiatry services, or trying to find a psychiatrist of any kind is hard… trying to do it on an emergency basis because you have a loved one who you're afraid of, who could be a harm to themselves or others... it's practically impossible."

Participants noted that when concerned community members and even parents need help when a person is experiencing a mental health emergency, they often must rely on police and jails instead of inpatient emergency mental health care.

"The severely mentally ill, that whole population that's out there, you know, so many of those folks end up getting housed in the jails in other places because they get arrested because there's not enough capacity to serve those folks. So that that's another issue that I would say can be challenging, is residential (services) for folks."

In addition to the connection between mental health and unstable housing, participants discussed a need for comprehensive emergency and/or in-patient services for those using substances. This topic is further explored under substance use.

Additional mental health and related services challenges were noted for some immigrant and refugee populations, such as the need for linguistic and culturally responsive services. Many come from countries where they experienced war and other trauma and may have left loved ones who are still experiencing suffering and hardships. The unique challenges of bi-cultural children of refugees and immigrants and generalized difficulties with a new culture also call for mental health services to help people adjust.

COVID-19 was frequently cited as having a profound effect on older adults' mental health, including by exacerbating loneliness and isolation for those who lived alone. Many older adults did not access mental health services, perhaps due to a shift to virtual appointments, which call for the ability to navigate online platforms. This, combined with physical isolation due to mobility challenges that many older people have, may have increased anxiety and depression. One service provider noted:

"I think that our biggest hurdle is getting the seniors to understand that while they need to be cautious of what is out in the world, they also need to not live in that fear and kind of move forward and engage back in those interactions because

they're not doing so… 78% of the seniors who we serve live alone. If you think about that, that means that a minimum of 10 hours of their waking time is spent alone."

As mentioned, workforce challenges are closely tied to the need for additional mental health providers. This is related to structural factors including cost of living and the need to pay essential workers (i.e., those working in community mental health) a living wage. Further, more linguistically, racially, and culturally responsive service providers are needed, as detailed below.

Service Provision, Awareness, and Navigation

GENERALIZED SERVICE PROVISION

Interviewees and focus group participants spoke at length about the need for a range of support services. Community members wanted a place where individuals could go to receive non-emergency support. One provider described this as a need for 'generalized community assistance': *"There's a part of our population that needs help, like even how to get your social security card, how to get a birth certificate, how to apply for driver's license, just the general things that we don't have one place to direct people to and support them with."*

Other participants identified a need for generalized support for individuals who struggle with reading or writing. This is essential not only for helping community members understand and navigate health and human services, but also for assisting with daily living tasks. For example, one participant mentioned that some people find it challenging to read and understand directions for taking medication.

SERVICE AWARENESS

The Tri-Valley offers a substantial number of services to address various social determinants of health. However, community members noted a lack of awareness of these services and how to access them. One individual said *"I know personally with me it's kind of hard for me to comprehend… how to even begin the process of trying to find any type of information. You know, unless someone's really pointing me in the direction I wouldn't even know where to begin."* When asked for recommendations on how to improve human services in the Tri-Valley, another individual noted simply, *"make sure community members know what services are available."*

One participant spoke of researching community resources in preparation for the focus group:

"I looked at a Tri-Valley website and there's a lot of resources that I didn't know about. There's like a dozen that they show, like the churches that provide food, some provide showers, some will do their laundry for them. So I just looked in Livermore, because that's my town. I think that is also getting that word out there for people, that they have some resources. Some of it may be communication, because how do you reach them?"

A service provider also reflected this challenge, tying the lack of service awareness to a need for increased advertising funds for nonprofits:

"There's not enough designated funds for people to know the services that are provided…I was just having a conversation with a man an hour ago, who asked if the nonprofits tried to stay secret and small. And I was trying to explain to him capacity and priorities and all of that. So I would say funds for making people aware of the services (are needed)."

Community members and nonprofit organization respondents acknowledged that cities, churches, and other entities made efforts to raise awareness of available services. However, they also said that there was widespread lack of awareness among people who needed them.

SERVICE NAVIGATION

The need for service and insurance navigation came up frequently within the topic of health care and mental health care. It also appeared as a general barrier to accessing human services, in particular for individuals with disabilities, the unhoused, immigrants and refugees, older adults, and non-English speakers and those for whom it is a second language. Persons in these last two groups have a distinct need for service navigation support from providers who are racially, culturally, and linguistically responsive. This also has implications for the nonprofit workforce.

One community member described trying to navigate health care services after moving from another county:

> *"There's a year-long wait for dental at Axis Community Health and they're like, "oh, no, you have to call Alameda County and you have to disenroll from that. And then you have to re-enroll… and I'm like, 'How long does that take?' And they're like, 'oh, it's between 30 and 90 days'… I trust absolutely nobody. I can't get a hold of Alameda County Alliance. Because all the things I'm told, it just spiraled out of control. It's like, can somebody please just tell me something that's simple to do? I don't have the money to pay for all of this stuff. But I would if I could, just to avoid it, because it's so heartbreaking."*

A provider also mentioned the knowledge and skills needed to navigate human services and how difficult it can be for community members:

> *"Being able to get to health care is one issue. The other issue is just having the resources to know where to go, how to look for it, and to the ability to get it…to call their insurance or a primary health care physician, and they will direct them to whatever resources they need. Without that kind of access, a lot of people really struggle and don't know where to go. And we still have people who have insurance but struggle to know where to start—how to begin to get health care, mental health care."*

Individuals with disabilities also have unique service navigation needs. One service provider noted frequent calls about housing, programs, and other resources for people with disabilities. The provider was overwhelmed by the number of requests and limited capacity to serve as a resource navigator. The provider said that the 2-1-1 line and the Regional Center of the East Bay do as much as they are able but are overwhelmed, too. Just under half (174 of 352) of the 2-1-1 callers indicated having a disability.[12]

Unhoused individuals also have specific needs for service awareness, navigation, and centralized services (e.g., assistance with document access and retention and housing application support). One focus group participant highlighted the many complex contributing factors to becoming unhoused, and identified the near-impossible task for those in crisis to recognize and access the right services:

> *"There's a number of different solutions…are you getting ready to be kicked out of your apartment or evicted? Are you losing your job? Did your car just break down, and your car is the key to getting your kids to school and getting you to work so that you can pay the rent? I think there are services that address crisis mode… and (a need for) getting people connected with those services and making them aware of the services."*

Focus groups participants in a John Muir health report said that services for unhoused veterans were insufficient or even non-existent in the Tri-Valley, forcing people in need to travel outside the area.[9]

Participants identified immigrants and refugees as sub-populations that could benefit from efforts to increase awareness of services and strategies to provide service linkages.

> *"A lot of them know about their refugee status and they know that they can get free medical, food stamps, low-income housing. Some of them know about it, some of them don't. I think that could be something that they could be more aware of. But then again, there's a long waiting list for those as well."*

Participants also said that older adults need navigation support services. This is made more complex by their need to navigate insurance types for health care and medication coverage. The John Muir report also indicated that transitioning to telehealth care is a significant challenge for older adults.[9]

Racial/Linguistic/Cultural Responsiveness

RACIAL AND CULTURAL RESPONSIVENESS

Participants from the community and nonprofits expressed a desire to have more individuals from various communities and cultures in paid service provider provisions. This was particularly acknowledged in light of the changing demographics within cities and across the region. Individuals acknowledged that having service providers who are from the communities being served enhances client comfort and trust in the care.

Providers acknowledged that racial and cultural responsiveness calls for knowledge of diverse populations, as well as in-depth consideration of how to deliver congruent services. They also connected this to a broader positive impact on clients:

"We're thinking about culturally appropriate food as well. I think we sometimes get so unjustly fixated on making sure that the most basic needs are met that sometimes we don't get to those next levels that are equally important to folks to make sure the sort of tentacles of colonialism—how much someone can eat, the types of food they can eat—are going to go unaddressed and sort of be able to try to get to that next level, while also making sure that those basic food security needs are met. It also goes a long way toward mental health and emotional health. Folks don't feel like they are 'less than' because of the food choices they feel forced to make, so that we can invigorate the conversation with some dignity in terms of the types of food that we make available."

LINGUISTIC RESPONSIVENESS

Table 23 shows the language spoken at home among people over the age of 5. Notably, only half the population in Dublin spoke English at home. A majority of those who did not speak English at home spoke Asian languages (27%).[xi] Many people living in Pleasanton also did not speak English at home (41%). As in Dublin, a majority (21%) of these people spoke Asian languages. Individuals who spoke Spanish at home represented a notably smaller proportion of the total population in the Tri-Valley (8% of all people over age 5) as compared to Alameda County (16%) and California (28%). Livermore was the municipality with the largest percentage and number of people speaking Spanish at home in the Tri-Valley (11%; 9,381 people).

Figure 45 depicts the location of language-isolated households in the Tri-Valley. These households are defined as those in which no one 14 years old and over speaks English only or speaks a language other than English at home and speaks English less than very well. There are areas across the Tri-Valley where more than 14% of households are language-isolated, including in downtown Livermore and Pleasanton, and between Dublin and Pleasanton. These data highlight the diversity within Dublin, Livermore, and Pleasanton and the need for providers who reflect community demographics.

Language represents a distinct barrier for services among non-English speakers and those who speak it as a second language. This was a challenge to completing paperwork for services:

"Specifically what we're talking about with language… I think what it comes down to is the fact that some of the papers that families have to fill out aren't translated in their language, or it's harder to access certain paperwork to be able to explain the processes to families."

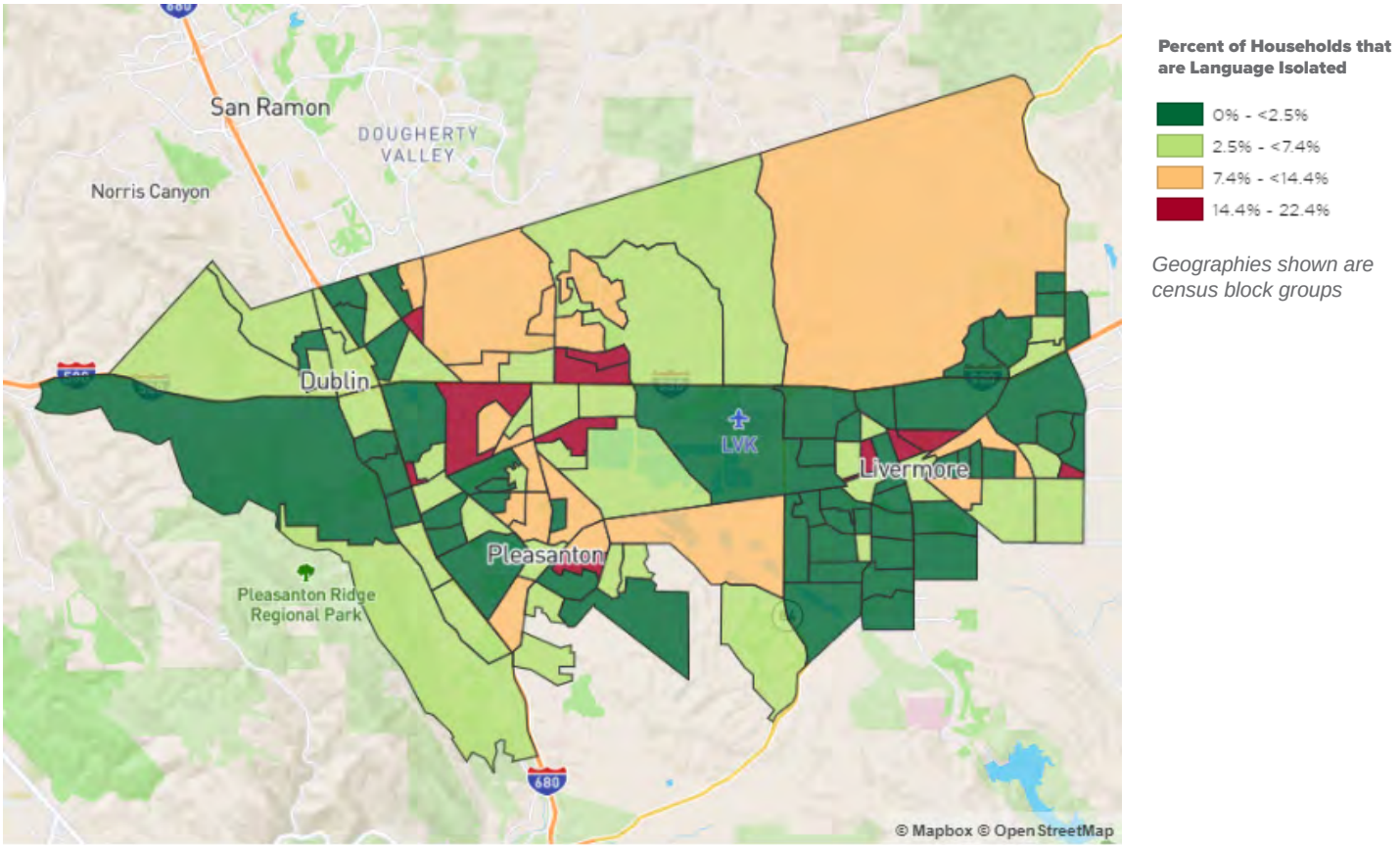
Table 23. Language Spoken at Home, by Percent

	ENGLISH	SPANISH	OTHER INDO-EUROPEAN	ASIAN-PACIFIC ISLANDER	OTHER	POPULATION OVER AGE 5 (DENOMINATOR)
Dublin	50.0	5.1	16.1	27.1	1.7	64,522
Livermore	75.3	11.4	5.0	7.5	0.8	82,292
Pleasanton	58.6	5.7	14.1	20.9	0.8	75,776
Tri-Valley	62.4	7.8	11.2	17.5	1.1	217,605
Alameda County	54.0	16.0	8.4	19.8	1.8	1,579,078
California	56.1	28.3	4.6	9.9	1.1	37,105,018

Source: US Census Bureau ACS 5-year 2017–2021
Note: Percentages are proportions of the given geography's population that is over age 5.

[xi] Asian and Pacific Island languages categorized by the ACS include Chinese; Korean; Japanese; Vietnamese; Hmong; Khmer; Lao; Thai; Tagalog or Filipino; the Dravidian languages of India such as Telugu, Tamil, and Malayalam; and other languages of Asia and the Pacific, including Philippine, Polynesian, and Micronesian.

Figure 45. Language Isolation



Sources: US Census Bureau ACS 5-year 2017-2021

There are also implications for families trying to call to receive services:

> *"Spanish-speaking families call… they're being directed in English as to what numbers to press and they can't really keep up with it. And they get to a point where they don't get an answer. So they stop and it just adds all these layers as to why accessing resources is so difficult for these families... All the steps that they have to take…it adds so many more layers than an English-speaking person would have."*

Language barriers affect people's ability to seek support from police and other first responders, which also affects people's safety. When asked about barriers within the community, one individual said *"...a lot of the Tri-Valley agencies, including law enforcement, do not have bilingual officers and detectives and staff."*

While Spanish-speaking populations were frequently highlighted as needing translation and interpretation services, there was also a need for translation and interpretation in languages such as Farsi, Dari, Cantonese, Mandarin, Hmong, and Cantonese. One service provider said:

> *"Regarding language, there's no Hmong interpreter. Specifically, we've been dealing with a lot of issues regarding Hmong language and that's come up…where do we send them? Also, their dialect isn't written – it can't be written down, so they need someone to translate."*

Substance Use

Community members, service providers, first responders, and nonprofit participants in all three cities mentioned the challenge of substance use. The Alameda County Needs Assessment noted that binge drinking is higher in Livermore compared to state-wide rates.[14]

A significant concern focused on early onset of substance use among youth. One participant observed, *"we're seeing it more and more in the middle schools. Fifth grade even."* Additional information about youth substance use and interventions can be found in the Youth section.

Community members were concerned about substance use among adults, too, noting the safety concern when people openly use substances in public spaces, particularly public transportation. One said *"The only way we can have safe community events or have safe public transportation, or really just care about the safety of members of the community in general is if…there's no open substances."*

Participants spoke to the complexity of factors contributing to substance use, and the difficulty in addressing substance use when people aren't ready for treatment. One provider discussed their experience working with this population:

> *"They have substance use disorders and mental health (conditions). And you do want to connect them…I do connect them to rehab programs through the Alameda County ACCESS line. But it's all depending on their change readiness, sometimes they're not open to wanting to stop use. Sometimes it's… something's triggering them. It could be family housing, it's something that they use to cope. A lot of our patients…started using substances at a very young age, or they're currently using right now, or they were also in remission but they relapsed due to the pandemic."*

There is a general consensus about a lack of available services in the Tri-Valley, including those that are education and prevention focused. *"We don't have enough services in general. We certainly don't have enough substance abuse or substance use education support services."* There is also a lack of local treatment services for individuals using or addicted to substances. When asked about service gaps within the Tri-Valley one service provider responded:

> *"I would say residential or non-residential (services) for substance use and abuse…that's kind of a challenge finding those kinds of resources. We were looking the other day and it seemed like we had to look elsewhere in the county for that, depending on what the client's resources were. So that seemed like a bit of a challenge."*

Participants also highlighted the specific need for harm reduction programs and services:

> *"It's something that we don't really talk about here in the Tri-Valley as much, but a lot of our population have substance use disorder, and it's primarily methamphetamine. We don't have any harm reduction programs like the city has and there's no needle exchange program."*

Substance use is a cross-cutting issue, with several participants acknowledging the connections with being unhoused and mental health conditions, with substance use often serving as a form of self-medication for undiagnosed or untreated mental health disorders.

> *"What we've noticed is that a lot of people we come across in the street have substance abuse issues. You know, there's a variety of issues, but ultimately, everything leads back to mental illness. And if they're not getting that help…it's going to be very hard for them to resolve any other issue they have. Because ultimately, that's what it comes down to."*

Findings from this Needs Assessment about the often overlapping needs of substance use, mental health (including lack of services), and housing, and connections between safety and substance use are reinforced by findings from the Alameda County Needs Assessment.[14]

Safety

Concerns were raised about the extent to which community members felt safe. This encapsulated psychological safety, with a connection to and implications for mental health, and physical safety, with concerns about crime and violence. Overall, there was a perception that both violent and non-violent crime had increased in the Tri-Valley. One individual said:

> *"Crime is a concern. Quality of living is deteriorating with the crimes that are becoming more and more intense. You know more and more of this kind of crime is happening in our everyday life. We don't feel safe."*

This cross-cutting theme, as one participant indicated, was spread across the region:

"Safety is definitely a concern, especially since the pandemic. We all have to be careful. I think COVID really just brought out a lot of the lawlessness. It doesn't matter if you're in a wealthy community, middle class, or in a really tough neighborhood. You just have to watch your back."

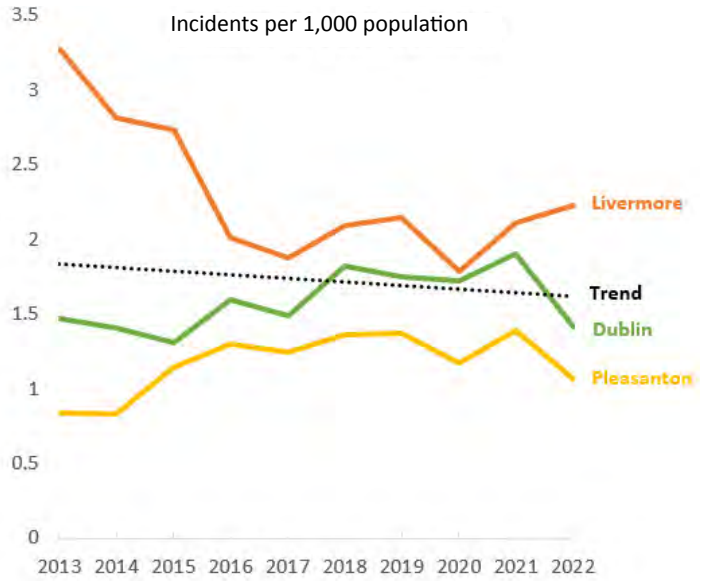
In the Alameda County Needs Assessment, Livermore residents highlighted concerns about crime and the need for safe environments, particularly in community parks. They were frustrated by the limited availability of safe spaces for exercise and recreation.[14]

Concern about safety included non-violent and violent crimes. Car break-ins and theft of tires and catalytic converters were of significant concern. One person cited the frequently empty shelves in drug stores such as CVS, and what is perceived as an increased frequency of shoplifting, accompanied by a sense of helplessness at being able to do anything about it. People also perceived leniency on crime, especially for those who committed violent crimes. As one person said, *"They don't keep their violent criminals or any type of criminals that long. They let them out in 30 days or less. And I think we need to be aware of that because when they're released, we don't know where they're going."* Figures 46 and 47 show Tri-Valley trends in crime over the past decade.

As seen in Figures 46 and 47, the perceptions of safety and crime are not entirely supported by statistics. Over the last decade, the rates of violent and property crime have been on a downward trend in the Tri-Valley overall. Disaggregating by place, the violent crime rate in Dublin and Pleasanton was stable over this period and dropped substantially in Livermore (Figure 46). Between 2013 and 2017, violent crime in Livermore plummeted and rose slightly in the other two municipalities. In the last two years, violent crime in Livermore slightly increased and decreased in Dublin and Pleasanton. For all years, the violent crime rate in Livermore has been the highest in the region, and lowest in Pleasanton. There has been a downward trend in property crime in all three municipalities. Livermore, in particular, has seen a steep decline since a high in 2016, and all three municipalities were on a steady decline between 2019 and 2021.

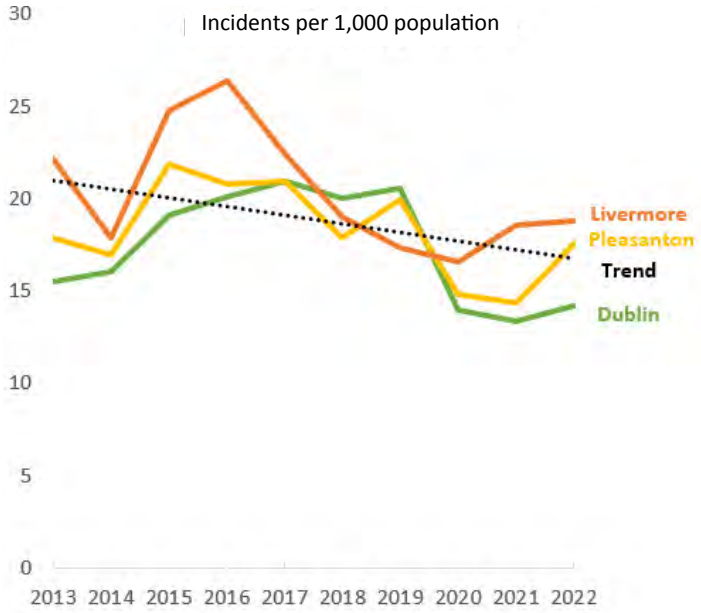
Safety concerns were compounded by what community members recognized as a fragmentation of services, particularly among Bay Area Rapid Transit (BART) police and the Santa Rita Jail. Participants said the challenges arise when an individual moves from the jurisdiction of one policing catchment zone to another. Additionally, there was discussion on the extent to which BART and the area adjacent to it feels unsafe. This is particularly the case at the Dublin/

Figure 46. Tri-Valley Violent Crime Rates



Source: California Department of Justice, 2023 https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances

Figure 47. Tri-Valley Property Crime Rates



Source: California Department of Justice, 2023 https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances

Pleasanton BART station, which is at the end of the line. Further, there was concern about the release of individuals from Santa Rita Jail. Some individuals were frustrated by the release of violent criminals without community notification, and called for transition services to keep people from being unhoused and unsupported.

While all participants talked about safety, there were nuances among youth, people who were undocumented, and people experiencing intimate partner violence. Youth noted the need for psychological safety most frequently (though not exclusively). This included exposure to racism and threats of gender-based violence. Additionally, youth noted a lack of safety in school (fear of bombs or school shootings) and out of school (fear of fights and other violence in the community). (See additional details under youth). People who were undocumented were afraid to report crimes. One participant elaborated on this:

> *"There's a fear of the system, right? So if you're here, undocumented, and you are now having to report this crime, and the fear of ICE [Immigrant and Customs Enforcement] coming to your house being deported…the question is always, 'How is this going to affect me in the future?' If they are trying to become residents of this country, there's always the fear of 'well, you have obtained services prior to being legal here. So this is going to affect you.' So there's always that fear of not wanting to receive any type of services that are government related because of that."*

Intimate partner violence (IPV) was also raised as a factor affecting residents' safety, including those housed and unhoused. One participant said that people who are experiencing an emergency IPV situation have to wait 26–48 hours for shelter because there is no same-day emergency shelter availability. The connection between IPV and housing was also made in the 2011 needs assessment and further substantiated in the Tri- PIT count.[7,13] The primary cause of being unhoused was domestic violence, at 22%. A participant in the nonprofit focus group noted increased IPV in communities. According to a representative from Tri-Valley Haven, a nonprofit that provides services for individuals experiencing domestic violence and sexual assault, there was a slight decline in sexual crisis calls during the pandemic, likely due to victims having to remain with their perpetrators. Since pandemic restrictions have loosened, the number of domestic violence crisis calls have increased 20–25%.

Transportation

While many aspects of transportation are outside the direct purview of human services, it nevertheless affects the ability of many populations to receive care. Transportation is a long-term challenge for the Tri-Valley as it arose as a distinct community need in the 2011 needs assessment.[7] The 2022 Kaiser Permanente needs assessment also noted that for Tri-Valley residents, access to transportation to access health care and to get to work was challenging. One nonprofit leader in the report noted:

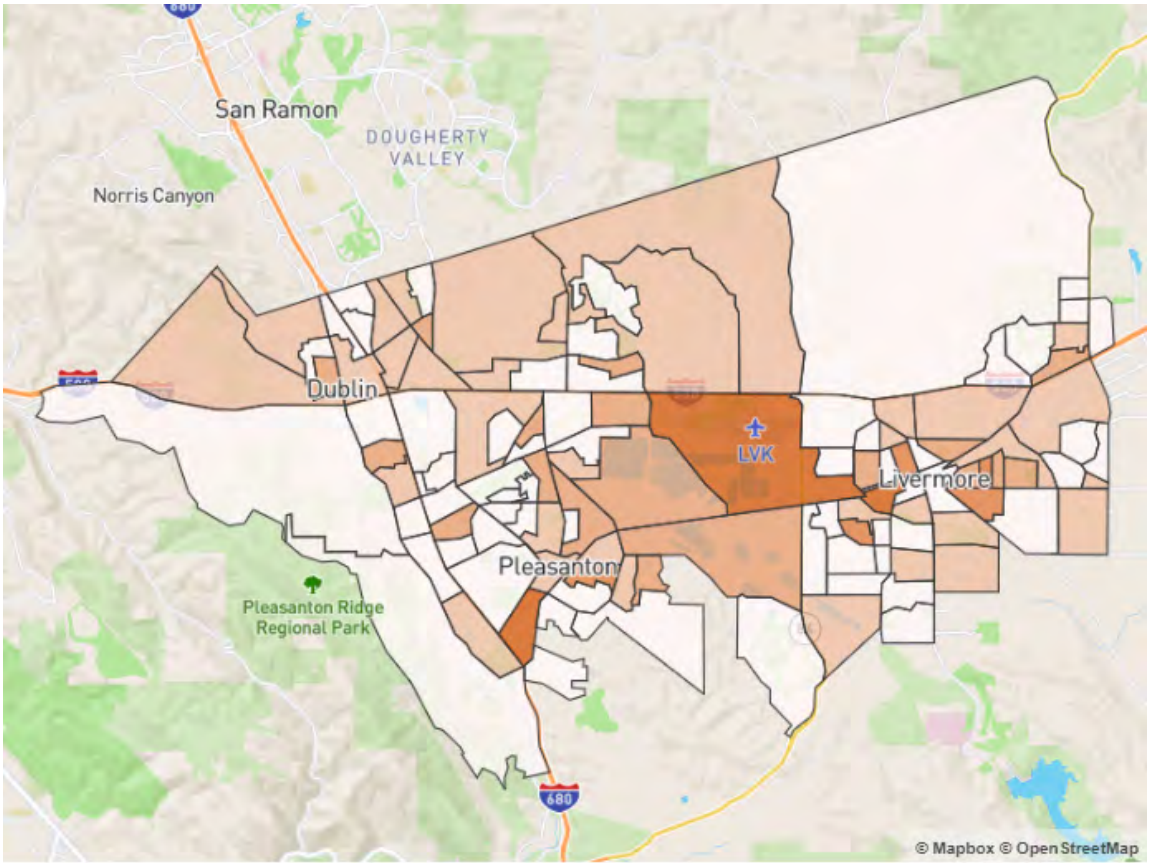
> *"People in East County [Tri-Valley] usually have to travel, and some people do not have access to transportation to access health care. For low-income communities and communities of color, transportation and traveling to a site is a barrier. Older adults are also struggling with transportation."*

In this needs assessment, transportation was frequently identified as a challenge to being able to receive health care and mental health services, especially those outside the Tri-Valley.

> *"We do have more services now than there had been, but if somebody is looking for mental health services, and they have to travel out to Hayward to get the services… it can take two hours each way. And it's really draining. We're doing work to get mental health services more out here, but I don't think we've even scratched the surface of what's needed here right now."*

As shown in Figure 48 and Table 24, rates of household vehicle access are fairly high across the Tri-Valley. Among those with vehicles, the John Muir needs assessment found that rates of extreme commuting, defined as greater than a 90-minute drive each way, were 11% in Dublin, and 7% in both Livermore and Pleasanton.[9] This was more than twice the average rate in Alameda County, which was 5%.

Figure 48. Vehicle Access by Location



Sources: US Census Bureau ACS 5-year 2017-2021

Public transit ridership among commuters is notably higher in Dublin (14%) and Pleasanton (10%) than it is in Livermore, which is expected given the location of the area's BART station.

Concerns about safety in public transportation included fear of violence and exposure to open drug use. Some participants also connected transportation to physical wellbeing, referencing the increased importance of public transportation during heat waves.

Participants spoke at length about the relative lack of bus stops in residential areas, and how that affected daily activities such as getting groceries. Others noted that public transit options were rarely aligned with the location of human services. One said:

> *"We need coordination with our public transportation. Our human service organizations need to provide public transit options so that people can take advantage of where they are depending on where the food pantries are, regardless of where they live."*

Table 24. Transportation Modes, by Percent

	HOUSEHOLDS WITHOUT A VEHICLE	COMMUTERS WHO DRIVE ALONE	COMMUTERS WHO CARPOOL	COMMUTERS WHO USE PUBLIC TRANSIT
Dublin	2.7	73.4	8.8	14.2
Livermore	3.8	80.4	11.5	3.6
Pleasanton	4.0	76.6	7.1	10.2
Tri-Valley	3.6	77.3	9.3	8.6
Alameda County	8.9	67.5	10.4	14.6
California	6.9	79.1	10.8	4.6

Sources: US Census Bureau ACS 5-year 2017–2021

Participants contextualized their direct experiences with public transit within the broader economic forces in the region, often drawing a direct link between transportation challenges and factors such as workforce shortages. One parent said:

> *"I know that we have a bus driver shortage, and that limits transportation for those who need it. I know that my son, when he first started high school, he tried to use the bus but it was unreliable. The time that they dropped him off at the high school means that if the bus is just a tiny bit late, you'll end up getting to class late. [And] they kept changing the schedule because of the bus driver shortage."*

Youth focus group participants connected transportation challenges to their ability to participate in sports and other extracurricular activities. They also lamented the relative absence of bus stops in residential areas, and the ways that contributed to loneliness, with implications for mental health. Parents and other community members said that the absence of school buses resulted in long car lines for drop off and pickup outside schools, and expressed concern about how this contributes to climate change.

Transportation was also raised as a distinct need for seniors. The Pleasanton Senior Center was often highlighted as an example of the provision of paratransit for seniors, but participants in Livermore noted that it either was not available or not well known as a resource for older adults. Some noted that paratransit shut down during the COVID-19 pandemic, which cut them off from services and increased isolation and loneliness among older adults. Several participants emphasized the need to plan for transportation, given the aging population, particularly in Pleasanton and Livermore, as described above.

Additionally, transportation was also a concern for individuals with disabilities. Participants noted a relative dearth of transportation services for those with disabilities, and the cost, though low, is often prohibitive for those who need frequent transportation for medical appointments or other services. Consequently, and in light of the anticipated increase in the population of older adults, there is not only an immediate need for paratransit services but also an expected increase in demand, as reported in the Tri-Valley Paratransit Study.[17]

Youth

Youth are a distinct focus of this needs assessment due to their identification as a priority population by numerous stakeholders, and because of the critical role of identifying and meeting the distinct needs of children and adolescents in the life-course perspective. While many of the issues in this section echo the aforementioned challenges, their distinct effect on youth warrants a more detailed exploration.

CHILDCARE

High quality, affordable, and accessible childcare and early childhood education (i.e., preschool) represent a significant need for Tri-Valley families. Hively was cited as a source of support for childcare funding and provider matching, however participants reflected that the region is facing a shortage of childcare providers. One participant from a nonprofit focus group noted that the region has seen a decline of approximately 30% of childcare providers. Another interviewee highlighted how informal childcare networks (i.e., family members) have been disrupted due to many relocating away from the region. Families

Table 25. Subsidized Childcare in the Tri-Valley

	INFANTS/TODDLERS ELIGABLE BUT **NOT** RECEIVING SUBSIEIZED CARE	PRESCHOOLERS ELIGIBLE BUT **NOT** RECEIVING SUBSIDIZED CARE	NUMBER RECEIVING SUBSIDY	CHILD CARE FUNDING SUBSIDY GAP
Dublin	514	357	101	770
Livermore	822	599	277	1144
Pleasanton	772	611	50	1333
Total	**2,108**	**1,567**	**428**	**3,247**

Source: First 5 Alameda County, 2022; TVAPC Data Profile, 2023[15]

emphasized that dependable, affordable childcare is crucial for them to sustain their employment and ensure their economic stability.

As seen in Table 25, there is a childcare funding subsidy gap in the Tri-Valley. This gap is estimated to be greatest in Pleasanton, followed closely by Livermore. In both of those places, it is estimated that around 600 preschoolers who are eligible for subsidized childcare are not receiving that benefit.

ACCESSIBLE EXTRACURRICULAR ACTIVITIES

Youth engagement activities are needed for elementary, middle, and high school students. This includes a need for after school and extracurricular programs, sports that are more widely accessible to those at various levels, and affordable summer programs.

After School and Enrichment Programs. Parents and other community members noted that there were some after school programs, but they were generally unaffordable and most often aimed at serving elementary students. One parent said: *"We have activities for after school for elementary students. But I will say for the middle schoolers, they need to have activities or something after school because all the schools that I know, the middle schools in Dublin, they close. So, there's no after school programs for them to go to."*

Participants emphasized a need for affordable after-school care and enrichment programs for middle and high school students. Often, parents aren't home after school, leaving children or adolescents alone, isolated, or involved in harmful activities such as substance use. Suggestions for activities included community engagement, cooking and art classes, and volunteering (e.g., assisting older adults).

Youth noted that extracurricular activities were often financially inaccessible. One said:

> *"I think a lot of activities are really expensive. Like mock trial and speech and debate, every tournament—once or twice a month—is $100. And that doesn't include driving and buying food and things like that. So a lot of clubs are really expensive. I know with DECA you're going to out of state tournaments; those are hundreds of dollars. Some people can't afford that, so that is restricting access to how many people can attend."*

Additionally, while there are fee assistance programs for many extracurricular activities, there are often still elements of participation that require financial resources. One student said *"Even when the school provides extracurricular activities, you still have to pay for it, and it's not cheap. It's like thousands of dollars. My [sibling] is starting marching band this year, it's a three-month program and they're asking everyone to pay $1,500."* In a separate focus group, a parent corroborated this. *"It's really expensive…not everyone can make it, not every single kid can pay, so it's not fair. They want to be in the band and they cannot do it because they can't afford it."*

Summer Programs. There is also a need for affordable summer programs for elementary, middle, and high school students. Parents noted the high cost of summer camps and long wait lists for affordable options. High school students also noted the cost, with one stating, *"To add on to summer, I was looking with my mom for camps for people who are interested in law, and a lot of them were thousands of dollars. It's very hard for people when they're trying to get into something."*

A number of youth indicated that summer can be a difficult time. One said: *"I agree that summer can be really lonely. It's hard to make plans because a lot of friends are traveling or doing camps, it's hard to get people together, which is why I think there needs to be more community events during the summer, especially that are advertised to kids and teenagers, so that we can see more people, and meet new people even. That'd be nice."*

Sports. The inaccessibility of sports was frequently mentioned, with several parents noting the high cost of children's participation, including registration and travel. This results in a gap between families that can pay for sports and those that cannot. One parent noted that *"Everything comes with a price tag, you know? And to boot, the equipment on top of that… quite a few years ago it was $300 to get someone into football, then you still have to get all the other stuff that you need. Plus then you've got to transport the*

kid. So you know, it's hard." Parents connected this to social isolation, particularly after school or in the summer.

> *"Sports are very unaffordable for most, and since a lot of the other children are very busy with their sports and other activities, those children whose parents cannot afford don't necessarily have anyone to play with in the neighborhood. Like they can't go outside and play like children and get their exercise that way, because the other children are busy going to their sports practices. So there's a big divide when it comes to income and accessibility."*

Youth noted the limited opportunities to engage in sports, especially in high school, if sports were not their primary focus. *"With sports…it's not casual. After you hit age 12 if you're not dedicating your life to that sport, you're going to get out. And I think that's really unfair to ask a teenager, like 'Hey, you have to pass school, but I also need you to be the next Olympic gold medalist in this sport. And if you're not? Then go away.'"*

Some expressed frustration at their inability to participate in activities outside school hours because of academic responsibilities and pressure. Transportation barriers (detailed below) also prevented youth from participating in sports and other after-school activities.

ACADEMIC AND OTHER PRESSURE/ RESPONSIBILITIES

Youth and adults alike spoke of the pressure for kids to be successful in multiple aspects of life. Youth in every focus group mentioned this pressure, naming sports, other extracurricular activities, work, grades, friends, family responsibilities, and the challenge of getting enough sleep as contributing to it. One noted:

> *"What I really dislike about school is how competitive it is. It puts a lot of pressure on you. You have kids going against each other and expecting to be like on varsity teams or whatever, taking six APs and you're always trying to match your friends. And that creates this really toxic cycle for your mental health. And with the college stuff—I gotta get into Stanford, and gotta get a job or an internship. That's something that's really damaging to our mental health."*

Another said:

> "We help out with my grandparents a lot because *my grandma wasn't very well mentally and my grandpa was legally blind. And even now, there's been days where my mom was like, 'Can you go over to your grandfather's house and make sure he's okay?' And I think a lot of people don't consider that. Kids sometimes have to step into that caregiver role, whether it's for little siblings who are left at home during the summer or a grandparent. And it's hard a lot of the times to figure out how to balance schoolwork, social time, and all those needs in the family."*

Students also spoke of competing pressures from coaches, teachers, school counselors, and family members. Youth and counselors alike said this pressure can sometimes escalate, with mental health consequences, as described below.

YOUTH SAFETY

Safety, including factors that threaten both physical and psychological safety, is at the forefront of youth concerns.

Physical Safety. Physical safety concerns included the threat of in-school violence (e.g., fights, shootings, bomb threats); experience with or threat of sexual assault; and community-based violence. One student spoke of feeling unsafe, and to a certain extent, helpless:

> *"I don't know how much you can physically do downtown or things like that, to make people feel safe. I carry pepper spray with me everywhere I go, even if it's in the middle of the day, because there's always that inkling in the back of your mind where it's like, if someone's really determined to make things unsafe or dangerous, then there's nothing I can do to stop them."*

Youth were concerned about sexual harassment, and cited wide-spread allegations of sexual assault and violence, including rape. Students were frustrated about the response of adults, ranging from lack of awareness to covering up crimes. They were particularly concerned about the lack of investigation or consequences when allegations involved student athletes.

Psychological Safety. Concerns about psychological safety, which is closely related to the threat or experience of physical violence, abounded. According to the Stanford Health Care report, students of color do not feel welcome, included, or at times, safe at school.[11]

Students had numerous examples of being personally subjected to racism and discrimination and exposed to hate speech in person and on social media.

> *"Another thing I wish would not be present at school is the homophobia, the transphobia, racism, all of that hate. There's so much promotion of 'this is a safe space or inclusive.' But then I have walked across campus and heard one of my friends be called the F slur five times. And that's not something that anyone should have to experience."*

Students said that in most instances teachers who witnessed these episodes did little to stop them, leaving them vulnerable and frustrated. In particular, they said that popular and students involved in sports faced little consequences.

> *"People don't stand up if it's their friend that they've known forever, even if they think it's wrong they'll just sit back and let it happen. Because they're like, 'well, I've known this person forever, they're not going to change.' I remember some teacher experiences where they don't say anything. I had this class… there were a bunch of kids in it who were involved in violence or random things, and they would talk openly about it in class and the teacher wouldn't do anything."*

> *"Another thing I experienced: I share with people that I have Jewish heritage. I don't practice Judaism or anything, but there was a specific day I came into class and there was a swastika. And that was terrifying for me, especially the stories I heard from my grandparents. I went home and I cried because I felt so unsafe. And I asked my mom if I could stay home the next day. I didn't want to have to deal with that."*

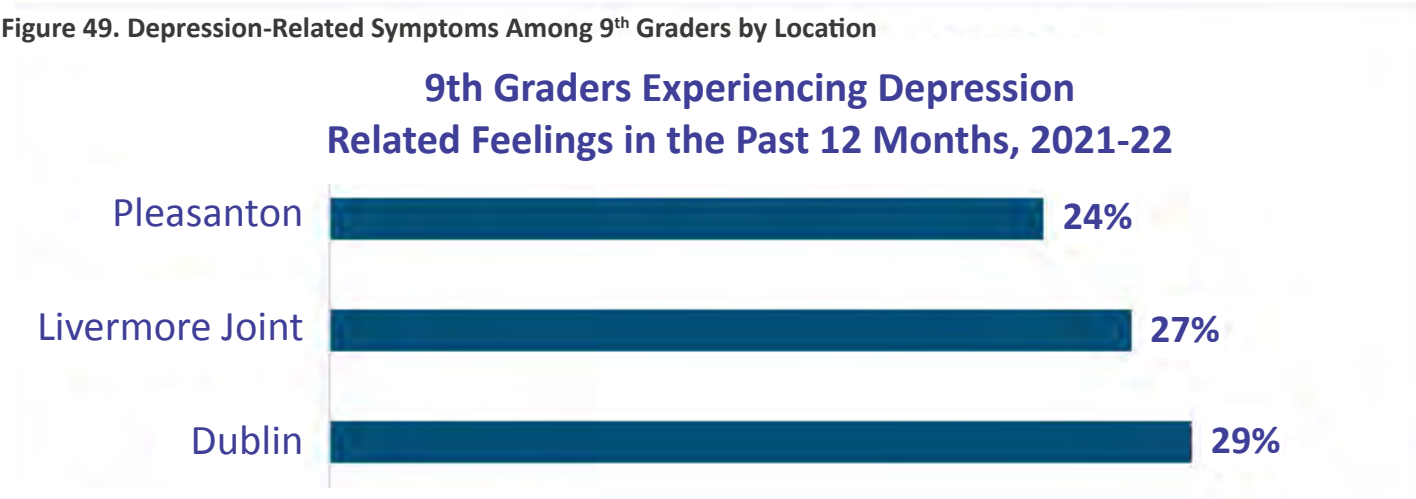
YOUTH MENTAL HEALTH

The mental health and wellbeing of youth was a frequent topic of concern. The Tri-Valley Anti-Poverty Collaborative's (TVAPC) 2023 Data Profile found that as of 2021, one in four ninth graders experienced feelings related to depression at some point (Figure 49).15 In conversations with Tri-Valley youth and service providers, youth mental health related to the aforementioned pressures students experience, ongoing effects of the COVID-19 pandemic, and social media.

> *"A challenge that's really heavy on me is the issues related to youth behavioral mental health. COVID exacerbated it with the isolation, and then if you add social media¬– it's just it's beyond imaginable how much stress and pressure and anxiety young people are feeling at a time when you would want them to just be able to explore and develop and be content."*

Students noted the connection between COVID-19 and mental health, too. One said *"Not a lot of people are aware of the impact on mental health that COVID had on teens and kids."*

Figure 49. Depression-Related Symptoms Among 9th Graders by Location



California Healthy Kids Survey, 2021-22

Students were concerned about their own mental health, expressing stress about the aforementioned pressures and loneliness, especially during the summer given a lack of accessible activities. One said *"I'm mostly alone, I don't really have anyone to talk to. It's hard to find friends or list anyone to discuss anything with outside school."*

For less acute mental health needs, some students named the Dublin and Livermore in-school wellness centers as a positive place to receive services. Others expressed an interest in an off-site community center with mental health services where parents are not involved, for more anonymity. For more advanced mental health needs, adult participants noted that there is a segment of the youth population falling through the cracks, specifically those who do not quite meet the need for crisis mental health services. One provider said:

> *"That's where I really see an acute mental health situation...a place for those individuals, especially youth to get some services, especially if they don't meet the criteria for an emergency psychiatric detention. That's really where I think that we're seeing an increase."*

This is compounded by insurance status, long wait lists for mental health services, and high out-of-pocket expenses.

> *"I think with our youth, there's a lot of pressure on them in Pleasanton to be successful. And a lot struggled with that. And when they get to a crisis point, there's not a lot options for them. Again, if you have private insurance, you're waiting for months to find somebody who will take new patients and then get an appointment. So there's really not a lot of options to help them in the moment."*

SUBSTANCE USE

Students expressed frustration about the widespread substance use (smoking, vaping, drugs) in their schools. They were frustrated about how this directly affected them, primarily through reduced access to school bathrooms. They also voiced a need for substance education programs that reduce stigma. When youth were more broadly asked to identify factors that made them feel unsafe, several mentioned substance use among peers. When asked to describe one challenge youth were facing, one participant said, *"I would say the drug culture because everyone knows where people go to smoke…you gotta stay out of this hallway during lunchtime because it's going to smell like weed."* Substance use was also reflected as a concern by adult participants in each of the three communities. One stated: *"There's a lot of kids out here who are addicted to drugs, whether it's prescription meds or meth, and smoking. It could be cigarettes, it could be anything. But the kids doing drugs here is an epidemic."*

Bathrooms as a Human Right. Students were affected by substance use among peers in a variety of ways, but the frustration they most often expressed with the inability to use school bathrooms. Students spoke at length about experiences with peers smoking or using drugs in the bathroom, and how that often resulted in them not being able to use the bathroom during the school day.

> *"Let's be honest, the bathrooms are really scary. When you walk in you see you know what I'm talking about, you see those people, you see what they're doing. And I dash out of there…I really don't like that and I have to wait until I get home."*

Students reported that the school's response was often to make teachers clear out the bathrooms, or to close them altogether.

> *"I could never find a bathroom that I can go in because all of them are closed because of drugs. I just want to use the bathroom."*

> *"There are many, many, many issues with drug use in the bathrooms. And I think it's very, very overlooked. Because I've been somebody who's struggled with substance use, and people think it's just like vaping and like weed and it's not. And for schools to not have Narcan is a serious issue."*

Substance Use Support and Treatment. Students desired more substance use programming, including education on prevention, and responsive programs for those using substances. Youth understood the complexity of substance use, and emphasized the need for non-stigmatizing services:

"There's a lot of shame in some people for drug usage. I don't know how they got into it or the fact they're using or whatever it is. There should be…drug support groups where people can talk about why. A lot of it is kind of a healing process for people who consciously or subconscious are doing something not good to their body. Having a resource for people where it's more open and it's not as stigmatized I think would be an amazing thing."

Organizational-Level Challenges and Opportunity Areas

Interviews and focus groups with nonprofit executives and staff, service providers, and leadership across the region resulted in several findings that were parallel to those identified by community members. However, these challenges are distinct in that they represent organizational-level challenges.

Service Awareness and Duplication

As community members identified a need for service awareness and navigation, nonprofit staff reflected the same at the organizational level. They wanted to know what other nonprofits were focusing on and funding so that they could more efficiently partner and refer clients and minimize funding inefficiencies. One nonprofit participant offered an anecdote illustrating this challenge:

"Using energy as an example [of a need for nonprofit alignment and communication]… Spectrum can pay that PG&E bill. Now, CityServe can take that money and pay a rent rather than paying for energy. In the past, some might have called CityServe to help with everything. We've also been doing it for a long time but if they didn't know that they can call us, they would call CityServe and they would help with some of the bill. Now that piece of the pie is gone from [CityServe's] monies. But I still got this money here….It's like I have these programs that we get all this money to take care of this, but I can't take that money and put it in this other pot. And so many of us [nonprofits] do many things other than what the one program that we might be doing in the city, or the one piece that we talked about."

This was more broadly reflected by nonprofits and other providers expressing a need for greater ongoing connection between organizations. This could also reduce what some participants saw as redundancies in certain service types:

"One of the things that I see cycle—and it kind of gets resolved, and then it surfaces again—is over-duplication of…certain types of services, in particular on the food side of things. There's probably about…17 different food services that I could name so there's probably 25, you know, that I don't know about. And so the duplication of services would be a challenge that I'm seeing."

Workforce

RECRUITMENT AND RETENTION

Nonprofit organizations highlighted workforce concerns frequently, again related back to such structural factors as the cost of living, rising inflation, and the need to be able to provide a living wage. One nonprofit participant said:

"Could I just get actual livable wages for my staff? I mean, you want to live in the Bay Area at $40/hour? Good luck, right? And I mean, we've raised [salaries] in the last couple of years. Through tooth and nail we've gotten one or two staff from less than $15/hour to $20 an hour, but…this is not livable or sustainable."

This is directly connected to funding and challenges to receiving financial support that can be allocated to operational costs. While this was a challenge in all three cities, some participants indicated city-specific differences, depending on the job. For example, one participant indicated that teacher salaries in Livermore were lower than elsewhere in the region.

Challenges in hiring and retaining staff were named and connected to a broader workforce shortage. Participants were concerned about how essential workers—including health care and mental health professionals—might not be able to afford to live in the region. The workforce shortage was directly linked to long wait times for appointments and/or insufficient staff to provide high-quality care, which can have devastating consequences on some community members. Several organizations cited

reliance on volunteers, which was also associated with a challenges including the time and cost associated with screenings and trainings. The COVID-19 pandemic exacerbated the challenges of using volunteers as a significant proportion of the nonprofit workforce because fewer individuals were able to volunteer given safety precautions. One nonprofit participant noted the ongoing effect of this: *"It's been over two years that most of our volunteers haven't been coming. We're kind of starting at scratch now with our volunteer base again, and that is super hard."*

> *"I think health care overall is probably facing its worse workforce crisis that we have ever seen. It's unprecedented. The number of individuals who have transitioned from health care—particularly the Tri-Valley—is challenging for the support staff that is needed. We might get lucky and be able to recruit providers because the area is so appealing, but the support staff that is needed to meet the needs of the organization is not readily available. And that's due to the housing crisis and the inflation. So the overall toll and the cost to meet the needs of the Tri-Valley is ever increasing."*

Some participants spoke of the distinct need to retain essential workers within the community given the high cost of living. One focus group participant said:

> *"I'll call them essential workers; we need to keep them here. I'm including teachers and firefighters, police, nurses…all these different groups of people we need. They might not be able to afford to live here. We need to be able to have the people who we need to keep the community running actually live here."*

A few participants mentioned designated housing as a recruitment and retention strategy:

> *"I heard at one point that some of the housing was going to be built specifically for teachers, firefighters, and police officers, and people who have these kinds of positions in the community that really need to be filled. I don't know if that's really the case, or if that was just a rumor I heard, but having housing that's set aside would be great."*

RACIALLY, CULTURALLY, AND LINGUISTICALLY RESPONSIVE WORKFORCE

In addition to a workforce shortage overall, organizations and other human service providers named a need for a racially, culturally, and linguistically responsive workforce, just as the community did. Participants noted the need for service providers who can deliver racially, culturally, and linguistically congruent care, particularly given the existing and increasing diversity within each community. One provider said *"I'm actually the only one who speaks those two languages... it would be really nice if we could have more therapists who are bilingual or trilingual."*

Participants stating the need for a diverse workforce noted the connection to the broader cost of living and need to provide a living wage.

> *"I just don't think there's enough [mental health providers]. Most likely, because a community agency doesn't pay very well. [we need] a wider variety of people of all genders, of all races…just a wider range of things so that people can really see someone who maybe looks more familiar and is more comfortable for them. So not a judgment on who's available now. But just more…culturally sensitive."*

At the organizational level, nonprofits highlighted challenges to attracting and retaining a diverse workforce. They also identified a pressing need to not only bring in diverse service providers, but to also equip the existing workforce with the skills and knowledge to provide culturally congruent services. Some said that targeted trainings for existing staff could be instrumental. When asked what was needed to deliver culturally concordant care, one interviewee responded:

> *"Cultural workshops and maybe immigrant experience workshops so people can…get a snapshot of what these people have been through, or what their cultural differences are… So maybe just have workshops and presentations, I think that would make all of them more aware and just give them a deeper understanding of where these people are coming from."*

Perception of Need and Funding

PERCEPTION OF NEED

At the organizational level, nonprofit executives and staff noted the broader perception that Eastern Alameda County is an affluent region with lower human service needs. Consequently, they noted significant resource gaps and funding challenges in the Tri-Valley, resulting in a relative "resource desert" compared to other cities within Alameda County. This is reflected in the community data focused on long wait lists or having to travel further for services (as described in the Community Challenges Health and Mental Health sections). This creates a need for greater service navigation and care coordination.

Participants said that needs were often less recognized, particularly within Dublin and Pleasanton, as high pockets of poverty are often buried within census tracts. Nonprofit participants expressed frustration about Alameda County funding historically not being allocated to the Tri-Valley because of the median incomes and other metrics of overall economic health in the cities. One participant in the nonprofit focus group expressed frustration:

> *"There tends to be a disconnect between Alameda County and East County; East County tends to not get as much. It's figuring out what we need when we do this assessment, and being able to show that…we have this struggle with enough food for our seniors, we don't have transportation, we don't have enough housing, we don't have all these things. It doesn't matter how big or how much money each of these cities has or what the medium income is…if we still can't take care of all these people here."*

FUNDING

In addition to a need for more funding overall, nonprofits identified a need for earmarked funding for infrastructure (e.g., buildings and vehicles), operating costs, marketing (to increase service awareness), and providing staff with a living wage (as a mechanism for retention). One nonprofit participant said:

> *"No one wants to pay for capacity building. It's not that we don't want to have capacity for training or for a fair market salary, it's because funders won't pay for those things. They will only pay for programs, which of course, if we don't have staff or we don't have properly trained staff, we don't have programs, but no one wants to address that or acknowledge that. Everyone feels like someone else is supposed to pay for that. For whatever reason, people don't understand that we have infrastructure costs."*

In addition to the request for funding to support operation costs, there's a desire to overhaul each city's grantmaking process to be more efficient, reduce organizations' administrative burdens (e.g., reporting), and to make the process feasible for less-resourced organizations. Along these lines, one interviewee asked:

> *"Who is receiving grants and who is not receiving grants? Some organizations don't have access to people who write grants. They might not have the capacity to write grants, they might not necessarily understand the grant process. They might be unable to make cogent arguments amenable to being funded, so when they submit a grant it's not written to score high on the rubric."*

Some participants had a preference for a more coordinated grant-making process to help with duplication of services and in recognition of the linked fates of the three cities. Some said that ideas for coordination, such as forming new agencies to mitigate inefficiencies within cities and funding consolidation, were met with hesitation or concern about loss of control.

Emergency Preparation: Supplies and Infrastructure

The COVID-19 pandemic highlighted the unpreparedness of many nonprofit organizations in the Tri-Valley to deliver human services during an emergency. They said it's imperative that the three cities and nonprofit organizations within them be nimble and responsive to emergent conditions. Participants noted the possibility of another public health emergency and the negative effects of climate change as two reasons that service providers would need to pivot quickly. The pandemic showed nonprofits just how challenging this is, as they had tight budgets with no room to quickly purchase

emergency supplies, such as personal protective equipment and to-go containers for community food distribution.

Based on recent and anticipated effects of climate change, nonprofits projected a growing need for cooling and warming centers. Families also expressed concern about their increased exposure to poor air quality due to fires in California, and highlighted a need for air filters and protective masks. Concerns about climate and the natural environment, including drought, heat waves, and wildfire smoke were also reflected in the 2022 Stanford Community Health Needs Assessment.[11] Nonprofits need funding and space to stockpile emergency supplies including shelf-stable food and water.

VIII. RECOMMENDATIONS

As noted above, JSI and the advisory groups frequently discussed the extent to which recommendations should be city-specific versus regional. As with the findings, the data drove the process and, without exception, recommendations from community members, nonprofit executives and staff, and advisory groups were regional in focus. Participants and advisors felt that a regional strategy would prevent service duplication and be more efficient and effective at creating upstream sustained change. Recommendations are divided into approach recommendations, which address community or organizational need (i.e., how the work is done), and actionable recommendations which are more specific, targeted strategies to meet discrete community and organizational needs (i.e., what work is done). Common to all recommendations is a deep commitment to a collaborative, holistic, regional approach that is grounded in this report's theoretical frameworks, which are further described in the implementation processes.

Approach Recommendations

Approach Recommendation 1: Implement North Star Questions

The EAPAC and Steering Committee had two joint meetings in September and October 2023. During these meetings, participants reviewed and discussed the guiding theoretical values & framework and emergent qualitative findings and recommendations. This conversation illuminated the need to create a series of grounding questions to guide implementation plan development. These became North Star questions, as they are meant to provide a way to ensure all efforts and strategies are focused on an overarching goal (e.g., the health of the regional and all members therein). They are intended as a constant reference point for decision-making, helping to steer the direction of the work and maintain coherence across programs and initiatives.

These questions were developed by JSI Project Team members, then validated by City staff, EAPAC members, and the Steering Committee. We recommend that service providers and city staff use the North Star questions to guide all programmatic and policy considerations and funding decisions to ensure a multi-sector and collaborative perspective. We also recommend that future efforts be made to develop metrics to measure how well an intervention fulfills the criteria set forth in the questions below.

- Is there a way to involve community members in implementing this recommendation?
- Does this recommendation impact a broad range of Tri-Valley residents and ensure that any individual—regardless of education, class, culture, race, ethnicity, etc.—is able to receive services?
- Do service providers have the capacity to see if there are external funding possibilities for this recommendation?
- Does this recommendation focus on individual, community, or systems level impact or on some combination of these?
- Does this recommendation encourage collaboration and connection (especially across sectors)?
- Does this recommendation avoid the use of language that perpetuates power imbalances?
- Are community members empowered and encouraged to access said services without facing any major barriers?

- Does this recommendation encourage intergenerational change with a particular emphasis on youth and older adults?

Approach Recommendation 2: Community Engagement

As described earlier, diversity, equity, and inclusion values (e.g., community engagement, power sharing, and capacity building) were at the center of this process at the outset. As this project progressed, it became apparent that the time required to identify and engage community members had been underestimated due to the region's relative lack of formalized community engagement infrastructure. Consequently, the timeline was extended so that connections to community members could be forged. It was discovered that community members were eager to be involved and were seeking more formal channels through which they could express their needs and be part of solution identification and implementation.

We recommend that more structured and formal engagement mechanisms be created in each of the three cities, as well as for the Tri-Valley region as a whole to ensure this work continues after this report is published. This can ensure ongoing communication channels between community members and city government that will continue to elevate community needs and ensure that nonprofits, city officials, and others are aware of emergent needs between formal needs assessments. More planning is needed to determine how best to engage community members and ensure power sharing between city governments and constituents. At a minimum, these efforts should include a diverse and representative sample of community members, particularly priority populations.

One regional example of how to establish and maintain more formal connections is through accountable communities for health (ACHs). According to the California Accountable Community for Health Initiative (CACHI), an ACH is a community-driven collaborative dedicated to making lasting and transformational change in the health of a community and advancing health equity. ACHs provide residents and key partners from diverse sectors an infrastructure for working together to change systems, advance equity, and build stronger, more cohesive communities prepared to mitigate existing and emerging health challenges over the long term. The ACH's key roles—elevating community voices, facilitating multi-sector dialogues, and aligning organizations and systems—facilitate powerful and sustainable changes that reflect the needs of the community. Additional information about cities employing this model is available in Appendix 2.

Approach Recommendation 3: Anticipate Systemic Challenges and Build Organizational Relationships

IDENTIFY SYSTEMIC CHALLENGES

As noted throughout, many of the topics that arose—such as inflation and cost of living— are more systemic in nature and thus outside the capacity or control of those planning for and delivering human services. Additionally, there was considerable overlap with structures and factors directly affecting human service needs (e.g., transportation) but not within the responsibility or scope of those planning or delivering health or human services. Nevertheless, all of these factors exist within a system, and siloed interventions will have little long-term effect on sustained change and may fail to promote change across the life course. As one organizational interviewee concisely stated, *"We need holistic solutions, not just little drops."*

We recommend that the Tri-Valley apply a systemic lens to plan for challenges. This requires aligning systems to reduce redundancy and increasing communications so that efforts in the Tri-Valley form a safety net. This involves articulating systemic factors and the relationships between them that are projected to affect Tri-Valley residents and organizations dedicated to serving them. Then, significant efforts must be made to build relationships with aligned entities to meet resident needs and reduce service isolation. Throughout this needs assessment, residents and nonprofit organization staff spoke of the need to anticipate climate change and another public health emergency such as the COVID-19 pandemic and for proactive and collaborative planning and preparation. This systemic and future-oriented lens must be applied to all decisions about how to plan for and deliver human services in Dublin, Livermore, and Pleasanton.

RELATIONSHIP BUILDING

As noted, several of the topics and trends that emerged from the data collection processes are likely out of the sphere of influence of each City Human Services Commission and nonprofit partners. Nonetheless, the issues raised by community members are significant and require the formation of strong relationships with other decision-making entities. In particular, relationships should be built with Alameda County and selected organizations/ decision-making authorities to address youth challenges and social determinants of health.

To ensure that the unique challenges of the Tri-Valley are understood and mitigated, it is imperative that working relationships between the three cities and Alameda County are strengthened. This is essential for securing a voice in county-level decision making-processes that directly affect the region. A robust relationship with Alameda County will also enhance the Tri-Valley's ability to stay informed about and compete for various funding opportunities that can support the provision of human services.

Youth. For many of the topics affecting youth, the following high-level recommendations should be shared with the school district and other decision-making entities. Further research is required to develop more appropriate and tailored solutions to meet the needs of young Tri-Valley residents.

Safety. There is a need to ensure the physical and psychological safety of students, especially LGBTQ+ and ethnically and racially diverse individuals.

Academics. The academic pressures experienced by students affect their mental health and wellbeing. Teachers could alleviate this pressure by establishing guidelines on the total number of hours to be spent on homework. Furthermore, students and parents should discuss academic workload and expectations to ensure undue pressure. Because parents' expectations can be different than teachers, students must talk with their parents if they feel too much pressure is being put on them. Educational coursework and coaching could support communication between parents and students.

Bathrooms. Many students said that school bathrooms were locked or only open during a very busy time, prompting students to drink less water and risk dehydration to avoid having to urinate. The root cause (i.e., substance use) might be partially addressed through substance use education services. In the meantime, a short-term solution to this problem is imperative.

Social Determinants of Health. A number of social determinants of health including both those within and outside the direct scope of human services require relationships with other entities to identify and develop sustainable solutions. As mentioned, the Tri-Valley needs to build relationships with individuals from Alameda County. Additionally, given the strength of the faith-based organizations in the region and demonstrated effectiveness in their collaboration with nonprofit organizations, we recommend that these relationships continue to be fostered.

Organizational relationships are needed to respond to mental health, transportation, and safety challenges. For mental health, this requires building relationships with first responders, emergency services, and others. For the many ways that transportation affects the lives of residents, people working to meet human service needs must build relationships with transportation authorities (e.g., LAVTA, BART, the CityServe VAST Program) and paratransit providers such as Wheels Dial-A-Ride and Pleasanton Rides. This is particularly important because transportation arose in the 2011 needs assessment, with no overarching suggestions about how to overcome challenges, particularly related to public transportation.

In response to residents' safety concerns, relationships must be built with all indicated entities. This includes the Alameda County Sheriff's Office, BART police, police and school resource officers in each of the three cities, and other first responders.

For the Santa Rita Jail, this could include advancing the recommendation to coordinate release schedules that align with BART service times, and ensuring individuals who are recently released have ready access to other necessary services. This requires collaboration with the Alameda County Sheriff and

any in-house providers for the Santa Rita Jail. We recognize that relationship-building takes time and is hard to sustain. This is especially the case as relationship building and maintenance are rarely among the direct job responsibilities of any one individual and relationships can be precarious if not formalized, particularly when there is staff turnover. Thus, we recommend that this be a formal role within Actionable Recommendation 1.

"I don't think we have nearly enough mental health services or education. Even though we have places, it seems to be a real struggle for our most needy people to find and access them. If there was some sort of central hub where people could just go and then be directed… because I think a lot of the people who need it don't even know where to begin or how to access it… I think we have a lot of people who could really use more support and it's challenging to connect them."

Actionable Recommendations

Actionable Recommendation 1: Create a Regional Service Network

Actionable Recommendation 1 is to understand, support, and increase regional service networks. This recommendation requires further development by each of the three cities as there are a range of steps that could be taken to advance this goal, from investing in the expansion of the Tri-Valley Nonprofit Alliance to building a new regional service hub in Dublin or Pleasanton. As noted with these examples, the regional network promoted in this recommendation may or may not take the form of a physical structure.

It is important that this process begins with an in-depth discussion between each of the three cities and Alameda County about existing services, their geographic locations, and relative accessibility, as documented in the spatial exploration of existing services. Further, it should be determined whether awareness-raising and/or service navigation are key strategies to increase access. Decisions about where services are established, expanded, and/or co-located should be made regionally.

While increasing regional service networks may alleviate several key challenges raised by community members and nonprofit organizations alike, some said that a physical structure or regional service hub (or hubs) was necessary. A nonprofit focus group participant discussed this in the context of mental health, but the need for a range of co-located and/or integrated services was also discussed.

Table 26. Regional Service Network Features and Challenges Addressed

POSSIBLE REGIONAL SERVICE NETWORK FEATURES	CHALLENGE
Co-located services with diverse navigators (including an Alameda County presence)	Community: service provision, awareness and navigation, racial, cultural, and linguistic responsiveness Organizational: perception of need and funding
Formal and informal nonprofit networking opportunities	Organizational: service awareness and duplication
Nonprofit service collaboration (e.g., communications, data sharing)	Organizational: funding
Expanded mobile health services and/or shared mobile units	Community: health care Organizational: funding
Translation and interpretation services	Community: linguistic responsiveness Organizational: racially, culturally, and linguistically responsive workforce
Development specialist (e.g., grant writer, Alameda County liaison)	Organizational: perception of need and funding
Transportation specialist (assist people with transportation needs and liaise with transportation services)	Community: transportation Approach recommendation: relationship building

In subsequent conversations the Multi-Service Center in Livermore was mentioned as a hub that could be expanded and/or a model from which a new hub might be developed in Dublin or Pleasanton.

Regardless of whether this is undertaken as an expansion or establishment of a new center, this recommendation has the potential to mitigate many community and organizational challenges. Examples of additional recommended features of the network and/or hub(s) and the challenge that each feature could address, are included in the Implementation Plan table below.

Actionable Recommendation 2: Youth Services and Supports

Although there are affordable recreation options in each of the three cities, youth and adults alike spoke at length about the need for more services and support for students. These included community-based recreation programs, team-based sports opportunities through for-profit organizations, and recreation opportunities through the schools. This could indicate a need to more widely promote existing recreation programs and/or further determine whether there are other barriers to participation. Additionally, for youth who are seeking more intensive or advanced sports training, there are several elite sports organizations whose services are likely financially out of reach for many Tri-Valley families. Recommendations include requiring relationship-building, as noted in Approach Recommendation 3. Further exploration could be conducted with the school district, community service providers, and for-profit sports organizations.

It is important to note that this need and recommendation has arisen in other needs assessments conducted in the Tri-Valley. For example, several of the following youth recommendations reflect those introduced in the 2011 needs assessment.[7] Additionally, the 2010 Youth Master Plan identified the East Oakland YMCA as an example of a model facility that could be replicated to serve young adults in the Tri-Valley.[16] This plan also recommended that Dublin, Livermore, and Pleasanton build upon existing resources, such as the Shannon Community Center in Dublin, and the Elbow Room, located in the Robert Livermore Community Center, to ensure that youth across the Tri-Valley have a voice in creating and access to safe spaces for recreational activities. This also highlights the importance of working upstream, building relationships with other service providers and institutions (e.g., schools) and focusing across the life course. Teens whose challenges were reported in 2011 are now 24–29 years old. Had we focused upstream, many of the challenging experiences they are facing could have been mitigated earlier in their life course.

YOUTH-CENTERED SERVICES

Youth expressed an interest in a dedicated youth service center located outside the school that operated on a year-round basis. While these conversations were exploratory, youth participants offered ideas about the types of services that could be provided.

> *"I think a community center would be really helpful because it could give variety. It could host wellness walks, seminars, have a website that teaches support and wellness and stuff like that. It could also provide haven for people who need help. It could have counselors who specialize in different issues (mental health with family, school, bullying, etc.). It could also have more low-key ideas that could provide comfort for people who are seeking help but not to an extreme level."*

IN-SCHOOL HEALTH AND WELLNESS CENTER

Students emphasized the mental health challenges they have been facing and a need for culturally responsive services from trusted adults. Further, in light of their exposure to vaping, tobacco, alcohol, and other substances, they desire for more substance education and/or treatment programs. Youth from all three communities suggested more youth-focused programs to provide substance use education and support. This need was also reflected by an adult participant who said, *"We don't have enough services in general. We certainly don't have enough substance abuse or substance use education support services."*

This need for youth health and mental health services arose in other city-specific and regional reports. As a result, there are programs in place that could be further built upon, scaled up, or provided sustained financial support. For example, the Kaiser community health needs assessment noted that in 2020–2021,

Kaiser provided a $25,000 grant to the parent outreach coordinator in the Livermore Valley Joint Unified School District, to support family engagement in access to mental health care. The program was designed to serve approximately 2,500 individuals,[10] and, if effective, might be built on or brought to scale in the three communities.

Although Livermore has an in-school wellness center in its high school, Livermore youth expressed an interest in having additional services available. Dublin has a high school wellness center with online resources such as counselors for elementary and middle school students. Dublin High School also has a National Alliance on Mental Illness chapter. Findings from these and other initiatives within each school to promote mental health and wellness should be shared across schools in the three cities.

COMMUNITY-BASED YOUTH AND FAMILY EVENTS

Youth spoke to the need for more affordable extracurricular activities during the school year, including less competitive, more affordable sports. For many parents and children, this was an equity issue, with those who are more affluent being afforded more opportunities for participation in sports and other recreational activities. We recommend exploring opportunities to engage youth by establishing subsidized (e.g., free or reduced cost) recreational-level sports.

Youth also noted a need for more community events and activities in the summer. One student, reflecting on mental health over the summer said:

> *"I don't think a lot of people want to admit this but I'll admit summer's probably my loneliest time of the year. You don't meet your friends as much, everything is so digital and you really want to go back to school where you see your friends every day… I want more community events where you can meet people – you can meet your friends, you can meet new people, you can keep your connections."*

A community event or activity could also connect youth to their families. Family relationship building supports youth mental health.

The idea for more community-based events was proposed separately by a mental health counselor reflecting on options to support youth and family activities:

> *"It would be amazing if in the future we could get something that's more community-based to support those who need help with mental health, and families and whatnot. I'm a private practice clinician, and I know that I have people who reach out to me all the time, who are asking for more things within the community, even within the school. So it'd be great to see more. Even though we are doing a lot, there's always the need."*

The three cities were aware of the need for free or reduced cost youth activities. They have worked to make recreational activities accessible, but further analysis is needed to determine whether the programs are at capacity. The three cities plan to work together to decide if additional funding and event advertising are needed, and if there are barriers to participation, such as transportation.

Actionable Recommendation 3: Tri-Valley Nonprofit Funding

Nonprofit staff spoke at length about the extent to which funding mechanisms and processes impacted their ability to effectively and efficiently deliver services in the Tri-Valley. In short, nonprofit organizations need more funding generally, and more specifically they need funding with fewer restrictions that might be directed to organizational costs, including infrastructure and paying staff a living wage. Increased funding should be allocated from each of the three cities, as well as from Alameda County and other funding sources. This requires ongoing relationship building with such entities as Alameda County and national and local foundations, such as the Three Valleys Community Foundation and Tri-Valley Nonprofit Alliance. As described in the recommendation to establish a Regional Service Network, a focus of this effort could include relationship building between funders and nonprofits, and grant writing and reporting support from a development specialist.

Based on the administrative burden nonprofits face in each of the three cities, it is recommended that additional planning be undertaken to determine how

Dublin, Livermore, and Pleasanton might streamline and/or coordinate their funding processes, wherever possible. There are a number of possible revisions to the funding process including: having longer durations of funding, providing funding for capacity building, simplifying application and reporting requirements, establishing a minimum grant award, and/or developing multi-year service contracts for core service providers to meet identified needs.

Each city could support the identification of alternative funding sources and help leverage outside funds. Regional funding strategies should also be considered to allow cities to leverage funds for infrastructure, and ensure that services are not duplicative. Additionally, there are a number of possible revisions to existing funding streams that might be considered. For example, councils might consider general fund money, or different revenue measures to support nonprofits. Consideration might also be given to a revenue measure to work regionally. Finally, a regional awarding body could be established to serve the three cities.

Regardless of funding processes or streams, a strategic approach must be taken to ensure the region is collaboratively moving toward addressing root causes of inequities. For example, North Star questions could be used to ensure projects are collaborative, considering both upstream and downstream systemic factors, and encouraging community engagement.

Actionable Recommendation 4: Build Pipelines for a Diverse Workforce

Community members and nonprofit organizations alike identified the need for racially, culturally, and linguistically responsive providers. The provider types most often mentioned included health care workers such as dental and mental health providers and service navigators. There is a need to not only attract and retain a diverse workforce, but to also build one. One approach is to build a pipeline program in collaboration with local high schools. This could attract people who already speak a second language. For those who are English-speaking only, classes in some of the region's most common languages could be provided. Students could get training and internships that prepare them for service provider positions (thus also meeting the need for affordable non-sports extracurricular enrichment activities).

Additionally, partnerships could be formed with a number of entities to build a workforce that has the knowledge and skills to serve the diverse residents of Dublin, Livermore, and Pleasanton. This could include engagement and support of regional occupational programs, trade schools, training centers, certificate programs, and local colleges and universities. For example, building a relationship with Las Positas College, which hosts the Tri-Valley Career Center, could help identify steps to move this recommendation forward. Finally, as housing remains a significant challenge for service providers, we recommend that the feasibility of constructing dedicated housing units for essential workers be explored.

Actionable Recommendation 5: Consider Multi-Sector Service and Infrastructure Solutions

As has been highlighted across the entirety of this report, no single challenge identified through this process exists outside structural factors, nor are they separate from one another. Rather the most intractable challenges that the region faces are deeply intertwined. One service provider reflected on how individuals most at risk experience multiple compounding challenges: *"I work with a population that uses the ER for primary care; mostly patients who have substance use disorders, serious mental illness, and chronic conditions."*

Across the findings, three primary challenges surfaced, often in relationship to each other: 1) housing; 2) substance use; and 3) mental health. This finding is substantiated by the 2022 Tri-Valley PIT Count, which found that substance use (19%) and mental health (18%) were among the top three causes of being unhoused, and mental health services at 30% was the top response for what might have prevented becoming unhoused.[13]

HOUSING

Housing was most often recommended as an intervention that would have the greatest effect on substance use and mental health, and more generally to provide stability in the life of individuals and

families. One provider said:

> *"I think we all know housing solves a lot of issues if somebody's suffering from substance use disorders or alcoholism or mental health issues. If they have a stable home, stable housing, then they have a base. I think that's the foundation where we really need to start. You can't deliver services if they don't have a point of contact or somewhere to go. So, if I could do all three it would be housing, mental health assistance, drug assistance."*

Given the complexity of housing, solutions must be multifaceted and respond to different levels of need. For example, housing strategies should consider:

- Strategies for prevention including resources and deep rental subsidies and affordable housing units for individuals and families near eviction.
- Temporary assistance including shelters and transitional housing for those who have become unhoused.
- Case management to connect individuals and families with housing services and supports, home matching, and co-occurring needs (e.g., mental health care, substance use, food insecurity).

Additionally, to mitigate workforce challenge related to high cost of living and the need to retain essential workers, leasing preference or priority could be incorporated as long as it complies with federal, state, and local fair housing regulations and requirements. Essential workers should be broadly considered and include those not typically counted such as custodial workers, and food service staff. Further, due to inequities in housing and the demographics of the Tri-Valley, special attention must be paid to meet the needs of seniors, female householders, disabled residents, and agricultural workers.

Projection of Housing Units Needed. According to the Housing Element for Dublin,[20] Livermore,[18] and Pleasanton[19] Table 27 provides guidance on the number of new units needed to meet the needs of the cities, with a specific look at very low-income and low-income housing units.

Recommendations for supporting housing needs in the Tri-Valley are also provided through the Housing

Table 27. New Housing Unit Needs, 2023–2031

UNIT TYPE	DUBLIN	PLEASANTON	LIVERMORE
Very low-income (less than 50% area median income [AMI])	1,085	875	1,317
Low-Income (50–80$ AMI)	625	1,008	758
Total	**3,719**	**5,965**	**4,570**

Elements and include but are not limited to:

- Seek funding for development of housing for extremely low, very low, and low-income households.
- Help rehabilitate housing units occupied by extremely low, very low, and low-income households.
- Assign City Lower Income Housing Funds to housing projects that accommodate special housing groups and extremely low-income households.
- Explicitly allow single room occupancy units to facilitate housing for extremely low-income households

Promising Practices by City. Livermore has produced a significant supply of affordable housing through federal, state, and local policies and assistance programs. This includes affordable homeownership opportunities and rental housing for families, seniors, people experiencing homelessness, and people with disabilities. Affordable housing options for most lower-income households are limited primarily to rental housing. Therefore, preserving the existing affordable rental housing stock and providing rental assistance are important goals for Livermore, reflected in its Tenant-Based Rental Assistance Program, also referred to as Rapid Rehousing.

Dublin has projects and plans for accessory dwelling units to contribute to the very low-income and low-income housing supply. This includes considering rezoning strategies and the identification of buildable acreage for future residential development.

Pleasanton has been actively issuing permits for low-income housing and exceeded its previous housing needs allocations in some income categories.

Programs like the Pleasanton Home Ownership Assistance Program, the HOME Program for rental assistance and rehabilitation, and the Tri-Valley Rapid Re-Housing Program, which provides unhoused families with housing placement and a gradually decreasing rental subsidy up to 12 months to help families stabilize and become self-sufficient, can help meet housing needs.

Based on the housing elements, all three cities have identified strategies to meet the needs of low-income and very low-income households. Strategies use a mix of policy tools, zoning adjustments, development projects, and financial mechanisms to increase the supply of affordable housing. The realization of these housing units depends on successful implementation and adjustments to the strategies as needed. Monitoring, evaluating, and revision of the approach is necessary, as there may be challenges with funding availability, development timelines, and changes in population and housing market dynamics.

The success of any housing strategy hinges on forming partnerships with existing entities already working on the regional housing crisis. Thus, as with other recommendations, this requires building ongoing, working, organizational relationships.

SUBSTANCE USE

There is a clear need for additional substance use services in the Tri-Valley. Multiple recommendations along a continuum of treatment intensity from implementing substance use education programs to the construction of a substance use disorder clinic in the region were made. Transportation to substance use treatment facilities must be improved and additional research to determine the extent to which inpatient or outpatient services are most needed must be conducted. Additionally, as this topic is so closely connected to housing, strategies should be identified that recognize the co-occurring needs and stabilize an individual's housing while simultaneously providing substance use and mental health services.

MENTAL HEALTH

A wide variety of Tri-Valley residents, regardless of socioeconomic status and insurance type, have a deep need for mental health services, including a larger and more diverse workforce, translation, service navigation, and transportation. As with substance use, mental health services fall on a continuum from weekly therapy to intensive crisis care. Additional research is needed to best determine how to overcome the shortage of mental health services in the Tri-Valley. This should be done alongside mental health providers and other organizational and governmental stakeholders. Again, multi-sector solutions should be considered because unmet mental health needs are closely associated with unmet substance use and housing needs.

INFRASTRUCTURE NEEDS

A number of notable infrastructure needs must be in place to be able to provide human services. Some needs (e.g., housing units, substance use disorder clinics, and mental health facilities) are known and have been described above. However, there are others for ongoing and emergent issues such as the need for expanded dental care. Individual organizations are often aware of the evolution of infrastructure needs and work to meet them, such as Axis Community Health's identification of the need and plans for the provision of dental chairs. However, there is a parallel need for a regional approach to identify all infrastructure gaps across the three cities. We recommend that Dublin, Livermore, and Pleasanton, Alameda County, and core Tri-Valley nonprofit providers convene to discuss the findings of this needs assessment and work toward a regional approach. This should include identifying infrastructure needs across human service types via coordinated study, in which collaborative solutions are identified and sustained funding is secured to ensure the provision of high-quality, culturally responsive services.

IX. IMPLEMENTATION PROCESSES AND PLAN

Implementation Processes

The three cities are committed to collaborating to ensure this work continues. The first step is for this report to be presented to the City Councils in Dublin, Livermore, and Pleasanton in spring 2024. By summer, the human service commissions from each city should meet jointly to prioritize actionable recommendations for City Council Consideration, including the identification of who is responsible for key activities in moving the work forward; metrics to track progress; potential partners; and anticipated budget. The recommendations should return to City Councils for action and any approved project costs developed within the City budget processes and incorporated into the 2025/2026 operating budget.

To ensure accountability across the process, implementation plans (samples below) should be developed for each selected recommendation to track, evaluate, and communicate progress toward agreed upon goals and approaches, as articulated in the Approach Recommendations. Progress should be reviewed, strategies modified, and new recommendations (if applicable) prioritized at an annual Joint Human Services Committee meeting. Additionally, an annual Human Services presentation should be made to each of the three City Councils annually to report Needs Assessment progress.

The three cities are not only committed to collaborative action to meet the identified human service needs, but also doing so in a way that is grounded in the theoretical frameworks that emerged from community members and nonprofit organizations during data collection. These include a need to work upstream on social and structural determinants of health; mitigate root causes of inequities and collaborate with those most affected. Each of the three cities has committed to build upon the momentum from this Needs Assessment process and continue to engage community members including but not limited to those who served on the EAPAC. As an immediate next step, EAPAC members should be involved to identify strategies to disseminate this material through visually engaging products, storytelling, and at community events.

Deliberate community engagement efforts must be made throughout the recommendation selection and implementation processes. Finally, annual engagement sessions and presentations should be held in each of the three cities to keep community members involved and abreast of emergent progress in meeting human service needs.

Sample Implementation Plans

As described above, there is deep commitment from each City to collaborate and take a regional approach to meeting identified needs from this process. As goals are prioritized, it is critical to develop responsive implementation plans that clearly state the prioritized population(s) for whom this goal will focus on, as well as objectives, strategies, metrics, and potential partners. Sample implementation plans addressing some of the aforementioned recommendations are below. These are meant to be further developed once goals are collaboratively agreed upon.

Table 28.Sample Implementation Plans

GOAL: ESTABLISH A REGIONAL SERVICE NETWORK LEVERAGING THE SPARKPOINT MODEL				
PRIORITY POPULATION	OBJECTIVES	INITIAL ACTIVITIES/STRATEGIES	METRICS	POTENTIAL PARTNERS
• Adults • Nonprofits	• Provide easily accessible and comprehensive human services • Improve service awareness and navigation • Increase opportunities for formal and informal networking between nonprofits • Provide more opportunities for nonprofits, faith-based organizations, and public agencies to collaborate and share information • Expand access to translation and interpretation services • Expand access to mobile health services • Provide funding resources for nonprofits • Increase support for community transportation	• Connect with the United Way and Fremont Family Resource Center to gather information about how to build the network (United Way is creating a toolkit on how to start a SparkPoint Center) • Build a coalition of organizational partners and community members to guide the creation and implementation of the network • Identify funding sources • Identify services to start building within the network • Leverage community engagement and create an education campaign to ensure the public knows about the service network	• # of individuals served (total and per service) • Self-report assessment of level of difficulty navigating services in the Tri-Valley • # of translation services provided • # of mobile health events • # of activities • # of participants involved in activities • Participant satisfaction • Indicators of community engagement and knowledge Nonprofit coordination • # of meetings • # of participants involved in each meeting • # of warm hand offs between nonprofit. • # of jointly sponsored campaigns, activities, proposals, etc. • Indicators of campaign, activity, proposal success • Member satisfaction	• United Way of the Bay Area • Alameda County • Fremont Family Resource Center • Tri-Valley Nonprofit Alliance • Three Valleys Community Foundation

GOAL: EXPAND YOUTH SERVICES TO REDUCE MENTAL HEALTH CONCERNS AND INCREASE ACCESSIBILITY OF EXTRACURRICULAR ACTIVITIES				
PRIORITY POPULATION	**OBJECTIVES**	**INITIAL ACTIVITIES/STRATEGIES**	**METRICS**	**POTENTIAL PARTNERS**
• Youth	• Increase access to mental health education, screening, referral, navigation, treatment and other supportive services • Increase access to substance use and harm reduction education • Expand summer events that support mental health • Increase low-cost youth and family events	• Meet with school district staff and school boards to share report findings • Understand current and future direction of mental health initiatives • Expand youth mental health services to provide year-round resources • Identify a curriculum for substance use education • Increase transportation to mental health resources while additional services are developed • Increase community-based events during summer • Subsidize cost of youth extra-curricular activities and sports	• # of screenings, events, referrals, and treatments • # of education sessions provided • Pre/post assessment knowledge of substance use and harm reduction tactics • % increase in number of free/subsidized youth events and activities • # of or % increase in community-wide family events	• Axis Community Health • Dublin, Livermore, and Pleasanton School Districts • Parks and Recreation from Dublin and Pleasanton, and LARPD from Livermore • Youth sports organizations (e.g., Ballistic United Soccer Club, Pleasanton RAGE, Lifetime Activities, Dublin United Soccer) • Youth-serving institutions and organizations (e.g., Quest Science Center, Pedrozzi Foundation)
GOAL: INCREASE NONPROFIT CAPACITY TO DELIVER HUMAN SERVICES				
PRIORITY POPULATION	**OBJECTIVES**	**INITIAL ACTIVITIES/STRATEGIES**	**METRICS**	**POTENTIAL PARTNERS**
• Nonprofits	• Create a more efficient and less burdensome grant writing process across the three cities • Increase systems and community engaged approach in grant award by leveraging the North Star criteria into grant award rubric (see Approach Recommendations 1 and 2) • Strengthen relationships with potential funders including foundations and Alameda County	• Increase city funding for nonprofits • Provide grant writing, marketing, and development support for nonprofits through regional service network • Create one streamlined, simplified application for all cities • Integrate North Star questions into nonprofit grant award rubric criteria (incentivize upstream approaches to solve top health problems)	• % increase in funding provided to nonprofits • Self report – level of difficulty in reporting and application process from nonprofits • # of meetings • # of participants involved in each meeting • # of jointly sponsored campaigns, activities, proposals, etc. • Participant satisfaction	• Alameda County • Three Valleys Community Foundation • Tri-Valley Nonprofit Alliance

GOAL: BUILD A PIPELINE FOR A DIVERSE WORKFORCE IN THE TRI-VALLEY (FOCUSED ON MENTAL HEALTH AND HEALTH CARE PROVIDERS)				
PRIORITY POPULATION	**OBJECTIVES**	**INITIAL ACTIVITIES/STRATEGIES**	**METRICS**	**POTENTIAL PARTNERS**
• Nonprofits • Youth	• Increase youth focused workforce development activities • Ensure workplaces are spaces for inclusivity and belonging along with increased diversity • Support job skills development for the unemployed and under-employed • Increase opportunities for residents to participate in on-the-job training programs and paid internships • Develop new mentoring opportunities or support recruiting for existing mentoring programs	• Source short-, middle-, and long-term metrics of workforce for most affected nonprofits • Offer students training and internships that prepare them for service provider positions • Train service providers across the Tri-Valley in cultural humility and competency and trauma-informed care • Provide scholarship, internship, and mentorship programs for in-demand careers • Use high school volunteer opportunities to support the workforce gaps (service network project)	• # of training opportunities • # of cultural humility trainings provided • # of mentors and mentees recruited for job mentoring programs • # of individuals served in job skills/workforce development programs • # of employers recruited for paid job/internship programs	• Tri-Valley Career Center • School Districts • Tri-Valley Nonprofit Alliance • Tri-Valley Regional Occupation Program
GOAL: CONSIDER MULTI-SECTOR SOLUTIONS TO CHALLENGES INFLUENCED BY STRUCTURAL FACTORS				
PRIORITY POPULATION	**OBJECTIVES**	**INITIAL ACTIVITIES/STRATEGIES**	**METRICS**	**POTENTIAL PARTNERS**
• Adults • Youth • Unhoused people • Individuals/ families near eviction • Substance users	• Increase prevention, temporary assistance, and case management for those experiencing or at risk of becoming unhoused • Decrease unhoused population and those at risk for eviction • Increase housing supply for low and very low-income people • Establish supports for those needing mental health services and substance use treatment	• Increase homelessness prevention education to families near eviction and education on available services • Provide more temporary assistance for initial 7–10 days of becoming homeless • Increase services for job training; mental health services; life skills; and coordinated re-entry • Increase shelters that accept single men, fathers, and sons. • Develop housing with specific subset allocated for distinct populations (essential workers) • Improve transportation to substance use treatment facilities • Determine need for inpatient or outpatient services for substance use disorder treatment	• Decrease in unsheltered population • Increase in mental health services • Increase in access to substance use treatment • % increase in navigation support services • Increase in rental assistance • Decrease in family/domestic violence	• Alameda County Office of Homeless Care and Coordination • Nonprofits: Hively, Narika, Goodness Village, Sunflower Hill, ECHO Housing, Abode Services, City Serve, Tri-Valley Haven, Tri-Valley Career Center, National Alliance on Mental Illness, Everyone Home/ Homebase • Faith-based community

X. APPENDICES

Appendix 1. Social Services Inventory

The social service inventory was created from several sources including organizations engaged or mentioned during initial interviews (n=13); staff from the three cities identifying core provider organizations; the Tri-Valley Pocket Guide, a list of organizations from the 2011 Needs Assessment; a targeted search; and lists or mention of organizations provided after community interviews and focus groups. Organizations were also identified through the Alameda County Food resource map and an assessment to determine which were still operational. [Note: this represents a point-in-time count and findings may be out of date (e.g., closed from COVID-19).] The Steering Committee gave input on missing social service organizations.

While compiling this list, we encountered a number of challenges in the collection and communication of resources to community members. As soon as resource guides are created and published (e.g., the pocket guide), they quickly become out of date. Within the Tri-Valley, outside the Pocket Guide there is no central clearinghouse of up-to-date information. Further, some resources (e.g., Lawyer in the Library) are often not cross-posted. Thus, finding services requires time, capacity, and knowledge to identify and review resource lists.

Organizations were initially classified using the Kaiser Foundation Model, though there is likely to be significant cross-over and conceptual overlap between and across categories, and any singular organization may be providing services across multiple categories. Specific programs (e.g., senior services) were easier to categorize; some programs are far more complex and provided services across multiple social determinant categories. In reviewing this guide and later noted by community members and nonprofit participants, there are a significant number of food resources in the Tri-Valley.

Appendix 2. Peer Review Report

Research in Bay Area counties with similar characteristics to the Tri-Valley was conducted to examine the role of nonprofits and community-based organizations in providing human services and to see which centralized service centers might be a model for a service hub, if further research supports this strategy. The table below indicates which of the selected counties work with nonprofits and community-based organizations to provide human services to residents.

COUNTY	MAIN ENTITY FACILITATING SERVICE PROVISION	HAS AN ONLINE SERVICE CENTER
San Mateo	Nonprofits and community-based organizations provide a large portion of health and human services.	SMC Connect provides service navigation for government assistance, children, teens, family, emergency, and reporting.
Solano	Nonprofits provide culturally competent mental and behavioral health services. Community shelters are the main resource for navigating services for the unhoused.	Centralized for housing resources for people who are unhoused: Resource Connect Solano. Housing First Solano facilitates multi-agency cooperation and coordination to overcome challenges faced by those who are unhoused.
Marin	County and city departments and divisions	West Marin Multi-Services Center provides resource navigation, public assistance benefits, food assistance, and behavioral health services.
Santa Clara	County and city departments and divisions	
Contra Costa	County and city departments and divisions	

This research indicates San Mateo as the best county upon which to model Tri-Valley nonprofit and city relationships. The majority of human and health services provided by San Mateo County are delivered by local nonprofits and community-based organizations, although some are provided through city and county departments. Services meet needs related to children, teens, and families, emergency, and reporting, and each issue area consists of both county and nonprofit services. The county's Human Services website directs users to SMC-Connect, its centralized service navigation site where residents can find services fitting their needs. The site allows users to filter based on organization type and Zip Code. Each organization lists a name and contact information, brief description, and services provided.

Similar to San Mateo, Solano County works with nonprofits and community-based organizations to provide human and health services to residents. Service provision in Solano County includes abuse prevention, access, basic needs, crisis, cultural, housing, and support and advocacy services. Although the county does not have a dedicated centralized service hub, the department webpage provides information on government- and nonprofit-provided services. For example, for navigating housing-related services, the Solano County Department of Health and Social Services directs residents to community shelters that provide service navigation for people who are unhoused (see table above).

Although Marin's human and health services are provided through city and county departments and divisions, the West Marin Multi-Services Center could also be a model for the Tri-Valley. The center is operated and supported by the County of Marin Department of Health and Human Services and, although this center is a physical one, it provides services such as resource navigation, public assistance benefits, food assistance, and behavioral health. The resource navigation documents on its website are in English and Spanish.

Both Santa Clara County and Contra Costa County provide services through programs and resources housed within their health and human services divisions. They do not have a centralized service hub.

Fremont Service Center

In addition to researching counties similar to the Tri-Valley region, the Fremont Service Center was mentioned as an example of an online service navigation center for city residents. It includes services related to aging, youth, families, homelessness, transportation, financial literacy, and mental health. The resources and services listed on the website consist of government- and community-based services. The Fremont Service Center would be a good reference for building the recommended service hub in the Tri-Valley since the region is made of three cities. Modeling a hub after a city-based service center might create a clearer pathway as to how to integrate all the services the Tri-Valley has to offer into a single location.

Be Well OC

As noted, a need has been identified to provide more intensive outpatient and inpatient services for mental health and substance use. One organization being explored is Be Well OC. Its model is a collaborative approach to mental health and substance use services to create a more compassionate and accessible mental health care system. It prioritizes strategic partnerships and community-wide engagement to reduce stigma, bridge service gaps, and improve overall accessibility to care. Be Well OC emphasizes coordinated action, focuses on specialized initiatives for targeted issues, and has a strong commitment to system change. The extent to which Be Well OC might be integrated into the Tri-Valley is undetermined, but it is one approach to providing services that the Tri-Valley might take to meet both mental health and substance use needs.

Accountable Communities for Health

An accountable community for health (ACH) is a community-driven collaborative dedicated to making lasting and transformational change in the health of a community and advancing health equity. ACHs provide residents and key partners from diverse sectors an infrastructure for working together to change systems and build stronger, more cohesive communities prepared to overcome existing and emerging health challenges over the long term. The ACH's key roles—elevating community voices, facilitating multi-sector dialogues, and aligning organizations and systems—facilitate powerful and sustainable changes that reflect the needs of the community. (https://www.cachi.org/fundamentals) the CACHI website has myriad resources on how to start and maintain an ACH. There are 37 ACHs throughout California. The table below outlines those in proximity to the Tri-Valley and describes their work and goals.

Healthy Havenscourt Collaborative (HHC) – Alameda County *Social supports and services for Medi-Cal participants*	Coordinated by the East Bay Asian Local Development Corporation, HHC works to improve health inequities by strengthening social supports and services for residents of Oakland's Havenscourt neighborhood. HHC will improve housing stability and job quality, with a focus on California Advancing and Innovating Medi-Cal's Community Support element.
Unincorporated Health and Wealth Initiative – Alameda County Ashland-Cherryland *Economic empowerment for at-risk Latino, Black, and Asian households*	Nonprofits provide culturally competent mental and behavioral health services. Community shelters are the main resource for navigating services for the unhoused.

Contra Costa ACH *Helping residents live safely, healthy and well*	With Contra Costa Health support, this ACH aims to improve the lives of county residents by addressing a variety of health-affecting factors, with a focus on living safely, healthy and well. It aligns with the state's Let's Get Healthy California initiative.
Marin 9 to 25 *Improving youth physical and mental health*	With the Marin County Probation Department and BluePath Health support, this ACH focuses on youth physical and mental health challenges and the substance abuse crisis. It welcomes youth voices, embeds equity, and expands care navigation to schools across Marin County. It will align its efforts with the state's Children and Youth Behavioral Health Initiative.
Health Action Together Sonoma County *Advancing anti-racist practices in public health*	Health Action Together works countywide to advance anti-racist practices in support of health equity. Its focus over the next few years is to apply these principles in executing the deliverables of grants related to the state's Community Equitable Recovery Initiative and the Future of Public Health.

Appendix 3. Comprehensive Quantitative Data

Please email recreation@cityofpleasantonca.gov for raw data.

Appendix 4. Previous Community Health Needs Assessments

REPORT	DESCRIPTION
TVAPC 2023 Data Profile: Just Getting by in the Tri-Valley	Data profile detailing the demographic and population changes of Dublin, Livermore, Pleasanton. It highlights issues and barriers faced by low-income households and the intersectionality of such barriers.
2019 Tri-Valley Paratransit Study	Explores how effective the organization, management, and delivery of paratransit services are in the Tri-Valley area.
Stanford 2022 Community Health Needs Assessment	Conducted by Stanford Health Care, ValleyCare to assess the health of the community in their service area, which primarily consists of Dublin, Livermore, Pleasanton, and San Ramon.
John Muir Health 2022 Community Health Needs Assessment	Explores conditions affecting community health within the service area of John Muir Health (Contra Costa County, Northern Alameda County, and Livermore). Tri-Valley data from this report is limited to the Livermore region.
Kaiser Permanente Walnut Creek Medical Center 2022 Community Health Needs Assessment	Encompasses community health profile the Kaiser Permanente Walnut Creek Medical Center's service area (Walnut Creek, Contra Costa, Antioch, and Livermore). Tri-Valley data for this report is limited to the Livermore region.
Alameda County Community Health Needs Assessment	Conducted through the Alameda County Health Care Services Agency and the Alameda County Public Health Department, this report looks at the community health of Alameda County and conditions and factors that influence it.

Appendix 5. EAPAC Recruitment Materials

"What is a Needs Assessment?"

What is a Needs Assessment?

JSI, a public health research and consulting organization, has been hired by the cities of Pleasanton, Dublin, and Livermore to conduct a Human Services Needs Assessment in the Tri-Valley. Using quantitative and qualitative data, this Needs Assessment will highlight the important services already provided in the community and will identify gaps in services.

A **Needs Assessment** is a resource used to understand the unique qualities of a given community including its strengths and opportunities for growth. Needs Assessments often utilize both quantitative and qualitative data to gain a representative depiction of a community.

Quantitative data is data that can be counted, measured, or given a numerical value. In this needs assessment, the quantitative data we are collecting includes demographic information, such as race, ethnicity, age, income, employment, marriage status, etc. Quantitative data can be collected through surveys, existing data sets such as census data, data from local organizations and county agencies, and other data sources.

Qualitative data is descriptive and collected through focus groups, interviews, and conversations. This data is not numerical and can be observed and recorded. Qualitative data provides insights into data that cannot be collected quantitatively and provides a space for community members to share their experiences.

In this Needs Assessment, we aim to answer the following questions:

- Who lives and works in the community? What are their needs?
- What businesses and organizations are central to the community?
- What are the strengths of the community?
- What are the areas for growth within the community?

Who is Involved?

To ensure community voice is centered, JSI and the Tri-Valley have created committees to guide the development of the needs assessment. These include the:

- **Steering Committee** - Representatives from the three cities, Alameda county, local nonprofits, and JSI staff. This committee provides oversight and support to the project, and assists with the distribution of findings.
- **Eastern Alameda Power and Action Committee (EAPAC)** - Community members, service providers, and service recipients. This committee is involved with focus group and interview recruitment, preparation, facilitation, and supports data analysis.

EAPAC Recruitment Flyer

JOIN THE EASTERN ALAMEDA COUNTY POWER AND ACTION COMMITTEE

The Eastern Alameda Power and Action Committee will be integral to the development of a needs assessment that is representative of the community. Members will be involved in the qualitative data collection process from the beginning. The EAPAC will serve multiple purposes, including creating strong local connections when recruiting for qualitative data collection (focus groups and interviews) and supporting the development of interview guides. The group will also support the interpretation/analysis of data, using a special local context. This will ensure all communities are represented in the data and that interview questions are developed in a culturally competent manner.

This is a compensated position and is open to all Tri-Valley community members. We are looking for individuals who have lived experience accessing and/or providing health and human services, individuals from groups that do not feel that their voice is heard in the community, and/or community volunteers/residents that have a deep understanding of the needs of the Tri-Valley. Each member will have the opportunity to be involved in any element of the process, if interested. No prior experience is needed - all training will be provided.

Responsibilities

- Attend all EAPAC meetings in-person or virtually (approximately 4 meetings Feb - Oct 2023)
- Provide feedback on the qualitative data collection process.
- Assist in identifying community partners for qualitative data collection, which includes focus groups and interviews.
- Review community facing materials for community friendliness, which include, but not limited to, recruitment flyers, questionnaires, community stories, etc.
- Help develop data collection tools, such as questionnaires for focus groups and interviews.
- Review qualitative and quantitative data findings to ensure accurate reflection of the Tri-Valley community.
- Share resources and information with the JSI team and the Steering Committee.
- Conduct focus groups or interviews, if interested and have time available, in the community's language.
- Assist with the development of a plan for storytelling about the Tri-Valley.
- Assist with the development of an Implementation Plan (apply results from the assessment to the community).

Members will be compensated up to $780 (depending on hours worked), paid in 3 installments. The time commitment is approximately 15 hours between February - October, 2023.

If you are interested, please use this QR code or email us at eana@jsi.com

Eastern Alameda County Power and Action Committee - Interest Form

La Comisión de Poder y Acción del Condado de Eastern Alameda - Formulario de interés

The cities of Pleasanton, Dublin, and Livermore are working together to create a Human Services Needs Assessment that outlines the strengths and needs of the Tri-Valley Community. This assessment will be used by nonprofit organizations, city governments, and county agencies to make decisions about funding and resource allocation. As a part of this process, the Eastern Alameda Power and Action Committee (EAPAC) will help develop a Human Services Needs Assessment that is representative of the Tri-Valley community. The committee will guide the development of focus group questions and qualitative data collection, ensuring all groups are represented in the data and that the questions are developed in a culturally competent manner. Each member will have the opportunity to be involved in any element of the needs assessment process, if interested.

This is a compensated position and is open to all Tri-Valley community members who have lived experience accessing and/or providing health and human services. Members will be compensated up to $780 (depending on hours worked), paid in 3 installments. The time commitment is approximately 15 hours between February - October, 2023.

Email any questions to **eana@jsi.com**

Please complete this form to indicate your interest in serving on the EAPAC

_____

Las ciudades de Pleasanton, Dublin y Livermore están trabajando juntas para crear una Evaluación de Necesidades de Servicios Humanos que describe las fortalezas y necesidades de la comunidad de Tri-Valley. Esta evaluación será utilizada por organizaciones sin fines de lucro, gobiernos municipales y agencias del condado para tomar decisiones sobre el financiamiento y la asignación de recursos. Como parte de este proceso, la Comisión de Poder y Acción de Eastern Alameda (EAPAC) ayudará a desarrollar una Evaluación de Necesidades de Servicios Humanos que sea representativa de la comunidad de Tri-Valley. La comisión guiará el desarrollo de las preguntas de los grupos focales y la recopilación de datos cualitativos, asegurando que todos los grupos estén representados en los datos y que las preguntas se desarrollen de una manera culturalmente competente. Cada miembro tendrá la oportunidad de participar en cualquier elemento del proceso de evaluación de necesidades, si está interesado.

Appendix 6. Interview Guides and Focus Group Materials

Nonprofit Focus Group Guide

Tri-Valley Non-Profit Focus Group Facilitators Guide

Hi everyone! Thank you for joining us today and taking the time to meet with us. My name is _____ and this is my colleague _____. We are team members from JSI, a public health research and consulting firm, helping the Tri-Valley to conduct a needs assessment to better understand the strengths and needs of your community in regards to health and human services.

My colleagues and I will be facilitating this focus group today. I also have with me, _____ who will be taking notes on what we discuss and helping with any tech issues. The session will also be recorded, so we can make sure we do not miss any of your thoughts but your responses will remain anonymous.

As you all are joining, please take a moment to chat in the following: introductions and greet each other. Please unmute and say your name, your organization, your position/role, and something that brought you joy in the last week.

The goals of our discussion today are to learn more about your experiences working at non-profit organizations in the Tri-Valley, learn more about your communities' strengths and challenges, organizational needs, partnerships, and recommendations.

This focus group is scheduled to last about an hour and a half.

Participation is voluntary. If you prefer to not answer a question, that is okay. We want to be respectful of what each of you shares and for this reason, we ask that everyone in this group respect the confidentiality of others by not repeating what they have heard outside this group. We will not be identifying anyone personally in any of our findings. We will only summarize themes from the focus group discussions. In our report, we may reference a comment you made, but we will refer to individuals as "participants" and will not share any identifying information. Also, please ask questions or let us know if you don't understand something, or if something that we said is bothering you in any way.

Tri-Valley First Responders Facilitators Guide

Hi! Thank you for joining us today and taking the time to meet with us. My name is _____ and this is my colleague _____. We are team members from JSI, a public health research and consulting firm, helping the Tri-Valley to conduct a needs assessment to better understand the strengths and needs of your community in regards to health and human services. As first responders, we understand that you're often some of the first people to interact with community members in crisis situations, so we're interested in learning about what needs you're seeing in the community and what resources you and your department/organization would need to connect people with service providers.

____ and I will be facilitating the interview today and we will also be taking notes. The session will also be recorded, so we can make sure we do not miss any of your thoughts but your responses will remain anonymous.

The goals of our discussion today are to learn more about your experiences working as First Responders in the Tri-Valley, learn more about your communities' strengths and challenges, organizational needs, partnerships, and recommendations.

This interview is scheduled to last about an hour. The questions are split into five sections, so we plan on sending about ten minutes per section, but we can certainly be flexible during the hour.

Participation is voluntary. If you prefer to not answer a question, that is okay. We will not be identifying you personally in any of our findings. We will only summarize themes from the interview. In our report, we may reference a comment you made, but we will refer to you as an "interviewee" or "key informant" and will not share any identifying information. Also, please ask questions or let us know if you don't understand something, or if something that we said is bothering you in any way.

Facilitator 1: Does anyone have any questions before we start?

Great! Now we can get started with the discussion. We will now start the recording.

Tri-Valley Community Members Focus Group Facilitators Guide and Note Taking Guide

Hi everyone! Thank you for joining us today and taking the time to meet with us. My name is _____ and I have with me my co-facilitator _____. We are members of the Eastern Alameda Needs Assessment Power and Action committee, which is a committee of community members who are guiding the needs assessment process. We also have with us here today folks from JSI, a public health research and consulting company that have been hired by the Tri-valley to help with this needs assessment.

I also have with me, _____ and _____ who will be taking notes on what we discuss and helping with any tech issues. The session will also be recorded, so we can make sure we do not miss any of your thoughts but your responses will remain anonymous.

As you all are joining, please take a moment to chat in the following: your name and what is something that brought you joy this week.

The primary purpose of the meeting today is to hear from you all about the most pressing needs and challenges faced by your community, as well the strengths and assets that could be leveraged to support the wellness of your community.

This discussion is part of a larger effort to understand the needs of the community; this effort is called a needs assessment. A needs assessment is a tool to collect stories to gain a better understanding of what is going on in our community. Most importantly, the discussion will inform and help us to explore how we can all work more effectively together to address the issues you all bring up during our conversation.

The discussion today will focus on the following topics:

1. Challenges and strengths related to community well-being
2. Health and human services in your community

Intercept Interview Questions

1. What are the strengths of your community?
2. What are the challenges in your community?
3. What services are most useful and helpful?
4. What services would you like to see more of?
5. What are some recommendations ideas?

Focus Group Interest Form

Eastern Alameda Needs Assessment - Focus Group Interest

Thank you for your interest in participating in the Eastern Alameda Human Services Needs Assessment.

Please fill out this form:
https://survey.alchemer.com/s3/7409942/Eastern-Alameda-Needs-Assessment-Community-Member-Focus-Group-Interest

Or feel free to email us with any questions at**: eana@jsi.com**

Thank you for your time and interest in participating!

* Indicates required question

1. Email *

2. First Name *

3. Last Name *

4. What is your phone number? *

Demographics Data Collection Form

Demographic Data Collection

Thank you for helping with the needs assessment of the Tri-Valley! We really appreciate your time and willingness to share your experiences as someone living or working in the Tri-Valley. To gain a better understanding of who is participating in focus groups or interviews, we would like to collect some basic demographic information. In our reports and summaries of the data, we will not attach your name to any of the demographic data collected.

nadia_syed@jsi.com Switch account

Not shared

* Indicates required question

First Name

Your answer

Last Name *

Your answer

What is your email address *

Your answer

What is your phone number? *

Your answer

Appendix 7. Programs and Funded Services Following the 2011 Needs Assessment (partial list)

PROGRAM OR SERVICE	CITY (IF APPLICABLE)
Abode Services Tri-Valley Housing Navigation	
Alameda County Public Health Women Infant & Children Program opened a new office at the TVNPA building.	Livermore
Avance w/Midpen Housing (44 units of affordable accessible housing for persons with developmental disabilities)	Livermore
Axis Community Health/Alternative Response Unit Agreement for health services for substance use disorders	Pleasanton
Axis Community Health Clinic	Pleasanton
Axis Community Health Dental and Mental Health Clinic	Livermore
Axis Community Health Dental Clinic	Dublin
Axis Community Health multi-year agreement for youth mental health counseling	Pleasanton
Camden Ave w/ Tri-Valley Reach (acquisition of a 3-bedroom, below market rate townhouse for permanent supportive housing for individuals with disabilities who can live independently)	Livermore
Chestnut Square w/Midpen Housing (72 affordable senior and 42 affordable family rental units)	Livermore
CityServe assumed senior citizen services on behalf of Senior Support Program of the Tri-Valley	Livermore & Pleasanton
CityServe offices in Livermore and Pleasanton	
CityServe rental assistance program	
CityServe unhoused outreach provider for Tri-Valley	
Development of the Human Services Grant Program and Commission	Dublin
Eden I/R - Multi-Year Contract/Ongoing Support for 2-1-1 Services	
Goodness Village	Livermore
Hively childcare and mental health headquarters office	Pleasanton
Hively Family Resource Center	Dublin
Housing Consortium of the East Bay Vineyard 2.0	
Livermore Multi Service Center renovation (Tri-Valley project)	
Open Heart Kitchen region-wide pandemic food distribution services	
Open Hearth Kitchen anchor tenant at Vineyard 2.0	Livermore
Open Hearth Kitchen food distribution hub	Livermore
Stanford Tri-Valley, Axis, OHK, and Cities of Dublin, Livermore and Pleasanton pandemic vaccine clinic at Alameda County Fairgrounds	Dublin, Livermore, and Pleasanton
Sunflower Hill at Irby Ranch constructed for individuals with developmental disabilities	Pleasanton
Sunflower Hill is in development discussions with Dublin	Dublin
Tri-Valley Haven renovated the Sojourner House and in early stages of complete rebuild for Shiloh	
Tri-Valley Haven Tenant-Based Rental Assistance Program	Livermore
Tri-Valley NonProfit Alliance established	
Axis Community Health – health care services for the substance use disorder unhoused	Pleasanton

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