



CITY COUNCIL AGENDA REPORT

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TO: Honorable Mayor and City Council  
FROM: Marc Roberts, Community Development Director *for MR*  
SUBJECT: Ordinance Adding Chapter 12.70 to the Livermore Municipal Code to Create the Social and Human Service Facility Fee.

RECOMMENDED ACTION

Staff recommends the City Council:

1. introduce an ordinance adding Chapter 12.70 to the Livermore Municipal Code to establish the Social and Human Service Facility Fee;
2. adopt a resolution approving the Social and Human Service Facility Fee Study and set the fees as defined on page E-2 of the study; and
3. adopt a resolution certifying the environmental document and, after approval of the application, instruct staff to file the Notice of Determination with the Alameda County Clerk.

SUMMARY

Staff is requesting that the City Council introduce an ordinance to establish the Human Service Facilities Fee. Assessed to new development, the purpose of the fee is to fund the construction of facilities that provide services in the priority areas of child care, senior services and community care that includes medical and mental health services.

Livermore's current human service facilities are at capacity. Although this fee will not be used to address existing service gaps, it will provide funding to expand existing facilities or create new facilities that will provide services to meet the future growing social needs throughout Livermore due to new demand.

MEETING DATE:  
9-8-08

AGENDA ITEM: 5.02

## DISCUSSION

Based on population and demographic changes, the Cities of Livermore and Pleasanton commissioned a Tri-Valley Human Services Needs Assessment that identified the strengths and deficiencies in the regional service delivery network. The study found that compared to the rest of Alameda County, the Tri-Valley's overall population significantly increased, with both seniors and children being the largest growing demographic groups. Although identifying many gaps, the study found the most significant needs included: the lack of access to affordable healthcare for basic, specialty and mental health; high-quality childcare and after-school programs for low-income families; and the insufficient availability of locally based homeless services for families and single male adults.

In an effort to partner with agencies to meet the social needs of Livermore, the City annually appropriates Housing and Human Services Grant (HHS) funds, capitalized with Community Development Block Grant (CDBG) and Home Investment Partnership Program (HOME) funds from the US Department of Housing and Urban Development, in conjunction with the City's Social Opportunity Endowment (SOE) funds to local community based organizations that serve over 8,500 Livermore residents each year.

However, there is increasing demand for social and human services as Livermore's population continues to grow. The increased demand for services resulting from new residential and business development stresses the ability of local agencies to provide an essential level of services. As a result, the continually growing need for social and human services creates a greater requirement for the facilities to deliver those services.

In 2006 the SOE was created through a development agreement with Shea Homes to provide additional funding for services. After its adoption, the City hired Seifel Consulting to complete a nexus study analyzing the feasibility of a City-wide human services fee on new development to further decrease their impact on the current service delivery system. Based on stated community needs the study recommends creation of a Social and Human Service Facility Fee (SHSFF) that will fund the creation of three types of facilities:

- Childcare, Day Care, and After School Care Centers. Childcare and Day Care facilities are for younger children requiring all day care, typically those who are not in school, or sometimes for children in pre-school or kindergarten who have shortened school days and require care for the remainder of the day. After school centers provide care for school-aged children which may include recreational or activity components.
- Community Care Facilities encompass a variety of services and facilities for the delivery of primary health care, specialty health care, dental care, mental health services, substance abuse and recovery care, domestic violence counseling, coordination of services for the disabled, and other services.
- Senior Facilities are typically the focal point for the coordination and delivery of services for older adults and vary widely depending upon what is offered at the

site. Senior Centers provide a location for senior orientated activities, classes and other services. A supportive facility provides special services such as adult day care. Residential care facilities provide room and board along with basic social and medical care. Skilled nursing facilities provide round the clock medical attention to the frailest of elderly.

The fee will not be used to address the existing need or service gaps. It will leverage other funding sources to partially support the development or rehabilitation of buildings that provide vital resources for Livermore residents.

Other communities have implemented similar development fees to build facilities that will help mitigate the effects of new development. A total of 18 governments throughout California including Berkeley, Concord, Danville, Oakley, Martinez, San Ramon, San Mateo, West Sacramento, South San Francisco, and the City and County of San Francisco have implemented a child care impact fee. Fewer communities have implemented development impact fees to address gaps in senior and other community services. Fremont, along with a few other cities, funds senior services through park and recreation fees. San Diego implemented a fee to help build housing specifically for homeless persons.

### Findings

The purpose of the Social and Human Service Facility Fee is to help mitigate a portion of the increase in the service demands created by new development by financing the acquisition, development and construction of facilities to deliver childcare, community care, and senior services. This fee will also assist in the implementation of policies defined in the Infrastructure and Public Services Element of the City's general plan.

A correlation exists between the types of development projects on which the fee is imposed and how the fee will be allocated. New residential development contributes to facilities for childcare, community care and senior service facilities because it increases the city's residential population and its service demand in each of these areas. Because it generates jobs, nonresidential development will contribute to childcare and community care services because of the increased need it places on both of these services.

### Environmental Determination

An Initial Study and Negative Declaration were prepared for the proposed project. The Negative Declaration indicates that no significant adverse environmental impacts will result from the project.

### Methodology

The nexus study determined the reasonable connection between the need for facilities and the impact of new development on the existing service delivery system. In order to ascertain a fee for each type of residential and non-residential facility, the study

determined the amount of space required for each of the three facility types based upon the service demand population from new development. The consultant began by projecting future levels of population and employment along with estimating demands for childcare, community care, and senior services based upon new residential and non-residential development. To determine the total space requirements, the consultant surveyed the existing service providers to identify current and future space requirements for childcare, community care, and senior services. Finally, they estimated the costs to acquire and construct the additional facilities to satisfy the space requirements for childcare, community care, and senior services attributable to new development; and calculated the fee for residential and non-residential development to acquire and construct the additional facilities to satisfy the space requirements.

Proposed Fee Structure

If adopted, the fee structure will generate approximately \$200,000 per year, totaling \$12,200,000 after build out in 2030. If funding from the US Department of Housing and Urban Development remains consistent, this fee will match the amount of entitlement funds the City anticipates receiving during the same time frame.

Public and institutional facilities such as churches, temples or synagogue are exempt from this fee because they typically provide their facilities to meet childcare, community care, or senior needs. For example, Open Heart Kitchen distributes free hot meals two days per week at Asbury Methodist Church.

<b>Residential Uses</b>	<b>Fee/Unit</b>
Single Family Detached	<b>\$1,677</b>
Single Family Attached	<b>\$1,415</b>
Multifamily	<b>\$1,298</b>
Mobile Home	<b>\$996</b>
Secondary Unit	<b>\$966</b>
<b>Non-Residential Uses</b>	<b>Fee/1,000 sq ft</b>
<b><u>Commercial</u></b>	
Office	<b>\$7.00</b>
Retail	<b>\$5.00</b>
Service	<b>\$5.00</b>
<b><u>Industrial</u></b>	
Manufacturing/R&D	<b>\$3.00</b>
Warehousing	<b>\$2.00</b>
Office	<b>\$6.00</b>
Construction/Repair/Wholesale	<b>\$3.00</b>
<b>Other non-residential</b>	<b>\$5.00</b>

Many of the calculations used to determine the amount of fee to be charged to new development utilized rounded numbers that resulted in understating the final amount. As shown in the chart below, although the study supports a higher fee, staff recommends

Council adopt the fee at the lower rate and wait until economic conditions improve before considering establishing higher amounts.

<b>Residential Uses</b>	<b>Fee/Unit recommended by staff</b>	<b>Fee/Unit supported by the nexus study</b>
Single Family Detached	\$1,677	\$1,698
Single Family Attached	\$1,415	\$1,145
Multifamily	\$1,298	\$1,302
Mobile Home	\$996	\$1,019
Secondary Unit	\$966	\$1,019

Community Outreach

In mid-July, staff mailed to the City’s development and service community informational notices regarding a community meeting to discuss the fee. The meeting was held on July 29 with 31 people in attendance. Thirteen persons gave testimony, all in support of the fee. The supporters represented the Tri-Valley Disabled Action Network, Community Resources for Independent Living (CRIL), Friend of Tri-Valley Adult Day Care (formerly Friendship Center), Open Heart Kitchen and Tri-Valley Haven.

On August 5 staff made a presentation regarding the SHSFF to the Chamber of Commerce’s Economic Development and Government meeting.


FISCAL AND ADMINISTRATIVE IMPACTS

The Social and Human Service Facility Fee will have a modest impact on the City’s overall fee structure. For example, a 5,000 square foot retail establishment would pay \$25.00 while a 100,000 square foot manufacturing facility would pay \$300.00. The \$1,677 increase in single-family housing is offset by a proposed 7.25 percent decrease in the 2007 Housing In-Lieu fee of \$39,534 to \$36,665 in 2008. Staff recommends the Council revisit increasing the Housing In-Lieu fee after economic conditions improve.

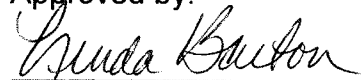
ATTACHMENTS

1. Social and Human Service Facility Fee Study completed by Seifel Consulting
2. Human Services Needs Assessment for the Tri-Valley
3. Ordinance
4. Resolution of negative impact
5. Resolution approving study and adopting fees

Prepared by:

  
 \_\_\_\_\_  
 Jean Prasher  
 Human Services Program Manager

Approved by:

  
 \_\_\_\_\_  
 Linda Barton  
 City Manager

**FINAL**

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# **Social and Human Service Facility Fee Study**

Prepared for:

**City of Livermore**

**May 2008**

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## Executive Summary

The City of Livermore is considering adoption of a development impact fee to fund the creation of needed social and human service facilities. The fee would be adopted under the authority allowed by AB 1600, the “Mitigation Fee Act,” as described in Chapter I of this report, and would be levied on new residential and non-residential development in the City, to offset the demand for facilities generated by this new development. This report describes the types of facilities to be funded by the fee, presents why new facilities will be needed in order to meet the needs of new development, and calculates the appropriate fee levels for various types of new development based on their fair share of future facility costs.

The Social and Human Service Facility Fee (Facility Fee) will fund three types of facilities:

- Childcare facilities, such as all-day facilities for pre-school-age, kindergarten-age, and other young children, and after-school care facilities for school-age children.
- Community care facilities, such as facilities housing primary health care, specialty health care, dental care, behavioral counseling, mental health services, substance abuse and recovery care, domestic violence counseling, and other services.
- Senior service facilities, such as senior centers, general supportive services facilities, residential care facilities, and skilled nursing facilities.

Childcare, community care, and senior service facilities are a vital resource for Livermore residents, particularly lower-income residents, children, seniors, the disabled, at-risk populations, and others without ready access to other provision of care. Livermore’s network of social and human services plays a critical role in providing the basic services that maintain the health and safety of Livermore residents.

Social and human services in Livermore are provided by an array of organizations and agencies, including non-profit and for-profit organizations, and others. The provision of these services is also funded by a variety of sources, including City, State and Federal funds, foundation funding, private funding, and other sources. In every case, however, regardless of the type of service provider or source of funding, the facilities that house the services are an indispensable part of service provision. The proposed Facility Fee will not be used to fund the ongoing provision of services. It will be used solely to fund the creation of the facilities required to provide services.

Livermore is currently underserved by social and human service facilities. Existing community care and childcare facilities are over capacity, with waiting lists for many services. Senior service facilities are at capacity. While the social and human service fee will not be used to address existing service gaps, these shortfalls demonstrate that existing facilities are unable to accommodate future population growth without additional capacity.

In order to continue to provide services to meet the needs of future growth, new facilities must be created.

Livermore is projected to grow by 9,100 new residential units and 22.4 million square feet of non-residential space through the projected development horizon of 2030. Chapter VI calculates future service needs based on new residents and employees that result from this projected growth. The City is projected to need:

- 37,200 additional square feet of childcare space.
- 3,000 additional square feet of community care facilities.
- 5,000 additional square feet of senior service facilities.

The total estimated cost for these facilities is \$9.1 million for childcare, \$1.0 million for community care facilities costs, and \$2.3 million in senior service facilities.

Based on these costs, the proposed social and human service fee for various types of residential and non-residential development is summarized below. The fees shown here include a 3 percent additional assessment to cover the cost of ongoing administration.

**Executive Summary Table 1  
Proposed Social and Human Service Facility Fee  
City of Livermore**

<b>Residential Uses</b>	<b>Fee/Unit</b>
Single Family Detached	\$1,677
Single Family Attached	\$1,417
Multifamily	\$1,298
Mobile Home	\$996
Secondary Unit	\$996
<b>Non-Residential Uses</b>	
	<b>Fee/1,000 SF</b>
<b>Commercial</b>	
Office	\$7
Retail	\$5
Service	\$5
<b>Industrial</b>	
Manufacturing/R&D	\$3
Warehousing	\$2
Office	\$6
Construction/Repair Services, Wholesale Trade	\$3
<b>Other Non-Residential<sup>a</sup></b>	<b>\$5</b>

a. Does not include public and institutional uses.

Source: City of Livermore, Seifel Consulting Inc.

# I. Introduction

The City of Livermore is considering adoption of a development impact fee to fund the creation of needed childcare, community care and senior service facilities. The new fee would be adopted under the authority allowed by AB 1600, the “Mitigation Fee Act,” as described in Section A, below.

The purpose of this report is to establish the appropriate fee level for new development and demonstrate the relationship between the proposed fee levels and the need for facilities created by new development.

## A. Overview of Legislative Requirements

Impact fees are governed by the California Government Code Sections 66000-66008, commonly referred to by their 1987 authorizing legislation Assembly Bill 1600 (AB 1600) or the title provided by the legislature, “the Mitigation Fee Act.” AB 1600 established a process for formulating, adopting, imposing, collecting, and accounting for impact fees.

Under AB 1600, an “impact fee” means a monetary exaction (other than a tax or assessment) used to defray all or a portion of the cost of additional public facilities needed to provide service to new development. AB 1600 stipulates that new development may only be charged for public facilities and improvements needed to accommodate new development, and the amount of the fee must be in reasonable proportion to that need.

Therefore, in order to adopt a Social and Human Service Facility Fee, the City of Livermore must demonstrate a “nexus,” or a reasonable relationship, between the impacts stemming from new development and the type and amount of the fee imposed. This report establishes this reasonable relationship using the procedure prescribed in the Mitigation Fee Act. The report:

- Identifies the purpose of the fee;
- Describes the use or improvements for which the fee will be used; and
- Demonstrates a reasonable relationship between the:
  - Use and the type of development on which the fee is imposed,
  - Need for the public improvements and facilities and the type of new development which will benefit from them, and
  - Amount of the fee and the cost of the public facility attributable to the new development on which the fee is imposed.

The proposed fee will fund the creation of improvements or facilities for childcare, community care and senior services.

## **B. Purpose of the Social and Human Service Facility Fee**

Social and human services in Livermore are provided and assisted by an array of organizations and agencies, including non-profit and for-profit organizations, City departments and agencies, Tri-Valley regional providers, and others.<sup>1</sup> These services play a vital role in addressing the critical needs of City residents, particularly lower income residents, seniors, children, the disabled, high-risk populations, and others without ready access to any other provision of care.

In the past decade, Livermore experienced significant population growth and demographic changes that have caused an increasing demand for social and human services. As the City's population continues to grow, existing social and human services will not be able to meet the needs of future growth. Generally, the provision of social and human services is funded by a variety of sources, including City, State and Federal funds, foundation funding, private funding sources, and other sources. In every case, regardless of the type of service provider or source of funding, facilities are needed to provide services. Facilities are the indispensable "container" in which the services are housed, and service provision cannot take place without such facilities.

Currently, the City of Livermore has constructed and maintains one social and human service facility and assists several organizations in operating other facilities. In order to maintain at least this current level of service to new development, it is the City's policy to continue to provide financial assistance for the development of human and social service facilities needed by new development.

Under the Mitigation Fee Act, fees may be imposed to defray all or a portion of the cost of additional public facilities needed to provide service to new development. Thus, the underlying purpose of the City of Livermore's proposed Social and Human Service Facility Fee (Facility Fee) is to fund the construction of capital improvements and facilities which house human services provided by non-profit and other service providers necessary to maintain the capacity of the City's social and human services network to meet the needs of future growth. As permitted by the Mitigation Fee Act, the proposed Facility Fee will not be used to fund the ongoing provision of services. It will be used solely to fund the creation of the facilities needed for service provision.

Previous needs assessment research on the social and human service network in Livermore identified the following human service areas as priorities: (1) Childcare, (2) Community Care, an overarching description for a broad spectrum of community-centered, case management, mental and medical health services, and (3) Senior Services.<sup>2</sup> In order to continue providing these services at a level adequate to meet the needs of future growth and development, the City anticipates the need to construct additional service facilities in these categories.

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<sup>1</sup> The Tri-Valley area includes the cities of Livermore, Pleasanton and Dublin.

<sup>2</sup> *Human Service Needs Assessment for the Tri-Valley*, ICF International (formerly ICF Consulting), 2003.

## C. Calculating the Nexus Amount for the Social and Human Service Facility Fee

In order to determine the amount of the impact fees to be charged to new development, the City must determine the baseline condition (existing housing units and businesses) and the total projected new development on vacant and underutilized land. The difference between the two reflects the foreseeable amount of new development on which impact fees may be levied.

The process for determining the nexus between the impacts stemming from new development and amount of the fee imposed involves the following steps:<sup>3</sup>

- Step 1 Project future levels of population and employment, based on new residential and non-residential development.** New residents and employees from future development will utilize human and social service facilities.
- Step 2 Estimate the service demand population based on new development.** The service demand population is the aggregate population that generates demand for the City's social and human service facilities. The service demand population is comprised of new residents and, in some cases, a portion of new employees that will be served by each service category of facilities. For instance, all new residents and some portion of new employees could potentially use community care facilities.
- Step 3 Apply the appropriate multiplying factors to estimate the number of end users from the service demand population.** The entire service demand population will not necessarily use the services provided at specific facilities. For example, only seniors will utilize senior service facilities. Therefore, a multiplier must be applied to the total estimated new population to determine the number of new seniors from new development. By using appropriate multipliers for each category of service facility, the service demand population can serve as a proxy for end users of human and social service facilities.<sup>4</sup>
- Step 4 Identify the current and future space requirements per end user for each type of service facility.**<sup>5</sup> Space requirements for each category of human and social service facility may be based on a mandated standard, if available, or a calculated standard based on quantifiable data from current development.<sup>6</sup>

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<sup>3</sup> This is a general overview of the methodology used to calculate Livermore's impact fees; however, individual fee calculations shown in Chapter V and Appendix A may differ from this general methodology.

<sup>4</sup> Multipliers are determined based on demographic data and/or other research. See Chapter V for more details.

<sup>5</sup> Space requirements from current users are used to determine space requirements for new development. However, fees imposed on new development cannot be used to improve existing deficiencies experienced by current development. The City must rely on other funding sources to correct existing deficiencies.

<sup>6</sup> Chapter II presents information regarding human and social service facility space provided to existing service users. Space requirements for each facility type are further discussed in Chapter V.

The end user is defined as the person receiving the social service provided in each facility. For example, a child receiving childcare is the end user of childcare services provided at a childcare facility.

**Step 5 Determine the total additional facilities and/or improvements needed by the service demand population.** The total additional space required by new development is calculated by multiplying the per user space requirement determined in Step 4 by the service demand population (Step 3) and relevant multipliers (Step 4).

**Step 6 Estimate the total costs of these additional facilities and/or improvements.** A per unit cost is estimated for each facility type. The total costs attributable to new residents and employees from new businesses are the basis for impact fees levied on new development.

**Step 7 Determine fee for each new development type.** Based on the total cost of additional facilities and/or improvements (Step 6) and the impact from each type of new development (Steps 1 through 3), determine the fee amount for each type of development.

## D. Report Organization

Chapter II of this report shows the existing social and human service facilities in Livermore, and provides an overview of the level of service from existing city-assisted facilities. Chapter III explains the significance of land use and demographic data in the computation of the impact fee. Chapter IV describes existing and future demographic and land use conditions in the City of Livermore.<sup>7</sup> Chapter V presents the calculation of the proposed social and human service facilities impact fee, including the justifiable social and human service facilities need and cost attributable to each type of residential and nonresidential development, and the allocation of appropriate fee levels for each type of development. The Appendices present additional supporting information and calculations for findings made in this report.

## E. Caveats

The analysis presented in this report has been gathered from the most reliable sources available to the City, Seifel Consulting and ICF International. The estimates and projections of current and future information assembled and provided herein are intended solely for the purpose of establishing reasonable estimates for use in this report. While we believe these estimates are reasonable and are based on the best available information at the present time, we make no warranty of the accuracy of these numbers, or their consistency with future trends and events.

Most numbers presented in this report, including those shown in tables, are rounded. Some of the numbers presented may not sum to exact totals due to computer rounding.

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<sup>7</sup> The City cannot predict precisely when Livermore will reach complete development for residential, commercial or industrial land uses. However, the City's Planning Division of the Community Development Department uses 2030 as a reasonable estimate for the maximum foreseeable time frame for development.

## **II. Establishing Space Requirements and Description of the Facilities and Improvements for Which the Fee will be Used**

The following sections describe the Community Care, Childcare, and Senior Services, within Livermore. The types of facilities described include both publicly and privately supported facilities. A subset of existing city-assisted facilities is used to determine a level of service used to calculate new development's need for human and social facilities.

### **A. Establishing Space Requirements**

One of the first steps to determine the additional facilities needed by new development is to calculate the existing facility space provided to current development. In Section B, Overview of Services and Facilities, the types of facilities classified under each of the social service categories are shown to illustrate the breadth of facilities and services available. However, as not all types of facilities are supported by the City, only a list of city-assisted facilities are inventoried to determine the existing level of service provided to current residents. Furthermore, information from existing city-assisted facilities serve as the baseline to calculate the space requirement to be applied to new development, which is detailed in Chapter V.<sup>8</sup>

In some cases, service providers have indicated that the existing facility space is insufficient to meet the needs of the current population. This existing deficiency, or unmet need, cannot be addressed through the Facility Fee, as the Mitigation Fee stipulates that new development may only be charged for facilities and improvements needed to accommodate that new development. However, in order that new development does not continue to be underserved by human and social services, the City's policy is to provide these service facilities for new development.

The overall space needed, based on the existing facility space and any quantifiable unmet demand, if any, is the space requirement used to calculate the needed facilities from new development.<sup>9</sup> Detailed calculation on the types and costs of service facilities that would be funded by the adoption of a Social and Human Service Facility Fee are shown in Chapter V.

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<sup>8</sup> Where a state or federal standard is required, the mandated standard is used to determine the amount of human and social service needed by new development. Only city-assisted facilities that are comparable to the types of facilities the City intends to fund under the Facility Fee are used to calculate space requirements.

<sup>9</sup> It is the City's policy to continue to provide financial assistance for the development of human and social service facilities needed by new development.



## **B. Overview of Services and Facilities**

### **1. Childcare**

#### **a. Types of Facilities**

A majority of families with children, including single-parent families and families with two wage earners, require some form of childcare during their workday. Childcare may be provided in licensed residentially-based facilities (home-based businesses), known as “family care,” or may be provided in licensed institutional facilities, either as part of facilities that have other uses (pre-schools, churches, or other multi-use facilities) or in stand-alone childcare centers. Within the City of Livermore, existing single and multi-use childcare facilities fall into two main categories.

- **Childcare and Day Care Centers.** These are facilities for younger children requiring all-day care, primarily children under 6 years of age. These facilities provide care for children who are not in school, or sometimes for children in pre-school or kindergarten who have shortened school days and require care for the remainder of the day.
- **After-School Care Centers.** These facilities provide after-school care for school-age children, which may include recreational or activity components. Typically, care is not provided for children above the age of 13, although there may be exceptions.

#### **b. Existing Facilities**

The need for daily and after-school childcare is highlighted by Livermore’s growing child population, which has expanded at a rate surpassing other cities in the surrounding Tri-Valley region during the past decade. According to U.S. Census data, Livermore’s under-17 population grew 33.6 percent from 15,449 in 1990 to 20,640 in 2000.

The growth of children as a portion of the population highlights the continued need for new childcare spaces. Data from the California Department of Social Services and ChildCare Links indicates that the City currently has 1,476 childcare center spaces, of which 355 are located in facilities that receive support from the City. In addition, 1,252 spaces are provided privately by families located in the City, bringing the total number of childcare spaces in Livermore to 2,728. An extensive waiting list for existing spaces indicates that current spaces are fully occupied and new spaces will be needed to accommodate future population growth.

#### **City-Assisted Facilities**

Tables II-2 and II-3 show all of the existing City-assisted childcare and after-school facilities. City-assisted facilities currently comprise 13 percent of all childcare spaces, and this is assumed to continue in the future.

**Table II-1  
Existing City-Assisted Childcare Center Facilities, City of Livermore**

Facility	Location	Childcare Capacity
Community Association for Preschool Education (CAPE) – Bess Platt	1401 Almond Avenue	60
CAPE – Jackson Center	560 Jackson Avenue	20
CAPE – Leahy Center	3202 Leahy Way	20
CAPE – WM. Omand III Early Education Center	800 Marilyn Avenue	60
Kidango-Marylin Avenue	800 Marilyn Avenue, #4	24
Kidango-Owl’s Landing Child Development Center	860 Hermann Avenue	23
Kidango-Pepper Tree School	714 Junction Avenue	28
LARPD Extended Student Services-Smith	391 Ontario Drive	120
<b>Total Capacity</b>		<b>355</b>

Source: California Department of Social Services, Childcare Links, City of Livermore, ICF International, Seifel Consulting Inc.

**Table II-2  
Existing City-Assisted After-School Facilities, City of Livermore**

Facility	Location
CAPE Community Association for Preschool Education	
CAPE – Jackson Center	560 Jackson Avenue
CAPE – WM. Omand III Early Education Center	800 Marilyn Avenue
LARPD – Childcare, Extended School Subsidy Program	
Christensen Middle School	5757 Haggin Oaks Avenue
Leo Croce Lelmentary School	5650 Scenic Avenue
Jackson Avenue Elementary School	554 Jackson Avenue
LARPD – Livermore Area Park and Recreation Department,	
Robert Livermore Center	4444 East Avenue
Twin Valley Learning Center	1304 Concannon Blvd #J

Source: California Department of Social Services, Childcare Links, City of Livermore, ICF International, Seifel Consulting Inc.

## **2. Community Care**

### **a. Types of Facilities**

Community Care encompasses a variety of health services including primary health care, specialty health care, dental care, behavioral counseling, mental health services, substance abuse and recovery care, domestic violence counseling, and other services. Infrequently, these services may also include urgent care and emergency medical services. These services are provided through a variety of facilities, described below.

- **Wellness Facilities.** Wellness facilities focus on a range of preventive and non-urgent care, including basic medical examinations and diagnostic care, health education, prescription services, and other generalized primary, preventive, and non-urgent health services.

- **Outpatient Clinics.** Outpatient clinics provide diagnosis and treatment of patients, primarily for same day treatments.
- **Mobile Clinics.** Typically a recreational vehicle or bus converted and retrofitted as a mobile medical clinic with basic equipment used to address a specific population or need. Among other services, mobile clinics can offer flu shots, serve as blood collection centers, and provide hearing and vision exams, blood pressure and diabetes examinations, and other limited immediate basic diagnosis and care for children, the homeless, and other groups that may not have ready access to fixed-location facilities.
- **Medicinal Dispensaries.** Specific sites offering low-cost or discounted medicine to qualifying individuals.
- **Counseling Centers.** Facilities for individual, family, and/or group psychiatric or psychological therapy or other counseling services, typically non-residential facilities with limited or no specialized equipment or infrastructure. Counseling may include substance abuse and recovery therapies, domestic violence counseling, and a range of other therapies.
- **Youth and Adult Behavioral Health Centers.** Focused on addressing specific negative behaviors such as domestic violence or anger management, these facilities serve clients who may participate voluntarily, or under order by the criminal justice system as a condition of their sentence or rehabilitation. The facilities associated with this type of service are usually non-residential and require no specialized equipment or infrastructure.
- **Residential Treatment Homes.** Generally, large former homes or dormitories with a limited number of beds, targeted to substance abuse recovery populations. These facilities offer a structured routine, on-site counselors, and the interaction of group therapy and support. Length of stay for residential treatment homes varies upon the specific need and severity of condition.
- **Recovery Centers.** Drug and alcohol recovery centers where participants can participate in a twelve-step program or other course of treatment while living in seclusion, usually for approximately a month. Recovery centers may also serve as sites for substance abuse and dependency support group meetings and other related services.
- **Multi-Service Facilities.** Applicable to all subcategories of community care services and facilities, multi-use, multi-service facilities encompass a variety of non-residential services including basic health care, individual, family, and specialized psychological counseling, as well as substance abuse prevention programs. Functioning as a type of one-stop shop for community care services, these facilities conveniently locate multiple services in a single location, increasing ease of access for clients who require multiple services, and increasing efficiency by pooling and sharing infrastructure and other costs between service providers. Multi-service facilities may house any and all of the community care facilities listed above. Livermore emphasizes the creation of multi-service facilities, and the Facility Fee would be used to create and/or expand multiservice facilities to the extent possible.

## **b. Existing Facilities**

The City of Livermore has a number of existing community care facilities. One of the largest health care facilities in Livermore is the Valley Memorial Center, part of the Valley Care Health System. Although a nonprofit entity, this hospital primarily serves residents with private insurance. Kaiser Permanente also provides very limited services for its insured members out of Livermore Medical Offices on Las Positas Road. These providers do not accept Medi-Cal or other publicly subsidized insurance programs, and uninsured or under-insured residents primarily rely on Axis Community Health, a clinic at the Livermore Multi-Service Center, and Del Valle Clinic, the student health center at Las Positas College.

Axis offers a range of non-urgent care and basic medical services, 9:00 am to 5:00 pm Tuesday, Thursday and Friday, and until 9:00 pm on Monday and Wednesday evenings. It is not open during the weekend. The Las Positas student health center is open only to current enrollees of the college.

The existing community care facilities are at capacity. The shortage of full-time available facilities, particularly facilities open on evenings and weekends, means that residents may be required to take time off of work and/or travel outside the City to receive care. The City estimates that facility expansion will be needed to meet future demand generated by new growth and development.<sup>10</sup>

## **City-Assisted Facilities**

Table II-3 shows all of the existing City-assisted community care facilities and presents the size of each facility as indicated by the service provider. A summary of future facility needs and costs in Section C, below, shows the amount of City-assisted community care facilities required to meet future needs generated by new development, and the portion of costs attributable to that development. City-assisted facilities comprise only a portion of the total facilities that will be required to meet future needs, and this analysis assumes that they will continue to meet only a portion of future need. As no mandated space requirement is available for the types of community care facilities to be funded by the Facility Fee, the square footage of some City-assisted facilities shown in Table II-3 is used to calculate the community care space requirement for new development. The methodology used to determine the total facility space and costs attributable to future development are described in Chapter V and Table A-5 in Appendix A.

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<sup>10</sup> The City also has a significant shortage of local comprehensive care and emergency medical services. For example, little specialty health care is provided for uninsured and underinsured patients. Similarly, no full-time emergency health care services are provided in the Livermore, since Valley Memorial Hospital provides urgent care from 8 am to 10 pm only. The closest 24-hour facility is the Valley Care Medical Center in Pleasanton. This shortage of comprehensive care options highlights the importance of provision of non-urgent and specialty medical care through local sites in order to limit the use of existing emergency and comprehensive care facilities for primary and non-urgent care needs.

**Table II-3  
Existing City-Assisted Community Care Facilities in Livermore**

Facility	Location	Square Feet
BACS Adult Day Facility <sup>a</sup>	3900 Valley Avenue # B, Pleasanton	1,900
Easter Seals Kaleidoscope Activity Center <sup>a</sup>	7425 Larkdale Avenue, Dublin	5,100
Axis Community Health <sup>b</sup>	3311 Pacific Avenue	2,400
Axis Community Health <sup>a,b</sup>	4361 Railroad Avenue, Pleasanton	12,000

a. While these facilities are not located in Livermore, they provide direct services to Livermore residents. The City of Livermore provides CDBG funding to these agencies.

b. These facilities are included in the facility space requirement calculations. See Table A-6 in Appendix A for more details.

Source: City of Livermore, ICF International, Seifel Consulting Inc.

### **3. Senior Services**

#### **a. Types of Facilities**

Apart from playing a crucial role as a hub of social and community activity, Senior Centers serve as focal points in the community for the coordination and delivery of services for older adults. A wide variety of social and health services, as well as leisure activities, are provided at senior centers, enabling older adults to receive needed services, connect with the community, pursue existing interests and explore new ones in a convenient, accessible location. Activities and services are designed to encourage and promote continued health, independence and involvement in the community. The four primary types of senior service facilities in the City are:

- **Senior Centers.** Senior centers provide a location for activities, community services, meetings, education and classes, and other senior-oriented services.
- **Supportive Service Facilities.** Non-residential facilities for senior clients to receive specialized services, which may be provided in senior centers or multipurpose facilities.
- **Residential Care Facilities.** Facilities where seniors are provided room and board and receive basic social and medical services.
- **Skilled Nursing Facilities.** Commonly referred to as nursing homes, these institutional facilities provide round-the-clock medical attention. Generally, such facilities are reserved for the frailest of the elderly and those with severe medical conditions.

#### **b. Existing Facilities**

The Livermore Area Parks and Recreation District (LARPD) operates various small-scale programs for senior residents at the Robert Livermore Community Center on East Avenue. LARPD also manages the Friendship Center, an adult day care facility in the City of Livermore. Community Resources for Independent Living (CRIL) also offers senior services at the Livermore Multi-Service Center.

In addition to supportive services, agencies in Livermore offer facilities for seniors who are no longer able to live independently. These include Residential Care Facilities for the Elderly (RCFEs), which provide room, board, and assistance with basic activities like personal hygiene, dressing, eating, and walking.<sup>11</sup> Sixteen licensed RCFEs with a total of 212 licensed beds are located in Livermore. Skilled Nursing Facilities (SNFs), commonly referred to as nursing homes, are institutionalized care facilities with 24-hour medical care. Three nursing home facilities with 150 certified beds are located in the City.

The senior population in Livermore grew by 36 percent from 1990 to 2000. Due to increasingly longer senior lifespan, the age distribution of seniors has also shifted. The majority of seniors in the Tri-Valley region are over the age of 70, and 42 percent are over the age of 75. This increasing longevity indicates that existing facilities will continue to be required for the existing senior population. Providers report that existing facilities are at capacity; new facilities will be required to accommodate future senior populations.

### City-Assisted Facilities

Table II-4 shows the City-assisted senior service facilities in the City and the size of each facility as reported by LARPD and CRIL. Similar to community care facilities, no mandated space requirement is available for the types of senior service facilities to be funded by the Facility Fee. Therefore, the square footage of some City-assisted facilities shown in Table II-4 is used to calculate the senior service facility space requirement for new development. The methodology used to determine the total facility space and costs attributable to future development are described in Chapter V and Table A-5 in Appendix A.

**Table II-4  
Total Existing City-Assisted Senior Service Facilities, City of Livermore**

Facility	Location	Square Feet
<b>Senior Center</b>		
LARPD – Robert Livermore Community Center <sup>a,b</sup>	4444 East Avenue	10,800
<b>Supportive Services</b>		
C.R.I.L.—Community Resources for Independent Living <sup>c</sup>	Multi Service Center, 3311 Pacific Avenue	300
Friendship Center	543 Sonoma Avenue	3,600

a. See Table A-8 in Appendix A for detailed calculations.

b. This facility is included in the facility space requirement calculations. See Table A-7 and A-8 in Appendix A for more details.

c. Includes office space dedicated to C.R.I.L and proportionate share of conference room space used by C.R.I.L.

Source: California Department of Social Services, City of Livermore, Livermore Multi-Service Center, Friendship Center, ICF International, Seifel Consulting Inc.

<sup>11</sup> RCFEs are considered non-medical facilities and are not required to have nurses, certified nursing assistants or doctors on staff. However, they must meet care and safety standards set by the State of California and as such are licensed and inspected by the Department of Social Services. RCFEs are also referred to as assisted living facilities, board and care homes or rest homes.

### **III. Relationship between Impact Fees and Demographic and Land Use Data**

Demographic and land use data for existing and projected development provide the foundation for the computation of impact fees. This chapter describes the ways in which data presented in this report is used in calculating the Social and Human Service Facility Fee.

Chapter IV provides detailed current and future demographic and land use information. Chapter V uses that information to project future facility needs and costs, and to calculate the appropriate fee level to cover new development's share of those costs. This chapter provides a general overview and context in which to understand the use of demographic and land use data throughout this report.

#### **A. Impact Fees and Demographic Data**

Demographic data is essential in apportioning the costs of needed services and facilities between existing and future residents. For the purpose of this analysis, existing development is defined as development built on or before November 30, 2007. Future development is development occurring from December 1, 2007 forward. For planning and forecasting purposes, the Livermore Planning Division of the Community Development Department defines the foreseeable development horizon as approximately 22 years, ending in 2030.

The Social and Human Service Facility Fee (Facility Fee) is calculated using baseline statistics for existing residential and service demand population for 2007 and projected residential and service demand population in 2030. "Residential population" is the measure of total household population in Livermore. "Service demand population" is a measure of the aggregate population that will generate demand for City services, and includes all Livermore residents and a portion of those employees who work in the City but live elsewhere.<sup>12</sup> Demographic statistics for both population and employees in the City in 2007 and 2030 are used to calculate current and projected residential and service demand populations, as well as square feet and costs of facilities required by future development.

Current population and employment estimates are based on data from the 2000 U.S. Decennial Census, the California Department of Finance and data provided by the City of Livermore. Projections of population and employment growth from 2007 and 2030 are based on estimates of new population and jobs generated by new residential and non-residential development in the City during this period. Projections of new residential and non-residential development are based on the City's 2002 General Plan update.

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<sup>12</sup> Service demand population is calculated by adding both residents and employees, assuming a specific rate of service usage per employee. The rate of employee service usage varies depending on the specific service involved. These ratios are based on the premise that persons who are present in Livermore during their work shift will utilize City social and human service facilities, but to a lesser degree than residents who live in the City seven days a week. The ratios are adjusted to account for employees who are also residents in the city.

## **B. Impact Fees and Land Use Data**

An important part of the impact fee adoption process is the determination of current inventories of existing land uses, including developed parcels, vacant or underutilized developable parcels, and projections of future development to the limit of the development horizon in 2030.

The demand for social and human services created by new residential development is based on:

1. Projected growth in residential units between 2007 and 2030, and;
2. The number of persons that will be housed in this new residential development.
3. The distribution of age classes within the new resident population that is projected to use each service.

The demand for social and human services created by new non-residential development is based on:

1. Projected non-residential development between 2007 and 2030;
2. The number of new non-resident employees that will be created by new non-residential development, and;
3. The percent of new non-resident employee population that is projected to use each service.

Therefore, projections of new residential and non-residential development form the basis for estimating the need for new social and human service facilities generated by new development.

Projections of new residential and non-residential development between 2007 and 2030 are provided by the Livermore Planning Division. Residential vacancy rates and persons per household for various types of residential units are based on the 2000 U.S. Decennial Census, the California Department of Finance, and estimates from the Livermore Planning Division.

For new development that already has a vested right prior to the adoption of the Facility Fee, the development will not be subject to the Facility Fee.<sup>13</sup> New development that lacks this vested right will be assessed the new Social and Human Service Impact Fee after the fee is adopted.

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<sup>13</sup> New development with a vested right includes those developments that have already obtained entitlement for the project based upon the existing law at the time of approval.



## IV. Current and Projected Demographic and Land Use Data

### A. Existing and Projected Residential Development and Population

#### 1. Existing Residential Development

Table IV-1 shows existing housing units and current residential population in Livermore in 2007. The estimated number of existing housing units and the distribution of units by type is provided by the Livermore Planning Division. Current residential population is based on the existing units, the current residential vacancy rate provided by the California Department of Finance, and the average household size for each type of unit, based on estimates from the 2000 U.S. Census and the Livermore Planning Division.

**Table IV-1  
Housing Units and Residential Population by Type of Residential Development, 2007**

Type	Housing Units 2007 <sup>a</sup>	Residential Vacancy Rate <sup>b</sup>	Occupied Housing Units (Estimated) <sup>c</sup>	Average Household Size (Persons per Household) <sup>d</sup>	Household Population 2007 (Estimated) <sup>e</sup>
Single Family Detached	20,800	1.8%	20,400	3.0	61,600
Single Family Attached	3,800	1.8%	3,700	2.5	9,500
Multifamily	4,700	1.8%	4,600	2.3	10,800
Mobile Homes	500	1.8%	500	1.8	900
Secondary Units	200	1.8%	200	1.8	400
<b>Total</b>	<b>29,900</b>		<b>29,500</b>	<b>2.8</b>	<b>83,200</b>

a. As of 11/30/07, per City of Livermore Planning Department.

b. Per California Department of Finance.

c. Per California Department of Finance.

d. Per Census 2000 and City of Livermore Planning Department.

Note: Housing units and population rounded to the nearest hundred. Numbers may not add precisely due to computer rounding.

Source: Livermore Planning Division, U.S. Census 2000, California Department of Finance, Seifel Consulting Inc.

As Table IV-1 indicates, Livermore has five basic types of housing: Single Family Detached, Single Family Attached, Multifamily, Mobile Home, and Secondary Units.

Single Family Detached means a primary housing unit surrounded on all sides by yard space and not located above or below another housing unit. Single Family Attached means any single family attached housing unit (such as a townhouse or condominium). Multifamily means any multifamily housing unit (condominium or apartment) that has two or more units that are structurally joined, separately occupied, and having separate entrances. These units typically have more than two units per structure, although this may vary. A Secondary Unit is an additional housing unit on a single family or two family lot that has kitchen, sleeping and full bathroom facilities. For purposes of fee assessment, Secondary Units are treated as similar to a Mobile Home in size and persons per unit.

Livermore had approximately 29,900 residential units in 2007. The bulk of residential units in the City, approximately 20, 800 units, were Single Family Detached. Roughly 3,800 were Single Family Attached, 4,700 units were Multifamily, and the City had approximately 500 Mobile Homes and 200 Secondary Units.

## **2. Existing Residential Population**

The residential population estimates shown in Table IV-1 are determined by multiplying the number of existing units for each unit type by the average persons per unit for each type, and adjusting for vacant units based on the City's residential vacancy rate. As shown in the table, this calculation results in an estimate of residential population in total, and for each type of residential unit. Using this method, total population in 2007 is estimated to be 83,200, roughly consistent with the 2007 total population estimates provided by the Department of Finance.

Persons per unit data by unit type comes from the 2000 U.S. Census, adjusted to 2007 based on information from the California Department of Finance (DOF), the Livermore Planning Division, and recent trends in comparable communities in the San Francisco Bay Area. Vacancy rates for the City of Livermore are from 2007 DOF data.

## **3. Projected Residential Development**

Table IV-2 shows projected growth in housing units to 2030, as estimated by the Livermore Planning Division. As the table shows, Livermore is projected to gain an estimated 9,100 new housing units by 2030. Of these, 400 are projected to be Single Family Detached units, 4,400 would be Single Family Attached, 3,900 would be Multifamily units, and 300 would be Secondary Units.

**Table IV-2  
Existing and Projected Residential Development, 2007-2030**

Type	Housing Units	Total Projected Housing Units	New Housing Units
	2007 <sup>a</sup>	2030 <sup>a</sup>	2007-2030 <sup>b</sup>
Single Family Detached	20,800	21,200	400
Single Family Attached	3,800	8,200	4,400
Multifamily	4,700	8,600	3,900
Mobile Homes	500	500	0
Secondary Units	200	500	300
<b>Total</b>	<b>29,900</b>	<b>39,000</b>	<b>9,100</b>

a. Per City of Livermore Planning Division projections, as of 11/30/07.

b. Includes 118 Single Family Detached, 65 Single Family Attached and 1,543 Multifamily units that have not yet been constructed but have vested rights. Units with vested rights will not be subject to the Social and Human Services Facility Fee but population from these units will have an impact on social and human service facilities.

Note: Housing units rounded to the nearest hundred. Numbers may not add precisely due to computer rounding.

Source: Livermore Planning Division, Seifel Consulting Inc.

#### **4. Projected Residential Population**

Table IV-3 shows projected residential population growth in Livermore from 2007 to 2030. Projected residential population is determined by applying the current persons per household and residential vacancy rates for Livermore to the projected growth in residential units from 2007 to 2030, shown in Table IV-2. As described in Section 2 above, persons per household estimates are provided by the Livermore Planning Division, and residential vacancy rates are provided by the California Department of Finance. As Table IV-3 shows, Livermore's residential population is projected to increase by approximately 21,300 between 2007 and 2030. These totals are roughly consistent with the official projections provided by ABAG and the City of Livermore.

**Table IV-3  
Residential Population Growth by Type of Residential Development, 2007–2030**

<b>Type</b>	<b>New Housing Units 2007-2030<sup>a, c</sup></b>	<b>Residential Vacancy Rate<sup>b</sup></b>	<b>Occupied Housing Units (Estimated)<sup>c</sup></b>	<b>Average Household Size<sup>d</sup></b>	<b>New Household Population 2007-2030 (Estimated)<sup>c</sup></b>
Single Family Detached	400	1.8%	400	3.0	1,200
Single Family Attached	4,400	1.8%	4,300	2.5	10,800
Multifamily	3,900	1.8%	3,800	2.3	8,800
Mobile Homes	0	1.8%	0	1.8	0
Secondary Units	300	1.8%	300	1.8	500
<b>Total Units</b>	<b>9,100</b>		<b>8,800</b>	<b>2.3</b>	<b>21,300</b>

a. See Table IV-2.

b. Per California Department of Finance.

c. Estimates are rounded to the nearest hundred. May not precisely add up or subtract due to computer rounding.

d. Per Census 2000 and City of Livermore Planning Division.

Source: Livermore Planning Division, U.S. Census 2000, California Department of Finance, Seifel Consulting Inc.

## **B. Existing and Projected Non-Residential Development and Employment**

### **1. Existing Non-Residential Development**

Table IV-4 provides a summary of existing square feet of non-residential development in Livermore in 2007. The City of Livermore Planning Division provided this information based on building permit data and other estimates of development.

According to City data, Livermore had approximately 22.7 million square feet of non-residential space in 2007, including 6.0 million square feet of commercial space, 16.6 million square feet of industrial space, and 0.1 million square feet of other non-residential space.<sup>14</sup>

<sup>14</sup> These totals do not include estimates of public and institutional space.

**Table IV-4  
Non-Residential Development and Employment Population, 2007**

<b>Land Use</b>	<b>Existing Square Feet 2007<sup>a</sup></b>	<b>SF/Employee<sup>b</sup></b>	<b>Employees per 1000 SF</b>	<b>Existing Employees 2007 (Estimated)</b>
<b>Commercial</b>				
Office	640,000	350	2.9	1,800
Retail	3,270,000	500	2.0	6,500
Service	2,130,000	500	2.0	4,300
<b>Total Commercial</b>	<b>6,039,000</b>			<b>12,600</b>
<b>Industrial</b>				
Manufacturing/R&D	4,431,000	750	1.3	5,900
Warehousing	2,430,000	1,000	1.0	2,400
Industrial Office	3,551,000	400	2.5	8,900
Construction/Repair Services, Wholesale Trade	6,172,000	750	1.3	8,200
<b>Total Industrial</b>	<b>16,584,000</b>			<b>25,400</b>
<b>Other Non-Residential<sup>c</sup></b>	<b>100,000</b>	<b>500</b>	<b>2.0</b>	<b>200</b>
<b>Total</b>	<b>22,724,000</b>			<b>38,300</b>

a. As of 11/30/07, per City of Livermore Planning Division.

b. Per City of Livermore Planning Division 2002 General Plan Update EIR.

c. Does not include public and institutional uses.

Note: Square feet rounded to the nearest thousand. Employees rounded to the nearest hundred. Numbers may not add precisely due to computer rounding.

Source: Livermore Planning Division, Seifel Consulting Inc.

## 2. Existing Employees

Table IV-4 also shows existing employees in Livermore in 2007. The estimated number of existing employees, in total and for each type of non-residential development, is determined by dividing the existing square footage by the average square footage per employee for each type of land use, as shown in the table. This calculation results in an estimated 38,300 total employees in 2007. Square footage per employee estimates were provided by the City of Livermore, from data used for the 2002 General Plan Update.

## 3. Projected Non-Residential Development

Table IV-5 shows projected growth in non-residential development from 2007 to 2030, from estimates provided by the Livermore Planning Division. Livermore is projected to have approximately 45.1 million total square feet of non-residential development in 2030, excluding public and institutional space. The bulk of this square footage, roughly 37.3 million square feet, will be industrial space, followed by 7.7 million square feet of commercial space and a small amount of other non-residential uses.

Subtracting existing 2007 non-residential space from the total projected in 2030 shows the amount of new development projected to be built over this period: approximately 22.4 million square feet, comprised of roughly 20.7 million new industrial square feet, 1.6 million commercial square feet, and negligible amounts of other space.

**Table IV-5  
Existing and Projected Non-Residential Development, 2007–2030**

Land Use	Existing Square Feet 2007 <sup>a</sup>	Projected Square Feet 2030	New Square Feet 2007-2030
<b>Commercial</b>			
Office	640,000	1,566,000	926,000
Retail	3,270,000	3,839,000	569,000
Service	2,130,000	2,257,000	127,000
<b>Total Commercial</b>	<b>6,039,000</b>	<b>7,662,000</b>	<b>1,623,000</b>
<b>Industrial</b>			
Manufacturing/R&D	4,431,000	10,370,000	5,939,000
Warehousing <sup>b</sup>	2,430,000	1,861,000	(569,000)
Industrial Office	3,551,000	12,469,000	8,918,000
Construction/Repair Services, Wholesale Trade	6,172,000	12,558,000	6,386,000
<b>Total Industrial</b>	<b>16,584,000</b>	<b>37,258,000</b>	<b>20,674,000</b>
<b>Other<sup>c</sup></b>	<b>100,000</b>	<b>156,000</b>	<b>56,000</b>
<b>Total Square Feet</b>	<b>22,724,000</b>	<b>45,076,000</b>	<b>22,353,000</b>

a. As of 11/30/07, per City of Livermore Planning Division.

b. The City of Livermore anticipates that total warehousing space will decrease by 2030.

c. Other space does not include public and institutional space.

Note: Square feet rounded to the nearest thousand. Numbers may not add up exactly due to computer rounding.

Source: Livermore Planning Division, Seifel Consulting Inc.

#### **4. Projected Employees**

The projected number of employees in 2030 is calculated by dividing the projected square feet of non-residential development by the square footage per employee for each type of development, as described above and shown in Table IV-6. As the table indicates, this calculation results in an estimated 41,900 new employees between 2007 and 2030.

**Table IV-6  
Projected Employment Growth by Type of Non-Residential Development, 2007–2030**

<b>Land Use</b>	<b>New Square Feet 2007-2030<sup>a</sup></b>	<b>SF/ Employee<sup>b</sup></b>	<b>Employees/ 1000 SF</b>	<b>Estimated New Employees 2007-2030</b>
<b>Commercial</b>				
Office	926,000	350	2.9	2,600
Retail	569,000	500	2.0	1,100
Service	127,000	500	2.0	300
<b>Total Commercial</b>	<b>1,623,000</b>			<b>4,000</b>
<b>Industrial</b>				
Manufacturing/R&D	5,939,000	750	1.3	7,700
Warehousing	(569,000)	1,000	1.0	(600)
Industrial Office	8,918,000	400	2.5	22,300
Construction/Repair Services, Wholesale Trade	6,386,000	750	1.3	8,300
<b>Total Industrial</b>	<b>20,674,000</b>			<b>37,700</b>
<b>Other Non-Residential<sup>c</sup></b>	<b>56,000</b>	500	2.0	100
<b>Total</b>	<b>22,353,000</b>			<b>41,900</b>

a. See Table IV-5.

b. Per City of Livermore Planning Division.

c. Does not include public and institutional uses.

Note: Square feet rounded to the nearest thousand. Employees rounded to the nearest hundred. Numbers may not add precisely due to computer rounding.

Source: Livermore Planning Division, Seifel Consulting Inc.

### **C. Summary of Existing and Foreseeable Development**

Chapter IV described Livermore’s existing development in 2007 and the projected foreseeable development through 2030 for residential and non-residential land uses. As discussed in the introduction, costs for the proposed Social and Human Service Facility Fee funded facilities are applicable only to new development. The impact from new development is determined by the residential and employment populations estimated to utilize the facilities funded through the Facility Fee. A summary of existing and projected residential and non-residential development data used in the calculation of the Facility Fee is shown in Table IV-7.

**Table IV-7**  
**Existing and Projected Residential and Non-Residential Development, 2007-2030**  
**Livermore Social and Human Service Facility Fee Study**

	Existing 2007	New 2007-2030	Total 2030
<b>Housing Units<sup>a</sup></b>			
Single Family Detached	20,800	400	21,200
Single Family Attached	3,800	4,400	8,200
Multifamily	4,700	3,900	8,600
Mobile Home	500	-	500
<u>Secondary Unit</u>	200	300	500
<b>Total Housing Units</b>	<b>29,900</b>	<b>9,100</b>	<b>39,000</b>
<b>Household Population<sup>b,c</sup></b>			
Single Family Detached	61,600	1,200	62,800
Single Family Attached	9,500	10,800	20,300
Multifamily	10,800	8,800	19,600
Mobile Home	900	-	900
<u>Secondary Unit</u>	400	500	900
<b>Total Household Population</b>	<b>83,200</b>	<b>21,300</b>	<b>104,500</b>
<b>Non-Residential Square Feet<sup>d</sup></b>			
<b>Commercial</b>			
Office	640,000	926,000	1,566,000
Retail	3,270,000	569,000	3,839,000
<u>Service</u>	2,130,000	127,000	2,257,000
<i>Subtotal Commercial</i>	<b>6,039,000</b>	<b>1,623,000</b>	<b>7,662,000</b>
<b>Industrial</b>			
Manufacturing/R&D	4,431,000	5,939,000	10,370,000
Warehousing	2,430,000	(569,000)	1,861,000
Industrial Office	3,551,000	8,918,000	12,469,000
<u>Construction/Repair Services, Wholesale Trade</u>	6,172,000	6,386,000	12,558,000
<i>Subtotal Industrial</i>	<b>16,584,000</b>	<b>20,674,000</b>	<b>37,258,000</b>
<u>Other Non-Residential</u>	100,000	56,000	156,000
<b>Total Non-Residential Square Feet</b>	<b>22,724,000</b>	<b>22,353,000</b>	<b>45,076,000</b>
<b>Employment Population<sup>b,e</sup></b>			
<b>Commercial</b>			
Office	1,800	2,600	4,400
Retail	6,500	1,100	7,600
<u>Service</u>	4,300	300	4,600
<i>Subtotal Commercial</i>	<b>12,600</b>	<b>4,000</b>	<b>16,600</b>
<b>Industrial</b>			
Manufacturing/R&D	5,900	7,700	13,600
Warehousing	2,400	(600)	1,800
Industrial Office	8,900	22,300	31,200
<u>Construction/Repair Services, Wholesale Trade</u>	8,200	8,300	16,500
<i>Subtotal Industrial</i>	<b>25,400</b>	<b>37,700</b>	<b>63,100</b>
<u>Other Non-Residential</u>	200	100	300
<b>Total Employment Population</b>	<b>38,300</b>	<b>41,900</b>	<b>80,200</b>

a. See Table IV-2.

b. Population estimates are rounded to the nearest hundred. May not precisely add to totals due to computer rounding.

c. See Tables IV-1 and IV-3.

d. See Tables IV-4 and IV-5.

e. See Tables IV-4 and IV-6.

Source: Livermore Planning Division, Seifel Consulting Inc.



## V. Proposed Social and Human Service Facility Fee

This section presents the basis for the calculation of the Social and Human Service Facility Fee (Facility Fee). It is organized in five sections as follows:

- A. Type of development on which fee is imposed.
- B. Facility need and cost calculations.
- C. Total required new square feet and costs of service facilities.
- D. Calculation of the social and human service facility fee.

### A. Type of Development on Which Fee Is Imposed

The Facility Fee will be assessed on all types of new development in the City of Livermore that will result in the addition of new residents or jobs, and thereby increase the demand on services, as new residents and employees from future development will utilize facilities funded through the Facility Fee. The total population that uses each category of social and human service facility constitutes the service demand population for that facility category. This population could include both the total resident population, and a portion of non-resident employees working in Livermore who will generate demand for social and human service facilities.<sup>15</sup>

This report uses estimates of the “service demand population” in 2007 and to the foreseeable development horizon in 2030. For the purposes of having a common measurement of resident and non-resident employees, the term “resident equivalent” is also used in this report. A resident equivalent equals one member of the service demand population.

The calculation of service demand generated by residents and employees is discussed in Section B, Facility Need and Cost Calculation. The Facility Fee will be levied on all new development, and also on land use conversions that may result in an increased demand for services.

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<sup>15</sup> The resident population is the total household population living in the City of Livermore. Current household population (2007) is based on statistics from the City of Livermore Planning Division, the U.S. Decennial Census and the California Department of Finance. Future household population in 2030 is calculated by multiplying the projected number of new housing units by the average number of persons per unit, for each type of unit, adjusted for vacant units based on the City’s 2007 residential vacancy rate. Household population excludes persons living in-group quarters. Estimates of persons per household are taken from the 2000 Census, adjusted to 2007 with City of Livermore data and recent data from comparable San Francisco Bay Area communities.

The fee schedule is differentiated among residential and non-residential land use types to reflect the differences in facility need among types of new development. The need resulting from residential development is based on the number of new residents living in new units. Projections of the number of new residents are based on estimates of average persons per household for each unit type, as shown in Tables IV-1 and IV-3. The need resulting from non-residential development is based on the number of jobs generated by new development. Projections of new jobs are based on data on estimated employees per square foot for each type of non-residential use in Livermore.

The Facility Fee schedule is differentiated among the residential and non-residential land uses:

**Residential**

- Single Family Detached
- Single Family Attached
- Multifamily
- Mobile Homes
- Secondary Unit

**Non-Residential**

- Commercial:
  - Office
  - Retail and Service Commercial
- Industrial:
  - Manufacturing and Research and Development (R&D)
  - Warehousing
  - Office
  - Construction Services, Repair Services, and Wholesale Trade
- Other Uses<sup>16</sup>

**B. Facility Need and Cost Calculations**

As discussed in Chapters I and II, calculating the amount of facilities needed by new development assumes that the City will continue to provide financial assistance to maintain at least the current space requirement for each category of human and social service facilities. The proposed Facility Fee has been designed to help fund the cost of any additional facilities needed by new development. As such, the space requirement for each type of facility is based on a square foot per resident equivalent standard. For childcare services, the space requirement is based on the minimum state standard for childcare facilities space. The types of community care and senior services to be funded by the Facility Fee, unlike childcare, are not based on a mandated standard. Instead, the City has relied on quantifiable data from existing city-assisted facilities and/or

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<sup>16</sup> Other uses do not include public and institutional uses.

comparable facilities to determine the space requirements for community care and senior service facilities.

Generally, the space requirement multiplied by the demand population will yield the total amount of facilities needed by new development. The precise methodology employed for each facility type, however, depends on the availability of information. The specific methodologies used to calculate the amount of facilities needed by facility type are explained below and in Appendix A.

Finally, cost estimates from the City's previous experience in constructing public facilities and installing improvements, recent comparable projects, and the City's Finance and Capital Facilities Departments inform how much additional facilities will cost. Generally, a calculated cost per square feet by facility type is multiplied by the total facilities needed by new development to determine the total cost of facilities to be funded by the Facility Fee.

## **1. Childcare Service Facilities**

### **a. Space Requirement for Childcare Service Facilities**

Many types of facilities provided by City governments have minimum per capita or per user standards, which can be used to determine the amount of new facilities required for the projected number of new users. For example, many cities have standards of minimum park acreage per capita, minimum per capita standards for fire and emergency service facilities, and similar standards for other types of facilities. In many cases, these local standards are based on state or federal standards that establish minimum requirements for facility provision.

In this report the amount of childcare facilities needed is based on the minimum state standard for childcare facilities space: 35 usable indoor square feet and 75 outdoor square per child. This standard allows the calculation of required square footage on a per capita basis, based on the estimated number of children that will require childcare. This standard can be applied to the growth in the user population to determine future facilities needs. To determine the total required square feet of childcare facilities, the state mandated standard is multiplied by the total number of children requiring care. Calculation of the total number of children requiring care is described in detail in Tables A-1 through A-3 of Appendix A.

The 35 square feet required by state law is a minimum measure of usable square feet, excluding structural space, administrative space, and other space not used directly by children. This report translates 35 net square feet to approximately 60 gross square feet of indoor childcare space. This is a minimum gross square footage, and some other communities assume that 75 gross square feet of space are required for each child.

### **b. Service Demand Population for Childcare Service Facilities**

As discussed at the beginning of this chapter, the service demand population is a measure of the aggregate population that generates demand for the City's social and human service facilities. For childcare service facilities, this population includes both the total resident population, and a portion of non-resident employees working in Livermore that require childcare services. Table A-4 in Appendix A illustrates the calculation of the service demand population for

childcare service facilities. The total service demand population generated by future residents and employees for childcare service facilities is 22,800 persons.

**c. Required Facilities and Costs for Childcare Service Facilities**

Calculation of required childcare facilities and costs are shown in detail in Table V-1. The total required space requirement is based solely on projected future need for additional City-assisted childcare facilities based on future development. As the table indicates, approximately 37,200 square feet of childcare facilities are needed. Development costs include land costs, and the cost of building indoor and outdoor childcare space, as required by California law. The estimated cost per square foot of indoor childcare facilities is \$400, and the cost per square foot of outdoor space is \$100.<sup>17</sup> The estimated total development cost of required childcare facilities is approximately \$9.1million. None of these facilities or costs is attributable to existing development. Backup calculations for determination of childcare need are shown in Tables A-1 through A-4 of Appendix A.

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<sup>17</sup> Construction costs per square foot of new childcare facilities are based on estimates from ICF International, City estimates and the cost of comparable recent facilities, verified by information from Marshall and Swift, 2006, and R.S. Means, 2006.

**Table V-1  
Total Childcare Facility Space and Cost Needed from New Development, 2007–2030**

	0-5 Years	6-13 Years	Total
<b>New Demand for Licensed Childcare Spaces<sup>a</sup></b>			
Resident Children Needing Licensed Care	156	117	273
Employee Children Needing Licensed Care	3	0	3
<b>Total Children Needing Licensed Care</b>	<b>159</b>	<b>117</b>	<b>276</b>
% Distribution of Total Demand for Spaces by Age Group	58%	42%	100%
<b>Required Childcare Square Feet</b>			
Total Children Needing Licensed Care	159	117	276
Required Indoor Square Feet per Child <sup>b</sup>	60	60	60
Required Outdoor Square Feet per Child	75	75	75
<b>Total Required Indoor Square Feet</b>	<b>9,500</b>	<b>7,000</b>	<b>16,500</b>
<b>Total Required Outdoor Square Feet</b>	<b>11,900</b>	<b>8,800</b>	<b>20,700</b>
<b>Total Required Square Feet</b>	<b>21,400</b>	<b>15,800</b>	<b>37,200</b>
<b>Total Cost for Childcare Facilities</b>			
Total Land Cost (Indoor and Outdoor Space) <sup>c</sup>	\$235,000	\$174,000	\$409,000
Total Building Cost <sup>d</sup>	\$3,800,000	\$2,800,000	\$6,600,000
Total Outdoor Facility Cost <sup>d</sup>	\$1,190,000	\$880,000	\$2,070,000
<b>Total Facility Cost</b>	<b>\$5,225,000</b>	<b>\$3,854,000</b>	<b>\$9,079,000</b>

a. New demand for licensed childcare spaces is calculated in Tables A-1 through A-4 in Appendix A.

b. State law requires minimum 35 usable indoor and 75 outdoor square feet. Childcare providers report that 35 usable square feet translates to a minimum of 60 gross square feet per child.

c. Estimate at \$111/square feet, based on 2004 land appraisal information from City of Livermore's Park Facilities Fee Study.

d. Estimated at \$400/square feet for indoor building cost and \$100/square feet for outdoor facilities, based on estimates from ICF International.

Source: City of Livermore, Alameda County Childcare Links, California Department of Social Services, U.S. Census 2000, ICF International, Seifel Consulting Inc.

## 2. Community Care Facilities

### a. Space Requirement for Community Care Facilities

Unlike childcare facilities, community care facilities do not have an officially required standard of minimum square feet of facilities per user on which to base the total needed square footage of facilities. In lieu of this standard, the City has estimated the typical required square footage of community care facilities required for future Livermore populations, based on the capacity and utilization of existing facilities, space requirements for services unmet by existing facilities and projected population growth from 2007 to 2030. Detailed calculations of the estimated required square footage of community care facilities needed by new development is shown in Table A-6 of Appendix A.

### b. Service Demand Population for Community Care Facilities

For community care facilities, the service demand population includes both the total resident population, and a portion of non-resident employees working in Livermore. Table V-2 illustrates the calculation of the service demand population for community care facilities. The total service

demand population generated by future residents and employees for community care facilities is 22,800 persons.

**Table V-2  
Community Care Service Demand Population, 2007-2030**

	<b>New Development 2007-2030</b>
<b>Resident Population<sup>a</sup></b>	<b>21,300</b>
<b>Calculation of Employee Service Demand Population</b>	
Total Employment Population <sup>a</sup>	41,900
Percent of Non-Resident Employees <sup>b</sup>	<u>72.8%</u>
Non-Resident Employment Population	30,500
Service Utilization Rate <sup>c</sup>	<u>5.0%</u>
Employee Service Population	1,500
<b>Calculation of Service Demand Population</b>	
Resident Population	21,300
Employee Service Demand Population-Community Care	1,500
<b>Total Service Demand Population</b>	<b>22,800</b>

a. See Chapter IV.

b. Future percent of non-resident employees is determined by applying the current rate, based on the U.S. Census, to future growth.

c. The utilization rate equals the percent of the non-resident employee population that is estimated to currently use the service by existing service providers.

Source: City of Livermore, U.S. Census 2000, Seifel Consulting Inc.

**c. Required Facilities and Costs for Community Care Facilities**

Calculation of required community care facilities and costs are shown in detail in Table V-3. The total required space requirement is based solely on projected future need for additional City-assisted community care facilities needed by future development. Table V-3 utilizes the concept of “resident equivalent,” which provides a common measurement for residents and non-resident employees. As the table indicates, approximately 3,000 square feet of community care facilities are needed, based on a service demand population of 22,800 users and a square footage standard of 0.13 square feet of community care space per resident equivalent. Land costs are estimated at \$11 per square foot, and assumes a typical lot coverage ratio of 75 percent.<sup>18</sup> Building development costs are estimated at \$315 per square foot.<sup>19</sup> The estimated total

<sup>18</sup> Based on 2004 land appraisal information from City of Livermore's Park Facilities Fee Study. Lot coverage is defined in the Livermore Planning and Zoning Code as the floor area of the largest story of a building divided by the total site area (I-10-205, I-10-380).

<sup>19</sup> Construction costs for future community care facilities are based on building renovation and expansion cost estimates of a comparable facility in Oakland, California.

development cost of required community care facilities is approximately \$978,000. None of these facilities or costs is attributable to existing development.

**Table V-3**  
**Total Community Care Facility Space and Cost Needed from New Development, 2007–2030**

<b>Required Community Care Facility Space</b>	
Total Service Demand Population 2007-2030	22,800
Square Feet of Community Care Space per Resident Equivalent <sup>a</sup>	<u>0.13</u>
<b>Total Required Square Feet</b>	<b>3,000</b>
<b>Total Cost for Community Care Facilities</b>	
Total Land Cost <sup>b</sup>	\$44,000
Total Building Cost <sup>c</sup>	<u>\$934,000</u>
<b>Total Facility Cost</b>	<b>\$978,000</b>

a. Calculated in Table A-5 in Appendix A, based on existing community care space per resident equivalent.

b. Land costs calculated at \$11/square feet, based on 2004 land appraisal information from City of Livermore's Park Facilities Fee Study. Assumes a lot coverage ratio of 75%.

c. Based on 2003, 2004 and 2005 building renovation and expansion cost estimates of community care facility in Oakland, CA. Costs escalated to 2007 dollars according to Engineering News Record Construction Cost Index.

Source: City of Livermore, Youth Uprising, Seifel Consulting Inc.

### 3. Senior Service Facilities

#### a. Space Requirement for Senior Service Facilities

Similar to community care facilities, the types of senior service facilities proposed to be covered by the Social and Human Service Facility Fee do not have an officially required standard of minimum square feet of facilities per user on which to base the total needed square footage of facilities. Therefore, to determine the typical square feet of senior service facilities required per user, the City conducted a survey of comparable facilities in the Tri-Valley region. Detailed calculations to determine the required square feet of senior service facilities per user are shown in Tables A-7 and A-8 in Appendix A.

#### b. Service Demand Population for Senior Service Facilities

For senior service facilities, the service demand population is based only on the resident population, of 21,300 new residents, as indicated in Table V-4 and Table A-9 in Appendix A. Growth in employment is not projected to generate new demand for senior services.

**c. Required Facilities and Costs for Senior Service Facilities**

Calculation of required senior service facilities and costs are shown in detail in Table V-5. The total required space requirement is based solely on projected future need for additional City-assisted senior service facilities based on future development. As the table indicates, approximately 5,000 square feet of senior service facilities are needed. Land costs are estimated at \$11 per square foot, and assumes a typical lot coverage ratio of 75 percent.<sup>20</sup> Facility development costs are estimated to be \$450 per square foot, based on the recent construction of a comparable facility in the Tri-Valley region. The estimated total development cost of required senior service facilities is approximately \$2,308,000. None of these facilities or costs is attributable to existing development.

**Table V-4  
Senior Service Demand Population, 2007–2030**

	<b>Total</b>
Total Household Population Growth 2007-2030	21,300
% Senior Population <sup>a</sup>	7.4%
Estimated New Seniors	1,570

a. Calculated based on percent seniors from U.S. Census 2000.

See Table B-1 in Appendix B.

Source: City of Livermore, U.S. Census 2000, Seifel Consulting Inc.

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<sup>20</sup> Based on 2004 land appraisal information from City of Livermore's Park Facilities Fee Study.



**Table V-5  
Total Senior Service Facility Space and Cost Needed from New Development, 2007–2030**

	<b>Total</b>
<b>Required Additional Senior Service Facility Space</b>	
New Senior Population 2007-2030	1,570
Square Feet of Senior Facility per Senior <sup>a</sup>	<u>3.36</u>
<b>Total Required Square Feet</b>	<b>5,000</b>
<b>Total Cost for Senior Service Facilities</b>	
Total Land Cost <sup>b</sup>	\$73,000
Total Building Cost <sup>c</sup>	<u>\$2,235,000</u>
<b>Total Facility Cost</b>	<b>\$2,308,000</b>

- a. Based on survey of senior centers in the Tri-Valley Region. See Table A-7 in Appendix A.
- b. Land costs calculated at \$11/square feet, based on 2004 land appraisal information from City of Livermore's Park Facilities Fee Study. Assumes a lot coverage ratio of 75%.
- c. Based on 2005 building construction cost for Dublin Senior Center at \$414/SF. Costs escalated 7.9% from 2005 to 2007 dollars using Engineering News Record Construction Cost Index.

Source: City of Livermore, U.S. Census 2000, Engineering News Record, Seifel Consulting Inc.

### **C. Total Required New Square Feet and Costs of Service Facilities**

The total square footage and estimated costs of needed childcare, community care and senior service facilities are shown in Table V-6. The total square footage and estimated costs are based solely on projected future need for additional facilities based on future development. None of these facilities or costs is attributable to existing development.

The actual and projected costs of development for required City-provided facilities shown in Table V-6 are in 2007 dollars.<sup>21</sup> Cost estimates are based on the City's previous experience in constructing public facilities and installing improvements, on costs of recent comparable projects, and estimates from the City's Finance and Capital Facilities Departments.

As calculated in Table V-1, approximately 37,200 square feet of childcare facilities are needed by new development. The estimated total development cost of needed childcare facilities is approximately \$9,079,000.

The City estimates that for future development the total square footage of needed community care facilities is 3,000. The estimated total development cost of community care facilities is \$978,000.

For senior service facilities, the City estimates that 5,000 square feet will be required for future development. The estimated total development cost of new senior service facilities is \$2,308,000.

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<sup>21</sup> 2007 dollars in this report refers to Fiscal Year 2006/2007 dollars.

Table V-6 also shows the cost per resident equivalent, or base fee, for each category of social and human service facility. The base fee is calculated by dividing the total facility cost the total service demand population for each facility type.

**Table V-6  
Required Square Feet and Total Facility Cost, 2007–2030**

	Childcare	Community Care	Senior Services
Total Facilities Square Footage Required 2007-2030 <sup>a</sup>	37,200	3,000	5,000
Total Facility Cost for Service Facilities 2007-2030 (in FY 2006/07 Dollars) <sup>a</sup>	\$9,079,000	\$978,000	\$2,308,000
Resident Equivalent from New Development 2007-2030 <sup>b</sup>	22,800	22,800	21,300
<b>Allocated Share of Cost (Base Fee) per Resident Equivalent</b>	<b>\$398.20</b>	<b>\$42.89</b>	<b>\$108.36</b>

a. See Tables V-1 through V-5.

b. In order to appropriately allocate facility costs to each type of development, this report calculates the cost of facilities per "resident equivalent." A resident equivalent equals one member of the service demand population, which is calculated in Table A-4 in Appendix A for childcare and in Table V-3 for community care and Table V-4 for senior services.

Source: City of Livermore, Seifel Consulting Inc.

## D. Calculation of Social and Human Service Facility Fee

The previous section showed the proportional share of social and human service facilities costs to be paid by impact fees on new development, based on the total new service demand population for each service type. This section disaggregates the total cost of social and human service fees by development type, allocating the appropriate share of total cost to each type of development on the basis of the estimated number of residents or employees that will be generated by each type of development (and adjusting for the service demand population used to calculate the need for each type of facility.)

As described in Section B above and Appendix A, for childcare and community care the service demand population is made up of both residents and employees, while in the case of senior services it is based solely on the residential population. The facility cost per resident equivalent is calculated for each type of service, as described below and shown in Table V-6. This cost per resident equivalent is then multiplied by the service demand population that is projected to be generated by each type of development, in order to determine an appropriate base fee for each development type on a per residential unit or per non-residential square foot basis. This fee amount is then increased by three percent, to cover administrative costs of the impact fee program.

Note that the fees presented in Tables V-7 through V-10 will only be charged to new development that occurs after the adoption of the Facility Fee. As discussed on Chapter III, new development that has a vested right prior to the adoption of the Facility Fee will not be subject to the Facility Fee.

## 1. Base Fee per Resident Equivalent

The calculation of the social and human service facilities base fee per resident equivalent is calculated by dividing the total cost of facilities attributable to the new development by the projected new service demand population, as described above. Table V-7 shows the calculation of the base fee per resident equivalent for each category of social and human service facility. The base fees are \$398.20 for childcare, \$42.89 for community care, and \$108.36 for senior services.

## 2. Base Fee per Residential Unit

The base fee per residential unit is calculated by multiplying the average persons per unit for each unit type by the base fee per resident equivalent. (Refer back to Chapter IV, Section A for the basis of these calculations.)

**Table V-7  
Proposed Social and Human Service Fee per Residential Unit**

	Persons per Unit	Childcare	Community Care	Senior Services	Total
Base Fee per Resident Equivalent		\$398.20	\$42.89	\$108.36	
Single Family Detached	3.0	\$1,180.08	\$127.12	\$321.12	<b>\$1,628.32</b>
Single Family Attached	2.5	\$997.16	\$107.42	\$271.34	<b>\$1,375.92</b>
Multi-family	2.3	\$913.47	\$98.40	\$248.57	<b>\$1,260.45</b>
Mobile Home	1.8	\$701.02	\$75.51	\$190.76	<b>\$967.29</b>
Secondary Unit	1.8	\$701.02	\$75.51	\$190.76	<b>\$967.29</b>

Source: City of Livermore, Seifel Consulting Inc.

## 3. Base Fee per Thousand Square Feet of Non-Residential Development

Social and human service facilities impact fees for non-residential development are calculated per 1,000 square feet of new development. The fee is calculated based on the amount of new service demand population estimated to be generated by each type of new development, which is calculated using the ratio of square feet per employee for each type of non-residential land use.<sup>22</sup> The number of square foot per employee for each type of non-residential development provides an estimate of the number of new employees that will be generated by each type of development.

<sup>22</sup> Square foot/employee data is provided by the Livermore Planning Division, from calculations used in Livermore's latest General Plan update (2002).

In order to calculate the appropriate impact fee for each type of development, the number of employees per 1,000 square feet projected total number of new employees generated by that type of development is multiplied by the employee utilization rate for each type of service, as shown in Table V-8. This determines the adjusted employee service demand population, which is equal to the total new resident equivalents generated by each type of development. Total new resident equivalents are then multiplied by the appropriate fee per resident equivalent to determine the appropriate fee per 1,000 square feet of non-residential development.

Table V-8 presents the social and human service facilities base fee per thousand square feet of development by type of non residential land use, obtained by multiplying the resident equivalents per thousand square feet ratios listed above by the base fee per resident equivalent.

**Table V-8  
Proposed Human Service Impact Fee per Non-Residential 1,000 SF**

Land Use	SF/ Employee	Employees/ 1000 SF	Childcare	Community Care	Senior Services	Total
Base Fee per Resident Equivalent			\$398.20	\$42.89	\$108.36	
Service Utilization Rate <sup>a</sup>			0.064%	5.0%	0.0%	
<b>Commercial</b>						
Office	350	2.9	\$0.72	\$6.13	\$0.00	<b>\$6.85</b>
Retail	500	2.0	\$0.51	\$4.29	\$0.00	<b>\$4.80</b>
Service	500	2.0	\$0.51	\$4.29	\$0.00	<b>\$4.80</b>
<b>Industrial</b>		0.0				
Manufacturing/R&D	750	1.3	\$0.34	\$2.86	\$0.00	<b>\$3.20</b>
Warehousing	1,000	1.0	\$0.25	\$2.14	\$0.00	<b>\$2.40</b>
Office	400	2.5	\$0.63	\$5.36	\$0.00	<b>\$6.00</b>
Construction/Repair Services, Wholesale Trade	750	1.3	\$0.34	\$2.86	\$0.00	<b>\$3.20</b>
<b>Other Non-Residential</b>	500	2.0	\$0.51	\$4.29	\$0.00	<b>\$4.80</b>

a. See Table V-2 and Appendix Table A-4.

Source: City of Livermore, Seifel Consulting Inc.

#### 4. Calculation of Total Facility Fee

The calculation of the total Facility Fee adds three percent of the base fee to cover administrative costs of the impact fee program. The three percent administrative cost assessment is based on the estimated cost of administering the City's existing fees.<sup>23</sup> As the Facility Fee is updated and assessed over time, this administrative assessment may be adjusted to reflect costs of administration for this specific fee, should they differ from the three percent estimate. Components of administration cost are described in more detail in Appendix Table C. Tables V-9 and V-10 show the calculation of the total Facility Fees for residential and non-residential development, respectively. The fees shown in Tables V-9 and V-10 are the final proposed fees to be assessed to new development and also appear in the table in Executive Summary of this report.

<sup>23</sup> Based on administrative costs from City of Livermore 2004 Park Facilities Fee Study.

**Table V-9  
Total Social and Human Service Fee per Residential Unit**

	Childcare	Community Care	Senior Services	Total	Administrative Assessment <sup>a</sup>	Total Fee (Rounded)
Base Fee per Resident Equivalent	\$398.20	\$42.89	\$108.36			
Single Family Detached	\$1,180.08	\$127.12	\$321.12	<b>\$1,628.32</b>	3%	<b>\$1,677</b>
Single Family Attached	\$997.16	\$107.42	\$271.34	<b>\$1,375.92</b>	3%	<b>\$1,417</b>
Multifamily	\$913.47	\$98.40	\$248.57	<b>\$1,260.45</b>	3%	<b>\$1,298</b>
Mobile Home	\$701.02	\$75.51	\$190.76	<b>\$967.29</b>	3%	<b>\$996</b>
Secondary Unit	\$701.02	\$75.51	\$190.76	<b>\$967.29</b>	3%	<b>\$996</b>

a. Based on administrative costs from City of Livermore 2004 Park Facilities Fee Study.

Source: City of Livermore, Seifel Consulting Inc.

**Table V-10  
Total Social and Human Service Fee per Non-Residential 1,000 SF**

Land Use	Childcare	Community Care	Senior Services	Total	Administrative Assessment	Total Fee (Rounded)
Base Fee per Resident Equivalent	\$398.20	\$42.89	\$108.36			
Service Utilization Rate <sup>a</sup>	0.064%	5.0%	0.0%			
<b>Commercial</b>						
Office	\$0.72	\$6.13	\$0.00	<b>\$6.85</b>	3%	<b>\$7</b>
Retail	\$0.51	\$4.29	\$0.00	<b>\$4.80</b>	3%	<b>\$5</b>
Service	\$0.51	\$4.29	\$0.00	<b>\$4.80</b>	3%	<b>\$5</b>
<b>Industrial</b>						
Manufacturing/R&D	\$0.34	\$2.86	\$0.00	<b>\$3.20</b>	3%	<b>\$3</b>
Warehousing	\$0.25	\$2.14	\$0.00	<b>\$2.40</b>	3%	<b>\$2</b>
Office	\$0.63	\$5.36	\$0.00	<b>\$6.00</b>	3%	<b>\$6</b>
Construction/Repair Services, Wholesale Trade	\$0.34	\$2.86	\$0.00	<b>\$3.20</b>	3%	<b>\$3</b>
<b>Other Non-Residential</b>	\$0.51	\$4.29	\$0.00	<b>\$4.80</b>	3%	<b>\$5</b>

a. See Table V-2 and Appendix Table A-4.

Source: City of Livermore, Seifel Consulting Inc.

# Appendix A: Social and Human Service Facility Support Calculations

## A. Childcare Service Demand Population Calculations

This section describes the methodologies used to determine the childcare service demand population in detail. ●

Childcare service demand is determined through three stages of calculation, each of which involves multiple steps. Each calculation and its intermediate steps are described below.

### New Resident Children Requiring Childcare

The first stage in the calculation of the total childcare service demand population is the determination of the number of new resident children requiring childcare. This number is calculated in five steps, as shown in detail in Table A-1:<sup>24</sup>

1. Apply the percent of children 0-5 and 6-13 years of age as of 2000 to the projected population growth from 2007 to 2030. The 2000 percentages are approximately 9.3 percent and 13.5 percent respectively, which are about the same percentages as in 1990. These calculations results in 2,000 new children age 0-5 and 2,900 new children age 6-13 between 2007 and 2030. These two age groups are calculated separately because their average rates of childcare utilization are typically distinct, resulting in different amounts of need for each age category. Typically, ages 0-5 require all-day childcare, or childcare for a significant portion of the day, while ages 6-13 require primarily after-school care, some of which will be supplied at school-based facilities, which will not be funded by the City through the childcare facility fee.
2. Multiply new children in each age group by the percent of Livermore families in 2000 in which all parents were in the labor force, which is 61 percent. This includes all two-person families with both parents in the labor force, and all single-parent households with that single parent in the labor force. (This assumes that families with one or two parents not in the labor force will not require childcare from City-funded facilities.)
3. Multiply this total by the percent of childcare needs currently met by City-assisted facilities. This analysis assumes that this ratio will remain constant over time.<sup>25</sup>

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<sup>24</sup>As statistics used for calculating new resident children requiring childcare are only provided by the U.S. Census, the 2000 U.S. Census, the most current Census available, is applied to future estimates of household population for the calculations discussed in this section.

<sup>25</sup>According to the California Department of Social Services and ChildCare Links, there are currently 2,728 total childcare spaces in the City. The City currently assists 355 spaces, approximately 13 percent of all spaces.

4. Multiply this total by the estimated percentage of residents who 1) work in the City, or 2) work outside the City, but use childcare facilities in the City.<sup>26</sup> This adjusts for any residents who may work outside the City and use childcare at a location near their workplace.
5. Multiply the remaining total by the childcare utilization rate for each age group. This analysis assumes that children age 6–13 will require childcare at only half the rate of children in the age 0-5 category. This adjustment accounts for the portion of care for age 6–13 children provided by school-based after-school care, as described in Step 1.

These calculations result in the total number of new resident children needing childcare from 2007 to 2030. As Table A-1 shows, the total is 156 children age 0–5 and 117 children age 6–13, a total of 273 new resident children requiring childcare.

**Table A-1  
Childcare Facility Needs from New Residential Development, 2007–2030**

	All Ages	0-5 Years	6-13 Years	Total
<b>Population Distribution by Age</b>				
Total Population 2000	73,400	6,800	9,900	16,700
<b>% Distribution by Age</b>	<b>100.0%</b>	<b>9.3%</b>	<b>13.5%</b>	<b>22.8%</b>
<b>Residential Demand 2007-2030</b>				
Total Household Population Growth 2007-2030	21,300			
Children as Percent of Population		9.3%	13.5%	22.8%
Estimated Total Children		2,000	2,900	4,800
<u>Average Labor Force Participation Rates<sup>a</sup></u>		61%	61%	61%
<b>Children with Parents in Labor Force<sup>b</sup></b>		<b>1,200</b>	<b>1,800</b>	<b>3,000</b>
<b>Children Needing Licensed Care</b>				
% of Childcare Need Met by City-Assisted Spaces <sup>c</sup>		13.0%	13.0%	N/A
<u>% of Age Group Requiring Care<sup>d</sup></u>		100.0%	50.0%	N/A
<b>% of Children Needing Licensed Care in Livermore</b>		<b>13%</b>	<b>7%</b>	<b>N/A</b>
<b>Resident Children Needing Licensed Care</b>		<b>156</b>	<b>117</b>	<b>273</b>

- a. US Decennial Census, 2000. This percentage includes all two-parent families with both parents in the labor force, and all one-parent
- b. Includes single-parent families with one parent in the labor force.
- c. This is determined by dividing the number of childcare spaces in City-assisted childcare centers (355 spaces) over the total number of childcare spaces in the City (2,729 spaces). This analysis assumes that this ratio will remain constant over time.
- d. School-age children (age group 6-13) are assumed to need childcare at only 50% of the rate of 0-5 year old children, based on discussions with City staff and service providers.

Source: City of Livermore, Childcare Links, California Department of Social Services, U.S. Census 2000, Seifel Consulting Inc.

### Non-resident Employee Children Requiring Childcare

Second, the number of children of non-resident employees requiring childcare services is determined. The number of new non-resident employees requiring childcare is based on the estimated current use of Livermore childcare spaces by non-resident employees. As shown in Table A-2, this is calculated by first multiplying the number of new non-resident employees from 2007 to 2030 by the estimated percent of Livermore employees who are non-residents.

<sup>26</sup> The number of residents working outside the City who use childcare near their place of work is estimated using the percent of non-resident employees who use childcare in the City. The percentage of non-resident employees in Livermore using childcare in the City is estimated by service providers at 5 percent. This analysis assumes that these percentages are roughly equivalent, and that 5 percent of residents working outside the City will also use childcare near their place of work.

The resulting total is then multiplied by the childcare utilization rate for non-resident employees. The non-resident employee childcare utilization rate is determined by dividing the current number of City childcare spaces used by non-resident employees by the total number of non-resident employees, as shown in Table A-3.

This utilization rate, based on an estimated 5 percent of childcare spaces currently used by non-resident employees, is 0.06 percent.<sup>27</sup> Applying this percentage to the number of new workers between 2007 and 2030 results in a need for 19 new childcare spaces for non-resident employees, as shown in Table A-2.

**Table A-2  
Childcare Facility Needs from New Non-Residential Development, 2007-2030**

<b>Employee Demand 2007-2030</b>	
Total New Employees	41,900
% of Total Employees that are Non-Residents	73%
Total Non-Resident Employees	30,500
Utilization Rate <sup>a</sup>	0.06%
<b>Employees Requiring Childcare in City-assisted Spaces</b>	<b>19</b>

a. See Table A-3 for childcare utilization rate for non-resident employees.

b. This is determined by dividing the number of childcare spaces in City-assisted childcare centers (355 spaces) over the total number of childcare spaces in the City (2,729 spaces). This analysis assumes that this ratio will remain constant over time.

Source: City of Livermore, Childcare Links, California Department of Social Services, U.S. Census 2000, Seifel Consulting Inc.

<sup>27</sup> Per ChildCare Links estimate, 2006.



**Table A-3  
Childcare Space Usage by Non-Resident Employees, 2007**

<b>Total Spaces Used by Non-Resident Employees</b>	
Current Total City-Assisted Childcare Spaces <sup>a</sup>	355
Percent Used by Non-Resident Employees	<u>5.0%</u>
<b>Total Spaces Used by Non-Resident Employees</b>	<b>18</b>
<b>Total Non-Resident Employees</b>	
Total Employees	38,300
Percent of Total Employees that are Non-Residents	<u>73%</u>
<b>Total Non-Resident Employees<sup>b</sup></b>	<b>27,900</b>
<b>Ratio of Spaces Used to Total Non-Resident Employees (Utilization Rate)</b>	<b>0.06%</b>

a. See Chapter II for a list of City-assisted facilities.

b. Calculated by multiplying 2007 employment by percent total non-resident employees.

Source: California Department of Social Services, Childcare Links, Seifel Consulting Inc.

### **Aggregate Childcare Service Demand Population**

Finally, the aggregate service demand population is determined. These calculations are shown in Table A-4, and involve five steps:

1. Determine the childcare utilization rate for residents. The childcare utilization rate for residents is determined by dividing total projected new resident children needing childcare from 2007 to 2030 by the total new household population from 2007 to 2030. As shown in the table, this rate is 1.28 percent.
2. Determine the utilization for non-residents by dividing the number of non-resident children needing care by the total number of employees. This calculation results in a utilization rate of 0.064 percent.
3. Divide the utilization rate for residents by the utilization rate for non-resident employees. This determines the proportional utilization of childcare by employees, relative to the utilization for each resident. The resulting rate, called the “non-resident equivalence factor,” is 0.0496.
4. Multiply the new non-resident employees by the equivalence factor. This results in a new non-resident employee service demand population of 200.
5. Add this total to the total new resident population, resulting in a total childcare service demand population of 22,800.

**Table A-4  
Childcare Facility Service Demand Population**

<b>% of Residential Population Needing Childcare</b>	
Total Household Population Growth 2007-2030	21,300
Resident Children Needing Licensed Care	273
<b>% of Household Population Needing Licensed Care (Utilization Rate)</b>	<b>1.28%</b>
<b>% of Non-Resident population Needing Licensed Care</b>	
Total Non-Resident Employees 2007-2030	30,500
Employee Children Needing Licensed Care	19
<b>% of Non-Resident Employee Population Needing Licensed Care (Utilization Rate)</b>	<b>0.064%</b>
<b>Calculation of Residential Equivalence of Non-Resident Employee Population</b>	
% of Household Population Needing Licensed Care (Utilization Rate)	1.28%
% of Non-Resident Population Needing Licensed Care (Utilization Rate)	0.064%
Non-Resident Equivalence Factor (Non-Resident Employee Demand/Resident Demand)	0.0496
Total Non-Resident Employees	30,500
<b>Total Non-Resident Employee Service Demand Population</b>	<b>1,500</b>
<b>Childcare Facility Service Demand Population 2007-2030</b>	
Resident Service Demand Population	21,300
<u>Non-Resident Employee Service Demand Population</u>	<u>1,500</u>
<b>Aggregate Resident and Non-Resident Service Demand Population</b>	<b>22,800</b>

Source: City of Livermore, Seifel Consulting Inc.

## **B. Community Care Facility Space Requirement Calculation**

The calculation of the community care facility space requirement is based on the capacity and utilization of existing facilities and space requirements for services unmet by existing facilities. Table A-5 shows the existing and future service demand population for community care facilities. This service demand population is used to calculate the existing square feet of community care facility needed for each resident equivalent.

As shown in Chapter II, information on existing level of service was provided by Axis Community Health, which has two facilities, one located in Livermore and one in Pleasanton, that serve Livermore and other Tri-Valley residents. The Axis Health facilities are most comparable to the type of facility that would be needed by future development, and are therefore used to determine the space requirement. The total facility space of both facilities are added and multiplied by the allocation factor, to determine the proportionate share of total facility space utilized by Livermore residents.

Additionally, community care service providers indicated that existing Livermore residents have an unmet demand for behavior health service facilities, including five group counseling and four individual counseling rooms, totaling 3,050 square feet. The total space currently utilized by Livermore residents plus the unmet demand for space is divided by the existing service demand population to determine the community care facility space requirement of 0.13 square feet per resident equivalent.

**Table A-5  
Existing and Future Community Care Service Demand Population**

	<b>Existing 2007</b>	<b>New Development 2007-2030</b>
<b>Resident Population<sup>a</sup></b>	<b>83,200</b>	<b>21,300</b>
<b>Calculation of Employee Service Demand Population</b>		
Total Employment Population <sup>a</sup>	38,300	41,900
% of Non-Resident Employees <sup>b</sup>	<u>72.8%</u>	<u>72.8%</u>
Non-Resident Employment Population	27,900	30,500
Service Utilization Rate <sup>c</sup>	<u>5.0%</u>	<u>5.0%</u>
Employee Service Population	1,400	1,500
<b>Calculation of Service Demand Population</b>		
Resident Population	83,200	21,300
Employee Service Demand Population-Community Care	1,400	1,500
<b>Total Service Demand Population</b>	<b>84,600</b>	<b>22,800</b>

a. See Chapter IV.

b. Future percent of non-resident employees is determined by applying the current rate, based on the U.S. Census, to future growth.

c. The utilization rate equals the percent of the non-resident employee population that is estimated to use the service, based on discussions with City Staff and service providers.

Source: City of Livermore, U.S. Census 2000, Seifel Consulting Inc.

**Table A-6  
Calculation of Community Care Facilities Space Requirement, 2007**

<b>Existing and Unmet Need for Space (SF)<sup>b</sup></b>	
Axis Community Health Livermore Clinic	2,400
Axis Community Health Pleasanton	<u>12,000</u>
<b>Subtotal Existing Space</b>	<b>14,400</b>
Current Livermore Use Factor <sup>c</sup>	54%
Community Care Space used by Livermore Residents	7,776
<u>Unmet Demand for Behavioral Health Space<sup>d</sup></u>	<u>3,050</u>
<b>Total Existing and Unmet Need for Space</b>	<b>10,826</b>
<b>Existing Livermore Service Demand Population</b>	<b>84,600</b>
<b>Community Care Facility Space (SF) /Resident Equivalent</b>	<b>0.13</b>

- a. No space standard for community care facilities is available, therefore, the standard to be applied to new development is calculated based on the existing space provided through Axis Community Health divided by the existing service population.
- b. Based on information from Chapter II.
- c. Based on data provided by Axis Community Health. Approximately 54% of their service population of both Axis facilities is from Livermore.
- d. Based on an unmet demand for behavioral health facilities, include five group counseling rooms and four individual counseling rooms.

Source: Axis Community Health, City of Livermore, Seifel Consulting Inc.

### **C. Senior Service Facility Space Requirement Calculation**

The senior service facility space requirement used in this report is based on the current level of service provided by Tri-Valley senior centers for the 2007 senior population. Table A-7 shows the total and senior populations for 2000 and 2007 and the calculated square feet of senior service facility provided by each Tri-Valley city as well as the weighted average square feet of senior service facility provided in the Tri-Valley region.

The 2000 U.S. Census provides a breakdown of population by age classes, and therefore serves as a baseline by which to calculate the number of seniors in 2007, using population estimates by the DOF. Senior centers from Dublin, Pleasanton and Livermore were surveyed to determine the total facility space utilized by seniors. As Livermore does not have a stand alone senior center, but rather a combined facility at the Robert Livermore Community Center, the space allocated for senior service use was estimated for each portion of the center, as shown in Table A-8.

The total senior service facility space available in each Tri-Valley city is divided by the 2007 senior population to determine the average square feet of senior service facility provided by each Tri-Valley city. The weighted average of the square feet of senior service facility for the entire Tri-Valley region of 3.36 square feet per senior is the basis for the senior service facility space requirement used in this report.

**Table A-7  
Calculation of Senior Service Facility Space Requirement, 2007**

	Dublin	Pleasanton	Livermore	Tri-Valley Total
2000 Total Population	30,036	63,569	73,436	167,041
2000 Senior Population	1,490	4,733	5,412	11,635
% Seniors in 2000	4.96%	7.45%	7.37%	6.97%
2007 Total Population	43,630	68,755	82,845	195,230
2007 Senior Population <sup>a</sup>	2,164	5,119	6,105	13,389
Senior Service Facility Space (SF) <sup>b</sup>	15,200	18,974	10,813	44,987
SF/Senior in 2007	7.02	3.71	1.77	3.36

- a. Estimated by multiplying percent seniors in 2000 by total 2007 population.  
b. Senior Service Facility Space for Dublin and Pleasanton based on size of senior center.  
Livermore's senior service facility is located at the Robert Livermore Community Center.  
See Table A-8 for calculation of estimated space used for senior services.

Source: U.S. Census 2000, Robert Livermore Community Center, City of Dublin, City of Pleasanton, Seifel Consulting Inc.

**Table A-8  
Livermore Senior Service Facility Space at the Robert Livermore Community Center**

	Total SF	% Senior Use <sup>a</sup>	SF in Senior Use
<b>Community Building</b>			
Cresta Blanca Ballroom	6,600	20%	1,320
Catering Kitchen	100	50%	50
Larkspur Room	2,200	100%	2,200
Arroyo Game Room	900	100%	900
Sycamore Room	850	100%	850
Vintage Lounge	600	100%	600
Office/Restrooms/Walkways <sup>b</sup>	15,610	30%	4,683
<b>Subtotal Community Building</b>	<b>28,960</b>		<b>10,603</b>
<b>Recreation Building</b>			
Studio	2,100	10%	210
<b>Total</b>	<b>31,060</b>		<b>10,813</b>

- a. Estimated based on senior programming provided, as the Robert Livermore Community Center provides programming for youth, adults and seniors.  
b. Based on first floor community building space of 29,860 SF less 14,250 SF from all community building rooms.

Source: Robert Livermore Community Center, Seifel Consulting Inc.

**Table A-9  
Senior Service Demand Population and Total Facility Space Needed, 2007-2030**

	<b>Total</b>
<b>New Demand for Senior Service Facilities</b>	
Total Population 2000	73,436
Senior Population 2000	5,412
% Senior Population	7.4%
Total Household Population Growth 2007-2030	21,300
Estimated New Seniors	1,570
<b>Required Senior Service Facility Square Feet</b>	
New Senior Population 2007-2030	1,570
Square Feet of Senior Facility per Senior <sup>a</sup>	3.36
<b>Total Required Square Feet (rounded)</b>	<b>5,000</b>

a. Based on survey of senior centers in the Tri-Valley Region.  
See Table A-8.

Source: U.S. Census 2000, Robert Livemore Community Center,  
City of Dublin, City of Pleasanton, Seifel Consulting Inc.

## Appendix B: Detailed Demographic and Land Use Data

This section presents greater detail on historic and projected demographic land use data, as a supplement to the information presented in Chapter IV.

**Table B-1**  
**Historical and Projected Demographic Information, 1990–2030**

	1990	2000	2005	2007	2010	2015	2020	2025	2030	Change 2007-2030
<b>Total Population</b>	56,741	73,436	78,000	82,845	83,800	89,600	95,500	101,300	107,600	26,157
<b>Household Population</b>	N/A	73,144	80,019	82,558	N/A	N/A	N/A	N/A	N/A	N/A
<b>Households (HH)</b>	20,659	26,123	27,710	N/A	29,640	31,770	33,900	36,070	38,270	
<b>Population/HH</b>	2.75	2.81	2.81	N/A	2.83	2.82	2.82	2.81	2.81	
<b>Population Age 0-6</b>	6,417	6,832	7,257	7,707	7,796	8,336	8,885	9,424	10,010	2,433
<i>% Population Age 0-13</i>	11%	9%	9%	9%	9%	9%	9%	9%	9%	N/A
<b>Population Age 6-13</b>	6,021	9,887	10,501	11,154	11,282	12,063	12,858	13,638	14,487	3,522
<i>% Population Age 6-13</i>	11%	13%	13%	13%	13%	13%	13%	13%	13%	N/A
<b>Population 65+</b>	3,999	5,412	5,748	6,105	6,176	6,603	7,038	7,465	7,930	1,928
<i>% Population 65+</i>	7%	7%	7%	7%	7%	7%	7%	7%	7%	N/A
<b>Housing Units (HU)</b>	21,489	26,130	28,803	29,855	30,998	33,407	35,854	38,290	40,726	11,533
<b>Total Population/HU</b>	2.64	2.81	2.71	N/A	2.70	2.70	2.70	2.70	N/A	N/A

Source: U.S. Decennial Census 2000, Association of Bay Area Governments Projections 2007, California Department of Finance 2007, City of Livermore, Seifel Consulting Inc.

**Table B-2**  
**Residential Development, 1990–2007**

	Historical Dwelling Units								
	1990	2000	2001	2002	2003	2004	2005	2006	2007
Single Family Detached	14,983	18,659	19,622	19,212	19,624	19,882	20,288	20,521	20,772
Single Family Attached	1,868	1,967	2,187	2,989	3,073	3,251	3,387	3,468	3,807
Multifamily	4,204	5,018	4,681	4,571	4,586	4,593	4,595	4,643	4,655
Mobile Home	479	486	431	458	458	458	458	458	460
Secondary Unit	N/A	N/A	N/A	13	23	35	75	103	161
<b>Total Housing Units</b>	<b>21,534</b>	<b>26,130</b>	<b>26,921</b>	<b>27,243</b>	<b>27,764</b>	<b>28,219</b>	<b>28,803</b>	<b>29,193</b>	<b>29,855</b>
Annual New Housing Units	N/A	791	322	521	455	584	390	662	N/A

Source: Livermore Planning Division, 2007.

Table B-3  
**Non-Residential Development (in Square Feet), 2000-2007**  
**Livermore Social and Human Service Facility Fee Study**

Non-Residential Land Uses	Existing Development 2000	New Development 2001	New Development 2002	New Development 2003	New Development 2004	New Development 2005	New Development 2006	New Development 2007	Total Existing Development 2007
<b>Commercial</b>									
Office	531,121	0	7,276	0	28,696	0	2,697	69,731	639,522
Retail	2,029,057	19,165	322,552	64,893	148,942	207,304	24,810	452,856	3,269,579
Service	1,407,844	156,334	81,056	54,950	25,439	83,551	74,947	245,922	2,130,042
<b>Total Commercial</b>	<b>3,968,022</b>	<b>175,499</b>	<b>410,883</b>	<b>119,843</b>	<b>203,077</b>	<b>290,855</b>	<b>102,455</b>	<b>768,509</b>	<b>6,039,143</b>
<b>Industrial</b>									
Manufacturing	1,970,641	540,062	613,867	793,792	55,647	129,616	9,898	317,697	4,431,220
Research and Development	2,038,445	0	0	0	0	0	0	N/A <sup>a</sup>	N/A <sup>a</sup>
Warehousing	863,044	263,156	0	245,066	0	21,424	0	1,037,178	2,429,868
Office	775,382	61,593	106,205	211,621	39,927	220,943	33,931	2,101,581	3,551,182
Construction Services	454,428	193,625	574,447	50,837	36,952	0	0	0	1,310,291
Repair Services	416,765	6,239	0	0	30,471	0	0	N/A <sup>b</sup>	N/A <sup>b</sup>
Wholesale Trade	2,875,173	230,324	76,813	361,067	75,084	0	0	N/A	N/A
<b>Total Industrial</b>	<b>9,393,878</b>	<b>1,295,000</b>	<b>1,371,332</b>	<b>1,662,383</b>	<b>238,081</b>	<b>371,983</b>	<b>43,829</b>	<b>3,456,456</b>	<b>14,332,657</b>
<b>Public</b>									
Educational	Unknown	0	6,000	0	0	0	76,207	Unknown	Unknown
Government Offices	131,807	6,006	30,760	32,063	0	8,276	0	N/A	N/A
Utility, Government Services	118,403	0	200	0	1,400	0	61,470	N/A	N/A
Medical	159,789	0	0	0	0	133,258	0	N/A	N/A
<b>Institutional</b>									
Religious	522,417	280	0	727	24,800	0	75,700	N/A	N/A
Cemeteries, Crematories, Mortuaries	24,170	0	0	0	0	0	0	N/A	N/A
<b>Total Public/Institutional</b>	<b>956,586</b>	<b>6,286</b>	<b>36,960</b>	<b>32,790</b>	<b>26,200</b>	<b>178,810</b>	<b>213,377</b>	<b>553,783</b>	<b>1,885,309</b>
<b>Other</b>	<b>86,234</b>	<b>846</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,166</b>	<b>0</b>	<b>0</b>	<b>100,246</b>
<b>Total Non-Residential Development</b>	<b>14,404,720</b>	<b>1,477,631</b>	<b>1,819,175</b>	<b>1,815,016</b>	<b>467,358</b>	<b>854,814</b>	<b>359,661</b>	<b>1,278,463</b>	<b>22,357,355</b>

a. Included within Manufacturing land use.

b. Included within Construction Services land use.

N/A = not available.

Source: Livermore Planning Division, 2006, 2007.



## **Appendix C: Administrative Costs for the Social and Human Service Facility Fee Program**

The administration of the Social and Human Service Facility Fee (Facility Fee) program will require a variety of activities which will involve additional costs to the program that must be accounted for in the impact fee. The type and amount of these costs are described below.

### **A. Types of Development Impact Fee Administrative Activity**

There are three types of administrative activity and costs associated with the Facility Fee Program.

- Project Specific;
- General Administration;
- Comprehensive Updates.

#### **Project Specific**

Project specific activities relate to a development project in the city planning or building permit review process for which the applicant has requested an adjustment to their impact fee assessment. This request for fee adjustment can either be an informal or formal process for which the applicant pays all associated costs. This review process is cost recoverable and is not included in any Development Impact Fee calculations.

#### **General Administration**

Ongoing efforts necessary to administer the Development Impact Fee program are considered relevant staff activities under the general administration category. These work efforts include annual reviews and adjustments, staff training, legislative reporting requirements, financial or program monitoring and analysis, and response to requests for and maintenance of information. Additionally, as the City often assists social and human service providers through grants, administrative fees will also cover staff costs to complete contracts, administer grant funds, pay invoices, and monitor projects for compliance.

#### **Comprehensive Updates**

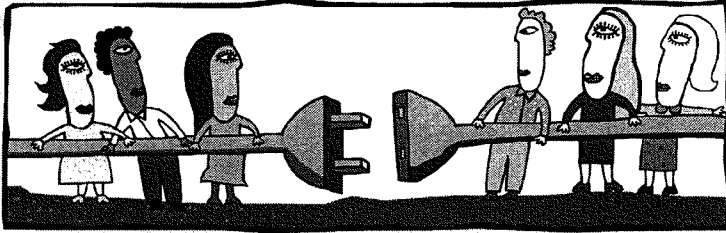
The comprehensive updates of the fee program are periodic reviews, which involve in-depth analysis necessary to fairly balance the burden of costs attributable to new and existing development. This detailed analysis and subsequent setting of fee levels maintains equity in the City fee program. Activities related to the comprehensive updates include reviews of the methodology used to calculate fees, updates of project costs, amendments to the program, forecasts for land use and financial data, and reviews of space requirements.

## **B. Administrative Costs**

Livermore's average administrative costs for existing fees are approximately three percent of base fees.<sup>28</sup> Prior to the first update and assessment of the Social and Human Service fee, this amount will be assessed in addition to the base fee, to cover costs of administration. As the actual cost of administration is determined through assessment of the program, this administrative assessment may be adjusted to better reflect the real cost of administration, should it differ significantly from the one percent estimate.

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<sup>28</sup> Based on administrative costs calculated in the City of Livermore's 2004 Park Facilities Fee Study.



# Human Services Needs Assessment for the Tri-Valley

*Incorporating the Cities of Dublin, Livermore, and Pleasanton*

**May 13, 2003**

*Prepared by:*  
ICF Consulting  
60 Broadway  
San Francisco, CA  
(415) 677-7100



Attachment 2

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**Human Services  
Needs Assessment  
for the Tri-Valley**

**Incorporating the Cities of  
Dublin, Livermore, and Pleasanton**

**Final Report**

**May 13, 2003**

*Prepared for:*

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200 Old Bernal Avenue  
Pleasanton, CA 94566

City of Livermore  
1052 S. Livermore Avenue  
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## Executive Summary

The cities of Livermore and Pleasanton hired ICF Consulting to conduct a Human Services Needs Assessment for the Tri-Valley. ICF's research focused on the service needs of the cities of Dublin, Livermore, and Pleasanton. Located geographically close to one another in eastern Alameda County and sharing many of the same service providers, these three cities are facing many of the same challenges in the delivery of their human services.

ICF researched and analyzed the Tri-Valley's rapidly changing population and assessed the efforts of community-based organizations, private institutions, and city agencies to respond to the complex and changing human service needs of the region. ICF's research incorporated both primary and secondary data sources related to the Tri-Valley's human service needs, including U.S. Census data on demographic changes as well as in-depth interviews and focus groups with community members, service providers, and other key stakeholders.

ICF's research focused on eight human service areas including health care, mental health, substance abuse services, HIV/AIDS services, children and youth services, senior services, disability services, and homeless services. ICF concentrated its efforts on collecting feedback from community members and key stakeholders with direct community involvement to determine the Tri-Valley's human service needs. Through our research, ICF identified specific service gaps and shortcomings to the human services network that need to be addressed by the cities of Dublin, Livermore, and Pleasanton.

ICF's Final Report summarizes all aspects of our research and analysis. ICF expects that this report will be used for the strategic planning of human service programs as well as a guide for policy and advocacy efforts to improve the quality of life of residents living in the Tri-Valley. The report is intended to help the cities of Dublin, Livermore, and Pleasanton plan and allocate their limited resources to serve their most vulnerable populations—in particular low-income families, children, seniors, and people with disabilities.

## Summary of Service Gaps

Based on our in-depth interviews and focus groups with community members and key stakeholders, ICF identified the following primary service gaps:

- Insufficient availability of convenient, affordable, and high quality health care services, particularly specialty health and dental care.
- Inadequate access to affordable and high quality childcare and after school programs for low-income families
- Insufficient availability of locally based homeless services, such as shelters and transitional housing for families and single male adults.

## Summary of Common Shortcomings to the Network

Through our research, ICF identified the following barriers as the most troublesome for community members interested in accessing the human services network as a whole:

- Lack of information about available existing human services.
- Lack of affordable human services in various areas.

## Executive Summary

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- Poor language capacity among service providers.
- Poor coordination across human service areas.

Although not the focus of the Final Report, the lack of reliable public transportation and affordable housing are key barriers for low- and moderate-income individuals and families who rely on the Tri-Valley's network of service providers.

### Summary of Key Recommendations

- Address specific human service gaps by developing local capacity to provide health care, childcare and after school programs, and homeless services to the region's low- and moderate-income population.
- Strengthen the local human services network by increasing communication and coordination among service providers, and then address key shortcomings in the overall network such as lack of affordable human services, lack of language-appropriate services, and lack of information about available existing services.

# I. Introduction and Methodology

During the past ten years, the Tri-Valley has witnessed dramatic population growth that has sorely taxed local facilities and infrastructure, resulting in an ever-increasing demand for human services from residents in the cities of Dublin, Livermore, and Pleasanton. Each has also seen substantial changes in its residential population—not only in terms of race and ethnicity, but also age distribution, income, and disability. In fact, all three cities are significantly more diverse than they were ten years ago.

Since Dublin, Livermore, and Pleasanton are geographically close to one another and are confronting similar issues related to their human services network, they are seeking guidance to better plan for and allocate their limited resources to improve the quality of life of Tri-Valley residents. In particular, the cities are interested in an assessment of the Tri-Valley's human services network, including the identification of service gaps and shortcomings to the overall network, and recommendations to strengthen the delivery of human services in the future.

## Context

Located in eastern Alameda County, the Tri-Valley region has experienced sustained economic and residential growth over the past two decades. During this period, the area has evolved from a primarily suburban residential community to a regional employment center with a diverse mix of retail, office and housing opportunities. This increasingly diversified economy has also resulted in a more diverse residential population.

During the 1990s, the wider economic boom of the San Francisco Bay Area helped fuel the Tri-Valley's growth. While many Tri-Valley residents benefited from the boom years, there are sizeable segments of the local population that did not participate in this period of relative prosperity. Unfortunately, the economic expansion also led to an extremely high cost of living that has impacted low- and moderate-income families disproportionately as they struggle to afford such basic necessities as housing, food, and services.

The recent economic downturn in the Bay Area has also had a widespread impact on the Tri-Valley, leading to rising unemployment rates, lower tax revenues to support human services, and the loss of millions of dollars in personal savings for many residents. Indeed, worsening economic conditions are leading to greater need for the human services provided by local community organizations, public agencies, and volunteer groups. Current estimates, however, indicate that the State of California budget deficit could reach as much as \$35 billion in 2002-2003, and Alameda County faces an estimated budget shortfall of \$74 million.<sup>1</sup> The cuts in human services that may be required to achieve balanced budgets could have a profound impact on the quality of life in the Tri-Valley—particularly for the region's most vulnerable households.

## Methodology

To assess whether gaps existed in the Tri-Valley's human services network, ICF Consulting used a mix of quantitative and qualitative research methodologies. Based on our research, ICF developed a comprehensive account of the critical issues associated with accessing the region's network of human services providers.

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<sup>1</sup> *San Francisco Chronicle* (4/27/03); *Contra Costa Times* (4/27/03)

## I. Introduction and Methodology

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First, ICF analyzed demographic data from the 1990 and 2000 U.S. Census to identify overall trends in the human services needs of the Tri-Valley, and to assess differences in these trends within the region, utilizing Alameda County data as a baseline for comparison. ICF collected and analyzed demographic data in many key areas including race and ethnicity, language, age, income, and disability.

ICF then compiled an inventory of community-based service providers in order to identify the range of programs and services located within the Tri-Valley region. The human service areas inventoried include the following:

- Health Care Services
- Mental Health Services
- Substance Abuse Services
- HIV/AIDS Services
- Children and Youth Services
- Senior Services
- Disability Services
- Homeless Services.

Next, ICF conducted structured, in-depth interviews with key stakeholders who were chosen because of their extensive knowledge of the issues facing the human services network as well as the critical challenges that this network will face in the future. These stakeholders included community members and representatives from non-profit organizations, private healthcare institutions, local and regional government agencies, and faith-based organizations. More than two-dozen interviews were conducted.

ICF conducted five focus groups in order to obtain community feedback regarding a number of issues, including priority human service needs and gaps, and common network shortcomings. Focus groups were conducted with English and Spanish speaking parents, low-income seniors, homeless families and individuals, and case managers from the Tri-Valley's primary service providers who have regular contact with community members. The focus groups were held in a variety of locations throughout the Tri-Valley and were organized to be representative of the region's population and service network.

ICF attempted to organize several other focus groups with community members such as immigrant seniors and Cal WORKS participants, but these efforts proved to be difficult to schedule. Instead, ICF supplemented its focus group findings with additional in-depth interviews with concerned community members.

### Organization of Report

This report is organized into six sections:

- Section One provides an introduction to the needs assessment process including an explanation of ICF's methodology.
- Section Two presents data about the region's demographic changes and a broad-brush assessment of their implications for the human services network in the Tri-Valley.

## I. Introduction and Methodology

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- Section Three presents an overview of the Tri-Valley's existing human services network and a discussion of the range of services and programs it offers.
- Section Four identifies specific gaps in the human services network.
- Section Five highlights overall shortcomings of the human services network.
- Section Six offers recommendations for improving specific service gaps and the operations of the overall human services network.

In addition to the main body of the Final Report, the document's Appendix contains valuable information ICF collected during the needs assessment process including:

- Detailed Demographic Data.
- Inventory of Human Service Providers, and Detailed Maps of Providers.
- Challenges and Strengths of Specific Human Service Areas.
- Summary of Focus Group Notes.
- List of Key Interviewees.

## I. Introduction and Methodology

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## II. Demographic Change in the Tri-Valley

The Tri-Valley region has witnessed dramatic population growth over the past ten years. Furthermore, the region's population is becoming increasingly diverse—in terms of race and ethnicity, age distribution, income, and disability.

In the coming years, many of the challenges, as well as strengths, confronting the Tri-Valley lie in the region's expanding diversity. As a result, the demographic findings described below have significant implications for individual service providers and the region's human service network as a whole. The Tri-Valley's changing demographics highlight where resources need to be targeted to reach segments of the population with the greatest social and economic need.

### Highlights of Demographic Changes

ICF collected and analyzed 1990 and 2000 U.S. Census data for the region and county as a whole. ICF's research and analysis reveals the following demographic trends in the Tri-Valley:

- **The Tri-Valley is the fastest growing region in Alameda County.** From 1990 to 2000, the Tri-Valley's population increased by 28%, outstripping Alameda County's (13%) rate of growth as a whole. Additionally, the Tri-Valley grew from 10% to 12% of the County's total population.
- **The Tri-Valley is becoming more racially and ethnically diverse.** The Latino/Hispanic population grew by 72%, accounting for 23% of the population growth between 1990 and 2000. The Asian and Pacific Islander population grew by 129%, accounting for another 23% of region's population growth since 1990. The white population is still a sizeable majority, however, growing by 13% and accounting for approximately 38% of the region's net population growth.
- **The Tri-Valley's non-English speaking population is growing exponentially.** During the last ten years, the population with limited English proficiency increased by 204%. This population is primarily Spanish speakers with a sizeable number of Asian/Pacific Islanders.
- **The Tri-Valley's child population has expanded faster than the region as a whole.** The Tri-Valley's child population has been a key driver of growth in the region, increasing by 33% since 1990. Much of the increase has been concentrated in the school-aged population (5 to 14 years of age), which has grown by 45%.
- **The Tri-Valley's senior population is the fastest growing age group in the region.** The Tri-Valley's senior population grew by 56% during the 1990s. Both Dublin and Pleasanton saw their senior population grow by more than 70% between 1990 and 2000.
- **The number of poor individuals and families living in the Tri-Valley has increased with the region's overall growth.** The number of people living below the federal poverty threshold has increased by 27% since 1990. Approximately 25% of households live below 80% of the area median income. More than 37% of households are rent-overburdened, paying more than 30% of their monthly gross income for rent.
- **Roughly one in five Tri-Valley residents reported that they have a disability defined as a long-lasting physical, mental, or emotional condition.** Approximately 29% of people with disabilities have an employment disability, 23% have a physical disability, and 18% have a go-outside-home disability.

## II. Demographic Change in the Tri-Valley

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### Implications of Demographic Changes

The demographic changes that have taken place in the Tri-Valley have a broad impact on the provision of human services. It is evident that segments of the Tri-Valley's population are growing more rapidly than others, requiring a shift in resources for specific human services. In particular, the growing senior population and child population will require additional resources such as in-home supportive services or childcare and after school programs to accommodate their numbers. In addition, the growing ethnic diversity of the population suggests the need to increase multi-lingual services, especially for Spanish-speakers. Finally, the increase in the number of families living in poverty suggests the growing need for more basic human services such as health care, food and clothing assistance, and emergency shelter and transitional housing.

Many of the implications for the Tri-Valley's human service network suggested by these demographic changes are confirmed through ICF's interviews and focus groups with community members and key stakeholders.

A more detailed discussion of the region's demographic changes can be found in Appendix A.

### **III. Overview of the Human Services Network**

The Tri-Valley communities of Dublin, Livermore, and Pleasanton benefit from a loose network of community-based service providers that serves their increasingly diverse population. A few dozen providers from the private, nonprofit, public and faith-based sectors have developed an array of programs and services to assist residents with basic needs and to contribute positively to their quality of life.

This section provides a brief overview of the Tri-Valley's primary service providers. A more complete inventory of providers can be found in Appendix B.

#### **Health Care Services**

The Tri-Valley region has several health care providers offering an array of services including primary care, specialty health care, surgery, urgent care and emergency services. Valley Community Health Center (VCHC) is the primary health care provider for low-income and uninsured residents in the Tri-Valley. VCHC provides medical care, mental health, and social support services at its full-time facility in Pleasanton and its part-time clinic in Livermore's Multi-Service Center. VCHC provides a range of primary health care services for families and individuals, though it must refer many of its patients to specialty care providers in northern and central Alameda County.

Health care facilities for Tri-Valley residents with private insurance include ValleyCare Medical Center in Pleasanton and Valley Memorial Hospital in Livermore (both part of the ValleyCare Health System), as well as Kaiser Permanente Medical Offices in Pleasanton. ValleyCare Health System is currently expanding Valley Memorial Hospital in Livermore to include medical offices and outpatient surgery with the expansion to be completed in June 2003. In conjunction with the hospital expansion, ValleyCare is developing a wellness facility with a 125-unit senior residential complex. The wellness facility is expected to be completed in September 2003, and the senior housing complex in summer 2004. Furthermore, Kaiser Permanente is expanding its operations in the Tri-Valley with additional medical and outpatient offices in Livermore that is expected to be complete in spring 2004.

U.S. veterans are eligible to receive health care services through the Veterans Medical Center (part of the Veterans Affairs Palo Alto Health Care System) in Livermore.

#### **Mental Health Services**

Mental health services in the Tri-Valley range from individual and family counseling services to more extensive treatment options for people with severe mental illnesses. Key providers of individual and family counseling services include Anthropos Counseling Center, Horizons Family Services, Tri-Valley Haven, and Valley Community Health Center. Each of these organizations provides both individual and family counseling. Horizons provides counseling services to a target population of children at-risk of entering the criminal justice system. Anthropos, Tri-Valley Haven, and VCHC provide general mental and behavioral health counseling—they do not have the capacity to see patients with severe mental illnesses. Most mental health services available in the Tri-Valley are offered on a sliding scale to accommodate families and individuals at all income levels.

Valley Community Support Center/Mental Health provides case management services for individuals with persistent and severe mental illnesses. The organization is part of Alameda

### III. Overview of the Human Services Network

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County Behavioral Health Care Services; all clientele are referred to Valley Community Support Center through the County's Access Program. It is the only mental health provider in the Tri-Valley for those with severe and chronic mental illness.

#### Substance Abuse Services

Substance abuse services in the Tri-Valley include outpatient services for individuals dealing with alcohol and drug abuse. Several organizations that provide mental health services also provide substance abuse services. Key providers of substance abuse services include Anthropos, Horizons, R-Quest, and Valley Community Health Center. R-Quest specializes in intensive outpatient therapy for those recovering from drug and alcohol addiction and eating disorders. R-Quest services are not covered by insurance; therefore they are generally restricted to those with sufficient income to procure services of their own volition. Valley Community Health Center, an approved Proposition 36 provider, provides drug and alcohol recovery programs, and drinking and driving classes either free or for a fee.<sup>2</sup>

**Everyone in need must have access to high-quality, effective and affordable mental health services. Too often, our mental health problems are left to play themselves out in the nation's streets, homeless centers...and prisons.**

*Surgeon General Dr. David Satcher*

#### HIV/AIDS Services

The sole provider of HIV/AIDS services in the Tri-Valley is the Valley AIDS project, which is operated by Tri-City Health Center in Fremont. Valley AIDS Project provides local support services to people living with HIV and AIDS, including case management, public advocacy, rent assistance, and food and transportation vouchers. However, the Valley AIDS Project provides medical services to clients without private insurance at the Fremont clinic.

#### Children and Youth Services

There is a wide range of services for children in the Tri-Valley, including childcare for preschool-aged children, and after school programs for school-aged youth. Childcare Links is the primary childcare resource and referral agency for the region, in addition to operating the local childcare subsidy program for low-income families. According to Childcare Links, 90 licensed childcare facilities and 306 licensed family childcare homes are available to families in the area. Community Association for Preschool Education (CAPE) is the primary Head Start provider, and it operates five Head Start, Early Head Start and State Preschool facilities in the Tri-Valley.

Dublin, Livermore, and Pleasanton offer an array of after school opportunities for low-income families, though Livermore has a more extensive infrastructure for subsidized after school child care programs. The Livermore Area Parks and Recreation District (LARPD) operates Extended Student Services, an after school child care program for kindergarten through fifth graders. After school recreational programs are sponsored by multiple organizations, including the various school districts, parks and recreation departments, and the Tri-Valley YMCA.

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<sup>2</sup> Proposition 36 was a statewide initiative approved by voters that allows first- and second-time, non-violent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration.

## Senior Care Services

There is a variety of health, recreational and social opportunities for seniors in the Tri-Valley. The key provider of senior services is Senior Support Programs of the Tri-Valley, located in the City of Pleasanton. It offers a "friendly visiting" program, two supportive service registries, case management, in-home mental health counseling, and a nutrition and fitness program. The Livermore Area Parks and Recreation District (LARP) operates a similar, but smaller scale, city-based program for its senior residents. LARP also runs the Friendship Center, an adult day care facility in the City of Livermore.

Furthermore, the cities of Dublin, Livermore, and Pleasanton operate senior centers through their parks and recreation department.<sup>3</sup> The senior centers do not provide a level of intervention as high as Senior Support Programs. Instead, the centers focus on providing recreational opportunities, camaraderie, and basic assistance such as resource and referrals to other senior services, daily meals, and, in the case of Pleasanton, the operation of a limited area paratransit service.

In addition to supportive services, the Tri-Valley offers several opportunities for seniors who are no longer able to live on their own. These include Residential Care Facilities for the Elderly (RCFEs), which provide room, board, and assistance with basic activities like personal hygiene, dressing, eating, and walking.<sup>4</sup> In the City of Livermore, there are 16 licensed RCFEs with a total of 212 licensed beds. In Pleasanton, there are 14 facilities with 169 licensed beds. Dublin has six RCFE facilities with 34 licensed beds.

Skilled Nursing Facilities (SNFs), commonly referred to as nursing homes, are institutionalized care facilities with 24-hour medical care. There are three nursing home facilities in the City of Livermore with 150 certified beds. The Pleasanton Convalescent Hospital is the only SNF in Pleasanton, and has 139 beds. There are no nursing home facilities in the City of Dublin.

## Disability Services

Disability services are those services geared toward Tri-Valley residents who have physical, mental, or developmental disabilities. Primary service providers include Community Resources for

**Senior Americans, whether rich, poor, or somewhere in the middle, face many barriers to an old age in which very basic human desires for physical safety, appropriate health care, and maximal independence are met.... Living alone, isolated from services and perhaps coping with disabilities that prevent social interactions, a large and growing number of seniors will face triple jeopardy: inadequate income, declining health and mobility, and growing isolation.**

*A Quiet Crisis in America,  
Report to Congress by  
the Commission on Affordable Housing  
and Health Facility Needs for Seniors in  
the 21<sup>st</sup> Century.*

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3 The Livermore Area Parks and Recreation Department runs the City of Livermore Senior Center. While this organization serves as the parks and recreation organization for Livermore, it functions as a special district department that covers a larger geographical area.

4 RCFEs are considered non-medical facilities and are not required to have nurses, certified nursing assistants or doctors on staff. However, they must meet care and safety standards set by the State of California and as such are licensed and inspected by the Department of Social Services. RCFEs are also referred to as assisted living facilities, board and care homes or rest homes.

### III. Overview of the Human Services Network

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Independent Living (CRIL), Bay Area Community Services (BACS), HOUSE, Inc., Kaleidoscope Learning Center managed by Easter Seals, and Keystone Adult Learning Center.

BACS provides social and prevocational rehabilitative day programs at its Valley Creative Living Center in Pleasanton. In addition, BACS provides affordable housing for adults with severe and persistent mental disabilities at locations in Pleasanton and Livermore. CRIL—a countywide nonprofit—operates a satellite office in Livermore with services focused on maintaining the capacity of disabled adults to live independently. HOUSE, Inc. provides affordable housing for developmentally disabled adults in Livermore and Pleasanton. Kaleidoscope provides after school and community based activities in Dublin for young people (ages 5 to 22) who have physical and mental disabilities. Keystone Adult Learning Center in Pleasanton provides adult day care and individualized living skills training for adults (ages 22 to 59) with developmental disabilities.

### Homeless Services

There are three primary homeless service providers in the Tri-Valley. Key organizations include Shepherd's Gate, Tri-Valley Haven, and Open Heart Kitchen.

Shepherd's Gate operates a 30-day emergency shelter for homeless women and their children and a long-term (12-month) transitional care program, which provides housing and multiple supportive services to participants.

The Tri-Valley Haven operates a 30-bed domestic violence shelter and Sojourner House, a 16-bed transitional housing facility. The Haven's transitional housing program is the only facility in the Tri-Valley that will accept children of any age, intact families, single women and single men with children. Additionally, the Haven operates a food pantry and it is a key partner in the HOPE (Homeless Outreach for People Empowerment) Project with a consortium of agencies from the Tri-Cities/Fremont area. The consortium operates the mobile HOPE Van, which provides medical care, mental health services, substance abuse counseling, and social services to the homeless, those at risk of becoming homeless, and victims of sexual assault.

Open Heart Kitchen is the region's only provider of free and nutritious meals to those in need. It provides free meals from two locations in the Tri-Valley, one in Livermore (Tuesdays and Wednesdays) and another in Pleasanton (Fridays).

Additional homeless services, including food and clothing assistance are provided by various organizations. Birthright provides clothing and support for children, and Operation Dress Up provides work-related clothing. Faith-based organizations such as Interfaith Sharing, St. Charles Borromeo Roman Catholic Church, St. Bartholomew's Episcopal Church, First Presbyterian Church, Asbury Methodist Church, Tri-Valley Church of Christ, and the Society of St. Vincent De Paul also provide a variety of services for the homeless.

There are those who write off homelessness as the problem that "cannot be solved." We did not become the world's leader in medicine, technology, transportation, electronics, and manufacturing by relegating our most pressing national problems to the dustbin of "cannot be solved." We did not become a beacon for anyone seeking to live a free and productive life by embracing "cannot be solved" as our motto and guiding principle.

*Mel Martinez  
Secretary  
US Department of  
Housing and Urban Development.*

## IV. Specific Gaps in Human Services

In spite of ongoing efforts to mobilize community resources to improve the quality of life of residents in the Tri-Valley, there are significant gaps in the local human services network. Many of these gaps have been exacerbated by the Tri-Valley's changing demographics, as discussed in Section II, and the Bay Area's recent economic downturn. This section presents very specific gaps in human services based on ICF's in-depth interviews and focus group discussions with community members and key stakeholders. The next section, Section V, discusses shortcomings found in the human services network as a whole.

In addition, Appendix C provides an overview of issues facing each of the human service areas inventoried by ICF.

### Highlights of Service Gaps

ICF's research found that the most significant gaps in the human services network include:

- Insufficient availability of convenient, affordable and high quality **health care services**, especially specialty health and dental care services.
- Inadequate access to affordable and high quality **childcare and after school programs**.
- Insufficient availability of locally based **homeless services**, such as shelters and transitional housing for families and single adults.

In order to access many of these essential services, Tri-Valley residents must travel to Berkeley, Oakland, Hayward, and—for certain services—as far away as Martinez.

### Health Care Services

ICF's research indicates that the local health care infrastructure is not meeting the needs of the region's growing population. The gravest service gap in the field of health care is insufficient local capacity to provide comprehensive care to the Tri-Valley's most vulnerable populations—primarily working families, children, and seniors. Oftentimes, community members, particularly those on Medi-Cal or without insurance, are required to obtain expensive medical services at an emergency room, or must choose between going to work or accessing much needed health care services. Specific health care gaps in the Tri-Valley include the following:

- There is a lack of specialty care providers for low-income and uninsured population. Most local providers do not accept Medi-Cal or other publicly subsidized insurance programs, and a growing number do not accept Medicare.
- There are almost no dental providers for the region's growing population of low-income and uninsured children and adults. Community members explained that only one local dentist accepts Medi-Cal or other publicly subsidized insurance programs.
- Unlike other portions of Alameda County, there is only one local provider of primary health care services—Valley Community Health Center (VCHC)—for low-income and uninsured households.
- There is a lack of full-time coverage provided at VCHC's facility in Livermore. VCHC's part-time clinic at the Multi-Service Center limits the total hours of care available to the region's low-income and uninsured population.

#### IV. Specific Gaps in Human Services

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- There is a lack of evening and weekend care at VCHC's facilities in the Tri-Valley. VCHC is only open until 9 pm two days a week in Pleasanton, and it is not open on the weekends.
- There is a lack of convenient and affordable prenatal services for low-income and uninsured mothers. Since VCHC and ValleyCare's Maternal/Child Services Department do not have a working relationship, VCHC's prenatal patients must deliver at Alta Bates Medical Center in the City of Berkeley—more than thirty miles away.
- There is a lack of specialty health care services offered through Kaiser Permanente in Pleasanton. The Kaiser Permanente Medical Offices provide—for the most part—primary care outpatient services and it does not offer a full array of specialty health care services at its Tri-Valley location. Kaiser's new offices in Livermore will not provide specialty care as well.
- There are no trauma care services offered in the Tri-Valley. The nearest trauma care facilities are John Muir Medical Center in Walnut Creek and Eden Medical Center in Castro Valley.
- There is a lack of emergency health care services in the City of Livermore. Valley Memorial Hospital in Livermore provides urgent care from 8 am to 10 pm only. ValleyCare Medical Center in Pleasanton provides 24-hour emergency health care services.

According to many of the community members and service providers ICF interviewed, the local health care infrastructure often requires that low-income and uninsured residents travel long distances for health care services, especially when they need to see a specialty health care provider or dentist in other parts of Alameda County.

Community members expressed frustration about the difficulties they encounter when they must travel out of the Tri-Valley for these healthcare appointments. For many low-income families, this is an especially disruptive experience, since the entire journey can take as long as four hours, involving as many as four or five different bus routes. Combined with the inevitability of a long wait at health care facilities in northern and central Alameda County, the simple act of securing much needed health care can severely tax the resources of Tri-Valley residents.

The Tri-Valley also suffers from inadequate delivery care services for low-income and uninsured expectant mothers. Valley Community Health Center's has negotiated delivery care services through Alta Bates in Berkeley, and expectant mothers are expected to travel more than 30 miles away for delivery or if any pregnancy-related complications arise. Several community members and service providers raised this issue as a serious service gap.

Many residents who have signed onto Kaiser's health care plan are similarly affected by the lack of specialty health care services in the Tri-Valley. During several of ICF's focus groups, many community members explained that while primary care outpatient services are readily available at Kaiser's Tri-Valley location, they have to travel to Walnut Creek or as far away as Martinez for specialty health care services, including vision care, cancer services, and surgical procedures. This human service gap was particularly difficult for many older and frailer seniors who could not rely on family members or friends to drive them to appointments and who were unfamiliar with public transportation opportunities. Surely, this health care gap is exacerbated for homebound residents without access to formal or informal networks of support.

Lastly, community members shared their frustration with patterns of poor service that they have encountered through Valley Community Health Center. The most common complaints centered on poor intake support by receptionists and unprofessional behavior by medical assistant staff. They also complained about the lack of multi-lingual capacity of intake workers. Though, for the most part, community members expressed a high degree of satisfaction with health care services they receive from medical providers such as physicians and nurses. As the only primary care



## IV. Specific Gaps in Human Services

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health clinic for the region's low-income and uninsured population, Valley Community Health Center is clearly experiencing growing pains related to the expanding demand for medical care in the community. In recent months, VCHC staff has indicated a willingness to address many of its acknowledged shortcomings and it is working to improve its level of service to its clients. The primary challenge for the provision of convenient and affordable healthcare services remains to be adequate local capacity, which is severely limited by available funding.

These health care gaps have serious implications for the health of the community including:

- Poor health status
- Inadequate health maintenance, and
- Inefficient delivery of health care services.

Furthermore, community members explained that the lack of convenient and affordable health care services in the Tri-Valley also has more far reaching repercussions. During a recent hearing by the California Assembly Select Committee on California Children's School Readiness and Health in the City of Livermore, community members discussed how the lack of specialty health care and dental opportunities lead to poor academic performance for many low-income and uninsured children. Parents/guardians, teachers and school administrators discussed in detail the number of children who miss school on a daily basis due to unresolved medical or dental problems.

### Childcare and After School Programs

As many working families need two wage earners to afford the high cost of living in the Tri-Valley, the demand for affordable and high quality childcare and after school opportunities has become more of a necessity, particularly for low-income families attempting to keep their jobs. Although the Tri-Valley offers many opportunities for families with children, affordable childcare and after school opportunities are severely limited and constitute a significant service gap for many residents. As with health care services, the challenge for providing affordable services for children and youth is adequate local capacity, which is sorely limited by funding.

For subsidized childcare programs, long waiting lists for childcare slots indicate the extent of the shortage for low-income families.

- Approximately 380 low-income Tri-Valley families are on Childcare Links' waiting list for subsidized childcare.
- More than 120 families are on CAPE's waiting list for enrollment in local Head Start/State Preschool programs.

**But one thing we know for sure:  
What a child experiences from  
day one to grade one has a  
direct and profound impact on  
their future, and on our future.**

*First Lady Laura Bush*

During ICF's focus groups, many families indicated that the lack of affordable after school opportunities for their children was a pressing concern. Several parents expressed the need for additional after school resources for their children, and they cited a general lack of mentoring, tutoring, and other programs for their school-aged children. While after school activities provided by local parks and recreation departments are popular and well run, they do not have the capacity to meet the growing demand for affordable after school child care.

## IV. Specific Gaps in Human Services

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This gap in after school programs is particularly acute given the Tri-Valley's growing population of school-aged children as seen in the recent 2000 Census figures.

### Homeless Services

In recent years, the cities of Dublin, Livermore, and Pleasanton—along with Alameda County—combined their efforts to acquire and rehabilitate a Livermore-based homeless shelter that closed its doors in 2001. Renamed Sojourner House, the 16-bed facility was reopened in October 2002 to ensure that emergency housing opportunities are at least maintained in the Tri-Valley. In spite of this cooperative effort, the need for additional homeless services still exists in the region.

**A missed paycheck, a health crisis, or an unpaid bill pushes poor families over the edge into homelessness.**

*Report from the  
National Law Center  
on Homelessness and Poverty*

Community members and service providers have expressed frustration with the limited shelter and transitional housing opportunities available in the Tri-Valley. While the Tri-Valley offers two transitional housing facilities and a domestic violence shelter operated by Shepherd's Gate and Tri-Valley Haven, these facilities can easily become overcrowded and regularly turn away needy individuals and families. Additionally, none of these facilities will accommodate single male adults in need of emergency shelter. During ICF's focus groups, several community members explained that they have had to sleep in their cars and live outdoors since there is not a local homeless shelter to accommodate their needs. Based on ICF's research, many of the homeless or at risk of homelessness are the working poor who are unable to secure a place to live because of the high cost of living in the Tri-Valley.

Local homeless service providers identified insufficient funding as their most formidable challenge for expanding their homeless services. Representatives from both Shepherd's Gate and Tri-Valley Haven pointed out that adequate funding is a pressing concern because of the growing numbers of individuals and families who need shelter assistance and care. Not surprisingly, the lack of adequate public transportation opportunities and affordable housing were identified as key barriers to accessing homeless services. Affordable housing is also a key issue for homeless service providers since it is increasingly more difficult to place families who have had success at Shepherd's Gate or Tri-Valley Haven (i.e. have secured employment) in housing they can actually afford.

Inadequate public transportation and affordable housing are key challenges facing the Tri-Valley's human service network as a whole and are both discussed in greater detail in Section V.

### Other Service Gaps

In addition, several other specific gaps in service provision were mentioned in ICF's interviews and focus group discussions with community members and key stakeholders. These include:

- **Inadequate access to senior programs for homebound seniors.** As the senior population expands in the Tri-Valley, many service providers expressed a growing need for outreach activities that are focused on assisting relatively isolated seniors with home-based services

#### IV. Specific Gaps in Human Services

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such as activities of daily living and case management, as well as transportation and increased opportunities for socialization.

- **Insufficient availability of affordable substance abuse services, especially detoxification services.** While the Tri-Valley offers several outpatient substance abuse programs for individuals and families, providers and key stakeholders explained that the region does not offer community-based inpatient services that provide more focused and intensive interventions.
- **Insufficient availability of free meals for the homeless and working poor.** The local meal program operated by Open Heart Kitchen prepares meals only three days a week at Asbury United Methodist Church in Livermore (Tuesdays and Wednesdays) and Trinity Lutheran Church in Pleasanton (Fridays).
- **Insufficient access to county assistance programs.** Although the Alameda County Social Services Agency provides limited services at the City of Livermore's Multi-Service Center, community members shared their frustration with having to travel to Hayward to complete their applications for Supplemental Security Income (SSI) and General Assistance (GA). There is no local office in the Tri-Valley that provides application assistance for these county programs.

**For any older American to suffer after working hard all of his or her life is a national disgrace.**

*Honorable Elijah E. Cumming  
Member of Congress from Maryland  
March 11, 2002  
Baltimore, Maryland*

**Many homeless families or nearly homeless families cannot afford to provide their children with adequate meals. Children from these families are uniquely vulnerable....**

*Sara Simon Tompkins  
Staff Attorney  
National Law Center  
on Homelessness and Poverty*

#### **IV. Specific Gaps in Human Services**

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## **V. Common Shortcomings of the Human Services Network**

In addition to identifying specific human service gaps, ICF recognizes that there are several shortcomings to the human services network as a whole. These challenges compound the feelings of frustration that many community members develop when attempting to access much needed human services. The most frequently mentioned network shortcomings include the following:

- Lack of access to affordable services.
- Poor language capacity among service providers.
- Lack of information about available existing services.
- Poor coordination across human service areas.
- Inadequate local and regional transportation system.
- Lack of affordable housing.

### **Affordability of Services**

High cost places many human services out of reach for low-income households, especially large families with many children. For example, there are only a limited number of opportunities for subsidized childcare and after school slots for the Tri-Valley's growing number of low-income families. These particular services can only take on additional participants at full cost, and large families must bear the cost of providing care to each of their children. Counseling services are another human service area where affordability is a barrier to access. Due to the reliance of some organizations, such as R-Quest (and Horizons and Anthropos to a lesser extent), on client fees to cover their costs, these organizations must limit the number of low-income clients they can serve. Also, due to budget constraints, many organizations in the Tri-Valley must curtail the number of clients they can accommodate at sliding fee scale.

### **Language-Appropriate Services**

Language capability is another pressing challenge for both community members and human service providers in the Tri-Valley. While many service providers have been able to expand the number of staff people who speak a language other than English, the network still lacks the overall capacity to serve clients with limited English proficiency. Although one-half of VCHC's staff is bilingual, and organizations such as Horizons are hiring additional Spanish speaking employees, many of the Tri-Valley's community-based organizations do not have multi-lingual staff at all. Others do not have adequate funds to hire additional staff to provide full-time multi-lingual support. Smaller organizations, such as the three local senior centers, are simply not large enough to be able to accommodate the multi-lingual needs of their service population.

Language issues are particularly troublesome at the point of intake—when community members speak with receptionists, navigate complicated voicemail systems, or fill out lengthy eligibility forms. In many of these situations, not speaking and reading English becomes a severe barrier to accessing the human services network.

## V. Common Shortcomings of the Human Services Network

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The influx of low-income and non-white residents has created additional organizational capacity issues related to linguistic and cultural competence. Essentially, the Tri-Valley's human services network—now dealing with a much more diverse population—will need to become more diverse itself to respond to these changes.

### Information about Existing Services

Not knowing where to find help was a frequent reason why households did not receive the services they needed. Both key interviewees and focus group participants cited the lack of access to information as a barrier to accessing the human services network. Although the cities of Dublin, Livermore, and Pleasanton make numerous efforts to provide community members with access to information about the array of services and programs available, it is not clear whether residents have sufficient access to this information, or if the information is culturally or linguistically appropriate.

In addition, as the Tri-Valley's population has increased in size and diversity, reaching community members in need has become more difficult. In spite of the best efforts of community organizations and public agencies, many service providers noted that certain groups—such as recent immigrants, those with limited English proficiency, and those with a tendency to isolate themselves—have gone underserved. This problem is especially acute among the senior population.

Another hindrance to reaching clientele is the stigma some may associate with seeking outside assistance. For example, service providers explained that some seniors are reluctant to access the human services network since they believe that this may jeopardize their independence and result in unnecessary institutionalization. Other providers discussed how a climate of fear exists among many undocumented immigrants concerned with issues of deportation or affordability of care. Also, due to the economic downturn, many newly unemployed community members are simply reluctant to seek assistance.

### Coordination across Human Service Areas

Most service providers noted that they regularly communicate and coordinate with other providers in the same human service area. For example, many of the homeless service providers meet regularly to share information about services and coordinate the delivery of care. These efforts to encourage communication and coordination have been effective in eliminating redundancy in the provision of certain services, and in increasing the overall quality of service provided. However, ICF has found that coordination *across* human service areas has not been as successful. This lack of communication and coordination hinders the ability of human service providers to function truly as a network.

The dearth of coordination and communication among service providers is highlighted by the inability of the services network to respond to the multiple needs of community members. For example, homeless families have multiple needs that are met by a variety of service providers—including the need for temporary shelter, food, assistance with various countywide programs, as well as health care and childcare needs. Oftentimes, these families must enter a revolving door of human services providers, instead of a coherent array of services offered by various community organizations and public agencies. Many of the community members that ICF interviewed expressed their frustration with the fragmented nature of the human services network that they have to navigate for care.

## V. Common Shortcomings of the Human Services Network

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Many community members and service providers also expressed their frustration with the lack of a central source of reliable information about the variety of human services available both in the Tri-Valley and the rest of Alameda County. The potential for improved delivery of human services is contingent upon harnessing the resources of the region and county, and operating as a more coordinated and comprehensive network of providers.

### Other Key Shortcomings

Although not part of the human services network *per se*, the lack of convenient and reliable public transportation and affordable housing are key barriers to access for individuals and families who rely on the Tri-Valley's network of service providers.

#### ***Local and Regional Transportation***

Nearly every service provider and focus group discussion indicated that the Tri-Valley region suffers from insufficient access to high quality, reliable and convenient public transportation. This is a common hindrance for many community members who do not have their own vehicles and must instead rely on public transportation to make health care appointments or pick up their children from local childcare or after school providers. The failure of the public transportation system to meet the needs of community members represents a network-wide challenge to the effective provision of human services in the region. This problem is especially acute for seniors, people with disabilities, and non-English speakers, who may be less willing or able to navigate the existing public transportation system.

Furthermore, traveling outside of the Tri-Valley to access human services can be at least a two-hour journey in each direction for residents who depend upon public transportation. To repeat an often-heard example, many community members detailed how they need to take an entire day off from work to make a necessary appointment in northern Alameda County. If these families have children, these children often must miss an entire day of instruction to attend a doctor's visit at Highland Hospital or Children's Hospital in Oakland.

In addition, ICF found that several community members do not understand the paratransit services available through the Livermore Amador Valley Transit Authority (LAVTA) or the City of Pleasanton. A common problem for Tri-Valley residents—especially seniors and people with disabilities—is confusion about registering for the service. An additional obstacle is the fact that an appointment for pickup must be made three days in advance, which requires forward planning from residents. Also, as was noted in our interviews and focus groups, paratransit is often not available, which reduces the desire of potential riders to use the service on it on a regular basis. According to key stakeholders, dialysis clients consume many of the available time slots, significantly impacting the region's paratransit system.

#### ***Affordable Housing***

Much like transportation, the availability of affordable housing impacts the quality and capacity of the network. Focus group participants and key service providers consistently identified affordable housing as a growing concern for the Tri-Valley community. The availability of affordable housing is a significant concern to many working families seeking to make ends meet. Prohibitively high housing costs have had repercussions for the entire human services network.

Based on data from the City of Livermore, the median rent for a two-bedroom unit has increased by 225% from \$400 in 1981 to \$1,300 in 2001. The increase in rent for larger units was equally

## V. Common Shortcomings of the Human Services Network

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pronounced, rising from 92% from \$881 in 1991 to \$1,690 in 2001. Recent data from the City of Pleasanton indicates that the monthly rental rate for a two-bedroom apartment averages \$1,378 to \$1,441, with newer units commanding \$1,436 to \$1,523.

Similarly, median home prices increased during the same period, though not as dramatically as rental rates. Based on data from the City of Livermore, the median price for a three-bedroom home increased from almost \$100,000 in 1981 to close to \$280,000 in 2000. A recent survey conducted by the City of Pleasanton revealed that the average price for a pre-owned single-family home in 2001 was \$562,640, ranging from \$415,380 for a two-bedroom home to \$1.1 million for a five-bedroom home. These high rental and sales prices indicate the level of difficulty many households have in finding affordable housing in the Tri-Valley.

As noted in Section II, approximately 37% of Tri-Valley rental households are paying more than 30% of their gross income in rent. Thirty percent is commonly recognized as the threshold of reasonable expenditure for rent; those paying greater than 30% are considered rent overburdened. It is important to note that among households earning less than \$35,000 per year, roughly 71% are rent overburdened. These findings indicate that a majority of the population that can least afford it is spending too much of their income for housing.

The high cost of living in the Tri-Valley also necessitates that more households maintain double incomes. Thus, the high prices attached to housing contribute to other human service needs such as childcare and after school programs. Based on several interviews ICF conducted with community members, high housing costs have also compelled many families to live in shared housing because they cannot afford to live on their own in the Tri-Valley. The number of families living in overcrowded housing, defined as greater than one occupant per room, more than doubled from 1990 to 2000 in the Tri-Valley.

While the shortage of affordable housing is especially acute for low-income and single-parent families, as well as fixed-income senior households, it has also made it more difficult for human service providers to recruit and maintain high quality staff. Low-paid employees of local human service providers must also struggle to make ends meet while living and working in the Tri-Valley.

**How can we have a healthy economy or a healthy society when the backbone of the workforce is priced out of one of the requirements for survival.**

*I. Donald Turner*



## VI. Recommendations and Next Steps

Understanding the region's demographic changes and assessing its existing network of human service providers is a necessary step to identifying human service priorities for the cities of Dublin, Livermore, and Pleasanton. A key challenge for the three Tri-Valley communities is to strengthen their local capacity to offer convenient, affordable, and high quality human services to meet the needs of their growing—and increasingly diverse—population.

This section includes key recommendations for both addressing specific human service gaps and improving the operations of the human services network as a whole. These strategies were developed with the recognition that some human service needs have the potential for short-term improvement, while others—particularly those related to strengthening the network as a whole—demand a long-term approach. Clearly, there is no single solution for the service gaps and network shortcomings identified during the needs assessment process. ICF intends for these recommendations to provide a helpful first step toward responding to these challenges.

### Service Gap Recommendations

As discussed in Section IV, several specific service gaps exist in the Tri-Valley's human services network, including:

- Inadequate availability of convenient, affordable and high quality health care services, especially specialty health and dental care.
- Insufficient access to affordable and high quality childcare and after school programs.
- Insufficient availability of homeless services, such as shelters and transitional housing for families and single adults.

In order to fill these priority service gaps, ICF offers the following recommendations.

#### *Health Care*

The Tri-Valley communities of Dublin, Livermore, and Pleasanton should focus their efforts on improving access to health care, especially specialty health and dental care services, for its low-income and uninsured residents. The three cities can expand local capacity and improve access to health care by partnering with existing agencies and institutions, expanding services at existing facilities, or constructing new facilities in the area to meet the needs of its underserved population.

Currently, the City of Livermore is involved in expanding health access through its participation in Marilyn Avenue School's Project Roadrunner subcommittee on the same topic.<sup>5</sup> The subcommittee is exploring multiple options for expanding the range of health care opportunities available to the low-income and uninsured population in the Tri-Valley. Specific next steps that Dublin, Livermore, and Pleasanton can take include the following:

- Encouraging partnerships and service coordination opportunities between Valley Community Health Center, the sole community clinic in the Tri-Valley, and local and regional health care organizations to expand local capacity.

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<sup>5</sup> These healthcare-related initiatives, along with the work of the entire Project Roadrunner Committee, has helped raise Marilyn Avenue School's state test scores by nearly 100 points, closing the achievement gap for many of the neighborhood's low-income and diverse school children.

## V. Recommendations/Next Steps

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- Encourage local health care institutions to enroll local specialty care and dental providers to accept residents on Medi-Cal, Medicare or other publicly subsidized health insurance programs.
- Expand the hours of operation that Valley Community Health Center provides at the City of Livermore's Multi-Service Center to include additional daytime, evening, and weekend hours.
- Expand the level of service that Alameda County Medical Center and other public agencies have dedicated specifically to the Tri-Valley region. Currently, Alameda County Medical Center operates two hospitals, one psychiatric facility, and six health centers throughout Alameda County—not one is located in the Tri-Valley. As an underserved portion of the county, the Tri-Valley and its residents would benefit from additional resources for its fast growing population of low-income and uninsured households.
- Encourage licensed health care providers from a variety of disciplines to provide voluntary medical assistance to the Tri-Valley's needy.
- Encourage accountability measures, such as performance-based standards or regular customer surveys, to ensure that health care services are of a high quality to community members.

### ***Childcare and After School Programs***

To respond to insufficient access to affordable and high quality childcare and after school programs, the Tri-Valley communities of Dublin, Livermore, and Pleasanton should consider the following:

- Provide additional subsidies to either childcare providers or low-income families. Childcare Links, LARPD, and CAPE already provide access to subsidized childcare to eligible families in the region. These subsidies can be expanded, or the three Tri-Valley communities can support the expansion of local childcare providers—whether these are center-based or home-based programs. Also, the three cities should analyze the number of unused Head Start and East Head Start slots available throughout Alameda County and assess whether or not these can be transferred to CAPE.
- Expand the capacity of affordable after school programs across the Tri-Valley, especially subsidized after school opportunities nearby or onsite for public school students. LARPD already provides an excellent model for subsidized childcare and after school services, and its example can be expanded to offer after school opportunities for families in other parts of the Tri-Valley.
- Harness the volunteer energy of community members to provide free or low-cost childcare or after school support to low-income families.

### ***Homeless Services***

To improve access to homeless services, such as shelters and transitional housing for families and single adults, the Tri-Valley should consider the following next steps:

- Focus on expanding shelter and transitional housing opportunities for homeless families and single male adults.
- Continue operations of the Winter Relief program. This successful program assists homeless individuals and families who are unable to obtain shelter during the winter months. When the

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Tri-Valley Haven coordinated activities in 2002, the program was an active collaboration of ten churches from Dublin, Livermore, and Pleasanton, two additional nonprofit organizations, and five privately owned restaurants from Livermore.

- Expand County social service programs in the Tri-Valley, especially application assistance for General Assistance and Supplemental Security Income.
- Encourage the County's Homeless Continuum of Care providers to fully recognize the efforts of Tri-Valley's service providers, and acknowledge the growing number of people who are homeless and at risk of homelessness living in Eastern Alameda County. Countywide agencies and organizations must recognize and respond to the Tri-Valley's homeless problem.

### Services Network Recommendations

As discussed in Section V, the Tri-Valley's human services network must begin functioning as an integrated and coordinated network of human service providers to better meet the complex and changing needs of its residents. A successful human services network offers a comprehensive and coordinated approach to meeting community needs. Successful service delivery should be designed to avoid common problems such as duplication of services and inability to reach community members in need, while maximizing resources to reach the greatest possible number of community members and delivering human services in a timely manner.

In order to increase the capacity of the network as a whole, ICF recommends that the cities of Dublin, Livermore, and Pleasanton encourage greater communication and coordination to foster network-wide collaborations among service providers, public agencies, and community organizations. These initial efforts can then be directed to tackling common barriers such as: lack of access to affordable services, lack of language-appropriate services, lack of information about available existing services, poor service coordination, inadequate local and regional transportation system, and lack of affordable housing.

ICF recommends the following strategies for improving the overall strength of the human services network:

- 1. Develop a common strategic plan for human services.** The cities of Dublin, Livermore, and Pleasanton should look across their political boundaries and work on common issues and needs, and commit resources to foster joint planning, service delivery, and advocacy. Already, the cities of Livermore and Pleasanton's Human Service Commissions meet twice annually to share information about human service needs and priorities. These existing efforts can be strengthened to determine how the three cities can utilize their limited resources for the single goal of improving the quality of life of its neediest residents.
- 2. Foster partnerships with community organizations, public agencies and volunteer organizations for planning, information sharing, and service delivery coordination.** The cities should encourage service providers from the full array of human service areas to meet regularly to plan and develop systems to offer more holistic services for Tri-Valley residents. Regular communication is a necessary first step for effective coordination and thereby successful collaborations. In order for this effort to be successful, Alameda County agencies need to be active participants and must acknowledge and respond to the human service gaps and network shortcomings impacting Tri-Valley residents.

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Formal collaborations can lead to less disjointed services for whole families and whole people, and create a more accessible and coordinated services network. In addition, a more integrated human services network can expand available resources to provide wrap-around services that address the wide range of needs faced by low-income individuals and families.

For example, a formal collaboration can be developed to share language resources, especially for Spanish speakers, across service providers in the Tri-Valley. Case managers during one of the scheduled focus groups identified translation services as a key area for collaboration among service providers and public agencies.

- 3. Locate multiple service providers in one facility (One-Stop Shop).** In order to improve accessibility to an array of services and programs, the three Tri-Valley communities should encourage service providers to co-locate their services in one common facility. This strategy has the benefit of encouraging communication and coordination among a variety of service providers. Additionally, the strategy is helpful for new residents who need services but don't know how to access them, in particular recent immigrants, seniors, etc. It is also easier to market the various services offered at the one-stop shop.

However, the exact location of the one-stop shop then becomes an important consideration. Currently, the City of Livermore operates its Multi-Service Center at 3311 Pacific Avenue, offering a wide array of human services from community organizations such as Valley Community Health Center, Community Resources for Independent Living (CRIL) and ECHO Housing. However, several community members have explained that the facility is located too far from their own residences and that it suffers from poor transit connections. Discussions with LAVTA need to be completed to ensure that better access and routes are available to this important facility. Furthermore, any additional efforts to co-locate services must consider accessibility and hours of operation before choosing a site.

- 4. Review marketing efforts to inform residents about available services on the part of both public and private providers.** Dublin, Livermore, and Pleasanton should encourage local providers to translate their marketing materials into other languages, especially Spanish, and develop material that are more visually appealing, using more graphics and color and fewer words. The three cities should also encourage providers to target information to specific at-risk populations, such as recent immigrants, homebound seniors, people with disabilities, etc.

There are also a variety of existing information sources where people go to access information about human services, such as neighborhood associations, churches and other grassroots venues. Additionally, Spanish-speaking residents often rely on ethnic-specific media such as Spanish-language radio, television or newspapers for information about community resources. To best get information to this population, it would be important to use these media outlets.

- 5. Harness the energy of the grassroots.** Many residents in the Tri-Valley already contribute to their communities in a variety of significant ways. They volunteer with community and faith-based organizations. Many are among the most generous donors to charitable causes. The three cities should encourage more individuals to make an important and positive difference in the quality of life in the Tri-Valley. Volunteers can help to expand the capacity of the human services network by providing necessary services to the community's needy.

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For example, CAPE already provides childcare assistance to many families in need. Instead of ad hoc efforts to provide food and clothing to needy families, volunteers can connect with CAPE's client base and provide regular assistance to these families.

6. **Create a public advocate.** It is well known that most people benefit from an advocate when attempting to identify and access human services, particularly health care services. The Tri-Valley communities should consider developing a jointly funded position of "Community Advocate" to assist community members in identifying the correct service provider, determine eligibility, and assist in making the human service readily available.
7. **Focus on integrating the priorities of low-income and underserved populations who need safe, reliable and convenient transportation.** The cities can encourage greater dialogue between LAVTA and community members, including both residents and local service providers. During a recent public meeting, one community leader described how the lobbying efforts of residents and service providers were successful in changing a local bus route to better serve the Multi-Service Center in the City of Livermore.

The ongoing challenge of the Tri-Valley's Human Services Needs Assessment is to use the information contained in this report collaboratively and creatively. The Tri-Valley communities should seek out new approaches and solutions to meeting to the needs of its fast growing population. These recommendations, and the findings contained in this report, are intended as a starting point for the cities of Dublin, Livermore, and Pleasanton to plan and prioritize its service delivery system for the years to come.

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# Appendix A: Detailed Demographic Changes for the Tri-Valley

## General Population

During the 1990s, the Tri-Valley cities of Dublin, Livermore, and Pleasanton experienced dramatic growth as the population increased by approximately 28%, which is more than twice the rate of growth for Alameda County as a whole. According to data from the U.S. Census Bureau, the population of the Tri-Valley increased from 130,523 in 1990 to 166,972 in 2000. During the same ten-year period, the population of Alameda County grew only by 13%, from 1.28 million to 1.4 million.

Table A-1 below summarizes the population growth for the cities of Dublin, Livermore, and Pleasanton, as well as aggregating data for the Tri-Valley region. ICF utilized data from Alameda County as a baseline for comparison.

Table A-1. Population Growth, Tri-Valley Region, 1990-2000

	1990	2000	% Change, 1990-2000
Dublin	23,229	29,973	29.0%
Livermore	56,741	73,345	29.3%
Pleasanton	50,553	63,654	25.9%
<i>Tri-Valley Region</i>	<i>130,523</i>	<i>166,972</i>	<i>27.9%</i>
<i>Alameda County</i>	<i>1,279,182</i>	<i>1,443,741</i>	<i>12.9%</i>

Source: U.S. Census Bureau

The City of Livermore (29.3%) was the fastest growing city during the 1990s, followed closely by Dublin (29.0%), and Pleasanton (25.9%).

## Appendix A: Detailed Demographic Changes for the Tri-Valley

### Race and Ethnicity

The Tri-Valley region is becoming more racially and ethnically diverse. In 1990, only 17.5% of Tri-Valley residents identified themselves as Hispanic or Latino, African American, Asian and Pacific Islander or other. By contrast, 27.2% of residents identified as one of the non-white racial and ethnic groups for Census 2000. The non-white population grew from 22,800 in 1990 to 45,400 in 2000, nearly doubling in size.

Tables A-2 and A-3 below summarize the racial and ethnic distribution of the population in 2000 and in 1990.

**Table A-2. Population by Race and Ethnicity, 2000**

	Total Population	Hispanic or Latino		White <sup>6</sup>		African American		American Indian and Alaska Native		Asian and Pacific Islander		Other		Population of Two or More Races	
		Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
Dublin	29,973	4,059	13.5%	18,669	62.3%	2,995	10.0%	156	0.5%	3,135	10.5%	61	0.2%	898	3.0%
Livermore	73,345	10,541	4.4%	54,587	74.4%	1,094	1.5%	315	0.4%	4,360	5.9%	185	0.3%	2,263	3.1%
Pleasanton	63,654	5,011	7.9%	48,253	75.8%	845	1.3%	147	0.2%	7,461	11.7%	143	0.2%	1,794	2.8%
Tri-Valley Region	166,972	19,611	1.7%	121,509	72.8%	4,934	3.0%	618	0.4%	14,956	9.0%	389	0.2%	4,955	3.0%
Alameda County	1,443,741	273,910	19.0%	591,095	40.9%	211,124	14.6%	5,306	0.4%	301,131	20.9%	4,676	0.3%	56,499	3.9%

*Source: U.S. Census Bureau*

**Table A-3. Population by Race and Ethnicity, 1990**

	Total Population	Hispanic or Latino		White <sup>2</sup>		African American		American Indian and Alaska Native		Asian and Pacific Islander		Other	
		Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
Dublin	23,229	2,429	10.5%	16,636	71.6%	2,606	11.2%	161	0.7%	1,317	5.7%	80	0.3%
Livermore	56,741	5,587	8%	47,476	83.7%	835	1.5%	345	0.6%	2,453	4.3%	45	0.1%
Pleasanton	50,553	3,383	7%	43,512	86.1%	670	1.3%	185	0.4%	2,755	5.4%	48	0.1%
Tri-Valley Region	130,523	11,399	8.7%	107,624	82.5%	4,111	3.1%	691	0.5%	6,525	5.0%	173	0.1%
Alameda County	1,279,182	181,805	14.2%	680,017	53.2%	222,873	17.4%	6,763	0.5%	184,813	14.4%	2,911	0.2%

*Source: U.S. Census Bureau*

Much of the population growth in the Tri-Valley during the 1990s was driven by the increase in the region's non-white population. Of the roughly 36,500 people the Tri-Valley added from 1990 to 2000, approximately 62% were non-white. Table A-4 summarizes the percentage of Tri-Valley

<sup>6</sup> In 2000, the U.S. Census began collecting data for individuals identifying as "two or more races." For comparison race and ethnicity data between 1990 and 2000, ICF combined the population of "two or more races" with the population described as "other."



## Appendix A: Detailed Demographic Changes for the Tri-Valley

population growth from 1990 to 2000 driven by each main racial and ethnic group in the region. Alameda County data is included for comparison.

**Table A-4.** Distribution of Total Population Growth by Race and Ethnic Group, 1990-2000

	Total Population Growth, 1990-2000	Hispanic or Latino		White		African American		American Indian and Alaska Native		Asian and Pacific Islander		Other	
		Total Change	% Change	Total Change	% Change	Total Change	% Change	Total Change	% Change	Total Change	% Change	Total Change	% Change
Dublin	6,744	1,630	24.2%	2,033	30.1%	389	5.8%	-5	-0.1%	1,818	27.0%	879	13.0%
Livermore	16,604	4,954	29.8%	7,111	42.8%	259	1.6%	-30	-0.2%	1,907	11.5%	2,403	14.5%
Pleasanton	13,101	1,628	12.4%	4,741	36.2%	175	1.3%	-38	-0.3%	4,706	35.9%	1,889	14.4%
<i>Tri-Valley Region</i>	<i>36,449</i>	<i>8,212</i>	<i>22.5%</i>	<i>13,885</i>	<i>38.1%</i>	<i>823</i>	<i>2.3%</i>	<i>-73</i>	<i>-0.2%</i>	<i>8,431</i>	<i>23.1%</i>	<i>5,171</i>	<i>14.2%</i>
<i>Alameda County</i>	<i>164,559</i>	<i>92,105</i>	<i>56.0%</i>	<i>-88,922</i>	<i>-54.0%</i>	<i>-11,749</i>	<i>-7.1%</i>	<i>-1,457</i>	<i>-0.9%</i>	<i>116,318</i>	<i>70.7%</i>	<i>58,264</i>	<i>35.4%</i>

*Source: U.S. Census Bureau*

As the above table indicates, while whites still accounted for the greatest amount of population growth, at roughly 38% in the Tri-Valley, the Hispanic/Latino and the Asian and Pacific Islander populations drove a sizeable amount of the region's overall population growth.

While the white population in the Tri-Valley grew by 12.9%, the non-white population increased by 98.5% during the 1990s. There were nearly twice as many non-white Tri-Valley residents in 2000 as there were in 1990.

The growth of the Asian and Pacific Islander population was most significant in Pleasanton, where it accounted for 35.9% of total population growth, nearly equivalent to the white percentage of population growth, which was 36.2%. In Livermore, on the other hand, the Hispanic and Latino population was the second strongest driver of growth, at 29.8%. Dublin's population growth was shaped almost equally by the Asian and Pacific Islander (27.0%) and the Hispanic/Latino (24.2%) population.

## Limited English Proficiency Speakers

Related to the growing racial and ethnic diversity of the Tri-Valley there has been a marked increase in the number of residents whose primary language is not English. The U.S. Census identifies the population with Limited English Proficiency (LEP) population as those aged five and older who speak English "not well" and "not at all." Tables A-5 and A-6 below summarize the LEP populations as a percentage of the total population over the age of five in 2000 and 1990.

**Table A-5.** People Over Age of Five Who Speak English "Not Well" or "Not at All" by Primary Language Spoken At Home, 2000

	Total Population Over 5	Spanish		Other Indo-European language		Asian and Pacific Islander		Other		Total LEP Population	
		Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
Dublin	28,256	384	1.4%	122	0.4%	137	0.5%	0	0.0%	643	2.3%
Livermore	67,831	18882	.8%	226	0.3%	425	0.6%	14	0.0%	2553	3.8%
Pleasanton	59,228	471	0.8%	217	0.4%	390	0.7%	73	0.1%	1151	1.9%
<i>Tri-Valley Region</i>	<i>155,315</i>	<i>2743</i>	<i>1.8%</i>	<i>565</i>	<i>0.4%</i>	<i>952</i>	<i>0.6%</i>	<i>87</i>	<i>0.1%</i>	<i>4347</i>	<i>2.8%</i>
<i>Alameda County</i>	<i>1,346,666</i>	<i>57688</i>	<i>4.3%</i>	<i>9684</i>	<i>0.7%</i>	<i>45913</i>	<i>3.4%</i>	<i>1121</i>	<i>0.1%</i>	<i>114406</i>	<i>8.5%</i>

*Source: U.S. Census Bureau*

**Table A-6.** People Over Age of Five Who Speak English "Not Well" or "Not at All" by Primary Language Spoken At Home, 1990

	Total Population Over 5	Spanish		Asian and Pacific Islander		Other		Total LEP Population	
		Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
Dublin	21,520	200	0.9%	68	0.3%	50	0.2%	318	1.5%
Livermore	52,018	575	1.1%	140	0.3%	30	0.1%	745	1.4%
Pleasanton	46,809	142	0.3%	119	0.3%	104	0.2%	365	0.8%
<i>Tri-Valley Region</i>	<i>120,347</i>	<i>917</i>	<i>0.8%</i>	<i>327</i>	<i>0.3%</i>	<i>184</i>	<i>0.2%</i>	<i>1428</i>	<i>1.2%</i>
<i>Alameda County</i>	<i>1,183,716</i>	<i>24067</i>	<i>2.0%</i>	<i>29651</i>	<i>2.5%</i>	<i>7906</i>	<i>0.7%</i>	<i>61624</i>	<i>5.2%</i>

*Source: U.S. Census Bureau*

During the 1990s, the LEP population increased by 204.4% from 1,428 in 1990 to 4,347 in 2000. The City of Livermore (242.7%) experienced the sharpest increase in its LEP population, followed by Pleasanton (215.3%) and Dublin (102.2%).

**Table A-7.** Percent Growth in Limited English Population, 1990-2000

Spanish	Asian and Pacific Islander	Other and Other Indo-European language	Total LEP Population
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**Appendix A: Detailed Demographic Changes for the Tri-Valley**

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	Total Change	% Change	Total Change	% Change	Total Change	% Change	Total Change	% Change
Dublin	184	92.0%	69	101.5%	72	144.0%	325	102.2%
Livermore	1,888	228.3%	285	203.6%	210	700.0%	1,808	242.7%
Pleasanton	471	231.7%	271	227.7%	186	178.8%	786	215.3%
<i>Tri-Valley Region</i>	<i>2,743</i>	<i>199.1%</i>	<i>625</i>	<i>191.1%</i>	<i>468</i>	<i>254.3%</i>	<i>2,919</i>	<i>204.4%</i>
<i>Alameda County</i>	<i>57,688</i>	<i>139.7%</i>	<i>16,262</i>	<i>54.8%</i>	<i>2,899</i>	<i>36.7%</i>	<i>52,782</i>	<i>85.7%</i>

## Appendix A: Detailed Demographic Changes for the Tri-Valley

### Age Distribution

Children (under the age of 18 years of age) and seniors (over 65 years of age) have become a slightly larger percentage of the Tri-Valley's total population. The child population increased from 25.9% to 26.9% of the total population for the region, and the senior population grew from 5.8% to 7.0%. The adult population, by comparison, shrank from 68.4% to 66.1%.

**Table A-8.** Population by Selected Age Groups: Children, Adults, and Seniors, 2000

	Total Population	Children 0-17	% of total population	Adults 18-64	% of total population	Seniors 65+	% of total population
Dublin	29,973	6,282	21.0%	22,310	74.4%	1,381	4.6%
Livermore	73,345	20,640	28.1%	47,189	64.3%	5,516	7.5%
Pleasanton	63,654	17,952	28.2%	40,864	64.2%	4,838	7.6%
<i>Tri-Valley Region</i>	<i>166,972</i>	<i>44,874</i>	<i>26.9%</i>	<i>110,363</i>	<i>66.1%</i>	<i>11,735</i>	<i>7.0%</i>
<i>Alameda County</i>	<i>1,443,741</i>	<i>354,572</i>	<i>24.6%</i>	<i>941,578</i>	<i>65.2%</i>	<i>147,591</i>	<i>10.2%</i>

*Source: U.S. Census Bureau*

**Table A-9.** Population by Selected Age Groups: Children, Adults, and Seniors, 1990

	Total Population	Children 0-17	% of total population	Adults 18-64	% of total population	Seniors 65+	% of total population
Dublin	23,229	5,255	22.6%	17,204	74.1%	770	3.3%
Livermore	56,741	15,449	27.2%	37,255	65.7%	4,037	7.1%
Pleasanton	50,553	13,041	25.8%	34,793	68.8%	2,719	5.9%
<i>Tri-Valley Region</i>	<i>130,523</i>	<i>33,745</i>	<i>25.9%</i>	<i>89,252</i>	<i>68.4%</i>	<i>7,526</i>	<i>5.8%</i>
<i>Alameda County</i>	<i>1,279,182</i>	<i>303,405</i>	<i>23.7%</i>	<i>839,997</i>	<i>65.7%</i>	<i>135,780</i>	<i>10.6%</i>

*Source: U.S. Census Bureau*

The growing proportion of children and seniors was nearly a consistent trend across the Tri-Valley. Pleasanton saw the biggest rise in its child population, from 26% to 28% of the total population, as well as the largest increase in its senior population from 5% to approximately 8% of the total population. Livermore's child population grew from 27% to 28%, and its senior population grew slightly from 7% to 7.5%. Only Dublin's child population diminished as a percentage of the overall population, from 22.6% to 21%. However, its senior population grew from 3% to 4.6%.

**Appendix A: Detailed Demographic Changes for the Tri-Valley**

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## Children

The Tri-Valley's population age 17 years and under increased by 33.0% from 33,745 in 1990 to 44,874 in 2000. This increase was greatest in the school-age population from 5 to 9 years of age (30.0%) and 10 to 14 years of age (28.8%) and less pronounced in the under 5 years of age population (26.2%). By comparison, the overall rate of growth in Alameda County's child population was 16.9%.

**Table A-10.** Percent Growth for Population 17 and Under, 1990-2000

	Dublin		Livermore		Pleasanton		Tri-Valley Region		Alameda County	
	2000 Pop Change	% Pop Change	2000 Pop Change	% Pop Change	2000 Pop Change	% Pop Change	2000 Pop Change	% Pop Change	2000 Pop Change	% Pop Change
Under 5 years	1,758	3.7%	5,650	18.3%	4,359	18.7%	11,767	16.0%	98,378	2.5%
5 to 9 years	1,844	21.6%	6,227	40.4%	5,369	53.4%	13,440	42.2%	104,648	20.6%
10 to 14 years	1,780	35.7%	5,728	45.8%	5,438	53.0%	12,946	47.2%	96,769	26.8%
15 to 17 years	900	23.1%	3,035	31.6%	2,786	20.3%	6,721	25.6%	54,777	23.4%
Total Under 17	6282	19.5%	20640	33.6%	17952	37.7%	44874	33.0%	354,572	16.9%

*Source: U.S. Census Bureau*

Pleasanton saw the biggest rise in its child population, 37.7%, from 13,041 in 1990 to 17,952 in 2000. Livermore's child population grew 33.6% from 15,449 in 1990 to 20,640 in 2000. While Dublin's child population (19.5%) didn't grow as quickly as the rest of the Tri-Valley, it did expand from 5,255 in 1990 to 6,282 in 2000.

## Appendix A: Detailed Demographic Changes for the Tri-Valley

### Seniors

During the 1990s, the senior population age 65 years and over has grown faster than any other age cohort in the Tri-Valley. Across the three cities, this group increased by 55.9% from 7,526 in 1990 to 11,735 in 2000. By contrast, growth in Alameda County's senior population was 8.7%. Table A-11 below summarizes the growth in the senior population by city, as well as for Alameda County.

*Source: U.S. Census Bureau*

**Table A-11.** Percent Growth for population 65 and over, 1990-2000

	Dublin		Livermore		Pleasanton		Tri-Valley Region		Alameda County	
	2000 Pop Change	%	2000 Pop Change	%	2000 Pop Change	%	2000 Pop Change	%	2000 Pop Change	%
65 to 69 years	539	75.6%	1772	27.4%	1521	63.4%	3832	45.8%	39,419	-12.5%
70 to 74 years	384	53.6%	1384	33.3%	1202	73.4%	2970	49.9%	36,280	6.0%
75 to 79 years	217	63.2%	1089	45.4%	941	83.4%	2247	61.1%	31,885	21.4%
80 to 84 years	151	268.3%	709	47.4%	619	95.3%	1479	76.3%	21,184	29.5%
85 years and over	90	130.8%	562	48.7%	555	109.4%	1207	77.0%	18,823	35.6%
Total Over 65	1381	79.4%	5516	36.6%	4838	77.9%	11735	55.9%	147,591	8.7%

*Source: U.S. Census Bureau*

Pleasanton saw the biggest rise in its senior population as it grew from 2,719 in 1990 to 4,838 in 2000, an increase of 77.9%. Dublin's senior population grew by 79.4% from 770 in 1990 to 1,381 in 2000. Livermore's senior population grew by 36.6% from 4,037 in 1990 to 5,516 in 2000.

## Families Living in Poverty

Tri-Valley's low-income population is not readily apparent when first reviewing the available U.S. Census data. In fact, it is exceedingly difficult to provide an accurate number of impoverished families in the Tri-Valley because of the way the U.S. Census tabulates low-income data. Therefore, ICF has chosen to examine a few different measures of low-income status in order to paint a clearer picture of the number of families living in poverty in the Tri-Valley.

### ***Federal Poverty Threshold***

The U.S. Census defines poverty by identifying a federal income threshold by household size and number of related children less than 18 years of age. This threshold does not vary geographically—the same dollar figure is used for the entire nation. The average poverty threshold used for the 2000 Census was \$17,029.

Due to the extraordinarily high cost of living in the San Francisco Bay Area, and specifically the Tri-Valley, ICF believes that the Census poverty measurements do not accurately reflect the number of Tri-Valley families who are barely making ends meet. Nonetheless, the U.S. Census poverty data does provide a working estimate of Tri-Valley poverty, as well as a consistent point of comparison with the County.

Table A-12 below summarizes the number of individuals living in poverty in 2000 as well as the percent change from 1990. The number of people living in poverty in the Tri-Valley has risen by 26.6% from 4,921 in 1990 to 6,229 in 2000. This figure represents 3.9% of the total population of the region. The percent increase in individuals living in poverty has been nearly identical in Livermore and Pleasanton, at 33.5% and 33.6%, respectively. The number of married couple families below the poverty threshold has been the area of the most dramatic increase, nearly doubling (97.5%) from 1990 to 2000 in the Tri Valley. This change is especially profound when compared to the percent increase in impoverished married-couple families in Alameda County, which was only 43.1%. This trend is a stark indicator of the socio-economic challenges facing Tri Valley residents.

**Table A-12. Individuals in Poverty by Family Type, Percent Change, 1990-2000**

	Dublin		Livermore		Pleasanton		Tri-Valley Region		Alameda County	
	Total Change	Percent change	Total Change	Percent change	Total Change	Percent change	Total Change	Percent change	Total Change	Percent change
Total individuals in single-parent family households living below poverty level	227	5.1%	1,490	11.5%	614	70.1%	2,331	21.9%	59887	12.4%
Total individuals in married-couple families living below poverty level	284	-13.4%	1,805	137.2%	524	123.9%	2,613	97.5%	49691	43.1%
Total unrelated individuals living below poverty level	208	-16.8%	596	-27.1%	481	-22.0%	1,285	-23.7%	47226	7.9%
<b>Total living in poverty</b>	<b>719</b>	<b>-9.4%</b>	<b>3891</b>	<b>33.5%</b>	<b>1619</b>	<b>33.6%</b>	<b>6,229</b>	<b>26.6%</b>	<b>156,804</b>	<b>19.0%</b>

*Source: U.S. Census Bureau*

## Appendix A: Detailed Demographic Changes for the Tri-Valley

### Household Income

Household income level data for the Tri-Valley and Alameda County is another measurement of relative poverty in the Tri-Valley. According to this data, 6,788 households make less than \$30,000 or roughly 50% of the area median income for the Oakland Primary Metropolitan Statistical Area. This figure represents as many as 12,000 people or approximately 12% of the Tri-Valley region. Approximately 23% of household or more than 13,400 households make less than \$50,000 or approximately 80% of the area median income.

**Table A-13.** Household Income in 1999 (2000 Census)

	Dublin	% of total households	Livermore	% of total households	Pleasanton	% of total households	Tri-Valley Total	% of total households	Alameda County	% of total households
<i>Total:</i>	9,332	100.0%	26,149	100.0%	23,280	100.0%	58,761	100.0%	523,787	100.0%
Approx 30% AMI	489	5.2%	2,083	8.0%	1,411	6.1%	3,983	6.8%	86,932	16.6%
Approx 50% AMI	968	10.4%	3,524	13.5%	2,296	9.9%	6,788	11.6%	134,908	25.8%
Approx 80% AMI	2,299	24.6%	7,400	28.3%	4,985	21.4%	14,684	25.0%	232,936	44.5%

*Source: U.S. Census Bureau and HUD*



## Appendix A: Detailed Demographic Changes for the Tri-Valley

### Rent Overburdened Population

Another indicator of poverty in the Tri-Valley is the number of households who are rent overburdened. A rent-overburdened household is defined as paying more than 30% of its monthly gross income for rent.

ICF's analysis of 2000 Census data reveals that 37.1% of rental households in the Tri-Valley are rent overburdened. The largest rent-overburdened population is in Livermore, where nearly 40% of households are paying more than 30% of their monthly gross income in rent. In Dublin, 36.6% of households are rent-overburdened, while in Pleasanton this figure is 34.3%. In comparison, 40.6% of Alameda County's rental households are rent-overburdened. Table A-15 below summarizes the rent-overburdened population in the Tri-Valley.

**Table A-14.** Gross Rent as a Percentage of Household Income, 2000

	Dublin	Livermore	Pleasanton	Tri-Valley	Alameda County
Household paying 30% or greater	1,195	2,885	2,129	6,209	95,978
% of Households paying 30% or greater	36.6%	39.8%	34.3%	37.1%	40.6%

*Source: U.S. Census Bureau*

The population of rent-overburdened households in the Tri-Valley is skewed heavily toward those households with low-income levels. In the Tri-Valley, 81% of households with income below \$35,000 per year are rent-overburdened. In Alameda County, only 71% of households in the same income range are rent-overburdened. This indicates that lower income Tri-Valley families face challenges just as substantial, if not more so, than the rest of the county. Table A-15 summarizes the rent overburden data by household income levels.

**Table A-15.** Household Income by Gross Rent, Percentage of Households Rent Overburdened by Income Level, 2000

	Total:	Less than \$35,000	\$35,000 to \$49,999:	\$50,000 to \$74,999:	\$75,000 to \$99,999:	\$100,000 or more:
Alameda County	236,606	71.6%	30.0%	10.3%	2.3%	0.4%
Dublin	3,264	83.4%	74.9%	27.2%	2.3%	0.0%
Livermore	7,253	79.8%	39.1%	12.9%	1.0%	0.0%
Pleasanton	6,210	83.1%	59.0%	22.1%	5.1%	0.5%
Tri-Valley	16,727	81.3%	52.5%	19.3%	2.9%	0.2%

*Source: U.S. Census Bureau*

## People with Disabilities

The prevalence of disabilities is measured by the percentage of the general population that reports they have a disability. The U.S. Census Bureau defines disability as a long lasting physical, mental, or emotional condition. In 2000, 19.7% of the Tri-Valley's population over the age of 15 reported some type of disability. Of those with a disability, 10.2% have a sensory disability, 22.5% a physical disability, 14.4% a mental disability, 6.1% a self-care disability, 18.0% a "go outside home disability" and 28.8% an employment disability. While this figure may not be as high as Alameda County's rate of disability (32%), it is a substantial segment of the Tri-Valley's population.

Table A-16 summarizes the number of disabilities by city for the population aged five and over.

**Table A-16. Disability by City, 2000**

	Dublin		Livermore		Pleasanton		Tri-Valley		Alameda County	
Total disabilities tallied for people 5 to 15 years	213	.75%	571	.84%	567	.96%	1351	.87%	11859	.88%
Total disabilities tallied for people 16 to 64 years:	3,626	12.83%	11,616	17.12%	6,288	10.62%	21,530	13.86%	304,714	22.63%
Total disabilities tallied for people 65 years and over:	937	3.3%	3,671	5.4%	3,103	5.2%	7711	5.0%	126,469	9.4%
<b>Total Disabilities</b>	<b>4,776</b>	<b>16.90%</b>	<b>15,858</b>	<b>23.38%</b>	<b>9,958</b>	<b>16.81%</b>	<b>30,592</b>	<b>19.70%</b>	<b>443,042</b>	<b>32.90%</b>

*Source: U.S. Census Bureau*

As the Tri-Valley's population increases, the number of people with disabilities is reasonably expected to increase. Additionally, because people over the age of 60 develop physical and sensory disabilities at a higher rate than the general population, it is also reasonable to assume that as the Tri-Valley's 60+ population increases, the needs of the people with physical and sensory disabilities will increase.

## Appendix B: Inventory of Human Service Providers

Name	Address	City
<b>HEALTH CARE SERVICES</b>		
A.I.M.—Access for Infants and Mothers	1000 G Street	Sacramento
Affiliated Home Calls	2819 Crow Canyon Road	San Ramon
Alzheimer's Services of the East Bay	561 A Street	Hayward
American Cancer Society	7000 Village Parkway Suite E	Dublin
American Diabetes Association— Tri-Costa Chapter	1900 Powell Street #285	Emeryville
American Red Cross Northern California		
Blood Services	6230 Claremont Ave	Oakland
Birthright	1520 Catalina Court Building C	Livermore
C.A.P.E. Community Association for Preschool Education	1521 Catalina Court Building C	Livermore
Chabot College—		
Dental Hygiene Teaching Institution	25555 Hesperian Blvd	Hayward
Children and Families First		
Commission of Alameda County	1850 Fairway Dr	San Leandro
Eden Medical Center	20103 Lake Chabot Road	Castro Valley
Fairmont Hospital, Alameda County Medical Center	15400 Foothill Blvd	San Leandro
Hope Hospice	6500 Dublin Blvd #100	Dublin
Kaiser Permanente		Hayward
Kaiser Permanente	7601 Stoneridge Drive	Pleasanton
Kaiser Permanente	Las Positas Road	Livermore
Taylor Family Foundation	5555 Arroyo Road	Livermore
Valley Aids Project	2299 Mowry Avenue, Suite 3B	Fremont
Valley Crisis Pregnancy Center	7660 Amador Valley Blvd #D	Dublin
Valley Memorial Hospital	1111 East Stanley Blvd	Livermore
ValleyCare Health System	5555 West Los Positas Blvd	Pleasanton
VCHC—Medical Clinic (Livermore)	Multi Service Center, 3311 Pacific Avenue	Livermore
VCHC—Medical Clinic (Pleasanton)	4361 Railroad Ave	Pleasanton
VCHC—WIC (Women, Infant, Children)	1991 Santa Rita Road Suite H	Pleasanton
VCHC—WIC (Women, Infant, Children)	Multi Service Center, 3311 Pacific Ave	Livermore
Veterans Medical Center	4951 Arroyo Road	Livermore
Visiting Nurse Association and Hospice of No. California, Inc. (Sutter VNA)	1651 Alvarado Street	San Leandro
<b>HEALTH CARE SERVICES (MENTAL HEALTH SERVICES)</b>		
Alameda County Access Program	2035 Farimont Dr.	San Leandro
Alzheimer's Association	251 Lafayette Circle #350	Lafayette
Anthropos Counseling Center	326 South L Street Livermore	Livermore
Arbor House Community Services	486 South K Street	Livermore
Birthright	1521 Catalina Court Building C	Livermore
C.R.I.L.—Community Resources for Independent Living	Multi Service Center, 3311 Pacific Ave	Livermore
California School for the Deaf	39350 Gallaudet Drive	Fremont
Catholic Counseling Service	N/A	N/A
Crisis Support Services of Alameda County		
Suicide Prevention and Crisis	PO Box 9102	Berkeley
Hope Hospice	6500 Dublin Blvd #100	Dublin
Horizons Family Services	1112 South Livermore Ave	Livermore
La Familia Counseling Service	26081 Mocine Ave	Hayward
Parental Stress Service, Inc	1727 Martin Luther King Way #109	Oakland

## Appendix B: Inventory of Human Services Providers

Name	Address	City
PFLAG (Parents, Families and Friends of Lesbians and Gays)	4122 Sharab Court	Pleasanton
Pleasanton Counseling and Training Center	3200 Hopyard Rd.	Pleasanton
R-Quest	367 Old Bernal Rd	Pleasanton
South County Homeless Project	285 West A St.	Hayward
Tough Love	7485 Village Parkway	Dublin
United Cerebral Palsy of Alameda and Contra Costa Counties	1970 Broadway #600	Oakland
Valley Christian Counseling	7500 Inspiration Dr.	Dublin
Valley Mental Health Center	3730 Hopyard Rd. #103	Pleasanton
Valley Mental Health Center	3731 Hopyard Rd. #103	Pleasanton
VCHC—Mental Health Services	4361 Railroad Ave	Pleasanton
Veterans Medical Center	4951 Arroyo Road	Livermore
<b>HEALTH CARE SERVICES (SUBSTANCE ABUSE SERVICES)</b>		
Alcoholics Anonymous	N/A	N/A
Anthropos Counseling Center	326 South L Street	Livermore
Fairmont Hospital, Alameda County Medical Center	15400 Foothill Blvd	San Leandro
Horizons Family Services	1112 South Livermore Ave	Livermore
KARE Recovery, Inc.	1784 Fourth St	Livermore
R-Quest	367 Old Bernal Rd	Pleasanton
VCHC—Mental Health Services	4361 Railroad Ave	Pleasanton
Veterans Medical Center	4951 Arroyo Road	Livermore
<b>HEALTH CARE SERVICES (HIV/AIDS SERVICES)</b>		
Valley AIDS Project	Tri City Health Center, 2299 Mowry Ave	Fremont
<b>CHILDREN SERVICES</b>		
AIM—Access for Infants and Mothers	1000 G Street	Sacramento
Alameda County Children and Family Services	24100 Amador Street, 5th Floor	Hayward
Anthropos Counseling Center	326 South L Street Livermore	Livermore
Arbor House Community Services	486 South K Street	Livermore
Birthright	1520 Catalina Court, Building C	Livermore
C.A.P.E. Community Association for Preschool Education	Hill n' Dale Preschool, 4150 Dorman Rd	Pleasanton
C.A.P.E. Community Association for Preschool Education	1520 Catalina Court, Building C	Livermore
California Children Services—CCS	8151 Village Parkway	Dublin
California School for the Deaf	39350 Gallaudet Drive	Fremont
Childcare Links	1020 Serpentine Lane, Suite 102	Pleasanton
Childcare Links	Multi Service Center, 3311 Pacific Ave	Livermore
Children and Families First		
Commission of Alameda County	1850 Fairway Dr	San Leandro
Contact Care	N/A	
Kinship Support Services Program (KSSP)	22245 Main St, #102	Hayward
LARPD—		
Childcare, Extended School Subsidy Program	85 Tevarno Road	Livermore
Lion's Club	PO Box 266	Pleasanton
Parents without Partners	PO Box 303	Livermore
Taylor Family Foundation	5555 Arroyo Road	Livermore
Trustline Registry	N/A	
Twin Valley Learning Center	1304 Concannon Blvd #j	Livermore
VCHC—Mental Health Services	4361 Railroad Ave	Pleasanton
YMCA—Tri-Valley	4047 First Street #207	Livermore
<b>SENIOR SERVICES</b>		
Alameda County Access Program	2035 Farimont Dr.	San Leandro
Alameda County Department of Adult Aging Services	8000 Edgewater Dr., 1st Floor	Oakland

## Appendix B: Inventory of Human Services Providers

Name	Address	City
Alameda County Adult Protective Services	7751 Edgewater Dr.	Oakland
Alzheimer's Services of the East Bay	561 A Street	Hayward
Bay Area Coalition of Deaf Senior Citizens	38181 Hastings Court	Fremont
C.R.I.L.—Community Resources for Independent Living	Multi Service Center, 3311 Pacific Ave	Livermore
Community Assistance for the Retarded & Handicapped, Inc.	20513 Alameda	Castro Valley
Dublin Senior Center, City of	7437 Larkdale Ave	Dublin
East Bay Fifty-Plus Fitness Association	N/A	
Friendship Center	543 Sonoma Ave	Livermore
Legal Assistance for Seniors	464 - 7th St.	Oakland
Livermore Senior Center, City of	2466 Eighth St	Livermore
Pleasanton Paratransit Service (PPS)	5353 Sunol Blvd	Pleasanton
Pleasanton Senior Center, City of	5353 Sunol Blvd	Pleasanton
San Ramon Senior Center, City of	9300 Alcosta Blvd	San Ramon
Senior Californians	N/A	
Senior Support Programs of the Tri-Valley	5353 Sunol Blvd	Pleasanton
Spectrum Community Service	1435 Grove Way	Hayward
Valley Christian Counseling	7500 Inspiration Dr.	Dublin
Weisner Fund	N/A	N/A
Widowed Men and Women of Northern California	N/A	N/A
<b>DISABILITY SERVICES</b>		
A.I.D.—Advancement and Independence for the Disabled	PO Box 5003 L-452	Livermore
Adult Education Life Skills Program—Mt. Diablo	1266 San Carlos Ave	Concord
Adult Handicapped Program (Castro Valley)	4430 Alma Avenue	Castro Valley
BACS—Bay Area Community Service	3900 Valley Avenue, Suite B	Pleasanton
BACS—Bay Area Community Service	3021 Kennedy Street	Livermore
Bay Area Coalition of Deaf Senior Citizens	38181 Hastings Court	Fremont
C.R.I.L.—Community Resources for Independent Living	Multi Service Center, 3311 Pacific Ave	Livermore
California Children Services—CCS	8151 Village Parkway	Dublin
California Department of Rehabilitation	Multi Service Center, 3311 Pacific Ave	Livermore
California School for the Deaf	39350 Gallaudet Drive	Fremont
City of Pleasanton Paratransit Service (PPS)	5353 Sunol Blvd	Pleasanton
Community Assistance for the Retarded & Handicapped, Inc	20513 Alameda	Castro Valley
Deaf and Disabled Telecommunications Program	505 - 14th St	Oakland
Deaf Counseling, Advocacy and Referral Agency	14895 East 14th Street	San Leandro
Down Syndrome Connection	117A Town and Country Drive	Danville
H.O.U.S.E.—Housing Options Utilizing Supportive Environments	PO Box 5564	Pleasanton
Independent Way (formerly ARC)	37 Wyoming St	Pleasanton
Kaleidoscope Activity Center, Easter Seals of the East Bay	7425 Larkdale Ave	Dublin
Lions Club	PO Box 266	Pleasanton
National Federation of the Blind of California	3934 Kern Court	Pleasanton
RADD—Recreation Activities for the Developmentally Disabled	200 Old Bernal Ave	Pleasanton
RADD Special Olympics	6243 Gibson Ct	Pleasanton
Regional Center of the East Bay—RCEB	7677 Oakport St #300	Oakland
Senior Support Programs of the Tri-Valley	5353 Sunol Blvd	Pleasanton
Serra Residential Center	39127 Liberty St #B-10	Fremont
Special Olympics East Bay	7700 Edgewater Dr #80	Oakland

## Appendix B: Inventory of Human Services Providers

Name	Address	City
Tri-Valley Special Education Local Plan Area (SELPA)	685 East Jack London Blvd	Livermore
United Cerebral Palsy of Alameda and Contra Costa Counties	1970 Broadway #600	Oakland
<b>HOMELESS SERVICES</b>		
Alameda County Department of Adult Aging Services	8000 Edgewater Dr. 1st Floor	Oakland
C.R.I.L.—Community Resources for Independent Living	Multi Service Center, 3311 Pacific Ave	Livermore
Children's Emergency Council	7421 Amarillo Road	Dublin
City of Pleasanton Housing Specialist	N/A	Pleasanton
Dublin Housing Authority	N/A	Dublin
East Bay Innovations	440 Grand Ave #245	Oakland
ECHO—Eden Council for Hope and Opportunity	Multi Service Center, 3311 Pacific Ave	Livermore
Emergency Shelter Program	22634 Second St #205	Hayward
Fair Employment and Housing for the State of California	1515 Clay St #701	Oakland
H.O.U.S.E.—Housing Options Utilizing Supportive Environments	PO Box 5564	Pleasanton
H.O.U.S.E.—Housing Options Utilizing Supportive Environments	1815 Corte Cava Ave	Livermore
H.O.U.S.E.—Housing Options Utilizing Supportive Environments	4355 Colgate Ave	Livermore
Housing Rehabilitation Program, Alameda County	224 West Winton Ave, Room 108	Hayward
Housing and Community Development	Multi Service Center, 3311 Pacific Ave	Livermore
Housing Scholarship Program, Allied Housing	N/A	Livermore
Interfaith Sharing	N/A	Livermore
Livermore Housing Authority	3203 Leahy Way	Livermore
Ombudsman, Inc.	N/A	N/A
Open Heart Kitchen	Asbury United Methodist Church, 4743 East Avenue	Livermore
Open Heart Kitchen	Trinity Lutheran Church, 1225 Hopyard Road	Pleasanton
Open Heart Kitchen	1141 Catalina Dr. #137	Livermore
Shepherd's Gate	1660 Portola Ave PO Box 894	Livermore
South County Homeless Project	285 West A St.	Hayward
Tri-Valley Church of Christ	4481 East Ave	Livermore
Tri-Valley Haven—Homeless Services	418 Junction Ave	Livermore

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## **Appendix C: Challenges and Strengths of the Human Services Network**

### **Health Care Services**

#### ***Challenges***

Valley Community Health Center's client population has become poorer and more likely to lack health insurance. In spite of the clinic's designation as a primary care outpatient facility, it finds itself dealing with more patients with greater levels of need. In addition, due to strains on other parts of the health care system, successfully referring clientele in need of greater care to those who can provide it (i.e. specialists) has become more difficult. Ethnic and racial client trends are consistent with general findings for the Tri-Valley. The population that does not speak English as the primary language has increased, as has the number of first generation immigrants from Latin America and Asia/Pacific Islands that are accessing VCHC's services.

#### ***Strengths***

VCHC has made efforts to cope with rising demand and other challenges it faces. Outreach services are dedicated to preemptive intervention, which manifests itself as prevention and education services. Due to the goal of preventing people from needing to go to Highland Hospital, staff focuses on ameliorating health issues as early as possible. Efforts are also made to enroll clients in Medi-Cal or other health insurance programs such as Healthy Families, etc. Resources are limited, however, there is only one part-time outreach worker.

- Public Health Department partnership to expand insurance coverage in the Tri-Valley.
- Public Health Department effort to improve the working relationship between Valley Community Health Center and ValleyCare.

### **Mental Health Services**

#### ***Challenges***

Mental health service providers have noted a general increase in demand for services in the past three to five years. Partially driving this demand is an increase in the number of men who are calling to request counseling services. This indicates men are overcoming of the stigma of seeking outside assistance, which is a positive development, notes Jacqui Stratton, Executive Director of Anthropos. In addition, more families with children, as well as more single parent families, are attending counseling. Horizons, whose target population is children at risk of entering the criminal justice system, has experienced an increase in Hispanic and African American clients, as well as an increase in the number of undocumented clients.

#### ***Strengths***

Anthropos and Horizons are both firmly embedded in the community. Anthropos has been providing affordable counseling services to Tri-Valley residents for 27 years. A grant from the City of Livermore has allowed Anthropos to provide counseling for low-income clientele at a rate of \$15

or less. The sliding fee scale provided by Horizons, which dwindles all the way to \$2 per session (with the first five sessions offered free of charge), is a valuable service to Tri-Valley residents. Horizons also works closely with the Livermore Police Department and maintains a visible position in the community. The main thrust of their efforts is to utilize community outreach in order to get children and their families to commence counseling at a young age, when preemptive intervention can be at its most effective. In addition, Horizons also provides on-site counseling for students at local continuation schools.

## **Substance Abuse Services**

### ***Challenges***

An increasing number of clientele that procure substance abuse services are dually diagnosed patients. For R-Quest, which generally does not offer lowered fees, the ability to maintain a consistent stream of patients has become a greater challenge. All substance abuse counseling services are faced with the difficulty of reaching out to potential patients to overcome the stigma of seeking assistance. As the population has become more diverse, outreach efforts have become more challenging, as they must reach a wider audience.

### ***Strengths***

Substance abuse provision in the Tri Valley is able to reach a large segment of the population due to a combination of effective outreach, collaboration and communication among providers. Sliding fee scale services offered by most providers ensures the relative accessibility of substance abuse services. Outreach efforts have realized success in attracting clients traditionally unwilling to seek help due to the stigma involved.

## **HIV/AIDS Services**

### ***Challenges***

According to the 2001 AIDS Epidemiology Report, issued by the Alameda County Public Health Department, there were 88 people living with AIDS (PLWA) in the Tri-Valley in 2001. Thirty-three PLWAs resided in Livermore, 31 in Pleasanton, and 24 in Dublin (including Santa Rita inmate cases). While trended PLWA data is not readily available, an examination of diagnoses by year indicates that new HIV/AIDS cases are not increasing in number in the Tri-Valley. In 1996, there were 16 cases diagnosed, while in 2001 there were only three. Nonetheless, as the population of the Tri-Valley increases in diversity and greater numbers of at-risk populations reside in the Tri-Valley, the potential for an increase in case numbers is very real.

Sheryl Gray, HIV/AIDS Coordinator for the Tri-City Health Center, noted that the majority of Tri-Valley clients were employed and privately insured. She also noted an increase in the number of undocumented clients, as well as a slight increase in elderly clients. Also, many clients are dual-diagnosed, often infected with Hepatitis C or Syphilis in addition to HIV/AIDS.

### ***Strengths***

The Valley AIDS Project provides many valuable services for its clientele. Aside from general case management and benefits advocacy work, the Project also provides morale-boosting events, such as retreats. Also, outreach efforts are coordinated to actively target groups that are



underserved, such as heterosexual men and women. In response to the increased number of dually-diagnoses (and a general malaise about the dangers of HIV/AIDS as medical treatments improve), Valley AIDS Project is working on improving education and awareness both in the general community and the at-risk community.

## **Children and Youth Services**

### ***Challenges***

The prevailing trend noted by childcare providers was that demand for childcare services, especially subsidized services, was increasing dramatically. Related to this phenomenon, service providers noted that low-income families are becoming more visible and prevalent in the Tri-Valley. In addition, providers are serving an increasing number of children and families of Hispanic/Latino heritage; roughly half of this service population is monolingual Spanish speakers. Where population growth in the Tri-Valley has been greatest, shortages of childcare slots are most acute.

As noted in the demographic section of this report, the population under the age of eighteen has grown by nearly 30% in the Tri-Valley since 1990. Data from the Child Care Links annual report indicates that there are 2,309 family childcare slots available in the Tri-Valley, 3,404 childcare center slots, and 2,238 before and after school (on school site) program slots. Interestingly, the recent economic downturn has suppressed demand for childcare services in the Tri-Valley, as recently laid-off parents no longer need the service. However, there is still an acute shortage of affordable childcare, as is indicated by the lengthy waiting lists for childcare subsidies.

### ***Strengths***

Community Association for Preschool Education (CAPE) and Child Care Links have worked tirelessly to provide the highest level of service to their clientele. In response to the evolving demographics of the region, both providers have achieved the capacity to work with non-English speaking families. CAPE, which estimates that 30% of its client population speaks Spanish only, has developed strong language skills to provide linguistically appropriate care to many of their families. CAPE's model of a one-stop service center is a compelling example of the comprehensive, wrap-around services that low-income families need. CAPE ensures every family has a medical and dental home, and it provides parent education and resource referrals to job training, educational opportunities, housing programs and shelters. Child Care Links also provides translation services for its Spanish-speaking clients, and it works collaboratively with a number of community organizations and public agencies.

Each of the Tri-Valley communities has a great deal of recreational opportunities to offer to children and youth. The City of Pleasanton has a lot to offer young people, and LARPD is highly respected in the community.

## **Senior Care Services**

### ***Challenges***

As the demographic section noted, the elderly population in the Tri-Valley grew by nearly 56% from 1990 to 2000. Equally as important, the age distribution of seniors has shifted, as elderly residents live longer, healthier lives. A majority of Tri-Valley seniors are over 70, and 42% are over

the age of 75. As the elderly population becomes disproportionately older, and as it grows in size, the needs of the population have evolved. The providers of senior services have made efforts to acknowledge and accommodate the changing demographic landscape.

Service providers reported to ICF staff that the client population is predominately single and female. Providers also noted that seniors who are living longer require greater care for longer periods of time. As a result, Senior Support of the Tri-Valley has worked to shift emphasis to early intervention and prevention efforts because it can mitigate potentially extensive health care costs if large numbers of the elderly population allow their health to deteriorate to crisis levels. In achieving this, the greatest obstacle has been encouraging seniors to overcome the stigma of asking for, and accepting, high levels of intervention.

In concert with demographic findings, service providers reported to ICF that the client population is becoming more ethnically diverse. Consistent with this, the non-English speaking population utilizing senior services has grown.

- As seniors are living longer, greater need for services has also arisen.
- Growing number of young old with serious health care problems including strokes and other acute medical issues.
- Requires a focus on early intervention and prevention before problems become more severe.

### **Strengths**

Senior services providers in the Tri-Valley provide solid support services to residents. Every indication is that seniors who are able to access services are happy with the array of services that are offered in the region. Senior Support of the Tri-Valley and the local senior centers provide excellent care, especially their meals programs, in-home supportive services, and foot care, according to participants from the Ridgeview Commons Senior Focus Group.

## **Disability Services**

### **Challenges**

The number of Tri-Valley residents with a disability has grown along with the rest of the population. According to the US Census, there were 21,530 people between the ages of 16 and 64 with a disability (14% of the region's population), and 7,711 people with disabilities over the age of 65 (5% of the region's population) in the Tri-Valley. CRIL served an estimated 160 Tri-Valley clients in 2002, while the BACS Valley Creative Living Center served 98 individuals in fiscal year 2002. Service providers indicated to ICF staff that meeting the increasingly diverse needs of their clientele was a growing challenge.

For one, the service population, much like the general population, is aging. The result has been a shift in the type of services needed, as much of this population has developed disabling conditions later in life. Another trend is an increasing number of homeless clientele—Elizabeth Pazdral of CRIL noted that the percentage of homeless persons served increased from 13% of the total in 1998 to 18% in 2001. In addition, many clients of disability services are having a difficult time securing housing, and as such are compelled to live with their families or pursue other options, as opposed to living independently.

## **Strengths**

The service providers that ICF interviewed all spoke with great pride about the services they perform for their clientele. Disability service providers make every effort to assist clients with living as independently as possible. Providers have the capacity to offer many services, including pre-vocational training, social and recreational interaction.

- Building independence
- Employment resources including job searching and skill building
- Situation management, so clientele can cope with situations successfully
- Benefits advocacy
- Information and referral services
- Housing counseling (including searching, applying and interviewing, and home modification assessments)

Collaborative efforts on the part of service providers also help to improve the quality of services offered. The Valley Creative Living Center, for example, notes that it maintains relationships with Valley Mental Health, Valley Community Health Care, East Bay Innovations, Kaiser, Eden Hospital, Regional Center of the East Bay, Board and Care Homes, and private psychiatrists and therapists in the community. CRIL collaborates with many agencies and individuals as well, including ECHO, Allied Housing, and the Tri-Valley Haven. Comprehensive outreach services, which include multilingual capacity, public service announcements, outreach to adult schools in the region, and referrals between disability services providers in the Tri Valley and other agencies.<sup>7</sup>

## **Homeless Services**

### **Challenges**

The demand for services provided by homeless services providers has increased as the Tri-Valley has grown. At the Tri-Valley Haven, the Domestic Violence and Sexual Assault Program took 2,985 calls on its crisis line in fiscal year 2001-2002. The domestic violence shelter had 182 residents who stayed at the shelter for a total of 6,673 bed nights.

- More seniors and families are being seen; approximately 75% of Open Heart Kitchen's guests are families.
- Influx of people who have never been in the system before; more fall into the working poor category.
- Increasing number of non-English speaking guests, even without Spanish language translation of outreach material.

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<sup>7</sup> If is of note, however, that tensions do arise between disability service providers and senior services providers.

## ***Strengths***

Coordination efforts among homeless services providers are a strong point in the human services network. The Tri-Valley Haven, Shepherd's Gate and the Livermore Police Department run a food and clothing drive together. Moreover, Shepherd's Gate, as part of its involvement in health and human service issues pertaining to homelessness, works with multiple health and substance abuse organizations, including the County's Access Program, Alameda County Health Care, the Hope Van, and Child Care Links.

Homeless services providers in the Tri-Valley have demonstrated a concerted effort to perform outreach services to residents in need. The Tri-Valley Haven, as part of its domestic violence outreach efforts, has cultivated a positive working relationship with the Livermore Police Department. As a result, responders to domestic violence calls have the capacity to provide the victim with the Haven's referral information.

Every effort is made to avoid cost of service being a deterrent for Tri-Valley residents in need of services. Tri-Valley Haven employs a sliding fee scale for legal and counseling services it offers that drops as low as two dollars. Whenever possible, human service providers requests some form of payment, grounded in the notion that clients who make a financial investment in their self-improvement, no matter how small, will be more inclined to put forth the effort to achieve positive results.

- Good communication among homeless service organizations.
- Good working collaborations such as HOPE Van and Community Needs and Services Network.

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## **Appendix D: Summary of Focus Group Discussions**

### **Focus Group with Parents, Teachers, and Community Members**

Marylin Avenue School, Livermore

January 27, 2003

6:00 PM–7:30 PM

Attendees: 13 community members

### **Focus Group with Case Managers**

City of Pleasanton Senior Center, Pleasanton

January 31, 2003

10:00 AM–11:30 AM

Attendees: 12 individuals representing 11 organizations

### **Focus Group with Seniors**

Ridge View Commons, Pleasanton

February 26, 2003

2:00 PM–3:30 PM

Attendees: 15 seniors

### **Focus Group with Homeless Families and Individuals**

Trinity Lutheran Church, Pleasanton and Asbury United Methodist Church, Livermore

March 14, 2003 and March 26, 2003

2:00 PM–3:30 PM; 4:30 PM–6:00 PM

Attendees: 10 community members

### **Focus Group with Parents and Community Members**

Community Association for Preschool Education (CAPE), Livermore

March 26, 2003

6:00 PM–7:00 PM

Attendees: 6 community members

## **Focus Group with Parents, Teachers and Community Members**

Marylin Avenue School, Livermore

January 27, 2003

### **In attendance:**

Lori Olsen, Teacher  
Karen Woodward, Teacher  
Debbie Anderson, Teacher  
Carol Graham, Parent  
Joanna Martinez, Parent/PFO Vice-President  
Rosa Suarez, Parent  
Donna Pontau, Manager of Rincon Branch Library  
Martha Garcia, Parent and Community Outreach Worker  
Philomena Buonsante, Assistance League of Amador Valley  
Vicki Leary, School District Nurse  
Thomas Clark, Parent and Grandparent  
Joe Turnage, Principal  
Daniel Graham, Parent

### **Summary of Discussion of Service Gaps:**

#### ***Children Services/Youth Services***

- Few mentoring programs available for children and youth.
  - Big Brother/Big Sister program was recently discontinued.
- Few after-school and weekend programs for children and youth.
- Few tutoring programs in math/reading/writing for children and youth.
  - Tutoring programs are not tailored to recent immigrants with fewer educational skills.
- Sports activities for children and youth are fee-based programs and these fees can be prohibitive for working parents with many children.
- Few inexpensive arts and crafts programs for children and youth; several programs are available but these are fee-based.
- Local after-school program, Extended Student Services (ESS), is excellent; however, its roster is already full.
- Livermore Area Recreation and Park District (LARPD) provides excellent recreational services for children, youth, adults and seniors.
  - LARPD has shown leadership in partnering with Marylin Avenue School to share resources to serve low-income children living nearby the school.
- Few entertainment opportunities are available for teenagers in the City of Livermore.
  - Oftentimes, teenagers need to ask their parents to drive them to the City of Dublin to watch a movie or go shopping.
  - Business community in Livermore is not teen-friendly.
    - Computer gaming facility closed down.
    - Bowling alley is not safe.

## Appendix D: Summary of Focus Group Discussions

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- Few nighttime activities are available locally for young people.
- Great outdoor activities are available, including the Y-Guides Program through the Tri-Valley YMCA.
- Tri-Valley YMCA used to have a bigger presence in the Tri-Valley.
  - Due to cutbacks, programs and services have been reduced.
- Boys and Girls Club has no presence in the Tri-Valley.

### **Multicultural Services**

- Few tutoring programs for recent immigrants, particularly the non-English speaking population.
- Rincon Branch Library provides excellent services to community members, especially the non-English speaking population.
  - Free one-on-one ESL program with volunteers
  - General literacy program for adults
  - Staff has made an effort to expand its offerings so that they are relevant to the community living nearby Marilyn Avenue School.
  - Staff provides limited assistance with translation services, mostly translation of city documents; the City of Livermore doesn't appear to recognize that the community has changed especially with respect to the growing non-English speaking population.
- Translation services are available through the City of Livermore.
- Informal translation services are available in the community; however, these translators are unable to explain the details of legal documents.

### **Legal Services**

- Many people need assistance reviewing legal documents (e.g. leases for rental housing).

### **Health/Medical**

- Few opportunities for low-cost insurance for children and their families.
- Valley Community Health Center, the primary, publicly subsidized, health care provider to low-income, uninsured or underinsured families, provides inadequate care.
  - Poor customer service.
  - Delays in making appointments.
  - Long waiting times during medical visits.
  - Insufficient hours of service.
- The urgent care system in the Tri-Valley suffers from poor service coordination even for members of the two private healthcare networks (Kaiser and ValleyCare).
  - Community members recounted bad experiences with accessing urgent care services outside of their private health care network.
  - According to school representatives, accessing urgent care or emergency care services in the publicly subsidized health system can be very disruptive to the entire family of a child; a child and all of her siblings can be pulled out of class by their family for an entire day to attend a medical visit in Northern Alameda County.
  - The community clinic and the private health networks are not large enough to provide extensive urgent care services.
- Big gap in dental care services for community members.

## Appendix D: Summary of Focus Group Discussions

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- Marilyn Avenue School provides free dental screenings to students; however, follow-up care by local providers is not readily available.
- Specialty care providers are frequently located outside of the Tri-Valley, whether these providers belong to the private health care network or the publicly subsidized health care system.
  - Many community members with private insurance complained that they have to drive to Walnut Creek to see a specialty care provider.
  - Community members relying on the publicly subsidized health care system often have to travel to Northern Alameda County for treatment.
- Few options for vision care are available to low-income families since many lack vision care coverage.
  - Limited assistance is provided to students by community service organizations such as United Way with private donations.
  - The school has physically transported a student from Marilyn Avenue School to Oakland for vision care services.
- Rehab services are not available, both for physical rehabilitation (e.g. stroke survivors) and drug rehabilitation; community members need to travel to Walnut Creek for assistance.

### ***Mental Health Services***

- Horizons Family Services provides great family counseling services.

### ***Substance Abuse Services***

- Drug rehabilitation services are not readily available in the Tri-Valley; community members need to travel to Walnut Creek for assistance.
- Noticeable increase in drug use in certain neighborhoods of Livermore.

### ***Senior Services***

- Urgent care and emergency health services do not appear to be well coordinated across the two private healthcare networks, a particularly troubling problem for seniors.
- Livermore Senior Center offers a variety of low-cost programs to older adults including lunches, recreational programs, and social day care.
- Livermore Area Recreation and Park District (LARPD) provides excellent recreational services for children, youth, adults and seniors.

### ***Homeless Services***

- Homeless services are difficult to access because there are few sources of relevant information about services available.
  - Common perception that these problems don't exist here in the Tri-Valley.

### ***Employment Services***

- Opportunities for employment services are poorly advertised.
- Many people come into the library to locate employment assistance.

### ***Transportation Services***

- Public transportation in the Tri-Valley is both time-consuming and unreliable, especially for making appointments to healthcare providers.



## Focus Group with Case Managers

City of Pleasanton Senior Center  
January 31, 2003

### In attendance:

Eveline Mantua, CAPE  
Susan R. Contreras, Alameda County Public Health  
Eva Garcia, Alameda County Public Health  
Paul Del Bel, Alameda County/Valley Community Support Center  
Rebecca Cox, CRIL  
Elinor Cullen, ECHO Housing  
Mary Sturges, Tri-Valley Haven  
Grace Clinton, Childcare Links  
Tom Waggoner, Valley Community Health Center  
Linda Henry, Hope Hospice  
Marlene Petersen, Senior Support Program of the Tri-Valley  
Chuck Trumble, BACS

### Summary of Discussion of Service Gaps:

#### *Transportation*

- Persistent transportation problems traveling from city to city within the Tri-Valley, and from the Tri-Valley to Northern Alameda County or Walnut Creek for human services.
- Public transit is not a reliable form of transportation for people with functional disabilities, including those with mental health problems and frail seniors.
- Public transit is also difficult to navigate for second language learners, especially mothers with multiple children.
  - Due to the unreliable public transit system, many undocumented families opt to drive without a driver's license to providers here in the Tri-Valley or elsewhere in Northern Alameda County and Southern Alameda County.
- Para-transit services are limited by jurisdictional boundaries, meaning that a senior living in Pleasanton who needs to access the services of a provider based in Livermore cannot rely on paratransit.
- Geographic mismatch between where housing is located, and where services are located. Chuck from BACS raised this as an issue.

#### *Health/Medical*

- Admission to the public school district requires basic clinical certifications for children that are not readily available for low-income, working families. This includes physical and dental examinations.
  - A limited number of dentists provide free screenings to children without dental insurance; however, follow-up care is only located in Oakland and Fremont.
  - Valley Community Health Center has a waiting list of approximately 2½ months for physical examinations.
- Specialty care services are not readily located here in the Tri-Valley.

## Appendix D: Summary of Focus Group Discussions

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- Since health care services are so impacted at Valley Community Health Center, many community members go to emergency rooms for primary care service.
- The healthcare system struggles with its own ageism, elitism, and racism, which are clearly barriers to accessing care.

### **Multicultural Services**

- Language and cultural barriers prevent many community members, especially recent immigrants, from accessing the mainstream human services network.
  - As a result of language and cultural barriers, loneliness and isolation oftentimes develop among community members. This self-reinforcing process makes accessing the human services network that much more difficult.
- Lack of language competency, especially among the clerical staff of many service providers. These clerical staff members are generally the first point of contact for many non-English speaking community members.
  - Encourage the clerical staff to slow down their speech to accommodate the needs of second language learners.
  - Encourage providers to hire staff people with good Spanish language skills.
- Non-English speaking community members become resistant to accessing care when service providers don't have staff members that speak their language.
- Automated telephone menus are also an intimidating detail for many seniors and frequently for community members in distress.
- Language barriers are especially troublesome when individuals are discriminated by landlords based on national origin.
- *Remedy:* Look into opportunities to share translation services across organizational boundaries. For instance in a situation like the Multi-Service Center where multiple service providers are co-located at a single location, organizations could share resources.
  - Shared translation services can provide assistance with making appointments.
  - Shared translation services can also provide assistance with delivering trainings.
  - The Volunteer Center could organize the efforts of the translation program.
  - Perhaps a more formalized structure is necessary to provide professional level expertise to community members.
- *Remedy:* Look at Centro de Servicios in Union City as a model program. The Centro helps clients find emergency shelter and food, distributes surplus U.S.D.A. food, provides assistance in obtaining social services and benefits; offers legal counsel, paralegal and translation/interpretation services; provides assistance in completing U.S. citizenship applications and the citizenship process, and offers clients help with writing letters.
- El Centro de Servicios is a city-sponsored program that attempts to integrate non-English speaking community members into the mainstream human services network.

### **Life Skills Training**

- Individuals need more opportunities to develop their skills with respect to financial literacy, parenting, managing stress, employment training, workforce development, etc.
- Without many of these basic skills, community members may not be able to participate fully in the human services network.
- Few training opportunities are accompanied by childcare. Low-income, working families would be more likely to participate if childcare services were also provided.

## Appendix D: Summary of Focus Group Discussions

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- Parenting classes are a pressing issue for many community members.

### ***Employment Training Services***

- Few training opportunities exist for disabled people to earn gainful employment.
- Few opportunities exist for seniors as well.

### ***Youth Services***

- Few opportunities for youth re: substance abuse issues. A neglected issue.
- Few opportunities for youth re: sex education.
- Young people are a neglected population when it comes to social service provision.
- Troubling issue of youth obesity is becoming more prevalent; recreational programs need to target youth obesity.
- Few opportunities for children to get general wellness education re: nutrition, sexual activity, substance use, etc.
  - Opportunities for an intergenerational community where seniors, adults, and young people can interact.
- Few childcare and/or after school opportunities after 5<sup>th</sup> grade.
  - Long waiting lists for the few after school programs geared to middle school children and up.
  - Children need to grow up quickly; very little care is available after middle school.

### ***Legal Services***

- The Law Center for Families provides limited assistance to families and individuals at the Multi-Service Center once a week from 10 AM to 2 PM.

### ***AIDS/HIV Services***

- Few opportunities are available locally for AIDS/HIV affected community members.
- Few educational opportunities are available for the community at large.

### ***Housing Services***

- Geographic mismatch for many disabled people, especially with the example of BACS where the organization's housing is located in Livermore, and their services are located in Pleasanton.
- Few board and care facilities are available in the Tri-Valley for people with mental and emotional disabilities.
  - Fortunately, many people with disabilities living here in the Tri-Valley have a high degree of family involvement and are able to live in a family setting.
  - However, when these disabled people are unable to live in a family setting, they invariably are placed in a board and care facility in Northern Alameda County.
- Community opposition has stopped several service-enriched housing projects from being developed.
- No shelter housing opportunities for single men.
- No transitional housing opportunities for families that include men.
- Few affordable housing opportunities for larger families.
- Senior housing waiting lists are as long as 3 to 4 years.

## Appendix D: Summary of Focus Group Discussions

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- Young adults have nowhere to go.

### ***Advocacy Efforts***

- Need to publicize the actual needs here in the Tri-Valley community.
  - One participant explained that he volunteers for a mental health issues speakers' bureau and its goal is to go out into the community to help remove the social stigma regarding mental health issues.
  - This focus group model could prove to be useful in discussing disability issues.

### ***Service Coordination/Collaboration***

- When the budget cuts come, service collaboration will become much more important for extending the reach of human services network by many of the Tri-Valley's service providers.

## Focus Group with Seniors

Ridge View Commons, Pleasanton

February 26, 2003

### **In attendance:**

Approximately 15 senior residents from Ridge View Commons who have lived at the senior housing facility ranging from 14 years to three months. All of the participants were women.

### **Summary of Service Gaps:**

#### ***Transportation***

- Due to their advanced age, many of the seniors living at Ridge View Commons have to rely on public transportation and paratransit to get around the Tri-Valley and to make necessary appointments.
- Participants described persistent transportation problems traveling from the City of Pleasanton to the City of Walnut Creek (or as far as the City of Martinez) for medical appointments: time-consuming, inconvenient, and confusing process.
- Public transit is not a reliable or convenient form of transportation for seniors; route 7, which serves Ridge View Commons, does not offer midday service.
- DART service, which replaces the fixed route service during midday, is unreliable.
- Paratransit service is difficult to schedule and use for many of the senior residents.

#### ***Health/Medical***

- Many of the seniors are enrolled in Kaiser/Senior Advantage, and Kaiser offers few specialty care services in the Tri-Valley, including the following:
  - Vision care
  - Cancer (oncology)
  - Emergency services
- *Remedy:* Encourage Kaiser to provide transportation between the Tri-Valley and its Walnut Creek location.
- Many seniors on other private health insurance programs also complained that it is difficult for them to locate specialty health care services in the Tri-Valley.
- Affordable dental care services are a persistent problem among many of the seniors present.
  - Kaiser does not provide dental care services.
  - Medicare does not provide dental coverage.
  - Oftentimes, dental expenses are paid out of pocket.
- Prescription medication costs are a substantial problem for seniors, and many at Ridge View Commons have signed onto Kaiser/Senior Advantage to better manage their costs.
- Filling prescriptions can be a time consuming and confusing process.
- Kaiser's voicemail system, which is generally the first point of contact for many of their clients, is difficult to navigate for many seniors.
- Several seniors complained that they could not speak directly with their physicians re: health problems. Oftentimes they are referred to a nurse practitioner for their medical questions.

## **Appendix D: Summary of Focus Group Discussions**

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### ***Housing***

- Waiting lists for affordable senior apartments can be as long as 5 months to 2 years.
- Priority is given to residents of the City of Pleasanton.
- The cost of long-term care facilities is an extraordinary financial burden, and many seniors were concerned that these costs would overwhelm them.

### ***Community Service Programs***

- Some discussed the need for educational programs to help seniors improve their memory.
- Some discussed the need for greater volunteer assistance with such activities of daily living as:
  - Shopping for groceries.
  - Housecleaning.
- One senior was very enthusiastic about a visiting pet service program for seniors.

### **Summary of the Strengths of the Human Services Network:**

#### ***Senior Support Programs***

- Several seniors volunteered that the local nonprofit senior agency provides excellent care, especially meals on wheels, in-home supportive services, and foot care.
- The agency and the local senior center are located within walking distance to Ridge View Commons.

#### ***Ridge View Commons***

- The facility distributes a monthly bulletin that informs residents of special programs and workshops, services, etc.
- The facility offers limited case management services from a part-time employee.
- The seniors interviewed felt very secure in their residential community.

#### ***Local Senior Centers***

- Offer a healthy mix of social programs and meal services for seniors to combat loneliness and isolation.
- These programs include:
  - Recreational activities.
  - Parties.
  - Meal service.
  - Income-tax assistance.
  - Health insurance assistance.
  - Housing assistance.

## **Focus Group with Homeless Families and Individuals**

Trinity Lutheran Church, Pleasanton/Asbury United Methodist Church, Livermore

March 14, 2003/March 26, 2003

### **In attendance:**

Kristina  
Mario  
Tracina  
Lisa  
Joe  
Jan  
Anna  
Nancy  
Joyce  
Dorothy

### **Summary of Discussion of Service Gaps:**

#### ***Housing Services***

- Few affordable housing opportunities available in the Tri-Valley, very difficult to afford to live in the Tri-Valley on minimum wage income or fixed income.
  - One mother and father spent much of their General Assistance check in one week at a motel room for themselves and their three children.
- No shelters or transitional housing facilities for single women without children.
- No shelters or transitional housing facilities for single adult men without children.
  - Several discussed how they lived in their cars or how they shared temporary housing with welcoming family members or friends.
  - No local facilities offer homeless people a safe and decent place for them to shower and clean up.

#### ***Employment Training Services***

- Few employment opportunities pay enough for low-skill workers to be able to remain living in the Tri-Valley.
- Few jobs for low-skill workers.

#### ***Human Services Network***

- Network of human services is not well established here in the Tri-Valley.
- Few clearinghouses of human service resources in the Tri-Valley; need for a one-stop human services information and referral center.
- Several explained that they had to contact several different providers to get all of their needs met:
  - Health care services.
  - Childcare services.
  - Food and clothing assistance.

## **Appendix D: Summary of Focus Group Discussions**

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- Several explained that they had to travel to Hayward to file their applications for General Assistance or SSI.
  - One explained that she would have to travel to Hayward to visit with her CalWORKs social worker; invariably the trip would take two hours to get there and two hours to return, turning into an all-day excursion.

### ***Health/Medical***

- Since health care services are so impacted at Valley Community Health Center, many would like to see another health center for low-income and uninsured people.
- Physicians at Valley Community Health Center are often overworked and they don't have enough time to follow-up with their patients.
- For many of the families and individuals interviewed at Open Heart Kitchen, health care is invariably one of their priority service areas.
- Specialty health care services are extremely impacted at Northern Alameda County facilities like Highland Hospital or Children's Hospital in Oakland.
  - One woman explained that it took several weeks for Highland Hospital to schedule her back surgery and she was only able to secure an appointment with great persistence.

### ***Mental Health***

- Mental health services are limited.

### ***Youth Development***

- Need for constructive recreational and educational opportunities for young people in the Tri-Valley.
- The focus of programs and services should be youth-centered and relevant to young people.
- After school and childcare programs are essential for many low-income families.

### ***Transportation***

- A facility that provides low-cost auto repairs for low-income people.
- Need for low-cost auto insurance, since an automobile is often an individual's only source of reliable transportation

## **Summary of Discussion of Strengths of the Human Services Network:**

### ***Homeless Services***

- Many were grateful for the food and clothing assistance provided through organizations like Open Heart Kitchens, Interfaith Sharing, Tri-Valley Haven, etc.
- Meal programs are amazingly helpful, allow many working families to stretch their paychecks and many households on public assistance to be able to feed themselves at the end of the month.



## **Focus Group with Parents and Community Members**

Community Association for Preschool Education (CAPE), Livermore

March 26, 2003

### **In attendance:**

Rachelle Coronado, Parent  
Guadalupe Pacheco, Parent  
Lidia Maklaf, Community Member  
Gigi Berry, Community Member  
Adelita Tinoco, Parent  
Blanca Maciel, Parent

### **Summary of Discussion of Service Gaps:**

#### ***Mental Health Services***

- Few mental health services available in the Tri-Valley for clients who do not speak English; one mother explained that she drives a friend to weekly appointments in Hayward.

#### ***Health/Medical***

- Many complained that Valley Community Health Center, the primary, publicly subsidized, health care provider to low-income and uninsured families, provides inadequate care.
  - Poorly managed receptionist and medical assistant staff.
  - Rude intake process.
  - Medical appointments cancelled without warning.
- Only one dentist in Livermore accepts dental program setup for low-income families.
  - One mother had to drive herself and friend to Fremont for low-cost dental care services.
- Many described how—on one occasion or another—they had to bring a family member to a faraway location for specialty health care services.
  - One mother had to drive her mother to San Ramon for health care services.
  - Another had to bring her daughter to Martinez for surgery.

#### ***Transportation Services***

- Public transportation in the Tri-Valley is both time-consuming and unreliable for many.
- Public transportation to other parts of the County are also inconvenient, unreliable, and time-consuming.

#### ***Resource and Referral***

- Many explained that they rely on CAPE for assistance regarding other human service opportunities in the Tri-Valley:
  - Housing.
  - Transportation.
  - Medical services.

## Appendix D: Summary of Focus Group Discussions

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- Educational opportunities.
- Parenting classes.
- Many complained that they don't know where to go for reliable information regarding human service opportunities.

### Summary of Discussion of Strengths of the Human Services Network:

#### **CAPE**

- Provides comprehensive supportive services to parents:
  - Parenting classes.
  - Housing.
  - Transportation.
  - Medical services.
  - Educational opportunities.
- Family-centered model of providing care:
  - Interested in teaching kids.
  - Committed to showing parents how they can teach their own children.
- Serves as an important resource and referral agency for many of its families.
- In good shape.

#### **Livermore Housing Authority**

- Affordable housing opportunities are available.

#### **LARPD—Childcare, Extended School Subsidy Program**

- Provides an exceptional service to parents in the Tri-Valley:
  - Children learn a lot.
  - They have fun.
  - Safe environment.

#### **Livermore School District**

- Free and reduced lunch program is a great benefit.

#### **One Stop Employment Center**

- Provides excellent career development resources.

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## **Appendix E: Key Interviewees**

- William Ball, VA Palo Alto Health Care System
- Hiram Berhel, City of Pleasanton Teen Recreation Programs and Youth Services
- Roberta Brooks, Consultant with Alameda County Public Health Department and member of Project Roadrunner/Health Access Subcommittee
- Sue Compton, Valley Community Health Center
- Millicent Cox-Edwards, ValleyCare Health System
- Pam Deaton, Pleasanton Senior Services Center
- Christine Dillman, Tri-Valley Haven
- Pam Gieger, Ridge View Commons
- Clayton Goad, Bay Area Community Services
- Marcy Hawkins, R-Quest
- Anna Hudson, Dublin Senior Services Center
- Lyn Kiernan, Shepard's Gate
- Tony Limperopulos, Valley Mental Health Center
- Don McAllister, Marylin Avenue School
- Shirley McPherson, Childcare Links
- Helen Meier, Hope Hospice
- Dolores Olness, Community Needs and Services Network
- Elizabeth Pazdral, CRIL
- Marlene Petersen, Senior Support Programs of the Tri-Valley
- Rebecca Silva, CAPE
- Lynn Siwula, Horizons
- Jacqui Stratton, Anthropos Counseling Center
- Mary Sturges, Tri-Valley Haven
- Maureen Gandara Swinbank, Livermore Senior Services Center
- Julie Testa, Pleasanton Human Services Commissioner
- Barbara Thomas, Open Heart Kitchen
- Vicki Thompson, Tri-Valley Haven
- Rosemary Young, Interfaith Sharing

## Appendix E: Key Interviewees

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**IN THE CITY COUNCIL OF THE CITY OF LIVERMORE  
STATE OF CALIFORNIA**

**AN ORDINANCE ADDING CHAPTER 12.70 TO THE LIVERMORE  
MUNICIPAL CODE TO ESTABLISH THE SOCIAL AND HUMAN  
SERVICE FACILITY FEE TO BE PAID BY DEVELOPERS AND USED  
TO PURCHASE AND DEVELOP CHILDCARE, COMMUNITY CARE  
AND SENIOR SERVICE FACILITIES TO PROVIDE LOCATIONS  
WHERE SERVICE PROVIDERS CAN DELIVER SERVICES TO MEET  
THE INCREASED DEMANDS OF THE RESIDENTIAL AND  
EMPLOYMENT POPULATION RESULTING FROM THE NEW  
DEVELOPMENT**

The City has assessed the social and human service network in the city. In 2003, a study was prepared for the city by ICF Consulting entitled "Human Services Needs Assessment for the Tri-Valley." That study determined the existing social and human service providers lack adequate facilities to deliver services for childcare, community care (an overarching description for a broad spectrum of community-centered, case management, mental and medical health services), and senior services.

In 2008, another study for the City was prepared by Seifel Consulting Inc entitled "Social and Human Service Facility Fee Study." That study further considered the social and human service network to determine whether a nexus existed between new residential and non-residential development and the need for social and human services. The purpose of the study was to determine whether new development caused an impact on childcare, community care and senior services. The study concluded that new development increased the residential and employee population which in turn created an increase in demand for childcare, community care, and senior services.

The two studies showed existing childcare and community care facilities are over capacity, resulting in a needless delay, and often denial of access, to services. The studies also showed senior service facilities are currently at capacity. As a result, without assistance the social and human services network will be unable to meet the increased demands for childcare, community care, and senior services resulting from New Development.

The City Council now wishes to approve the Social and Human Service Facility Fee Study and establish the fee effective the same date Chapter 12.70, introduced concurrently with this resolution.

Concurrent with the consideration of this resolution, the City Council considered and introduced an ordinance to add Chapter 12.70 to the Livermore Municipal Code to establish the Social and Human Service Facility Fee.

The City has provided notice and conducted a public meeting, as required by Government Code section 66016 for the adoption of the new fees.

THE LIVERMORE CITY COUNCIL DOES FIND AND ORDAIN AS FOLLOWS:

Section 1. After conducting a duly noticed public hearing on September 8, 2008, to add Chapter 12.70 to the Livermore Municipal Code., and mindful of the requirements for establishing an appropriate nexus between the impact of New Development and the use of the fee, as set forth in Government Code Section 66000 and following, the city council finds the new chapter implements policies in the city's Infrastructure and Public Services Element of its general plan, and as follows:

1. The purpose of the Social and Human Service Facility Fee is to establish a feasible means by which developers of Residential and Non-Residential projects assist in providing infrastructure and facilities to mitigate the increased need for social and human service facilities to provide a location to deliver childcare, community care, and senior services to meet the needs of the increased demand population resulting from New Development.

2. The fee will be used to finance the acquisition, development and construction of facilities to be occupied by service providers to deliver childcare, community care, and senior services to the service demand population created by New Development.

3. There is a reasonable relationship between the fee's use and the types of development projects on which the fee is imposed. Both Residential and Non-Residential Development affect the need for more childcare and community care facilities for the delivery of services, and Residential Development affects the need for more senior service facilities for the delivery of services.

4. There is a reasonable relationship between the need for childcare, community care, and senior service facilities and the types of development projects on which the fee is imposed. New Residential Development contributes to the need for childcare, community care, and senior service facilities because it increases the city's residential population and its service demand population for childcare, community care, and senior services. New Non-Residential Development contributes to the need for childcare and community care facilities because it generates jobs and therefore the need for more childcare and community care facilities to provide services.

5. There is a reasonable relationship between the amount of the fee the development on which the fee is imposed. The Facility Fee Study determined the amount of space required for childcare, community care, and senior services based upon the service demand population from New Development. To determine the amount of the fee, the Facility Fee Study:

- a. Projected future levels of population and employment based upon new Residential and Non-Residential Development;
- b. Estimated the service demand population for childcare, community care, and senior services based on projected levels of population and employment from New Development;
- c. Estimated the number of persons in the service demand population for New Development to be served by facilities for childcare, community care, and senior services.
- d. Identified current and future space requirements for the service demand population for childcare, community care, and senior services;
- e. Determined the total space requirements for service demand population for childcare, community care, and senior services attributable to New Development;
- f. Estimated the costs to acquire and construct the additional facilities to satisfy the space requirements for childcare, community care, and senior services attributable to New Development; and,
- g. Calculated the fee for new Residential and Non-Residential development to acquire and construct the additional facilities to satisfy the space requirements for childcare, community care, and senior services attributable to New Development.

Section 2. Chapter 12.70 is hereby added to the Livermore Municipal Code, to read as set forth in Exhibit A, attached hereto.

Section 3. If any part of this ordinance is held to be invalid or unconstitutional by a court of competent jurisdiction, such decision shall affect the validity of the remaining portions of this ordinance, and each section, subsection, sentence.

Section 4. This ordinance or a comprehensive summary thereof shall be published once in a newspaper of general circulation of the City of Livermore within fifteen days after its adoption and shall take effect and be in force sixty days from and after its adoption consistent with Government Code section 66017.

The foregoing ordinance was introduced and read at a regular meeting of the City Council of the City of Livermore held on the 8th day of September 2008, by the following vote:

AYES:	COUNCILMEMBERS:
NOES:	COUNCILMEMBERS:
ABSENT:	COUNCILMEMBERS:
ABSTAIN:	COUNCILMEMBERS:

The ordinance was adopted at the regular meeting of the City Council held on the \_\_\_ day of \_\_\_\_\_, 2008, by the following vote:

AYES: COUNCILMEMBERS:  
NOES: COUNCILMEMBERS:  
ABSENT: COUNCILMEMBERS:  
ABSTAIN: COUNCILMEMBERS:

\_\_\_\_\_  
MAYOR, CITY OF LIVERMORE

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
Alice Calvert, City Clerk

  
\_\_\_\_\_  
Jason Alcala  
Assistant City Attorney



## EXHIBIT A

### Chapter 12.70 SOCIAL AND HUMAN SERVICE FACILITY FEE

#### Sections:

- 12.70.010 Intent.
- 12.70.020 Findings.
- 12.70.030 Definitions.
- 12.70.040 Applicability – Time of payment – Exceptions.
- 12.70.050 Fee.
- 12.70.060 Fund – Use of fees.
- 12.70.070 Accounting requirements.
- 12.70.080 Refunds.
- 12.70.090 Fee adjustment or waiver.
- 12.70.100 Appeals – Protest procedures – Judicial actions.

#### **12.70.010 Intent**

This chapter is intended to establish a feasible means by which developers pay their fair share for social and human service facilities needed to accommodate the new service demands for childcare, community care, and senior services from the increased residential and employee population resulting from their developments. Specifically, the purpose of the Social and Human Service Facility Fee is to provide a mechanism to create infrastructure and facilities to be occupied by service providers for the delivery of childcare, community care, and senior services in response to the increased demand for services resulting from New Development. It is the city's intent that this chapter, and any fee-setting resolution adopted under it, fully conform to the requirements of the State Mitigation Fee Act in the adoption and monitoring of development impact fees.

A. Need for Social and Human Service Facilities. Two comprehensive studies have assessed the social and human service network in the city and determined the existing social and human service providers lack adequate facilities to deliver services for: childcare; community care (an overarching description for a broad spectrum of community-centered, case management, mental and medical health services); and, senior services. The studies showed existing childcare and community care facilities are over capacity, resulting in a needless delay, and often denial of access, to services. The studies also showed senior service facilities are currently at capacity. As a result, the social and human services network will be unable to meet the increased demands for childcare, community care, and senior services resulting from New Development without assistance.

These services play a vital role in addressing the critical needs of city residents, particularly lower income residents, seniors, children, the disabled, high-risk populations, and others without ready access to any other provision of care. In the past decade, the city has experienced significant population growth and demographic changes that have caused an increasing demand for social and human services. As a

## EXHIBIT A

result of increasing regional growth, significant residential, commercial and industrial development is expected to occur in the city. The reasonably anticipated development will cumulatively generate a substantial increase in demand over existing levels for social and human services. Generally, the provision of social and human services is funded by a variety of sources, including city, State and Federal funds, foundation funding, private funding sources, and other sources. In every case, regardless of the type of service provider or source of funding, facilities are needed to provide services. Facilities are the indispensable container in which the services are housed. Service delivery cannot take place without such facilities. As a result, an increase in the need for social and human services creates a corresponding need for social and human facilities to deliver those services.

The Infrastructure and Public Services Element of the City of Livermore General Plan adopted by the City identifies a need for facilities for the delivery of child care and community care services.

Residential and Non-Residential development both contribute, in different ways, to the need for social and human service facilities. The modest purpose of this fee is to maintain the current level of service delivery to meet the increased demands from New Development by providing a mechanism for the development of human service facilities for their delivery.

The state has also identified a need for childcare, community care, and senior services in California. To address those needs, the California Health and Human Services Agency and numerous other state departments have been created and charged with developing and encouraging others to provide services to meet those needs.

B. Studies. The city has undertaken two studies: "Human Services Needs Assessment for the Tri-Valley," dated May 13, 2003, prepared by ICF Consulting, and "Social and Human Service Facility Fee Study," dated May 2008, prepared by Seifel Consulting Inc.

The Needs Assessment Study researched and analyzed the network for the delivery of human services in the city and its current levels of service, and the effect on the network due to increased population and demographic changes. The Facility Fee Study further researched and analyzed the increased demands for childcare, community care, and senior services as a result of New Development. The Facility Fee Study determined the additional facility space needed by service providers to meet the increased service demands for childcare, community care, and senior services caused by New Development. The Facility Fee Study then calculates the Social and Human Service Facility Fee based upon the amount of service facility space needed and the estimated costs to develop the needed childcare, community care, and senior service facilities, and includes a component for administrative costs.

## EXHIBIT A

C. Residential Development. New residential development, if it does not include social and human facilities, contributes to an increased demand for childcare, community care, and senior services which corresponds to an increased demand for facilities where those services can be provided. The studies analyzed and researched the effect of an increase in residential population from New Development and determined the service demand population. Based upon the service demand population arising from New Development, the Facility Fee Study determined the amount of additional facility space for providers to deliver those services.

D. Non-Residential Development. New non-residential development, if it does not include social and human facilities, contributes to an increased demand for childcare and community care services which corresponds to an increased demand for facilities where those services can be provided. The studies analyzed and researched the effect of an increase in employee population from new non-residential development and determined the service demand population. Based upon the service demand population arising from new non-residential development, the Facility Fee Study determined the amount of additional facility space for providers to deliver those services.

E. Social and Human Service Facilities. The studies identified the existing space for the delivery of childcare, community care, and senior services. The Facility Fee Study then determined the amount of new space necessary for the delivery of increased childcare, community care, and senior services to meet the needs of the service demand population as a result of New Development.

1. Childcare Facilities. Facilities for the delivery of childcare services generally consist of Childcare and Day Care Centers, and After-School Care Centers. The Facility Fee Study identified a requirement in the amount of 37,200 square feet of facility space for the delivery of childcare services to the service demand population as a result of New Development.

2. Community Care Facilities. Facilities for the delivery of community care services generally consist of Wellness Facilities, Outpatient Clinics, Mobile Clinics, Medical Dispensaries, Counseling Centers, Youth and Adult Behavioral Health Centers, Residential Treatment Homes, Recovery Centers, Multi-Service Facilities. The Facility Fee Study identified a requirement in the amount of 3,000 square feet of facility space for the delivery of community care services to the service demand population as a result of New Development.

3. Senior Services. Facilities for the delivery of senior services generally consist of Senior Centers, Residential Care Facilities, and Skilled Nursing Facilities. The Facility Fee Study identified a requirement in the amount of 5,000 square feet of facility space for the delivery of senior services to the service demand population as a result of New Development. The service demand population for senior services was only based upon Residential Development since the Facility Fee Study indicated new Non-Residential Development did not create a demand for senior services.

## EXHIBIT A

F. Proposed Fee. The Social and Human Service Facility fee proposed under this chapter will assist in providing facilities for the delivery of childcare, community care, and senior services to address the critical needs of city residents. Consistent with the Fee Mitigation Act, the fees are proposed to fund the construction of capital improvements and facilities to provide locations where government, non-profit, and other service providers can be located to deliver these services. The fee is not intended to fund the other costs to deliver services. The fees are calculated based upon the proportional share of the cost of the childcare, community care, and senior service facilities to mitigate the increase in demand for each service type from New Development. The fee shall only be applied to New Development that occurs after the fee has been adopted.

### **12.70.020 Findings.**

Mindful of the requirements for establishing an appropriate nexus between the impact of New Development and the use of the fee, as set forth in Government Code Section 66000 and following, the city council finds as follows:

A. The purpose of the Social and Human Service Facility Fee is to establish a feasible means by which developers of Residential and Non-Residential projects assist in providing infrastructure and facilities to mitigate the increased need for social and human service facilities to provide a location to deliver childcare, community care, and senior services to meet the needs of the increased demand population resulting from New Development.

B. The fee will be used to finance the acquisition, development and construction of facilities to be occupied by service providers to deliver childcare, community care, and senior services to the service demand population created by New Development.

C. There is a reasonable relationship between the fee's use and the types of development projects on which the fee is imposed. Both Residential and Non-Residential Development affect the need for more childcare and community care facilities for the delivery of services, and Residential Development affects the need for more senior service facilities for the delivery of services.

D. There is a reasonable relationship between the need for childcare, community care, and senior service facilities and the types of development projects on which the fee is imposed. New Residential Development contributes to the need for childcare, community care, and senior service facilities because it increases the city's residential population and its service demand population for childcare, community care, and senior services. New Non-Residential Development contributes to the need for childcare and community care facilities because it generates jobs and therefore the need for more childcare and community care facilities to provide services.

## EXHIBIT A

E. There is a reasonable relationship between the amount of the fee the development on which the fee is imposed. The Facility Fee Study determined the amount of space required for childcare, community care, and senior services based upon the service demand population from New Development. To determine the amount of the fee, the Facility Fee Study:

1. Projected future levels of population and employment based upon new Residential and Non-Residential Development;

2. Estimated the service demand population for childcare, community care, and senior services based on projected levels of population and employment from New Development;

3. Estimated the number of persons in the service demand population for New Development to be served by facilities for childcare, community care, and senior services.

4. Identified current and future space requirements for the service demand population for childcare, community care, and senior services;

5. Determined the total space requirements for service demand population for childcare, community care, and senior services attributable to New Development;

6. Estimated the costs to acquire and construct the additional facilities to satisfy the space requirements for childcare, community care, and senior services attributable to New Development; and,

7. Calculated the fee for new Residential and Non-Residential development to acquire and construct the additional facilities to satisfy the space requirements for childcare, community care, and senior services attributable to New Development.

F. This chapter implements policies in the city's Infrastructure and Public Services Element of its general plan.

### **12.70.030 Definitions.**

In this chapter:

A. "Facility Fee Study" means the study entitled "Social and Human Service Facility Fee Study," dated May 20008, prepared by Seifel Consulting Inc., which is on file in the city community development department.

B. "Gross Floor Area," when calculating the Social and Human Service Facility Fee for Non-Residential Development, means the square footage of: (1) the floor area included within the surrounding exterior walls of a building, or portions of it, including mezzanines, or (2) the usable area under the horizontal projection of the roof

## EXHIBIT A

or floor above. "Gross floor area" does not include floor area devoted to vehicle parking, necessary interior driveways and ramps, atriums and lobbies.

C. "Mobile Home" shall have the same meaning given that term in section 798.3 of the California Civil Code, as that section may be amended from time to time.

D. "Needs Assessment Study" means the study entitled "Human Services Needs Assessment for the Tri-Valley," dated May 13, 2003, prepared by ICF Consulting, which is on file in the city community development department.

E. "New Development" means a subdivision map approval or any new Residential or Non-Residential development, or other construction, addition, extension or enlargement of an existing structure that intensifies the density on a parcel. "New Development" also includes a conversion or change in use of an existing commercial structure when the conversion or change may result in a greater number of workers at that location.

F. "Non-Residential Development" means any project involving the construction of a new building or the rehabilitation, renovation, remodeling or improvement of an existing building for a commercial, industrial or other land use that is not residential. "Non-Residential Development" includes but is not limited to office, retail, service, manufacturing, research and development, warehousing, construction, repair services, and wholesale trade uses. "Non-Residential Development" does not include public or institutional land uses, or a church, temple, or other property used primarily for religious worship.

G. "Residential Development" means any project involving the construction of a new building for occupancy or use as a residential dwelling unit, mobile home, secondary dwelling unit, and the rehabilitation, renovation, remodeling or improvement of an existing residential dwelling unit which intensifies the density on a parcel equivalent to a new dwelling unit.

H. "Secondary Dwelling Unit" shall have the same meaning given that term in section 3-10-020 of the Livermore Municipal Code, as that section may be amended from time to time.

I. "Studies" means the Needs Assessment Study and the Facility Fee Study.

### **12.70.040 Applicability – Time of payment – Exceptions.**

A. Except as provided in subsection B of this section, this chapter applies to New Development which results in:

## EXHIBIT A

1. Residential Development: a new residential dwelling unit, or the rehabilitation, renovation, remodeling or improvement of an existing residential dwelling unit which intensifies the density on a parcel equivalent to a new dwelling unit.

2. Non-Residential Development: a new building or structure for commercial or industrial use, an increase in the Gross Floor Area of a building or structure used for commercial or industrial use, or any change in use of an existing commercial or industrial building or structure requiring city approval which results in an increase in the number of employees.

This chapter applies to development fees charged as a condition of development. It is not intended to and does not apply to regulatory and processing fees or fees required under a development agreement (Government Code Section 66000 (b)).

B. Exceptions. This chapter does not apply to:

1. The following types of Residential Development:

- a. Residential development which as a condition or approval or entitlement dedicates to the City or its designee sufficient property and facilities for use by social and human service providers to mitigate the demands from the increased service demand population from the New Development;
- b. Expansion, rehabilitation, renovation, remodeling or improvement of an existing residential dwelling unit which does not intensify the density on a parcel equivalent to a new dwelling unit; or,
- c. Replacement with a like dwelling unit which occurs within 36 months of damage or destruction.

2. The following types of Non-Residential Development:

- a. Public and private day care, childcare, community care, senior service providers, and elementary and secondary schools.
- b. Development for public use on publicly owned property by the city, county of Alameda, state or federal government, or other public agency, such as the Livermore Area Recreation and Park District.
- c. Commercial and industrial development that is: limited to remodeling or an addition which does not increase the Gross Floor Area by 200 square feet or more; replacement with a like building or structure which occurs within 36 months of damage or destruction; temporary use for less than 12 months; or, a public hospital.

## EXHIBIT A

C. **Time of Payment.** The Social and Human Service Facility Fee is payable before the date of final inspection or the date the certificate of occupancy for the New Development is issued, whichever occurs first, or as specified in the city council resolution establishing the amount of the (commercial/industrial) fee, or as provided in a development agreement.

### **12.70.050 Fee.**

A. **General.** Any person who develops a New Development shall pay a Social and Human Service Facility Fee, unless the particular development is an exception under LMC 12.70.040(B).

B. **Amount set by Resolution.** The amount of the Social and Human Service Facility Fee for New Development shall be established by resolution of the city council.

C. **Methodology - Review and Revision.** The Social and Human Service Facility Fee is based upon the reasonably expected increase in demand for social and human service facilities in response to the increase demand for services resulting from New Development. The methodology is set forth in greater detail in the Facility Fee Study and is generally calculated by allocating the costs to acquire and develop property for new social and human service facilities based upon the reasonably anticipated number of occupants per dwelling unit for Residential Development and the number of employees per 1000 square feet of Gross Floor Area for Non-Residential Development.

The conservative methodology from the Facility Fee Study establishes the reasonable relationship between the fee and the cost of the social and human service facilities and infrastructure attributable to the New Development. The city council may review and revise the methodology periodically based upon these factors, or to more fully identify the impacts from New Development on the need for social and human service based upon new information, further study, or an amendment or clarification to the Fee Mitigation Act.

### **12.70.060 Fund – Use of fees.**

A. **Fund.** The city will deposit all Social and Human Service Facility Fees in a fund and allocate the proportional share of the fee to separate accounts designated for childcare, community care, and senior service facilities, and administration, based upon the pro rata share of the fee paid. The city will keep the fees, and all interest earned on the accounts, only for the uses specified in subsection B of this section.

B. **Use of Fees.** The fees and interest earned shall only be used to develop, create, construct, or otherwise acquire facilities to be used for the delivery of childcare, community care, and senior services consistent with this chapter, including:



## EXHIBIT A

1. Acquisition of real property, buildings, facilities, and infrastructure for the development of social and human services facilities;

2. Costs associated with the development, design and construction of social and human service facilities, including but not limited to predevelopment and entitlement costs, environmental review costs, and related permits and fees;

3. Administrative costs associated with the Social and Human Service Facility Fee including, but not limited to, audits, meetings, public hearings, environmental review, and rate studies.

### **12.70.070 Accounting requirements.**

The city will comply with the accounting requirements in the Fee Mitigation Act, including the following:

A. The city shall avoid any commingling of Social and Human Service Facility Fee funds with any other accounts, except for temporary investments. The city shall expend the fees solely for the purposes for which the fees were collected (Government Code Section 66006(a)).

B. Within 180 days after the last day of each fiscal year, the city shall make available to the public the information for the fiscal year prescribed in Government Code Section 66006(b).

The city council shall review this information at the next regularly scheduled public meeting within 15 days after the information is made available to the public. Notice of the time and place of the meeting, including the address where the information may be reviewed, shall be mailed at least 15 days before the meeting to any interested party who has filed a written request for it (Government Code Section 66006(b)).

C. Every five years following the first deposit into the fund, the city council shall make all of the following findings regarding that portion of the fund remaining unexpended (whether committed or uncommitted):

1. Identify the purpose to which the fee is to be put;
2. Demonstrate a reasonable relationship between the fee and the purpose for which it is charged;
3. Identify all sources and amounts of funding anticipated to complete financing of incomplete improvements; and
4. Designate the approximate dates on which the funding referred to in subsections (C)(3) of this section is expected to be deposited into the fund.

## EXHIBIT A

Within 180 days after sufficient funds have been collected to complete financing on the incomplete public improvements, the city shall identify an approximate date by which the construction will be commenced or shall refund the unexpended portion of the fees and any interest earned in conformance with Government Code Section 66001(e); and

D. Any person may request and pay for an audit to determine whether the fee is reasonable, under Government Code Sections 66006(d) and 66023.

### **12.70.080 Refunds.**

The city may refund the Social and Human Services Facility Fee if authorized by city council resolution under Government Code Section 66001(d) to (f), or:

1. A building permit or zoning use permit expires (and no extension is granted);
2. No construction or use occurs for a development for which the Social and Human Service Facility Fee was paid;
3. The fees paid have not been committed; and
4. The applicant applies for the refund within one year after the expiration of the building or zoning use permit.

### **12.70.090 Fee adjustment or waiver.**

The developer of a project subject to the Social and Human Service Facility Fee may apply to the community development department for an adjustment to or waiver of the fee. The waiver of the fee must be based upon the absence of any reasonable relationship between the impact of that development on the service demand population or facilities for childcare, community care, or senior services and either the amount of the fee charged. The application must be made in writing and filed with the community development department no later than: (1) 10 days before the public hearing on the development permit application for the project, or (2) if no development permit is required, the time of the application for a building permit. The application must state in detail the factual basis and legal theory for the claim of adjustment or waiver. The applicant bears the burden of proof in presenting substantial evidence to support the application. The community development department shall consider the following factors in its determinations whether or not to approve a fee adjustment or waiver:

1. The factors identified in Government Code Section 66001:
  - a. The purpose and proposed uses of the fee;
  - b. The type of development;

## EXHIBIT A

- c. The relationship between the fee's use and the type of development;
- d. The relationship between the need for social and human service facilities and the type of development;
- e. The relationship between the amount of the fee and the portion of it attributable to the development; and,

2. The substance and nature of the evidence, including the studies, and the applicant's technical data supporting its request. The applicant must show comparable technical information to show that the fee is inappropriate for the particular development

### **12.70.100 Appeals – Protest procedures – Judicial actions.**

A. A developer may appeal to the city council any determination made under section 12.70.090. An appeal must be on a form prescribed by the community development department, state the factual and legal grounds for the appeal, and be filed with the city clerk within 15 days of the date of the decision being appealed. The city council will set the matter for hearing within 30 days of the city clerk's receipt of notice of the appeal. The city council will conduct the hearing, prepare written findings of fact and a written decision, and shall preserve the complete administrative record of the proceeding. The council will consider relevant evidence presented by the appellant and by the community development department. In making its determination, the city council will follow the standards set forth in this chapter.

B. A developer protesting the imposition of fees must comply with the procedures in Government Code Sections 66020 and 66021.

C. Any judicial action brought to challenge the Social and Human Service Facility Fee is subject to Government Code Sections 66022 and 66024.

**IN THE CITY COUNCIL OF THE CITY OF LIVERMORE  
STATE OF CALIFORNIA**

**A RESOLUTION APPROVING AND ADOPTING A NEGATIVE  
DECLARATION FOR THE ORDINANCE INTRODUCING AND  
ADOPTING CHAPTER 12.70 OF THE LIVERMORE MUNICIPAL CODE  
TO CREATE THE SOCIAL AND HUMAN SERVICE FACILITY FEE**

The City has assessed the social and human service network in the city. In 2003, a study was prepared for the city by ICF Consulting entitled "Human Services Needs Assessment for the Tri-Valley." That study determined the existing social and human service providers lack adequate facilities to deliver services for childcare, community care (an overarching description for a broad spectrum of community-centered, case management, mental and medical health services), and senior services.

In 2008, another study for the City was prepared by Seifel Consulting Inc. entitled "Social and Human Service Facility Fee Study." That study further considered the social and human service network to determine whether a nexus existed between new residential and non-residential development and the need for social and human services. The purpose of the study was to determine whether new development caused an impact on childcare, community care and senior services. The study concluded that new development increased the residential and employee population which in turn created an increase in demand for childcare, community care, and senior services.

Concurrent with the consideration of this resolution, the City Council considered and introduced an ordinance to add Chapter 12.70 to the Livermore Municipal Code to establish the Social and Human Service Facility Fee.

Also, concurrent with the consideration of this resolution, the City Council considered and approved the Social and Human Service Facility Fee Study and established the fee effective the same date as Chapter 12.70 of the Livermore Municipal Code.

The City Council has considered the proposed negative declaration for the fee, along with comments received during the public review process. The City published and posted a notice of intent to adopt a negative declaration as required by Public Resources Code sections 21092 and 21092.3 and section 15072 of the CEQA guidelines. The City has provided notice and conducted a public meeting, as required by Government Code section 66016 for the adoption of the new fees, and satisfying the notice requirements in Government Code section 6061 for the approval of a negative declaration.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Livermore hereby finds, on the basis of the whole record before it (including the Initial Study and comments received), that there are no significant environmental impacts, and that the negative declaration reflects the City Council's independent judgment and

RESOLUTION NO. \_\_\_\_\_

analysis. Thus, the Council hereby approves and adopts the negative declaration for the introduction and approval of the ordinance adding Chapter 12.70 to the Livermore Municipal Code to create the Social and Human Services Facility Fee.

The City Clerk is directed to file a Notice of Determination with the Alameda County Clerk upon adoption of the adoption of the ordinance adding Chapter 12.70 to the Livermore Municipal Code to create the Social and Human Services Facility Fee.

On motion of Councilmember \_\_\_\_\_, seconded by Councilmember \_\_\_\_\_, the foregoing resolution was passed and adopted on the 8th day of September, 2008, by the following vote:

AYES: COUNCILMEMBERS:  
NOES: COUNCILMEMBERS:  
ABSENT: COUNCILMEMBERS:  
ABSTAIN: COUNCILMEMBERS:

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
CITY CLERK

  
\_\_\_\_\_  
ASSISTANT CITY ATTORNEY

RESOLUTION NO. \_\_\_\_\_

**IN THE CITY COUNCIL OF THE CITY OF LIVERMORE  
STATE OF CALIFORNIA**

**A RESOLUTION APPROVING THE SOCIAL AND HUMAN SERVICE  
FACILITY FEE STUDY AND ESTABLISHING THE FEE FOR NEW  
RESIDENTIAL AND NON-RESIDENTIAL DEVELOPMENT COMMENCING  
ON THE EFFECTIVE DATE OF CHAPTER 12.70 OF THE LIVERMORE  
MUNICIPAL CODE**

The City has assessed the social and human service network in the city. In 2003, a study was prepared for the city by ICF Consulting entitled "Human Services Needs Assessment for the Tri-Valley." That study determined the existing social and human service providers lack adequate facilities to deliver services for childcare, community care (an overarching description for a broad spectrum of community-centered, case management, mental and medical health services), and senior services.

In 2008, another study for the City was prepared by Seifel Consulting Inc entitled "Social and Human Service Facility Fee Study." That study further considered the social and human service network to determine whether a nexus existed between new residential and non-residential development and the need for social and human services. The purpose of the study was to determine whether new development caused an impact on childcare, community care and senior services. The study concluded that new development increased the residential and employee population which in turn created an increase in demand for childcare, community care, and senior services.

The two studies showed existing childcare and community care facilities are over capacity, resulting in a needless delay, and often denial of access, to services. The studies also showed senior service facilities are currently at capacity. As a result, without assistance the social and human services network will be unable to meet the increased demands for childcare, community care, and senior services resulting from New Development.

The City Council now wishes to approve the Social and Human Service Facility Fee Study and establish the fee effective the same date Chapter 12.70, introduced concurrently with this resolution.

Concurrent with the consideration of this resolution, the City Council considered and introduced an ordinance to add Chapter 12.70 to the Livermore Municipal Code to establish the Social and Human Service Facility Fee.

The City has provided notice and conducted a public meeting, as required by Government Code section 66016 for the adoption of the new fees.

RESOLUTION NO. \_\_\_\_\_

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Livermore hereby:

1. Approves the Social and Human Service Facility Fee Study dated May 2008 prepared by Seifel Consulting Inc.; and,
2. Approves and establishes the Social and Human Service Facility Fee attached to this resolution as Exhibit A.

THE CITY COUNCIL FURTHER RESOLVES THAT:

1. This resolution shall take effect concurrent with the effective date of the ordinance approving Chapter 12.70 of the Livermore Municipal Code, which was introduced concurrently with this resolution;
2. That the fee approved and established by this resolution shall not be imposed upon any new development currently pending before the city which obtains all required final approvals from the city prior to the effective date of Chapter 12.70 of the Livermore Municipal Code and this resolution.

On motion of Councilmember \_\_\_\_\_, seconded by Councilmember \_\_\_\_\_, the foregoing resolution was passed and adopted on the 8th day of September, 2008, by the following vote:

AYES:           COUNCILMEMBERS:  
 NOES:           COUNCILMEMBERS:  
 ABSENT:        COUNCILMEMBERS:  
 ABSTAIN:       COUNCILMEMBERS:

ATTEST:

APPROVED AS TO FORM:

\_\_\_\_\_  
CITY CLERK

  
\_\_\_\_\_  
ASSISTANT CITY ATTORNEY

RESOLUTION NO. \_\_\_\_\_

## Exhibit A

### SOCIAL AND HUMAN SERVICE FACILITY FEE

The Social and Human Service Facility Fee for New Development, both Residential and Non-Residential Development is hereby established as follows:

#### New Residential Development per Residential Unit:

	Childcare	Community Care	Senior Services	Subtotal	Administrative Assessment	Total Fee*
<b>Single Family Detached</b>	\$1,180.08	\$127.12	\$321.12	\$1,628.32	3%	\$1,677.00
<b>Single Family Attached</b>	\$997.16	\$107.42	\$271.34	\$1,375.92	3%	\$1,415.00
<b>Multifamily</b>	\$913.47	\$98.40	\$248.57	\$1,260.44	3%	\$1,298.00
<b>Mobile Home</b>	\$701.02	\$75.51	\$190.76	\$967.29	3%	\$996.00
<b>Secondary Unit</b>	\$701.02	\$75.51	\$190.76	\$967.29	3%	\$996.00

#### New Non-Residential Development per 1,000 square feet of Gross Floor Area:

	Childcare	Community Care	Senior Services	Subtotal	Administrative Assessment	Total Fee per 1,000 ft <sup>2</sup> of Gross Floor Area*
<b>Commercial</b>						
Office	\$0.72	\$6.13	\$0	\$6.85	3%	\$7.00
Retail	\$0.51	\$4.29	\$0	\$4.80	3%	\$5.00
Service	\$0.51	\$4.29	\$0	\$4.80	3%	\$5.00
<b>Industrial</b>						
Manufacturing and Research & Development	\$0.34	\$2.86	\$0	\$3.20	3%	\$3.00
Warehousing	\$0.25	\$2.14	\$0	\$2.39	3%	\$2.00
Office	\$0.63	\$5.36	\$0	\$5.99	3%	\$6.00
Construction, Repair Services, and Wholesale Trade	\$0.34	\$2.86	\$0	\$3.20	3%	\$3.00
<b>Other Non-Residential</b>	\$0.51	\$4.29	\$0.00	\$4.80	3%	\$5.00

New Residential Development shall pay the corresponding fee for each type of new dwelling unit. New Non-Residential Development shall pay the corresponding fee for each new 1,000 square feet of Non-Residential gross floor area as that term is defined by Chapter 12.70.030(B) of the Livermore Municipal Code.

\* The Total fee has been rounded to the nearest whole dollar amount.

RESOLUTION NO. \_\_\_\_\_