

CITY OF HAYWARD
AGENDA REPORT

AGENDA DATE 12/05/06

AGENDA ITEM 3

WORK SESSION ITEM _____

TO: Mayor and City Council
FROM: Director of Community and Economic Development
SUBJECT: Consideration of the Alameda County-wide Homeless and Special Needs Housing Plan

RECOMMENDATION:

It is recommended that the City Council adopt, by resolution, the Alameda County-wide Homeless and Special Needs Housing Plan.

DISCUSSION:

Chronic homelessness is a multi-dimensional problem that goes beyond the City's borders and any one service system. Ending homelessness and greatly decreasing the risk of homelessness, especially among people with serious and chronic mental illness and/or HIV/AIDS, is a regional problem that requires cooperation and collaboration among County and City governments, private for profit and nonprofit service organizations, faith-based organizations and individual community members, as well as coordination among a variety of funding streams and service systems (i.e., housing, health, mental health, social services, law enforcement, transportation, etc.). The Alameda County-wide Homeless and Special Needs Housing Plan (Plan) outlines a way of reorienting housing and services systems at various levels (federal, state and local) with the aim of ending chronic homelessness within ten years, and significantly reducing the housing crises for vulnerable populations in Alameda County over a fifteen year period.

This plan represents the culmination of more than a year of collaboration between Alameda County government representatives and community stakeholders including housing and social service providers, and consumers. The final plan was sponsored by several departments of Alameda County and local jurisdictions; the City of Hayward participated in the process through the Alameda Countywide Homeless Continuum of Care Council, and the Alameda County HOME Technical Assistance Committee.

In 2007, an Advisory Council that includes representatives from participating jurisdictions and community leaders will create a permanent Governing Board that will be responsible for overseeing the Plan's implementation. Additionally, a Countywide Inter-Agency Council will be created to support and advise the work of the Governing Board, develop detailed implementation plans, and incorporate the strategies of the Plan into a revised service delivery system that will benefit jurisdictions throughout Alameda County. The City will have an opportunity to be a part of, and participate in, these various levels of governance.

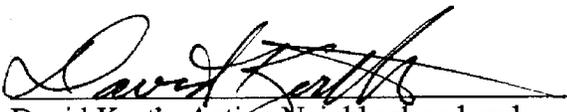
Adoption of the Plan does not commit the City at this time to any specific action, dollar amount, or number of supportive housing units to be developed. It does represent the City's commitment to work with the other jurisdictions, organizations and community members to achieve the five goals outlined in the Plan over the next 10 to 15 years; these include supporting efforts to:

- Prevent homelessness and other housing crises;
- Increase affordable and supportive housing opportunities for vulnerable populations;
- Deliver flexible and culturally competent support services to help stabilize and foster the independence of those served;
- Measure success and report outcomes so that effective programs can be identified and best practices supported with available resources; and
- Develop long-term leadership and build the political will to sustain system changes.

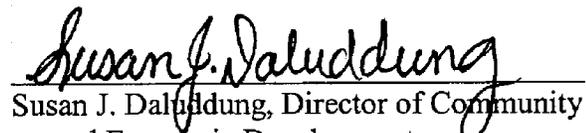
Staff recommendations will be submitted to the City Council in the future as more specific plans for housing and/or service projects that require City funding are developed. Adoption of the Plan at this juncture will strengthen the ability of the City to capture housing resources such as HUD homeless and other competitive housing funding, local and State Mental Health Services Act housing dollars, and other service funding sources.

An overall summary of the Plan is provided as Exhibit A, and more detail regarding the specific recommendations of the Plan is provided as Exhibit B, to this report. A public 'launch' event, including a press conference, is tentatively scheduled for early 2007 that will be designed to include elected officials from all the jurisdictions in the County that have adopted the Plan.

Prepared by:


David Korth, Acting Neighborhood and
Economic Development Manager

Recommended by:


Susan J. Daluddung, Director of Community
and Economic Development

Approved by:


Jesús Armas, City Manager

Exhibit A - Summary of the Alameda County-wide Homeless and Special Needs Housing Plan
Exhibit B - Recommendations
Resolution

Alameda County-wide Homeless and Special Needs Housing Plan Summary

The Alameda County-wide Homeless and Special Needs Housing Plan is a coordinated and collaborative effort between Alameda County, cities in the County, and the community to anticipate and address the need for updated planning in response to federal initiatives to end chronic homelessness, to update existing Continuum of Care and AIDS Housing Plans, and to address continuing needs in the community to meet the housing needs of those with serious mental health issues, especially in light of the Mental Health Services Act. The Plan addresses the services and housing needs of the large, overlapping populations of people in different systems care (homeless services and housing, AIDS services and housing, mental health services and housing).

The Plan's primary purpose is to end chronic homelessness and reduce housing crises for extremely low-income people with HIV/AIDS and/or chronic mental health problems who are precariously or inappropriately housed. The Plan incorporates a "Ten Year Plan to End Homelessness" with other supportive housing goals extending through the remainder of the fifteen-year implementation period. Towards these goals, the Plan aims to increase:

- **Efficiency and effectiveness** of local and regional housing and supportive service programs through sharing of information, planning, clients, resources, and responsibility across the multiple systems that must work together to address common issues.
- **Coordination** of government and philanthropic funding since an integrated approach to long-term homelessness can significantly reduce expenditures on emergency medical and other services.
- **Local capacity to attract competitive grants** from federal, state, and philanthropic sources that can augment existing housing and service systems and support the replication of emerging promising models.
- **Public interest and support for creative solutions** to homelessness, excitement about and involvement in regional efforts, and willingness to support the creation of local, regional and State revenue streams for supportive housing.

PLAN RECOMMENDATIONS

The Plan is oriented around five policy areas with recommended specific courses of action:

Prevent homelessness and other housing crises.

- Ensure that all households at risk of homelessness can find complete information about prevention programs, and can access assistance in time to prevent homelessness.
- Link community-based housing and services with institutions, including hospitals, foster care, and incarceration, so that people do not become homeless when discharged.
- Intervene effectively in crisis situations so that homelessness does not result.

Alameda County-wide Homeless and Special Needs Housing Plan

Executive Summary

Increase housing opportunities for the Plan's target populations.

- Increase and sustain the amount of housing for the target populations in Alameda County.
- Work with Public Housing Authorities throughout the county to enhance and increase the availability of subsidized vouchers and units for the target populations.
- Maintain and increase the resources necessary to develop, operate, and preserve appropriate and affordable housing options for single adults, youth, and families whose incomes are at or below 30 percent of area median income.
- Expand and sustain the range of housing models operating in Alameda County to include options ranging from intensely supported housing to fully independent affordable housing.
- Ensure the linkage between housing and supportive services so that tenants can be successful in housing.

Deliver flexible services to support stability and independence.

- Expand the availability of needed clinical services that can provide culturally and age-appropriate care to Alameda County's diverse populations.
- Ensure coordination and accessibility of services.
- Prepare consumers for tenancy and support them to maintain their housing over the long term.
- Ensure that culturally appropriate, long-term services are offered to individuals and families experiencing homelessness and/or living with disabilities so that they can retain stable housing over the long-term, increase their independence, and have improved quality of life.

Measure success and report outcomes.

- Coordinate collection of client data between systems.
- Track outcomes to measure program and system successes and use information about outcomes to increase resources and improve programs.

Develop long-term leadership and build political will.

The other recommendations can only be achieved by developing a long-term leadership structure that can sustain systems change activities. Implementation of the Plan will also require building political and popular support for its vision and activities and sustaining it for the next fifteen years.

The complete draft of the Alameda County-wide Homeless and Special Needs Plan is available online at:

http://www.aidshousing.org/ahw_library2275/ahw_library_show.htm?doc_id=300371

The Companion Materials, which cover many of the topics in the Plan in much greater detail, are available online at:

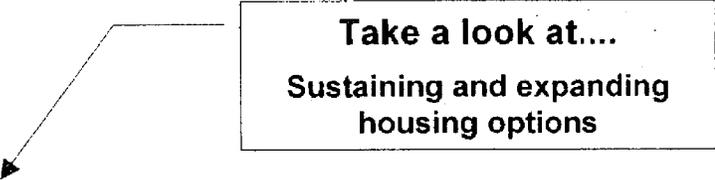
http://www.aidshousing.org/ahw_library2275/ahw_library_show.htm?doc_id=276861

Recommendations

This plan's Sponsoring Agencies and stakeholders developed recommendations in support of five major goals. Each goal is critical to ending homelessness and preventing housing crises for the plan's populations. The five goals are:

- **Prevent homelessness and other housing crises.** The most effective way to end homelessness is to avoid it in the first place. Prevention requires making appropriate services accessible at the time they are needed, which is why this plan envisions a “no wrong door” approach to services. In particular, people leaving institutions including foster care, hospitals, jails and prisons need interventions that prevent their exiting into homelessness.
- **Increase housing opportunities for the plan's target populations.** People who are homeless need affordable and supportive housing. Increasing housing opportunities requires creative use of existing resources, developing new resources, and using effective models of housing and services. A detailed estimate of the housing needed and the cost of providing it appears later in the plan in the chapters entitled *Housing Assistance Needs of People Who Are Homeless and/or Have Special Needs* and *Housing Goals and Cost Estimates*.
- **Deliver flexible services to support stability and independence.** Culturally competent services, particularly services coordination, must accompany housing. Access to clinical services will be important for a segment of the population. Direct service providers in all systems throughout the county must have a degree of knowledge about and access to a range of housing resources and complementary support services.
- **Measure success and report outcomes.** Evaluating outcomes will allow systems and agencies to identify successful programs and target resources toward best practices.
- **Develop long-term leadership and build political will.** The other recommendations can only be achieved by developing a long-term leadership structure that can sustain systems change activities. Implementation of this plan will also require building political and popular support for its vision and activities and sustaining it for the next fifteen years.

The following pages present each goal with its associated objectives and strategies. For initial action steps, please see the accompanying document, *Action Plan (2006–2007)*. Additional steps for each system appear in the following chapters in the plan's *Companion Materials: 3. Next Steps for the Homeless Continuum of Care System; 4. Next Steps for the Behavioral Health Care System; and 5. Next Steps for the HIV/AIDS System.*



Take a look at....
Sustaining and expanding
housing options

**Partial Rent Subsidy Programs in Alameda County:
HOPWA Project Independence and BHCS 20% Program**

Partial rent subsidy programs are often operated as tenant-based rental assistance, like Section 8, but with a critical difference. While tenants with Section 8 pay a fixed 30 percent of their income for housing costs, with Section 8 making up the difference between that amount and the actual cost, partial rent subsidy programs pay a fixed amount per month to help augment what the tenant can pay.

Alameda County has had a partial rent subsidy program for people living with HIV/AIDS since 1996. **Project Independence**, which provides partial rent subsidies, support service coordination, and accessibility improvements to people living with HIV/AIDS who are at risk of homelessness, was recommended in the 1996 *Alameda County Multi-Year AIDS Housing Plan*. The program's funding, from the U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for Persons with AIDS (HOPWA) Special Projects of National Significance (SPNS) program, has subsequently been renewed twice, once in 1999 and again in 2002, each time for a three-year period.

Rent subsidies ranging from \$175 to \$425 a month depending on income, household size, and unit size stabilize participants' housing situations. These subsidies are for use in permanent housing, and there is no time limit for participation.

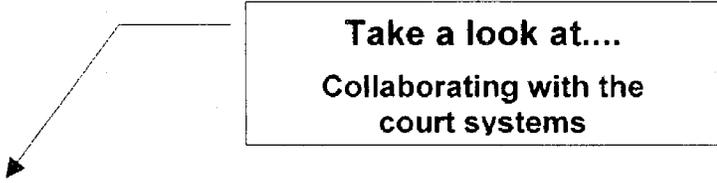
Alameda County Behavioral Health Care Services (BHCS) also operates a short-term partial rent subsidy program referred to as "**20% Rental Subsidies**." This program is piloting the use of rental subsidies to help people with mental illness move from homelessness to stable housing. It can provide 20 percent of monthly rent for consumers, up to a maximum of \$160 per month for up to two years. Initially, this program was funded with a roll-over of SAMHSA funds in FY 2004-2005.

Goal (P): Prevent Homelessness and Other Housing Crises

Placing a redoubled emphasis on homelessness prevention will be a key component of ending homelessness in Alameda County. The experience of homelessness itself has a detrimental effect on individuals and families, and returning from homelessness to stable housing is difficult. Generally, the longer an individual or family is homeless, the longer the transition to stable living will take. Preventing homelessness in the first place is better. At the same time, prevention can be less costly and simpler for a service delivery system than addressing homelessness and human service needs at a time of crisis. Homelessness prevention interventions should be available to all low-income households. Preventing homelessness at the time of discharge from an institution, whether foster care, hospitalization, jail, or prison will be required to stop the flow of people into homelessness.

Objective P-1: Ensure that all households at risk of homelessness, including households in affordable or public housing, can find complete information about prevention programs, and can access assistance in time to prevent homelessness.

- Strategy P-1-A:** Establish a “no wrong door” policy and practices, meaning that information on all systems will be available from many points of access 24 hours a day. Ensure that points of access are physically accessible so that disability is not a barrier to finding or receiving assistance, and ensure that systems have sufficient cultural competency to serve their target populations so that language and culture do not become barriers. Once information systems are coordinated, explore options for a unified referral process.
- Strategy P-1-B:** Offer in-service trainings and presentations to affordable housing and other property managers, including public housing property managers, about the information and referral resources and system entry points that exist, so that they can refer at-risk households, as appropriate.
- Strategy P-1-C:** Collaborate with the Social Security Administration and other mainstream systems to increase enrollment in Supplemental Security Income (SSI), Medi-Cal, Food Stamps, and other benefits programs for those who are eligible. Full utilization of benefits will help stabilize eligible households and can prevent homelessness and other housing crises.



**Take a look at....
Collaborating with the
court systems**

Alameda County's Homeless Court Project

In Alameda County, the Continuum of Care Council and the Superior Court of California's Community-Focused Court Committee co-sponsor and jointly operate a Homeless Court.

Many people who are homeless have at some point received a ticket for a misdemeanor charge such as jaywalking or carrying an open container. If they can't pay the fine, it becomes a bigger fine, and then it becomes a bench warrant. These warrants can prevent people from getting a job, housing, or public assistance.

The Homeless Court convenes periodically throughout the county at locations such as homeless shelters. Homeless people whose misdemeanor charges have turned into warrants come to the Homeless Court to have their cases dismissed. Before appearing in court, participants work with staff from participating provider organizations and a public defender to evaluate their cases and to review their efforts to turn their lives around. This information, along with a letter of support from staff, is presented to the presiding judge during the court session.

By bringing court to the people, and not giving additional fines to people who cannot pay them, the Homeless Court helps people who are moving toward greater independence and stability but who are unable to obtain employment, disability benefits, or housing because of outstanding warrants for non-violent offenses. The Homeless Court Project provides a new beginning for people by lifting significant barriers to exiting homelessness.

The majority of defendants seen by this court are chronically homeless. By May 2005, four successful court sessions had been held, serving more than 80 chronically homeless people. The courts adopted this system because it was clear that a different approach was needed for this segment of the population.

Objective P-2: Ensure that no youth become homeless as a result of family violence or when exiting state or local care, including the foster care system and institutional settings (treatment or corrections).

Strategy P-2-A: Target intensive services, such as family counseling, parenting classes, and youth activities to families who face disruption due to violence. Educate schools, recreational programs, and churches, on the warning signs and impact of family violence and the availability of community resources to support youth and families to maintain stability.

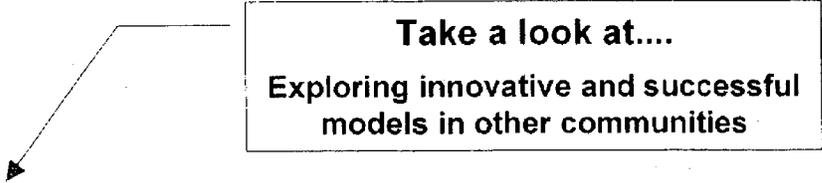
Strategy P-2-B: Increase the availability of age-appropriate services for youth exiting state or local care, including basic life skills development, job training, services coordination, legal representation and advocacy, mental health and substance use treatment, and access to medical care.

Strategy P-2-C: Implement or strengthen independent living plans for every youth in the county exiting foster care, treatment, and corrections. Transition planning should begin at least one year prior to the anticipated emancipation date and should incorporate a wide range of supports, as needed on an individual basis, in order to prepare youth as much as possible to successfully re-enter the community, and their families, as appropriate.

Objective P-3: Link community-based housing and services with institutions, including hospitals, foster care, and incarceration, so that people do not become homeless when discharged.

Strategy P-3-A: Convene the key policymakers and administrators in each system that is responsible for discharge planning to: (1) identify the optimal timing for pre-release or pre-discharge access and engagement; (2) begin negotiations to increase access by community-based case management; and (3) establish discharge protocols that result in people having stable, affordable places to live upon exit.

Strategy P-3-B: Create a housing retention fund to provide one-time partial rent assistance for people in short-term crisis hospital stays.



Take a look at....

Exploring innovative and successful models in other communities

Kerner-Scott House (Seattle, WA)

In Seattle, the Downtown Emergency Service Center (DESC) offers a "Safe Haven" housing program for homeless people with serious mental illness who are not connected to or seeking mental health services. Kerner-Scott House was developed based on the idea that people would feel more comfortable and safer in low-barrier housing, rather than in a crowded and noisy shelter for their first step off the street.

There are limited requirements for residents, and staff can be very flexible. For example, one resident stayed on a chair in the hall for months before she felt comfortable to move into her own room. Active substance users can live at Kerner-Scott House as long as they do not use inside the facility.

DESC's mental health outreach workers identify potential participants for the program. When a vacancy becomes available, the most vulnerable potential participant is invited to live there. Outreach workers bring the potential resident to visit the program, and s/he usually has about a week to think it over, although this can be extended up to three weeks if progress is being made. Residents sign a rental agreement when they move in. Sometimes a resident will leave the program, often because they are paranoid or delusional. If that happens, outreach workers follow up with the person to find out why they left and whether they will come back. If they do not want to come back, then they will be exited from the program. The outreach worker may work with the resident for up to a month about returning, and will continue to work with the person if they do leave Kerner-Scott House.

Kerner-Scott House provides 24-hour staffing and an integrated approach to support services, including clinical case management 7 days a week to engage with residents and develop service plans, two free meals a day, and activities such as games, groups, and field trips. Outreach workers stay involved with residents once they move in.

These intensive services and investment of time have yielded remarkable outcomes for the participants, who are among the most vulnerable members of the homeless population and have often been homeless for a long time. Residents can stay as long as they want. Most leave to go to another DESC supportive housing program, while some move into their own apartment with Shelter Plus Care. In a three-year period, 83 percent of residents either stayed at Kerner-Scott House 24 months or more, or exited to permanent housing.

For more information about DESC and Kerner-Scott House, visit www.desc.org/supportive_housing.html.

Goal (H): Increase Housing Opportunities for Targeted Populations

While Alameda County already has many types of affordable and supportive housing, the number of people in each of the populations targeted by this plan who need housing and related services is much greater than the existing housing dedicated to serving them. Increasing the amount and variety of types of housing for the plan’s populations will be essential to ending homelessness in Alameda County.

Preferably, people who are homeless should be offered a housing opportunity as quickly as possible, and have some choice in where they live. Whenever possible, consumers should be offered housing without any preconditions of service participation. In supportive housing, the level of property management and supportive services available to residents should be carefully planned, sufficiently intensive, and appropriately targeted to ensure that the housing is a success for consumers, providers, and the community at large. Because people who have been homeless are more likely to have chronic health conditions and physical disabilities, it is particularly important that housing options of many kinds be physically accessible. Finally, any changes to the housing system must not result in homelessness for current residents.

“I just love (my apartment) because it is mine and I have a key and I can come and go.”

~

“An apartment that I can afford and I can’t beat it. A place I can call my own and it feels great. I love my place.”

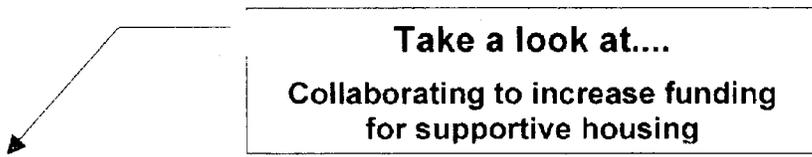
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“It will take an act of God to get me out.”

Formerly homeless adults in Alameda County, on their permanently affordable housing

Objective H-1: Using existing resources, increase and sustain the amount of housing for the targeted populations in Alameda County.

- Strategy H-1-A:** Within existing programs, work with each jurisdiction in the county, especially Community Development Block Grant and HOME entitlement communities, to target state and federal housing funds to extremely low-income, vulnerable populations at or below 30 percent of area median income (AMI), and below 15 percent of AMI in particular.
- Strategy H-1-B:** Collaborate with jurisdictions and developers to explore mechanisms for coordinating and pooling funding for supportive housing development, operations, and services. *(See program model on page 14.)*
- Strategy H-1-C:** Encourage housing development that exceeds minimum requirements for physical accessibility, to accommodate the higher than average rate of physical disability and chronic illness among the homeless population as well as the anticipated needs of an aging population.
- Strategy H-1-D:** Maintain funding and identify new sources for partial- and graduated-rent subsidy programs for those households who don’t need a long-term deep subsidy to gain or maintain housing. *(See program models on page 8.)*
- Strategy H-1-E:** Negotiate unit set-asides or master leasing for the plan’s populations in new and existing developments of nonprofit housing developers.



Take a look at...
**Collaborating to increase funding
for supportive housing**

Community Shelter Board's Rebuilding Lives Funder Collaborative (Columbus, Ohio)

Coordination between funders and alignment of priorities can help housing developments and related programs assemble needed funding more quickly. The Community Shelter Board's Rebuilding Lives Funder Collaborative is one example of funder coordination.

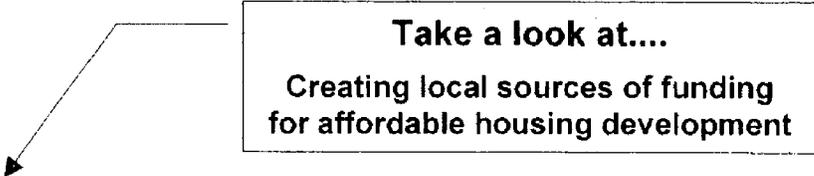
The Community Shelter Board is a nonprofit organization in Columbus, Ohio that coordinates Continuum of Care and other homeless planning and administers Continuum of Care, City of Columbus, Franklin County, and United Way funding in the City of Columbus. The Rebuilding Lives initiative is a strategic plan developed by that community to address homelessness by building supportive housing.

The Funder Collaborative is comprised of public and private organizations, which provide funding and other resources for supportive housing projects. Participants include foundations, the county behavioral health agency, the mayor's office, city council, and the city health department. Together, the members of the Collaborative jointly develop strategy, program guidelines and standards, underwriting criteria, program evaluation, outcome measurement, and reporting requirements.

For more information about the Community Shelter Board, visit www.csb.org.

Objective H-2: Work with Public Housing Authorities (PHAs) throughout the county to enhance and increase the availability of subsidized vouchers and units for the target populations.

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|-----------------|--|
| Strategy H-2-A: | Project-base Section 8 vouchers in new and existing housing, and combine project-based Section 8 and local funding applications to expedite and streamline the development process. |
| Strategy H-2-B: | Link housing and services using partnerships and formal agreements between PHAs and community service providers. |
| Strategy H-2-C: | Advocate for rental assistance and support service programs for people with substance use issues and/or who have histories of felony convictions. |
| Strategy H-2-D: | Seek waivers from the U.S. Department of Housing and Urban Development to allow households to move between Section 8, Shelter Plus Care, and other similar programs as their service needs change over time. |
| Strategy H-2-E: | Collaborate in pursuit of regulatory changes that would increase PHAs' ability to house formerly homeless and special needs populations. |
| Strategy H-2-F: | Negotiate unit set-asides or master leasing for the plan's populations in new and existing developments. |



Take a look at....
**Creating local sources of funding
for affordable housing development**

City of Seattle Affordable Housing Levy

Affordable housing development, particularly in high-cost areas like Alameda County, requires piecing together many sources of funding. The funding that most localities use to support affordable housing development, such as HOME and CDBG, originate at the federal level and come with federally established restrictions. Some communities have created local sources of funding for affordable housing development that both increase the total amount of funding available—thereby increasing the total amount of housing that can be developed—and create a more flexible source that can fill in gaps left by other funding types.

City of Seattle residents have voted to levy property taxes for housing four times in the past, in 1981, 1986, 1995, and most recently in 2002. The 2002 levy will result in \$86 million for affordable housing over 7 years, and is anticipated to assist more than 2,000 households during that time. Planned uses of the levy funds include:

- \$63 million for rental housing production
- \$7.8 million for an operating and maintenance program to ensure that a portion of the rental production program housing is affordable to extremely low-income households (households with incomes at or below 30 percent of median income)
- \$7.8 million for homebuyer assistance for approximately 326 households with incomes up to 80 percent of median income)
- \$2.8 million for rental housing payment assistance for homelessness prevention
- \$4.3 million for administrative costs

The housing levy is administered by the City of Seattle's Office of Housing.

For more information on the Seattle Housing Levy, visit www.seattle.gov/housing/Levy.htm.

Objective H-3: Through advocacy efforts, maintain and increase the resources necessary to develop, operate, and preserve appropriate and affordable housing options for single adults, youth, and families whose incomes are at or below 30 percent of the area median in Alameda County.

Advocacy within the county is an ongoing responsibility to assure that both community members and leaders are aware of the benefits of widely dispersing affordable housing and offering appropriate housing options to all segments of Alameda County's diverse communities. Operating subsidies are needed to make up the difference between the cost of operating housing and the amount of rent very-low income households can pay.

- Strategy H-3-A:** Advocate at the federal level to preserve and expand funding, including supporting initiatives to preserve housing development and operations funding from the U.S. Department of Housing and Urban Development and establish a National Housing Trust Fund.
- Strategy H-3-B:** Support the establishment of a California Housing Trust Fund, advocating for inclusion of development and operating funds for units at the targeted income range.
- Strategy H-3-C:** Explore the possibilities for creating a local or regional source for housing development, support services, and housing operating costs, examining examples of permanent local funding streams in other communities, such as Seattle's Affordable Housing Levy (*see program model on page 16*) and Albuquerque's criminal justice initiative.
- Strategy H-3-D:** Develop new strategic partnerships with the private sector, including engaging business leadership in promoting and supporting affordable housing resources for low-income households. (*See program model on page 32.*)
- Strategy H-3-E:** Support "green building" initiatives and incentives that can reduce the monthly utility cost to residents or the total operating costs through greater energy efficiency in affordable housing developments.
- Strategy H-3-F:** Provide community organizing, education, and ongoing support to ensure acceptance of permanent supportive housing and other affordable housing models throughout Alameda County.

Objective H-4: Expand and sustain the range of housing models operating in Alameda County to include options ranging from intensely supported to fully independent affordable housing.

Housing options should include service coordination, where appropriate, to ensure that residents are linked to needed services, through both on-site and community-based providers.

Housing assistance should be available to people in their home community, with models appropriate for active substance users and people with physical disabilities.

Mechanisms should allow residents to move from one type of housing to another and to increase or decrease their service utilization as their need for support services changes.

Elected officials, as well as faith- and community-based groups and business leaders, should take steps to educate Alameda County residents on the benefits of providing housing for all segments of society and to involve them in creating an atmosphere of welcome and inclusion of affordable and special-needs housing countywide.

Strategy H-4-A: Ensure that services are closely connected to housing, and for the long-term through:

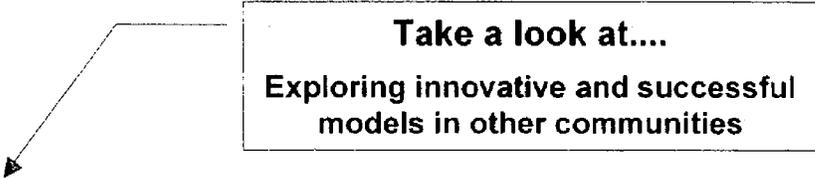
- creating opportunities for longer-term (i.e. three or more year) services funding commitments and streamlining the process for combining multiple housing and services funding streams; and
- requiring cross-training programs for case managers and other workers in mainstream service systems, so that they can better understand the role of housing case management and collaborate more effectively in addressing residents social and health issues.

(See program model on page 26.)

Strategy H-4-B: Preserve and enhance the quality of licensed Board and Care homes by collaborating with statewide partners and working with the State of California Department of Social Services Community Care Licensing Division to:

- enhance the reimbursement rate for homes serving the adult mentally ill population;
- refocus services around principles of wellness and recovery; and
- assist residents to transition to more independent housing, as appropriate.

- Strategy H-4-C:** Preserve and improve the quality of unlicensed boarding homes through:
- providing trainings and incentives to operators for improving the quality of both the housing and the care;
 - addressing residents’ grievances quickly and appropriately;
 - collaborating with code enforcement entities to prevent boarding home closures and loss of this affordable housing stock;
 - assisting unlicensed homes to become licensed, as appropriate, and
 - developing interagency protocols and agreements to prevent homelessness and other housing crises for residents when boarding home closure is necessary due to quality problems.
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- Strategy H-4-D:** Create medical respite options for people with medical needs who do not need a skilled nursing facility but need more care than emergency shelter, transitional housing, or independent housing allows.
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- Strategy H-4-E:** Analyze successful, innovative supportive housing models in other communities in greater depth, in order to determine how they can be implemented in Alameda County. New models should include some housing for people in the pre-contemplative stage of recovery from which they cannot be evicted due to behaviors related to their disability or for substance use alone. Implementation should start with pilot projects that use innovative but proven strategies to address needs identified in Alameda County, drawing on this community’s experience with housing and services. (*See program models on pages 12, 20, and 22.*)



Take a look at....

Exploring innovative and successful models in other communities

Direct Access to Housing Program (San Francisco, CA)

The San Francisco Department of Public Health's Direct Access to Housing (DAH) Program has received national recognition since its establishment in 1998. DAH is a low-barrier permanent supportive housing program for people who are frequent users of mental and physical health care services. DAH accepts residents directly from the streets, shelter, hospital, and long-term care facilities. The program's main goal is to provide housing to a group of people that have rarely, if ever, maintained stable housing as adults.

Residents are recruited for DAH if they are frequent users of the public health system and have substance abuse, mental illness, and/or medical problems. They do not need to be recipients of Supplemental Security Income (SSI) or general assistance. The emphasis is on "screening in" prospective tenants rather than looking for reasons to deny housing. Felony convictions, active substance use, and undocumented status are not reasons to exclude people.

By 2004, the program included nearly 500 units of housing in seven single room occupancy (SRO) hotels, ranging from 33 to 92 units each, and a licensed Board and Care facility. Buildings are master-leased from private owners, which allows the Department of Public Health to open sites more quickly. In many cases, DAH involvement stabilized buildings that had previously been a problem for the neighborhood.

All sites have on-site case managers and a site director. Case managers assist residents to access and maintain benefits, medical and behavioral health treatment, and food and clothing; provide one-on-one substance use, mental health, life skills and family counseling; and work with property management to help prevent eviction. All sites have some access to medical care and a roving behavioral health team. DAH holds residents' rooms while they are in residential treatment, so they have a place to return.

The City's General Fund is the primary funding source. Other sources include AB 2034, the Ryan White Care Act, the Substance Abuse and Mental Health Services Administration (SAMHSA), and reimbursement through the Federally Qualified Health Center system for a portion of the medical- and mental health-related expenses. Approximately 80 percent of DAH residents receive SSI and Medi-Cal benefits. Residents pay 50 percent of their income towards rent.

Residents in the DAH program have had significant housing successes. Between January 1999 and January 2003, a four-year period, 91 percent of residents remained housed for six months or more. By 2004, two-thirds of DAH residents were still in the program. Of the one-third who left, half went into other permanent housing.

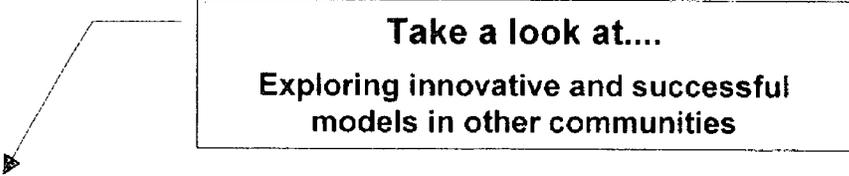
For more information about the Direct Access to Housing (DAH) Program, visit <http://www.endhomelessness.org/best/directaccess.htm>.

Goal (S): Deliver Flexible Services to Support Stability and Independence

For many people who are homeless and/or have a mental illness and/or are living with HIV/AIDS, affordable housing alone is not enough to ensure housing success. They will need support services at times. Rather than inducing or requiring dependence, the service delivery system should support consumers to adapt and/or recover and reach their greatest potential. For most this means living, working, learning, and participating fully in community life; for some it will entail eliminating, or simply reducing, the symptoms they exhibit related to mental illness or addiction. Services should also be culturally appropriate for Alameda County's diverse populations—including those who have experienced long-term homelessness—and delivered in partnership with consumers' families and social-support networks. Achieving these goals will require both the capacity to deliver services of varying intensities and over varying durations and a sincere commitment to promoting excellence in support service delivery through appropriate levels of training and compensation for program staff.

Objective S-1: Expand the availability of needed clinical services that can provide culturally- and age-appropriate care to Alameda County's diverse populations.

- | | |
|-----------------|--|
| Strategy S-1-A: | Create a substance abuse detoxification facility in Alameda County and connect it to appropriate treatment and housing opportunities. |
| Strategy S-1-B: | Make medical and behavioral health clinical services, including both mental health and substance abuse treatment, readily available to all chronically homeless people who need them, regardless of their ability to pay or to meet SSI/MediCal eligibility criteria. |
| Strategy S-1-C: | Expand access to mental health services in South and East County through co-locating services in local one-stop assistance centers and establishing mobile service teams that provide seamless coverage for all communities. |
| Strategy S-1-D: | Build the capacity of community-based organizations working with the target populations of this plan to screen consumers and link them with Alameda County Behavioral Health Care Services (BHCS) for assessment. |
| Strategy S-1-E: | Expand mental health resources to serve those who have diagnoses that are not currently eligible for BHCS reimbursement, including people with post-traumatic stress disorder, mood disorders, and chemical addictions. |
| Strategy S-1-F: | Explore and pilot models of the provision of care and services by community-based providers to members of the plan's target populations whose mental health or substance use conditions negatively impact housing stability but whom BHCS is unable to serve due to funding or eligibility restrictions. |



Take a look at....

Exploring innovative and successful models in other communities

Project H.O.M.E. (Philadelphia, PA)

Philadelphia's Project H.O.M.E., recognized as a national leader in providing comprehensive and effective services to people who are chronically homeless, has documented positive outcomes in serving a population that is usually considered very difficult to serve. Project H.O.M.E. offers comprehensive social services and housing options, including low-barrier "Safe Haven" housing, supportive transitional housing, and supportive permanent housing. Their approach is designed to deal with the complex issues of people with special needs such as mental illness and substance use.

Support services emphasize helping residents to achieve self-sufficiency. These services, which are tailored to the specific goals and needs of each resident, include comprehensive case management, on-site health care, an Adult Learning Program, employment counseling and training, and access to mental health and recovery services.

Project H.O.M.E.'s residential programs include:

- Safe Haven supportive housing – 65 beds for chronically homeless, mentally ill adults coming directly off the streets, with few requirements for entry. This program provides housing for "hard-to-reach" homeless men, many of whom are older, physically frail, and resistant to programs and services, and women who have a serious mental illness and a history of homelessness.
- Transitional supportive housing – 62 units for chronically homeless adults with serious mental illness and/or substance use issues. The program provides specialized behavioral health services and includes 36 Single Room Occupancy (SRO) units for men and women with a primary diagnosis of serious mental illness, and 26 SRO units for men who are homeless and have a substance use disorder with or without a co-occurring mental illness.
- Permanent supportive housing – 145 affordable SRO units for individuals and families who require regular, but not around the clock, supportive services and supervision. Residents pay 30 percent of their income for rent and have already lived in transitional housing situations for approximately one year. These units are subsidized primarily through the U.S. Department of Housing and Urban Development's Section 8 or Shelter Plus Care programs.

Project H.O.M.E. and its co-founder and Executive Director, Sister Mary Scullion, have played a pivotal role in reducing the number of chronic homeless in Philadelphia. In partnership with the City, Project H.O.M.E. reaches out to more than 3,800 people each year, with the goal of placing them in a stable housing situation. In 2003, of the 159 residents who left Project H.O.M.E. residences, half moved on to permanent housing, 10 percent moved into transitional housing, and 11 percent moved into a health institution (e.g. hospital, inpatient treatment, nursing home). Ninety-five percent of the men and women who live in Project H.O.M.E.'s permanent, supportive housing are successful in staying off the streets.

For more information about Project H.O.M.E., visit www.projecthome.org.

Objective S-2: Ensure coordination and accessibility of services.

- Strategy S-2-A: Retain and expand mobile outreach and assistance teams that can assist households at-risk of or experiencing homelessness. Ensure that these outreach teams are highly-trained, interdisciplinary, mobile, and able to offer access to a range of needed resources and, thereby, help reduce geographic and physical barriers to maintaining stable and independent living for people throughout the county.
- Strategy S-2-B: Engage consumers and family members to develop and assess the effectiveness of housing plans.
- Strategy S-2-C: Create a “learning network” that offers ongoing cross-training and information exchange possibilities for staff and supervisors in the housing, social services, behavioral and physical health, and criminal justice agencies. This network should allow systems to build on their existing knowledge and expertise, and to universalize Alameda County’s best practices.
- Strategy S-2-D: Combine resources and improve service coordination among programs that currently exist, with the goal of improving the comprehensiveness of services, eliminating unnecessary duplication, and reducing costs.

Objective S-3: Prepare consumers for tenancy and support them to maintain their housing over the long term.

- Strategy S-3-A: Make payee services widely available, particularly but not only to the HUD-defined chronically homeless population, in order to improve their housing stability and quality of life.
- Strategy S-3-B: Develop peer-mentoring programs to assist consumers to recover, reduce harm to self and others, and move towards independent living.
- Strategy S-3-C: Develop a network of service providers prepared to step in when tenants with Section 8 are at risk of losing their housing assistance.
- Strategy S-3-D: Increase the service systems’ capacity for increasing tenancy skills for housing search, dealing with a poor credit history, and maintaining housing through the use of individualized counseling and group trainings.

Objective S-4: Ensure that culturally appropriate, long-term services are offered to individuals and families experiencing homelessness and/or living with disabilities so that they can retain stable housing over the long-term, increase their independence, and have improved quality of life.

People with long-term disabilities and health concerns may require some measure of support services throughout their lives.

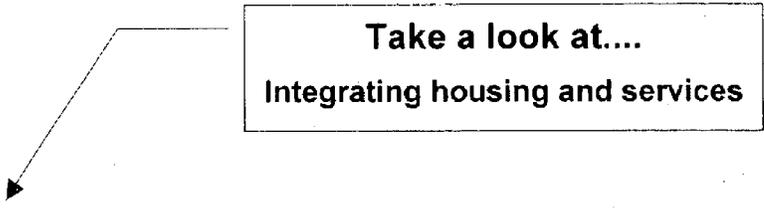
- Strategy S-4-A:** For people with mental illness, increase peer support programs and support the development of independent living skills.
- Strategy S-4-B:** For people with physical disabilities, address physical access to housing and services in all service systems, because many people in the target population have multiple disabilities and/or chronic illnesses. Accessibility issues include siting and transportation as well as building design.
- Strategy S-4-C:** For immigrants and people who are monolingual in a language other than English, increase the availability of linguistically appropriate services in all systems.
- Strategy S-4-D:** For people of color—recognizing that racial disparities persist throughout our society and that cultural competence is an essential ingredient of quality care—develop cultural competency standards, provide ongoing cultural competency training to program staff countywide, and encourage the hiring and leadership development of people of color in both front-line and management positions.
- Strategy S-4-E:** For seniors, support and increase the ability of community-based organizations to provide culturally competent services and to assist consumers to access mainstream resources for seniors. As the general population ages, the number of seniors in this plan’s target populations will increase as well, making this a quickly growing segment of the population.
- Strategy S-4-F:** For veterans, ensure that they are receiving benefits for which they are eligible and that appropriate support and services, including employment programs, are available.
- Strategy S-4-G:** For families, increase the availability of related support services for all family members, and seek opportunities to link services with affordable housing for families. Services should include culturally appropriate affordable childcare, youth after-school recreation programs, family and mental health counseling, domestic violence support, health education, and parenting services, as well as access to GED and continuing education programs for parents.

Strategy S-4-H: In cases of domestic violence, reduce the likelihood that an abused partner—and her/his children—become homeless as a result of abuse.

Strategy S-4-I: For people who come into contact with Alameda County’s court systems, establish and expand working relationships with the adult and juvenile court systems in order to deal with homelessness, disabilities, and criminal justice issues appropriately and in a coordinated way. *(See program model on page 10.)*

Strategy S-4-J: For people who have been incarcerated, work with private-sector businesses to develop employment opportunities. Successful experiences with paying work can be an incentive to avoid re-incarceration, and having a steady source of income can help to prevent homelessness.

Strategy S-4-K: Create service-enriched housing/shelter opportunities that offer an age- and developmentally-appropriate setting that will attract and retain participation by out-of-home youth and young adults who are at risk of or experiencing homelessness.



Take a look at....
Integrating housing and services

Alameda County's Health, Housing, and Integrated Services Network (HHISN) Pathways Project

The Health, Housing, and Integrated Services Network (HHISN) Pathways Project in Alameda County has demonstrated the effectiveness of affordable, long-term supportive housing in reducing systems-level costs, while improving client outcomes for homeless individuals living with multiple diagnoses. HHISN links housing to flexible social and health services, including comprehensive primary health care, client-centered mental health and substance use treatment, independent living and personal health skills, and employment services.

A total of 494 permanent supportive housing units at seven sites in Oakland and Berkeley are linked to supportive services through HHISN. Multi-agency teams of public and private nonprofit organizations deliver integrated services to residents. Lifelong Medical Care and Bonita House provide primary health care and mental health and substance use treatment, while Resources for Community Development, Oakland Community Housing, Inc., and Mercy Housing provide housing units. Other HHISN partners have included the City of Berkeley Mental Health, East Bay Community Recovery Project, Catholic Charities of the East Bay, Building Opportunities for Self Sufficiency, Alameda County Health Care for the Homeless Program, and West Oakland Health Council. These partnerships facilitate residents' access to off-site services, as well as the referral of multiply diagnosed homeless service users into supportive housing.

An evaluation of outcomes for formerly homeless and multiply diagnosed individuals who moved into supportive housing units served by HHISN found that the service-enriched housing improved access to care and reduced total public costs by 15 percent. After placement in supportive housing, residents' use of services generally shifted toward less expensive service categories. Demand for day treatment decreased by 84 percent, and inpatient psychiatric hospital days fell 48 percent, from 60 to 31 days per year. These decreases were accompanied by increases in the use of ongoing and preventative care, as well as crisis intervention services, which more than doubled, and crisis residential days and psychiatric emergency services. Although psychiatric emergency services were comparatively expensive, the cost was more than offset by cost reductions from decreased inpatient and day treatment services.

The most dramatic reductions in service costs came among the top quadrant of previous users of behavioral health services, who, before moving into supportive housing, had been responsible for the vast majority of service costs. At the same time, service use increased among the bottom half of service users, suggesting that HHISN increased access to services for individuals with previously untreated mental health issues.

(Source: The Benefits of Supportive Housing: Changes in Residents' Use of Public Services, prepared by Harder + Company Community Research for the Corporation for Supportive Housing, February 2004.)

Goal (M): Measure Success and Report Outcomes

Mechanisms for measuring and analyzing outcomes are necessary in order to both identify successful strategies and target resources to best-practice models of prevention, housing, and supportive services. Outcomes should be meaningful, measurable, and realistically within the capacity of both providers and consumers to achieve. In addition, systems and programs should be regularly assessed through collecting and analyzing data that measures effectiveness and efficiency in achieving stated outcomes.

Because the homeless, behavioral health, HIV/AIDS, and social services systems are all in the process of upgrading or adding new functionality to their respective data collection and reporting systems, now is the time to coordinate data collection and reporting and address the many practical and ethical considerations—as well as legal restrictions—that govern how confidential information is captured, recorded, and shared. Cross-system coordination will need to be phased in over time.

Objective M-1: Coordinate collection of client data between systems.

- Strategy M-1-A:** Convene a working group representing data teams from medical and behavioral health care (including both mental health and substance use), social services, homeless agencies, and HIV/AIDS housing and service providers who will identify common data needs, goals, and requirements; create a work plan to establish common collection and reporting protocols; and develop the budget needed to fully achieve cross-system data collection and reporting compatibility.
- Strategy M-1-B:** Upon formation of the Governing Board (outlined later in these Recommendations), this working group should become a subcommittee of the Inter-Agency Council.
- Strategy M-1-C:** Ensure that the Sponsoring Agencies Group and later the Inter-Agency Council remain involved in data collection issues, since the types and quality of data collected determines the extent to which outcomes can be measured.

Objective M-2: Track outcomes to measure program and system success, and develop a plan to publicize positive outcomes and target resources to support best practice models.

- Strategy M-2-A:** Identify meaningful and measurable outcomes to track, starting with but not limited to, the biennial homeless count mandated by HUD's homeless programs. Community input should inform the data points to be measured. Outcomes should assess significant changes in people's lives and well being, be reasonable within the systems' influence, and be consistent across systems. Outcomes should also correlate with legislated mandates for outcomes. Common data collection elements for systems should focus on maintaining housing stability, improving quality of life, and increasing self-sufficiency.
- Strategy M-2-B:** Establish baseline data.
- Strategy M-2-C:** Report and analyze outcomes regularly and use data to update action plans. Ensure that each component of the system, as well as the system as a whole, is accountable for its outcomes.
- Strategy M-2-D:** Funding should be tied to a program's performance. Outcomes will help demonstrate whether each program and each system is meeting the real needs of its consumers.
- Strategy M-2-E:** Develop a plan to communicate both specific positive outcomes and overall progress towards goals to stakeholders and the community at large, as well as to encourage understanding of—and participation in—efforts to prevent and end homelessness in Alameda County.

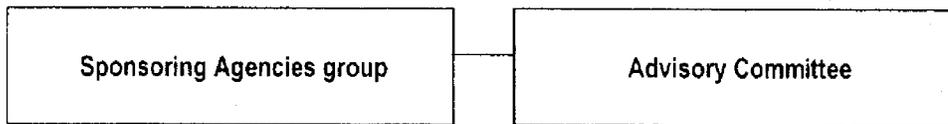
Goal (L): Develop Long-Term Leadership and Build Political Will

The recommendations outlined above represent a substantial shift from a focus on managing homelessness to a focus on ending it. Implementing these recommendations will require an unprecedented level of communication and collaboration between systems and jurisdictions. That communication and collaboration has begun with the development of this plan, but it can only continue and increase through the development of leadership that will guide and promote the plan's implementation for the next fifteen years. Making a break with "business as usual" requires skilled and dedicated leadership. Political will and community support are equally vital to realizing the plan's vision.

Objective L-1: In consultation with civic, faith, and community leaders from throughout Alameda County, the Sponsoring Agencies will create an Interim Leadership Structure that can initiate plan implementation immediately through outreach and engagement with the many partners who are essential to the plan's ultimate success.

- Strategy L-1-A:** The Sponsoring Agencies will initiate implementation activities by determining and securing the funding and staffing required for short-term leadership and plan implementation oversight activities, and by soliciting plan endorsements from all jurisdictions in the county.
- Strategy L-1-B:** The Interim Leadership Structure will consist of the plan's Sponsoring Agencies group augmented by an Advisory Committee. The Sponsoring Agencies and Advisory Committee will meet together quarterly to help define and create the Governing Board for the plan's implementation, financing, and oversight.
- Strategy L-1-C:** Advisory Committee members should include representatives from elected officials, the Courts, criminal justice agencies, health departments, Stakeholders Steering Committee, consumers and family members, public housing authorities, housing developers, schools, unions, and the faith and business communities.
- Strategy L-1-D:** Ensure ongoing coordination among Sponsoring Agencies and policy-level participation from related agencies, by establishing management-level liaison positions at each agency. Liaisons will represent their agencies in the Interim Leadership Structure (precursor to the Inter-Agency Council) to initiate plan implementation and coordinate activities.
- Strategy L-1-E:** The Sponsoring Agencies group and Advisory Committee will dissolve once a Governing Board is established. Their respective responsibilities will inform which, if any, leadership entity those members join for the future.

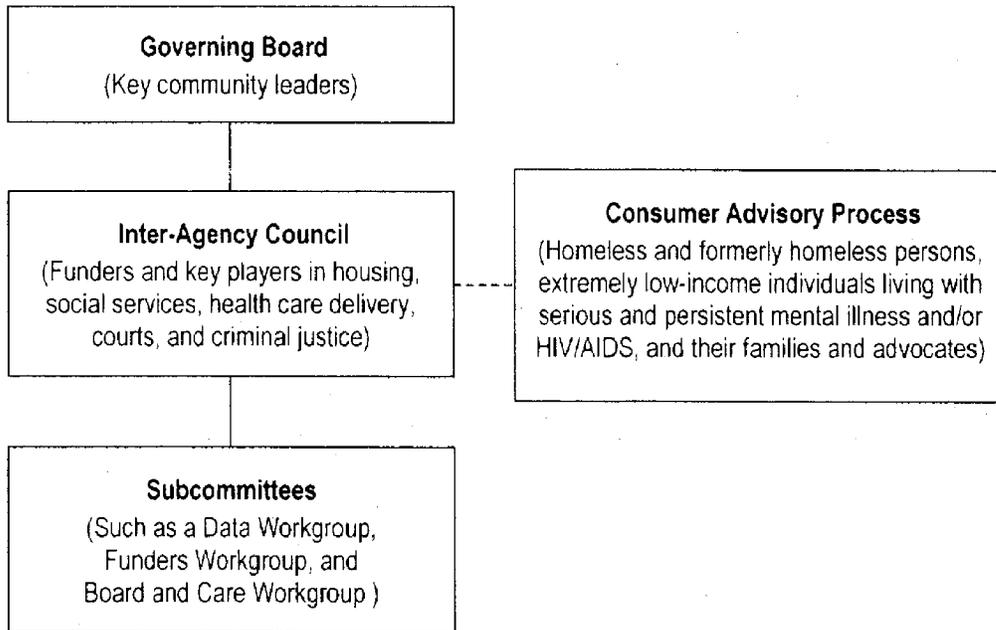
Interim Leadership Structure

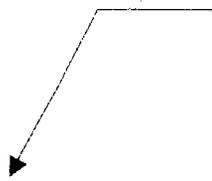


Objective L-2: The Interim Leadership entity, consisting of the Sponsoring Agencies group and the Advisory Committee, will establish the Governing Board that is responsible for guiding and financing the plan's implementation.

- Strategy L-2-A:** Form a Governing Board comprised of key community leaders with representation from all regions and sectors of the county. The Governing Board will hold ultimate responsibility for the implementation of the plan's recommendations in a direct, cost-effective, and problem-solving manner through guiding changes in policy, setting funding priorities, promoting systems change, and monitoring outcomes that assess progress towards achieving the plan's goals. This Governing Board will likely include some members of the Sponsoring Agencies group as well as others representing, or recruited by, the Advisory Committee.
- Strategy L-2-B:** Convene a countywide Inter-Agency Council that includes funders and key housing and service providers from the homeless, HIV/AIDS, and behavioral health systems, as well as the leadership of mainstream service systems (social services, youth, aging, courts, criminal justice, health care, public housing authorities, etc.) The Inter-Agency Council will support and advise the work of the Governing Board, identify major barriers to implementing plan recommendations, develop phased implementation plans, and incorporate the strategies of this plan into a revised service delivery system.
- Strategy L-2-C:** Convene a Consumer Advisory process that ensures active participation by consumers and their advocates and families. Consumer participation must reflect the ethnic, age, and geographic diversity of Alameda County. Consumer Advisory participants will advise the Inter-Agency Council in program development and policy setting.
- Strategy L-2-D:** Develop biennial action plans regularly, starting in the first year of plan implementation, and report on accomplishments.

Long-Term Leadership Structure





Take a look at....
Engaging business leaders in promoting and supporting affordable housing

Silicon Valley Leadership Group (Silicon Valley, CA)

In some communities, business leaders have become very involved with affordable housing and homelessness. One example is Columbus, Ohio, profiled elsewhere in this section. There, the Community Shelter Board, the community's lead organization for coordinating the response to homelessness, is guided by a board of trustees made up almost entirely of business leaders.

Another more local example is the Silicon Valley Leadership Group (SVLG). Formerly the Silicon Valley Manufacturers' Group, SVLG is a membership organization representing 190 Silicon Valley firms and supporting industries including software, systems, manufacturing, financial services, accounting, transportation, health care, defense, communications, education, and utilities. SVLG's mission is to involve member companies to work cooperatively on "major public policy issues affecting the economic health and quality of life in Silicon Valley."

SVLG has identified affordable housing as one of five core issues, with a focus on housing for the workforce. SVLG has helped raise money for the Santa Clara Housing Trust Fund, which includes funding specifically for homeless programs, and is working to establish a permanent funding source. SVLG is also supporting efforts to establish a Housing Trust Fund for San Mateo County and works continually on outreach and education related to affordable housing, including regular luncheons with public officials and the Silicon Valley Affordable Housing Week activities.

For more information about the Silicon Valley Leadership Group, visit www.svg.net.

Objective L-3: Build new relationships and partnerships by developing and implementing a communications plan to increase public awareness and endorsement of the Alameda Countywide Homeless and Special Needs Housing Plan.

Strategy L-3-A: Engage elected officials, City and County agencies, business leaders, and civic, faith, and community groups to endorse the plan and participate in its implementation through outreach, advocacy, and regular updates. Once plan implementation has begun, continue outreach and education activities.

Strategy L-3-B: Educate elected officials, City and County agencies, business leaders, and civic, faith, and community groups about extremely low-income Alameda County residents who have significant housing and support service needs as a result of experiencing, or being at risk of, homelessness and/or living with HIV/AIDS, chemical dependency, and mental illnesses, as well as about programs successfully serving these populations in Alameda County.

Strategy L-3-C: Communicate how all Alameda County residents can play a role in ending homelessness and ensuring that appropriate housing and support services are available for all in the communities where they live. Invite people to participate in plan implementation, utilizing local and regional media. Once plan implementation has begun, continue outreach and education activities.

DRAFT

HAYWARD CITY COUNCIL

RESOLUTION NO. 06-

Introduced by Council Member _____

RESOLUTION ADOPTING THE ALAMEDA COUNTY-WIDE HOMELESS AND SPECIAL NEEDS HOUSING PLAN

WHEREAS, the Alameda County-wide Homeless and Special Needs Housing Plan (Plan) has been developed in collaboration with County and City governments in an effort to significantly reduce homelessness and other housing crises in Alameda County; and

WHEREAS, adoption of the Plan demonstrates the City's commitment to work with the jurisdictions, organizations, and community members to consider what can be done to end chronic homelessness within ten years and reduce the housing crises for vulnerable populations in Alameda County over the next fifteen years.

NOW, THEREFORE, BE IT RESOLVED, that the City Council of the City of Hayward hereby adopts the Alameda County-wide Homeless and Special Needs Housing Plan.

IN COUNCIL, HAYWARD, CALIFORNIA _____, 2006

ADOPTED BY THE FOLLOWING VOTE:

AYES: COUNCIL MEMBERS:
MAYOR:

NOES: COUNCIL MEMBERS:

ABSTAIN: COUNCIL MEMBERS:

ABSENT: COUNCIL MEMBERS:

ATTEST: _____
City Clerk of the City of Hayward

APPROVED AS TO FORM:

City Attorney of the City of Hayward