MONTHLY MEETING MINUTES
MENTAL HEALTH COMMISSION (MHC)
June 7th, 2023 – FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. L. Griffin, MHC Chair, called the meeting to order @ 4:34pm. Members Present (In-Person): Chair, Cmsr. Laura Griffin, District V Cmsr. Skyelar Cribbs, District III Cmsr. Ken Carlson, District IV Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Barbara Serwin, District II Cmsr. Gina Swirsding, District I Members Present (Virtually) Vice-Chair, Cmsr. Leslie May, District V (JC) Cmsr. Gerthy Loveday Cohen, District III (JC) Members Absent Cmsr. Rhiannon Shires, District II (Unexcused) Cmsr. Geri Stern, District I (Excused) Presenters: Christy Saxton, MS, Director of Health Housing and Homeless Services (H^3) Caroline Miller, Contra Costa Health - H^3 Jenny Robbins, Contra Costa Health - H^3 Jamie Schecter, Contra Costa Health - H^3 Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS) Other Attendees (*in Person): Colleen Awad (Supv Ken Carlson's ofc)* Guita Bahramipour, AOD Advisory Board Angela Beck* Jaspreet Benepal, Chief Nursing Officer (CNO), CCRMC* Jennifer Bruggeman Y'Anad Burrell Pete Caldwell George Cervantes Gigi Crowder, NAMI CC Douglas Dunn Dr. Stephen Field, Medical Director, BHS John Gallagher – Hope Solutions* Jessica Hunt Jasmine Ledbetter Kimberly Lopez Mathew Luu, Mental Health Chief, CCRMC* Kevin Martinez George Martinez Rena Moore - SPIRIT Audrey Montana Teresa Pasquini Patricia Perez* Christy Pierce, Public Defender's office Stephanie Regular, Public Defender's office Susan Rodriguez Lisa Schilling Jenna Stone Parker Stephanie Taddeo Jennifer Tuipulotu Jaime Van Faurot - SPIRIT	Meeting was held at: 1025 Escobar Street, Martinez, CA 94553 and via Zoom platform

II. CHAIR COMMENTS/ANNOUNCEMENTS:

i. Review of Meeting Protocol:
   - NO Interruptions; Limit two (2) minutes per speaker; Stay on topic, Wait to be acknowledged by the Chair before commenting, NO sidebars

ii. Meeting attendance rules: Please RSVP as soon as possible to guarantee a quorum; If not attending in person must be "just cause" notify the chair ASAP or "Emergency Circumstance" request must be submitted in writing and voted on by the commission. All absences must be noted in minutes for all meetings

iii. Reminder all commissioners required to take the Brown Act Training (https://www.contracosta.ca.gov/7632/Training-Resources); and Ethics Training (https://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html)

iv. Update on Board of Supervisors (BOS) presentation on May 23, 2023 – Mental Health Awareness Month – Cmsr. Serwin and I presented to the BOS, along with our special honored guest, Amanda Allgood, SPIRIT graduate and survivor of childhood sex trafficking and just a wonderful woman. She shared her experience and how the county and their mental health resources helped her and now she is a SPIRIT graduate. We were very happy with the presentation. Thank you Supervisor Carlson and the rest of the BOS for having us.

III. PUBLIC COMMENT: None.

(Cmsr. Griffin) It is very important I read and you all, please adhere, as lately our meetings have been going way off target and spending a lot of time when we shouldn't. Please try to remember to adhere to proper etiquette and protocol of public meetings, plus the Brown Act requirements. Public (and Commissioner) comments, please two minutes only per person. During this time, any member of the public address may address the Mental Health Commission regarding any subject over which the commission has jurisdiction, but which is not on today's posted agenda. Again, there is a two minute max per person time limit in order to provide all interested parties with the opportunity to speak. No action or discussion upon any item raised on public comments, unless it is for verification. Response to questions posted or action agenda items, the topic will be responded to at the next meeting. That being said, thank you for letting me announce."

IV. COMMISSIONER COMMENTS

- (Cmsr. Swirsding) June is Post-Traumatic Stress Disorder (PTSD) Awareness month. During the month of June and up through the July 4 holiday is very stressful for Veterans, animals and those with PTSD with the amount of gun violence and fireworks. There are a lot of children in our area that have experienced it living in that area and have been witness to shootings. They have lost brothers and sisters, parents and so on. I just want to make sure to speak up. PTSD, the most important thing is to speak up and talk about your experience. When you go into MH system, they really do not want you to talk. If you know about AA and NA, they encourage you to speak. I had the opportunity to speak and that was the best thing to happen to me. I was able to speak to my PTSD.

- (Cmsr. Cribbs) Ms. Crowder and I went to the City of Antioch for the Angelo Quinto Community Response Team. I had the opportunity to speak with the Vice-Mayor, which this organization partnered with the

Felton (?) Institution and mentioned they only have a two-year period of funding as a pilot program. I think that, as the MHC, we would be able to allocate some of our time in the coming months to really figure out how to support them and create that funding stream indefinitely. • (Cmsr. Serwin) I wanted to mention an organization – Brain and Behavioral Research Foundation (https://www.bbrfoundation.org/). Prior commission Lauren Rettagliato brought my attention to it. It focuses on cutting edge research, it is really a research organization. 100% of their funds got to the research and it focuses on Mental Health and Spectrum Disorders, etc. They hold a lot of webinars, I plan on attending the next one "Developing New Treatments for Childhood Anxiety and OCD: Can Cognitive Control Help Kids Grow Out of Illness?" We all know what spotlight there is on Children's Mental Health Issues and anxiety is a big one. I wanted to pass on that information, but more generally about this organization that you might want to sign up for their newsletter. • (Cmsr. May) My family and I were honored this past month to have a building on Treasure Island named after my cousin. It is for Veterans with serious to severe mental illness (SMI), not just them but also their families. I did speak with the developers and the organizations and told them we need this type of facility out here in Antioch. I have spoken with them on and off since May about getting property out here and developing the headquarters set up and getting property and land out here where they can build housing for the veterans with SMI and their families to get them off the streets. A lot of the unhoused live out here in East County. The only drawback is that it would only be for our veterans. I am focusing on housing for all suffering from SMI, as well as those that fall under the MIST/FIST (Misdemeanor/Felony Incompetent to Stand Trial) populations.	
V. APPROVE May 3rd, 2023 Meeting Minutes • May 3rd, 2023 Minutes reviewed. **Motion:** K. Carlson moved to approve the minutes as is. Seconded by G. Swirsding **Vote: 9-0-0** **Ayes:** L. Griffin (Chair), L. May, K. Carlson, G. Cohen, S. Cribbs, T. Payne, P. Perls, B. Serwin, and G. Swirsding Abstain: None.	**Agenda and minutes can be found:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php
VI. UPDATE on Mental Health Commission (MHC) Members and committee assignments, Angela Beck, Executive Assistant We have five vacancies as follows: • District I Seat #1 (Member-At-Large) • District III Seat #3 (Family Member) • District IV Seat #1 (Member-At-Large) • District IV Seat #3 (Family Member) • District V Seat #1 (Family Member) Committee Membership: MHC Executive* (Quorum 3) Chair – Laura Griffin, District V Vice-Chair - Cmsr. Leslie May, District V	Documentation on this agenda item can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

Cmsr. Tavane Payne, District IV
Cmsr. Pamela Perls, District II
Cmsr. Barbara Serwin, District II

MHC Justice Systems (Quorum 3)
Chair – Cmsr. Pamela Perls, District II
Cmsr. Gerthy Loveday Cohen, District III
Cmsr. Tavane Payne, District IV
Chair – Cmsr. Geri Stern, District I
Cmsr. Gina Swirsding, District I

MHC Quality of Care (Quorum 3)
Chair – Cmsr. Barbara Serwin, District II
Vice-Chair – Cmsr. Laura Griffin, District V
Cmsr. Pamela Perls, District II
Cmsr. Rhiannon Shires, District II
Cmsr. Gina Swirsding, District I

MHC Finance
Committee Disbanded indefinitely, pending commission membership)

Questions and Comments

- (Cmsr. Perls) Is the responsibility to recruit strictly within the individual supervisor office? Do we let them know there are vacancies and remind them? (RESPONSE: Angela Beck) The Board of Supervisors is informed and they are well aware they have openings. We do need to come to some understanding. Prior the commission was part of the recruiting and then under one supervisor (Past District IV) they were told to step back and that they weren't going to be pre-interviewing the candidates. I think we are all in agreement that step really needs to start happening to ensure the candidates are fully aware and understand their responsibilities and the rules.
- (Cmsr. Griffin) Right now, the issue is recruitment. We don't have enough individuals coming to the board and also less want to become members (that I know of). I think if we all do our part and recruit on our own or spread the word, we could probably put a recruitment team together or something. I think the problem now is recruitment.
- (Y'Anad Burrell) There is an opening in District I, where I am a resident for close to 30 years. I have applied maybe four and I will say that there was one period where the application sat for about 15 months and after that 15 months, that I then heard back. This is in line with other colleagues that I know who have tried to also apply. I am committed this work since my early teens. I will let body know that I will be submitting again under Supv. John Gioia. Really, maybe this is a discussion amongst yourselves, the process is that we submit the application and to my understanding, I never really received a confirmation. Then hearing whether it will or won't go to the supervisor to conduct the interview but I'm not sure as I've heard back and forth, in either case attending these meetings in person, way before COVID, driving out to Pleasant Hill from Richmond for approximately 1.5-2 years; plus being a CPAW (Consolidated Planning Advisory Workshop) member for 6 years. Still, this is my passion and my heartbeat. I will submit again and hopefully there is a process now where there is some kind of confirmation of receipt and we will see what happens.

- (RESPONSE: Cmsr. Griffin) Thank you Ms. Burrell, we will follow up on this and possibly put it on the next agenda to see what we can do.
- (Cmsr. Serwin) It is the responsibility for each supervisor to take care of their own positions. I assume that is the same for all commissions and advisory boards. Do you think it would be possible for there to be one supervisor that (sort of) oversees the process of just these applications moving on, not the day to day but just took the responsibility for making sure other supervisors were moving these applications along, because they tend to get stuck. (Cmsr. Carlson) Our staff does this on a regular basis, they would communicate with each office stating we have vacancies, we are posting and their communicating and act together to spread the word. (Colleen Awad) So the clerk of the board's (COB) office, anytime someone applies to the MHC, it goes to the COB office and they, then send it out the appropriate supervisor's office. Each individual office has their own process. In our office, we review all the application, sometimes they are brought in for an interview or we meet them to see where they are at. So they do send out the applications to the offices and they are reviewed. It is really up to the staff to move it along.
- (Cmsr. Serwin) I think that is what we are hearing is the timeliness of the process and how each supervisor works through this
- (Cmsr. Carlson) The clearing house is spoken for. We do the recruiting, it is constantly up on our webpage, but once the applicant is appointed, the clerk of the board has cleared it out. We can communicate to the clerk to ensure there is a return receipt, so if the application is received, the person applying gets a notification they have your application. Then it is on the Supervisor's office to follow up and say we have received your application.
- (Jaime Van Faurot) I just wanted to ask the same question of my application that I submitted for CPAW and understand it is automatic now (since late April). To date, I have not received any information regarding my application. (Cmsr. Griffin) This is the Mental Health Commission, so we don't assign CPAW membership, but we will have Angela Beck the information on who to contact to follow up. (RESPONSE: Angela Beck) Please put your email in the chat, I can get your information to the assistant.
- (Y'Anad Burrell) Can you tell me how long the District I opening has been up? (NOTE: Cmsr. Yanelit Madriz Zarate gave notice on Nov 3, 2022.
- (Cmsr. Carlson) Can you tell me which seat? (RESPONSE: Cmsr. Swirsding) It is the member-at-large. That is the problem.
- (Cmsr. Carlson) Yes, if you are applying and you don't meet the criteria, that's part of the problem.
- (Cmsr. Griffin) Ms. Burrell, I would recommend you follow up with Supv Gioia's office again.
- (Cmsr. Swirsding) I can fit into all three seats, and I will explain so it is clear, people started attacking my seat and Gioia did not like that. It needs to be mentioned because it was others from the commission and I didn't know this was going on.

VII. RECEIVE Presentation – H-3 Homeless Services from Christy Saxton, MS, Director of Health, Housing and Homeless Services

Good afternoon everyone, I'm Christy Saxton, the Director Health, Housing and Homeless Service (H3). I'm really excited to be here today to share a little bit of what we do at H3 and how much of our work often intersects with Behavioral Health Services (BHS). Dr. Tavano and I work closely together, as well as our team.

PowerPoint presentation for this agenda item was shared to the Mental Health Commission via screen share.

Documentation on this agenda item can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

Overview

A bit of background on the numbers and what the actual median salary and what it actually costs to live her in the California Bay Area, specifically in Contra Costa County.

- **Wages:** The National Low Income Housing Coalition notes that Contra Costa residents need to earn 43.73 an hour in 2022 to afford a two bedroom apartment at a fair market rate of $2,274/month. This means a renter needs to work three full-time jobs at minimum wage to afford this unit.
- **Affordability:** In contrast, our neighbors in Solano County need an hourly wage of $32.25 to afford a two-bedroom apartment. Like most of the State, Contra Costa is in dire need of affordable housing. Coupled with an extremely low rental vacancy rate (4% in 2019), Contra Costa residents face high rents and overcrowding.
- **Point In Time:** Unsurprisingly, homelessness is on the rise. In 2023, we saw a 4% increase of people experiencing homelessness in the County compared to the 2020 Point in Time Count. Of those 2,372 who were counted this year, 70% were unsheltered and 67% were considered chronically homeless. In 2020, 69% were unsheltered and nearly 1/3 were chronically homeless.

What we do

Health, Housing and Homeless Services is committed to making homelessness short-lived and non-recurring by ensuring an integrated system of housing and support services for persons experiencing homelessness in Contra Costa County. The division integrates supportive housing and homeless services across our health system; coordinates the homeless crisis response system across the county; and works with community partners to develop innovative strategies to address housing as a key determinant of health.

- **Households Served** - In a few weeks, H3 will be releasing our 2022 annual report, but in 2021 over 6,800 households, or 9,119 people, accessed services through H3 direct services or a provider in our continuum of care. This actually represents a decrease in households served because many providers, including H3, were still operating at reduced capacity in 2021.
- **Prevention** - In 2021, 751 households accessed homelessness prevention services and 76% were able to maintain permanent housing. These services are tailored to each household and can include direct financial assistance to pay back rent, security deposits, or utility bills. Prevention also includes non-financial assistance like conflict resolution or system navigation to support households in maintaining housing.
- **Coordinated Outreach Referral, Engagement (CORE)** - With a bit more recent data, we see that over 500 unsheltered residents were placed into emergency shelter with the support of our CORE street outreach.

About 250 households were moved directly to permanent housing. Moving people indoors is key to improving their health and safety and serving Contra Costa Health's (CCH)'s overall goals of serving the most vulnerable in our community.

- **Permanent Supportive Housing (PSH)** - Finally, we see the impact of permanent supportive housing. Housing ends homelessness and nearly 900 Contra Costa residents who previously experienced homelessness maintained permanent housing in 2021.

Roles of H3 in the Community

- **Housing Developer** - In recent years, H3 has taken on the new role of housing developer. With new funding opportunities from the state, like Project Homekey, we've worked with County partners like Public Works and local developers to acquire and rehab projects like Delta Landing, a 172 interim housing site in Pittsburg and El Portal Place, a former office building that will soon be 54 units of permanent supportive housing for chronically homeless adults.
- **Service Provider** - H3 provides direct services in the community. Led by Jenny Robbins, our teams conduct Street Outreach, operate interim housing, transitional housing, and permanent housing. We're also a CalAim Community Supports provider supporting people with tenancy sustaining services and housing navigation.
- **Research and Evaluation** - Led by our Research, Evaluation, and Data team H3 is data driven and striving for impactful programs across our continuum of care
- **Policy and Advocacy** - Homelessness is crisis across our region, state, and country. H3 collaborates with policymakers and other communities to effect systems change and advocate for best practice service delivery
- **Infrastructure** - H3 serves at the lead agency for our Continuum of Care. That means ensuring HUD compliance, providing trainings to our providers, and ensuring our advisory body, the Council on Homelessness is staffed to provide guidance to our community.
- **Funder** - H3 is a primary funder of homeless services in Contra Costa County. We steward public funding to our community-based organizations to ensure high quality, effective services are maximally available to people experiencing homelessness in our community.

A Continuum of Care (CoC) is a local or regional planning body that is responsible for coordinating the funding and delivery of housing and services for people experiencing homelessness in its service area. In Contra Costa, the CoC represents the entire County and H3 is the administrative and data lead for the CoC. In our 2021 annual report, we had 79 programs provided by nonprofit partners and H3 teams to over 6,800 households experiencing or at-risk of homelessness.

COC Models of Care

* Prevention
* Rapid Exit
* Outreach
* CARE Centers
* Emergency Shelter
* Rapid Rehousing
* Permanent Supportive Housing

In 2022, the Continuum of Care adopted seven defined program models that provide a spectrum of services to people at risk of homelessness and people experiencing homelessness. These models cover the continuum of homelessness prevention to crisis response to permanent housing. The newly adopted standards help ensure that everyone coming through our doors or the doors of our providers receives a consistent, baseline level of services. Each model includes standards around referral methods, target populations, operating hours, staffing expectations, and, most importantly, outcome benchmarks. We've seen some early success in our Outreach and Emergency Shelter models. From July 1, 2022 to March 31, 2023, 53% of households exited from CORE Outreach exited to a temporary or permanent housing. This far exceeds the 35% goal established in the program model. Similarly, 73% of emergency shelter exits were to temporary or permanent housing in that same time frame, far exceeding the 40% goal.

* H3 helps coordinate all services provided in the system of care,
* H3 is also a direct service provider (see Dark Orange for services H3 provides in our system of care)

Service Standards

H3 and the CoC operate on evidence-based practices. Leading with the person, H3 engages the voices of people with lived experience of homelessness in all aspects of our work. From surveys and focus groups to funding decisions to staffing, authentic engagement with our clients I key to our standards and 'person centered':

- **Harm Reduction**: Increased rates of housing stability in housing without abstinence requirements
- **Housing First**: Decrease homelessness by 88% compared to Treatment First models
- **Equity**: People who experience homelessness die on average for 12 years sooner than the general US population
- **Trauma Informed**: Individuals with multiple trauma experiences often exhibit decreased willingness to engage

H3 Direct Services

H3 provides two types of direct services: crisis response and housing. Crisis response is CORE Street Outreach and Interim Shelter. Housing services are Housing CalAim Community supports.

Crisis Response

Crisis response includes all of the program models designed to serve people who are experiencing unsheltered homelessness. In housing, a crisis is not the same as an emergency. Our services address urgent needs for people sleeping outdoors or in their cars, but we do not operate like an emergency response system with 24/7 coverage and shelter placements. As noted earlier, in 2022, CORE placed 500 people into shelter. H3 shelters operate as low barrier shelters with individual sleep stations, accommodations for pets, and no requirements for abstaining from substance use. Within our shelter programs, we offer specialized services. We work with our health system to manage Philip Dorn Respite Center for those newly released from hospitals and operate Calli House, a shelter dedicated to Transition Aged Youth To highlight an H3 operated shelter, 255 people received services at Concord shelter in 2022. 30% of these households exited to permanent housing and 217 people received Housing Navigation Services through CalAim.

Housing

H3 also operates Permanent Supportive Housing and Transitional Housing. Permanent Supportive Housing targets chronically homeless households for non-time limited rental assistance paired with supportive services. All Permanent Supportive Housing is housing first and placements are made through the Coordinated Entry System. Some housing is scattered site across the County and some is site-based, like our soon to open building in San Pablo, El Portal Place.

H3 is the largest housing provider for Transition Aged Youth. In addition to the Calli House Shelter, we operate the only transitional Housing programs available to all TAY, regardless of their foster care background.

Data Systems and Metrics

In trying to quantify homelessness and system effectiveness, we tend to think in terms of inflow and outflow. Who is coming into our system of care and who is exiting. There are a few key factors that are outside of our control but have strong impact on our ability to meet our goals. We know increased housing costs and low affordable housing impact our ability to place people into permanent housing. These external factors create a bottleneck in moving people from unsheltered homelessness to sheltered homelessness to housed.

Inflow

Between 2018 and 2020, we saw a decrease in the number of people who became homeless for the first time, but in 2021 that number rose almost to 2018 levels with 2,731 people newly homeless. People of Hispanic/LatinX background were disproportionately impacted and saw an increase in first time homelessness from 2018 to 2021.

In general, we see low levels of returns to homelessness. About 10% of people in 2021 returned to homelessness within two years of exiting to permanent housing. This figure remains relatively stable since 2018, but saw a jump to 15% in 2020. With the implementation of new tenancy sustaining services through Community Supports, this is a measure we hope to see decrease as households are able to better maintain housing stability.

What our data tells us and why. Put simply, data tells us what we've counted. It is very easy to assume that a higher number of people counted in a year means we have more people in our community experiencing homelessness. What this can also mean, however, is that we have more resources available and more staff able to conduct outreach and provide services to people who previously went unserved. Because of these nuances, H3 takes our data very seriously and works to make information accessible to our community through our annual report, PIT report, and online data request form. We'll touch on the Point in Time Count more in a few slides.

Outflow

In alignment with our goal of making experiences of homelessness brief, we track length of time someone remains homeless. In 2021, a person enrolled in street outreach, emergency shelter, or transitional housing remained homeless for an average of 136 days before exiting to permanent housing. While this is higher than in years past (107 days in 2019), this also reflects intentional policy changes like the removal of shelter length of stay limits. We expect people to stay longer in our system because we no longer ask them to leave at 90 days. We strive for reductions in this figure by working to

get people document ready and build income so housing opportunities can be quickly seized.

Exits to permanent housing is the best outcome we can aim for. This is also highly dependent on resources in our community. When we receive increases in vouchers from HUD or target funding to rapid rehousing, we have more ability to create exits.

People experiencing homelessness each have unique circumstances and life stories that led them to our services, but our goal in working with each household is to achieve our mission of making homelessness rare, brief, and non-recurring with integrated health and housing services.

Like all CCH teams, H3 is subject to multiple levels of regulations from funders. To ensure compliance and protection of client data, we work with our County partners to create MOUS and data sharing agreements to leverage multiple systems.

H3 and the CoC work with partners at the local, regional, State, and Federal levels. Many of these partnerships include developing, supporting, and implementing plans to reduce or end homelessness. Light touch – multiple mandates directing metric decisions. All In, AT Home, Regional Action Plan cover graphics – creates plan fatigue, confusion. Move to metrics intro

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Like many of you, we have a large number of funders, colleagues, and clients that we are accountable to. This means we have a large set of outputs, outcomes, and performance measures that we're tracking. Each of these priorities tie back to our key indicators. Let's talk about what tools we have to track data in each of these areas (Service Provision, Inventory, Compliance, Monitoring, Equity).

- **Data quality** - System data is dependent on service providers like CORE mobile outreach and non-profit providers entering data in an accurate and timely way. As you can imagine, this can present challenges for direct service providers operating in the field and building trust with clients
- **Evolving standards** - Housing and homeless services is a relatively new field compared to some areas of healthcare. That means as we've learned more about how to best serve people experiencing homelessness, standards and practices have evolved. One example we can share is related to tracking basic demographic information. At the federal level, HUD releases new standards every couple of years that can make consistent data tracking challenging. For example, in October 2023, HUD will begin including Middle Eastern or North African and Hispanic/LatinX as race options for the first time. Previously, Hispanic/Latinx was collected separately which led to many people picking a racial identity that may not have aligned with their own self-identification. Previously, Middle Eastern or North African was not an option available to choose. These are good changes AND these changes will make it challenging to conduct comparative data analysis from previous years.

- **Self-report data** - Self-report data relies on imperfect human memory and strong trust between a person experiencing homelessness and a service provider. This creates challenges in accurately capturing information like substance use, domestic violence experience, sexual orientation, and criminal legal system involvement. Data integration with other systems helps resolve some of these challenges, but we've got work to do in improving data collection so we can better tailor services to the households seeking services.
- **Decentralized Housing** - There are systems from all levels of government distributing funding, setting policies, and collecting data on housing and homelessness. While we work to centralize programs to avoid duplicating services and ensure information in HMIS is comprehensive, we don't have easy access to data like child welfare involvement, eviction information, affordable housing development information, and other key pieces of information that can help us fully tell the story of homelessness in our community.
- **NIMBY-ism** - NIMY stands for Not In My Backyard and is used to describe people who oppose new housing development near their homes—particularly denser or more affordable housing. Oftentimes, even when there's available funding, capacity, and need to build more interim housing, permanent supportive housing, or other services, there can be considerable pushback from the local community. The County works closely with our City partners and community members to address concerns, but community opposition in the permitting stages frequently leads to increased costs and delays in many affordable housing projects.
- **Workforce** - As you saw earlier in the presentation, the Bay Area is an expensive region to live in. Like many teams in Contra Costa Health, H3 and our community based organizations struggle to recruit and retain staff to provider services and many funding sources do not allow organizations to pay high wages, especially compared to our neighbors in region. On the other hand, when folks who are experiencing homeless gain employment, they straddle a very precarious line of earning enough income to exit homelessness and not making too much income that could put their eligibility for affordable housing, health insurance, and other benefits in jeopardy.

<u>Goals</u>

* **Expand Prevention**: As noted earlier, prevention is a key component of reducing inflow to our system. As a key component of the All Home Regional Action Plan, H3 is working to invest in prevention services to assist households on the brink from entering homelessness. In 2021, 751 households received prevention services and 76% exited to permanent housing. With increased funding, we expect the number served to increase in 2022. We're also working to make prevention more impactful. As a relatively new intervention in homeless services, prevention is an evolving model. H3 is currently participating in a Housing Stabilization Learning Cohort with communities across the Country where we receive assistance from Community Solutions, a technical assistance provider with deep expertise in homelessness. Through this work, we're consistently recognized as a community working on advanced prevention efforts and recently presented on our work toward a shared community level definition of prevention services.

- **Expand Interim Housing**: With the opening of Delta Landing during the pandemic, East Contra Costa County has interim housing available for the first time. Through funding opportunities like Project Homekey and partnerships with Public Works, Cities, and other key stakeholders, H3 aggressively pursues opportunities to add interim housing to Contra Costa.
- **Expand Housing**: Similarly, H3 works to expand permanent housing options to increase exits to housing. With funding opportunities like Project Homekey or HUD's Supplemental NOFO to Address Unsheltered Homelessness, we anticipate adding 50 units of permanent supportive housing in 2023. We also partner extensively with Housing Authority to pursue voucher opportunities. With our support, HUD awarded Housing Authority 41 new Stability Vouchers to pair with CoC services this year.
- **Lead Policy Change**: At all levels, H3 works to highlight Contra Costa's leadership in addressing homelessness. From serving as a working group member in Concord's Strategic Planning work to meeting with the US Interagency Council on Homelessness, H3 leads policy change to impact our goal of housing more people. Key initiatives in this work include supporting the California State Associate of Counties AT HOME Plan and serving on the Regional Impact Council to advance the All Home Regional Action Plan endorsed by the Board of Supervisors.

New in Fiscal Year 2023-2024

- CalAIM Community Supports
  - Three new CORE teams to support Contra Costa Health Plan (CCHP) members in accessing housing navigation and other Community Supports available.
- Permanent Supportive Housing
  - Recently awarded HUD funding to increase El Portal micro housing development in San Pablo to serve 54 individuals.
- Interim Housing
  - Working to secure 34 new interim housing units by working with a local motel operator.
- Community Health Worker Services
  - H3 has MOU with CCHP to offer CalAIM Community Supports and will expand services in 2023. Allows us to increase HN and aftercare to CCHP members and build a skilled workforce in Contra Costa
- Shallow Subsidy Program
  - Recently awarded in our RFP process, H3 will be working with a provider to pilot a shallow subsidy program in Contra Costa. Shallow subsidy is a program type that offers time limited rental assistance to help households who just need a little extra to sustain housing.

Questions and Comments

- (Cmsr. May) There was a slide for the COC Models of Care which showed the areas of CCC that were receiving multiple services. Of course, in East County (and especially Antioch), once again, there was only one little dot out of 14 and I have a very serious problem all these agencies and all the fabulous presentations of what you all are doing in CCC, but I feel like where they are located in Central County and sent to East and West county. I don't know if you are seeing through one set of eyes from we

are seeing through another, but East County is the dumping ground for all the unhoused and the mentally ill with SMI. There is no other way for us in the area to view it otherwise, the people representing the county running this organization don't see it. You have once again excluded East County. We are part of CCC but we were excluded. So thank you for proving what I have been pointing out all along.

- (Cmsr. Perls) I wonder if one of you could describe what kind of supportive services are provided when you do have housing? Is mental health involved at all or substance abuse counseling with treatment? (RESPONSE: Jenny Robbins) Finding supportive housing is really housing subsidies but with services. So it could be in home case management services. There could be mental health connections, substance abuse support but we don't do our work in a vacuum. We work very closely with our BHS Department. We are hand in glove with access to substance abuse counselors to ensure those are receiving the kind of care and needs they have. We do provide case management trough those programs, but we also partner with many other agencies and non-profits. We are trying to co-ordinate care and not work in silos so that we are only looking at housing and not looking at the whole person or whole individual. We also, in our shelters, have co-located mental health counselors so we have staff member from the transitions team that provides support services and counseling on site. We partner with health care for the homeless. There is staff at the crossover and care in all of our services and it is still not enough.
- (Gigi Crowder) I just wanted to echo Cmsr. May's comment. We saw a gap in services in Antioch in NAMI CC, as well. So we started the 'Leave No One Behind' program where we go and feed the unsheltered and try to offer mental health support in Antioch and building relationships with those that most harmed. Out in Antioch, we have learned often that they do not feel their needs are met. It is not Cmsr. May and I speaking, we are speaking to what individuals are saying. My question becomes, is there a plan in place to better target the needs of those in Antioch. I know there was a hotel that was built at my faith center I go to. Not far from there, we are hoping to get some fencing, because we feed the unsheltered, but they are finding a porch covering and so every other week there is a break in or there is a fire being set on the porch and there definitely needs to be prioritization of doing more in Antioch. (RESPONSE: Christy Saxton) Yes, we wholeheartedly agree with your statement. We can only offer the funding and services if providers are there wanting it. There is shortage of providers to begin with and if they are not applying, there is that issue. Jenny and I meet with the City of Antioch on a regular basis and support them with technical assistance to open the hotel and continue to ask if they want a CORE team, but that is up the City. Those are often city funded. The city does not, or does not have the means to choose to do that. Then we do our very best to get our county sponsored teams but right now we have three county sponsored teams (one covers East, one covers West and one covers Central). It is not enough, we know that and we are wanting to. I have worked very closely with Supv Burgis around how to get more services out there and it really comes down to providers wanting to do that work, we are here for it. <INT> (Gigi Crowder) That is a great answer because we are a service provider that targets working with those with SMI, so I will get your email and if there is funding made available I can stop doing specific funding and we can tap into some available funds.

- (Cmsr. Swirsding) You have no services in the South County? Near Lafayette? You think that maybe there is no homelessness there, but there is. You would be surprised how many homeless are living in the parks. They are hidden, they are really good at hiding themselves and I just don't understand, I used to count in Richmond (West county area) and I always ask why aren't you counting in the park areas. If you talk to any cyclists, they see it because it is all off trail. That is where you see them all. Why, in South County, they don't have services? At least one shelter. In my area, I hand out coats to those in our area during the winter. Make sure they have some form of shelter.

VIII. DISCUSS the current issues of transporting patients from Contra Costa Regional Medical Center (CCRMC) Inpatient Services (4C and 4D) to court hearings - Cmsr. Laura Griffin, MHC Chair

On May 25, we had the most wonderful opportunity to tour psych emergency services (PES) and the inpatient services (4C/4D) at Contra Costa Regional Medical Center (CCRMC). The group consisted of myself, Cmsr. Serwin, Cmsr. Payne, Cmsr. Perls and Ms. Beck. Matthew Luu set this tour up for us, and he and his staff were wonderful, thorough and welcoming. They spent over two and half hours. We learned a lot, saw a lot of good things, very open with us. 4C and 4D are open and remodeled and look great. PES, we were happy to hear the remodel is in the works for the new child entrance so they don't have to walk past adults experiencing symptoms and we were also able to visit the Children's Crisis Center which was another great thing. I will let the other Commissioners speak, too.

One thing that came up in our conversations, again this is not a complaint but how can the commission help? We found out they were having difficulty transporting patients to their court hearings. Normally this was done by the Sheriff's Department, then COVID hit and it was on Zoom which worked well. Now the Public Defender has said no more Zoom, they have to show up in person. They expressed it was difficult to transport patients to their court hearings, there was an ambulance strike and the Sheriff's Dept had stopped transporting and they had a dilemma. It is not feasible for them to transport themselves due to safety issues. I was interested in bringing this to light and hoping someone would come to speak to it, which they are here. Has there been any progress? We would like to know what is happening to help that situation.

(Jaspreet Benepal) I would like to take a minute to thank you all for visiting. It is always a pleasure for us to have the MHC to come, it is an opportunity to share and learn and work together as a team. The good news is, from the time of your visit, to today, a lot of focus has been made. Matthew and his team worked diligently to address the challenges we were having at that time, the news was sudden for us. We have been able to secure the ambulance service to transport patients. We have also worked with a contracted agency to transport our patients in future and are already working on getting a vehicle retrofitted to ensure the patient's get there. Patient's rights preserved and continue to get the clinical care they need. We have our psychiatrist to be present in the court and clinical staff to escort. So, I agree it is not a problem any longer but it was. One that we needed to fix right away, we don't want to keep patients from not going to their court hearing. It is a small effort collaborated within the team and our contracted agency.

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- (Cmsr. Griffin) Who is transporting them now? (RESPONSE: Jaspreet Benepal) We have a contract (within our existing contract) with a security company, Guardian. They have been part of our security in the hospital. We contact them to make sure they would able to provide them service. They have an agreed upon service contract so our security agency and staff would be escorting the patient safely to the court and we have one of the nursing staff will escort as that is what we have done in the past, and of course the psychiatrist. We just want to ensure it is done safely.
- (Cmsr. Griffin) Do we know why the Sheriff's Dept. decided not to…? (RESPONSE: Jaspreet Benepal) Not sure, maybe a change in their policy or process and I know we were looking into our own contract with the Sheriff's Dept. to see if that could be incorporated. That is happening as a (??) process, but we don't want to drop the services because we want to make sure the patients are provided their rights so we contacted our agency. (Cmsr. Griffin) That may be a perfect solution because the sheriff transporting them, somehow it seems like it criminalizes the mental illness of the patient.
- (Cmsr. Payne) Coming from a law enforcement standpoint, in the instance where you have person that might be seriously combative, is there a plan in place to transport them also or put them on hold until that was stabilized. (RESPONSE: Jaspreet Benepal) That need, there is a lot of discussion on that. One of the things we were talking about is: Do we make sure what is essential here for the patient at the time and if they are clinically not doing well and safety is at risk we would be focusing on that and in those cases, we may have to delay the transport or delay the hearing. It is a tough decision between patients' rights and their safety, as well as of staff. Each case will be individually assessed in the beginning.
- (Cmsr. Serwin) Do you still find there is a hit on operations? Some of the staff at the last minute had to respond to coordinate. Do you still have that last minute notification from the court? (RESPONSE: Jaspreet Benepal) Well, yes. Whenever the notification comes, we have to make sure we have staff ready to appear in court. We have to ensure we have the security agency present to transport as well.
- (Cmsr. Serwin) Is it still easier by Zoom? (RESPONSE: Jaspreet Benepal) I have worked psych for a very long time and from a patient's perspective it may be I'm not doing well and they still want to have the hearing and from the (??) perspective, I am assuming the court would have some sort of opportunity where the rights are preserved. That would be helpful if you can, but at this point it is still a point of discussion.
- (Cmsr. Payne) How much advance notice the court give you for the hearing? (RESPONSE: Matthew Luu) I don't know the specific time frame, but usually we get a notice from our county representative. When they receive the court documentation, it goes through our county council <interruption someone speaking over> usually no less than 24-hours that we have seen. Sometimes it is within 24 hours. We have a work flow to figure out transportation, security services, the staff availability (doctor and nurse) and we need to coordinate all the different pieces.
- (Cmsr. Perls) If you are still interested in having what other counties seem to do, which is to bring the court with a stenographer, an administrative judge and a public defender to the patient (_____)

<INT> (Cmsr. Unable to finish their statement/question) (Jaspreet Benepal) I think any service that can enhance patient experience would be very welcoming to us. Our focus is what is best for our patient. There are two things: (1) clinical care and (2) their rights. In cases where their clinical care is questionable or clinical condition is questionable, definitely, those opportunities would be very helpful for the patient and would be given to them so that they can have that experience and not delay. • (Cmsr. Griffin) I was happy to hear that, but the only other thing I was still wondering is Zoom. I know the other counties use zoom but our county public defender decided not to (we are the only county that does not) and wondering if that is something we could advocate for? It seems as it works well and the counties have kept it because it works so well. • (Cmsr. Carlson) I wonder if it is not a legal strategy. (Matthew Luu) We did do a survey and some information we collected was given to county council for them to review.	
IX. UPDATE on K-12 project, next steps	***Due to time constraints, this has been tabled for next month***
X. UPDATE on 2023 MHC Site Visits/Collaboration with Mental Health Services Act (MHSA)	***Due to time constraints, this has been tabled for next month***
XI. RECEIVE Committee Report Out: Justice, and Quality of Care/Finance Committees	***Due to time constraints, this has been tabled for next month***
XII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano ➢ Update on the Behavioral Health Bridge Housing (BHBH) Program and proposed strategies ∗Have proposed strategies been submitted? What are the next steps? ➢ Update on Behavioral Health Continuum Infrastructure Program (BHCIP) ∗What is the status of Round 5 and Round 6? ➢ Update on Children's separate Crisis Services Unit and PES Renovation ∗What is the expected occupancy? Staff? ∗How will the Children's CSU interface with the wellness center next door? Good to see you all. I just wanted to start out with June is Pride month and want to make note of that. LGTBQI+ rights were hard fought for over many decades and I think we all want to work to ensure they are protected going forward. Looking at some movements in other parts of the country it is a little concerning. I feel it is really important that we remember the work it took across the country, but in California to get to where we are in supporting LGTBQI+ rights and that the effort is not over and we stay diligent and continue to support. So again, let's celebrate it and all the gains accrued over the decades. Many providers throughout the county are members of the community and also want to mention through CCBHS, we are funding both the Rainbow Center and the Center for Human Development with some specialized targeted programs. Housing updates: We are pretty much where we were in April when I gave the more comprehensive presentation. We have not yet heard back from the BHCIP proposals. The positive is, we were not eliminated on the first round and we thought we would hear in May, but I think everyone is just	.

waiting to hear. We have not received word. We did put in a proposal for a 45-bed Mental Health Rehabilitation Center (MHRC) in West County, as well as a 16-bed Crisis Residential Treatment (CRT) program with a behavioral health urgent care clinic and keeping the Wellness Center in West County. Then a 16-bed CRT and a 16-bed Adult Residential Transitional (ART) program. We have not heard on any of them. I think everyone is aware that now, with the projected budget for California, the Governor put Round 5 on hold, so that is probably not going to occur until 2024. As soon as we hear anything, I will certainly communicate out to all of you and the stakeholders that have put so much energy into this. There are a number of people here today who are a part of the steering committee and really worked hard on this. We will keep you folks posted on that.

One program, a 16-bed residential geared towards those with co-occurring mental health and substance use issues that we were hoping to get that in for Round 6 and we still plan on submitting as soon as they open Round 6 and that would be another facility.

The BHBH, we did submit our statement of interest and there were different filing dates. The first one came up so quickly and we did submit those proposals. We were also still working on other grant proposals that we planned to submit at the next submission point, which in November. So in the upcoming months we will be reconvening our steering committee that work worked on the BHCIP and the BHBH proposals to move forward with that, again as a reminder, we are eligible for approximately $20mil and we are very hopeful about that. Reminder that it is not to buy property or permanent housing, it is considered transitional and interim housing until more permanent housing can be obtained. What was submitted was more beds, remember these are transitional interim beds, not permanent housing. Our initial proposal included 45 more large board and care beds (Synergy, Everwell, etc.) and 12 additional small board and care beds and extending some subsidies for those. We also put in for 14 beds shared housing for sober living recovery residences, 12 new sober living environment (SLE) beds as well as some expanded funding for 10 existing beds. Also were rent subsidies. Waiting to hear back.

The most anticipated outstanding that we did submit, the statement of interest is for the diversion housing and supportive services for those found to be Incompetent to Stand Trial (IST). We are eligible for about $8.7mil to go toward the housing component. If we get that component, then along with that is the commitment of approximately $9mil for supportive services. We will submit an actual proposal for that on November 1.

I also wanted to add, we were very focused on BHCIP and the companion to that was another funding opportunity (CCE) and actually two of our community partners submitted proposals for those. HUME Center did submit a proposal for a tiny homes project and RCD submitted a proposal for permanent supportive housing. As far as we know, as of today, they have not yet heard back. We have a lot of proposals in that could amount to a lot of types of groups, some short-term, interim transitional other permanent. Both paying attention to the needs of those with SMI issues and also increasingly we want to pay attention to those with either primary or co-occurring substance abuse issues and in need of housing.

Update that we are ready to post the MHSA 3-yr Plan (held up due to the CalAIM Payment reform. NOTE: Posted just as the meeting started

Questions and Comment • (Teresa Pasquini) I just wanted to share I heard a report on BHCIP that they are behind billions of requests over the amount they have. That was concerning to hear. Hopefully, we will get our share.	
XIII.Adjourned: 6:31 pm	