



Agenda

MEASURE X COMMUNITY ADVISORY BOARD

July 14, 2021

5:00 P.M.

VIRTUAL MEETING

The Public may observe and participate in
the Virtual Zoom Meeting by using this link:

<https://ccccounty-us.zoom.us/j/81176769191>

Meeting ID: 811 7676 9191

Or by dialing (888) 278-0254

Conference Code: 468751

Mariana Moore, Chair
BK Williams, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and
preference of the Committee

1. Roll Call
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).
3. RECEIVE the Record of Action for the July 7, 2021, Measure X Community Advisory Board meeting (Mariana Moore, Chair)
4. RECEIVE presentations and PARTICIPATE in panel discussions on the topic of safety net (Mariana Moore, Chair)
5. REVIEW and DISCUSS the plan for presenters of focused presentations at upcoming MXCAB meetings (Mariana Moore, Chair)
6. The next meeting is currently scheduled for July 21, 2021.
7. Adjourn

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Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Measure X

Community Advisory Board less than 96 hours prior to that meeting are available for public inspection at 1025 Escobar St., 4th Floor, Martinez, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

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Measure X Community Advisory Board meeting agendas and videos are available in Spanish at: http://64.166.146.245/agenda_publish.cfm?id=&mt=ALL

For Additional Information Contact:

Lisa Driscoll, Committee Staff
Phone (925) 655-2047
lisa.driscoll@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

MEASURE X COMMUNITY ADVISORY BOARD

Meeting Date: 07/14/2021
Subject: Public comment on any item under the jurisdiction of the Committee and not on this agenda
Submitted For: MEASURE X Com Advisory Board,
Department: County Administrator
Referral No.: 2/2/21 D.4
Referral Name: Measure X Community Advisory Committee
Presenter: Mariana Moore **Contact:**

Referral History:

Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).

Referral Update:

Recommendation(s)/Next Step(s):

Accept attached written public comments.

Attachments

Richmond Land Presentation
Enterprise Acquisition
Public Comment/Support 1
Public Comment/Support 2
Public Comment/Support 3
Public Comment/Support 4
Public Comment/Support 5
Public Comment/Support 6

Richmond LAND

Measure X Community Advisory Board Presentation

June 30, 2021



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www.richmondland.org

Goals:



Briefly introduce Richmond LAND & the Community Land Trust Model (CLT)



Overview of how the CLT Model provides maximum impact with one-time subsidy, prevents displacement and neighborhood destabilization, and provides homeownership opportunities to BIPOC communities who have been historically and systematically barred from access to community wealth-building processes



Understand the gaps in our current Affordable Housing System in regards to Preservation policies



Review bold ideas and active regional programs that promote preservation/ acquisition-rehab and stabilization across income levels



Gain a clearer understanding of the role of Preservation strategies in mitigating heightened risks of eviction due to COVID-19

Richmond LAND: Mission, Vision, and History

Mission

Richmond LAND's mission is to build resident power for community controlled land-use through community organizing, land acquisition, development, and stewardship of land and affordable housing for longterm community benefit.

La misión de Richmond LAND es desarrollar el poder de los residentes para control el uso de la tierra a través de la organización comunitaria, la adquisición de tierras, el desarrollo y la administración de la tierra y viviendas asequibles para el beneficio comunitario a largo plazo.

Vision

We envision a world where homegrown residents can mobilize to create, finance, control, and sustain affordable housing and community development projects that fulfill long standing community needs and aspirations.

Concebimos un mundo donde los residentes de cosecha propia puedan movilizarse para crear, financiar, controlar y sostener proyectos de vivienda asequible y desarrollo comunitario que satisfagan las necesidades y aspiraciones de la comunidad de larga data.



What is a Community Land Trust?

**A non-profit organization that
acquires LAND & stewards it in
perpetual TRUST for the benefit
of low-income COMMUNITIES.**

Basic Elements of a Community Land Trust Model

Community Participation

- $\frac{1}{3}$ CLT residents & lessees of CLT land, $\frac{1}{3}$ residents of CLT neighborhoods, $\frac{1}{3}$ technical experts/ public good reps

Dual Ownership

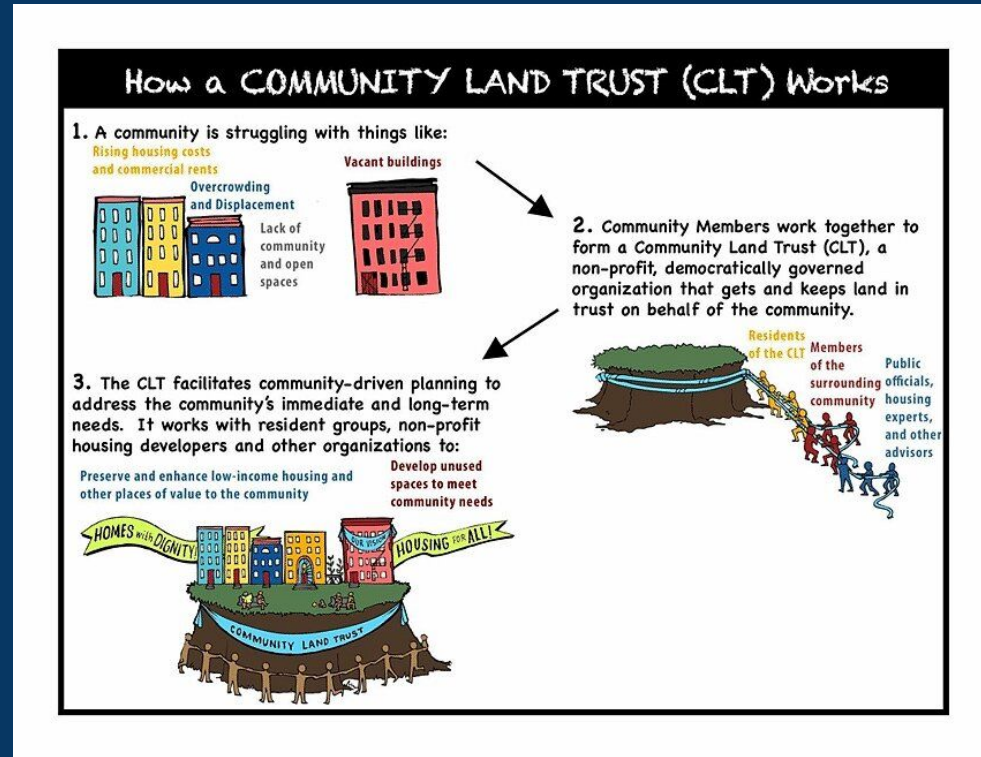
- Individual owns improvements (home)
- Community land trust owns land
- **Ground Lease:** ties improvements and land together for 99 years

Perpetual affordability

- A renewable 99 year ground lease is placed on the land
- Requires owner occupancy but does not require
- Resale restrictions preserve affordability levels

Stewardship of Land and Housing

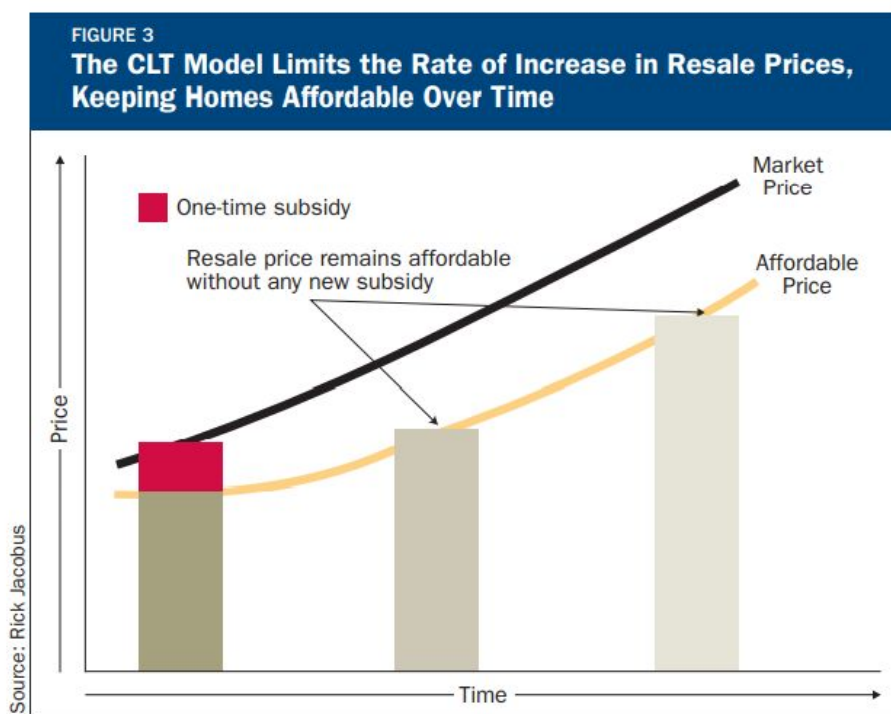
- Preservation of housing affordability and subsidy
- Homebuyer education & support



Addressing the Problem: Utilizing Scare Public Subsidy for Maximum Impact

“CLTs create a stock of permanently affordable, owner-occupied housing by using public (and private) funds to acquire land.

As a result, it can sell homes at prices that lower-income households can afford. By maintaining ownership of land across multiple sales of the house, the **CLT can usually keep homes affordable for many years without the need for additional public subsidy.** “



A one-time subsidy in a CLT home lowers its initial sale price to an affordable level and then limits the rate at which the price can rise over time. This strategy helps to increase the stock of permanently affordable housing.

Addressing the Problem: Combatting inflated land prices driving residents away



Source: Lincoln Institute of Land Policy/ OakCLT

“CLTs create a permanently affordable marketplace for generations to come, helping low-income homebuyers with wealth creation while shielding communities from speculators and preventing gentrification.”

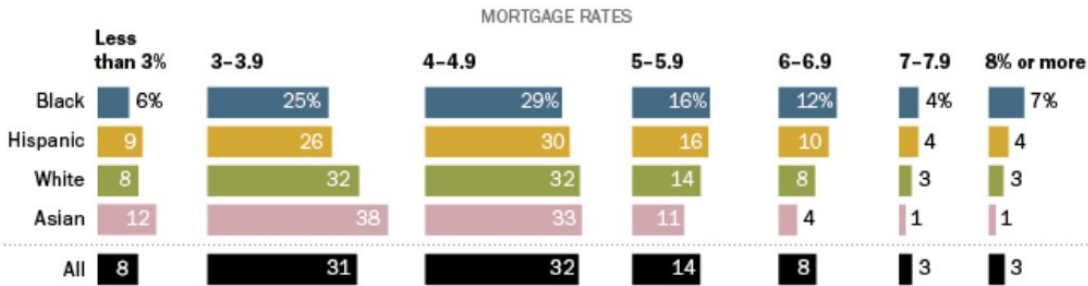
COMMUNITY LAND TRUST



Addressing the Problem: Racial Inequality at the core of Conventional Homeownership

Blacks, Hispanics more likely to pay higher mortgage rates

Among households in 2015 with at least one regular mortgage, % of each group paying these rates

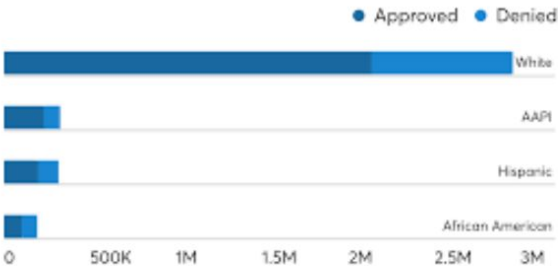


Note: Hispanics may be of any race. "Not reported" categories not shown. Data on whites, blacks and Asians refer to single-race groups.

Source: Pew Research Center analysis of American Housing Survey data

PEW RESEARCH CENTER

Conventional loan applications



Note: Taken from 2017 HMDA reports
Source: AREAA

Continued on next slide

Cont'd: Conventional Ownership vs. Collective Ownership

Conventional Ownership

- Sole responsibility
- Requires down payment
- Government Tax Incentives
- Build wealth
- Isolation, little community accountability
- Racial Inequality in access & value
- Market and Speculation-Driven:
Defaults to more inequitable distribution of resources

Collective Ownership (e.g. CLTs)

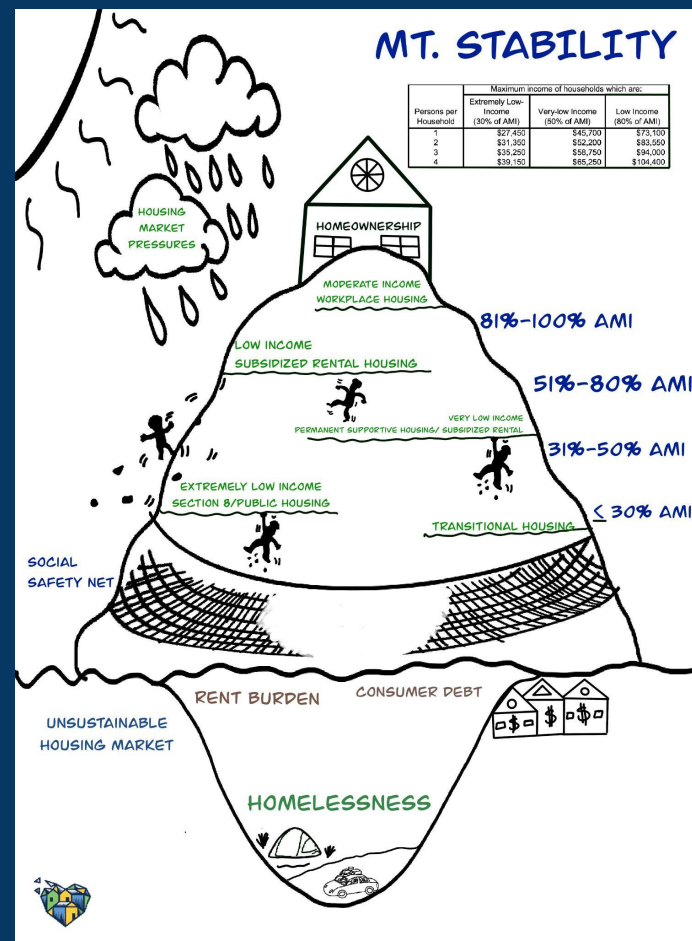
- Shared responsibility
- Shared resources, financially safer
- Finance systems not yet built out
- Group decision making, accountability
- Time investment
- Opportunities for community building
- Various co-ownership types. Some do/don't:
 - Require down payment for individuals
 - Build equity
 - Provide affordability

Strategies to Address the Gaps in Contra Costa County's Affordable Housing System

Elements of an Ideal Housing Justice System

3Ps of Climbing Mt. Stability & the Safety Net When People Fall

- **PROTECTION** for tenants living in market rate rental housing
 - Immediate relief & displacement prevention
 - **Currently only Richmond has won tenant protections and rent control, deep need in other parts of the County**
 - Examples: Rent Control, Tenant Protections, ERAP
- **PRODUCTION** of deed-restricted affordable housing
 - Critical for building future affordable homes to meet growing needs across the income spectrum
 - **Severely impacted by dissolution of Redevelopment Agencies, putting pressure on jurisdictions to find ways to meet needs and leaving little capacity and funding to explore place-based solutions**
 - Examples: LIHTC, ADUs, creative infill development
- **PRESERVATION** of unsubsidized affordable housing, also known as **acquisition-rehab**
 - Aims to preserve shrinking supply of unsubsidized affordable housing
 - A direct anti-displacement strategy that advances racial and economic equity through a place-based approach.
 - **Under-utilized strategy that requires a distinct set of skills (usually from collective ownership models) and more institutional support**



1. Stabilizing low-income homeowners (and their tenants) through a pilot rapid anti-displacement fund or an acquisition-rehab fund

- Loan acquisition funds can provide financing to enable purchase of existing occupied unsubsidized housing
- Empowers community agencies and housing organizations working with tenants to compete with speculative investors in purchasing tenant-occupied buildings and single family homes for sale in higher cost markets
- Can be designed as a special-purpose fund to make quick acquisitions or as an Acquisition-Rehab NOFA that housing organizations and tenant groups may apply for
- **Impact:** Keeps tenants and financially distressed homeowners in their homes + increases supply of permanently affordable below market rate units

Case Study: Measure KK Unit Acquisition and Rehabilitation Program

- \$100M Infrastructure Bond with \$12M set aside for shared ownership models
- Loan Structure, up to \$150,000/ unit
- Generally covers all costs associated with acquisition, rehabilitation, and preservation
- **Administration Cost:** 5-10% of total amount written into the bill
- **Impact:** Since 2019, 7 properties totaling 75 units for acquisition-rehab

Other models to consider:

[San Francisco Housing Accelerator Fund](#)

Estimated Cost to launch pilot program: \$6.5M

- *\$6M acquisitions*
- *\$500K admin/ staffing*

2. Transferring Tax-Foreclosed Properties to not-for-profit housing organizations with capacity to stabilize as affordable housing

- Listed in [2020-2025 Consolidated Plan](#) Goals: “Develop a process for municipally owned / tax foreclosure properties to go to nonprofit land trusts to rehab and preserve long term affordable housing throughout the county. “
- Helps address the limits of County staff in stewarding public assets and converting them into permanently affordable homes

Case Study: LA County [Chapter 8 Sale Program](#)

- In Sept. 2020, LA's BOS directed staff to develop a process to help secure tax-defaulted properties through Chapter 8 sales for Community Land Trusts to create long-term affordable housing
- In November, BOS expanded the pilot program to include non-Chapter 8 properties to protect rent-burdened households from falling into homelessness (similar to an acquisition fund)
- \$14,000,000 from LA County's Affordable Housing Acquisition Fund for the CLT's to acquire and rehabilitate the properties
- CLTs will be responsible for compliance with the California Environmental Quality Act (CEQA), and for the rehabilitation of the non-Chapter 8 properties.

Estimated Cost:
Minimal for Chapter-8 Property
Transfers, cost of admin (~ \$250K/ yr)

3. Establishing a Pre-development & Capacity Building Program to increase neighborhood stabilization strategy stewards throughout the County

- Capacity building program to meet increasing interest in preservation of existing housing stock for low-income families
- “Acquisition-rehab demands a distinct set of skills and capacities as well as institutional support that generally does not yet exist in today’s affordable housing system” - Enterprise Community Partners,” Preserving Affordability, Preventing Displacement,” 2019

Case Study: [Alameda County Housing Development Capacity Building Program in partnership with LISC](#)

- Bay Area LISC provides targeted technical assistance, training, and tailored grant resources to support a cohort of faith-based landowners to make the best decision for their property. Bay Area LISC supports program participants who choose to move forward with an affordable housing development through the process of entering into an equitable joint venture (JV) partnership with an experienced developer.

Estimated Cost: \$1.5M Pilot Program

4. Using the Community Land Trust model, establish an organizations focusing on creating affordable housing opportunities for people living with extremely low income and serious mental health challenges

- Newer initiative currently being implemented in Alameda County

Case Study: [Alameda County's Supportive Housing Community Land Alliance](#)

- Funded by Alameda County Behavioral Health Care Services via the Mental Health Services Act (MHSA) Innovation Funds, and incubated by the Northern California Land Trust (NCLT)
- Began in October 2020
- TOTAL Innovation Budget over 5 years: \$6,151,599

Estimated Cost: \$5-6M (not including financing for site acquisition and operation)

***WHY WE NEED TO ESTABLISH RESOURCES
FOR NEIGHBORHOOD STABILIZATION NOW,
MORE THAN EVER***



The Threat of Inaction:

- Private equity funds are standing by with cash reserves of at least \$328B to purchase new troubled real estate.
- Continuation of a vicious cycle:
 - **Rent debt → Small Landlords behind on mortgage payments → foreclosure → Wall Street investors buy up housing stock → Homes are then flipped to be rented at higher prices = Gentrification/displacement**
 - Innovative neighborhood stabilization strategies help tenant/homeowners compete against speculative investors by partnering with a housing organization like a community land trust to buy the home
- Prevents a similar aftermath we saw during the 2008 foreclosure crisis

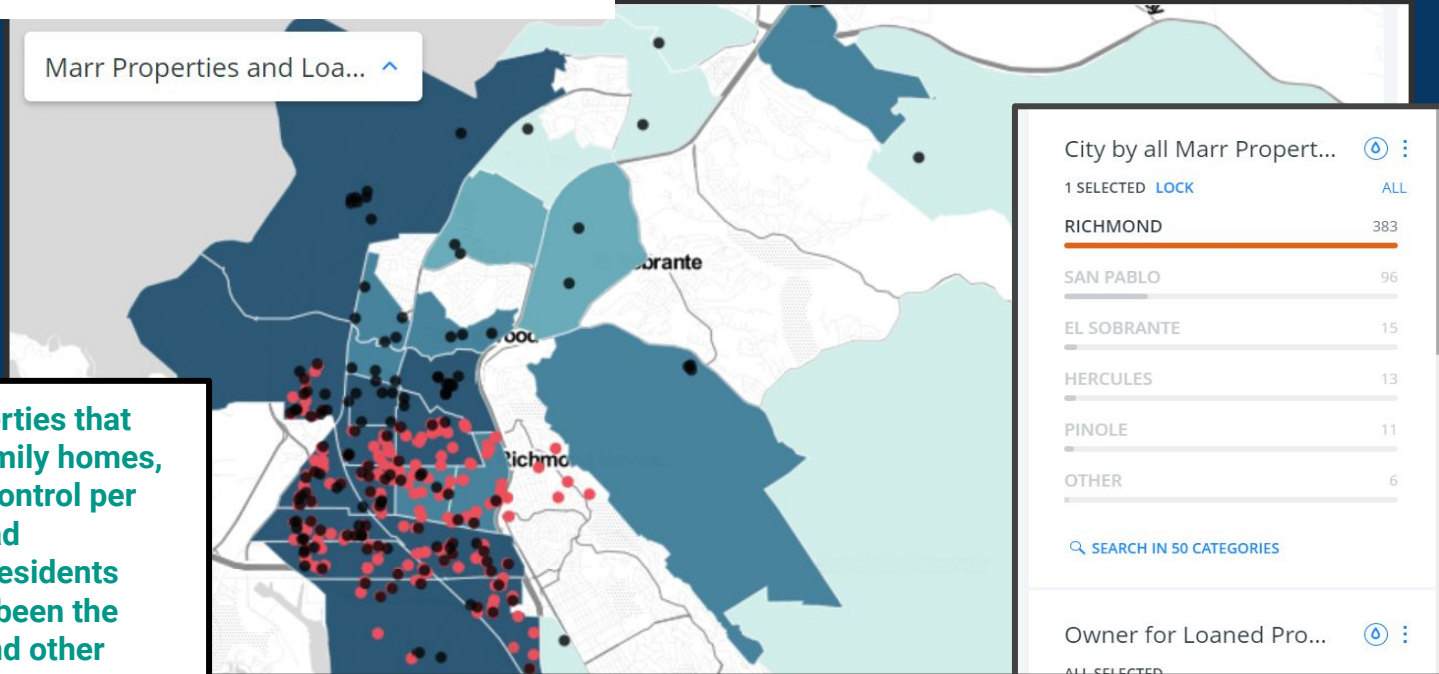
Richmond LAND has already seen community members in Richmond impacted by greedy speculators looking to take advantage of people's financial hardship

Can Community Fund LLC Be Fined For Evicting 92-Year-Old Lela Madison?

Zennie Abraham June 29, 2018

- Marr properties with loans
- All Marr properties

“Because most of the properties that Marr acquired are single family homes, they do not fall under rent control per Costa Hawkins. Widespread displacement of long time residents through rent increases has been the modus operandi for Marr and other foreclosure speculators in the east bay.”

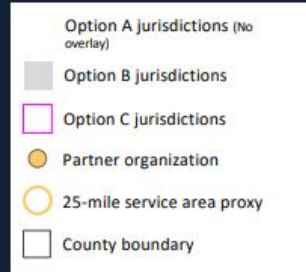



Source: Anti-eviction Mapping Project - Michael Marr / Community Fund LLC

Looming post-eviction moratorium Eviction Crisis

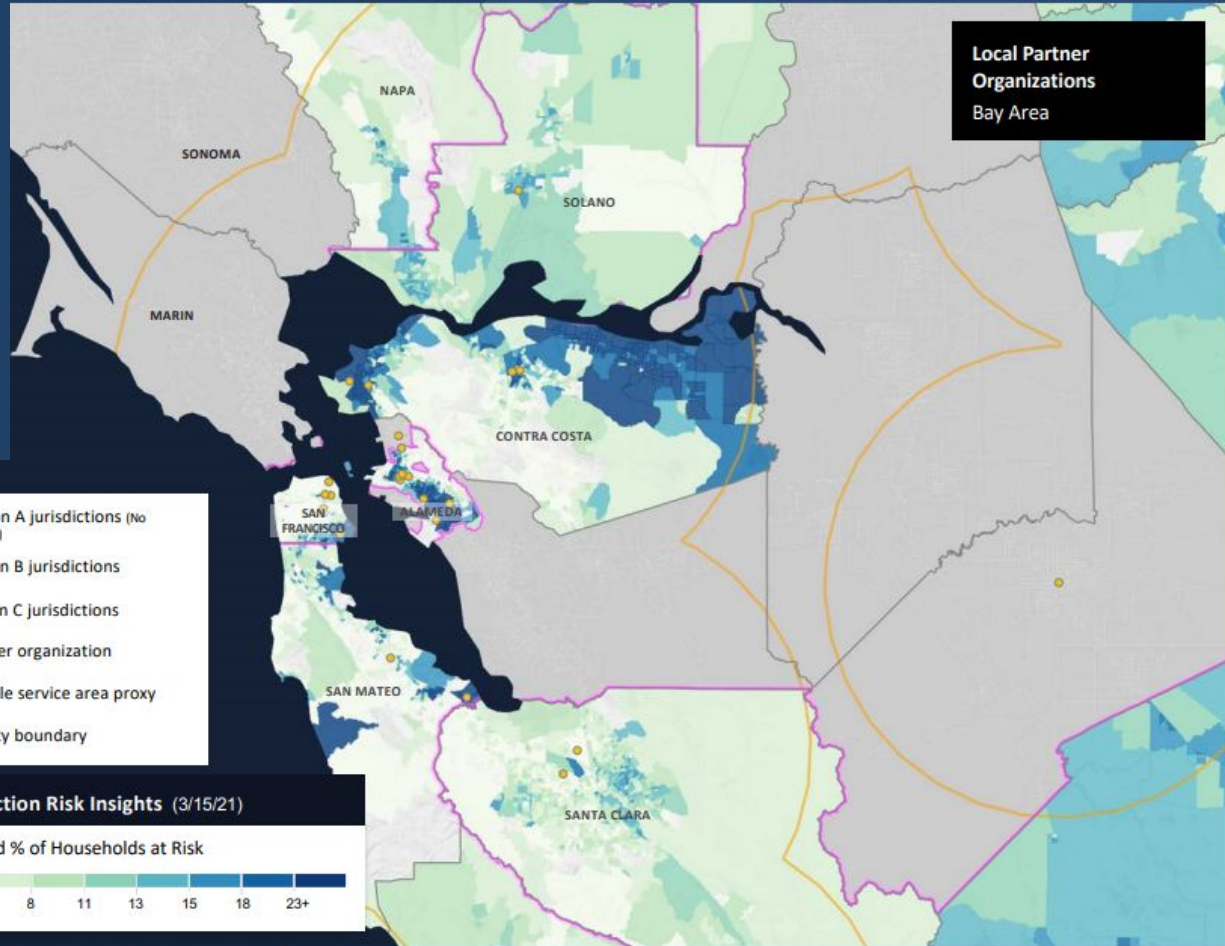
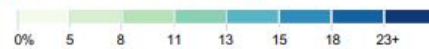
County	HHs at Risk	HHs at Risk > 25mi from a LPN
Contra Costa	25,861	0
Santa Clara	20,587	0
Alameda	20,316	0
San Francisco	13,335	0
San Mateo	10,575	0
Solano	6,631	0
Napa	1,638	208

Figures are for Option A + C Jurisdictions

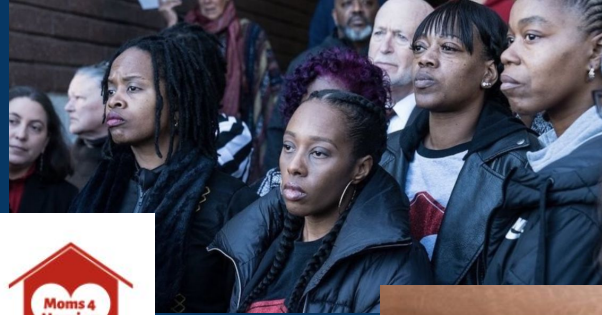


 **Eviction Risk Insights** (3/15/21)

Estimated % of Households at Risk



It's time for Contra Costa to join the movement to resist speculation by investing in Preservation strategies that protect low-income families!



Moms 4 Housing-inspired bill becomes California law

New law prevents corporations from bulk-buying foreclosed homes

SB 1079

WHAT IS IT?

- A foreclosure law change authored by Nancy Skinner and signed by Governor Newsom.
- Effective January 1, 2021-January 1, 2026

- This specific bill deals with 1-4 single units only
- In connection with these properties, the bill would also require a trustee to maintain an internet website and a telephone number to provide specified information on the properties that is free of charge and available 24 hours a day, 7 days a week.

WHAT IS A FORECLOSURE?

A foreclosure is a process where a home is seized and put up for sale by the bank that gave the original owner a loan.



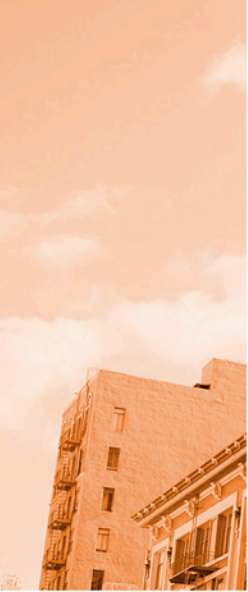
Grandma Challenges Real Estate Giant in Early Test of New California Law



Questions?



Contact Mia - mia@richmondland.org



PRESERVING AFFORDABILITY, PREVENTING DISPLACEMENT

ACQUISITION-REHABILITATION OF UNSUBSIDIZED
AFFORDABLE HOUSING IN THE BAY AREA

Acknowledgements

We would like to thank all the individuals and organizations that contributed their time, experience, and input to this paper, particularly those that participated in one-on-one interviews and convenings hosted by Enterprise Community Partners (Enterprise). Developing a methodology for estimating the number of unsubsidized affordable housing units was done in close collaboration with Danielle Mazzella at the California Housing Partnership Corporation (CHPC), with additional input from our friends at the UC Berkeley Urban Displacement Project. Portraits of San Francisco Community Land Trust (SFCLT) residents were photographed by Todd Sanchioni and provided courtesy of SFCLT.

We are especially grateful for the residents interviewed for this report. Thank you for hosting us in your homes and sharing your experiences with us. Among the several Enterprise staff who contributed their valuable thoughts and edits to this paper, a special thank you goes to Justine Marcus, State and Local Policy Director based in the Northern California office. Without Justine's contributions in writing, editing, project management and partnership, this paper would not have been possible.

About the Author

James Yelen is the Program Director for Preservation based in the Enterprise Northern California office. He leads the office's local and regional affordable housing preservation work, including policy development and research, technical assistance, convening and facilitation, and capital alignment. James holds a Master's in City Planning from UC Berkeley's College of Environmental Design and a Bachelor of Arts in Sociology and Government from Wesleyan University.

About Enterprise Community Partners

Enterprise is a national nonprofit that develops programs, advocates for policies and delivers the capital to create and preserve affordable housing for low-income families. Over more than 35 years, Enterprise has created 585,000 homes, invested more than \$43 billion and touched millions of lives. Based in San Francisco, our Northern California office seeks solutions to a range of the most relevant and pressing affordable housing issues facing California, especially the Bay Area. As an intermediary, Enterprise provides technical assistance, convenes practitioners and advocacy coalitions, and collaborates with cross-sector partners including but not limited to public agencies, community-based organizations, affordable housing developers, researchers and academics, and funders.

In California, Enterprise's policy and program priorities are to:

- Promote racial equity, economic opportunity and resident power for people historically excluded from shaping the decisions that affect their lives and those of their communities;
- Expand resources and eliminate barriers for the production and preservation of housing that low- and moderate-income Californians can afford;
- Prevent low-income Californians from experiencing homelessness, displacement, housing instability and poor-quality housing conditions, particularly renters; and
- Advance inclusive and equitable development that promotes housing affordability, environmental sustainability, climate and community resilience, economic opportunity and racial equity.

Enterprise's Northern California team has led efforts to address the region's housing affordability for more than a decade. By sharing expertise, bringing together stakeholders and cultivating capital resources, we've helped create or preserve homes for nearly 22,000 families and leveraged more than \$1.3 billion in grants and investment toward strengthening the region and its diverse communities.

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EXECUTIVE SUMMARY

In cities across the country, residents face widespread housing insecurity and rising unaffordability. In the San Francisco Bay Area, both home sale prices and rents continue to outpace average wages, and families and individuals must grapple with deepening economic precarity as they are forced to pay a growing share of their income on housing. As a result, our region has some of the highest – and fastest growing – rates of homelessness in the country,¹ **compounded by a shortfall of over 235,000 affordable rental homes for very and extremely low-income households.**² These challenges are not race-neutral; research has shown that communities of color are particularly vulnerable to displacement pressure and the impact of dramatic rent increases.³

Cities and counties throughout the region are exploring a variety of tools to curb displacement and safeguard affordability. Over 280,000 low-income households live in unsubsidized affordable housing – housing with rents at affordable rates without public subsidy – but market conditions have also contributed to a decline in this critical part of the housing stock, with an **average decrease of 32,000 such homes per year between 2012 and 2017**. Over the last decade, the preservation of **unsubsidized affordable housing, also known as acquisition-rehab**, has gained traction as a strategy to prevent the displacement of existing residents and communities and quickly expand the stock of permanently affordable homes.

Acquisition-rehab offers several unique benefits and opportunities that may be of interest to a variety of stakeholders, including philanthropy, policymakers, public sector agencies, nonprofit developers and community development corporations, community land trusts, mission-driven financial institutions and residents themselves. Specifically, acquisition-rehab is a:

- **Direct anti-displacement strategy that advances racial and economic equity through a place-based approach;**
- **Fast and cost-effective strategy;**
- **Flexible strategy that expands housing choices; and**
- **Long-term, environmentally sustainable strategy.**

Our analysis of 42 acquisition-rehab projects across San Francisco, San Mateo County and Oakland highlight the varying average per-unit costs: \$483,376, \$433,203 and \$276,153, respectively. **These sampled properties reflect costs of about**

50-70 percent of new affordable housing production in the same jurisdictions over the same period.

Drawing on three in-depth case studies and interviews with residents, practitioners and public sector staff, this paper outlines the regional preservation need and highlights the progress to expand and strengthen acquisition-rehab efforts throughout the Bay Area. While acquisition-rehab has demonstrated success and offers great opportunity, like any new strategy, there are also a variety of challenges. Several best practices (listed below) can support the design and implementation of local programs.

In addition to these best practices, there is a need to further develop the broader system that makes acquisition-rehab successful and to help scale it in a meaningful way. Over the past few decades, the affordable housing industry has invested significantly in the infrastructure for funding and financing, **partnership building**, organizational development, policy and research to build new affordable homes. Preservation, specifically acquisition-rehab of unsubsidized housing, has not yet received the attention and resources to develop a similarly comprehensive and supportive ecosystem. The following recommendations can help advance acquisition-rehab efforts at scale. These recommendations are based on our research, input from our community-based partners and Enterprise's own experience as a housing intermediary.

BEST PRACTICES FOR DESIGNING AND IMPLEMENTING AN ACQUISITION-REHAB PROGRAM

- Engage Local Stakeholders Early in the Program Design Process
- Conduct a Local Landscape Analysis
- Plan for Public Awareness and Education
- Earmark Sufficient Staffing and Funding to Jumpstart a Program, Including Capacity Building
- Coordinate with Other Public Agencies & Departments

1. SECURE FUNDING AND FINANCING BEYOND LOCAL PROGRAMS

This includes early stage financing, such as **flexible acquisition capital**, program related investment funding from philanthropic entities and a regional pool of “at risk” funding to support pre-development work. It also includes new matching subsidy programs at the state and/or regional level specifically tailored for acquisition-rehab. The new Bay Area Housing Finance Authority (BAHFA) provides one promising opportunity for the region.

2. STRENGTHEN AND BUILD PARTNERSHIPS

Collaboration and coordination between residents, nonprofit stewards, tenant advocacy and community-based organizations, public agencies and community development financial institutions (CDFIs) can help expand and improve outcomes for acquisition-rehab. There is also an opportunity to explore closer partnerships on policy and programs with organizations and agencies in related fields, like public health and climate change mitigation.

3. SUPPORT CAPACITY BUILDING FOR THE UNIQUE ASPECTS OF OCCUPIED ACQUISITION-REHAB

This includes resourcing the capacity of all stakeholders involved in acquisition-rehab, including residents, community-based organizations, public agencies and CDFIs. There is a particular need to invest in the infrastructure to work with residents in place and reach our region’s housing stock of smaller buildings.

4. PASS COMPLEMENTARY POLICIES

Policy offers the opportunity to change the conditions within which acquisition-rehab operates, eliminating barriers, accelerating the work and deepening the impact. Examples include policies to facilitate easier property acquisitions, including a right of first offer and/or refusal and policies that link housing code compliance with acquisition-rehab. Other opportunities include tax treatment improvements and protecting the existing stock of unsubsidized affordable housing through regulatory measures.

5. IMPROVE AND DEVELOP NEW TOOLS FOR PRACTITIONERS AND RESIDENTS

As this work continues to grow, there is an increasing need for databases, toolkits and other resources to help identify at-risk properties and tenants, connect eligible residents with housing opportunities and share best practices on various aspects of the acquisition-rehab process.



“Having a place that you know will stay within your price range is a big relief. Who needs that anxiety? It’s comforting to know that I can stay near my family and friends in Oakland and have that peace of mind.”

Darrell Johns, resident at EBALDC’s Kensington Gardens Apartments

INTRODUCTION

We should all have access to a healthy, stable, affordable home in a neighborhood with the community and resources we need to live a full and dignified life. Despite California's prosperity, this promise remains unfulfilled for far too many families and individuals. In the Bay Area, over 75 percent of the nearly 600,000 low-income households who rent are cost-burdened, paying at least 30 percent of their monthly income toward rent and often one paycheck away from losing their homes.^a Among this group of renters are households who live in "unsubsidized affordable housing," homes currently renting at rates that are affordable to lower-income households without public subsidy.

One of the core strategies that Enterprise's Northern California office advances is the preservation of this unsubsidized affordable housing through acquisition-rehab. By removing this housing stock from the speculative market and bringing it into nonprofit or community stewardship, **acquisition-rehab is a direct response to the diminishing supply of affordable housing, the persistence of eviction and displacement among renter households, and the rising cost and slower pace of new housing construction.**

The rehabilitation and preservation of homes in poor and working-class neighborhoods was a critical component of community development work in the 1960s, often through housing rehabilitation loan and grant programs carried out by community development corporations (CDCs). In recent decades, **most preservation efforts have focused on extending the affordability of subsidized or income-restricted affordable housing in need of capital improvements and/or nearing the expiration of affordability restrictions.** This is primarily done through re-syndication of Low-Income Housing Tax Credits (LIHTC), refinancing with special-purpose loan funds and products, and renewing rental subsidies such as Section 8 vouchers. More recently, both housing practitioners and residents have shown a growing interest in acquisition-rehab of unsubsidized affordable housing currently on the private market.^{4 5 6} Cities like New York,⁷ Washington, D.C.⁸ and Minneapolis⁹ have grown their acquisition-rehab efforts through a mix of funding, programming, and policy.

Local housing departments and community-based organizations in several cities and counties in the San Francisco Bay Area

are part of this new wave of acquisition-rehab initiatives. This network of actors is **pushing the boundaries of our affordable housing system, working at the intersection of tenant protections and development.** Through our role as a convener, Enterprise supports the growth of these efforts by facilitating **practitioner collaboratives, providing technical assistance, engaging public sector partners to create and improve funding programs and developing new financing tools.**

Acquisition-rehab is a direct response to the diminishing supply of affordable housing, the persistence of eviction and displacement among renter households, and the rising cost and slower pace of new housing construction.

Drawing on original qualitative and quantitative analysis, this report highlights the various components and stakeholders involved in financing and executing occupied acquisition-rehab, exploring the outcomes and lessons learned from programs in San Francisco, Oakland and San Mateo County.

- **Section 1** explains the acquisition-rehab model – from identifying homes to long-term stewardship
- **Section 2** reviews current public programs to finance and support acquisition-rehab work
- **Section 3** examines financing initiatives developed by CDFIs to support acquisition-rehab
- **Section 4** presents a summary of quantitative data on a set of Bay Area homes preserved through acquisition-rehab

^a Based on internal calculations using 2017 Census PUMS 1-year estimates, of the 583,000 low-income renter households in the Bay Area, roughly 455,000 are paying 30% or more of their income towards housing costs.

- **Section 5** summarizes challenges and best practices for local acquisition-rehab programs
- **Section 6** provides recommendations to the community development field for supporting the improvement and growth of acquisition-rehab

In addition, case studies featured throughout the report provide a closer look at how acquisition-rehab projects take shape from the perspective of both nonprofit organizations and residents, **re-centering the conversation around the experience of residents and their neighborhoods**. The case studies also illustrate how acquisition-rehab is fundamentally a place-based anti-displacement strategy – and one important way to help mitigate the threats to housing stability faced by low-income residents, communities of color and other groups that are not well served by the broader housing market.



East Bay Asian Local Development Corporation (EBALDC) residents

KEY TERMS

Area median income

Area median income (AMI) is the income for the median – or middle – household in a specified geography, usually a region. Often housing programs for low-income households are available to those earning less than 80 percent of AMI.

Affordable housing

Affordable housing is restricted to households earning below a certain income level for a specified number of years and often receives public subsidy (e.g., Section 8). Rents are typically set at no more than 30 percent of a qualified household's income.

Unsubsidized affordable housing

Unsubsidized affordable housing lacks public subsidy or income restrictions but nevertheless has rents affordable to households earning 80 percent of AMI or below, due to the property's location, condition, age, design elements and a variety of other reasons. In other words, the homes are occupied by and affordable to low-income households without subsidy and deed restrictions, making this housing stock particularly vulnerable to the speculative market. People living in unsubsidized affordable housing face uncertainty since they are unprotected from large rent increases or eviction, unless there are tenant protections in place locally.

Displacement

Displacement is the process by which a household is forced to move from their home because of conditions beyond their control, such as market pressures, natural disasters or evictions.

WHY “UNSUBSIDIZED AFFORDABLE HOUSING” AND NOT “NOAH”?

Unsubsidized affordable housing is sometimes referred to as “naturally occurring affordable housing” or “NOAH” in the affordable housing sector. However, in recognition of both the social and economic forces (e.g., disinvestment and redlining) that often contribute to the declining conditions of many of these properties, as well as other factors such as property age and outdated amenities that impact the affordability of rents in diverse real estate markets, we have chosen to use the term “unsubsidized affordable housing.”

Acquisition-Rehab: A Strategy to Ensure Housing Stability for Residents and Communities

Snapshot of the Bay Area's Housing Stock

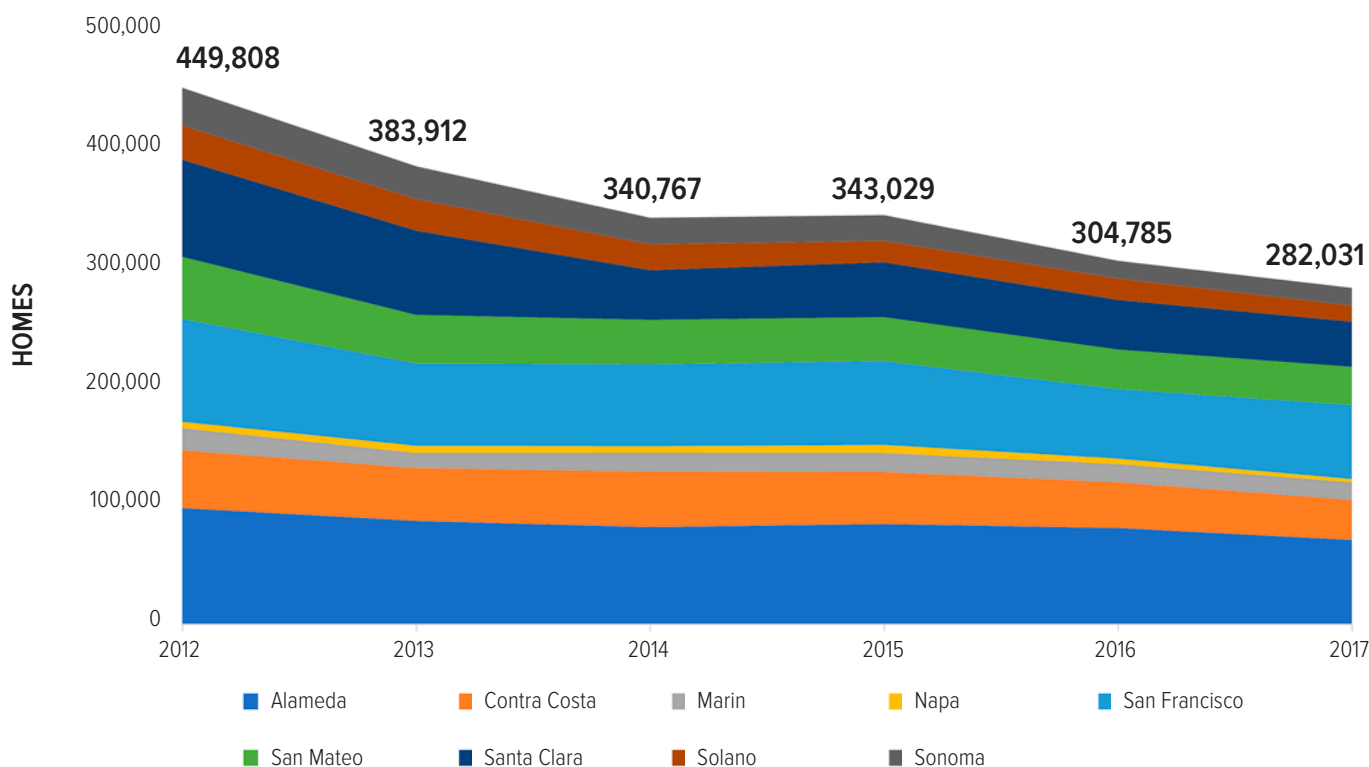
Enterprise, using data on the subsidized housing stock provided by CHPC, estimates that as of 2017, there were roughly 282,000 unsubsidized affordable homes in the nine-county Bay Area.^b As rents have skyrocketed and lower-income households have left the region, the number of these homes has declined, with an

average annual decrease of over 32,000 such homes between 2012 and 2017 (Exhibit 1).

Low-income households live in many different rental housing types, ranging from single-family homes, to small multifamily buildings, to large buildings with over 50 apartments. Over half

Exhibit 1.

Unsubsidized Affordable Homes Occupied by Low-Income Households in the Nine-County Bay Area, 2012 - 2017



The number of unsubsidized, affordable homes occupied by low-income households has declined in recent years— averaging a decrease of 32,000 such homes per year between 2012 and 2017.

^b While these units are technically affordable to a household earning 80 percent of the AMI, current occupants earning less than this threshold may be cost burdened. For example, a unit renting at a rate that's affordable to a 70 percent of AMI household that's currently occupied by a 30 percent AMI household is considered "unsubsidized affordable" by our definition even though the rent of this unit isn't affordable to the current household. It is also important to note that there are limitations in available data and record-keeping on subsidized and deed-restricted housing units, and that this estimate does not include public housing, units that are subsidized or income restricted through local programs, and units where residents hold Section 8 Housing Choice Vouchers. For more information on our methodology, see appendix.

of all affordable homes occupied by low-income households, including subsidized and public housing, are in buildings with nine or fewer units (Exhibit 2). In high-cost, high-demand markets like those found in Northern California, the affordability of these homes, as well as the low-income households who live in them, are under constant threat as owners seek to “re-position” their properties for higher earners who can afford significantly higher rents.

Why Acquisition-Rehab?

Acquisition-rehab aims to preserve the shrinking supply of unsubsidized affordable housing. Among its distinct strengths, it is:

A direct anti-displacement strategy that advances racial and economic equity through a place-based approach.

It throws a lifeline to residents facing eviction or untenable rent increases, allowing them to live and age with an affordable cost of living and dignity, in place. Displacement disproportionately harms communities of color and low-income people, compounding historical inequities in housing and land use policies and practices, as well as undermining the racial and socioeconomic diversity of the region.¹⁰ Acquisition-rehab offers the opportunity to target resources and invest in stability, community ownership and permanent affordability. It acknowledges the importance of place to residents and prioritizes residents’ ability to remain in their neighborhood, connected to social networks, schools and jobs.

A fast and cost-effective strategy.

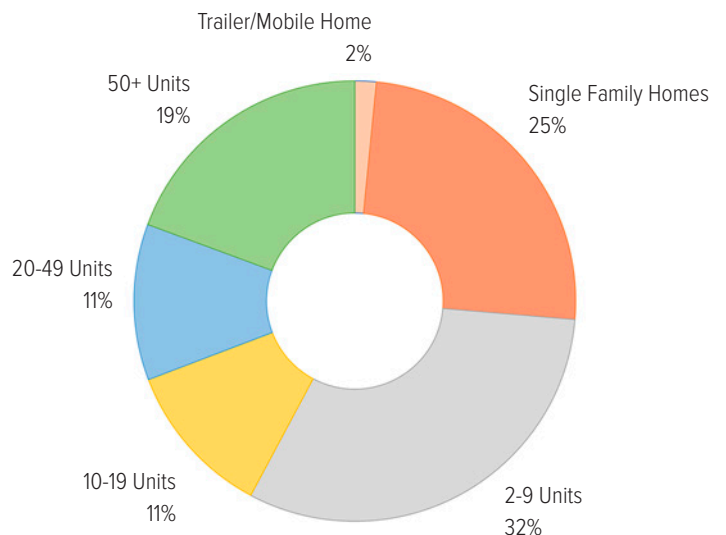
While new construction in the Bay Area often takes five or more years from predevelopment to occupancy,¹¹ acquisition-rehab can be completed in a matter of months and is less likely to face local opposition since residents and buildings are already part of the community. Cost effectiveness varies by market, but in general acquisition-rehab has significantly lower per-unit costs than new construction when compared over a 50-year period.¹² Our analysis estimates per-unit development costs that are around 50 to 70 percent of new affordable housing production.

A flexible strategy that expands housing choices.

Acquisition-rehab can help preserve the full range of housing types – from single-family homes to large apartment buildings and mixed-use spaces – meeting residents where they

Exhibit 2.

All Affordable Homes Occupied by Low-income Households by Building Size, 9-County Bay Area, 2017



are and giving future low-income households more options as they seek a home and neighborhood that suits their needs. It can also expand the spectrum of tenure and management approaches for affordable housing, including co-ops and other models that center on community ownership. Through this work, community-based stewards have a new opportunity to build relationships with neighborhood partners, including community organizers, faith-based institutions and tenant associations. Strengthening these bonds can help advance broader efforts to improve local conditions and work in partnership with low-income residents.

A long-term, environmentally sustainable strategy.

When acquisition-rehab efforts target substandard properties, renovation and structural improvements can add years to the building’s lifespan, stemming the cycle of decline and preventing scarce homes from falling out of the housing stock. A study by the National Trust for Historic Preservation found that the reuse of buildings resulted in lower impacts to the environment and public health compared to replacing comparable buildings from the ground up, especially when paired with energy and resource-efficient retrofits.¹³ As national preservation expert and architect Carl Elefante has said, “The greenest building is one that’s already built.”

Why Isn't Acquisition-Rehab More Commonplace?

Despite its promising potential, the strategy of acquisition-rehab faces certain challenges and has yet to become common practice in the Bay Area's housing and community development field. As our case studies and interviews indicate, acquisition-rehab

demands a distinct set of skills and capacities as well as institutional support that generally does not yet exist in today's affordable housing system. This report discusses these challenges at the local and regional level and makes recommendations to address them toward bringing acquisition-rehab to greater scale.

THE ACQUISITION-REHAB PROCESS

A wide variety of organizations carry out acquisition-rehab of unsubsidized affordable housing, including traditional nonprofit affordable housing developers, community land trusts, other community-based organizations and tenant associations – all referred to as “stewards” in this section. Because of this diversity, acquisition-rehab may look different across programs and projects. With this variation in mind, the process typically involves five steps (Exhibit 3).

1. Identify Homes

Potential homes come to the attention of stewards in many ways, ranging from real estate listings and brokers, to more community-based sources like resident organizers and sympathetic landlords. Outreach efforts and partnerships with community-based organizations can help identify properties where residents are at a high risk of displacement. Residents may also pursue acquisition-rehab of their own home through collective ownership models. Stewards prioritize homes based on a range of social and economic factors. Social factors include the willingness of the residents to engage in the process, the presence of specific groups (e.g., seniors, people with disabilities and extremely low-income households), threats of displacement and the cultural significance of the building. Economic factors include market conditions and the per-unit costs of developing the building as affordable housing. Stewards may also be interested in buildings of a certain size, location or resident profile (e.g., residents with special service needs).

2. Predevelopment

Once a building has been identified, the steward must conduct further analysis to determine if they should move forward with an offer. They will typically perform basic due diligence to assess the

condition of the building, create an operating plan and, if possible, work with residents to identify rehabilitation needs. An initial financial feasibility analysis will be conducted to determine if the development budget, existing rent roll and available financing sources would permit the sustainable operation of the building as permanently affordable. Some stewards work closely with residents and/or other community partners to determine how well their model fits with resident needs and desires as well as the broader neighborhood community development strategy.



Liberated 23rd Ave, a mixed-use property stewarded by the Oakland Community Land Trust, includes eight affordable homes and four neighborhood-oriented commercial tenants.

Exhibit 3.

Overview of the Acquisition-Rehab Process

**3. Acquisition**

The steward will often work through a broker to negotiate a purchase agreement. Once a deal is in place, this process will entail many of the typical aspects of a real estate transaction, including a more thorough inspection of the property; a capital needs assessment to determine the rehabilitation scope and budget; investigation of zoning, permitting and other relevant records; and an in-depth financial feasibility analysis. To keep rents affordable despite a market-rate acquisition price, stewards typically rely on a variety of flexible, low-cost financing tools, such as CDFI bridge loans as well as local public subsidy programs to sustain long-term operations.

To keep rents affordable despite a market-rate acquisition price, stewards typically rely on a variety of flexible, low-cost financing tools.

In some cases, stewards work closely with local housing departments to get an early public financial commitment, which often enables them to secure other financing sources. To serve very and extremely low-income residents, stewards may also apply for Project-Based Vouchers through the local housing authority. Additionally, the acquisition phase may involve educating residents about the transition to nonprofit ownership and management, which includes the sensitive task of obtaining certifications of their income (typically a requirement to receive public financing, subsidies and favorable tax treatment).

4. Rehabilitation




As the acquisition process is wrapping up, the steward will assemble a team to manage the project, including working with residents and overseeing construction during rehabilitation. The capital needs assessment and other inspections provide the outline for the work that needs to be completed, informing the construction timeline and a more detailed budget. The most urgent and immediate health and safety repairs are addressed first and may be financed through an initial acquisition loan, while longer-term, more intensive improvements, such as energy efficiency upgrades and seismic retrofits, are typically financed through construction loans and other sources. Managing the

rehabilitation phase requires the steward to balance the needs of contractors and residents. When intensive rehab renders units uninhabitable, the steward must work with residents to come up with a temporary relocation plan, which can be very costly and disruptive. In some cases, stewards might keep some units

vacant so that residents can be relocated on site while the rehab is completed. Keeping the project within the timeline and budget requires close oversight and open channels of communication. Identifying resident leaders early in the process can help ensure this phase moves smoothly while respecting existing residents.

Exhibit 4

Common Models of Affordable Stewardship for Occupied Acquisition-Rehab

	AFFORDABLE RENTAL	LIMITED EQUITY HOUSING COOPERATIVE	COMMUNITY LAND TRUST
			
	Affordable Rental (deed-restricted)	Limited Equity Housing Cooperative	Community Land Trust
Ownership	Nonprofit steward acquires and retains ownership of land and property. Property is maintained as a rental, and rents are held at an affordable level for income-qualified households.	Residents form an entity (LEHC) that acquires the property. Residents purchase and own shares in LEHC at an affordable price, entitling them to reside in their unit and build some equity.	Community land trust (CLT) acquires land and property. Property may be sold to residents at an affordable price, or retained and operated as a rental, but CLT will always own land and steward permanent affordability.
Management and Decision-making	Professional property management contracted by or provided directly by nonprofit steward. Possibility of resident council or other channel for residents to provide input.	Resident shareholders elect and participate on their own board, which makes decisions on property management, community rules, etc.	Varies by property type (rental, co-op, single family homeowner-ship, etc.), but CLT board (including residents & community members) provides support and sets certain rules through ground lease.

5. Stewardship

Once the rehab is complete, attention shifts to the task of operating the building and the goal of ensuring permanent affordability. From a financing perspective, any short-term construction and bridge loans are taken out by permanent sources, which will depend on the type of project but may consist of a combination of “soft debt” (which is effectively subsidy) from local public sources as well as, in some cases, equity. Performing ongoing asset and property management in compliance with any public funding source requirements is critical to a building’s financial sustainability.

This phase also includes determining a long-term stewardship plan, which may involve the steward performing its own property management, contracting out to a third party or transitioning this responsibility to well-organized residents. The size of the building plays a large role in determining the best option, which may be influenced by state and local regulations. For example, California requires apartment owners to include an on-site manager for properties with 16 or more units.¹⁴ Stewards may work with a resident services coordinator to provide community-oriented programming and connect residents to external support such as health care professionals and social workers. Additional resident capacity building through workshops and volunteer programs might also be part of the long-term stewardship plan.



Staff from the Mission Economic Development Agency (MEDA) outside of one of the several properties they own and manage throughout the Mission neighborhood of San Francisco.

Bay Area Acquisition-Rehab Programs

Over the past 10 years, public agencies in the Bay Area have developed new funding programs to support occupied acquisition-rehab strategies tailored to local context, each following a distinct path to implementation. We have profiled three

established programs in the region, though it should be noted that cities such as Berkeley have recently piloted similar programs and other jurisdictions are in early stages of development.

SAN FRANCISCO – SMALL SITES PROGRAM

While the region has contended with soaring housing costs, San Francisco has borne the brunt of the eviction epidemic, with over 41,000 notices issued since 1997.¹⁵ Ellis Act evictions, named for a state law that allows landlords to “go out of business” and evict all current tenants, are more common in San Francisco than other Bay Area cities, with over 5,000 Ellis Act filings since 1994.¹⁶

In response to these trends, the Small Sites Program (SSP) was introduced in 2014,¹⁷ with origins that go as far back as 2004. Organizations including the Council of Community Housing Organizations (CCHO), the San Francisco Community Land Trust (SFCLT) and other advocates saw acquisition-rehab as a strategy to prevent instances of displacement that fell through the cracks of local rent stabilization and just-cause eviction protections. Through continued tenant outreach and public awareness campaigns, it became clear that the city needed new tools, especially for protecting households in smaller rental properties where Ellis Act evictions were most common. While the city’s housing department had developed robust resources and staffing for new affordable housing construction, the preservation of occupied, unsubsidized homes was a new challenge. This type of work was also outside the existing scope of most affordable housing developers and CDCs.

When the first SSP Notice of Funding Availability (NOFA) was released in 2014, it was the culmination of five years of extensive engagement by housing activists, tenant counselors and community-based developers who, in partnership with

the San Francisco Mayor’s Office of Housing and Community Development (MOHCD), were critical to developing appropriate guidelines and practices for the program. Compared to new construction, this program posed distinct challenges for asset and property management, loan agreements, income targeting and resident engagement. Ongoing collaboration among the growing cohort of SSP stewards and lessons learned along the way have led to several program revisions in subsequent years. The program was originally funded as a \$3 million pilot but has grown to over \$100 million in cumulative funding from a variety of sources, including neighborhood-specific programs, inclusionary and condo conversion fees, set-asides from the city’s housing trust fund and, most recently, a share of “windfall” funds.¹⁸

Over a 10-year span, SSP evolved from a pilot anti-displacement tool championed by grassroots organizations to a key part of the city’s preservation ecosystem.

In addition, in 2017 the San Francisco Housing Accelerator Fund (SFHAF), an independent CDFI, launched with \$10 million of MOHCD seed funding to provide a flexible source of acquisition capital to pair with SSP soft debt.¹⁹ In 2019, MOHCD introduced its Preservation and Seismic Safety Program (PASS), a program capitalized by bond revenue and related proceeds to provide low-cost, permanent financing for the preservation of affordable housing.²⁰ Also in 2019, the San Francisco Board of Supervisors

unanimously passed the Community Opportunity to Purchase Act (COPA), giving nonprofit stewards a greater chance to compete on the private market for multifamily properties. Over a 10-year span, SSP evolved from a pilot anti-displacement tool championed by grassroots organizations to a key part of the city's preservation ecosystem, bolstered by complementary public financing, policies and CDFI tools.

SAN MATEO COUNTY – AFFORDABLE RENTAL ACQUISITION AND PRESERVATION PROGRAM

Because of San Mateo County's lower-density development patterns and comparatively fewer neighborhood-based housing organizations, occupied acquisition-rehab has less of a grassroots foundation compared to San Francisco. The program emerged as a response to several separate requests to the County Board of Supervisors to help purchase and preserve smaller buildings, some of which were brought to the board by sellers themselves. As more for-sale properties with low-income tenants came to the county's attention, it became clear that speculatively high prices and minimal tenant protections put residents at risk of displacement. Absent dedicated funds and program guidelines, the process for addressing this challenge fell to a patchwork of supervisors, budget office staff and the county's housing department on a case-by-case basis. As local nonprofits like HIP Housing and MidPen Housing demonstrated the viability of acquisition-rehab using a variety of local sources to finance their developments, county officials sought to fund a more systematic approach.

Drawing primarily on funds from the county's Measure K sales tax revenue, the Affordable Rental Acquisition and Preservation Program (ARAPP) was officially established through a Board of Supervisors resolution in June 2016. The program was aimed at preventing displacement and mitigating the possibility of homelessness. Staff and program participants saw ARAPP as an important addition to the toolbox for supporting low-income renters in San Mateo County, especially because fewer tenant protections exist at the city or county level compared to other parts of the Bay Area.

Absent dedicated funds and program guidelines, the process for addressing this challenge fell to a patchwork of supervisors, budget office staff and the county's housing department on a case-by-case basis.

ARAPP was set up with a rolling NOFA, rather than a competitive process, to accelerate the distribution of funds. Because the program was a pilot, the county left the guidelines relatively flexible (e.g., no building size limits) and carried over several requirements from its new construction NOFA. While the original intention was to provide short-term financing to take properties off the market while a long-term LIHTC strategy could be assembled, the program quickly evolved into a source of permanent soft debt. This was largely due to the types of properties coming forward – mostly properties under 20 units with characteristics that made them more difficult to finance with other public funding sources. To date, the program has distributed just over \$17 million for preservation work.

OAKLAND – MEASURE KK ACQUISITION AND PRESERVATION PROGRAMS

Since the Great Recession of 2007-2009 and the resulting wave of **foreclosures**, Oakland has been an epicenter of rising unaffordability and residential displacement in the Bay Area. Against a backdrop of historical disinvestment, racist land use policies, and a more recent influx of affluent households and private investment, the city's Black population has notably declined²¹ while homelessness has sharply increased.²² The residents, advocates, community organizers and nonprofit developers working to reverse these urgent trends reflect Oakland's long history of progressive community activism and resourcefulness.

In 2016, Oakland **Mayor Libby Schaaf began convening a Housing Implementation Cabinet to explore a broad suite of housing initiatives.**²³ Local nonprofit developers such as the East Bay Asian Local Development Corporation (EBALDC) and the Oakland Community Land Trust (OakCLT) had already pursued acquisition-rehab in recent years and **made the case for expanding this strategy.** Building on the momentum of the Housing Cabinet, a broad coalition of community-based organizations advocated for Measure KK, an **infrastructure bond measure that included a \$100 million set-aside for affordable housing and anti-displacement programs.** When the **measure passed in late 2016**, Oakland city staff continued to work with many of these organizations in an ongoing process of developing programs, distributing funds and supporting acquisition-rehab.

A broad coalition of community-based organizations advocated for Measure KK, an infrastructure bond measure that included a \$100 million set-aside for affordable housing and anti-displacement programs.

Through regular meetings and stakeholder convenings facilitated by Enterprise and supported by partner organizations, funding allocations and guidelines were determined for the first \$55 million of Measure KK funds, which included close to \$19 million for an acquisition program for properties with five units or more, \$3 million for properties with one to four units, and a separate \$10 million program for the rehabilitation of existing deed-restricted housing. Between **2018 and 2019**, guidelines and funding allocations for the second round of KK-funded acquisition-rehab programs were developed in collaboration with a broader set of organizations and stakeholders. These include a stronger focus on occupied properties where residents are at risk of displacement and **explicit support for shared ownership models such as community land trusts and housing cooperatives through a separate \$12 million program.**²⁴



This 7-unit live-work property was acquired by the Oakland Community Land Trust in 2018, providing affordable and flexible space in a rapidly gentrifying Oakland neighborhood.

	San Francisco	San Mateo County	Oakland
Program Name	Small Sites Program (2017 NOFA)	Affordable Rental Acquisition and Preservation Program (ARAPP)	Measure KK Site Acquisition Programs (1-4 Unit & 5+ Unit, 2017)
Funding	\$100 million+ cumulatively	~\$17 million	~\$22 million
Impact	35+ properties, 275+ residential units, 15+ commercial spaces (ongoing)	6 properties totaling 141 residential units, 1 commercial space	7 properties totaling 75 units for acquisition-rehab; 2 sites totaling 145 units of new construction
Eligible Project Type	5 to 25-unit buildings prioritized, smaller buildings considered on case-by-case basis. Mixed-use and Single Room Occupancy eligible	Affordable apartment buildings renting at or below 100% of median Tax Credit Allocation Committee rents	Vacant or occupied affordable properties; vacant land. Separate program for 5+ unit buildings and 1 to 4-unit buildings
Max Loan	\$175,000 - \$375,000/unit depending on building size and type. Up to \$400,000/unit in extreme cases	\$150,000/unit target, up to \$250,000/unit for short-term acquisition under special circumstances	\$150,000/unit; \$5 million per project
Loan Terms	Loan term of 30 years 3% simple interest Up to 40-year loan if leveraging PASS; restrictions run for life of project Repayment through residual receipts	Loan term of 2 years at acquisition, with possibility for three 1-year extensions Can be converted into a 30- or 55-year loan at re-finance 3% simple interest; 1% loan fee Repayment through residual receipts	Original loan term of 3 years, extended to 55 years 3% simple interest (0% for 1-4 unit) 3% loan fee (1% for 1-4 unit) Repayment may be deferred
Target population and priorities	Homes where tenants are: at risk of Ellis Act eviction, located in neighborhoods with high rates of Ellis Act evictions, vulnerable populations (seniors, families with children, people with disabilities and people with catastrophic illness)	Homes where tenants are: <ul style="list-style-type: none"> at risk of eviction or rent increases clients of county services, particularly vulnerable populations (children, seniors, people with disabilities, extremely low-income households). Other scoring criteria based on project characteristics 	5+ unit - No targeting 1 to 4-unit Program; properties where: <ul style="list-style-type: none"> tenants are at a high risk of displacement poor conditions are present owner is in violation of rental housing laws tenants include vulnerable populations homeless or extremely low-income (ELI) households are prioritized for vacancies
AMIs served (target and average over time)	Average household income of at least 66% of households must not exceed 80% of AMI at time of SSP loan closing Average of 80% AMI rents over time.	All re-rentals of vacant units must be to households earning up to 80% AMI. 5% homeless requirement (referred by the County CES) and 10% ELI requirement	For vacant land or properties with existing restrictions: restricted to households at or below 60% For properties with no restriction at acquisition: up to 60% AMI until 80% AMI average in building reached
Other	75% of tenants must acknowledge purchase agreement; 66% of tenants must income-certify for building to be eligible	Requires minimum of \$500/unit budgeted for support services	Wide range of eligible uses and project types

CASE STUDY | SAN FRANCISCO

380 San Jose Avenue & 70-72 Belcher Street

Mission Economic Development Agency & San Francisco Community Land Trust

Between 2012 and 2015, community organizers, legal aid attorneys and local nonprofit developers in San Francisco noticed a pattern: Many of the tenants with whom they were working shared the same landlords. Each of the tenants faced the prospect of displacement from their home due to a large rent increase or an eviction notice. In an early success for the Small Sites Program, MEDA and the SFCLT came together to purchase a portfolio of five properties where tenants were at risk of losing their homes – all owned by the same local real estate investor.

For MEDA, acquisition-rehab has become a central strategy in their ongoing efforts to preserve the cultural diversity and vibrancy of the historically Latinx Mission District. Their housing work complements other programs and services aimed at advancing economic opportunity. **SFCLT focuses squarely on preventing displacement through the acquisition and stewardship of properties occupied by low- and moderate-income residents throughout the city.** With a model that centers broad resident participation, their portfolio includes a resident-owned limited-equity cooperative, group housing co-ops and traditional rentals.

TWO OF FIVE BUILDINGS PURCHASED IN A PORTFOLIO

380 San Jose:

Project steward: MEDA

Built in 1900

4 units

70-72 Belcher:

Project steward: SFCLT

Built in 1906

5 units

Sources:

First Mortgage

SSP soft debt

Cultural Preservation at 380 San Jose Avenue



Located in the heart of the Mission, the four-unit building at 380 San Jose Avenue has been home to several significant cultural figures in the Latinx community, including current resident and celebrated artist Yolanda. San Francisco's rent regulations kept the apartments relatively affordable over the years. However, under the ownership of an absentee investor, long-term residents like Yolanda had little interaction with their landlord and learned to cope with the aging building's quirks and hazards. "We found it was easier for us to take care of things ourselves," said Yolanda. The situation took a toll on residents, who lived in a constant fear of fire and other safety issues.

The first eviction notice arrived just before Christmas. In her 70s and struggling with health issues, Yolanda couldn't imagine an alternative to her current home. She was devastated. "My first thought was 'Where am I going to live? Should I start packing up right now?'" The eviction notice set off a period of anxiety, legal disputes, community activism, and hypervigilance as Yolanda, her son and three other seniors in the building did all they could to delay the inevitable.

Neighbors and activists were galvanized by the eviction attempt, launching a series of public demonstrations that brought increased attention to the issue and public scrutiny over the landlord's actions. Working alongside the timeline of the eviction proceeding, MEDA eventually acquired 380 San Jose Avenue as part of the portfolio, putting their mission of place-based cultural preservation and community development into action. Tragically, this inspiring win was marred by the passing of one of the residents, who was battling cancer in her last days in the building.



MEDA staff stand outside of 380 San Jose Avenue

Overcoming Uncertainty at 70-72 Belcher Street



Less than two miles away in the Castro District, residents of 70-72 Belcher Street had a parallel experience. In the 1970s, Mark, then a 22-year-old from Idaho, moved to his current home on Belcher Street. His early roommates and neighbors included a rotation of artists, musicians and eccentrics that together made up the unique social and cultural fabric San Francisco was known for. When an investor bought the building in the late 2000s, maintenance and upgrades became less frequent and dependable. When improvements were made, they were mostly cosmetic and done with little tenant input. Residents felt these changes were intended to help market the building to new, higher-income households.

Eventually the landlord began to offer Mark and his neighbors lump sums of money to move out, but they all agreed to refuse cash payments in exchange for their homes. Soon after, the residents received Ellis Act eviction notices. Three eviction attempts were made in a short amount of time, but Mark and his neighbors were able to fight them with legal representation from the Tenderloin Housing Clinic. In the meantime, Mark was in a constant state of uncertainty and anxiety. When faced with the prospect of moving, he too couldn't imagine an alternative. "I felt like if I have to move, there's nowhere in San Francisco that I can afford."

When SFCLT got involved, things took a more hopeful turn. While coordinating with legal advocates to delay the eviction proceedings as well as the MOHCD to secure funding, SFCLT staff began

meeting with the residents of 70-72 Belcher Street to understand their needs, collect information on the building, and share information about the development process.

"I really felt like this apartment changed into my home when the land trust bought it."

Mark, resident of 72 Belcher Street

Turning a House into a Home: Lessons Learned

The purchase of the five buildings in early 2016 was a major victory for SSP, the organizations involved and ongoing anti-displacement efforts across the city.²⁵ But the process of preserving these buildings was not without complications. Old buildings like these often have limited space for the relocation of residents and personal items during the construction process, which can be especially disruptive and unsettling for older residents and people with disabilities. Even with thoughtful planning on the part of the steward, these disruptions can compound the trauma of the prior eviction process and other life challenges.

Transitioning to nonprofit stewardship also means transitioning to a new management structure with new rules. Previously, tenants had years, if not decades, of experience with a conventional landlord relationship and local rent control. Nonprofit acquisition meant exiting that system and entering into an arrangement with the nonprofit, introducing programmatic rules enforced by the city, lengthy and complex lease agreements, and annual income certifications.

But with these tradeoffs come a variety of benefits. Despite the challenges brought on by the transition, Yolanda appreciates not only her building's newfound stability, but also the ability to access MEDA's financial empowerment services, including tax preparation and computer literacy classes. Mark has found himself more capable of dealing with daily stressors and imagining his future, including the possibility of retirement.



Keith Cooley, SFCLT Asset Manager, outside of 70-72 Belcher Street

Existing Financing Initiatives to Support Acquisition-Rehab

In addition to public funding, there have been several efforts by local CDFIs and other investment intermediaries to lend to and invest in acquisition-rehab projects that traditional financial institutions might not consider. As mission-driven organizations, CDFIs often provide flexible, early stage financing (such as for predevelopment and acquisition) to bridge future sources and allow a project to advance to the next phase of development. One way CDFIs do this is by creating “structured funds” that combine capital from a range of sources, including banks, philanthropy, public entities and, occasionally, anchor institutions like health care providers to provide financing tailored for community-based development.²⁶

Below is a brief overview of current Bay Area funds and financing tools that are focused specifically on addressing gaps in the capital needs of mission-driven organizations pursuing acquisition-rehab.

Bay Area Preservation Pilot

Developed through a partnership between the Metropolitan Transportation Commission (MTC), Enterprise, the Low Income Investment Fund (LIIF) and a range of local stakeholders, the Bay Area Preservation Pilot (BAPP) is the region’s first housing preservation financing tool supported and seeded by a transportation agency. Launched in early 2019, the \$49 million pilot provides flexible, relatively low-cost loans for up to 10 years to nonprofit organizations seeking to acquire and preserve existing, unsubsidized affordable multifamily properties located in areas with high-frequency transit service. The goal of the pilot is to provide fast-acting loans that can cover acquisition and early rehabilitation costs with loan terms that allow mission-oriented organizations to stabilize a property and secure long-term financing. An advisory committee consisting of staff from MTC, local public sector agencies, philanthropy, CDFIs and nonprofits with preservation expertise helps shape and guide the pilot on an ongoing basis.

San Francisco Housing Accelerator Fund’s Preservation Loan Product

Since its initial launch in 2017, SFHAF has developed into a 501c3 nonprofit CDFI that offers a range of financial products geared toward affordable housing preservation and production. In addition, SFHAF serves as a liaison that can facilitate a flow of small site acquisitions with tailor-made bridge financing and capacity building through a collaborative network it co-convenes with the Council of Community Housing Organizations in San Francisco. Beyond its initial investment, MOHCD works closely with SFHAF staff during the early underwriting and due diligence phase to help vet projects and line up permanent financing through a soft commitment of take-out funding from SSP, the PASS program and other sources as necessary. Combined with a model that relies more heavily on secured lines of credit to bring private financing directly into projects, SFHAF can offer loans that cover the entire cost of acquisition and early-phase rehab work within a timeframe that allows nonprofit stewards to compete in the market. As of 2019, SFHAF has provided over \$90 million in financing for affordable housing development, preserving more than 230 units through acquisition-rehab.

The Bay Area Preservation Pilot (BAPP) is the region’s first housing preservation financing tool supported and seeded by a transportation agency.

Partnership for the Bay's Future Fund: Affordability Stabilization Loan

Catalyzed by a commitment of flexible, low-cost capital from the Chan Zuckerberg Initiative (CZI), in 2019 a consortium of CDFIs and foundations debuted the Partnership for the Bay's Future Fund as part of the Partnership for the Bay's Future. By 2020, the fund had raised \$500 million in total. Among the fund's suite of financing tools is the Affordability Stabilization Loan, specifically for the acquisition and rehabilitation of existing rental properties, both vacant and occupied. In contrast to another preservation-oriented loan product offered through the fund that is aimed at properties with expiring subsidies and use restrictions, Affordability and Stabilization loans accommodate a wider range of income levels (up to 120% AMI), can extend up to 10 years, and are able to provide more flexible terms (e.g., interest-only periods). The product is also geared towards smaller properties and smaller neighborhood-oriented nonprofit stewards. Similar to BAPP, the Bay's Future Fund is guided by an advisory committee that includes community leaders, philanthropic and corporate investors, public sector staff and policy experts.

Housing for Health Fund

In addition to the loan programs CDFIs offer, mission-driven capital may also take the form of equity. Enterprise Community Investment currently manages the new Housing for Health Fund, launched in 2019 with a \$50 million investment commitment from Kaiser Permanente. Combined with capital raised from additional public and private sources, the fund has the potential to grow to as much as \$100 million. The Housing for Health Fund is a real estate private equity fund offering patient investment capital at below-market returns that can complement debt. The fund was created to help mission-driven stewards purchase, stabilize and preserve an estimated 1,000 occupied affordable rental units in the greater Bay Area and Sacramento regions over the next three to five years. Half of the capital raised through the fund must be deployed within Oakland, where Kaiser Permanente is headquartered. The fund was developed in close partnership with EBALDC, whose Kensington Gardens Apartments is the first project to utilize equity from the fund.

“CDFIs are able to focus on properties that a traditional lender might not be willing to look at, looking beyond a project's income-generating potential and towards anti-displacement goals.”

Justin Chen, San Francisco Housing Accelerator Fund



Residents of Pigeon Palace, a housing cooperative stewarded by the SFCLT

LIMITATIONS AND GAPS IN FINANCING ACQUISITION-REHAB

While these financing tools signal the progress made by CDFIs to expand their traditional lending practices and provide accessible financing for acquisition-rehab, several factors continue to limit the reach and impact of these capital sources:

Need for public subsidy in high-cost housing markets.

In much of the Bay Area, acquisition-rehab is rarely financially feasible without subsidy. This subsidy is not always available in the quantity or timeframe necessary to effectively leverage CDFI funds, a hurdle exacerbated when the funding streams and loans provided by CDFIs and public entities are not coordinated. While there are cases where debt and below-market equity, combined with the **Property Tax Welfare Exemption**, are sufficient without additional public subsidy, this is less common in high-cost areas, especially for buildings with serious capital investment needs.

Sponsor equity requirements.

Funders generally want to see some sponsor equity invested in deals they finance, and this equity may be required to remain in the project for an extended period of time. This can be challenging for smaller mission-driven stewards who have limited cash to invest in longer-term projects.

CALIFORNIA'S PROPERTY TAX WELFARE EXEMPTION

In California, residential properties owned by eligible community-serving entities can qualify for an exemption from property taxes for units that are legally restricted for low-income housing and occupied by income-eligible households. Property owners submit their organizational eligibility documents to the **State Board of Equalizations**, in addition to filing a claim with their **county assessor** that demonstrates a qualifying use and certifies each unit where occupant incomes are below **80 percent of the Area Median Income**. This law, known as the Welfare Exemption, is critical to the financial feasibility of affordable housing preservation, as it reduces or eliminates a significant operating cost. For more information, see: <http://www.boe.ca.gov/proptaxes/pdf/pub149.pdf>

High cost of capital.

CDFIs play an important role by making the kinds of loans that traditional banks likely would not. However, because CDFIs serve as an **intermediary between capital providers and stewards, the funds may carry higher costs for borrowers.** This varies depending on the mix of funding sources.

Limitations on flexible terms.

While CDFIs aim to provide **greater flexibility than banks**, the requirements and restrictions that come with the capital flowing through them may create **limits on loan and investment terms that are still too rigid for occupied acquisition-rehab deals in competitive housing markets.** Due diligence requirements, high debt-service coverage ratios and borrower capacity standards can be prohibitive to mission-based stewards facing uncertainty and greater risk due to **poor property conditions, the possibility of unforeseen rehab needs and the complexity of working with tenants in place.** CDFIs also face difficulties in accessing long-term capital at favorable rates and terms.

Need for speed.

Rental properties in the Bay Area typically do not stay on the market for long, and there is a need for **nonprofit stewards to move quickly if they want to compete with investors.** This is especially the case for single-family homes and smaller multifamily properties that move on a shorter timeline. Under these conditions, **CDFIs are not always able to underwrite and close loans fast enough, especially in more elaborately structured funds that require multiple stages of review before a loan can be made.**

Skew toward larger properties.

Most lenders, including CDFIs, must consider the size of the loans they make because smaller loans have less of a margin for covering their costs. **Loans of all sizes share many of the same fixed costs in the underwriting and closing process (e.g., legal and appraisal fees, document review, lender's staff costs, payments to parent entity).** Loan closings often take the same amount of time no matter the size of the loan – even though smaller loans yield lower earnings for lenders. The situation can pose a challenge in areas where much of the housing stock is comprised of small buildings.

Exhibit 6:
CDFI Preservation Funds Summary

Fund/Pilot	Total Funding	Geography	Source Type	Terms and other details	Seed Investor(s)	Originator or Manager	Target Project Type
Bay Area Preservation Pilot (BAPP)	\$49 million	9-county Bay Area, restricted to Transit Priority Areas and Priority Development Areas	Mid-term acquisition loan	Funds must be leveraged 5:1 Up to 10 years Interest only in year 1, maximum 30-year amortization 85% loan-to-value (LTV) Flexible debt-service coverage ratio (DSCR)	Metropolitan Transportation Commission	Enterprise Community Loan Fund, Low-Income Investment Fund	Minimum of 4 units. Geared toward acquisition and carrying costs, including immediate rehab needs At least 75% of tenants restricted to 80% AMI
San Francisco Housing Accelerator Fund	\$100 million+	City of San Francisco	Short-term acquisition loan	Up to \$15million/project Up to 60 months Flexible LTV; SSP loans cannot exceed sum of city SSP subsidy and first mortgage Variable interest rates from 5% Must have soft commitment of take-out from anticipated funding sources	City of San Francisco	San Francisco Housing Accelerator Fund (SFHAF)	SSP-specific loan for 5-25-unit buildings, preservation loans can go beyond Average 80% AMI and maximum 120% AMI over time
Partnership for the Bay's Future: Investment Fund - Affordability Stabilization Loan	\$500 million over several products	San Francisco, San Mateo, Santa Clara, Alameda, Contra Costa counties	Mid-term acquisition loan	Up to 10 years Max Loan: \$4 million Up to 85% LTV based on after-rehabbed value; 100% based on as-is value	Chan Zuckerberg Initiative	Local Initiatives Support Corporation, Corporation for Supportive Housing, Capital Impact Partners	0-120% AMI Highlights land trusts and small neighborhood organizations with qualified consultants and/or CDCs
Housing for Health Fund	\$85 - 100 million (target)	San Francisco and Sacramento MSAs, plus Napa and Sonoma Counties	Mid-term, below-market private equity	Up to a 10-year hold period Target 8% IRR	Kaiser Permanente	Enterprise Community Investment	Subsidized and unsubsidized properties with rents currently affordable to households up to 80% of AMI on average 80% Minimum occupancy rate 50% of investments must be within city of Oakland

CASE STUDY | SAN MATEO COUNTY

1514 Stafford Street

HIP Housing

After getting its start as a social services organization in 1972, HIP Housing now has a broad portfolio of programs that includes affordable housing development and property management across San Mateo County. Helping stabilize tenants through acquisition-rehab blends the people-centered skills HIP Housing has honed as a service provider with a new real estate approach, which relies heavily on developing relationships with willing sellers. Executive Director Kate Comfort Harr says HIP's "sweet spot" is handling properties between 12 to 16 units and working with "sellers whose hearts are in the right place." This approach helps the organization negotiate more flexible closing terms and, in some cases, below market sales prices.



The acquisition of 1514 Stafford Street in 2016 is among HIP Housing's successful partnerships with a willing seller. Located in Redwood City, the property includes seven residential units and a ground floor commercial tenant, Mo Music, a music education business that is an important cultural fixture for local

families. The previous owner, a mom-and-pop landlord whose family had owned the building for years, was looking for a way to sell the property at market price without putting the tenancy of the current residents at risk. After listing the property multiple times, the owner turned to the city of Redwood City to see if they would purchase it. With the city lacking capacity to own and manage the property, local housing staff turned to HIP Housing, knowing they were one of the only nonprofit organizations in the area that might be interested in purchasing a property of that size. The seller liked HIP Housing's mission and tenant-centered approach, and the organization was able to arrange a longer-than-average escrow period to make the project feasible.

With more time in hand to secure financing from city, county and private sources, the negotiated purchase agreement also

allowed HIP staff to begin tenant engagement within the contingency period. Building this initial trust by meeting residents on site – working with Mo Music owner Mona Dena to use her business as a meeting space – was critical for getting an understanding of resident needs as well as assessing income levels for tax exemption eligibility (a necessary step in making a project like this financially feasible). Current tenants' incomes ranged from 50 to 120 percent of AMI. In addition to protecting

1514 STAFFORD STREET

Built in 1950

7 residential units and 1 commercial space.

Commercial tenant a community asset

Sources:

- First Mortgage
- Redwood City
- ARAPP soft debt
- Sponsor Equity



At 1514 Stafford Street in Redwood City, HIP Housing provides stewardship for Mo Music! and seven affordable homes.

“I’ve had some students that I’ve literally been teaching for 15 years or more. It’s a special relationship in a city that is going through so much transformation. All the rents are being raised, all my favorite restaurants that were family owned are being pushed out. [This acquisition] allows me to stay where I am and keep my program affordable to my families.”

Mona Dena, founder of Mo Music



Mona Dena, founder of Mo Music, with some of her students

the residential tenants, including a family who had lived in their unit for over 30 years, maintaining the stability of Mo Music was a priority. Founded in 2003 and occupying their current Stafford Street location for over 11 years, Mo Music’s primary focus is providing music education to children of all ages. Their approach emphasizes family participation and developing long-term relationships. Dena noted how rising rents and demographic shifts have pushed both low-income households and locally owned businesses out of the neighborhood in recent years. As the property went on and off the market over a two-year period Dena became increasingly on edge. She knew she likely would have to relocate her business or return to renting community spaces if a for-profit investor bought the building.

Part of HIP Housing’s acquisition plan included signing Mo Music to a five-year lease at a price point that allowed the business to maintain its staffing and programming without having to pass significant costs down to their customers. The building improvements, streamlined communication and increased flexibility are important aspects of the new arrangement. But it’s the long-term lease at an affordable rent that has made the biggest difference – and given Dena the confidence to plan ahead and make critical hiring and programming decisions with greater certainty. It also means Mo Music can remain a fixture for Redwood City families for years to come. “Knowing that I’m staying put for five years, with the option to renew, has enabled me to plan for the future. It makes me feel even more permanent, and the families sense that too.”

Acquisition-Rehab by the Numbers

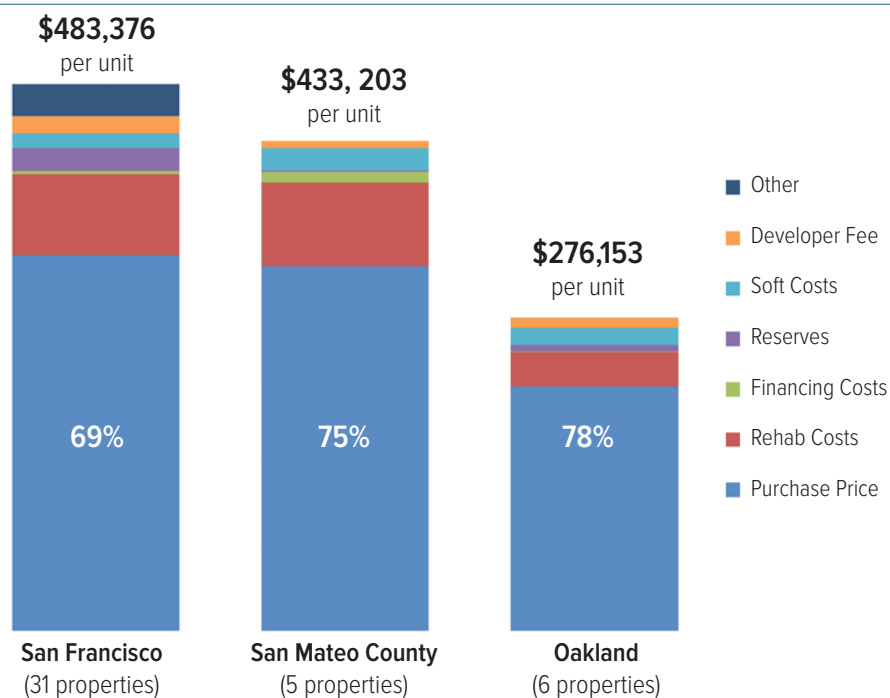
Acquisition-rehab, like all affordable housing, typically requires capital from multiple sources. While previous studies have looked at the average costs associated with acquisition-rehab, there has been no in-depth analysis of the costs and funding sources for occupied acquisition-rehab projects in the Bay Area. The public programs discussed in this report provide a sample of recently completed occupied acquisition-rehab developments in three parts of the Bay Area, although with notable limitations.^c

This collection of 42 properties, ranging from 3 units to 55 units (469 units in total), were acquired by nonprofit stewards between late 2015 and August 2019. This sample provides a snapshot of

acquisition-rehab completed during a period of historically high housing costs and market competition.

As Exhibit 7 illustrates, the total development cost of recently completed occupied acquisition-rehab varies substantially by locality, with significantly lower average costs for the six Oakland properties in the sample. Looking beyond averages reveals even greater variation, from \$175,000/unit in a mixed-use Oakland property to \$690,000/unit in one of the larger San Mateo County developments. These variations can be partially explained by differences in building condition, location and unit sizes, and whether the seller was willing to sell the property below market rate. Some of the project budgets still have not factored in a

Exhibit 7
Average Per-Unit Costs by Locality, 2015 – 2019



^c Limitations of the sample include bias toward San Francisco, where most of the projects are located; limitations to three jurisdictions that may not be representative of the broader Bay Area real estate market; and wide variation in project type in terms of building size, condition and circumstances surrounding the purchase, producing a very wide spectrum of costs. In addition, some project proformas lack detail on certain cost factors and may be too early in their development timeline to provide an accurate final budget.

long-term rehab scope, which may increase their final costs. These caveats aside, it's clear that development costs for this sample of projects are lower on a per-unit basis than the average ground-up affordable housing development. Compared to LIHTC-funded affordable housing over the same time period,²⁷ average per-unit costs of the sampled acquisition-rehab projects are about 50-70 percent of new affordable construction developments in these three respective jurisdictions (for more information see Appendix).

The bulk of development costs come from the building purchase itself, indicating just how much land values impact acquisition-rehab costs. In a down market, there might be an even greater gap between the cost of new construction and acquisition-rehab projects, since land values represent a smaller share of new construction costs – usually 11 to 15 percent.²⁸

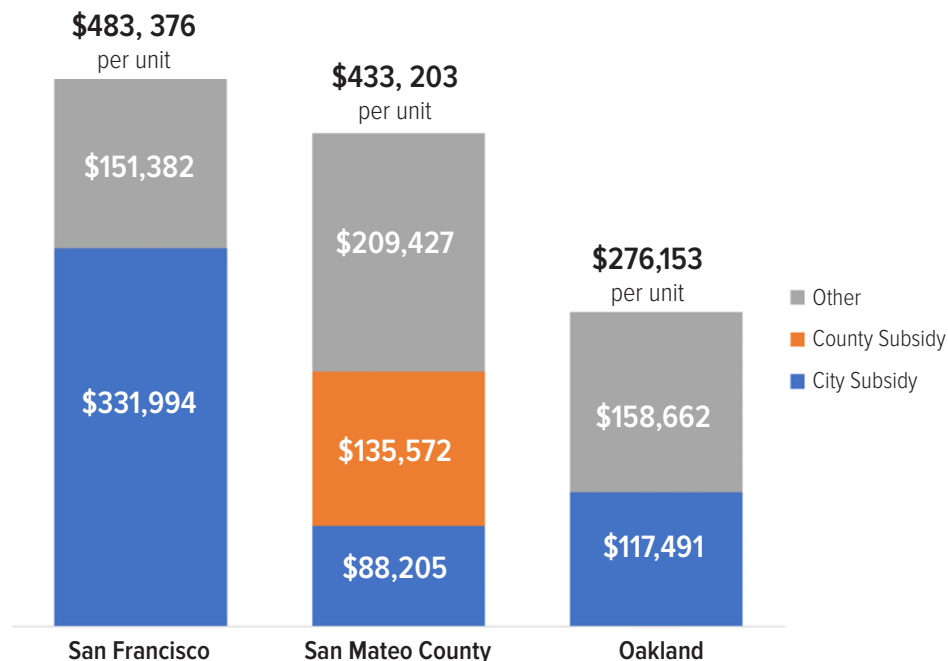
Acquisition-rehab in San Francisco, where development costs are highest, required the greatest amount of per-unit local subsidy. At close to \$332,000 per unit, soft debt from the city's SSP accounted for roughly 69 percent of the average total development cost for these projects. In San Mateo County, some developers were able to pool together funding commitments from both the county (largely through the ARAPP program) and

various local sources, resulting in an average total per-unit subsidy of nearly \$224,000. Finally, Oakland projects required an average of roughly \$117,500 per unit in subsidy, representing the lowest share of the total per-unit development cost at around 43 percent. Beyond local subsidy, these projects leveraged a patchwork of sources that vary dramatically by project. These include:

- Senior debt from local banks and CDFIs
- Private donations from large individual donors or crowd-sourced from several smaller donors
- FEMA grants for specific rehabilitation work
- Steward equity contributions
- Equity contributions from residents themselves
- LIHTC equity (for one project in San Mateo County)
- Non-LIHTC private equity
- Special-purpose below-market loans and grant programs from local CDFIs

Exhibit 8

Average Per-Unit Subsidy Amounts by Locality for Occupied Acquisition-Rehab Projects



CASE STUDY | OAKLAND

Kensington Gardens

East Bay Asian Development Corporation

The East Bay Asian Local Development Corporation (EBALDC) has engaged in community development and affordable housing efforts in Oakland for over 45 years, advancing a place-based strategy focused on building healthy neighborhoods. This includes providing affordable rental housing options through new construction and acquisition-rehab, offering resident and youth services, and building collaborations that bring together community members and the organizations that serve them. In response to the rise in displacement and homelessness in Oakland, over the last six years EBALDC has expanded its acquisition-rehab work by purchasing occupied multifamily buildings with minimal renovation needs and existing residents paying relatively affordable rents.



EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION

To grow this work, EBALDC has developed a model that leverages strong relationships with local brokers to identify acquisition opportunities and creative financing strategies, such as developing an internal Housing Acquisition Fund to respond more rapidly in the market. EBALDC's approach also relies on using location, rent rolls, marketing and building characteristics to infer occupant demographics and incomes, which helps ensure their real estate strategy aligns with their mission of serving low-income households. After completing several acquisition-rehab projects, including two that used Measure KK funds, Kensington Gardens apartments emerged as an opportunity to try a new financing strategy on a high-impact project.

Kensington Gardens is a 41-unit building located in the Lower San Antonio/Fruitvale neighborhood, on the edge of some East Oakland's most rapidly gentrifying neighborhoods. Its proximity to BART and the 580 freeway, as well as its historic architectural features, make Kensington Gardens a highly desirable property for speculation or, if EBALDC was able to intervene, for preservation. Combined, the rents residents were paying and the neighborhood demographics indicated a high rate of lower-income

households that would be vulnerable to displacement in the event of significant rent increases. The building had already been sold once within the previous five years, and while the most recent landlord represented an improvement in property management, there were still issues with deferred maintenance and inaccessible on-site assistance. With EBALDC's established track record as a local developer, they were in a strong position to compete when the property came up for sale in 2018. In the absence of available Measure KK funds, financing the acquisition and initial rehab work was made possible by a below-market equity investment through Enterprise's Housing for Health Fund.

KENSINGTON GARDENS

Built in 1928

41 units, with a mix ranging from efficiency studios to two-bedroom units

Sources:

- First Mortgage
- Housing for Health Fund Equity
- Sponsor Equity



Kensington Gardens in Oakland

“Anytime a building is being sold, you always have a sense of insecurity. I always worry about having to move out of the area. And I’d really like to stick close to my kids.”

Darrell Johns, resident of Kensington Gardens



Darrell Johns relaxes in his apartment in Kensington Gardens.

This investment, combined with a senior mortgage, will allow EBALDC to do a first round of health and safety improvements and maintain affordable rents through the 10-year period prior to recapitalizing with LIHTC equity. EBALDC will also execute a Health Action Plan to identify and track resident health indicators over the next several years, helping ensure that housing stabilization efforts lead to positive health outcomes.

EBALDC completed purchasing the building in early 2019 and almost immediately began renovation work, including seismic retrofits and in-unit upgrades. According to resident Darrell Johns, many in the building didn’t even know it was for sale until EBALDC began their outreach efforts to inform residents of their purchase, introduce the organization and explain their process and intentions. Johns, a 76-year-old California native with health conditions that impact his mobility, was initially wary. “Anytime a building is being sold, you always have a sense of insecurity. I always worry about having to move out of the area. And I’d really like to stick close to my kids.” To cover his bases, Darrell researched available nearby rentals only to find they were far beyond his price range. “I found places out in Antioch and Vacaville that were more or less affordable. I figured if this priced me out, I would probably have to move quite a ways away from

my kids,” said Johns. His two adult children live in Oakland and Piedmont with their respective families.

His fears were alleviated once the EBALDC transition ramped up and he saw his rents remain at their current level. EBALDC has learned from previous acquisitions that early tenant engagement and using their own property management and resident services staff are key to building trust with residents, especially as disruptive construction work begins. Johns was pleasantly surprised by the transparency and abundance of shared information compared to the previous building sale. The initial interviews and income certifications were a bit of a hassle, Johns said, though he considers it a worthwhile trade-off as issues like faulty electrical systems and broken locks have been repaired quickly. An anthropologist in his earlier years, Johns reflected on the value of this work in the face of the “urbanization and gentrification that’s driving families out of the area.” Now that he feels stable in his well-maintained home, he is able to go back to focusing on things he cares about most: his family, advocating for low-income households through volunteer work, and seeing live music. “I think this is a great program,” Johns says, “and I hope it expands.”

Challenges & Best Practices for Local Acquisition-Rehab Programs

There is growing political support and public interest for acquisition-rehab in the Bay Area; however, there are also a variety of challenges to executing this strategy. Some of these challenges are simply the growing pains that come with implementing any new program or organizational practice. **Additionally, acquisition-rehab demands a distinct set of skills, approaches and**

capacities, as well as institutional support, that may not currently exist or are still in development. There are several ways in which this new paradigm and practice would benefit from proactive local implementation as well as improvements in the broader affordable housing ecosystem.

RAMP-UP CHALLENGES TO IMPLEMENTING A LOCAL PROGRAM

Unpredictable public funding

Each of the three profiled programs began with an initial one-time funding commitment. Only San Francisco's SSP received ongoing funding over several years, in varying amounts and from multiple sources. This pilot approach allows flexibility and openness to new kinds of program design, evidenced by evolving guidelines, project types and policy priorities. However, the lack of dedicated, predictable funding creates uncertainty, which prevents local housing departments, nonprofit stewards and other community-based organizations from dedicating resources and staffing toward developing their acquisition-rehab capacity. This limits their ability to act quickly when funding becomes available.

Capacity constraints in launching a new program

Launching a new program requires significant start-up work for local housing departments, including designing guidelines and loan documents, developing systems for monitoring and compliance and allocating funding in a way that balances policy priorities. These hurdles are compounded by additional factors unique to acquisition-rehab. Programs must balance the need to respond rapidly to potential sales while also ensuring adequate due diligence. Staff and stakeholders must also create guidelines and loan terms that work for a wide range of building types, housing models and project stewards. Since most jurisdictions

do not have dedicated preservation programs, these responsibilities may fall to staff who lack the necessary support and are already stretched across several competing priorities.

“In reality, we’re not going to have this pot of money waiting around for folks to come access it. I think there’s such pent-up demand that our allocation is going to be gone as soon as we release it. So, the ongoing funds are a really big challenge.”

Meg Horl, Oakland Department of Housing and Community Development

Steep learning curve for community-based organizations

Occupied acquisition-rehab presents a variety of new capacity challenges for even experienced stewards. From the outset, **stewards need to compete on the private market against investors that often have more streamlined access to capital.** Balancing

the simultaneous tasks of negotiating a sale, beginning due diligence, working with residents and securing funding from diverse sources is challenging, especially for smaller nonprofits with limited staffing. Performing rehab with tenants in place requires calling on technical expertise to identify and address structural needs, in addition to the people skills needed to ensure consistent, ongoing communication with residents. Long-term stewardship hinges on sound property and asset management practices that take time to fine-tune, especially for buildings that range widely in size, condition and age.

Lack of coordination across public agencies

Inadequate coordination and communication between agencies and departments can add delays and costs to projects, especially

if standards and timelines do not align. For example, obtaining proper inspections and approvals from the respective departments for housing, building inspections and disability – all essential steps toward developing a property that is financially sustainable, safe and accessible – can add several months of waiting time. Extended timelines impact project budgets as construction costs increase, properties remain vacant and more resources are spent on administration. This forces stewards to make difficult tradeoffs, such as reducing the scope of rehabilitation. In addition, because applications for the Welfare Exemption are processed by an entirely different entity – the tax assessor for each respective county – there's an additional layer of uncertainty as administrative delays can force stewards to wait upwards of two years for approval to secure critical tax relief.

BEST PRACTICES FOR DESIGNING AND IMPLEMENTING AN ACQUISITION-REHAB PROGRAM

As cities and counties in California explore the possibility of launching new subsidy programs and policies to support occupied acquisition-rehab, lessons learned from San Francisco, Oakland and San Mateo County highlight some of the approaches to program design that support successful implementation and outcomes:

1. Engage local stakeholders early in the program design process

A willingness to think creatively and harness input from multiple viewpoints has been key to the early success of local acquisition-rehab programs. Affordable housing developers, advocacy organizations, community organizers and residents have unique experiences and perspectives that can inform program design and policy priorities. Convening stakeholders can help assess local need, existing capacity and the geographic coverage of nonprofit stewards. This engagement can also help staff weigh trade-offs, such as the need to balance timely application review with a desire to incorporate scoring criteria and policy priorities into decision-making. In the long run, working with stakeholders helps sustain participation, inform program improvements, ensure guidelines adapt to local conditions and maintain support for acquisition-rehab resources.

“[SSP] has always had a lot of engagement from community-based organizations. It can be really helpful for making sure our program is responsive to market conditions and what resident needs are...and keeping the program relevant for what’s happening on the ground.”

Caroline McCormack, San Francisco Mayor’s Office of Housing and Community Development

2. Conduct a local landscape analysis

A landscape analysis can help shape a nascent program. Factors to consider include: the existing housing stock, market conditions, relevant policies in place (e.g. condo conversion restrictions, rent control, etc.) and complementary funding. Reviewing

data from the county assessor's office on the overall housing stock (e.g., size, age, occupancy type), as well as data on existing subsidized housing,^d can help determine funding set-asides and policy goals. A deeper understanding of existing tenant protections and building code requirements can help ensure that new programs are not in conflict with current practices and policy – and prevent any unintended consequences. Other programs, such as low-cost loans for owner-occupied rehab, down payment assistance and grants for remediating code violations may also align well with new subsidy for acquisition-rehab. Identifying an ongoing capital source (e.g., general budget allocation, housing trust fund, etc.) will help sustain a program.

3. Earmark sufficient staffing and funding to jumpstart a program, including capacity building

Programs are more successful with adequate staff time and capacity to meet the needs of acquisition-rehab throughout the process – from initial purchase, to ongoing coordination with stewards during the rehab process, to long-term stewardship. Some cities and counties, such as San Francisco and San Diego, have dedicated staffing specifically for preservation, which has been critical for supporting a growing portfolio of projects and community of stewards.

Given the current lack of other public subsidy sources to leverage, local jurisdictions may consider increasing project subsidy maximums beyond what is typical for new construction. Guidelines for capital dollars should reflect local market conditions and be flexible enough to accommodate the range of stewardship and property management models, including community land trusts and limited-equity housing cooperatives. To ensure the participation and ongoing capacity building of community-based organizations, additional funding to cover operating expenses can also be incorporated into program design. This can be achieved through a dedicated capacity grant program, as San Francisco has done, or through the inclusion of developer fees as an eligible use of subsidy funds. Funding partner organizations such as tenant counselors and organizers should be considered as another avenue for improving program outcomes, facilitating collaboration and resourcing resident and community engagement that will support long-term success.

4. Plan for public awareness and education

A plan for public outreach and education can support successful implementation. Online resources for residents can be created to summarize program basics, explain changes in rights and responsibilities that accompany the transition to affordable housing and provide contact information for participating stewards and partner organizations. Similar information can be made available for private property owners, highlighting the opportunity to sell to community-based stewards. Coupled with public forums and workshops, potentially in partnership with local stakeholders, these efforts can increase program participation and ensure a smoother process.

“[Mosaic Gardens] was housing so many clients [who] were receiving services from the county for a variety of reasons who otherwise, most likely, would have ended up homeless had the building sold.”

Rose Cade, San Mateo County
Department of Housing

5. Coordinate with other public agencies and departments

Coordination with other relevant public agencies can help avoid some of the frictions common to the early stages of program implementation. Ideally, the departments of planning and building, code enforcement and other entities involved in permitting and building standards should be made aware of program intentions early on. This will create opportunities for streamlining, exemptions and staffing to ensure that acquisition-rehab projects move smoothly and efficiently through the relevant local pipelines. There is also value in doing outreach to departments that might align with the goals of an acquisition-rehab program, such as public health departments with data on habitability issues or agencies that provide services for residents. Alignment with the county tax assessor, coupled with internal protocols for getting a regulatory agreement in place at acquisition, can also help ensure that applications for the state's Welfare Exemption are approved as quickly as possible.

^d In addition to the records local governments keep on their subsidized housing stock, resources from CHPC and the National Housing Preservation Database are also available and maintain accurate and relatively up-to-date information.

Recommendations for Taking Acquisition-Rehab to Scale

Over the past several decades, the affordable housing industry has seen significant investment in the infrastructure for funding and financing, partnership building, organizational development, complementary policy and research to build new affordable homes. Preservation, specifically acquisition-rehab of unsubsidized affordable housing, has yet to receive the level of attention and resources necessary to develop a similarly comprehensive and supportive ecosystem. The following recommendations can help advance and scale acquisition-rehab efforts regionally and statewide:

1. SECURE FUNDING AND FINANCING BEYOND LOCAL PROGRAMS

Local funding programs have been critical to the success of recent occupied acquisition-rehab efforts throughout the Bay Area. Their significance is made even clearer when looking at the broader affordable housing financing system, which offers limited support for this work, especially for properties that fall outside of the typical LIHTC parameters.^e These local funds alone, however, are not enough to grow and scale this work to meet the need.

Flexible and nimble acquisition capital: There is a need for financing that works across the stages of development. Initiatives like the SFHAF's preservation loan product are demonstrating the role that CDFIs can play at acquisition, leveraging public seed funding to provide flexible capital at a speed that allows nonprofit stewards to compete in the market. A similar approach

can be seen with Washington, D.C.'s Housing Preservation Fund, which blends a \$10 million contribution from the District with philanthropic investments and CDFI capital to provide bridge loans of up to three years to qualifying borrowers.²⁹ These funds allow borrowers to use a single source to perform pre-development work, purchase a building and even cover emergency repairs while bridging to permanent financing. Initiatives like BAPP are a promising start to bringing this approach to a regional level. Local and regional public agencies, CDFIs and nonprofit stewards must continue to think creatively about how to ensure such tools are flexible enough to work for different market conditions and housing models.

“We expected to see more of the 40, 50, 60-unit projects, but what we got was more in the 10 - 20 range, which don't translate well to tax credits.”

Raymond Hodges, San Mateo County
Department of Housing

Philanthropic and at-risk funding: Incorporating low-cost Program Related Investment (PRI) dollars from philanthropic entities could make acquisition-rehab funds even more affordable and risk tolerant. In Oakland, the Strong, Prosperous, and

^e For a variety of reasons, the Low-Income Housing Tax Credit tends to favor larger projects and is generally more workable for new construction or substantial rehabilitations of existing subsidized properties. Scoring criteria for the competitive 9 percent credit reward proposals with a higher number of units and deeper affordability levels, which puts many acquisition-rehab opportunities at a disadvantage due to their typically smaller building size and the possibility of ineligible units because of higher tenant incomes. In addition, the costs of securing LIHTC equity – from the time-intensive application process to the costs of syndication – are a deterrent for smaller projects with narrower margins. Finally, the “ten-year rule,” which requires a ten-year period between the acquisition date and “placed in service date” for the cost of acquisition to be eligible for tax credits, means that sponsor entities are unable to secure LIHTC equity for a significant share of their development cost for at least 10 years after purchasing a building if the building was sold within the previous 10 years.

Resilient Communities Challenge (SPARCC) provides a recent example of the impact this kind of philanthropic investment can have on acquisition-rehab.³⁰ Similar efforts could be explored to create a regional pool of “at risk” funding to support the kind of front-end work that typically requires cash on hand, such as resident outreach, due diligence and paying deposits.

New long-term funding: To ensure permanent affordability and ease some of the burden on local government subsidy commitments, now is the time to explore new matching subsidy programs at the state and/or regional level that are tailored specifically for occupied acquisition-rehab. In the same way that successful programs like the Affordable Housing and Sustainable Communities Program (AHSC) complement LIHTC and other sources to fill the funding gap for affordable housing developments geared toward greenhouse gas reduction, a regional or state-level occupied acquisition-rehab program could combine with local subsidy to dramatically expand the scale of this anti-displacement strategy. Regionally, the newly created Bay Area Housing Finance Authority (BAHFA) offers an opportunity for new funding and technical assistance targeted to these kinds of preservation efforts.

LOCAL COLLABORATION IN ACTION

Oakland’s Preservation Collaborative, supported by Enterprise and Urban Habitat, brings together community organizers, advocates, nonprofit stewards and intermediaries to develop a tenant-centered approach that serves a wide range of housing models. Regular meetings and convenings have been used to shape programs and policies, support peer learning and inform practice. This includes a recent acquisition made possible by a partnership between EBALDC, OakCLT and the Alliance of Californians for Community Empowerment (ACCE). Similar collaboratives are growing in other parts of the region, including the Peninsula-South Bay and San Francisco.

Complementary public funding: More efforts should be made to connect investments in health, hazard mitigation and climate resiliency with anti-displacement and housing preservation work. For example, state level initiatives such as the Low-Income Weatherization Program (LIWP)³¹ and the Solar on Multifamily Affordable Housing (SOMAH)³² program provide financial incentives for upgrading the existing housing stock through energy efficiency retrofits. These and other programs would benefit from closer coordination with policymakers and practitioners working on acquisition-rehab.

2. STRENGTHEN AND BUILD PARTNERSHIPS

Collaboration and partnership building should extend beyond program design. Many different stakeholders are critical to building an effective acquisition-rehab ecosystem:

- **Tenant advocacy organizations** have unique insights into renters’ housing challenges and can help build resident capacity for the transition to nonprofit or resident stewardship.
- **Nonprofit stewards** are knowledgeable about project development and can help address the affordability concerns and rehab decisions that interest residents and advocates; they may also provide resident services.
- **Housing department staff** have experience with policy and program implementation that can both inform and be shaped by work on the ground.
- **CDFIs** can support creative approaches to financing development and incorporate feedback from practitioners.
- **Current residents** have the most day-to-day experiences with building habitability issues and neighborhood dynamics and can share that knowledge with nonprofit organizations.

Sharing expertise and coordinating across these stakeholders can help grow the work and improve outcomes. This can include development partnerships between more experienced stewards and organizations that are just starting out. Intermediaries can support this work by hosting convenings and serving as the backbone to collaborative efforts, which can also create a platform for ongoing community outreach and education.

3. SUPPORT CAPACITY BUILDING FOR THE UNIQUE ASPECTS OF OCCUPIED ACQUISITION-REHAB

Bringing acquisition-rehab to a greater scale will require public, philanthropic and other investment in building the capacity of nonprofit stewards, community-based organizations, public agencies and residents. Recent efforts like the Partnership for the Bay's Future "Challenge Grant" program, which provides support to a cohort of local jurisdictions to accelerate policy implementation for protections and preservation, represent a hopeful start. **For acquisition-rehab, there's a particular need to invest in the infrastructure to work with residents in place and reach our region's smaller housing stock.**

While the Bay Area is home to a robust community of affordable housing developers and CDCs, acquisition-rehab is a new practice for many of these organizations. **In the case of traditional developers, acquisition-rehab may require new skills and resources to support tenant engagement, as well as property management and stewardship within a scattered site model of small-to-medium buildings.** Other community-based organizations have existing expertise with resident engagement and advocacy but may be new to housing finance, real estate development and compliance with public funding programs.

In an environment where many renters are on edge about their housing situation, engaging residents about their rent, income and community conditions requires thoughtful process and care. This includes an understanding of the ways that race, class, immigration status, gender and ability impact residents' experiences and the power dynamics that exist when interacting with property managers, contractors or other actors. Adjusting rents to comply with program regulations, performing ongoing income certifications and coordinating rehab work all requires building rapport and trust with residents. It is also an opportunity to strengthen the existing social fabric of communities and create new models of stewardship that center residents.

"[The tenants] were really scared. They didn't have any idea what [income qualification] was going to mean...that's a lot of private information, and these folks have never been part of the system before...We explained the benefits to them, that their rents would be affordable and that no one would be displaced."

Kate Comfort Harr, HIP Housing

In addition, most of our region's existing housing stock is in small-to-medium sized buildings, which are typically more difficult to manage and sustain financially. Even in San Francisco, with some of the densest neighborhoods in the region, a significant share of housing is in buildings with less than 20 units.³³ In lower density parts of the region, a large share of the rental stock is in single-family homes that may be exempt from state and local tenant protection laws. Preserving these smaller properties, especially older structures with significant rehab needs, can require a comparable investment of time and effort as larger buildings, and in the long run they can be more financially sensitive to turnover and vacancies. And yet, this is where many long-time and lower-income residents currently live. To reach the full range of community needs, we'll need to build organizational and resident capacity to acquire and steward buildings of all sizes.

4. ENSURE COMPLEMENTARY POLICIES ARE IN PLACE

Policy interventions offer the opportunity to change the conditions within which nonprofit developers, community-based organizations and tenants operate, unlocking a greater potential to stabilize communities and transfer more properties from the speculative market to permanent affordability. It is critical for policies to reflect the needs on the ground and the promising practices demonstrated through local programs, including centering racial equity and the opportunity for a range of housing ownership and management models.

Right of first offer and/or refusal: Several local jurisdictions have passed ordinances that provide residents and qualified third parties with the right of first offer and or/refusal when a property covered under the policy is sold, such as the Tenant Opportunity to Purchase Act in Washington, D.C. and the Community Opportunity to Purchase Act in San Francisco. While property owners are under no obligation to accept a below-market price for their property, beneficiaries are given a **first opportunity to make an offer when a building is placed on the market and a right to match third party offers**, helping level the playing field. This type of policy could be developed at the local, regional or state level, although the capacity building and staffing to support implementation would likely require local involvement.

Compliance and habitability: **Policies that link housing habitability and code compliance with acquisition-rehab can facilitate property acquisition.** This includes policies that provide an opportunity to bring properties with serial code enforcement violations or tax-delinquent properties under public or nonprofit stewardship through incentives or fee waivers.

Tax treatment: There are several ways to make acquisition-rehab more financially viable through the tax system. First, at the state level, there is an opportunity to expand and streamline existing affordable housing tax exemptions or forgiveness to make them more accessible to acquisition-rehab, including the Welfare Exemption. Second, at the local level, jurisdictions can create real estate transfer tax waivers, or, at the state level, a tax credit for property owners when they sell a residential property to a nonprofit affordable housing organization or current residents to be stewarded for permanent affordability. Additionally, different kinds of taxes could be used to both curb speculation and raise funds for efforts like acquisition-rehab, including taxes on vacant properties or short-term “flipping.”

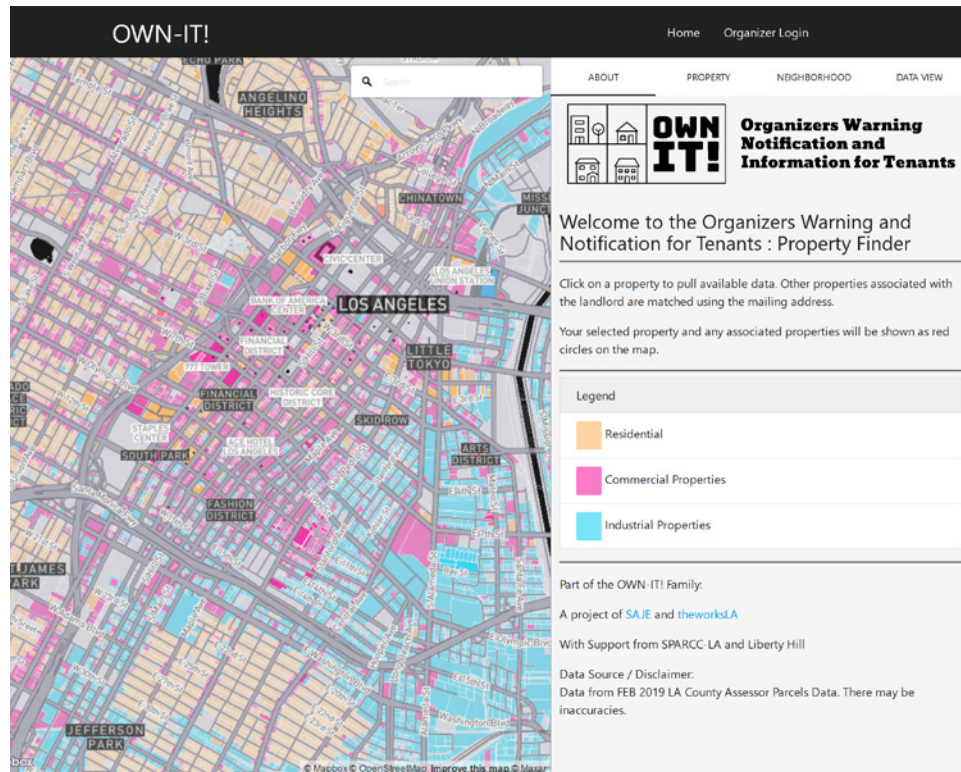
Protecting the existing stock: In addition to proactively facilitating acquisition-rehab, there are several policies that can safeguard against the further loss of unsubsidized affordable housing, including condo conversion regulations, restrictions on short-term rentals, “no net loss” requirements for new infrastructure investments and a rental or universal housing inventory.

5. IMPROVE AND DEVELOP NEW TOOLS FOR PRACTITIONERS AND RESIDENTS

As policies, funding and partnerships emerge to support occupied acquisition-rehab, there will be a greater need for new databases, toolkits and other complementary resources. Web-based platforms such as the Displacement Alert Project³⁴ in New York City and the Organizers Warning Notification and Information for Tenants (OWN IT!)³⁵ project in Los Angeles are examples of tools that consolidate relevant administrative and tenant-sourced data to help identify properties where tenants are at greatest risk of losing their homes. These platforms are helpful for community-based organizations trying to prioritize properties for acquisition, as well as for tenants trying to better understand their own housing circumstances, which can bolster organizing efforts. Moreover, systems that are designed to help income-qualified residents find affordable housing opportunities, such as San Francisco’s DAHLIA portal,³⁶ should consider the unique aspects of acquisition-rehab properties in their protocols and marketing.

Systems that are designed to help income-qualified residents find affordable housing opportunities should consider the unique aspects of acquisition-rehab properties.

Closer to the ground, nonprofit organizations that are unfamiliar or newer to this kind of work could benefit from toolkits that walk through the different aspects of occupied acquisition-rehab, such as developing and executing a rehabilitation plan with residents in place. Similarly, Bay Area-specific “how-to” guides aimed at residents that are interested in collectively acquiring their building would fill another emerging gap as more communities look to models like limited equity housing cooperatives as a preservation strategy. Whatever the approach may be, consolidating best practices and lessons learned is a helpful step toward expanding awareness and growing capacity to execute acquisition-rehab.



OWN IT! is a web-based tool that provides key insights into local property conditions for tenants and community-based organizations.

LOOKING AHEAD



Marquise, a San Francisco Community Land Trust resident

As these local examples illustrate, the Bay Area has shown a remarkable proof of concept for this important strategy. Numerous community-based organizations – more than can be named in this paper – have put in tremendous work to shape the practice, policy and programs supporting occupied acquisition-rehab and **grounding it in anti-displacement and racial equity principles.** With an unprecedented amount of attention being paid to the challenges of affordable housing and homelessness, it's notable that acquisition-rehab advances many of the top priorities highlighted by state lawmakers and the Governor's office, including stabilizing tenants, expanding affordable housing opportunities and promoting climate resilience. Now is the time to secure the participation, resources and public support necessary to take acquisition-rehab to a scale that matches the need and urgency felt by residents across the state.

APPENDIX

Interview Summary

This report is based on a series of 16 semi-structured interviews with staff from nonprofit affordable housing organizations and developers, local public agencies and CDFIs, as well as residents of homes brought into nonprofit stewardship for permanent affordability. Interviews were conducted over the phone and in person where possible and ranged from 30 minutes to two hours in length. One interview was conducted through e-mail questionnaire and follow-up phone call. Findings from these interviews were reviewed for cross-cutting themes as well as differences across sector, geography and housing model. Interviewees included:

- Emily Busch and Jason Vargas, East Bay Asian Local Development Corporation
- Keith Cooley, San Francisco Community Land Trust
- Karoleen Feng, Mission Economic Development Agency
- Kate Comfort Harr and Veronica Satizabal, HIP Housing
- Jenny Wyant, City of Berkeley Housing and Community Services Department
- Jonah Lee and Caroline McCormack, San Francisco Mayor's Office of Housing and Community Development
- Jennifer Liu, MidPen Housing
- Meg Horl, Oakland Department of Housing and Community Development
- Raymond Hodges and Rose Cade, San Mateo County Department of Housing
- Nina Marinkovich, Low Initiative Support Corporation
- Justin Chen, San Francisco Housing Accelerator Fund
- Jon Clarke, Enterprise Community Loan Fund
- Darrell Johns, EBALDC resident
- Yolanda, MEDA resident
- Mark, SFCLT resident
- Mona Dena, Mo Music



Residents of Marty's Place, a group-housing co-op for low-income people living with HIV/AIDS and stewarded by SFCLT, enjoy their front stoop.

DATA METHODOLOGY FOR THE UNSUBSIDIZED AFFORDABLE HOUSING STOCK

To estimate the number of unsubsidized affordable housing units in the nine-county Bay Area, we used **Census Public Use Microdata Sample (PUMS) data, as well as data on subsidized housing generously collected and provided by CHPC.** Computations were done using Python. We began by using the ACS 1-Year PUMS household-level dataset to identify all rental households in the sample where housing costs are affordable to low-income households at 80 percent of Area Median Income (AMI) and occupied by a household earning no more than 80 percent of AMI. This required us to 1) test each observation against a defined income threshold, adjusted for household size and 2) test each observation against a defined affordability threshold, adjusted for the number of bedrooms. These threshold tests were created using HUD Section 8 Income Limit data and run on the subset of PUMS records with rental tenure.

Low-income test:

For each PUMS record, the reported inflation-adjusted income was compared against the appropriate Section 8 income threshold for low-income households, adjusted for household size and county. For example, a PUMS record for a 3-person Oakland household would be flagged as “low-income” if their reported inflation-adjusted income was below the Section 8 income threshold for a three-person household in the Oakland-Fremont HUD Metro Fair Market Rent Area.

Affordability test:

The affordability threshold follows the industry standard definition of affordability, meaning a PUMS record was flagged as “affordable” if total housing costs accounted for less than 30 percent of a household’s income. This required us to first create a “total housing cost” variable that sums reported rents and utilities costs (electricity, gas, water and fuel) for each observation in the dataset. Then, following HUD’s methodology for setting rent limits for HOME and other housing programs, we started with the figure for a low-income (80 percent of AMI) four-person household as the baseline. Using this baseline, we constructed cost thresholds that adjusts for unit size and HUD Metro Fair Market Rent Area. For example, the affordability threshold for a two-bedroom unit in Oakland would be calculated as:

$((\text{Annual income for a four-person 80 percent AMI household in the Oakland-Fremont HUD Metro FMR Area})/12 * .3) * .9$ (adjustment for two-bedroom unit)

Following this analysis, each record in the PUMS sample is weighted to represent the number of comparable households in the broader population to produce an estimate of the absolute number of affordable units occupied by low-income households. This process was done for each year between 2012 and 2017 using the appropriate 1-Year PUMS data and Section 8 Income Limits data from HUD.

Subtracting subsidized units

CHPC maintains a comprehensive database of California’s subsidized, affordable housing. This database, however, does not include: public housing units (unless they have been converted to private/nonprofit ownership) or units that are restricted or subsidized through local policies and funding alone (such as inclusionary housing units, density bonus units and any subsidized development that lacks LIHTC, HUD, USDA or state funding). That being said, CHPC’s dataset represents the vast majority of subsidized, restricted affordable housing in California.

Once the number of affordable units occupied by low-income households was estimated for each county using PUMS data, we then subtracted out the number of affordable units in CHPC’s subsidized housing database that were placed in service by the given year. The resulting number is what is provided in this report.

Note that this estimate does not include housing occupied by tenants using a Housing Choice Voucher, since the units themselves are technically still subject to changes in the market and landlord participation is voluntary.

WHAT DO WE MEAN BY “AFFORDABLE” AND “LOW-INCOME”?

Our analysis, as well as the programs profiled in this report, follow the industry standard thresholds for low-income households and housing affordability as described in the data methodology above. The following tables illustrate what this looks like in practice, using the City of Oakland (Alameda County) as an example:

Average Market Rate* Rent and Median Household Income** (Oakland, CA, 2017)	
1-Bedroom Rent	2-Person Median Household Income
\$2,432	\$77,900

Affordable Rent and Low-Income Threshold at 80% AMI (following HUD definitions, Oakland, CA, 2017)	
1-Bedroom Rent	2-Person Household Income at 80% AMI
\$1,508	\$64,350

*Source: Zillow Rent Index

**Source: <http://www2.oaklandnet.com/oakca1/groups/ceda/documents/report/oak065448.pdf>

ACQUISITION-REHAB AND NEW CONSTRUCTION PER-UNIT COST COMPARISON

To calculate comparative costs of new affordable housing construction, we analyzed data from the California Tax Credit Allocation Committee. Our analysis included all new construction developments awarded 4 or 9 percent tax credits between 2016-2018 in each of the three jurisdictions of interest. Average (mean) per-unit costs were calculated based on total costs and the total number of units.

	New Affordable Housing Production Per-Unit Cost				Occupied Acquisition-Rehab Per-Unit Cost (study sample)	
	2016	2017	2018	2016-2018 Average	Average	Compared to New Production
San Francisco	\$ 776,285	\$ 695,385	\$ 726,515	\$ 720,781	\$ 483,376	67%
San Mateo County	\$ 479,262	\$ 665,831	\$ 729,458	\$ 627,681	\$ 433,203	69%
Oakland	\$ 705,899	\$ 593,815	\$ 561,433	\$ 589,010	\$ 276,153	47%

SUMMARY OF SAMPLED ACQUISITION-REHAB PROJECTS

In addition to qualitative research, the findings of this report draw on a quantitative analysis of 42 proformas for properties acquired through acquisition-rehab between late 2015-2019 in the Bay Area. The original sample represents all of the projects (46 in total) that received funding from the three public programs profiled in this report as of mid-2019, with the addition of a handful of comparable developments that were either funded through related programs or, in the case of Kensington Gardens, a combination of private sources. Four outliers were removed because their project types differed substantially from the rest – two group housing developments with shared facilities, one single room occupancy conversion, and one project that was vacant at acquisition. Information on average sources and uses for these developments is provided in the form of means, rather than medians. The final 42 properties are summarized below:

Steward Organization	Developments	Units	Organization Type
Chinatown Community Development Center	3	45	Community Development Corporation
East Bay Asian Local Development Corporation	3	99	Community Development Corporation
HIP Housing	3	34	Community Development Corporation
MidPen Housing	2	64	Regional Nonprofit Developer
Mission Economic Development Agency	18	125	Community Development Corporation
Mission Housing Development Corporation	1	24	Community Development Corporation
Oakland Community Land Trust	3	22	Community Land Trust
San Francisco Community Land Trust	9	56	Community Land Trust
Total	42	469	

ENDNOTES

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101 Montgomery Street, Suite 1350
San Francisco, CA 94104

enterprisecommunity.org

Lisa Driscoll

From: Safran Daniel <danielsafran@yahoo.com>
Sent: Thursday, July 8, 2021 2:28 PM
To: Lisa Driscoll
Subject: Measure X

Hello Lisa,

I'm a resident of Pleasant Hill and want to bring my interest in Measure X funding priorities to the attention of the Measure X Advisory Board.

I believe that Measure X funding must meet the needs of community members who are under-resourced and criminalized. In addition, these investments must be coupled with divestments from law enforcement and incarceration.

Measure X funding should have the following priorities:

The Public Defender's Office should have funds to hire social workers to connect to clients at first contact to mental health, housing, childcare services. Community members and their families navigating the criminal legal system are often the most vulnerable in terms of finances, housing security, and immigration status. Connecting them to resources early on is a vital entry point to promote stability for residents who have significant unmet needs.

Eviction Defense Legal Services are needed for the many households behind on their rent and facing housing insecurity. Public safety must include keeping families housed.!

To assure effective use of funds, the County should make the following divestments, starting with the Sheriff's Office, which has increased staffing every year for the past three years, while residents are losing their homes and have significant health needs. For these reasons, NO Measure X funds should go towards the Sheriff's Office. In particular,

Divest funds from the Sheriff's Office of Internal Affairs.

There is an inherent conflict of interest exists when we task the Sheriff's Office to investigate and hold its own deputies accountable. Instead, to increase public confidence in the Office of Sheriff, fund an independent sheriff oversight body with subpoena power composed of and led by residents harmed by law enforcement.

Divest funds from the Sheriff's Civil Unit: The county should not pay for Sheriff's staff to engage in civil matters with Contra Costa residents, especially to execute evictions. It's unnecessary and cruel to have sworn deputies engage with community members in civil matters because it is costly and trauma-inducing, especially given the high number of deaths at the hands of law enforcement in the county. Most importantly, the county should **not** spend money on evicting families from their homes.

Remove the Sheriff's Role as Coroner: This is inherent conflict of interest exists when a community member dies at the hands of law enforcement. Invent instead in an independent Coroner.

Thank you.

Dan Safran

Moms on a Mission are back on the road together again after the COVID hiatus. On Monday, June 28, 2021, we drove into the beautiful Napa Valley together to attend an Open House for Gray Haven, a residential treatment facility for families like ours. As we traveled from Contra Costa County into Napa, we saw some stark reminders of why the Bay Area needs a system of Housing That Heals for families like ours. We headed towards Napa County on Highway 29 and immediately noticed the tent city that had been built in the burrows of the freeway overpass. Scattered garbage heaps were evidence of scattered lives and the forgotten population, many of who would likely thrive in a place like Gray Haven.

We decided to detour past Napa State Hospital, the place where Teresa's Danny had been placed on a civil commitment before being criminalized there and arrested as a patient. That landed him in the Napa County jail where he was deemed Incompetent to Stand (IST). This would be the first time for Teresa to be back in Napa County since luck and heroics got Danny transferred to California Psychiatric Transitions, a Housing That Heals facility in Merced County. It was traumatic for Teresa to be back in a place that carried the memories of so much pain and lost time for her son.

We turned into the NSH grounds only to be stopped at a new gate with a guard telling us to turn around. We clicked a picture of one of the many bungalows that we believe are empty while people are living in cages or the corners of our communities. People have wondered why the state and counties don't partner to innovate and renovate the empty buildings located on these state hospital grounds to create capacity for an onsite continuum of care and ease the human log jam up and down our state. But, instead, we are remodeling jails all over the state while hospital beds and residential treatment beds sit empty.

Next, we headed to our destination. Since we were the first to arrive a little early, we lingered outside of the beautifully restored mansion taking in the grandeur of the grounds. We headed in to reunite with a friend and colleague, [Roberta Chambers](https://www.indigoproject.net/about-us) of the Indigo Project, <https://www.indigoproject.net/about-us>. Roberta has been an early champion of our Housing That Heal's mission and was the first person we trusted with our draft paper. She had been telling us about her work with Gray Haven for many months and was excited to show us the results. We were excited to see it too!

As you step up onto the porch and walk through the front doors, you know you are entering a special place. We were graciously welcomed and quickly introduced to all of the special people who were responsible for tucking healing and hospitality into every detail of every room and their health and wellness program. We met Dr. Patricia Gray, Luis, Miriam, Christy, and many other amazing staff. We immediately started sharing our stories with each other and learning about the Gray Haven vision while being served incredible hors d'oeuvres prepared onsite by the chefs.

Before touring the upper floors, a separate health and wellness clinic, apartments, pool, and game room, we were joined by Mary Francis Walsh, the Executive Director of NAMI

Sonoma County, and her husband. We are so grateful for all of the NAMI connections we have made during the Housing That Heals journey. We are all entwined by a synergistic passion to stop the suffering of so many. The tour bonded us all in the promise and purpose for housing vulnerable populations with dignity and providing a real chance for healing, health, and home.

The Gray Haven program has opened with 6 beds which is the maximum that can be housed without a use permit. But because of bureaucracy and barriers, those beds are now empty even though they are being offered PRO BONO. Lauren and I are determined to help remove those barriers and fill those beds. We are already making suggested referrals.

Before we left the open house, Teresa shared a story recently told by Dr. Ralph Aquila, the former Medical Director of Fountain House in NY. He had recently told a panel assembled by the Greenburger Center about the new clients who were coming to their program from Rikers Island. He said that the look on their faces when they entered Fountain House after being at Rikers was a look of awe at their new surroundings. Teresa shared that she knows that the same look of awe will be present when the residents walk through the front door and every other door on the Gray Haven property.

To say that we were impressed with Gray Haven is an understatement. But, while our hearts were filled with hope and joy after this tour, they were also broken because of the "Stop Gray Haven" signs that lined the neighborhood streets as we drove away. There are future plans for expansion that would add additional beds and programs to build a big campus of greatness for families like ours. We see a "Moms On a Mission" campaign to Save Gray Haven in our future.

It should not have to so hard to help desperate people who live heroically with no-fault brain illnesses. We must all continuously focus on educating our communities about how and why our loved ones are diverted to, not from, jails, street corners, and institutions because of systemic discrimination.

We can and must build an understanding of the dire need for safe, secure, dignified, therapeutic housing that heals. We have seen it happen. We know it is possible.

Housing That Heals = Gray Haven

Please see @ <https://grayhavennapa.org/> for more information.

Teresa Pasquini
2536 Heide Court
El Sobrante, CA 94803
tcpasquini@gmail.com

July 9, 2021

Dear Measure X CAB members,

I appreciated the conversation at last week's Measure X CAB meeting that focused on criminal justice issues. I heard a lot of great ideas shared along with too much community pain during the 5 hour meeting. I shared some of my pain too as the mom of a Contra Costa County LPS Conservatee who was arrested as a patient, criminalized, deemed Incompetent to Stand Trial and held in solitary off and on for 4 years before finally having all charges dropped and diverted to a Mental Health Rehab Center in Merced County. That placement allowed him to recover, achieve medical and psychiatric stability and successfully transfer to a community placement in Santa Clara County. I am hopeful that he will one day be able to re-enter the Contra Costa community and will receive the safety net, housing and the disability right's protections that he needs to remain healed and stable.

Contra Costa must focus on the SMI population that is over-criminalized, suffering on the streets, living in below poverty conditions, and dying too young. In a recent Measure X Committee, there was some hesitation to use the word "disabled" for people who live heroically with "mental health issues." However, it is vital that the committee is clear that in order to receive services in the Adult Specialty MH System of Contra Costa, under existing law, one must have a DSM diagnosis and experience "substantial functional impairment" California's WIC 5600.3 defines the SPMH target population and requirements for access to services, https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5600.3: WIC 5600.3(B) (i) states, "As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms."

Additionally, According to this report, <https://www.kff.org/medicaid/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals/>, " **People with behavioral health needs, especially those with serious mental illness, may also qualify for Medicaid based on having a disability.** In most states, individuals who have a mental illness that makes them eligible for Supplemental Security Income (SSI), the federal cash assistance program for low-income aged, blind, or disabled individuals, are automatically eligible for Medicaid.^{10,11} To be eligible for SSI, individuals must have low incomes, limited assets, and an impaired ability to work at a substantial gainful level as a result of old age or *significant disability*."

Sadly, my son became a MediCal card carrying young man at the age of 18 with SSI as his only income. Over the course of multiple 5150s when he was involuntarily treated, he was considered "danger to self and others." And, when conserved by the Superior Court, he was deemed "***gravely disabled***" in order to be conserved. That designation of "grave disability" has been re-established by doctors and courts annually for the past 20 years. and allowed him to be forced into facilities outside of our county for

months and years. So, I urge all committee members to understand that the term “disability” should be considered for this marginalized and vulnerable “mental health” population.

As I stated in my public comments last week, there is a crisis coming to Contra Costa that the Measure X Committee must consider. The Governor’s May Revise has realigned LPS Conservatorships from the Department of State Hospitals back to the counties. I am attaching some documents that will explain this grave issue more fully. I had hoped to learn how the county justice partners plan to support the growing needs for housing and caring for the IST and LPS Conservatorship populations in our county last week. Unfortunately, I did not hear that population addressed by anyone. I urge the Measure X CAB to consider the grave needs of this population. Most of this returning population will be considered "dangerous to self or others" or **gravely disabled**. I suggest a presentation from the Behavioral Health Director, Public Defender’s Office and Linda Arzio of the CCC Public Guardian’s Office at a minimum. An estimated budget need of up to \$25 million to cover this population was suggested at last week’s Mental Health Commission meeting.

A question often heard in all state and local meetings for criminal justice reform is “divert to where and what?” Lauren Retagliata and I tried to answer that question in our The Housing That Heals paper that has been shared with the Measure X CAB. The paper outlines the funding disparities for the Specialty MH population. Those disparities have simply not been adequately addressed in Contra Costa for years. They can not be forgotten now.

The Measure X CAB and all Contra Costa stakeholders must understand that not everyone can be diverted from jail, a hospital bed or involuntary treatment. However, there are promising opportunities happening in other counties such as this one that Lauren and I recently visited in Napa. We have shared this resource with our county partners. See this post for photos: <https://www.facebook.com/teresa.pasquini.3/posts/10215270987806576>. As described in the attached Gray Haven blog post, NIMBYism may prevent this amazing facility from expanding. This isn't stigma. This is discrimination against a protected class. It is part of what is keeping this population from living in dignity and health and preventing housing solutions to be created.

I have deep respect for the Contra Costa community’s rich history for fighting social injustice for all vulnerable populations. Please don't exclude families like mine as you consider the safety net, housing, health and safety needs for our county.

Respectfully,
Teresa Pasquini
Danny’s mom
Former Contra Costa Mental Health Commissioner
Former Vice Chair of MHSA Finance Committee
Former Chair of CCRMC Behavioral Health Care Partnership



Contra Costa County



NAMI
National Alliance on Mental Illness

**Contra Costa
County**

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Executive Director

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TAX ID# 68-0209474

June 8, 2021

1

Gavin Newsom, Governor, State of California
1303 10th Street, Suite 1173I
Sacramento, California 95814

RE: Strongly Oppose and Actively End Dept. of State Hospitals (DSH) “patient dumping”

Based on increasing alarming personal experiences, we are quite aware the Department of State Hospitals (DSH), because of an ACLU and Public Defenders lawsuit, is actively engaging in “patient dumping” of both LPS Conservatorship and Incompetent to Stand Trial (IST) patients. For example, an African-American young man was recently arrested by the Contra Costa Sheriff Dept. SWAT team, given a Mental Health Evaluation, then jailed in the Martinez jail, then given a judicial involuntary 1 year medication order after being determined he was IST, then finally after 5 months in jail, sent to a state hospital for competency restoration. Usually, state competency restoration state hospital stays are for 4-6 months. However, after only 2 months, this person was dumped from the particular state hospital back to where he was originally arrested (talk about “re-trauma”!) without any medications or discharge plan! The mother was forced to rescue him from this re-traumatizing experience. As a result, he is mentally doing quite poorly and the mother is really struggling to try and get him additional help.

In addition, we increasingly know of citizens who have been LPS Conserved for decades in state hospitals suddenly being released without warning and dumped back to families without any Conditional Release Program (CONREP) guidance or medications. In Contra Costa detention facilities, we also increasingly know of persons, primarily of color, being declared “unrestorable.” This is absolutely unconscionable! Arbitrary and capricious DSH discharge decisions are taking us back to the prison “back hole” days in the 19th century when Dorothea Dix found “the most mentally vulnerable among us” being treated like terribly abused animals. Is this what we want to allow to the very “least among these my brethren”??? (Matthew 25:40).

These unconscionable actions are being driven by a proposed flat 2021-2022 DSH budget which proposes to phase out both IST (including 12-15 Contra Costa residents under an LPS Murphy Conservatorship) and **all** LPS patients by June 30, 2024. This is unbelievable because of the state’s unexpected \$76B surplus! DSH facilities can afford to be expanded to promptly end and reverse the unconscionable discriminatory situations revealed in this letter.

Here in Contra Costa County, over 350, or 50%, of the 700 persons incarcerated are of color. In addition, nearly 300 or over 40% of them live with a most severe mental illness, with most waiting for a DSH bed.. Do we want to continue backwards and allow our local jails and state prisons to officially become the new asylums, especially for Black, Indigenous Persons of Color (BIPOC)? We collectively must do far better!!

Toward that end, we ask you and the legislature to “change course” and consider the following:

- Utilize unused property and either refurbish or build new buildings on various state hospital properties (especially Napa and Metropolitan State Hospitals) to expand Incompetent to Stand Trial (IST) facilities for persons that can be restored to competency.
- For LPS Murphy Conservatees, also further utilize these properties to expand the number of beds as well as specialized treatment and services for this very most vulnerable population.

As emphasized in the recent NAMI California letter on this issue, **State Hospitals have the specialized staff, facilities and programs for these persons that counties, even a mainly suburban county such as Contra Costa, do not have the funding to possess.**

RE: Strongly Oppose & Actively End Dept. of State Hospitals (DSH) “patient dumping”**2**

- For LPS Conservees, we strongly ask that you and the legislature put real pressure on the Department of Health Care Services (DHCS) to **promptly apply** for the federal up to 30 day waiver of the federal Medicaid (Medi-Cal) Institute of Mental Diseases (IMD) Reimbursement Exclusion for persons 21-64 years of age. The DHCS wants to wait until fiscal 2021-2022 to perhaps apply for this waiver. As a result, the state is leaving up to \$70 Million annually “on the table” that county Behavioral Health departments could be reimbursed to help this very vulnerable population. For Contra Costa Behavioral Health Services (CCBHS) this would mean an additional \$1-1.5M/year in reimbursement for the 120-150 persons requiring this level of care. **This is not “chump change.”**
- For this same population, we also strongly ask that you and the legislature actively support the growing bipartisan federal legislative effort to permanently repeal this most discriminatory Reimbursement of care exclusion. For California, this would mean an additional \$800 Million or so of additional Medi-Cal Reimbursement for its most vulnerable citizens. For Contra Costa Behavioral Health Services, this would mean at least an addition \$25M in annual Medi-Cal Reimbursement which would allow needed “build out” of badly needed additional IMD (locked facility beds) as well as greatly expanded “step down” community based outpatient services.

For the large majority of California citizens (15%) living with mental health challenges, community based services can work well. However, for the 5% living with severe mental health challenges, the above requested changes are desperately “overdue.” While we strongly support your \$12B plan to end homeless in California over the next several years, supportive reimbursed wrap-around services (including locked facility help when necessary) are vitally needed for our most vulnerable citizens. **Otherwise, the state will be saying it is OK in the 21st century to “dump” our most vulnerable from state hospitals back to local jails without any proper supports whatever! This directly runs counter to decriminalizing those of our citizens, especially of color, living with severe mental illness.**

With a \$76B state surplus, we know there is the citizen political will for funding and implementing the items listed above to ensure proper long-term **non-criminal** humane and compassionate care for the most vulnerable among us. Will you and the legislature show the political will to listen and follow the social political will of the citizens of Contra Costa County and California as a whole? We trust that you and the legislature will and thank you for making the “high calling” effort to expand the DSH budget and reverse DSH patient dumping of our most vulnerable citizens.



Don E. Green
President
NAMI Contra Costa



Gigi R. Crowder, L.E.
Executive Director
NAMI Contra Costa



Douglas W. Dunn, MBA, L.E.
Chair, Legislative Committee,
NAMI Contra Costa

CC: Senator Steve Glazer, D-District 7
Senator Lonnie Hancock, D-District 9
Senator William “Bill” Dodd, D-District 3
Assemblymember Rebeca Bauer-Kahan, D-District 16
Assemblymember Jim Frazier, D-District 11
Assemblymember Tim Grayson, D-District 14
Assemblymember Buffy Wicks, D-District 15

Supervisor Diane Burgis, Supervisor, District 3, Chair of the Board, 2021
Supervisor Federal Glover, Supervisor, District 5, Vice Chair of the Board, 2021
Supervisor Candace Andersen, Supervisor, District 2, Member, Contra Costa Mental Health Commission
Supervisor John Gioia, Supervisor, District 1
Supervisor Karen Mitchoff, Supervisor, District 4

Anna M. Roth, RN, MPH, Director, Contra Costa Health Services
Erika Jenssen MPH, Deputy Director, Contra Costa Health Services
Suzanne Tavano, PhD, Director, Contra Costa Behavioral Health Services
Matthew Luu, LCSW, Deputy Director, Contra Costa Behavioral Health Services
Jan Cobelada-Keglar, PsyD, Adult and Older Adult Program Chief
Marie Scannell, PhD, Program Manager-Forensic Mental Health, Contra Costa Behavioral Health

Apparent County Behavioral Health Directors Assn. of CA (CBHDA) DSH Negotiations Summary
Dr. Suzanne Tavano, Contra Costa Behavioral Health Services Director—June 29, 2021

Multiple major issues involved to follow regarding Dept. of State Hospitals (DSH) negotiations:

1. Misdemeanor IST (MIST):

Result: No longer eligible for admission to a state hospital

2. Felony IST (FIST):

Result: Mandatory reduction in wait time once a person is declared Felony IST. Focus will be on courts decreasing determinations of FIST status and on local treatment as alternative to state hospitals.

3. Re-determination of Felony Incompetent to Stand Trial (FIST) status:

Result: If a person detained in custody receives treatment and shows evidence of ability to participate in court proceedings after being determined FIST, a re-determination of status might occur. This might lead to cancelation of referral to a state hospital.

4. Consequence of insufficient FIST reduction:

Result: If state hospital capacity for FIST continues to be exceeded, discharge of LPS clients back to the county will occur.

5. Penalties for untimely return to county:

Result: If a county is found to not arrange discharge of clients as soon as DSH determines its level of care is not needed, the county will pay a daily penalty for each day beyond discharge date set by DSH.

6. Focus on least restrictive environment:

Result: This is a centerpiece to DSH reform and will carry through to all levels of care.

7. Persons found non-restorable:

Result: Will be returned to the county. If there is validated potential of danger to the community, a conversion to an LPS Murphy Conservatorship most likely will occur. If not determined dangerous, will be a county responsibility to arrange and provide care.

NOTE: The average length of stay for a LPS conserved person in a state hospital is 12 times longer than a Felony Incompetent to Stand Trial (FIST) person.

Given the above interlinked issues, a lot of responsibility will fall to counties BHS departments and especially Detention Health personnel. Families and stakeholders at large will need to understand that the state is mandating an anticipated focus on least restrictive, community based care and clearly intends to decrease state hospital utilization.



May 25, 2021

The Honorable Nancy Skinner
Chair, Senate Budget Committee
State Capitol Building, Room 5094
Sacramento, CA 95814

The Honorable Susan Eggman
Chair, Senate Budget Subcommittee #3
– Health and Human Services
State Capitol Building, Room 4052
Sacramento, CA 95814

The Honorable Philip Ting
Chair, Assembly Budget Committee
State Capitol Building, Room 6026
Sacramento, CA 95814

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee #1 –
Health and Human Services
State Capitol Building, Room 5155
Sacramento, CA 95814

RE: May Revision Proposal to Discontinue Lanterman-Petris-Short Department of State Hospital Contracts with Counties—OPPOSE

Dear Chair Skinner, Chair Ting, Chair Eggman, and Chair Arambula:

The County Behavioral Health Directors Association (CBHDA), California State Association of Counties (CSAC), Urban Counties of California (UCC), Rural County Representatives of California (RCRC), California State Association of Public Administrators, Public Guardians, and Public Conservators (CAPAGPC), County Welfare Directors Association (CWDA), and County of Los Angeles must respectfully oppose the May Revision proposal to discontinue State Hospital contracts with counties for Lanterman-Petris-Short (LPS) conservatees over three years. This proposal would effectively close the State Hospital to LPS conservatees in two months' time and put close to a thousand LPS conservatees throughout the state at risk. Such a consequential policy change needs adequate time for counties and the state to thoughtfully assess and plan for the population's needs and ensure safe, available, appropriate community-based alternatives exist prior to discharge. The population of LPS conservatees currently receiving treatment are among the most vulnerable and high-risk LPS

conservatees in the state. They are medically fragile, and in the case of Murphy Conservatees, likely pose a significant public safety risk. We urge the Administration to withdraw this late May Revision proposal and instead work collaboratively with counties and the Legislature to develop a joint proposal to assist with the state's growing Department of State Hospitals (DSH) census, inclusive of both individuals with felonies who have been found incompetent to stand trial (IST) and LPS conservatees.

In January, the state proposed to pilot the realignment of responsibility from the state to counties for the felony IST population through the Community Care Demonstration Project for Felony ISTs (CCDP-IST). CCDP-IST included funding to treat individuals at the local level rather than the state hospital and targeted serving 1,252 ISTs annually at the local level. While the Administration has withdrawn its CCDP-IST proposal in the May Revision, it has replaced it with an equally, if not more concerning, proposition for counties.

Counties have a long relationship with the Department of State Hospitals for the treatment of LPS conservatees, dating back to the establishment of the county-based community mental health system. Under current law, California counties are required to contract with DSH for LPS conservatees (WIC 4331), and the DSH is required in statute to, "consult, in advance, with the counties regarding any changes in state hospital facilities or operations which would significantly impact access to care or quality of care, or significantly increase costs" (WIC 4332). Due to the parallel requirement for counties to place individuals in the least restrictive level of care, including LPS conservatees, and the much higher rates charged for DSH facilities, the state hospitals are today a last resort placement for county behavioral health clients. A significant portion of the population counties contract with the State Hospitals to serve are Murphy Conservatees, who, in addition to being found mentally incompetent under the LPS Act, have been charged with felonies involving death, great bodily harm, or a serious threat to the physical well-being of another person. These individuals are among the most high-risk populations in the state. Often, due to the nature of their criminogenic risk, there are no suitable or willing local placement options for Murphy Conservatees.

The remaining LPS conservatee population is also high-risk and extremely vulnerable by virtue of the severity of their mental illness. DSH has a unique treatment capacity in the form of a specialized medical unit for individuals that are both medically and psychiatrically complex. Today, there are no local placement options for civilly committed LPS and Murphy conserved clients with significant medical and psychiatric co-morbidities. Because local treatment providers have the option to accept or deny mental health patients, it can be extremely challenging to identify willing providers at the local level to accept some of our most medically complex psychiatric patients. Building out additional parallel treatment capacity at the local level will take significant time and expenditure – well beyond the three years proposed by the Administration. The DSH has been an invaluable state placement option for these individuals, and counties highly value our partnership with the state hospitals, as well as the quality of care delivered by their teams.

Under this May Revision proposal, DSH would immediately halt any new admissions of LPS patients, beginning July 1, 2021, and seek to reduce the current LPS population of 778 individuals at DSH by a third each year, beginning in 2021-22. This proposal would mean that counties would need to identify over 250 local placement options for highly vulnerable populations with almost no time to adequately plan, let alone build out additional capacity, or face a penalty in the form of a 150% increase in the state hospital bed rate. County behavioral health capacity was significantly compromised during the

pandemic, which highlighted the challenges of creating surge capacity when limited by the constraints of the Institutes of Mental Disease (IMD) exclusion, which limits the capacity of providers and results in higher costs at the local level.

Without better forethought, planning, and dedicated resources, including cooperative state and local planning to ensure the availability of quality treatment providers at the local level willing to accept these individuals and serve their needs, counties are concerned that this change in policy will result in significant harm to our patients and local communities.

Counties urge the Legislature to view the proposed closure of the state hospitals to LPS conservatees as comparable in scale and importance to the closure of state-operated developmental centers under the Department of Developmental Services (DDS) in 2012. Following the decision to close state developmental centers, the state convened a taskforce that developed and released a robust plan for the future of developmental center residents which included: 1) a more gradual transition of individuals to the local level, 2) the availability of community services and supports to support their transition into community living, 3) strong consumer protections, and 4) state department accountability. We believe that individuals with serious mental illness on an LPS conservatorship deserve comparable levels of consideration and safety planning to ensure that any effort to phase out the use of the state hospitals for LPS conservatees ensures the success of the population at the local level post-transition.

For these reasons, counties must respectfully oppose the discontinuation of LPS contracts proposed in the 2021-2022 May Revision and urge the Legislature to reject the May Revision proposal. Counties are ready to partner with the state and the Legislature to develop viable and timely alternatives to address the state hospitals' capacity concerns in a way that ensures that individuals served at the local level have timely access to quality treatment while mitigating the potential risks to public safety. If you have any questions, please feel free to reach out to any of the organizations below.

Sincerely,



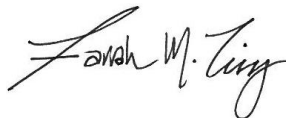
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Cc: Dr. Mark Ghaly, Secretary, Health and Human Services Agency (HHSA)
Stephanie Clendenin, Director, DSH
Keely Martin Bosler, Finance Director, California Department of Finance (DoF)
Stephanie Welch, Deputy Secretary, HHSA
Dr. Katherine Warburton, Medical Director, DSH
Christina Edens, Deputy Director, DSH
Richard Figueroa, Office of Governor Gavin Newsom
Tam Ma, Office of Governor Gavin Newsom
Adam Dorsey, Program Budget Manager, DoF
Nina Hoang, Principal Program Budget Analyst, DoF
Marjorie Swartz, Office of the Senate President Pro Tempore
Agnes Lee, Office of the Speaker of the Assembly
Chris Woods, Office of the Senate President Pro Tempore
Jason Sisney, Office of the Speaker of the Assembly
Scott Ogus, Senate Budget and Fiscal Review Subcommittee No. 3
Andrea Margolis, Assembly Committee on Budget Subcommittee No. 1
Anthony Archie, Senate Republican Caucus
Joe Parra, Senate Republican Caucus
Tim Conaghan, Senate Republican Caucus
Joe Shinstock, Assembly Republican Fiscal Office
Corey Hashida, Legislative Analyst's Office



Contra Costa County Board of Supervisors

Subcommittee Report

MEASURE X COMMUNITY ADVISORY BOARD

Meeting Date: 07/14/2021

Subject: Record of Action for July 7, 2021 Measure X Community Advisory Board Meeting

Submitted For: FINANCE COMMITTEE,

Department: County Administrator

Referral No.: N/A

Referral Name: Record of Action

Presenter: Lisa Driscoll, County Finance Director

Contact: Lisa Driscoll (925) 655-2047

Referral History:

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the discussions made in the meetings.

Referral Update:

Attached for the Board's information is the Record of Action for its July 7, 2021 meeting.

Recommendation(s)/Next Step(s):

Staff recommends MXCAB receive the Record of Action for the July 7, 2021 meeting.

Fiscal Impact (if any):

No fiscal impact.

Attachments

Record of Action MXCAB 7-7-21



Agenda

MEASURE X COMMUNITY ADVISORY BOARD

July 7, 2021

9:00 A.M.

1025 Escobar St., Martinez

Mariana Moore, Chair
BK Williams, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

Present: BK Williams, Vice Chair; Edith Pastrano; Kathryn Chiverton; Jim Cervantes; Odessa LeFrancois; David Cruise; Dr. Michelle Hernandez; Sharon Quezada Jenkins; Michelle Stewart; Ali Saidi; Jerry Short; Ruth Fernandez; Debbie Toth; Sandra Wall; Susun Kim; Cathy Hanville; Sandro Trujillo; Pello Walker; Gigi Crowder; Geneveva Calloway; Melissa Stafford Jones; Diana Honig; Lindy Lavender; Peter Benson

Absent: Mariana Moore, Chair; Kimberly Aceves-Iniquez; Steven Bliss

Staff Lisa Driscoll, County Finance Director; Enid Mendoza, Senior Deputy County Administrator; Sonia Bustamante, BOS District I; Jill Ray, BOS District II; Colleen Awad, BOS District IV

1. Roll Call

Staff provided instruction for access to English live transcription (automated closed captioning), and live simultaneous Spanish and ASL interpretation, and then conducted roll call. There were approximately 126 participants.

2. Accept attached written public comments.

Written public comments were received too late to be included in the original agenda packet. These items are included as attachments to these minutes.

3. Staff recommends MXCAB receive the Record of Action for the June 30, 2021 meeting.

The Record of Action was accepted as presented.

4. RECEIVE presentations on the topic of the Justice System.

BK Williams introduced the topic for discussion. Presentations were provided and the following individuals share their insight and experiences: Diana Becton- District Attorney; Esa Ehmen-Krause – Chief Probation Officer; Patrice Guillory – Director, Office of Reentry & Justice; Robin Lipetzky – Public Defender; Brandon Banks – Public Defender, Managing Attorney; Angelene Musawwir – Public Defender Social Work Supervisory; David Livingston - Sheriff; Lt David Hall – Sheriff's Department; Donté Blue, Chief Program Officer, Rubicon; Dr. Carole Dorham-Kelly, Executive Director, Rubicon; Rhody McCoy, Director Community Based Programs, Rubicon; Pat Mims – Director, Reentry Success Center, Rubicon; Tamisha Walker, Safe Return Project; Adey Teshager, Safe Return Project; Danny Espinoza, Reimagining Public Safety Contra Costa campaign; Randy Joseph, Richmond Reimagining Public Safety; Veronica Benjamin, Reimagining Public Safety Contra Costa campaign; Melvin Willis, Racial Justice Coalition; Cheryl Sudduth; and Chelsea Miller, Co-Director of The Collective Healing and Transformation Project (The CHAT Project).

At the conclusion of the presentations, members of the MXCAB made comments and asked questions. The MXCAB took a break at approximately 6:35 PM and then continued the discussion. At the conclusion of the MXCAB member comments, members of the public were offered an opportunity to speak and public comments were heard from 30 individuals in three different languages.

5. Discuss/modify attached plan for presenters.

BK Williams introduced the topic for discussion and reviewed the current schedule of speakers. There were no comments from members or the public. An updated schedule will be attached to the next agenda.

6. The next meeting is currently scheduled for July 14, 2021.

There was no change to the next standing date and time.

7. Adjourn

The meeting adjourned at approximately 8:56 PM.

The Measure X Community Advisory Board will provide reasonable accommodations for persons with disabilities planning to attend Measure X meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Measure X Community Advisory Board less than 96 hours prior to that meeting are available for public inspection at 1025 Escobar St., 4th Floor, Martinez, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Lisa Driscoll, Committee Staff
Phone (925) 655-2047
lisa.driscoll@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

MEASURE X COMMUNITY ADVISORY BOARD

Meeting Date: 07/14/2021
Subject: Focussed Presentation and Discussion - Safety Net
Submitted For: MEASURE X Com Advisory Board,
Department: County Administrator
Referral No.: 2/2/21 D.4
Referral Name: Community Advisory Committee for Measure X
Presenter: Mariana Moore **Contact:** Lisa Driscoll (925) 655-2047

Referral History:

Plan for series of focussed presentations and discussion was established by the Measure X Community Advisory Board. Committee received presentations on May 12 regarding seniors, disabled people, and veterans, on May 19 community safety: fire protection, on May 26 early childhood, on June 9 youth and young adults, on June 16 healthcare, on June 23 mental health/ behavioral health & disabled residents, and on July 7 community safety: Justice systems.

Referral Update:

Attached are presentations regarding safety net.

Recommendation(s)/Next Step(s):

RECEIVE presentations on the topic of safety net:

- Claudia Gonzalez, Alliance to End Abuse
- Hisham Alibob, Alliance to End Abuse
- Maria Solorzano, Family Justice Center
- Janell Coleman, Community Speaker
- Kelley Curtis, Director EHSD CalFresh/CalWORKs division
- Patience Ofodu, Workforce Development Board
- Melinda Self, Director of Child Support
- Salina Mansapit, Child Support Specialist II
- Vic Baker, Equitable Economic Recovery Task Force
- Dr. Carol Doham-Kelly, Rubicon
- Kimi Barnes, Rubicon
- Alissa Friedman, Opportunity Junction
- Kim Castaneda, VP of Development and Communications - Food Bank of Contra Costa and Solano
- Chelo Gonzalez, Direct Service Program Manager - Food Bank of Contra Costa

- and Solano
- Keva Dean, Resident Advocacy

Additional materials (attached) were provided to supplement the presentations of Alliance to End Abuse, Family Justice Center, and the Food Bank of Contra Costa and Solano.

Attachments

- 1 - Alliance to End Abuse
 - 2 - Family Justice Center
 - 3 - Workforce Services Bureau
 - 4 - Department of Child Support Services
 - 5 - Equitable Economic Recovery Task Force
 - 6 - Rubicon
 - 7 - Opportunity Junction
 - 8 - Food Bank of Contra Costa and Solano
 - Additional Materials - Alliance to End Abuse
 - Additional Materials - Family Justice Center
 - Additional Materials - Food Bank of Contra Costa and Solano1
 - Additional Materials - Food Bank of Contra Costa and Solano 2
-

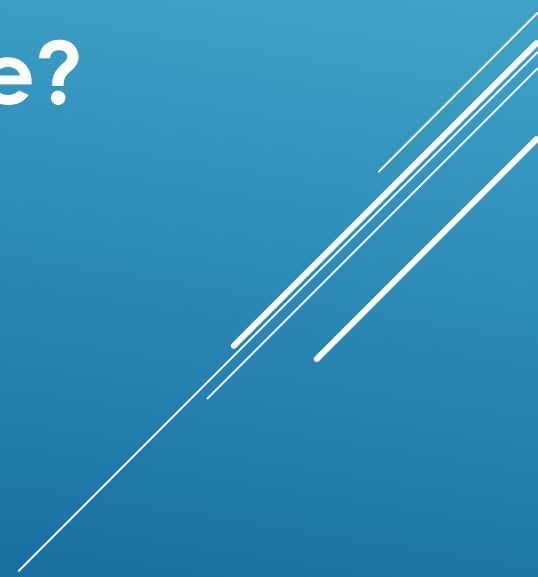
ALLIANCE TO END ABUSE: CALL TO ACTION TO **PREVENT VIOLENCE**

Presenters:

Claudia Gonzalez & Hisham Alibob




MEASURE X – THE CASE FOR **VIOLENCE PREVENTION**

- ▶ Who are our partners?
 - ▶ How big is the problem?
 - ▶ What is the Call to Action?
 - ▶ How will it prevent violence?
 - ▶ What have been the results?
 - ▶ What do we need?
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ALLIANCE TO END ABUSE:

CORE PARTNERS

- ▶ Contra Costa District Attorney
 - Bay Area Legal Aid
 - Contra Costa Health Services (CCHS)
 - Employment & Human Services Department (EHSD) & Ombudsman's Office
 - Family Justice Center
 - Contra Costa Probation Department
 - Contra Costa Public Defenders Office
 - Contra Costa Office of Education
 - STAND!
 - Community Violence Solutions
 - John Muir Health
 - Richmond Police Department
- 

VIOLENCE IS INTERCONNECTED



INTERPERSONAL **VIOLENCE** IN CONTRA COSTA COUNTY

Domestic Violence

In 2019, there were 3,066 domestic violence reports completed by 26 law enforcement agencies.

Elder Abuse

In 2019, there were 5,423 elder abuse calls made to APS.

Child Abuse

In 2020, there were 13,846 child abuse calls made to CFS.

Violence

Sexual Assault

In 2019, there were 320 sexual assault reports completed by 26 law enforcement agencies.


Human Trafficking

In 2020, there were 50 human trafficking victims identified by Contra Costa's Human Trafficking Task Force


VIOLENCE PREVENTION – REFRAMING THE APPROACH & ADDRESSING THE GAPS

- The partners to the Alliance to End Abuse have a long and collaborative history of an “interventional” approach to addressing violence.
- And these professionals and many community partners recognized that something was missing. That there was a gap in our strategy.
- In February of 2020 the Alliance adopted a **CALL TO ACTION** – Preventing Interpersonal Violence.
- This was a profound shift and one that far better recognizes the opportunity to address the root causes of these acts of violence.

CALL TO ACTION

1. **Build Sustainable Infrastructure**
 2. **Foster Early Childhood Development**
 3. **Encourage Community Trust & Connectedness**
 4. **Improve Economic Stability**
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CALL TO ACTION

- ▶ **Since its' 2020 launch, the Call to Action has come to life:**
 - ▶ **Generations Connect**
 - ▶ A multi-generational, online group of teens and older adults that met to build skills and learn from each other about interpersonal violence
 - ▶ **Family Violence Prevention Task Force**
 - ▶ A multi-sectoral collaborative of several Alliance partners that met from the beginning of COVID in order to address the rise in family and domestic violence, as well as child abuse and elder abuse.
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A TRANSFORMATIONAL INVESTMENT - MODEST FOR ITS BENEFIT

- Bringing forward a **root causes, social determinant approach** to violence prevention
- Aligning partners to achieve an **integrated systems approach**
- Striving to use an **equity lens**

A TRANSFORMATIONAL INVESTMENT - MODEST FOR ITS BENEFIT

- → www.contracostaalliance.org
- → Learning Center
 - → Call to Action Learning Modules



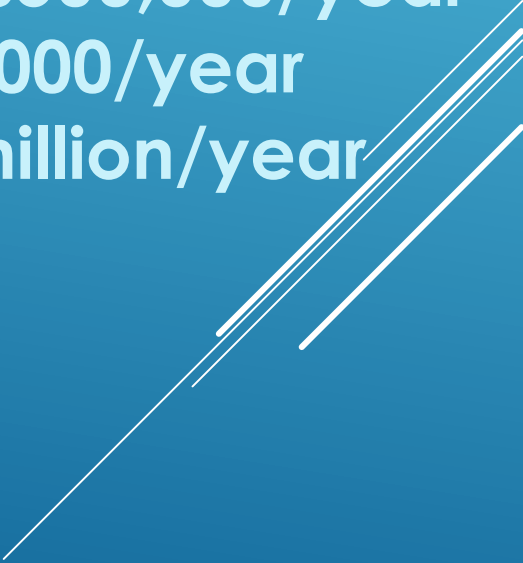
WORK TO DO

- **Expand** the focus of interpersonal violence and evolution of **the CALL TO ACTION** to **include hate and racial based violence**.
- Achieve **sustained downward trajectory in annual frequency** and 5 year trends of **violence**, by type, are trending downward in 2022 (measured in 2023 and beyond).
- Many **fewer families, individuals and communities are traumatized** by the devastating impacts of **acts of inter-personal violence, hate, and aggression**.

MEASURE X REQUEST

\$4 MILLION/YEAR

Unmet Needs

- Building Sustainable Infrastructure
 - Civil Legal Assistance: \$1 million/year
 - Community Victim Advocates: \$500,000/year
 - Community Connectedness \$500,000/year
 - Flexible Financial Assistance: \$1 million/year
 - Public Health: \$1 million/year
- 

Measure X Community Advisory Board Meeting 7/14/21

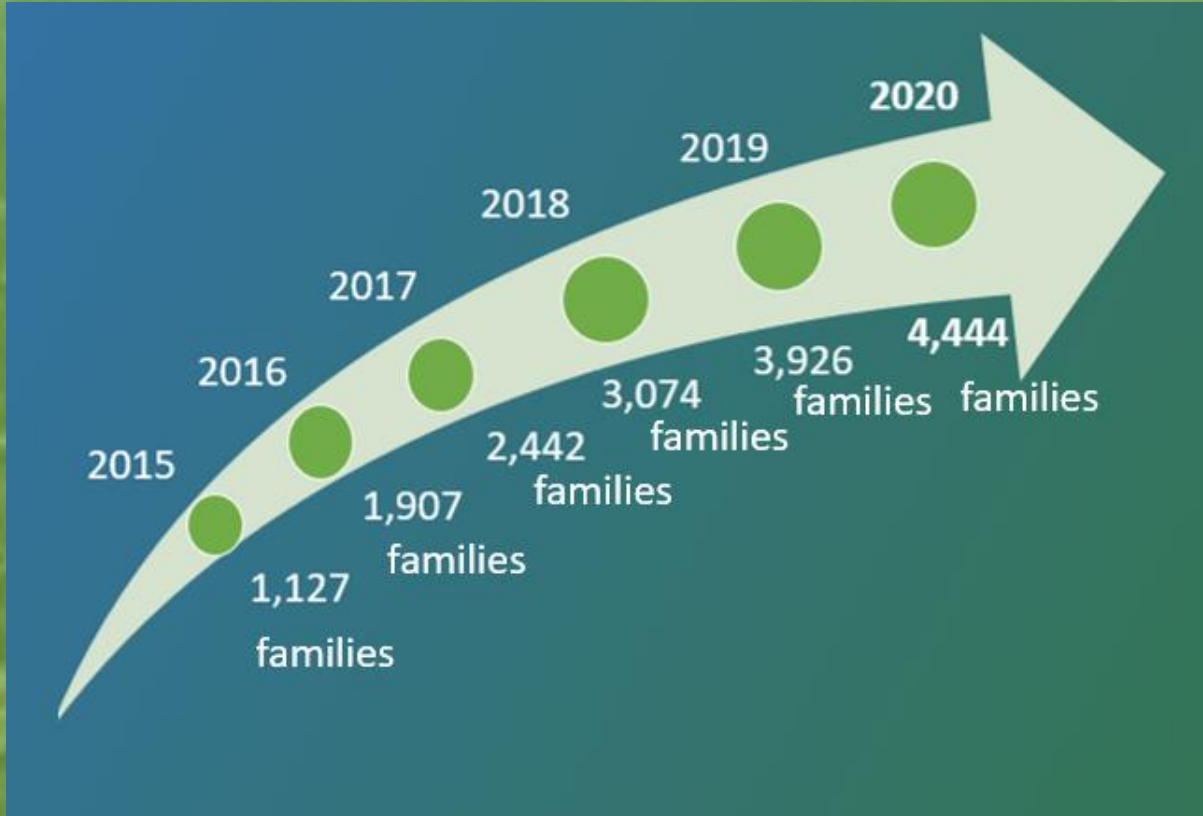


Maria Solorzano
Navigator

Violence is Interconnected



Clients at Family Justice Center



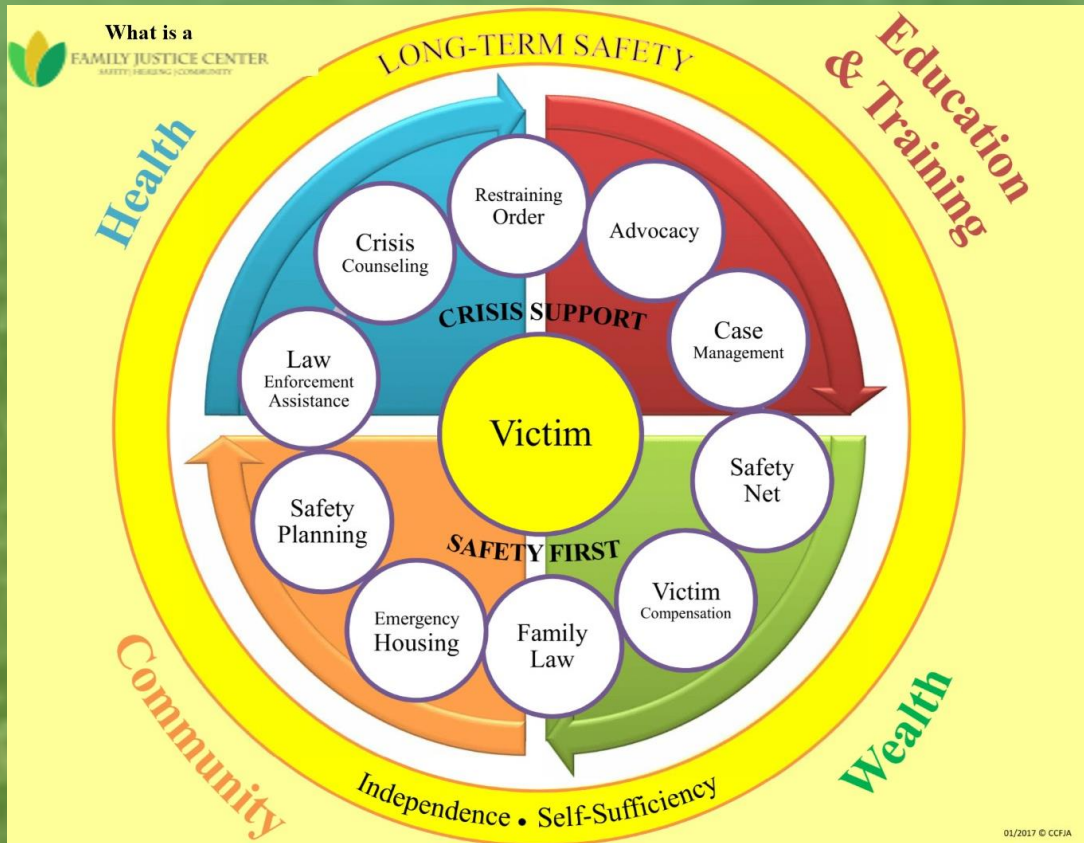
- 86% of our clients are female.
- 70% of our clients have children.
- 70% earn less than \$2,000/mo.
- 50% are Latinx; 15% African American.
- 30% speak primarily Spanish.
- Close to 20% undocumented.

Family Justice Center Partnership



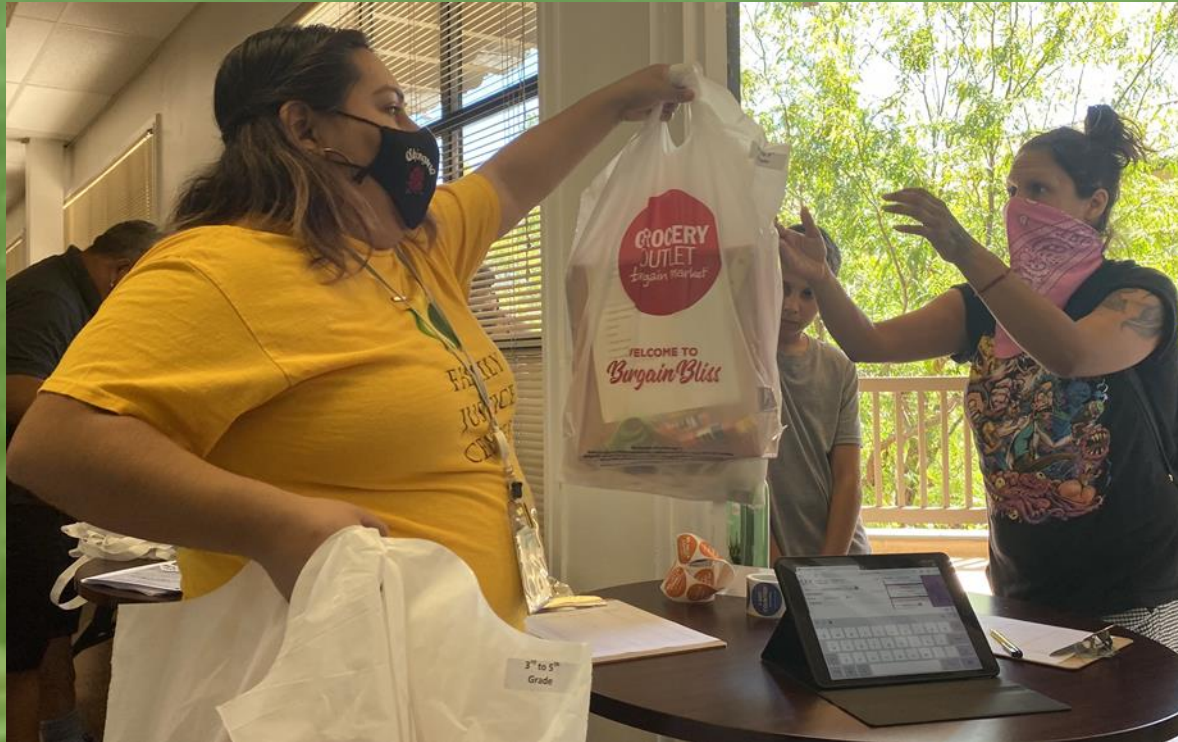
- 9 law enforcement agencies; 8 public agencies; 46 community partners
- Collaborative partnerships allow victims to get connected to resources more quickly.
- Crisis support, long term safety, community building

Violence is Preventable



- Addressing root causes: Systemic racism, lack of economic opportunities and gender norms
- Coordinated services (Family Justice Center)
- Community connectedness

Unmet Needs



- Civil legal assistance
- Community based victim advocates
- Childcare
- Housing (emergency and permanent)

Transformational Ideas

- Community Fellowship
- Flexible Financial Assistance
 - Best practice Housing First model
 - Rent, utilities, childcare, education, business start-up cost, transportation
- Community Based Restorative Justice Response (CHAT Collective Healing And Transformation)



Measure X Request

\$4 Million/Year

- Building Sustainable Infrastructure
 - Civil Legal Assistance: \$1 million/year
 - Community Victim Advocates: \$500,000/year
- Community Connectedness: \$500,000/year
- Flexible Financial Assistance: \$1 million/year
- Public Health: \$1 million/year

Measure X: Leveraging Opportunities to Strengthen the Contra Costa County Safety Net



CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
REPORT TO MEASURE X COMMUNITY ADVISORY BOARD | JULY 14, 2021

Overview of EHSD's Safety Net Programs



Workforce Services Bureau

Medi-Cal	Health insurance coverage to low-income adults, children, pregnant women, seniors, and people with disabilities.	280,458 individuals enrolled, or approximately 25% of the total County population
CalFresh	Food benefits that help stretch household budgets, allowing recipients to afford nutritious food, including fruit, vegetables, and other healthy options.	76,427 individuals enrolled
CalWORKs	Financial aid, employment services, and other supportive services through CalWORKs; to help them succeed in the workforce and become self-sufficient	13,037 individuals enrolled

Aging and Adult Services

General Assistance	Temporary financial relief to indigent residents who are not supported by their own or other public means	481 individuals enrolled
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Workforce Development Board

Workforce Innovation and Opportunity Act (WIOA) Programs	Programs offered by the Workforce Development Board for adults, dislocated workers, and youth	17,886 individuals served in program year 2019
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The Context of Poverty in Contra Costa County

- **Structural racism** in U.S. policies and practices has shaped the social and economic development of historically marginalized communities. The term refers to “a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.” (Aspen Institute Roundtable on Community Change, *Structural Racism and Community Building*, June 2004).
- Barriers in access to affordable housing, good schools, quality health care, child care, high wage jobs and other opportunities have led to cycles of intergenerational poverty.
- Today, **rising housing costs and migration patterns** are contributing to new concentrations of segregation and poverty in the County. Communities of color were particularly vulnerable to the **impact of rapid rent increases** in the Bay Area between 2000 and 2015.
 - **53% of low-income Black households** lived in high-poverty, segregated neighborhoods in 2015, up from **38%** in 2000.
 - The share of **low-income Latinx households** living in high-poverty, segregated neighborhoods **nearly doubled to 31%**.

Poverty Disparities Persist in Contra Costa County

1 in 8

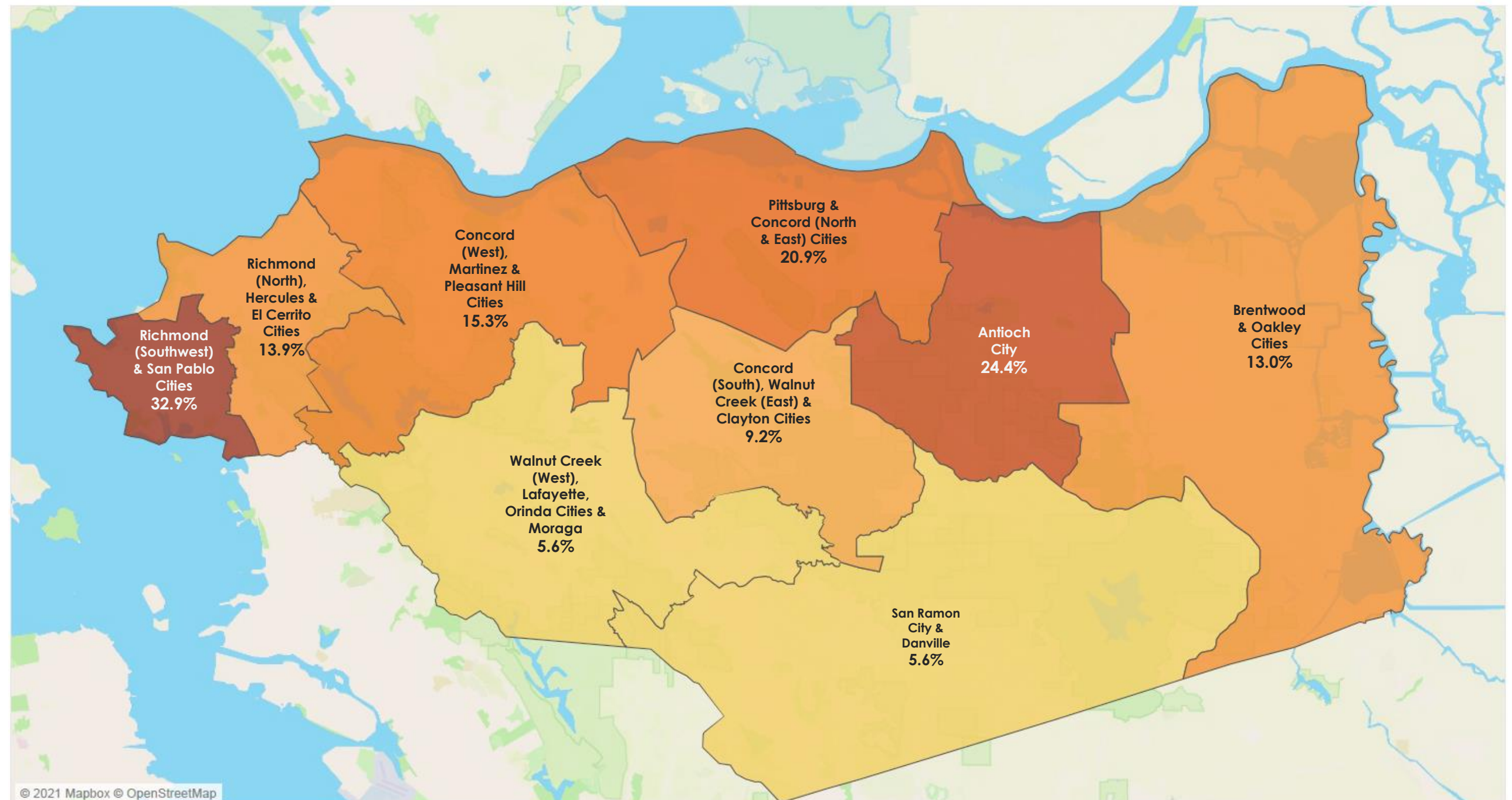
Contra Costa residents live in poverty, when taking into account the cost of living and resources from social safety net programs, according to the Public Policy Institute of California's California Poverty Measure (CPM).

15.4%

of Contra Costa children live in poverty, according to the CPM.

Source: [California Poverty by County and Legislative District - Public Policy Institute of California \(ppic.org\)](https://www.ppic.org/publications/california-poverty-by-county-and-legislative-district/)

California Poverty Measure (CPM) Child Poverty Rates Across Contra Costa



Disparities Increased During Pandemic



Black workers filed for unemployment at 1.75x the rate of White workers



Black workers and women suffered more economic and job losses during the pandemic



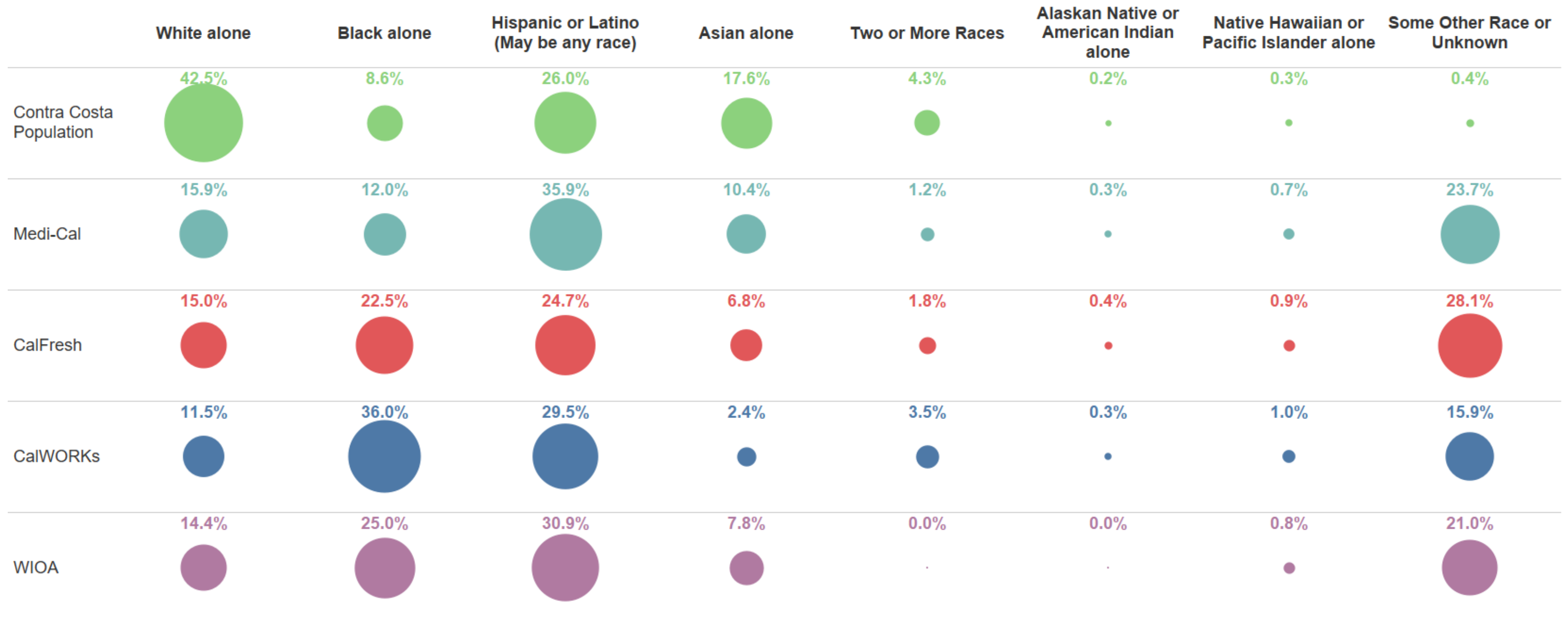
Minority owned business owners were largely underrepresented in Payroll Protection Program (PPP) loans in the first round



Black and Latinx people are overrepresented among essential workers who are paid less than non-essential workers

Racial Disparities Are Reflected in Our Programs

Race / Ethnicity Breakdown: Contra Costa Population Compared To Medi-Cal, CalFresh, CalWORKs, and Workforce Innovation & Opportunity Act (WIOA) Participants

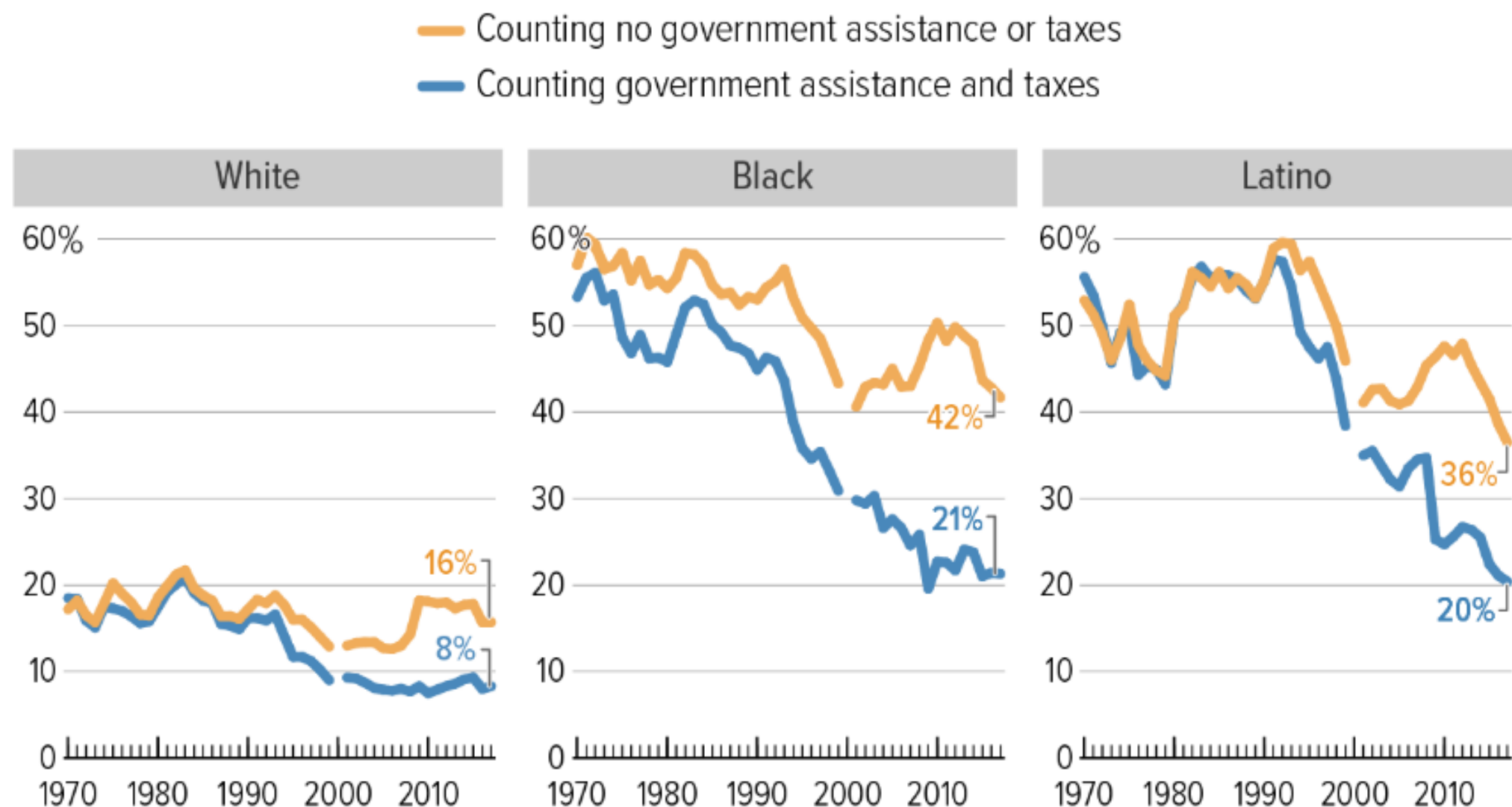


278,417 Medi-Cal, 68,516 CalFresh, and 12,098 CalWORKs participants, and approximately 510 Workforce Innovation and Opportunity Act (WIOA) Participants (528 responses) as of 06-16-2021 data snapshot. Source for Medi-Cal, CalFresh, and CalWORKs participant data is 6-16-2021 CalWIN CIS Report. Source for WIOA participant data is CalJOBS. Source for Contra Costa Population by Race / Ethnicity is U.S. Census 2019 ACS 1-Year Estimates Table DP05.

The Good News: Safety Net Programs Are Increasingly Effective

Economic Security Programs Increasingly Effective at Reducing Child Poverty, But Disparities Persist

Percent of children in poverty, by race and ethnicity, 1970-2017



According to the Center on Budget and Policy Priorities, income support programs are becoming **increasingly effective** in reducing poverty while narrowing the nation's long-standing gaps in poverty by race¹.

According to the Stanford Center on Poverty & Inequality, if all safety net benefits were eliminated (i.e., CalFresh, CalWORKs, tax credits, school meals, housing subsidies, SSI, and social security), the percentage of California's population in poverty would **increase by 12.9%** (i.e. from 22.0% to 34.9%)².

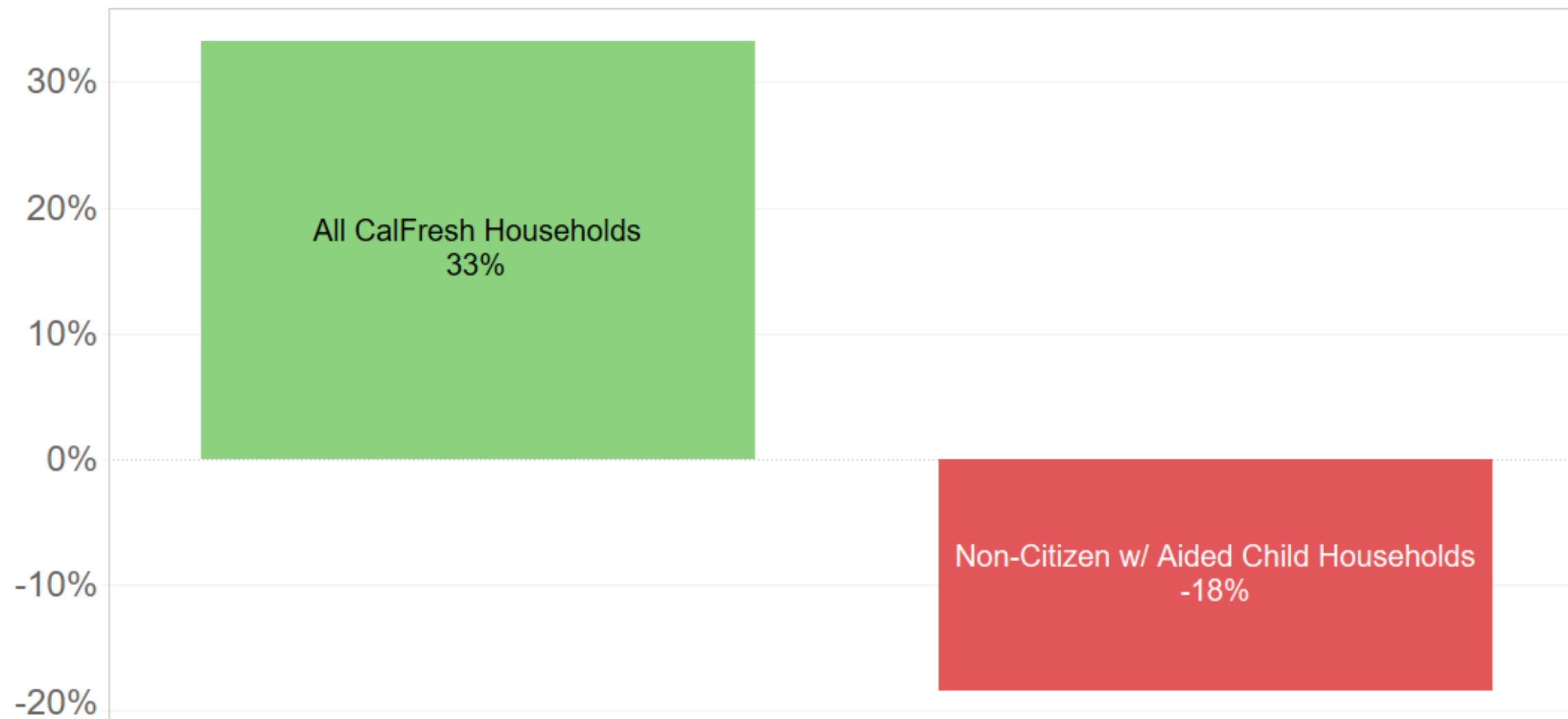
¹Source: Center on Budget and Policy Priorities, [Building an Equitable Recovery Requires Investing in Children, Supporting Workers, and Expanding Health Coverage](#)

²Source: Stanford University: [Why Is There So Much Poverty in California?](#)

Impact of Proposed Public Charge Rule

Rebuilding Eroded Support for Undocumented Immigrant Households

Percentage Change in CalFresh Participation of All CalFresh Households vs. Non-Citizen Adult w/ Aided Child Households in Contra Costa, March 2017 to May 2021



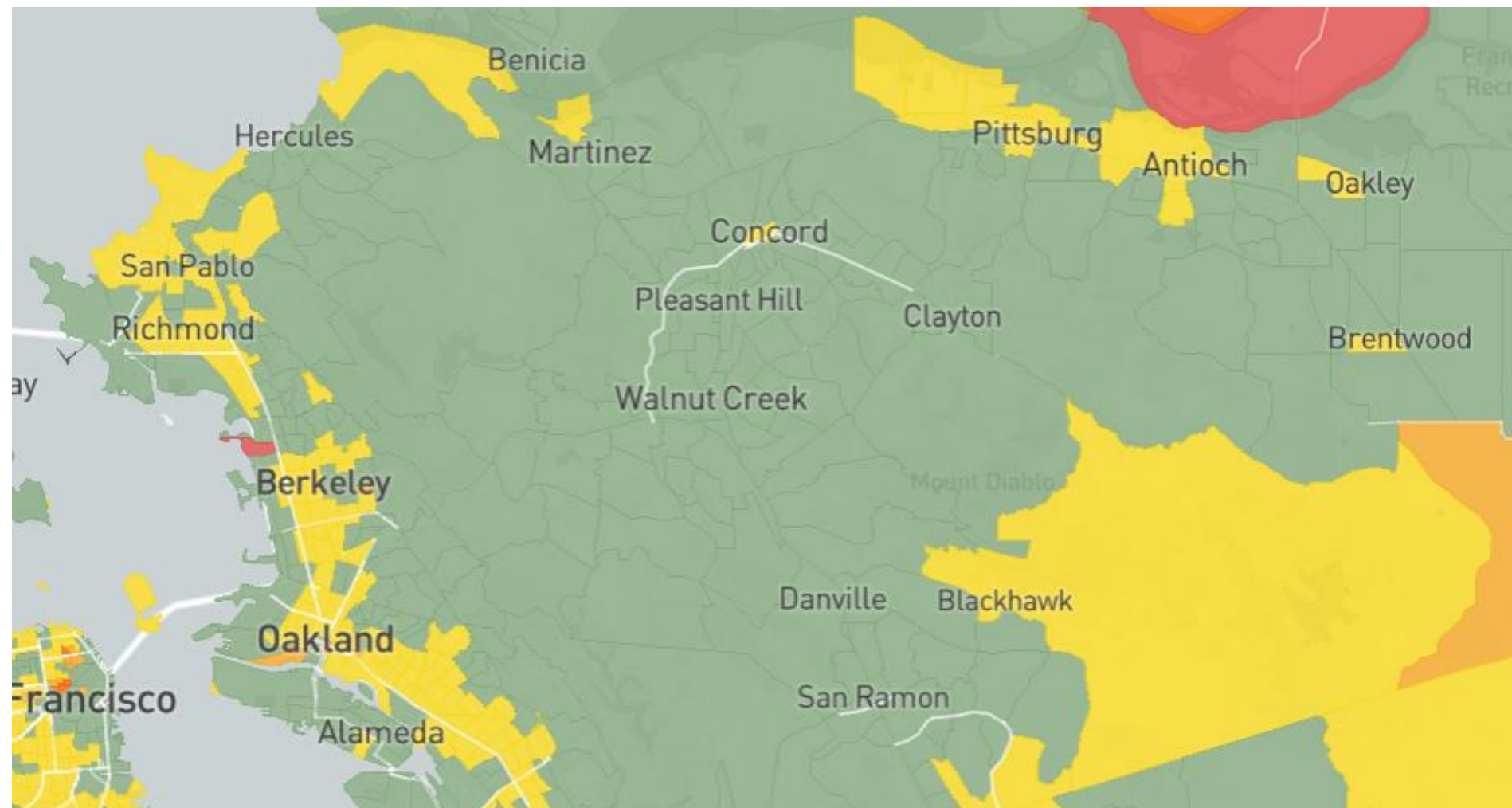
Source: Analysis of CalWIN Caseload Data from March 2017 to May 2021.

Impact of proposed Public Charge rule change and lingering effects: Analysis suggests that while CalFresh caseloads have increased by 33%, the **share of aided children with a non-citizen adult has decreased by 18%**.

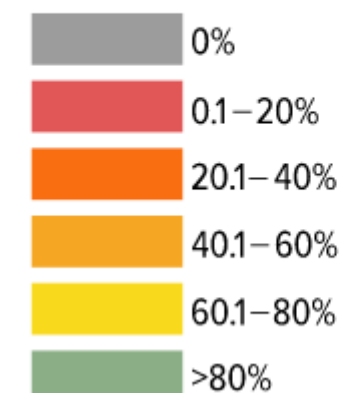
While there are encouraging signs at State level for Medi-Cal, undocumented immigrants still face **significant barriers** to accessing critical services such as CalFresh, and cash assistance and wrap-around supportive services offered by CalWORKs.

Access to Technology and Internet

The Digital Divide



2018 Rate of households with broadband subscriptions



Source: EdSource.org
Interactive Map: [Internet subscription rates in California](#)

Although access to broadband has increased overall in recent years, several areas of our County have between 60-70% broadband adoption, which means that **up to 40% still do not have broadband** access in these areas. These areas tend to have higher concentrations of African American, Hispanic and low-income communities.

EHSD is a Key Partner in Efforts to Close the Digital Divide



Partners with EveryoneOn and California Emerging Technology Fund (CETF) on the *GetConnected Contra Costa* initiative, which provides affordable home internet or low-cost computer equipment to benefit program participants

Over 74,000

Number of text messages delivered to Medi-Cal, CalFresh, and CalWORKs customers in two text campaigns: September 2020 and March 2021

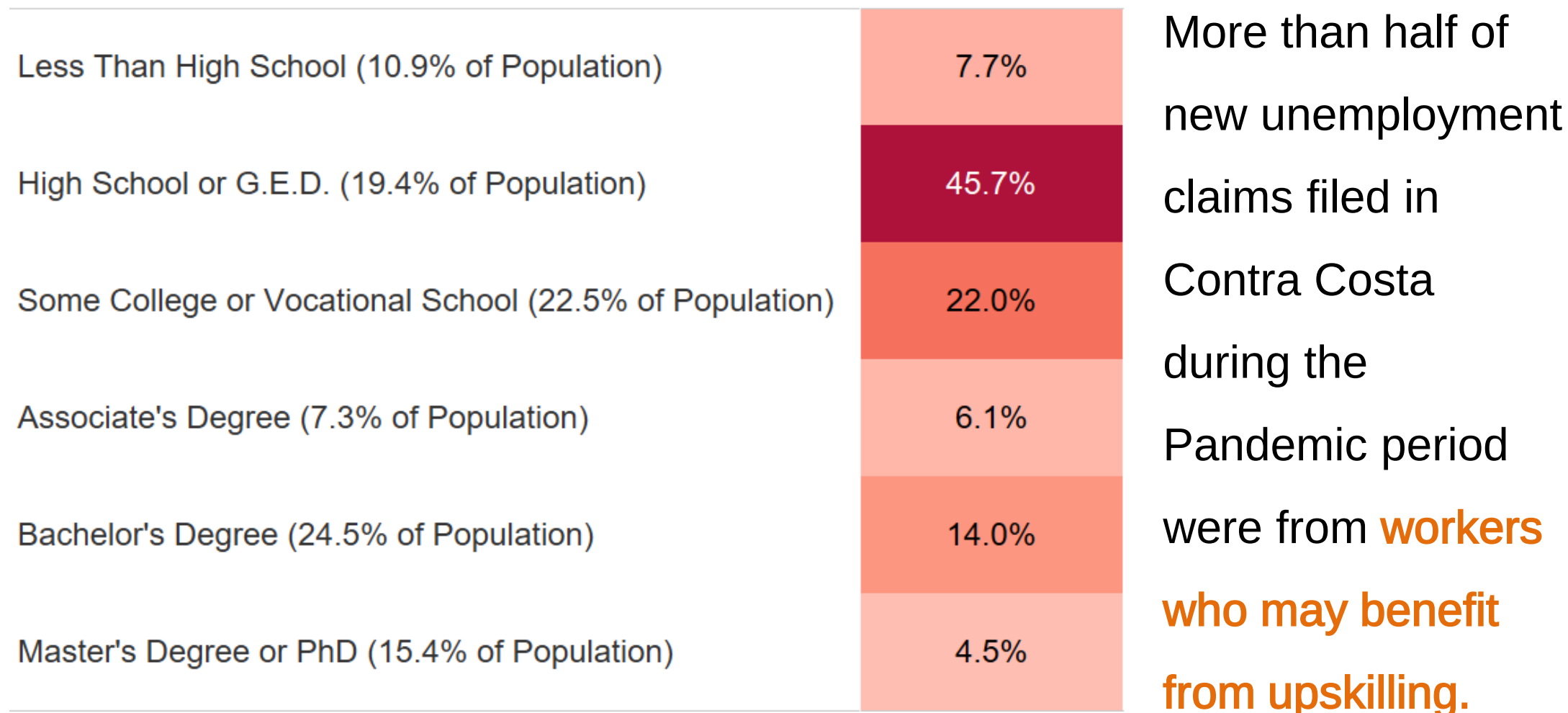
More information on <http://ehsd.org/get-connected-contra-costa>

Unemployment and Workforce Trends

Opportunity Disparities by Skill Level

The Unemployment Rate in Contra Costa has stabilized (6.3% as of May 2021), but it still **remains higher than pre-Pandemic lows**

Share of New Unemployment (UI) Claims in Contra Costa by Educational Attainment, March 2020 to March 2021



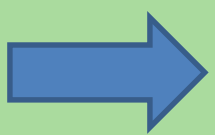
Source: Analysis of [EDD Unemployment Benefits Dashboard](#) Demographics Data

California Workforce Association Shared Aspirations for 2021



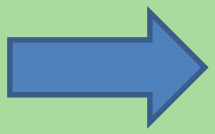
"We're not going back to the same economy"
– Jerome Powell, Federal Reserve Chairman

The WDB rises to a pivotal position post-pandemic, BUT it needs "game-changing" funding to achieve equity



To support Businesses

Especially small and minority-owned businesses and under-invested communities



To support Job Seekers

Self-sufficient careers and a path to the middle class

Emerging Themes & Trends in Federal & State Policy



- Federal Stimulus Relief (e.g. CRRSAA and American Rescue Plan including \$224 million CRSLRF Allocation to Contra Costa County)
 - Investments in Child Care and Early Childhood Learning
 - Expanded CA Rent Relief and Extension of Eviction Moratorium
 - Expansion of Access to Broadband and Technology
 - Expansion of Behavioral Health & Crisis Care Funding
 - Investments in Housing & Homelessness Programs
- Healthy California for All:
 - Full-coverage Medi-Cal expansion to Older Adults Age 50 and older regardless of immigration status
 - Elimination of the Asset Test

Gaps

- **Housing burden**
 - 40% of black households spend more than 50% of their income on housing vs. 23% of white households¹.
- **Affordable quality child care**
 - The average cost of child care for annual full-time infant care was **\$19,460** in a licensed child care center and **\$12,543** for a family child care home (California Child Care Resource & Referral Network)².
- **Dedicated access to mental and behavioral health supports and treatment**
- **Higher touch assistance** for families and individuals navigating safety net network while in crisis

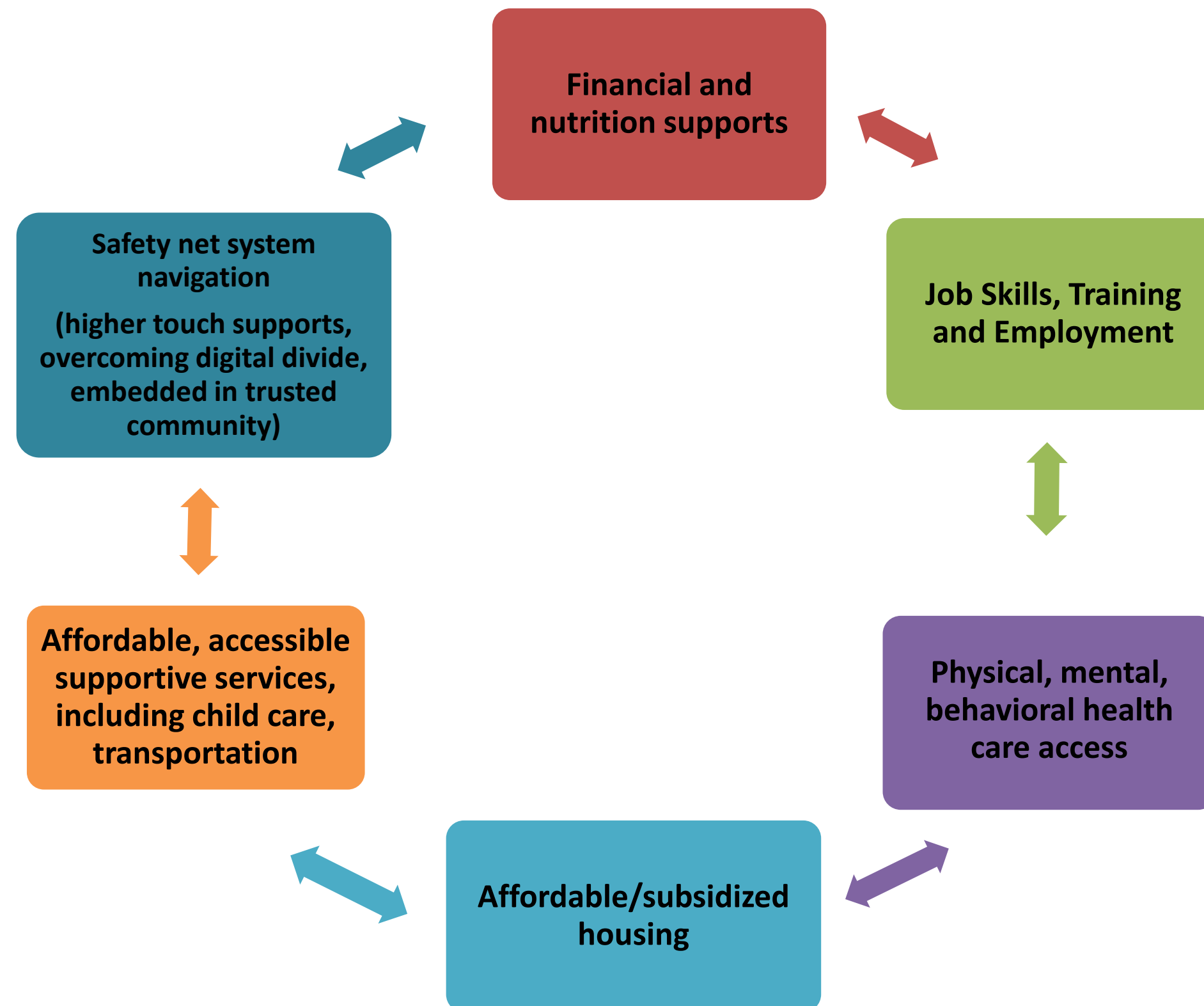
¹Source: Bay Area Equity Atlas, [Housing Burden Dashboard](#)

²Source: California Child Care Resource & Referral Network, [Child Care Portfolio](#)



Safety Net Intersections

Strengthening the Safety Net for Vulnerable Individuals and Families in Contra Costa



Bold Transformational Ideas

Explore a **Universal Basic Income Pilot** to leverage state match funding in FY 2021/22 budget.

Establish a **Subsidized Employment Program for CalFresh-eligible Individuals** to leverage 50% match funding available in October 2022.

Conduct market analysis to develop outreach strategies for CalFresh and MC programs to identify eligible yet unenrolled with underserved populations in the County.

Expand **EHSD Navigator program** to assist individuals and families in crises to enroll in safety net programs and connect with community resources necessary to stabilize.

Increase baseline funding request for **Workforce Development Board** to provide outreach and support for small businesses and under-invested communities, and expand subsidized employment opportunities and supportive services for marginalized communities.

Convene a **safety net partnership group** to establish a safety net strategic plan.

Profile of Success

A coordinated system of support ensures that all people in Contra Costa County benefit from:

- Secure housing and nutrition
- Access to good jobs
- Affordable health care, child care and education

No matter where they live, the color of their skin, or their families' income.



Questions?



Building Brighter Futures Together...



DEPARTMENT OF CHILD SUPPORT SERVICES (DCSS)

A SAFETY NET PROGRAM

PURPOSE STATEMENT: WE LISTEN TO, RESPECT
AND SUPPORT OUR CUSTOMERS SO THAT
CHILDREN CAN RECEIVE THE EMOTIONAL AND
FINANCIAL SUPPORT THEY NEED TO THRIVE.

SERVICES: We assists parents and guardians by
establishing and collecting child and medical
support for minors.

DCSS BASICS

- We establish and enforce child support obligations for all parents receiving public assistance and individuals requesting our services
- We provide legal and accounting services
- We are fully Federal and State funded

SCOPE OF OUR PROGRAM

- Total Cases: 25,147
- Total Case Participants: 80,001
 - Parents Paying Support: 22,558
 - Persons Receiving Support: 22,032
 - Dependents: 35,411
- Total Collections for 2019-2020 FFY: \$81,511,424

PARTICIPANTS IN NEED OF ENHANCED SERVICES

- Those affected by the COVID-19 Pandemic
- Homelessness / History of mental illness
- Injured and unable to continue in chosen career
- Under employed – “Working Poor”
- Prior criminal background
- Those that can’t work due to childcare
- Lack of education and training

HOW THESE FACTORS AFFECT OUR FAMILIES

- ✓ Financial Stability
- ✓ Emotional Impacts
- ✓ Mental Health
- ✓ Familial Stability
- ✓ Family Violence
- ✓ Substance Abuse

TARGET POPULATION

Of the 22,558 Parents Paying Support
9385 live in Contra Costa County

90% Male

Where they live: Antioch – 20%, Richmond – 16%, Pittsburg – 13%, Concord – 11%

Ethnicity: Hispanic – 29%, Black – 27%, White – 21%, Not Reporting – 13%

22% Have a Record of Incarceration

45% Have no Active Employment

Data as of Feb 2021

WHAT CAN BE DONE?

- ❖ Strengthen relationships with other agencies
- ❖ More in-depth partnership with Workforce and Employment & Human Services
- ❖ More proactive and focused approach to those directly affected

BRIDGING THE GAP

- Specific Navigator or Navigation team to focus on streamlining services directly to those affected
- Proactive approach to guide those affected through direct outreach
- Educating customers on opportunities and services
- Introductions of those affected to agencies and services to directly aid in their situations

BOLD IDEAS

- Create a Position/s that directly works one-on-one with affected individuals (“Warm Handoffs”)
- Placement of staff within Workforce and Human Services locations (“No Wrong Door”)
- Hand-in-Hand partnership with external and internal agencies to better the quality of life in our community

CONTACT INFORMATION

- Matt Brega Chief Assistant Director/Supervising Attorney
matt.brega@dcss.cccounty.us
- Salina Mansapit Lead Child Support Specialist
salina.mansapit@dcss.cccounty.us
- Mike Oliver Child Support Specialist
mike.oliver@dcss.county.us

Equitable Economic Recovery Task Force

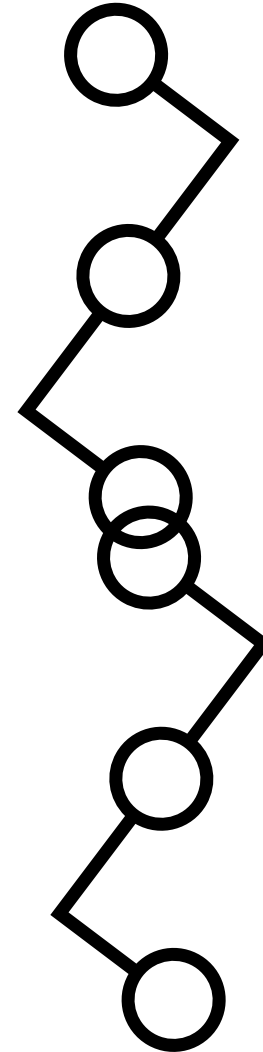
Measure X Recommendations | Guaranteed Income Pilot



Workforce
Development Board
Contra Costa County

About the task force

- ✓ Convened issue experts and regional leaders online
- ✓ Hosted 16 meetings in 11 months
- ✓ Educated on latest research and economic data
- ✓ Discussed problems and solutions
- ✓ Advocated on shared priorities



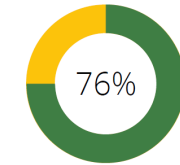
Issues addressed

- Guaranteed income
- Work-based learning
- Small business support
- Access to broadband
- Childcare gaps
- Economic mobility
- Rental assistance
- Affordable housing
- American Rescue Plan

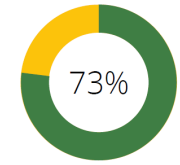
Those behind on rent are overwhelmingly low-income households that have experienced job & income losses.

*National Equity Atlas, Rent Debt Dashboard, updated May 12-24, 2021 Census Household Pulse Survey

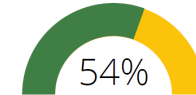
For California:



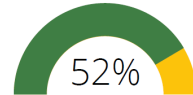
People of Color



Low Income (<\$50k)



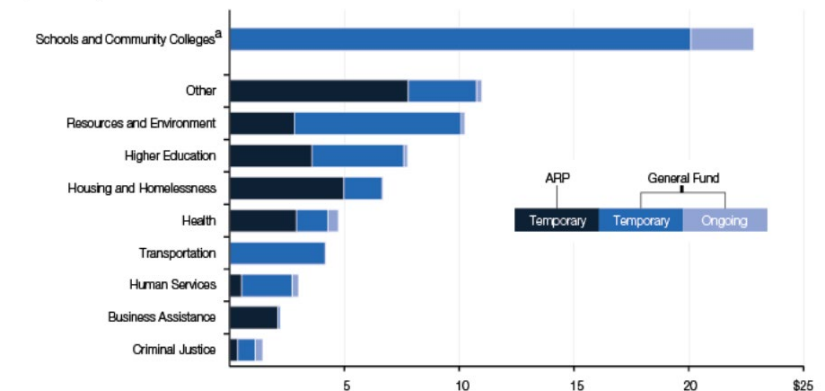
Unemployed



Lost Employment Income

Figure 2

Governor's Major Spending Choices in 2021-22 May Revision
(In Billions)



^a Proposition 98 spending—includes General Fund and local property tax revenue.

ARP = American Rescue Plan.

Task Force Recommendations

1. Guaranteed Income Pilot

2. Early Education

- Funding for childcare slots
- Incentive grants tied to professional development

3. Economic Development

- Technical assistance to very small businesses (CCCWFDB)

4. Workforce Development

- Technical assistance and support for companies/organizations to create paid-internships (CCCWFDB)
- Expansion of the CCC paid internship programs
 - Health careers pathway program



Virtual Convening

- Former Stockton Mayor Michael Tubbs spoke about the Stockton Economic Empowerment Demonstration (SEED)
- SEED gave 125 randomly selected residents, \$500 per month for 24 months



What is guaranteed income

- Creates a built-in income floor for those with low and/or inconsistent income
- Rooted in trust, agency and self-determination
- Recognizes this is an opportunity for increased risk-taking and goal-setting
- Recognizes the impact of poverty on health
- Poverty reduction effort focused on specific group (transition-age youth, reentry population, pregnant women)

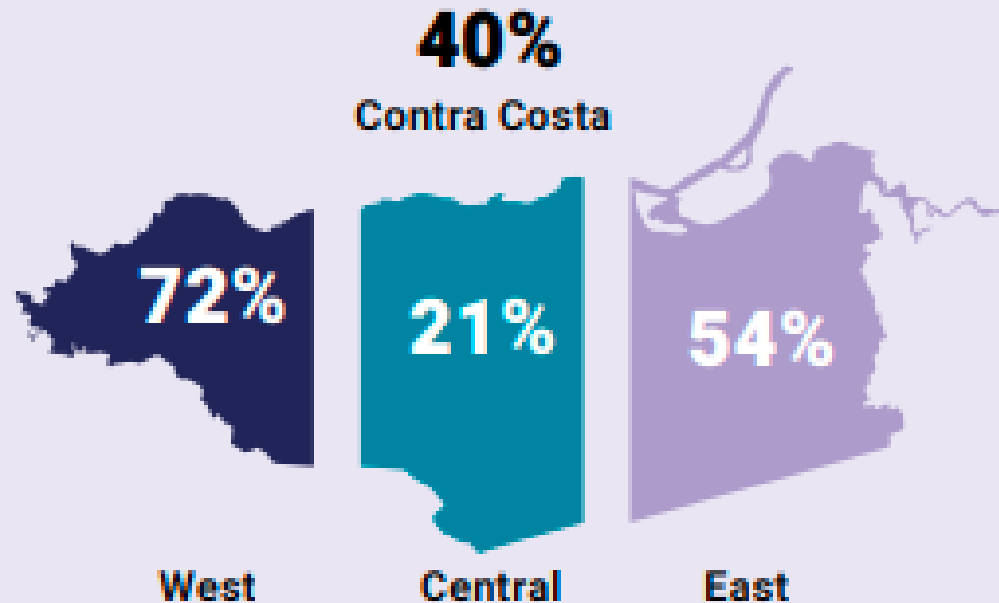


Opportunity Gap in Contra Costa

Child poverty varies widely across the county.⁴

Low-income students

Students who are eligible for free & reduced-price meals, with family annual income under \$46,500.⁵



[View the full infographic >>](#)

Historical Context

History in the US



- Nixon's Family Assistance Plan
- The Alaska Permanent Fund
- Magnolia Mother's Trust

Where we are today

- Mayors for a Guaranteed Income
- Oakland Resilient Families
- LA \$24-million Basic Income Guaranteed program
- Compton Pledge
- Abundant Birth Project

Potential Funding

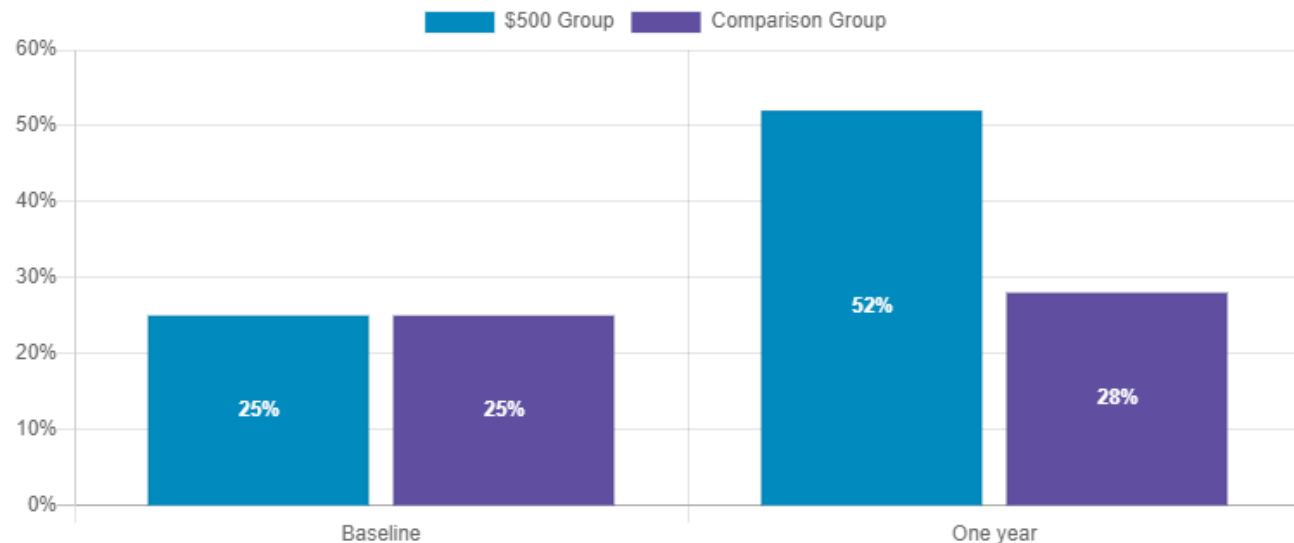
Group	Income	Length of time	Funding need
100	\$500	24 months	1.2 Million
200	\$1000	24 months	4.8 Million
150	\$500	18 months	1.35 Million

Additional Resources

SEED | Key Findings

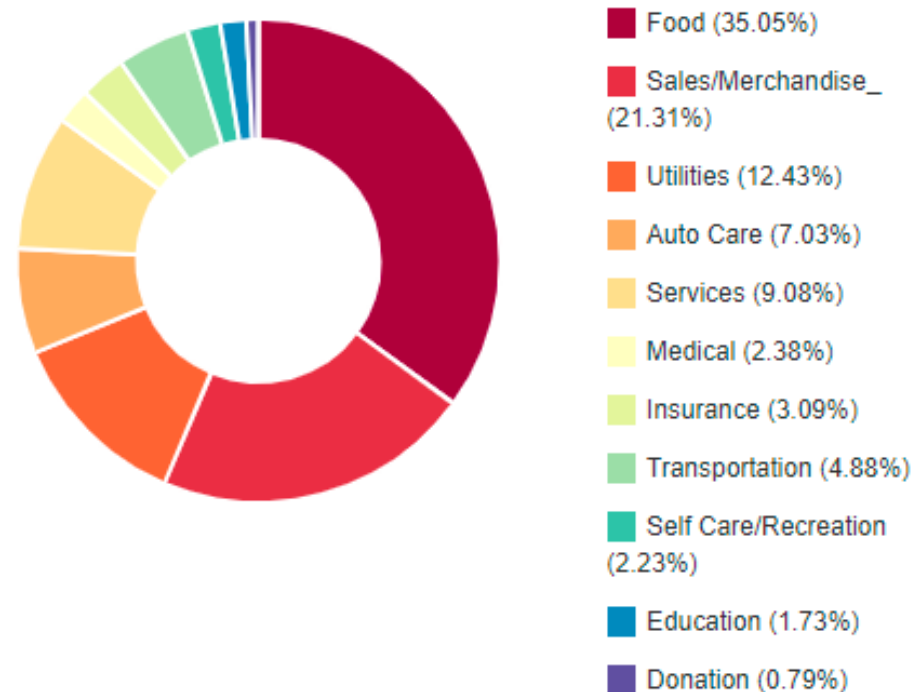
INCOME VOLATILITY

Would pay for an unexpected \$400 emergency expense with cash or a cash equivalent



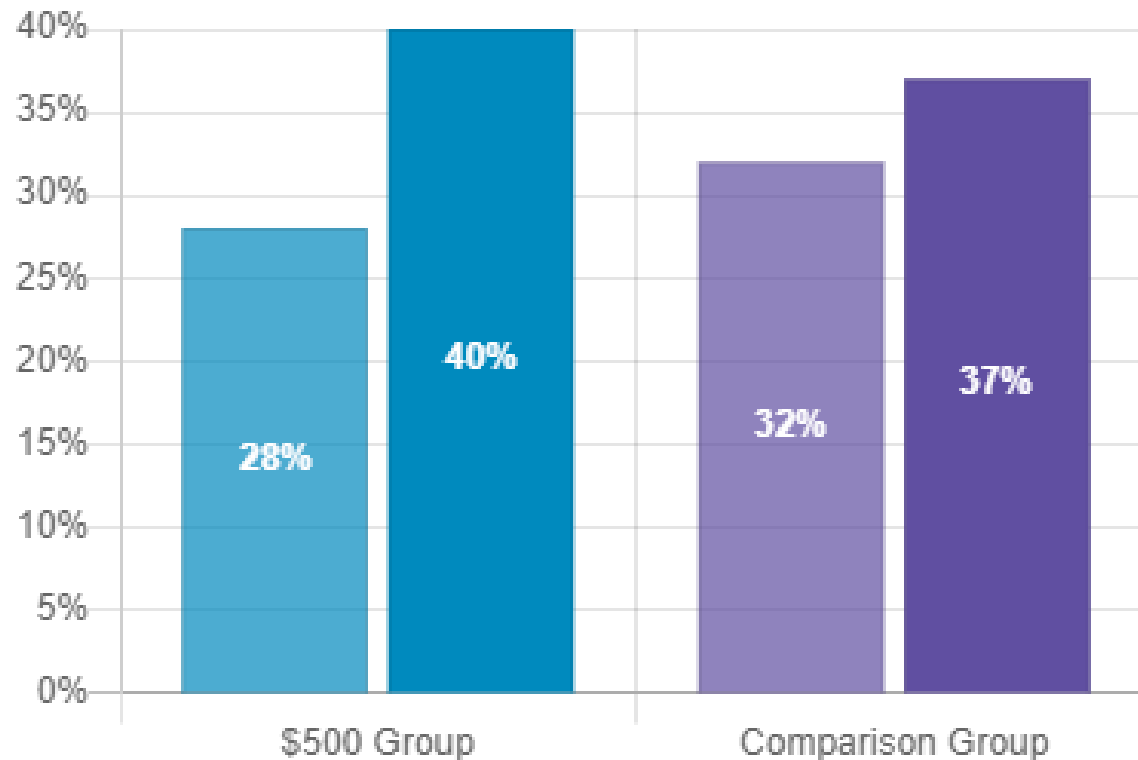
SELECT MONTH ▼

JANUARY 2020



SEED | Key Findings

SHIFT TOWARD FULL TIME EMPLOYMENT



EMPLOYMENT AND RISK-TAKING

- The \$500 removed material barriers to full-time employment and created capacity for goal-setting and risk-taking
- The scale of risk-taking and goal-setting was somewhat curtailed by limits of care-work

“I think one thing is definitely risk. You can take so much risk. I - there was a time, I - the only reason I believe I got the internship was because of me taking the risk of not - of having to quit a job before and knowing that I have that money. . I could sustain myself until this new opportunity came around, and I was able to take it.”

[Full report available here >>](#)

Magnolia Mothers Trust | 2020 Key Findings

While the most devastating effects of the COVID-19 pandemic continued to play out particularly for low-income families and communities of color, the women of The Magnolia Mother's Trust were able to meet their basic needs, prioritize their health and the health of their family, and had the agency to make decisions for their family as they saw fit.



The ability of mothers to pay all their bills on time increased from 27% to 83%

While prior to the start of the program, mothers reported relying heavily on borrowing from friends, families, and emergency lending institutions to make ends meet, receiving the monthly stipend allowed women to stop relying on borrowing as a way to manage their monthly budgets and proved to be particularly crucial in light of higher bills and expenses due to the COVID-19 pandemic. Additionally, more mothers reported having money saved for college and retirement by the end of the program.

Magnolia Mothers Trust | 2020 Key Findings



The percentage of mothers who had money saved for emergencies increased from 40% to 88%.

While low-wage jobs had always left mothers with barely enough to cover bills and basic needs in the past, the additional stipend provided an opportunity to start saving in preparation for their family's future and for their own goals including starting their own businesses, moving out of affordable housing, and paying off debt.

Magnolia Mothers Trust | 2020 Key Findings



Mothers reported an increase from 64% to 81% in their ability to have enough money for food

This is particularly significant given rising food costs for families during the COVID-19 pandemic and children eating more meals at home. Additionally, there was an increase in mothers reporting that there was always enough food for all members of the household and being able to prepare food at home versus fast food. During the program, mothers reported being able to budget up to \$150 more for food and household costs resulting in lowered food insecurity and struggles with basic needs.

[More information here >>](#)

Relevant resources

- [Oakland Resilient Families](#)
- [Magnolia Mother's Trust](#)
- [Nixon's Family Assistance Plan](#)
- [The Alaska Permanent Fund](#)
- [Mayors for a Guaranteed Income](#)
- [LA Guaranteed Income Pilot Program](#)
- [Compton Pledge](#)
- [Abundant Birth Project](#)



July 14, 2021



Measure X Presentation: Working Towards Improved Employment and Food Insecurity Outcomes in Contra Costa County

Dr. Carole (“DC”) Dorham-Kelly, Chief Executive Officer, [c](#)
Kimi Barnes, Special Programs Manager, kimib@rubiconprograms.org

Rubicon's Theory of Change

Help participants achieve lasting economic mobility and as a result reduce recidivism



Contra Costa Workforce Collaborative

- Rubicon acts as the lead agency among nine official partners to operate the *America's Job Centers of California (AJCC)* on behalf of the CCC Workforce Development Board
- As the lead agency, Rubicon operates the main AJCC in Concord and provides career coaching staff at each adult education site and Los Medanos college
- Through the collaborative, individuals access general and intensive WIOA services through one of 12 access points throughout the County
- WIOA Services include:
 - Career assessments and advisement
 - Intensive Case Management
 - Job search and placement support
 - On the job training opportunities
 - Paid training programs

Collaborative Partners/Access Points

Non-Profit Workforce Agencies

- *Rubicon Programs (Concord and Antioch locations)*
- *Lao Family Community Development*
- *Opportunity Junction*
- *San Pablo Economic Development Corporation*

Local Community Colleges

- *Contra Costa College*
- *Los Medanos College*

Adult Education Partners

- Liberty Union
- Martinez
- Mt. Diablo
- Antioch
- Pittsburg

Contra Costa Workforce Collaborative

- Provide at least an additional 50% of Workforce Development Board formula funding (approx. \$700,000 in FY 2021-22) to provide:
 - ✓ Supplemental supportive services
 - ✓ Staff development and training
 - ✓ Population specific services (undocumented, justice impacted, disabled, public benefit recipients, etc.)
 - ✓ Opportunities for retention and advancement support
 - ✓ Increased support of CCWC since \$500k in additional assistance funding from FY 2020-21 is no longer available to support the work of the collaborative
- Establish a \$1,000,000 Training Support Fund for stipends to adult residents participating in education and training programs for support lasting at least six months and up to one year

CalFresh Employment and Training

- Increase access to CalFresh and provide CalFresh recipients with access to supportive services that reduce barriers to increased skills or credentialing opportunities
- Since 2016 Rubicon has partnered with the Foundation for California Community Colleges to provide the E&T “Fresh Success” program to eligible CalFresh Recipients that are:
 1. Participating in Rubicon’s programs, and
 2. Students at Diablo Valley College (“DVC”)
- Annual budget for “Fresh Success” grant at DVC is about \$200,000 and grant is set to end September 2021
- Financial model: The federal gov’t returns a portion of the costs used to implement an E&T program to be further invested in that E&T program

CalFresh Employment and Training

Student comments on Fresh Success:

- ✓ "It has helped me be able to achieve schooling that I wasn't able to do before. I feel that I can have a future now."
- ✓ "Fresh Success helped me feel confident that I could commit myself to a career certificate program while still being able to take care of my family."
- ✓ "I would have dropped out without my basic needs being met with the help of the Fresh Success program."
- ✓ "I am not sure how I would have made it without having all these benefits. I had never received the EBT card benefits in the past and was a little embarrassed in the beginning; but now it is normal for me to slide the card for food and pay for the non-food items. It is nice to be able to go to the store and get food from the market like everyone else. This has truly made a difference in my health in my health to have good reliable food to eat and books to read to continue to be successful at DVC."

CalFresh Employment and Training

- *What we've learned through surveys of participants:*
 - ✓ Food insecurity had a much more significant relationship to sense of self-efficacy than homelessness or employment status
 - ✓ Involvement in the DVC program improved “student persistence” from one semester to the next when compared to each student’s prior academic performance
 - ✓ 90% of recent DVC participants reported “Fresh Success has helped reduce barriers for me so that I can stay in college”
- *CalFresh Employment and Training funding opportunity in Contra Costa:*

Provide at least \$750,000 to continue support of Fresh Success at DVC and expand the program to students at other schools and eligible training programs throughout the County



COMMUNITY NEEDS

INPUT FROM JOB SEEKERS AND ALUMNI
DURING THE COVID-19 PANDEMIC



OPPORTUNITY JUNCTION

WHAT WE DO



WHO:

Motivated Contra Costa job-seekers

WHAT:

Develop the skills and confidence to launch careers that lead to financial security.

HOW:

Provide training, support, experience, and employer introductions.



Since 2000:
Administrative Careers Training (ACT)



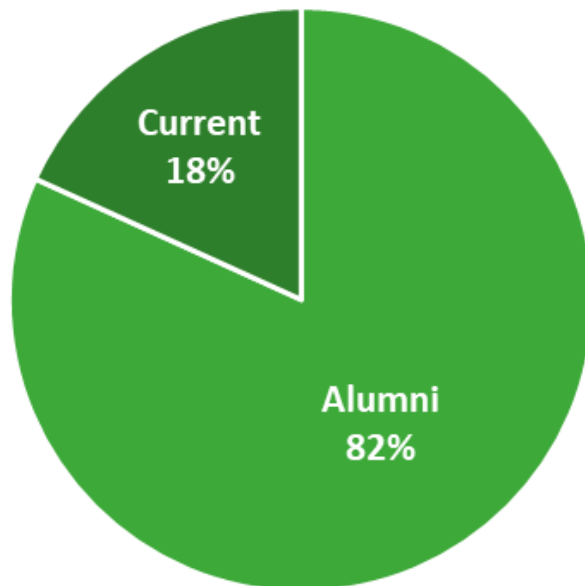
Healthcare Career Pathways partnership
Certified Nursing Assistant (CNA) training

WE SENT 813 SURVEYS

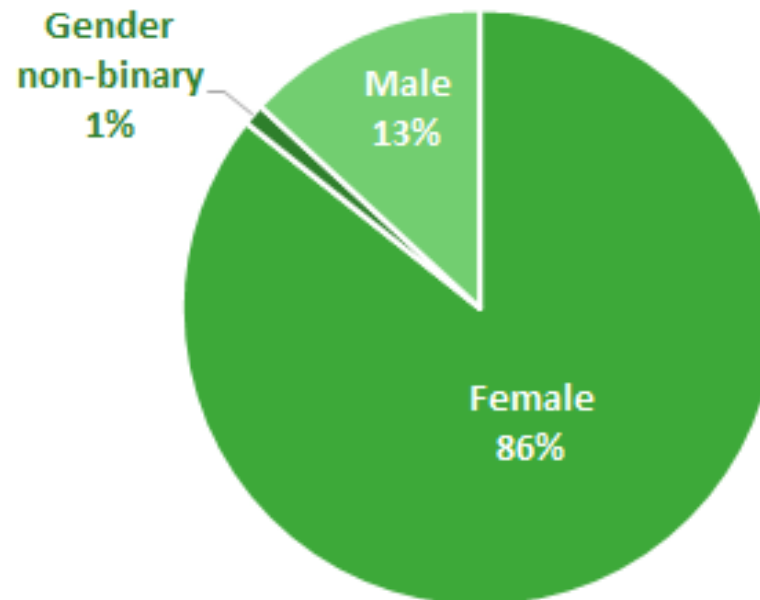
258

Responded

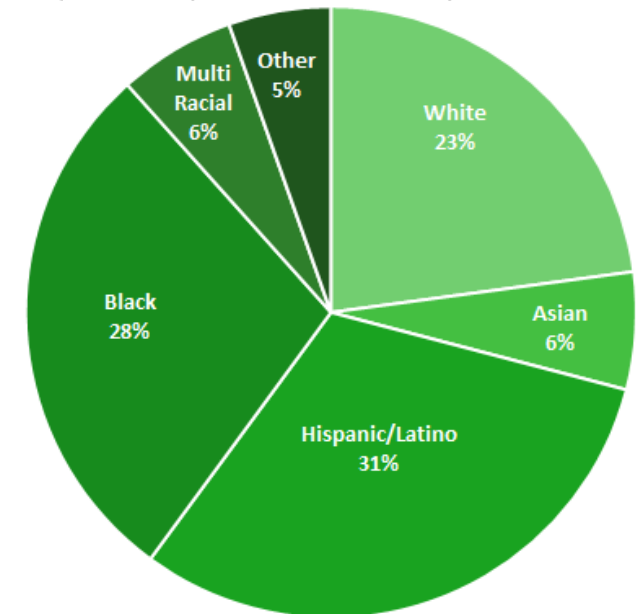
Respondents by Status



Respondents by Gender

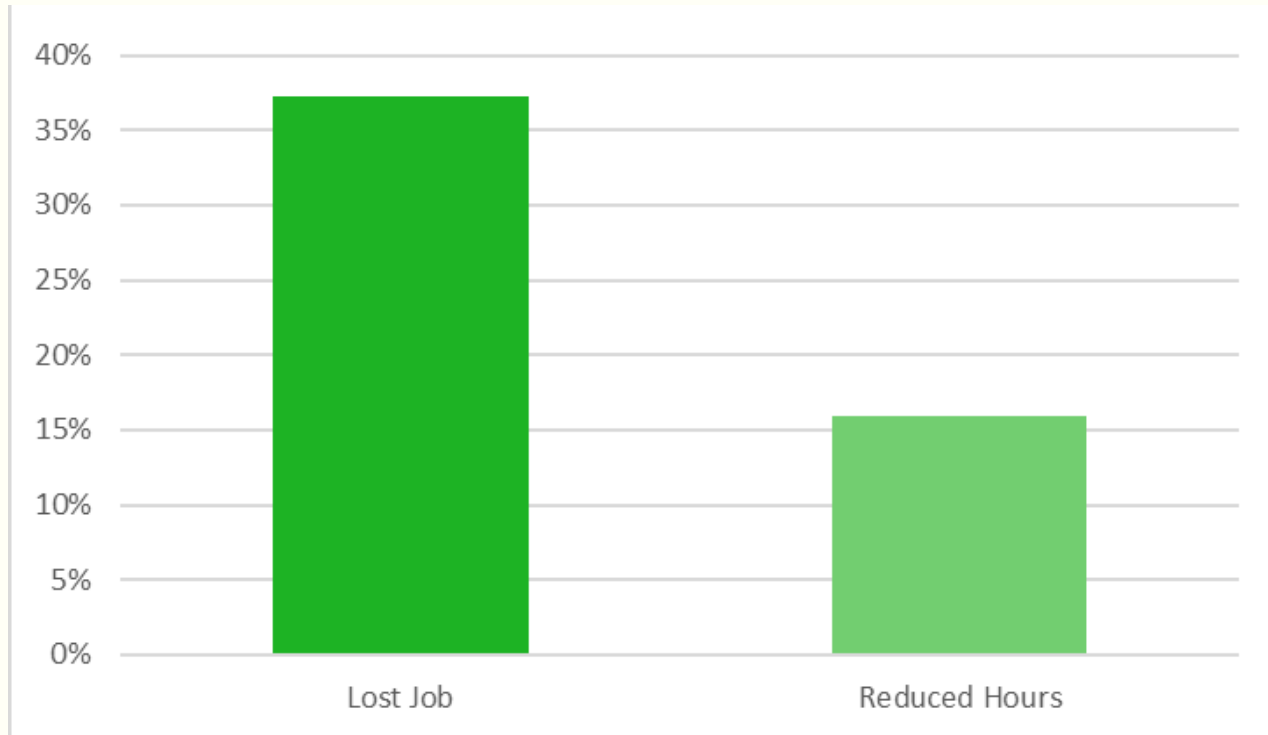


Respondents by Race



COVID-19 EMPLOYMENT IMPACT

IMPACT ON ALUMNI/



IMPACT ON HOUSEHOLD MEMBER



TOP 4 NEEDS ASSESSMENT



77%
EMPLOYMENT



52%
HOUSING

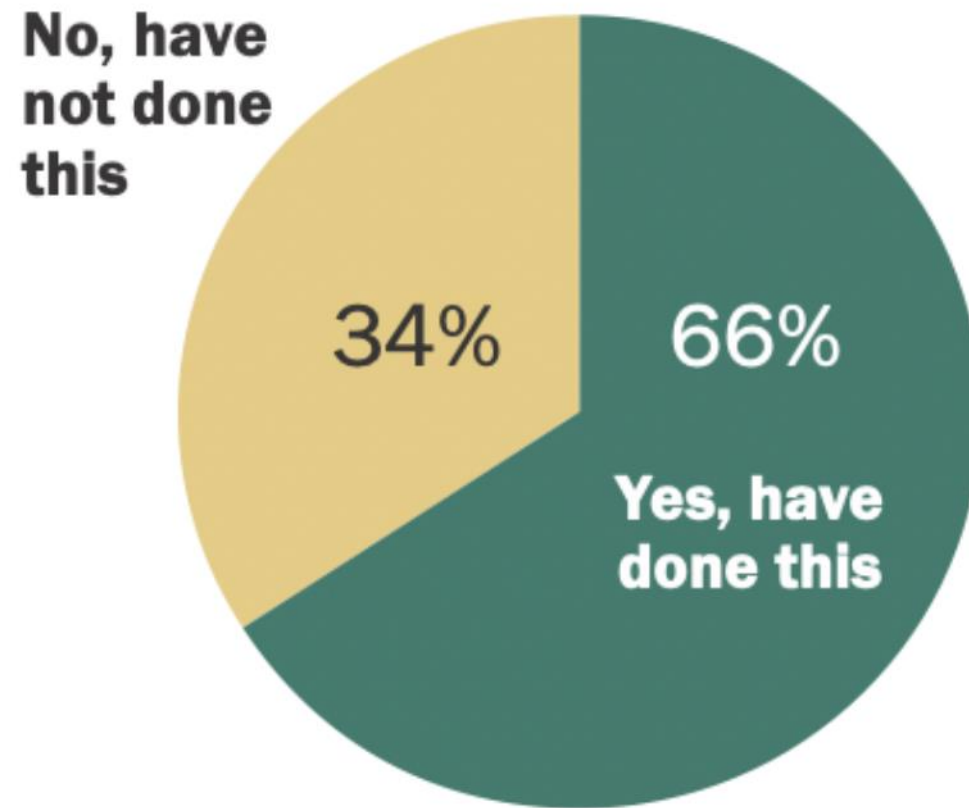


43%
FOOD



43%
TECHNOLOGY

Pew: Most unemployed adults have seriously considered changing their field or occupation

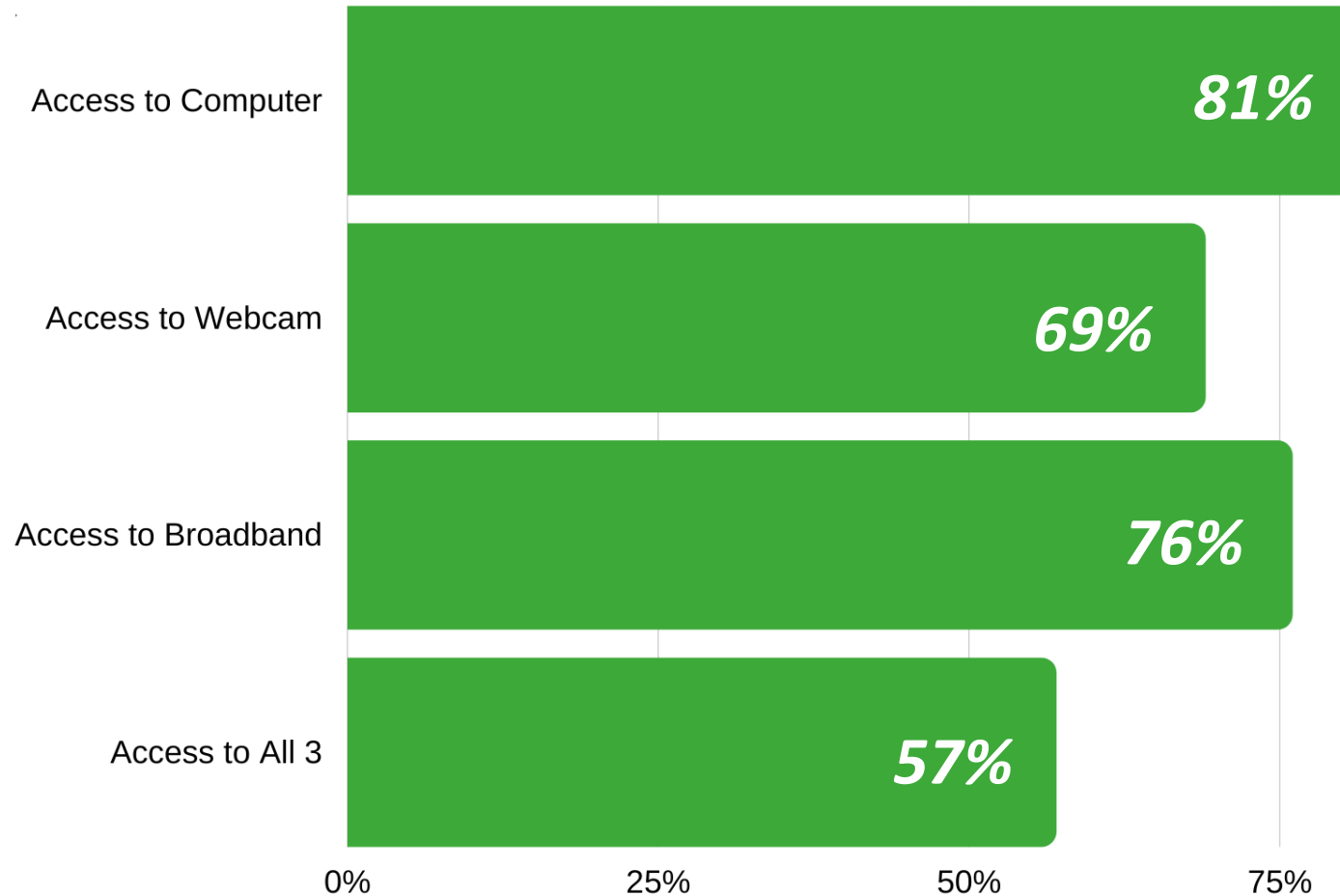


Note: Based on adults who are unemployed, furloughed or temporarily laid off and who are currently looking for work. Share of respondents who didn't offer an answer not shown.

Source: Survey of U.S. adults conducted Jan. 19-24, 2021.

PEW RESEARCH CENTER

TECHNOLOGY NEEDS





Thank You

Alissa Friedman

alissa@opportunityjunction.org

(925) 775-0307

SOLVING HUNGER
TODAY,
IMPROVING HEALTH
OUTCOMES
TOMORROW

Food is Medicine



Food Bank of Contra Costa and Solano

OUR MISSION

Leading the fight to end hunger, in partnership with our community and in service of our neighbors in need.

OVERVIEW

The Food Bank has been fighting hunger in Contra Costa and Solano counties for more than 45 years. With its headquarters in Concord, the Food Bank provides food through direct distribution sites seven days per week and partners with 174 nonprofit agencies in Contra Costa County. The Food Bank serves an average of 175,000 Contra Costa residents each month.



Hunger In Contra Costa County



94,000+

Adults who are food insecure



1 in 10

Children are food insecure



\$195,125,858

Additional healthcare costs associated with food insecurity

Hunger's Devastating Impact

HUNGER IMPACTS



A child's ability to learn
and focus in school



A child's cognitive and physical
development at ages 0-3, a
critical period of rapid growth



A person's social and behavioral
response in stressful situations



A person's physical, emotional
and social preparedness for
the workforce



A family's health—those without
enough food are more likely
to be hospitalized or experience
health crises

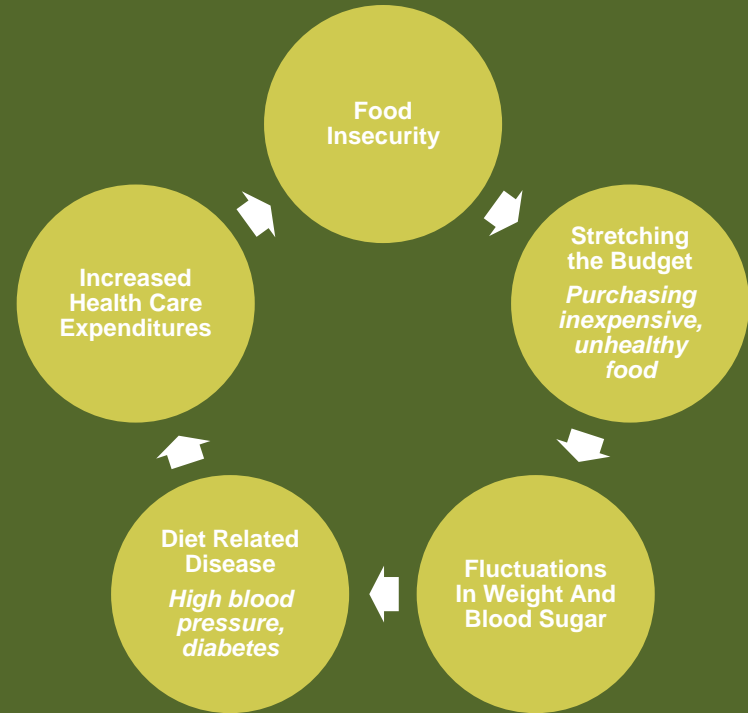
Hunger Creates an Unhealthy Cycle

Food-insecure households surveyed
by Feeding America report:

79% Purchase inexpensive,
unhealthy food

58% Report a member with
high blood pressure

33% Report a member
with diabetes



Race, Food Insecurity and Health

- African Americans are twice as likely to die from diabetes and 30% as likely to die of heart disease.
- According to Feeding America, before the pandemic, Latinos were almost twice as likely to face food insecurity; 19% of Latino children are at risk for hunger.
- In Contra Costa County, 19 of the 20 census tracts with the highest levels of poverty in 2018 have a majority of residents identifying as people of color.



What is the missing piece?

Sufficient support for food-insecure people suffering from or at risk for nutrition-related chronic diseases in Contra Costa County.

In May 2020, the Bay Area Equity Atlas reported that essential workers in the Bay Area are “disproportionally low-income, Latinx, Black, Filipinx, women of color and immigrants(who) face economic and social vulnerabilities.”



Objective

Prevent chronic and diet-related diseases associated with food insecurity in partnership with Contra Costa County Health Services and community partners.



Transformational Idea

Launch a Mobile Food Pharmacy in Contra Costa County to offer nutritious, medically-tailored food to at-risk individuals.



The Food as Medicine Continuum:
Connecting standard healthcare interventions to a healthy community food system

Medicine



Food as Medicine

Medicine
Prescription



Meal and Food
Prescription



Patient
Outreach



Community
Outreach



Strong Community
Food System

Patient
Education



Community
Engagement



Contra Costa's Mobile Food Pharmacy

- The Mobile Food Pharmacy program will serve low-income individuals in Contra Costa County flagged by healthcare providers as food insecure and in a position to benefit from a targeted nutrition intervention in order to improve health outcomes.
- Currently the Food Bank operates food distributions at four County Health Clinic sites for a total of nine hours a week:
 - Contra Costa Health Center, Martinez: 2nd and 4th Monday of the month from noon-1 p.m.
 - Antioch Health Center: 1st and 3rd Monday of the month from 10-11 a.m.
 - Pittsburg Health Center: 1st and 3rd Thursday of the month from 1:30-3 p.m.
 - West County Health Center, San Pablo: 2nd and 4th Saturday of the month from 2-3 p.m.

Contra Costa's Mobile Food Pharmacy

The Food Bank would launch a dedicated Mobile Food Pharmacy program in Contra Costa County, including:

- Two dedicated distribution trucks.
- Expanded hours of operation at clinic sites from nine hours to 160 hours of service each month at the clinic.
- Additional clinic sites in Brentwood and North Richmond, further expanding our geographic reach and deepening our impact among the County's most vulnerable residents.



IDENTIFYING & ADDRESSING FOOD INSECURITY AT A HEALTHCARE SITE



Proven Track Record

The Food Bank piloted an **award-winning Mobile Food Pharmacy in Solano County**, which has served more than 12,000 households since 2018. In 2019, the program was awarded a National Achievement Award for Health by the National Association of County Government.

"I can still kind of afford some groceries, but its helpful to get a few extras, too, especially if they're healthy." - Kim, Solano County Mobile Pharmacy client

"The Mobile Food Pharmacy was really an answer to food insecurity in our county. It helps folks who are living in food deserts and accessing our medical clinics to have access to healthy food and fresh produce." – Solano County Supervisor Erin Hannigan

See our program in action: [VIDEO](#)



Mobile Food Pharmacy Outcomes

- ✓ Decrease chronic and diet-related diseases among low-income populations
- ✓ Support healthcare partners to screen patients for food insecurity in outpatient settings
- ✓ Connect patients with onsite food assistance resources to reduce barriers to access
- ✓ Increase participation in government food assistance programs (e.g. SNAP, WIC, etc.)
- ✓ Increase knowledge and capacity to address food security as part of treatment plans for high-risk patients
- ✓ Track and compile key learnings to inform and support future decisions and plans.

Estimated Expense

- In order to support the dedicated Mobile Food Pharmacy, we will need to dedicate a driver and purchase two trucks, at an estimated cost of \$200,000 each (\$400,000 total).
- Based on current operating expenses for our Solano Mobile Food Pharmacy, we estimate program administration to be approximately \$400,000 per year, covering food costs, fuel, and staff time.

Year-one cost: \$800,000

Annual operating cost: \$400,000



THANK YOU

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Contra Costa County's Call to Action

PREVENTING INTERPERSONAL VIOLENCE

FEBRUARY 2020

CONTRA COSTA
ALLIANCE
to End Abuse

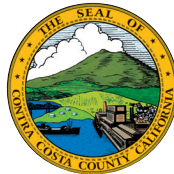
formerly Zero Tolerance for Domestic Violence





CONTRA COSTA
ALLIANCE
to End Abuse

formerly Zero Tolerance for Domestic Violence



The Contra Costa Alliance to End Abuse, an initiative of the Contra Costa County Board of Supervisors, affects systems change that reduces interpersonal violence (domestic violence, family violence, sexual violence, elder abuse, child abuse, and human trafficking) by fostering the development and implementation of collaborative, coordinated and integrated services, supports, interventions and prevention activities.

Learn more at contracostaalliance.org.

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EXECUTIVE SUMMARY

This Call to Action was born out of a collective sense of frustration—the frustration that comes from seeing our families, our neighbors and our fellow community members suffering unnecessarily and all too frequently from the pain and trauma caused by interpersonal violence. But this Call to Action is also a reflection of confidence—the confidence that through collective commitment we can realize a vision of a safe and healthy community where violence is not only stopped but prevented from occurring in the first place.

A FRAMING DOCUMENT

This Call to Action is a living document, intended to be used by individual leaders and organizations to guide action in a coordinated and strategic manner to correct the epidemic of interpersonal violence (domestic violence, family violence, sexual violence, elder abuse, child abuse, and human trafficking). By developing a lasting framework that promotes equity, expands and strengthens partnerships, fosters economic opportunities and ensures community connectivity, we are better positioned to understand and address interpersonal violence.

Most importantly, this Call to Action signals a fundamental shift in how interpersonal violence is addressed. For years, the emphasis has been on limited individual interventions. This document marks a reframing of that work, moving from a series of interventions to a holistic public health approach that focuses on prevention and changing those upstream influences that allow and even foster environments for interpersonal violence. This promises to be a more comprehensive and sustainable approach that simultaneously supports

individuals impacted by interpersonal violence while doing everything possible to build the supports, environments and systems that will significantly and consistently reduce the factors that lead to interpersonal violence.

To achieve this prevention model, we are committed to operating very differently. Successfully addressing the root causes of interpersonal violence necessitates a shift in where we make fiscal, personnel and partnership investments. It demands that we tackle not only immediate problems but also focus on the long-term implications of this violence prevention work. We know that social systems shape lives. It is our job to play a role in building healthier, more supportive and caring systems that foster safety and resilience.

IN PARTNERSHIP WITH COMMUNITY

This Call to Action originates with intense community engagement work. It represents the hundreds of resident voices that we heard in our listening sessions, focus groups and outreach work. Their input, their stories and their wishes informed each of the goals and strategies in this Call to Action.

Because of their willingness to share their concerns, aspirations and insights, this Call to Action solidifies the role of the community in ongoing analysis of root causes and the search for relevant, realistic and actionable solutions. As a consistent partner in this work, the community will keep these efforts focused on the social and economic inequities (such as the income gap, gender and racial inequalities, and health disparities) as the best means of preventing interpersonal violence. Their voice, their lived experiences, and their very real and personal understanding of this issue form the backbone of this Call to Action. That input ensures that all interpersonal violence prevention efforts are appropriately targeted, responsive to new and emerging realities, and truly representative of the community's needs. Just as the shift to a prevention model reframes our work, the dedication to working in constant and authentic partnership with our communities transforms how we operate and succeed.

WORKABLE STRATEGIES

The goals and strategies outlined in this Call to Action represent workable solutions grounded in the lived experiences of the community, emerging brain science, and best practices garnered from around the nation. Prevention Institute, a national nonprofit, was instrumental in guiding, shaping, and providing evidence-based research to inform this document. Goals and strategies are realistic, transformative and impactful. They were designed specifically to engage multiple sectors in increasing resilience factors and reducing risk factors to transform the eco-system that surrounds acts of interpersonal violence. As such, they address environmental and systemic approaches and policies that can lead to sustainable positive changes in Contra Costa County. In a nutshell, what surrounds us shapes us, our behaviors and our actions.

RECOMMENDATIONS

This Call to Action is intended to promote a greater shared vision for preventing interpersonal violence within the county, and increased capacity and readiness for collaborative action and systems change. The document is part of an ongoing journey of building relationships, understanding and trust, and aligning resources to prevent interpersonal violence and the broader factors that perpetuate it.

Everyone has a role to play in this critical work. Realizing a county free from violence in our homes, schools, workplace and neighborhoods requires leaders and organizations throughout the county to rethink their present approaches to interpersonal violence and embrace the best practices and guiding factors outlined in this document.

With technical support from the Alliance to End Abuse our formal Call to Action for organizations throughout the county over the next 18 months is to:

1. Learn about the “public health prevention frame” as described in this document and commit to partnering with the community on this work
2. Examine what your organization is currently doing to address violence prevention and identify what resources (staffing, funding, time) are being allocated to violence prevention approaches
3. Increase your allocation of resources for violence prevention efforts grounded in a public health frame by 20 percent each year
4. Actively seek out opportunities to align with other organizations to magnify the power of your prevention efforts

BACKGROUND

Contra Costa County has a rich history of efforts to build safety and prevent interpersonal violence.

In 1994, the County Board of Supervisors adopted “Preventing Violence In Contra Costa County,” a Countywide Action Plan and Framework for Action, developed by the Contra Costa County Health Services’ Prevention Program, and passed by county voters.ⁱ In 2001, the Contra Costa Board of Supervisors created a countywide public-private partnership to address and prevent interpersonal violence, elder abuse and child abuse, the Alliance to End Abuse (formerly Zero Tolerance for Domestic Violence). This Call to Action builds on these efforts, with a distinct emphasis on prevention. It reflects a commitment to leveraging and aligning existing work and leadership related to violence prevention that is provided by community-based organizations and other nongovernmental entities.

The Call to Action also seeks to align with complementary countywide efforts, such as Envision Contra Costa 2040, the County’s new General Planⁱⁱ, and the Envision Health Initiative of Contra Costa Health Services. Initiatives that address diverse topics, such as safety and community health, climate change, and environmental justice, could, if addressed holistically, also reduce violence and trauma in

the county. The recent Community Health Needs Assessment, conducted by the three not-for-profit hospital systems in Contra Costa County (Kaiser, John Muir, and Sutter), identified ‘Community and Neighborhood Safety’ as a priority area. Finally, and of great importance, are lessons learned from the science of Adverse Childhood Experiences (ACEs). Violence in the home and in the lives of children has significant and often severe impact to their health, emotional and social wellbeing over their lifespan.

The Call to Action provides vision and values and identifies goals and strategies to create a unified direction for multiple stakeholders to prevent interpersonal violence. It was co-created with a range of partners and stakeholders, including the Driver Team, the Work Group, and additional partners (see Appendix B).

Because interpersonal violence prevention relies on many concepts and terms that may not be familiar to many readers, a complete glossary of terms is included in the appendices, as well as expanded information that may be of value.



VALUES AND VISION

The Call to Action was developed with the following core values at its foundation: *integrity, compassion, equity, creativity, interdependence, and justice*. The Work Group also identified a shared approach for addressing interpersonal violence based on:

- ✓ **All forms of violence are inherently preventable and influenced by a myriad of social and environmental conditions.** Violence exists in a complex eco-system, and education and programmatic efforts alone are insufficient to prevent it. We want to immediately respond to violence in our community, but we also need to call out and transform systems and structures that are leading to this violence. The Call to Action emphasizes policy, systems, and environmental changes needed in order to change the eco-system that surrounds violence.
- ✓ **We are committed to actively working to shift the broader structural inequities that underpin our society.** These include, but are not limited to, racism, sexism, classism, and other forms of oppression particularly where youth, people of color, and immigrant populations have been impacted— all of which have led to historic and present-day trauma. In addition, hate-based violence requires additional focus and study to identify successful prevention strategies.
- ✓ **Prevention focuses on reducing the conditions contributing to interpersonal violence and increasing the conditions contributing to safety.** Prevention of interpersonal violence is a comprehensive process where families, communities, organizations, and systems

co-create conditions where people feel safe and can live free from violence, hate, and abuse.

- ✓ **Individuals, families, and communities need to heal the harms from violence that have already occurred or are currently occurring.** Since interpersonal violence fundamentally breaks down trust in families and communities, coming together to heal and create change is a difficult process. Healing can include restorative practices that address the impact of violence in a manner that helps to heal harm, meets human needs, promotes fairness and equity, and strengthens the fabric of the community. And because healing is deeply connected to prevention, it serves as an integral element of this Call to Action.
- ✓ **Men in Contra Costa County need to be engaged in the prevention of violence.** Efforts to reduce violence will be more effective if more men are involved in the planning and implementation of anti-violence work. Research has shown that most men do not commit violence, but men also find it difficult to discuss the societal norms that contribute to violence. Engaging men from every demographic, including those who have committed violence, to craft solutions is essential.

Finally, the Work Group developed the following vision to inspire and guide their work: *Contra Costa County is a diverse and culturally rich community where all people thrive free from violence and the threat of violence. To achieve our vision, we must address the conditions that contribute to violence, and uplift the practices with the greatest potential to prevent it.*

Violence is defined by the World Health Organization as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”ⁱⁱⁱ

A public health approach to violence focuses on preventing violence before it occurs (i.e., primary prevention), while also acknowledging the need for balance of efforts to ameliorate the impact of violence after it has occurred and reduce the likelihood of future violence (i.e., secondary and tertiary prevention strategies).^{vi} See Appendix F.

- ✓ Domestic and Intimate Partner Violence
- ✓ Child abuse
- ✓ Elder abuse
- ✓ Sexual assault
- ✓ Human trafficking

A diverse group of people, including a man in a wheelchair, holding hands in a circle outdoors, symbolizing community and support. The group consists of men, women, and children of various ages and ethnicities. They are all smiling and looking towards the center of the circle. The man in the wheelchair is in the foreground, with his back to the camera, reaching out to hold hands. The background is a lush green park with trees and a clear sky.

COMMUNITY INPUT

“Safety is not a service to be provided, but a result of conditions where people feel nurtured and have meaningful and equitable opportunity.”
– *Call to Action planning participant*

The Work Group was committed to ongoing community engagement as a critical element of the Call to Action planning process, to ensure Contra Costa County community residents, including those most impacted by interpersonal violence, had a voice in shaping the Call to Action.

Community member input was gathered through key informant interviews, focus groups, and an online survey (see Appendix C). In addition, community input from previously published reports was reviewed. While each method was tailored to be appropriate to its audiences, generally the input was related to the following questions:

- ✓ What contributes to interpersonal violence?
- ✓ What helps to prevent interpersonal violence?
- ✓ What are the current assets and strategies that are effective that could be expanded to further prevent interpersonal violence?
- ✓ What are critical gaps?
- ✓ What are the greatest priorities to focus on?

The Following Key Themes Emerged from the Community Input Gathering Process:

PRIORITY FORMS OF VIOLENCE

- ✓ Participants in the community survey were most concerned about child abuse and intimate partner violence, followed by human trafficking and school violence/bullying.
- ✓ In a listening campaign led by RYSE in West county, young people were most concerned with gun and gang violence.^{vii}

ROOT CAUSES AND SYSTEMIC HARMS

- ✓ A strong theme emerged that community members want greater investment in understanding and addressing the root causes of violence.
- ✓ Community members named the need for the county to address the social and economic inequities created at the system level (such as the income gap, gender and racial inequalities, and health disparities) in efforts to prevent interpersonal violence. This means addressing structural bias, which occurs when institutions such as schools, banks, businesses, or government agencies reinforce biases like racism, prejudice against people with low

incomes, and other types of injustices. It also means that communities and neighborhoods that have faced the greatest inequities over generations will need tailored strategies and deeper investment of resources. This approach is referred to as targeted universalism.^{viii}

- ✓ A strong theme emerged, particularly in the Western part of the county, that, as a result of violence by law enforcement and other government agencies, and responses to the violence, distrust exists between county government systems and county residents. A strong desire was expressed for acknowledgement of current and past harms.

COMMUNITY LEADERSHIP:

- ✓ Another strong theme is the desire among community members for greater investment in community leadership and empowerment (e.g. youth engagement, civic participation), and community healing (e.g. making sure school staff and faculty know how to respond to and help those who have been impacted by trauma, promoting family-centered healing and restorative justice practices).
- ✓ There was a call for inclusive and transparent processes that transform (rather than reinforce) inequitable power in decision-making and resource allocation.

CULTURALLY ROOTED, GENDER INCLUSIVE, YOUTH-FOCUSED PREVENTION:

- ✓ There is a call within the county to "...[shift] from a focus on punishment and criminalization to family and community oriented preventative and healing strategies." Such an approach would also involve developing new measures of success beyond crime reduction statistics e.g., indicators of thriving and fairness, as well as effectiveness.^{xix}
- ✓ Some of the greatest needs expressed by young people in neighborhoods facing the highest rates of violence include: love, support, listening, opportunities for expression and creativity, hope, guidance, and empowerment.^{vii}
- ✓ Culturally-rooted approaches (i.e. interventions that utilize methods that place the culture and social context at the center of the targeted population) that shift community norms (i.e. what a community values, believes, and does) are particularly important in preventing interpersonal violence.
- ✓ There is the desire to move away from talking about interpersonal violence from the perspective that only men are perpetrators, or that all victims are women, and acknowledging violence perpetrated against men and boys and people who identify as trans or neither male nor female or along a gender spectrum.

In addition to eliciting community input, the Work Group also engaged in its own assessment of the community through a review of assets, gaps, opportunities, and threats. See Appendix D for a full presentation of those findings.

GUIDING FACTORS

Effective violence prevention reduces risk factors and strengthens resilience factors.

Risk factors are conditions or characteristics that increase the likelihood that violence will occur and resilience factors are conditions or characteristics that are protective even in the presence of risk factors, thus reducing the likelihood of violence.^{x,xi} No one factor alone can be attributed with causing or preventing violence or abuse; it is the accumulation of risk factors without compensatory resilience factors that puts individuals, families and communities at risk.^{xii} *Community resilience* is the ability of a community to recover from harm and thrive despite the prevalence of adverse conditions.^{xiii} In this Call to Action, the promotion of resilience factors at the relationship, community, and societal levels is emphasized.

A list of risk and resilience factors for interpersonal violence were identified based on existing research. Starting with this list of factors, the Work Group engaged stakeholders and community members to solicit input regarding these factors and ask for additional or missing factors. The input gathered from this process was then collected and analyzed in order to prioritize a final list of risk and protective factors for inclusion in this Call to Action.

The following list shows the resilience or protective factors that have been prioritized, and their corresponding risk factors in parenthesis. The goals and strategies included in the Call to Action are designed specifically to engage multiple sectors in increasing resilience factors and reducing these risk factors to promote safety.

1. **Neighborhood and community trust and connectedness**, including connection to caring adults, family support, and government-community trust (to counter social isolation, lack of government-community trust, and lack of connections to supportive people)
2. **Norms and culture that support gender equity, inclusion, and non-violent problem solving** (to counter harmful gender norms reinforced through cultures over generations)
3. **Educational opportunity, including early education** (to counter inequitable funding and resources for schools, lack of early education opportunities)
4. **Economic opportunity and security** (to counter concentrated neighborhood poverty, income and wealth inequality, limited employment)
5. **Policies and practices to ensure people have access to safe, affordable housing, food, and transportation, and other basic needs**, including coordination of services among community agencies (to counter the inability to meet basic needs, and harmful immigration policies and practices)
6. **Supports to heal trauma** (to counter unaddressed multi-generational trauma, exposure to childhood adversity and community violence)
7. **Positive activities for youth** (to counter the lack of safe activities)

GOALS AND STRATEGIES

As a whole, the goals and strategies are intended to build a comprehensive ecosystem to prevent interpersonal violence.

Over the course of several Work Group meetings and with input from multiple community channels, four goals were developed to build a countywide effective and sustainable infrastructure for interpersonal violence prevention and to reduce prioritized risk factors and increase prioritized protective factors.

The goals were crafted to achieve the following considerations:

- ✓ Reflect and operationalize the County's prevention approach to violence
- ✓ Reduce inequities in rates of interpersonal violence
- ✓ Support effective and sustainable infrastructure for prevention of interpersonal violence
- ✓ Support healing from individual and community trauma
- ✓ Build in a life course perspective, including a focus on early childhood, a key developmental period
- ✓ Create a program that deliberately engages men in the prevention of male violence against women, transgender individuals and gender-nonconforming individuals
- ✓ Build on existing strengths, readiness for action, and emergent opportunities
- ✓ Build support and a shared agenda among broad stakeholders
- ✓ Has the potential to reduce significant risk factors and promote significant protective factors
- ✓ Changes policies, systems, and/or norms to shape the behaviors of large numbers of people
- ✓ Has a high likelihood of achieving outcomes in one to three years to reduce violence and build further hope and buy-in
- ✓ Immediate action can be taken to implement the strategy by building on existing strengths, assets, and readiness for action
- ✓ Leverages emerging resources and political will and could be implemented in the near future
- ✓ Is bold and audacious and would require building political will and securing resources to implement in the more distant future

All the strategies in workplaces, schools, neighborhoods, and other settings included in the goals will be implemented in a manner that is trauma- and healing-informed (See Glossary, Appendix E).

GOAL 1: BUILD AN EFFECTIVE AND SUSTAINABLE INFRASTRUCTURE FOR INTERPERSONAL VIOLENCE PREVENTION

A more robust infrastructure is needed to achieve results in violence prevention. A dedicated team to align a community-driven public health approach to preventing violence is essential. By building infrastructure for coordinating prevention, the county can strategically bolster investments in prevention efforts led by and for youth, people of color and immigrant communities, who experience structural inequities and a greater exposure to violence. It can also increase transparency in decision-making and resource allocation.

Community coalitions, the Alliance to End Abuse, Contra Costa Health Services, and other county entities can play expanded roles in shaping and implementing strategies that integrate and align interpersonal and community violence prevention into initiatives to improve the social determinants of health (see Appendix E).^{xviii} Fundamental to a population-based prevention strategy is the willingness to leverage public and organization policy to create safer environments and address the conditions contributing to violence. Prevention of violence is itself, extremely difficult to measure and by building effective infrastructure we can ensure our efforts are effective, evaluated, and remain sustainable.

A significant component of this goal focuses on building the capacity of organizations and aligning the collective will of leaders across sectors and networks in informal and formal systems to create community environments (schools, workplaces, neighborhoods, criminal justice system and services to treat substance misuse) that are conducive to a system approach to violence prevention. This includes addressing the need for trauma healing and resilience building as well as understanding the social, racial and economic inequities that act as contributors to violence.

GOAL 1 STRATEGIES:

1. Partnership and coalition-building:

Aligning the efforts of government agencies and community partners, emphasizing leadership from communities most impacted, leaders with lived experience, and shift in approach toward collaboration. Engaging new community-based partners, and those with lived experience is key to creating sustainable coalitions and partnerships.

2. Resource development: Secure County and/or grant support for a three-year pilot initiative, seeking 2 to 3 full-time employees dedicated to advancing the strategies and partnerships outlined in this Call to Action. This includes a commitment to ongoing fundraising and resource development for prevention work.

“To make our community safer, walk among the community. Know the community you live and work in. Start with grassroots movements. Be transparent with budgets and adjust it to community needs. Speak to my community. Have forums and truly listen.” – *Focus group participant*

3. Data Gathering and Evaluation Infrastructure: It will take dedicated efforts to bring together and align the multifaceted disparate pieces of data that more fully inform and track our violence prevention efforts. Many different organizations and partners hold pieces of information regarding incidents of violence, but it is challenging to attain the full picture of how violence affects the community. Similar challenges exist when trying to ascertain the effectiveness of interventions and to evaluate changes in outcomes. Measures to accurately assess whether individuals or a community are building resiliency are not fully developed. To help enhance the data and evaluation infrastructure, the following types of efforts will be undertaken:

- ✓ Creating partnerships and protocols for data sharing
- ✓ Creating clear definitions of types of interpersonal violence and of inclusion and exclusion criteria, and enhancing data quality of records of incidents
- ✓ Gathering and aggregating data to create a more comprehensive awareness of incidence and prevalence
- ✓ Implementing systems to more rapidly report incidents
- ✓ Defining resiliency and how to measure it
- ✓ Defining success and how to measure it
- ✓ Designing and producing comprehensive data reports

4. Policy and Best Practice Development: Identify and create a compendium of best practices, programs and policy options to bring forward to organizational leaders and elected decision makers. These best practices seek to create conditions, in either the public or organizational domains, that are conducive to safety and directly address the environmental contributors to violence.

5. Communications: Regularly communicate with community, policy and organizational leaders on priority plans, strategy and progress made to address interpersonal and hate based violence. For year one, develop a suite of communication tools, including messages, fact sheets, presentations, and press releases.

6. Capacity-building: Build the capacity of leaders and organizations in informal and formal systems from multiple sectors to engage in community-driven approaches to violence prevention. Conduct educational forums to build a shared understanding and embed practices for racial equity, trauma-healing, and resilience-building, particularly through culturally rooted approaches.



GOAL 2: FOSTER HOLISTIC FAMILY AND EARLY CHILDHOOD DEVELOPMENT AND RESILIENCE

Adverse childhood experiences (ACEs) and other forms of childhood trauma can increase the likelihood of future interpersonal violence while positive early childhood development is protective and promotes safety.^{xiii} Support for parents and other caregivers, including grandparents, extended family members, and chosen family members can help to ensure positive early childhood development and prevent childhood trauma—thereby reducing the future risk of multiple forms of violence. This goal also attends to the need for cultural change related to support and engagement of fathers and other male family members in child and family support programs.

GOAL 2 STRATEGIES:

1. Advocate for policies and system changes to foster holistic family and early childhood development and resilience. There are numerous opportunities to have a broad impact through evidence-based changes at the policy and system levels, e.g., universal preschool, improving the quality and accessibility of childcare through licensing and accreditation, etc. Policy change campaigns to advocate for policies such as universal preschool can be beneficial in not only making valuable opportunities available

to community members, they can also simultaneously help to educate the community and shift norms.

- 2. Conduct community engagement and education campaigns and change social norms to support parents and positive parenting.** Community engagement and education campaigns use communication strategies (e.g., framing, messaging and social marketing), a range of communication channels (e.g., mass and social media) and community-based efforts (e.g., town hall meetings, neighborhood screenings and discussions) to reframe the way people think and talk about child abuse, neglect and other forms of interpersonal violence, helping to shift norms, including gender norms, and to encourage community responsibility for prevention. Effective frames highlight a problem and point the audience toward solutions.
- 3. Provide preschool enrichment with family engagement to provide quality care and education in early life.** Preschool enrichment with family engagement provides high-quality early education and care to children to build a strong foundation for future learning and healthy development. These programs also provide support and educational opportunities for parents. Inclusive parent and caregiver involvement (i.e., grandparents, fathers, father-figures, LGBTQ+

“Communication is key to prevent violence. Prevention starts at home. We have to teach children about violence prevention and how to end the cycle. We have to teach them that they do not need to tolerate it and that violence is not a way of living. Also teach them that if someone is causing harm, that it’s okay to communicate that to them.”

– Community Circle participant

families) is emphasized as critical in the child's development and in increasing children's success in school. Programs often begin in infancy or toddlerhood and may continue into early or middle childhood.

4. **Provide early childhood home visitation to enhance parenting skills and promote healthy child development.** Home visitation programs provide information, caregiver support, and training about child health, development, and care to families in their homes. Programs may be delivered by nurses, professionals, or paraprofessionals. The content of programs and point at which programs begin varies depending on the model being utilized. Some programs begin during pregnancy, while others begin after the birth of the child and may continue up through the child entering elementary school. Some programs include components specifically aimed at addressing and preventing intimate partner violence in the home.

GOAL 3: ENCOURAGE COMMUNITY TRUST AND CONNECTEDNESS

Connectedness, including with family, friends, spiritual community, work, school, etc., is a basic human need. Community connectedness is protective and reduces the likelihood of violence by supporting healing and resilience. It can also promote healthy norms and culture through modeling, mentoring, and teaching. Safe, supportive, and healthy social networks (friends, family, colleagues, etc.) can also be a protective factor that address the harmful influence of being surrounded by persons and environments that perpetuate violence, in whatever form.

While violence prevention efforts related to connectedness have often focused on middle and high school settings, there may be opportunities to adapt this type of approach to other contexts, such as college and university settings, workplaces, sports/recreation programs, and neighborhood/community centers. Efforts to promote connectedness are particularly needed for and among specific populations, e.g., disconnected young people, geographically isolated elderly persons, etc. Building a strong and connected social environment can reduce acts of interpersonal violence as well as reduce hate and racially motivated violence.

“Youth described a multi-tiered solution to a multi-tiered assault on their being and future, with love and support being foundational...” – *The RYSE Center’s Listening Campaign*

GOAL 3 STRATEGIES:

1. **School climate improvement with social-emotional learning, healthy sexuality, and healthy relationship skills.** A comprehensive approach is needed to truly change the culture and climate in schools to ensure safety. This includes improving safety in schools to create protective environments that prevent sexual violence and intimate partner violence. These approaches monitor and modify physical and social characteristics of the school environment by addressing areas where students feel less safe, identifying safe spaces and staff support for students, and creating an atmosphere of intolerance for harassment and violence. This includes creating a school environment that enhances safety, promotes healthy relationships and respectful boundaries, and reduces tolerance for violence among students. School personnel can play an important role in reducing rates of violence by creating space for connectedness and trust.^{xiv,xv}
2. **Workplace climate improvement with bystander skills training.** Businesses are increasingly recognizing that in order to be successful, they must support employee wellness. Models are emerging of workplace wellness programs that recognize the importance of healthy relationships. Overall, this strategy has the potential to not only support workers, but also to shift community norms. For example, by engaging the business sector in interpersonal violence prevention, this strategy begins to shift norms toward community-wide responsibility for violence prevention, and away from the notion that violence prevention is an individual problem, or a private family matter.^{xiv}

3. **Peer-driven leadership development to promote protective social norms, empowerment, and bystander training.** There are many school-based programs aimed at preventing sexual violence, dating violence, and intimate partner violence, while equipping students with social-emotional learning skills, bystander intervention skills, and healthy relationship skills. This strategy prioritizes programs that are peer-driven and develop students' leadership skills. Programs that build confidence, knowledge, and leadership skills in young women can lead to greater outcomes in education, employment, and community engagement, including political participation. Such programming ideally involves young women as leaders in planning, development, and implementation. Additional evidenced-based programs such as *Coaching Boys Into Men* provides high school athletic coaches with the resources they need to promote respectful behavior among their players and help prevent relationship abuse, harassment, and sexual assault. These programs are uniquely poised to positively influence how young men think and behave.^{xvi} Bystander intervention helps students take a stand when they see behavior that puts others at risk and take appropriate steps to safely and effectively intervene.^{xiv,xv}
4. **Multigenerational community building.** Neighborhood-based efforts can bring multiple generations together in public spaces, fostering strong social networks and connections across age, race, socio-economic classes, and other factors. Communities that intentionally invest in strong networks across generations contribute to improving residents' well-being and strengthen a community's capacity to apply cross-generational strategies and values to a range of community issues.^{xvii}

GOAL 4: IMPROVE ECONOMIC OPPORTUNITY AND STABILITY FOR FAMILIES AND COMMUNITY

Economic factors, including inequality and lack of opportunity, can generate trauma and toxic stress, and are significant contributors to violence. This goal improves economic conditions to promote family stability and decrease gender inequality, particularly among families and communities who have been excluded from economic opportunity (such as Black and Latinx communities) and who therefore face greater stressors and risks associated with interpersonal violence.

GOAL 4 STRATEGIES:

1. Advocate for policies and system changes to strengthen household financial security and ensure that families can meet the basic needs of their children. This strategy improves the ability of parents and other caregivers to satisfy children's basic needs (e.g. food, shelter, medical care), provide developmentally appropriate care, and reduce parental stress and depression. It may also reduce children's exposure to crowding and contribute to residential and childcare stability. It can also help ensure that women can remain in and contribute substantially to the workforce, which not only improves their economic conditions and promotes family stability, but also decreases gender inequality. There are numerous opportunities to make policy and systems changes to increase household financial security, for

example, by facilitating access to: child support that does not result in a reduction in Temporary Assistance for Needy Families (TANF) benefits, tax credits, Supplemental Nutrition Assistance Program (SNAP), assisted housing, and increased access to affordable quality child care through vouchers, subsidies, and other means.^{xiv,xv,xviii}

- 2. Advocate for state or local paid and job-protected leave policies and system changes to strengthen job stability and income maintenance for parents and other caregivers.** Paid leave (parental, sick, vacation) provides income replacement to workers for life events such as the birth of a child, care of a sick family member, or personal leave to recover from a serious health condition. Job-protected leave is also available in some states to help intimate partner violence survivors attend court hearings, seek medical treatment, or attend counseling. Paid and job-protected leave policies help individuals keep their jobs and maintain income.^{xiv}
- 3. Promote programs and workplace policies and practices that increase economic opportunity for women and improve gender equity.** This approach addresses economic insecurity, poverty, and power imbalances between women and men in order to empower and support women, girls, trans, and gender non-conforming individuals. The economic security of families depends on access to full and equal labor force participation, including having a comparable salary to men, and income generating options.^{xiv,xv}

“If we prioritize quality family time now, we can learn to overcome our fears when it comes to violence. It starts at home, how we handle problems and issues.” – *Focus Group Participant*

4. **Promote comprehensive family-friendly and employee wellness policies at workplaces to support holistic employee wellbeing, work-family balance, and economic security, while shifting community norms.** Employer family-friendly work policies change the context for families by improving the balance between work and family while ensuring economic security. This makes it easier for parents to provide necessary care for children and reduces parental stress. Examples include: livable wages, paid leave, on-site child care, and flexible and consistent schedules. Employee wellness programs that allow individuals to take paid time off for activities such as therapy, exercise and volunteering in their communities mitigates burn out, toxic stress and improves overall health. There is evidence that these workplace policies and practices contribute to the prevention of child abuse and neglect.
5. **Investigate and implement strategies that can reduce the demand for, and profitability of, cheap labor and exploitation.** We know that forced labor accounts for the majority of human trafficking victims globally. It is important to help businesses find and eradicate forced labor and exploitation from their supply chains, as well as educate consumers on the importance of buying fair trade, exploitation-free products. Examples include: Legislation that holds American manufacturers to standards that assure goods brought into the US are not made with forced or exploited labor, better education for industries regarding forced labor practices, and better education for consumers about the potential exploitation involved in the products they are consuming.^{xviii}



CONCLUSION

Addressing and overcoming interpersonal violence is a challenge, but one that we are confident we can address in Contra Costa County. The passion of our community organizations, the experiences and successes that we have already realized, and the dedication of government, organizations and individuals to work collectively toward this goal gives us reassurance in our ability to lead the nation in this effort.

By working in partnership with the community and making a deliberate effort to employ upstream public health approaches we can realize this vision of a safe, healthy community where violence is not only stopped, but prevented from occurring.

Our commitment to address the root causes of violence, and build the infrastructure that will allow us to work more collectively toward violence prevention, is key. We have outlined four goals and accompanying strategies that the research, experts, and, most importantly, our community, tell us are essential.

Ultimately success demands that every organization join in this effort and commit to this work. With technical support from the Alliance to End Abuse our formal Call to Action for organizations throughout the county over the next 18 months is to:

1. Learn about the “public health prevention frame” as described in this document and commit to partnering with the community on this work
2. Examine what your organization is currently doing to address violence prevention and identify what resources (staffing, funding, time) are being allocated to violence prevention approaches
3. Increase your allocation of resources for violence prevention efforts grounded in a public health frame by 20 percent each year
4. Actively seek out opportunities to align with other organizations to magnify the power of your prevention efforts



APPENDIX A: SUMMARY OF THE PLANNING PROCESS

The planning process has been part of an ongoing journey of building relationships, understanding, and trust, and taking collaborative action. It included thoughtful dialogue among partners, community members, and stakeholders to assess what contributes to interpersonal violence, what helps to prevent it, what is working in the county, critical needs and gaps, and existing assets.

PLANNING PROCESS OBJECTIVES:

- ✓ Strengthen understanding and capacity for prevention among Work Group members, and additional partners and stakeholders.
- ✓ Ensure the Call to Action emphasizes prevention of multiple forms of violence through addressing shared risk and protective factors.
- ✓ Uplift practices with the greatest potential to prevent interpersonal violence across the lifespan and reduce inequities, drawing from the best available evidence, including community wisdom.
- ✓ Engage Work Group members and other partners and community members, in a transparent process that engenders and expands multisector collaboration, joint strategies, and outcomes.

Fall 2017:

- ✓ Planning process launched in collaboration with Prevention Institute
- ✓ SWOT analysis of Contra Costa Alliance to End Abuse conducted
- ✓ Community engagement approach developed

Winter 2018:

- ✓ Opportunities and challenges identified
- ✓ Vision and definition of prevention drafted
- ✓ Relevant reports, data, and county plans reviewed
- ✓ Effective prevention strategies from across the country reviewed
- ✓ Risk and resilience factors for Contra Costa County identified
- ✓ Guiding principles for plan developed

Spring 2018:

- ✓ Work group framework established
- ✓ Community engagement launched to solicit input

Summer 2018:

- ✓ Driver Team established
- ✓ Work Group membership established and included community-based organizations and other key influencers

Fall 2018:

- ✓ Prevention approach, vision statement, priority risk and resilience factors, goals and strategies drafted

Winter 2019:

- ✓ Community and stakeholder engagement to solicit input on risk and protective factors and opportunities and needs for prevention
- ✓ Values and approach statement finalized
- ✓ Strategies prioritized

Spring 2019:

- ✓ Additional focus groups and stakeholder circle discussions to gather input
- ✓ In-person stakeholder meeting to gather input on goals and strategies

Summer — Winter 2019:

- ✓ Call to Action refined and finalized
- ✓ Implementation plan developed

The Call to Action Work Group is a group of leaders, including Contra Costa County community members, representing diverse sectors in the county that share the common goal of promoting safety and reducing interpersonal violence. It is comprised of individuals representing public health, healthcare, education, criminal justice, community-based organizations, community residents, and other sectors that will come together to develop the Call to Action.

The Work Group was co-chaired by Devorah Levine, Assistant Director, Policy and Planning Division at Contra Costa Employment and Human Services Department and Dan Peddycord, Director of Public Health at Contra Costa Health Services. Work Group members participated in planning meetings, shared their understanding of interpersonal violence and violence prevention in Contra Costa County, provided insight and stewardship for the Call to Action planning process, and reviewed and provided feedback on the Call to Action as it was developed.

The efforts of the Work Group were complemented by hundreds of other individuals and organizations who generously provided their support of this effort through their input and perspectives.

A special thanks to the RYSE Center for their ongoing work in advocating for prevention activities rooted in social justice principles and lived experience. Their listening campaign led the way in creating shared values, language and strategies to help people heal. An additional thank you to Prevention Institute, who were instrumental in guiding, shaping, and providing evidence-based research to inform this document.

Work Group members:

- Alexandra Masden,
Contra Costa Alliance to End Abuse
- Allison Pruitt, Contra Costa County
Employment and Human Services
- Angeline Musawwir,
Contra Costa County Public Defender's Office
- Beth Armentano, Contra Costa Health Services
- Cynthia Altamirano,
Contra Costa Family Justice Center
- Daniel Peddycord, Contra Costa Health Services
- Devorah Levine,
Contra Costa Alliance to End Abuse
- Donte Blue, Contra Costa County Administrator's
Office of Reentry and Justice
- Emily Hampshire, Monument Crisis Center
- Emily Justice,
Contra Costa County Office of Education
- Kathryn Burroughs,
Contra Costa Alliance to End Abuse
- Laura Pooler, John Muir Health
- Nicole Howell, Ombudsman Services
of Contra Costa and Solano Counties
- Paul Taylor, Center for Human Development
- Rhonda James,
STAND! For Families Free of Violence
- Ruth Fernandez, First 5 Contra Costa
- Ruthie Dineen, Easy Bay Center for Arts
- Stephanie Medley, RYSE Center
- Stephanie Merrell, John Muir Health
- Susun Kim, Contra Costa Family Justice Center
- Venus Johnson,
Contra Costa County District Attorney's Office

The purpose of this survey is to gather ideas on how to make Contra Costa County safer. The information from this survey will help inform a Prevention Blueprint for collaborative action to prevent violence. Thank you for sharing your ideas!

How concerned are you about each of the following forms of violence?

	Not at all concerned	Slightly concerned	Somewhat concerned	Moderately concerned	Extremely concerned
Community violence (violence in the neighborhood)					
School violence and bullying					
Intimate partner violence (e.g. physical, sexual, stalking, intimidation, economic)					
Sexual violence (sexual assault and rape)					
Human trafficking (sex trafficking, labor trafficking, forced prostitution, commercially sexually exploited youth)					
Child abuse (all types of abuse and neglect of a child under the age of 18)					
Elder / dependent abuse (abuse of a person 65 or older or of a dependent adult 18-64)					
Bias-motivated violence (actions based on race, color, class, religion, age, disabilities, sexual orientation, gender or gender identity)					
Structural violence (unjust social structures that cause harm)					
Other (please specify):					

Please select the TOP FIVE factors that in your opinion CONTRIBUTE MOST TO VIOLENCE in Contra Costa County

Neighborhoods with fewer resources, jobs, or opportunities
Need for quality education
Segregated neighborhoods
Neighbors don't know or trust each other
Violence is seen as normal or acceptable behavior
Roles limited by gender bias
Not enough positive recreational activities
Violence in media and entertainment
Weapons are easily available
Lots of liquor stores in the neighborhood
Limited access to public transportation
Dangerous and deteriorating buildings and parks
Lack of knowledge and skills to solve problems non-violently
High levels of involvement with drugs or alcohol
Violence and conflict in families
Not enough social support or opportunities to develop healthy relationships
Lack of awareness and access for mental health treatment
Other (please specify):

Please select the TOP FIVE factors that in your opinion can be STRENGTHENED TO ENSURE SAFETY and prevent violence from happening in the first place in Contra Costa County

Jobs/economic opportunity
High quality schools/education
Coordination of community resources and services
Opportunities to learn alternatives to violence
Community support and connection
Personal involvement or leadership that improves the community
Spiritual support and leadership from the faith community
Physical and built environment that promotes safety
Safe parks and open spaces
Quality affordable housing
Places to express art and culture
Positive relationships and support
Connection and engagement in school
Knowledge and skills to solve problems non-violently
Other (please specify):

If you were a politician or city official, what would you do right now to make your community safer?

Please identify what sector(s) or group(s) you represent

I am a community member
I am a youth
Education
Faith community
Business
Community organization/non-profit
Justice system
Housing
Transportation services
Economic and workforce development
Public health
Public works
Social services
Planning and zoning
News/media
Government
Other (please specify):

Please provide the zip code where you live

Please provide the zip code where you work

Thank you for sharing your thoughts about how to make Contra Costa safer and prevent violence. If you have any questions or would like more information about this initiative, please contact Kathryn Burroughs at kburroughs@ehsd.cccounty.us or 925-608-4973.

APPENDIX D: THE LANDSCAPE OF SAFETY PROMOTION AND VIOLENCE PREVENTION IN CONTRA COSTA COUNTY

Issues from housing, economic security, racial justice, environmental justice, etc. are inter-related and holistic efforts at the intersection of these issues are needed, rather than recreating the wheel and competing for the same resources.

Strengths:

- ✓ Long standing county commitment to addressing violence
- ✓ A greater understanding of Adverse Childhood Experiences and trauma
- ✓ Experienced community agencies that have been implementing prevention activities and education for years, including STAND! for Families Free of Violence, Community Violence Solutions and the Child Abuse Prevention Council
- ✓ Great work happening in schools, e.g., trauma- and resilience-informed schools, mindful schools, community schools' model, etc.
- ✓ Restorative justice programs that are helping to shift norms related to pursuing violence as a criminal justice issue, e.g., RYSE has a new program on restorative justice diversion across the county and the Contra Costa Family Justice Center has a restorative justice pilot project for interpersonal violence, mostly in West and Central County
- ✓ A successful Nurse Family Partnership program in the county
- ✓ A lot of interest and activity in the county on preschool/early childhood development

- ✓ Family Resources Centers, supported by First Five, that break isolation and connect families to each other and to resources, including culturally responsive supports for positive early childhood development
- ✓ County resources dedicated to violence prevention, e.g., Alliance to End Abuse
- ✓ A Blue Shield of California Foundation grant for two years to develop violence prevention infrastructure and implement priority strategies
- ✓ Evidence base of effective violence prevention strategies
- ✓ Partnerships committed to collaborating to prevent violence

Gaps:

- ✓ Many people, families, and neighborhoods lacking in access to basic needs: food, housing, transportation, childcare, parental support
- ✓ Inadequate funding for community-driven and peer led efforts, and for CBOs and grassroots groups to do the work
- ✓ Not enough pre-employment job training for youth
- ✓ A lack of living wage jobs
- ✓ Underfunded schools

Opportunities:

- ✓ The governor's universal preschool agenda
- ✓ Commitment of Health Department to bolster its anti-violence efforts
- ✓ The Contra Costa Alliance to End Abuse pivoting to prevention (in part facilitated by the Blue Shield of California Foundation grant to develop violence prevention infrastructure and implement priority strategies)
- ✓ Many related countywide initiatives and campaigns in specific regions (e.g., West County addressing racial equity, housing, early childhood, Contra Costa Children's Leadership Council, Stand Together Coco, Youth Justice Initiative wellness room (Antioch), etc.) and, of particular importance, will be integrating countywide efforts with West County efforts
- ✓ Engaging corporations
- ✓ Expanding trauma and resilience training
- ✓ Building violence prevention and resilience promoting efforts into art/movement, recreation, and greening efforts

Threats:

- ✓ High cost of housing and displacement pressures
- ✓ Agencies that are used to the status quo may be risk averse
- ✓ Punitive approaches toward violence are highly valued

Child abuse: Child abuse and neglect is any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child. Acts of commission are deliberate and intentional and may include physical, sexual, and/or psychological abuse. Acts of omission are the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm.

Child maltreatment: An act, intentional or not, that results in harm, the potential for harm, or the threat of harm to a child; the failure to provide for a child's needs or to protect a child from harm or potential harm.^{xix}

Community-level: A level of the Social-Ecological Model that focuses on policy and practice strategies to change the community environment in ways to decrease the likelihood of violence and promote safety for entire populations. This includes improvements to the social-cultural, physical/built, and economic environments – for example supporting social connections in neighborhoods or increasing employment and economic opportunities.^{xxix}

Community resilience: The ability of a community to recover from and thrive despite the prevalence of adverse conditions. In the context of community-level trauma, this means putting the conditions in place in which the community can heal from trauma and/or be protected against the impact of trauma.^{xiii}

Community trauma: Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence. Rather it is the cumulative impact of regular incidents of interpersonal violence, historical and intergenerational violence, and continual exposure to structural violence.^{xiii}

Culturally-rooted approaches: Interventions that utilize methods that place the culture and social context at the center of the targeted population. Methods are used such that curricular components evolve from the worldviews, values, beliefs, and behaviors of the population that the program is intended to serve.^{xx}

Domestic and intimate partner violence: Domestic violence, or intimate partner violence (IPV), describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple, and/or familiarity and knowledge about each other's lives. Examples of intimate partners include current or former spouses, boyfriends or girlfriends, dating partners, or sexual partners. IPV can occur between heterosexual or same-sex couples and does not require sexual intimacy.^{xviii}

Elder abuse: Elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult (defined as someone age 60 or older.) Forms of elder abuse include: physical abuse, sexual abuse or abusive sexual contact, neglect, and financial abuse or exploitation.^{xxi}

Healing-informed approaches: aim to heal the impact of trauma in a manner that supports an individual, family, workplace, neighborhood, etc. to move forward in life.

Human trafficking: Human trafficking can take many forms but is generally categorized as either sex trafficking or labor trafficking. Sex trafficking is defined as the use of force, fraud, or coercion to perform a

commercial sex act. Labor trafficking is a form of severe exploitation where individuals are threatened or otherwise compelled into debt bondage or other forced labor for little or no pay. Sex trafficking victimization and perpetration share risks and consequences associated with child maltreatment, intimate partner violence, sexual violence, and gang violence—all major public health problems that professionals across sectors are working to prevent through local, state, and national efforts. Perpetrators of sex trafficking often target and manipulate people who are poor, vulnerable, living in an unsafe situation, or searching for a better life. For example, youth with a history of abuse and neglect or who are homeless are more likely to be exploited.^{xxvii} Both sex and labor trafficking happen in Contra Costa County and are not mutually exclusive—a survivor can be subjected to both sex and labor exploitation. In 2016, only 10% of the survivors identified by grant and Coalition grant partners were involved in labor trafficking. However, labor trafficking can be more difficult to identify than sex trafficking, so this is not necessarily reflective of the true incidence of labor trafficking in Contra Costa County.^{xxii}

Intimate partner violence: Physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner.^{xxiii}

Risk factors: Characteristics or conditions at the individual, family, community or society level that increase the likelihood of violence occurring.^{xxiv}

Resilience factors: Characteristics or conditions at the individual, family, community or society level that reduce the likelihood of violence occurring/are protective against violence even when risk factors are present.^{xxv}

Safety: People live free from fear and free from harm.^{xxv}

Sexual violence: A sexual act committed against

someone without that person's freely given consent. Sexual violence includes: completed or attempted forced penetration of a victim; alcohol or drug-facilitated penetration of a victim; forced acts in which a victim is made to penetrate someone; alcohol or drug-facilitated acts in which a victim is made to penetrate someone; non-physically forced penetration which occurs after a person is pressured to consent or submit to being penetrated; unwanted sexual contact; and noncontact unwanted sexual experiences.^{xxvi}

Social determinants of health: Conditions in the environments in which people live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g, social, economic and physical) in these various environments and settings (e.g, school, church, workplace and neighborhood) have been referred to as "place". In addition to the more material; attributes of "place," the patterns of social engagement and sense of security and well-being and also affected by where people live.^{xxviii}

Social-ecological model: A framework for violence prevention that considers the complex interplay between individual, relationship, community, and societal factors. This model promotes an understanding of the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. Besides helping to clarifying these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time.^{xxix}

Structural violence: Economic and social structure, social institutions, relations of power, privilege and inequality and inequity that may harm individuals, families and communities by preventing them from meeting their basic needs.^{xiii}

Targeted universalism: A platform to operationalize universal goals, with strategies that specifically target particular groups – especially those experiencing the greatest barriers to achieving those goals.^{viii}

Trauma: Both experiences or situations that are emotionally painful and chronic adversity (discrimination, racism, sexism, poverty, oppression).^{xiii}

Trauma-informed approaches: Recognize and respond to common responses to trauma and promote restorative (rather than punitive) approaches to trauma.

Violence: Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological or emotional harm, mal-development or deprivation.^{xxx}

Violence prevention: A comprehensive and multifaceted effort to address the complex and multiple risk factors associated with violence, including, but not limited to, poverty, unemployment, discrimination, substance abuse, educational failure, fragmented families, domestic abuse, internalized shame, and felt powerlessness. Efforts build on resilience in individuals, families and communities. Violence prevention efforts contribute to empowerment, educational and economic progress, and improved life management skills while fostering healthy communities in which people can grow in dignity and safety.^{xxxi}

A PUBLIC HEALTH APPROACH TO VIOLENCE

A public health approach to violence focuses on preventing violence before it occurs (i.e., primary prevention), while also acknowledging the need for balance of efforts to ameliorate the impact of violence after it has occurred and reduce the likelihood of future violence (i.e., secondary and tertiary prevention strategies).^{vi} It is population-based and works to increase interrelated resilience factors while reducing risks. Driven by data and a growing research base, a public health approach focuses on the implementation and evaluation of strategies to address risk and resilience factors associated with violence.^{xviii,xxiv,xxxii} Authentic community engagement and participation from diverse sectors are key components of this approach, and public health can play a central role in convening and facilitating collaboration between community members and multiple sectors.^{vi,xxiv} Working across all levels of the [Spectrum of Prevention](#), with a strong emphasis on policy and practice change, strategies aim to build on existing assets to reduce risk factors and bolster resilience factors at the individual, relationship, community, and societal levels.^{vi,xxiv,xxxiii,xxxiv} Increasingly, efforts focus on factors in the community environment, including social-cultural, build/physical, educational, and economic factors. A public health approach has served as the foundation of the planning process and informed the development of balanced, comprehensive, and collaborative strategies to prevent violence. Drawing from research based resources such as the [CDC Technical Packages for Violence Prevention](#), the strategies included in the Call to Action address risk and resilience factors for violence by building on community assets and engaging multiple sectors.^{xiv,xv,xviii,xxxii}

CONNECTING THE DOTS AMONG MULTIPLE FORMS OF VIOLENCE

Developed by the Centers for Disease Control and Prevention (CDC) and Prevention Institute, [Connecting the Dots](#) provides an overview of the links among multiple forms of violence. Exposure to one form of violence increases risk of further victimization and engagement in violent behavior.^{xxiv} Since multiple forms of violence share common underlying risk factors and are often experienced together for individuals, families and communities, addressing shared risk and resilience factors is most effective in addressing and preventing violence.^{xxiv} Connecting the Dots was used to identify risk and resilience factors across forms of violence, and to ensure that the goals and strategies address these risk and resilience factors.

SAFE (SECTORS ACTING FOR EQUITY): PREVENTING INTIMATE PARTNER VIOLENCE

With generous support from Blue Shield of California Foundation, Prevention Institute developed, [A Health Equity and Multisector Approach to Preventing Domestic Violence: Toward Community Environments that Support Safe Relationships in California](#), a paper that offers research, analysis, and frameworks to understand the factors in the community environment that support safe relationships and a reduction in intimate partner violence (IPV).^{xxxv} It identifies opportunities for 13 sectors to engage in IPV prevention and offers a method for multiple sectors to identify joint strengths, strategies, and outcomes. The paper presents an overarching approach to advancing a health equity and multisector approach to DV prevention and identifies broad elements and immediate next steps to move this approach forward.

THE UNITY ROADMAP

The [UNITY RoadMap](#) helps cities to understand and map out solutions for effective and sustainable violence prevention.^{xxxvi} Key elements delineated in the UNITY RoadMap include: partnerships (high-level leadership, collaboration and staffing, and community engagement), prevention (programs, practices, and policies; communication; and training and capacity building), and strategy (strategic plans, data and evaluation, and funding). The UNITY RoadMap was used to inform: the goals, strategies, and indicators; the data and evaluation framework; and

the implementation structure for effectiveness and sustainability, including citywide and neighborhood-based implementation efforts. It was also used to delineate initial plans for communications, resource development, and capacity building. In particular, the UNITY Roadmap affirmed planning participants' understanding of the critical need to reduce silos and foster greater synergy across sectors. The UNITY RoadMap includes information, resources, and examples from a diverse array of cities, and as such, can be used an ongoing resource during implementation and evaluation of the plan.

APPENDIX G: ENDNOTES

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CONTRA COSTA
ALLIANCE
to End Abuse

formerly Zero Tolerance for Domestic Violence



contracostaalliance.org



FAMILY JUSTICE CENTER

SAFETY | HEALING | COMMUNITY

The Family Justice Center (the “Center”) is a warm and welcoming one-stop center for children, youth and adults affected by domestic violence, sexual assault, child abuse, elder abuse and human trafficking. By locating many service providers in one place, the Center helps people in crisis to find hope, safety, and healing through a single door. When families are free from violence, our whole community is healthier and safer.

- Family and interpersonal violence is closely related to other types of violence in a community. Many offenders also commit violent crimes outside their own homes.
- People who have been abused often suffer poor health outcomes and high health care costs, which can last for many years, even after their abuse ends.
- Children who experience trauma from abuse and domestic violence are less able to learn and function in school, and have higher rates of antisocial behavior, substance abuse, mental illness, and adverse health outcomes in adulthood.

We operate three Centers in Contra Costa County: West Center in Richmond, Central Center in Concord, and East Center in Antioch. We serve clients regardless of their income, gender, location or immigration status. In 2020, we served 4,444 clients experiencing violence in their homes.

Why a Family Justice Center? When survivors of family violence seek help, they are often frustrated by a fractured system. They may have to travel to multiple locations to access criminal, civil, and social services. They will have to re-live personal traumas as they tell their story repeatedly. National estimates show that victims may access as many as 32 different agencies for assistance. These hurdles can discourage their efforts, and cause many people to simply stop seeking help.

For clients to come to just one location is faster, far less expensive, and help is more immediate. Clients can access a broad spectrum of essential services during each visit when multiple partners are on-site. As an added benefit, reducing the number of times a client must tell his or her story significantly reduces the trauma associated with multiple interviews or assessments, especially for children.

Putting many agencies in one place not only promotes efficiency, but also improves the quality of services. Working face-to-face in the same location allows agencies to serve and advocate for clients quickly and directly; eliminates redundancies; and improves coordination. Papers are filed right away and cases are completed more quickly, with the ultimate result that *clients can be safer sooner*.

How We Serve Our Clients: About 70% of our clients earn less than \$2,000 a month; 50% are Latinx and 15% are African American; 86% of clients are female; and many have young

children. We are open Monday through Friday, from 9 am to 5 pm. We welcome walk-in clients and receive referrals from law enforcement, public agencies, community-based organizations and community members.

What is a Family Justice Center?



Each client works with an expertly-trained, culturally- and linguistically-competent Navigator. Navigators serve as each client's single and trusted point of contact. They provide guidance that supports clients to make safety plans and connect with services to address their immediate crisis related needs. After working on their crisis, our Navigators connect clients to **Long Term Safety** programs that will help build resources in four domains: health (including mental health), education and training, wealth and community.

We also support our Community Fellows program, which provides survivors with skills mentorship, training, access to a learning community, a small monetary stipend, and ongoing support as they each develop and execute an independent, self-directed community project. The Center also invites the Community Fellows to participate as partners and equal stakeholders who guide our work.

How We Work with and Support Partners: Our Navigators connect clients with our partner agencies. Our on-site partners include 9 law enforcement agencies, 8 County/city agencies and 46 community based non-profit organizations.

We collaborate with many of our partners to **build capacity** within our county to support survivors of interpersonal violence. These collaborative efforts include coordination of multidisciplinary team meetings to review high risk cases of domestic violence and human trafficking, the Strangulation Task Force to create a comprehensive county-wide response to cases of strangulation, and participate in the Domestic Violence Death Review Team to create recommendations for ways domestic violence related deaths can be prevented in the future.

Supporting Measure X Request: We support the request by the Alliance to End Abuse for \$4 million of Measure X funds. This funding will fill the unmet needs while implementing innovative, transformational initiatives that will end and prevent interpersonal violence.

In terms of resource gaps, we want to highlight the following:

- Civil legal assistance, including family law, housing, immigration and elder abuse lawyers: Most of our clients seek legal advice; but our current community capacity does not meet this need.
- Community based victim advocates: Our clients need advocates who can provide comprehensive case management at our three Centers full-time. Community advocates can act as cultural brokers and develop trusting relationships with client communities.
- Affordable childcare: Many of our clients would like to go to work or school, but they do not have affordable childcare.
- Affordable housing: This is a huge challenge for many people, especially for IPV victims and their families.

As for transformational ideas, we support:

- Community connectedness: The Center has supported various programs designed to promote community connectedness and leadership.
- Flexible financial assistance: These Measure X funds can go straight to our clients experiencing violence and abuse to overcome their challenges and rebuild their lives. They need financial assistance that will help them retain or obtain housing and childcare. They also need income while they are in training or looking for a job.
- Restorative justice approaches and practices: Many victims of interpersonal violence seek safety and accountability through community-based interventions rather than the traditional response of separation and arrest. In general, RJ brings together those who have harmed, their victims, and affected community members into a process that repairs harm and rebuild relationships.

Please visit our website: cocofamilyjustice.org

Rev. 7/7/2021



FAMILY JUSTICE CENTER

SAFETY | HEALING | COMMUNITY

cocofamilyjustice.org

Measure X Packet Index

07/14/2021

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2. "What is a Family Justice Center?" Wheel
3. Family Justice Center MOU Partners List
4. Family Justice Center Community Fellows Report
5. Contra Costa County Domestic Violence Death Review Report Summary
6. Contra Costa County Strangulation Task Force Report



West:
256 24th Street
Richmond CA 94804
(510) 974-7200

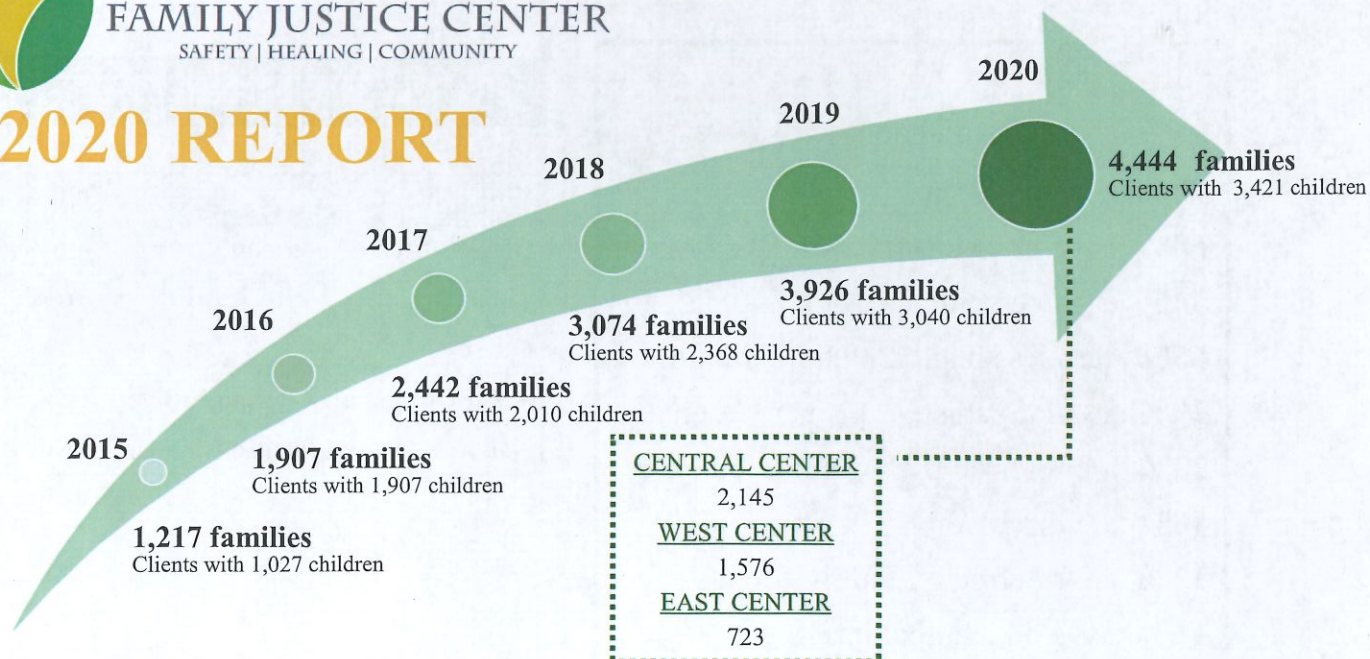
Central:
2151 Salvio Street, Ste 201
Concord, CA 94520
(925) 521-6366

East:
3501 Lone Tree Way Antioch, CA
94509



FAMILY JUSTICE CENTER
SAFETY | HEALING | COMMUNITY

2020 REPORT



NEW 2020 MOU PARTNERS

- 18 Reasons/Cooking Matters
- Brighter Beginnings
- One Day At A Time
- Pinole Police Department
- Renaissance Entrepreneurship Center

TYPES OF VIOLENCE

	CENTRAL	WEST	EAST
Domestic Violence	73%	66%	56%
Sexual Assault	7%	14%	16%
Child Abuse	10%	9%	9%
Elder Abuse	6%	6%	5%
Stalking	3%	4%	12%
Human Trafficking	1%	1%	2%

COVID-19 RELIEF

FINANCIAL ASSISTANCE

- \$77,000 total to 142 families with 263 children impacted

GROCERY CARDS

- 309 families with 481 children impacted

CHROMEBOOKS

- 50 to families in need

BART TOY DRIVE

- 1,200 toys to 121 families with 315 children



OUR CLIENTS



- 97%** are worried about their safety
- 70%** have children
- 68%** have prior history with IPV or law enforcement
- 65%** earn less than \$2,000 per month
- 29%** speak Spanish as primary language
- 22%** are referred by law enforcement
- 18%** are disabled
- 13%** are referred by family/friends
- 16%** have no medical insurance
- 14%** are male
- 18%** live with a substance abuser
- 18%** lack immigration status
- 11%** are over 60 years old
- 6%** have no place to stay tonight

RACE/ETHNICITY

Latinx	51%
White	20%
Black/African American	15%
Asian	6%
Other	5%
American Indian/Alaskan Native	2%
Native Hawaiian/Pacific Islander	1%



TOP 5 CONNECTIONS

STAND!	18%
Lawyers for Family Justice	18%
Healing Conversations	6%
Bay Area Legal Aid	5%
Restraining Order Clinic	4%

TOP 5 CLIENT NEEDS

Advocacy ("Comprehensive Services")	18%
Family Law Assistance	15%
Mental Health Counseling	10%
Financial Assistance	10%
Restraining Order Assistance	10%



TOP 5 CITIES

1. Richmond
2. Concord
3. Antioch
4. Pittsburg
5. San Pablo



The Family Justice Center assists families regardless of location. In 2020, we assisted families from **19** states!

CRISIS SUPPORT PROGRAMS

Domestic Violence Multidisciplinary Team

- Reviewed **18** cases with **102** partners

Human Trafficking Multidisciplinary Team

- Reviewed **11** cases with **63** partners

Lawyers for Family Justice

- **591** clients served through **1,774** pro-bono office hours

Healing Conversations

- **457** tele-therapy sessions held for **190** clients

LAWYERS
for
FAMILY JUSTICE



COMMUNITY BUILDING PROGRAMS

Family Justice Institute

- **26** total workshops with **1,681** participants

Project Connect

- **15** gatherings held with **221** participants

LONG-TERM SAFETY PROGRAMS

Comenzar un Negocio Con Confianza

- **18** students completed an entrepreneurship course

Cooking Matters

- **4** classes hosted with **56** participants

Inner Strength Yoga

- **33** sessions attended by **198** participants

Success Academy

- **52** students received helped with their education

Triple P Parenting

- **55** parents participated in learning parenting skills

KARMA
YOGA TRIBE
GOOD FOR YOU, YOUR FAMILY, YOUR COMMUNITY



GOVERNMENT CONTRACTS & FOUNDATION GRANTS

GOVERNMENT

California Governor's Office of Emergency Services
Community Development Block Grant Antioch
Community Development Block Grant Concord
Community Development Block Grant Public Service
Concord /Pleasant Hill Health District
Contra Costa Census 2020
ECIA City of Richmond
Employment & Human Services: Alliance to End Abuse
Employment & Human Services: Elder Abuse Prevention
Keller Canyon Mitigation Fund

FOUNDATIONS

Blue Shield of California Foundation
Chamberlain Family Foundation
Contra Costa Regional Health Foundation
East Bay Community Foundation
Gerbode Foundation
Goodwin Family Foundation
Hellman Foundation
June & Julian Foss Foundation
Kaiser Community Benefit Northern California
Korpita Family Foundation
Leshner Foundation
Lowell Berry Foundation
Pacific Service Credit Union
San Francisco Foundation
Share the Spirit
Silicon Valley Foundation
Travis Credit Union Foundation
Van L6ben Sels/RembeRock Foundation
Witkin Foundation
Women's Catalytic Fund



SUSTAINING CONTRIBUTIONS

HOPE CIRCLE (\$10,000+)

John Muir Health Foundation
Seeno Homes & Jacqueline M.Seeno Construction Co., Inc
Sutter Delta Medical Center

HEALING CIRCLE (\$5,000-\$9,999)

Brenden Mann Foundation
City of Brentwood
Elizabeth Weiss
Kaiser Permanente East Bay/Diablo
Reyes Coca Cola Bottling

SAFETY CIRCLE (\$2,500-\$4,999)

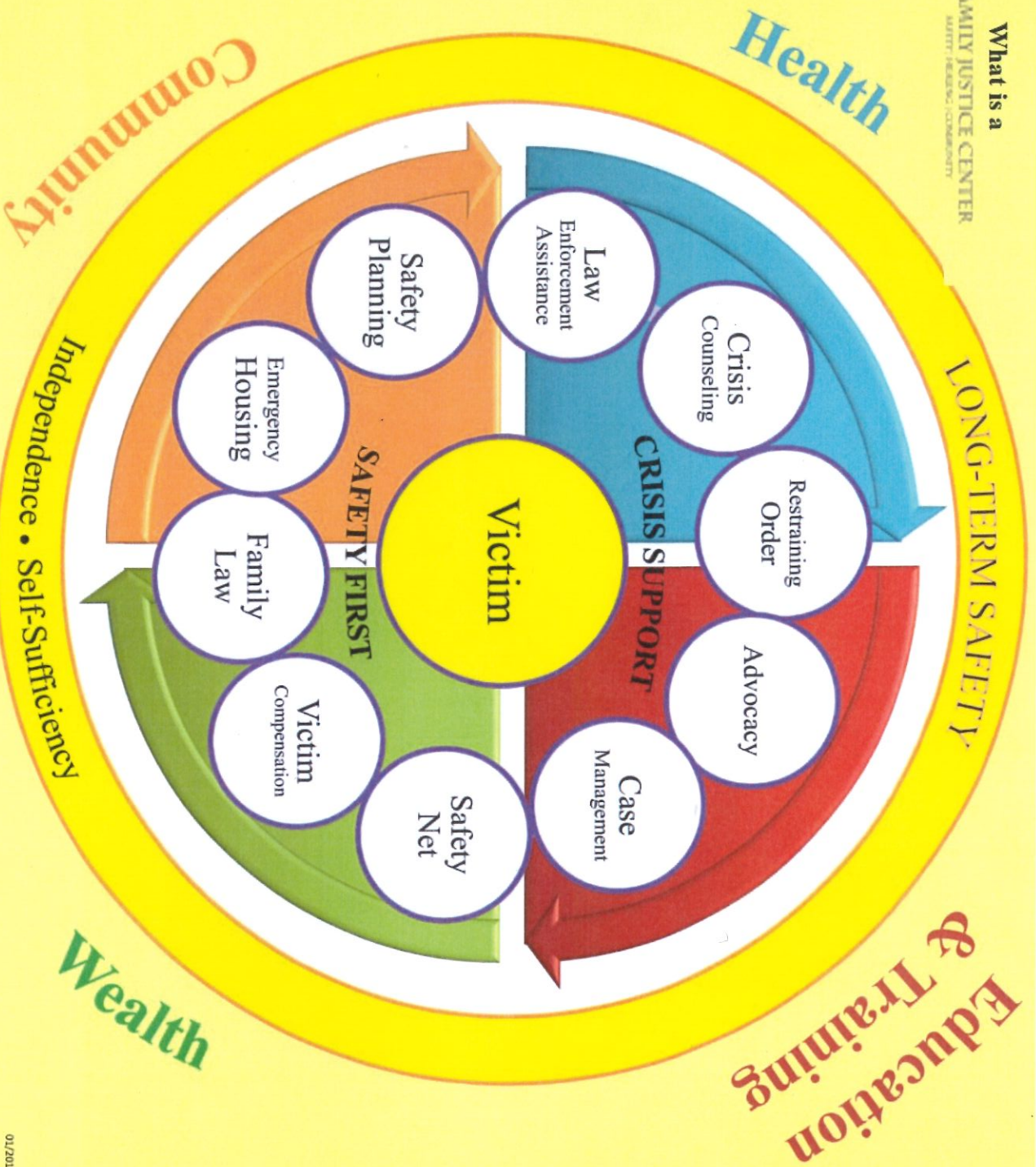
AT&T Services, Inc.
Bay Church
Garaventa
James Paulsen
Kathleen Cole-Smyk
Mechanics Bank
Ron Brandon
Western Alliance Bank

FRIENDS CIRCLE (\$1,000-\$2,499)

Angie Coffee
Carey Watson
Contra Costa District Attorney's Office
Devorah Levine
Elizabeth Premazzi
Goodwin Family Foundation
Harry Gilbert
Jackie Seeno
Linda Kay Tittle
Richmond Police Officers Association
Rotary Club of San Ramon Valley
Timothy & Tamara Grayson
Tom Siino

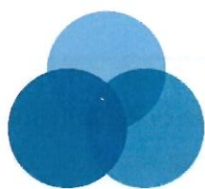
2020 SUPPORTERS

Ada Tsui	Candace	Curtis Roe	Haydee Alfonso	Karen Zepeda	Lindsay Dilworth	Michelle Lee	Robert H. Uyeki	Susun Kim
Akiko Lewis	Andersen	Cynthia Torp	Heather Wagner	Katherine	Lisa Mihaly	Mido Lee	Robert Nash	Tamina Alon
Alex Crumlin	Carey Gregg	Dana Filkowski	Henry Kelly	Siegfried	Lisa Palacios	Mindy Pines	Robert Rachal	Tammany Brooks
Alex Zobel	Carla	Darren Deffner	Idania Wong	Keally McBride	Lois Price	Misha Misha	Robyn Gerdes	Tara Roach
Alfred Stansbury	Winter-Evans	Dave Ralston	James Bardley	Ken Carlson	Lora & Guy	Nancy Noble	Rose Duignan	Teresa Gerringer
Alicia Brizzi	Carlyn Obringer	Debbie Long	James Cummings	Kim Trupiano	Swanger	Nancy Kersey	Rye Thomson	The Glen Price
Alison Marcozzi	Carol Weesner	Denise Barrios	Janet Kennedy	Kimberli Walker	Lori Johnson	Natalie	Sabrina Ferrell	Group
Andrew Schneit	Celeste Tell	Denise East	Janice Johnson	Kimberly Barnes	Louise Williams	Boyanovsky	Sarah Wilhelm	Tim Bouslog
Angela Rundles	Charles & Ann	Denise Winn	Jay Larrick	Kristen Busby	Luanne Oleas	Natalie Oleas	Savannah Stewart	Tina Akins
Anne Lackey	Myers	Diana Becton	JayMarie Garcia	Kristin Bodiford	Luise Reul	Neda Raeva	Sean Bimey	Tom Tamura
April Allen	Cheryl Owens	Diane Burgis	Jeanie Bunker	Kyoko Bischof	Lynn Mackey	Nicole Haley	Shannan Moulton	Tyler Watson
April Capil	Chassidy Hanley	Don Sherwood	Jenny Hartshorn	Lana Real	Magda Lopez	Nikki Wong	Sharon Friedland	Vanessa Barnett
Ava Zahara	Chris Kanios	Donna Dupuy	Jeremy Seymour	Lara DaLaney	Manny Bowlby	Nina Drucker	Sharon Kojima	Varinder & Ankush
Ziegler	Chris Maourlot	Duffy Newman	Joanna Chleboun	Laura Stephens	Marcel Hawiger	Oravanh	Sheila Duignan	Sudhir
Ben Ilegbodu	Christina	Elizabeth Dantes	Johanne Hardy	Laura Wilson	Marisa Traylor	Thammasen	Shelly Pighin	Varuna Choudhry
Billy Crawford	Harrington	Emily Lee	Jordan Simmons	Lauren Lamberto	Marisol Martinez	PohmYoga	Shirley Krohn	Veronica Dodson
Bindu Fernandez	Christina Mares	Eric Vacin	Joseph Lynch	Lauren Villa	Marjorie Leeds	Polly Robbims	Sira Anderson	Victoria Torres
Bisa French	Colleen Gleason	Fine Tuning	Josephine Zhao	Leslie Gguina	Marry Anne	White	Stephanie Kang	Viji Ravikumar
Brenda Solorio	Constance Gatto	Healing Arts	Josh Frager	Leslie Ruiz	Snowber	Rachel Molano	Stephanie Rivera	Wasatch West
Brian Oreilly	Contra Costa	Francis Nepacena	Joy Bloch	Leticia Chavez	Mary Staunton	Raully Butler	Stephen Nagorski	Young Chang
Caitlin Elliot	County Chapter IFPTE	Gael Strack	Judy Gee	Liliana Moncada	Matt Hatfield	Rebecca Prather	Sunny Rising	Yvette Williams
Caitlin Lawrence-	Local 21, AFL-CIO	George Fulmore	Julie Freestone	Linda Moll	Melodi Dice	Richmond Police	Leather	Barr
Toombs	Cristina	Harpreet Sandhu	Karen Majors	Linda Reynolds	Michele Kwok	Management	Susan	
	Principato	Harry Gilbert				Association	Woodhouse	



FAMILY JUSTICE MOU PARTNERS: 63

		Joined	West	Central	East	Offsite
Law Enforcement: 9		9				
Concord Police Department DV/SV Unit	Investigation	2015		X		
District Attorney's Office	Prosecution	2017	X	X	X	
DA's Victim Assistance Program	Services for crime victims	2015	X	X	X	
Pittsburg Police Department	Investigation	2015			X	
Richmond Police Department: DV/SV Unit	Investigation	2014	X			
Antioch Police Department	Investigation	2019			X	
Oakley Police Department	Investigation	2019			X	
Brentwood Police Department	Investigation	2019			X	
Walnut Creek Police Department	Investigation	2021		X		
County/City: 8		8				
Alliance to End Abuse	Training and TA	2015				X
CCC Senior Peer Counseling	Peer counseling for seniors	2016	X	X	X	
Contra Costa County Library Adult Literacy Program - Project Second Chance	Literacy for Every Adult Project (LEAP)	2015	X			
Contra Costa County Office of Education	Case management for homeless children, youth and families	2019	X		X	
EHSD/Adult Protective Services	Elder abuse investigation	2015	X	X		
EHSD/Benefits	Assistance with CalWorks, CalFresh, and Medi-Cal	2018	X			
EHSD/Children and Family Services	MDT meetings	2018				X
EHSD/For our Families	Navigation for EHSD resources	2018	X	X	X	
Community Based Organizations: 46		42				
18 Reasons/Cooking Matters	Cooking classes	2020			X	
Bay Area Legal Aid	Civil legal services	2014	X	X	X	
Brighter Beginnings	Health services for parents and their children	2020				X
C.O.P.E. Family Support Center	Counseling and parent education	2017	X	X	X	
Community Violence Solutions	Comprehensive services for sexual assault and human trafficking victims	2015	X	X	X	
Contra Costa Crisis Center	Crisis support and 211	2018	X	X	X	
Contra Costa Senior Legal Services	Civil legal services for elders	2016	X	X	X	
Court Appointed Special Advocates, CASA	Court-appointed volunteer advocacy for foster youth	2015		X	X	
CV Tax Solution Firm, Claudia Velasco	Tax preparation	2018		X	X	
DeafHope	Comprehensive services for deaf victims	2016	X	X		X
Early Childhood Mental Health	Mental health services for young children	2017	X			
East Bay for the Performing Arts	Performing arts programs for youth and young adults	2021				X
Familias Unidas	Mental health services for adults and children	2015				X
Fresh Approach	Making Healthy Food More Accessible in the Bay Area	2021	X	X	X	
Healing Conversations, Angela Canestraro	Free mental health counseling	2019	X	X	X	
Hope Solutions, formerly Contra Costa Interfaith Housing	Housing services	2019	X	X	X	
John F. Kennedy University, JFK Counseling	Counseling services	2019	X	X		
Jubilee Immigration Advocates	Immigration law consultation	2017	X			
Karma Yoga Tribe, Kimberli Walker	Yoga classes	2016	X			
La Clinica de La Raza	Community health center	2018		X		
Lao Family Community Development, Inc	Crime Victim Services	2018	X			X
Lawyers for Family Justice	Free civil legal services	2016	X	X	X	
Love Never Fails	Services for domestic sex trafficking victims	2018	X	X	X	X
Meals on Wheels Senior Outreach Services	Case management for seniors, fall prevention education, and meals	2016	X	X	X	
Monument Impact	Mental health workshop in Spanish	2015		X	X	
Narika	Domestic violence advocacy for South Asian victims	2015	X	X		
National Alliance on Mental Illness, NAMI	Mental health education	2015		X		X
Ombudsman Services of Contra Costa County	Monitoring of assisted living facilities	2015	X	X	X	X
One Day At A Time	Youth development and services	2020			X	X
Pillars of Hope, Inc	Resources for victims of human trafficking	2021		X	X	
Planned Parenthood Northern California	Reproductive Health counseling and services	2018				X
Rainbow Community Center	Comprehensive services for LGBTQ community members	2015	X	X	X	
Renaissance Entrepreneurship Center	Workshops for small businesses and entrepreneurs	2020	X	X	X	
RotaCare Richmond	Medical services for adults and children	2015	X			
Shelter Inc.	Housing services and services for veterans	2021				
STAND! for Families Free of Violence	Comprehensive services for domestic violence victims	2015	X	X	X	X
Success Academy	Tutoring and special projects help for children	2019	X	X		
Tandem, Partners in Early Learning	Families resources to support their children	2019	X	X	X	
The Grateful Garment Project	Clothes and essentials for sexual assault survivors	2018	X	X	X	
The Latina Center	Spanish support group for DV victims	2015				X
We Care Services for Children	Mental health services for young children	2015		X		X
West Contra Costa Youth Services Bureau (YSB)	Wrap around services for young children and their families	2021	X			X
Yellow Heart Committee		2021		X		
Child Abuse Prevention Council		2021	X	X	X	
The Alliance for Community Wellness, dba La Familia		2021	X	X		
Community Financial Resources		2021				



FAMILY JUSTICE CENTER



FAMILY JUSTICE CENTER COMMUNITY FELLOWS

SURVIVORS' LEADERSHIP DEVELOPMENT

2016-2018



Introduction

The mission of the Contra Costa Family Justice Center (“Center”) is to bring together our community to support the healing of family violence survivors, and to integrate capable partners with a comprehensive service approach to renew individuals and our community from the trauma of family violence. “Community” is an integral part of the Center’s mission, strategies, and day-to-day work. The Center is committed to offering crisis support services to victims of interpersonal violence (IPV, including domestic violence, sexual assault, child abuse, elder abuse, and human trafficking), as well as providing long-term safety support and number of community-building programs.

The Center piloted its first Community Fellowship project in 2014-2015. Since then, the leadership development program for survivors of IPV has become one of our core programs. The Community Fellowship provides IPV survivors with skills mentorship, training, access to a learning community, a small monetary stipend, and ongoing support as they each develop and execute an independent, self-directed community project. The Center also invites the Community Fellows to participate as partners and equal stakeholders who guide our work. They express and hold us accountable to authentic community needs, while they learn about criminal justice, social service and other systems, grow their networks, and build practical skills.

Working with survivors as our partners through this project has powerfully influenced the Center and changed our perspective about, and our relationships with, the community and clients we serve. We have shifted away from a traditional clinical/professional relationship with clients to a truly client-focused and community-centered perspective. In traditional clinical view, clients come to service providers to solve their problems, and the actions and solutions are thought to come from the service provider – they play a powerful role. The client acts as a passive recipient with little or no power; once their problem is “solved,” they are not expected to return.

However, we now see that the Center’s work is more relevant and effective as an *equal partner* with survivors and clients who bring unique and necessary solutions, strengths, experiences, and insights into the relationship. The Center intentionally and explicitly invited its Fellows to contribute to our programs their best ideas and insight from their lived experiences. Over the past three years, the Fellows’ work and ideas have changed our policies, protocols, and practices to make them more relevant and effective. Their community projects, big and small, have made lasting changes at the Center, and they continue to be key stakeholders and active participants in our work and community even when they no longer need crisis intervention or safety support.



History of Community Fellowship

The first iteration of the Community Fellowship program was in 2014-2015. A small number of community members who had experienced interpersonal violence joined the Family Justice Center for a limited time to work at the office, participate in outreach, and share their ideas and perspectives about the Center's services. *Carmen Flores* was the first Community Fellow and an accidental founder of the program when she showed up at the Center hoping "to help out." She did not have the right job experience or skills to take on a staff position, so she and a few other local residents received mentoring and skills training while helping with office chores one to two days a week. For the first two years, their fellowship was informal, without a set curriculum – but the seed Carmen Flores planted had taken root. After two years at the Center, Carmen moved on to a full-time administrative position at the Youth Service Bureau in Richmond in 2016, where she put to work many of the skills she gained at the Center. She is working there today.

The second iteration of the Community Fellowship program kicked off in January 2016. Now with a program plan and a proposed curriculum, the Center was awarded a grant from the Blue Shield of California Foundation to offer a 10-month leadership development training for a cohort of 10 individuals at the Center's two locations, Central and West. The cohort received formal mentorship and computer skills training, and they were given a small stipend upon completing their community project. A second cohort of nine Fellows had a similar experience throughout 2017. These two years resulted in 19 community projects from 19 emerging leaders, which they designed themselves.

Marisol Martinez was one of the early Community Fellows from 2014-2015 who returned to participate in the formalized Community Fellows program in 2016. She created Project Connect, a monthly community-building and skill-building circle for the Latinx community, which incorporates restorative justice practices (e.g., community building circles). Project Connect draws 16-20 participants at each monthly gathering. Many of our past Community Fellows have also been regular Project Connect members. In 2017, Marisol accepted a staff position as a Project Assistant and Navigation Support staff at the Family Justice Center, and she continues to facilitate Project Connect, which has become one of our core programs.

The third iteration of the Community Fellowship program started in January of 2018. Instead of having a cohort of 10 Fellows, the Center offered a four-month cohort for four Fellows in the spring, and a three-month cohort for three Fellows in the fall. The format of the third iteration was designed so that the Center could sustain the essential elements of the program without a dedicated funding source, and to demonstrate that a less-intensive program could be replicated by other IPV victim service providers. While the 10-month program (with a \$3,000 stipend for each Fellow) allowed for deep learning and connections, it was not sustainable or replicable without dedicated funding. The modified program in 2018 produced desired results -- each of the 2018 Fellows still designed and implemented community projects. Based on its successes, the Family Justice Center will continue to run and support the Community Fellowship as a 3.5-month program where individuals who have experienced interpersonal violence come together as a learning cohort to build leadership capacity, design and implement community projects, and contribute to the Family Justice community.

Leadership Development Framework

Key leadership development tools in the Family Justice Center's Community Fellowship program were adapted from the work of Dr. Monica Sharma, an author and former Director of Leadership Development at the United Nations. The curriculum is designed to address challenges that are common among individuals who have experienced interpersonal violence and are no longer in crisis, yet who are still traveling the distance between surviving and thriving. It is specifically designed to address:

- ❖ Low self-confidence, or low self-efficacy¹; and
- ❖ The lack of survivors' voices and insights in conversations about what and how to create effective responses to interpersonal violence.

Often, individuals who experience interpersonal violence lose confidence their ability to create and lead change in themselves, let alone in their communities. They may doubt that circumstances can be different. Although they have life experiences that could inform improved responses to interpersonal violence and lead to positive change in their communities, survivors may feel isolated and disconnected, and as a result, may fail to share their experience and ideas with service providers and others.

By the end of participants' Fellowship experience, we expect the following outcomes:

- ❖ Each program participant will complete a community project that is IPV related and that connects to the purpose of the Center;
- ❖ Self-evaluations will reveal that participants experience increased levels of generalized self-efficacy and leadership efficacy;
- ❖ Program participants will contribute to Family Justice Center practices, and will work with the Center and/or its partner organizations on projects;
- ❖ Program participants will each attain new practical skills, and create a new resume.
 - To make the above happen, the program invites and supports following mindset shifts:
- ❖ A shift from "us versus them" to "we."
- ❖ Shift from a scarcity mindset of "not enough" to one of "creating from what I know and what I have available right now."
- ❖ Shift from a belief that "I'm not responsible" to believing "we are all responsible" for the safety and wellbeing of our communities.

¹ Self-efficacy is the belief one has in one's abilities to meet the challenges and succeed. We used the General Self-Efficacy Scale by Judith Bäßler, Ralf Schwarzer & Matthias Jerusalem, 1993.

Values and Principles

The values on which the Community Fellowship is built include: dignity, courage, inclusivity, compassion, and creative possibility. The project's guiding principles include:

- ❖ *Connection.* We recognize that community problems call for community solutions and that we can do more when we come together. The program connects fellows with the Center's partner organizations and other Fellows, past and present.
- ❖ *Contribution.* Fellows give back to their communities through designing and implementing community projects which are in alignment with the Center's mission. Their human need to contribute is honored and valued as their feedback on our work is embraced.
- ❖ *Celebration.* Fellows celebrate their accomplishments and learning in community. They re-inspire each other to set new goals and stretch further. They get to know themselves not only as survivors, but also as creators of new possibilities for themselves and others.

Basic Program Components

To operate effectively, the Community Fellowship project must have (a) a Program Coordinator; (b) Mentors (each Fellow is assigned one Mentor); and (c) Community Projects. The Program Coordinator is responsible for recruiting and selecting Fellows, training and supporting them throughout the Fellowship, and overall project management. Mentors offer encouragement and constructive feedback to support the Fellows to select and design their Community Projects, prepare action plans to implement them, and decide how to evaluate their projects. In the Center's program, each Mentor was expected to communicate with the Fellows they mentor at least every other week, and to attend the Fellowship graduation.

The Community Project represents a focal point for each Fellow's leadership journey. Out of 26 Fellows, 25 designed and implemented a community project. A full list of the projects is attached, but some examples include:

- ❖ *Project Backspace:* Transforming a largely-unoccupied bare cement walkway outside the back door of West Center into an outdoor sanctuary for clients, partners, and staff.
- ❖ *Project Faith in Action:* Engaging one Fellow's faith community to support the Family Justice Center on an ongoing basis through donations and volunteerism, including a Back to School Supplies Drive, and adding the Center to the church's volunteer roster.
- ❖ *Let's Make a Change:* A workshop for Latino parents about bullying that introduces restorative justice principles to change attitudes about children who commit acts of bullying, and to raise awareness about the impact it has on children when they experience abuse in the home.
- ❖ *Activate Physical Health, Inner Peace and Self-Love:* a 6-week fitness and nutrition class for victims of domestic violence.

- ❖ Breaking Barriers in Education: a Community Diagnostic for Latinx immigrants that seeks to ascertain interest in continuing education and to understand perceived obstacles to taking action on that interest, as well as factors that motivate them to continue studying.

Essential Community Fellowship Elements²

To support each Fellow to develop their community project, the program provides them:

- ❖ Two full days of immersion into leadership training to launch the training (7 hours per day).
- ❖ Fellows' meetings twice a month to support one another to design and implement their community projects (2.5 hours per meeting, after the initial two-day immersion).
- ❖ Basic Computer Skills class (3 hours).
- ❖ Interpersonal Violence 101 training (facts, myths and dynamics of IPV) (4 hours).
- ❖ Support Circles twice a month in-between group meetings (2 hours per circle).
- ❖ Coaching calls with Program Coordinator once a week.
- ❖ Twice a month feedback and assistance from Mentors about the development of their community project, whether by phone or email.
- ❖ Outreach activities (minimum 10 hours throughout Fellowship).
- ❖ An informational interview with a Family Justice Center partner organization.
- ❖ Resume consultation with workforce development coach.
- ❖ *Mentes Positivas en Accion*, a 6-week program (if group is Spanish Speaking) or support group meetings if available.
- ❖ Community Fellow Agreement.
- ❖ Community Fellow Statement of Commitment.
- ❖ General Self Efficacy Evaluation, a self-evaluation completed at the start and end of the program to measure each Fellows' belief in their own ability to succeed and to accomplish tasks and goals.
- ❖ Leadership Efficacy Evaluation, a self-evaluation completed at the start and end of the program to gauge each participants' level of confidence in their knowledge, skills, and abilities to be an effective leader.
- ❖ Support to design and implement a community project throughout the duration of the program.
- ❖ Individual presentations at the Fellowship graduation when each participant speaks about their own leadership journey and their community project.
- ❖ \$500 stipend for Community Fellow participation.

² A tool kit for Community Fellowship Program Coordinator contains information and documents covering these topics and can be made available upon request.

Changes in the Fellows

Using the General Self-Efficacy Scale, we asked Community Fellows to self-report their sense of self-efficacy and leadership efficacy at the beginning and end of their fellowship. Nearly all Fellows in each year of the program improved their self-efficacy by the end of the Fellowship. They agreed with statements such as, “I can solve most problems if I invest the necessary effort,” and “Thanks to my resourcefulness, I know how to handle unforeseen situations.” They also had improved perception of their own leadership abilities. At the end of the program, they agreed that “I can communicate effectively,” and “I can ‘take charge’ when necessary.”

When they put this into their own words, many of them made statements like: “I can do more things than I think.” “In spite of my insecurities, I know I’m powerful and that I can do anything.” “I have many strengths as a person.” “I am unstoppable.” “If I put my mind to it, I can make a change in my community.” “Nothing is easy but everything can be accomplished.” “I don’t have to be perfect, just present, persistent, and committed to a purpose.”

On their exit evaluations, Fellows reported improving their skills in: networking, public speaking, planning and coordinating events, assessing community needs & existing resources, making presentations, time management, community building, and communicating in English

Another strong indicator of the program’s impact is the ongoing involvement of past Fellows with the Fellowship program and with the Center, and the continued evolution of some past Fellows’ community projects.

Changes at the Center

Community Fellowship program invites the Fellows to give input on the Center’s policies, protocols, and practices. Over the past three years, they provided critical, relevant and useful input which encouraged the Center to:

- ❖ Advertise stories about the Fellows’ and their Community Projects as inspirational news, which led us to make calls to media outlets.
- ❖ Create new outreach opportunities to link their own communities to the Center.
- ❖ Introduce outreach materials at places that many people visit regularly, such as check-cashing facilities and public benefits offices.

- ❖ Shift the Center's communications with partner organizations on immigration issues and DACA repeal, after Fellows shared their perspectives on these issues.
- ❖ Provide coloring paper and markers for children waiting in the lobby, after Fellows told us they noticed children in the waiting room with their parents were drawing all over the Center's informational flyers.
- ❖ Attract more traffic to the Center's table at family-friendly outreach events by providing giveaway items geared toward children. At the suggestion of our Fellows, the Center now gives away small Play Doh containers at outreach events. The containers have Family Justice Center stickers with our phone number. It is effective and low-cost marketing: children swarm around the table, and their parents quickly follow.
- ❖ Greater inclusivity and continuous inquiry about "who is not in the room" for conversations about IPV resulted in editing our handouts to include men and persons with disabilities by name, due to one Fellow's unwavering commitment to "radical inclusivity."

The most significant contributions have been:

- ❖ Project Connect, which started in 2015 and now has become a core program of the Family Justice Center. It has also become a launching pad for new Community Fellow projects and a gateway into the Center's long-term safety programs. These community meetings consist of community building circles and information workshops have been occurring every month.
- ❖ On the recurring theme of the Family Justice Center being about families, one of the first cohort Fellows mentioned that she was sharing with other parents the services at the Family Justice Center "that are not just about helping women." She said that community members were surprised to hear, for instance, about our parenting classes, which she encouraged others to join. This same Fellow said that the reason more people didn't come into our Center was that many families, to survive financially, needed the support and contribution of its members, and that "striking out on one's own" may not be the answer for everyone. She gave examples from her own personal experience about how her marriage had grown and changed over time and wondered why there was no more support for intact families to gain skills in improved family relationships and communication. This feedback impacted the design of 2016 Innovations Conference on the theme of Restorative Justice. The 2016 Conference

featured Mimi Kim of Creative Interventions and sujatha baliga of Impact Justice, two renowned experts in the fields of IPV and transformative/restorative justice. From the conference, we generated enough community interest to start a pilot elder abuse restorative justice project in 2017. Subsequently, the Center was able to obtain a grant under the Innovative Response to Marginalized Victims Program of the California Office of Emergency Services and launched a bigger scale pilot family violence restorative justice project in partnership with five community-based organizations.

Sustainability and Replicability

Over the past year, the Family Justice Center developed a Project Coordinator Toolkit for the Community Fellows program to guide future program implementation, and as a reference for other organizations that may replicate the Fellowship. The Toolkit outlines the methods we have used to develop Fellows' leadership abilities across three domains: (1) personal development and leadership capacity, (2) designing and implementing a project that impacts the community, and (3) interpersonal communication.

The Family Justice Center is committed to continuing the Community Fellowship program after the end of Blue Shield's grant funding for the program. The Fellowship program has impacted the lives of individual Fellows as well as their communities, and has enabled the Family Justice Center to partner with the families and communities we serve so we can meet their needs.

List of Community Fellows and Projects

2016 (10)

- ❖ **Marisol Martinez: *Project Connect***
A monthly community circle where Latino survivors co-create safety in learning and select topics for skill building.
- ❖ **Sindy Juarez: *Project Raise Your Voice***
A step-by-step bilingual Guide for Latino parents of Children with Special Needs.
- ❖ **Nelvis Quintana: *Project Cyber Prevention***
A resource page for Latino parents about cyber bullying.
- ❖ **Aracely Cuevas: *Project Protection***
Decoy cards for Spanish-speaking victims of domestic violence.
- ❖ **Cynthia Altamirano: *Project Faith in Action***
Engaging her faith community to support the Family Justice Center on an ongoing basis through donations and volunteerism, including a Back to School Supplies Drive and the addition of the Center to the church volunteer roster.
- ❖ **Petronila Fernandes: *Project Parents Council***
A survey for Latino parents at Ford Elementary to engage parents in their children's education and to engage the school's collaboration.
- ❖ **LaTonya Germany: *Project Yummy***
Bringing the "Cooking Matters" program to GRIP shelter staff and residents, to increase nutritious and flavorful food choices.
- ❖ **Rosario Aviles Ibarra: *Project MIA***
MIA self-care bags for victims of domestic violence. Rosario presented her MIA bags at the workshop: "Pasando La Voz con MIA."
- ❖ **Mariana Rosales: *Project "Pasando La Voz"***
"Pasando La Voz con MIA," a workshop to raise awareness in Latina women about types of domestic violence and the risks of acquiring HIV.
- ❖ **Vanessa Johnson: *Project Backspace***
Transforming the West Center's bare, cement, largely unoccupied space into an outdoor sanctuary for clients, partners and staff.

2017 (9)

- ❖ **Janell Coleman: *Marsh Creek Community***
Creation and coordination of Family Movie Nights at Marsh Creek Apartments in Brentwood, where Janell and her family live.
- ❖ **Esmeralda Cardenas: *Happy Women***
A crafts class (embroidery and crochet) for Central Center clients that inaugurated at a Project Connect meeting.
- ❖ **Sparkle Stephen: *Pals 4 Change***
Connecting isolated survivors of abuse with shelter pets so they can heal together.
- ❖ **Tiphereth Banks: *Sauti (Swahili for sound or voice)***
Contour Drawing classes for urban youth as a channel for self-expression.
- ❖ **Carmen Alejo: *Active Parents, Healthy Children***
A five-part bilingual workshop for parents of children diagnosed with mental illness.
- ❖ **Adriana Martinez: *Let's Make a Change***
A workshop for Latino parents about bullying that introduces restorative justice in seeking to change attitudes about children who commit acts of bullying and to raise awareness about the impact on children of abuse in the home.
- ❖ **Shani Miranda: *Oya Defense Training (Oya represents the energy of the wind as well as death & rebirth in the Yuruba tradition)***
A self-defense workshop to bring women together who have been victims of a violent crime and build a sisterhood, to move away from isolation.
- ❖ **Kayla Lopez: *Transitioning Foster Youth 101***
A leadership capacity building program for transitioning foster youth and supportive services for social workers.
- ❖ **Teresita de Jesus Escobedo: *Voices of Emerald Park***
A survey for residents of Emerald Park in Pittsburg to rate in order of priority their top concerns in a safe and anonymous way.

2018 Spring (4)

- ❖ **Clara Reyes: *Activate in Physical Health, Inner Peace and Self-Love***
A 6-week fitness and nutrition class for victims of domestic violence.
- ❖ **Silviana Hernandez: *60 Minutes for You***
A 4-week yoga series that started out as an opportunity to bring mothers and teens together.
- ❖ **Mirtha Mackthun: *Consciousness-in-Action***
A dialogue with Rainbow Community Center about HIV testing and LGBTQ inclusion in Latinx communities.
- ❖ **Ceydel Ramirez: *Positive Minds for Youth***
Inspired by the positive impact of *Positive Minds* and by the needs of her own teen daughter, she convinced the program creator to offer the program to youth in English.

2018 Fall (3)

- ❖ **Patricia Muñoz: *Breaking Barriers in Education***
A Community Diagnostic for Latinx immigrants that seeks to ascertain interest in continuing education and to understand perceived obstacles to taking action.
- ❖ **Karla Woods: *BEND JUSTUS***
An online platform for victims of interpersonal violence to share their stories of how they turned their pain to power, and the resources that supported them in their journeys.
- ❖ **Joleen Reutlinger: *Project Passion* (In Progress)**
Envisions changes and improvements to the support currently offered to Human Trafficking survivors.

Funding provided by Blue Shield of California Foundation, 2016 – 2018.

Special thanks to Annabelle Berrios, Leadership Consultant, who led with love and compassion.

CONTRA COSTA COUNTY DOMESTIC VIOLENCE (DV) DEATHS

A NEW REPORT WITH LIFE-SAVING INFORMATION

In 2020, the Contra Costa Alliance to End Abuse revitalized the Domestic Violence (DV) Death Review Team for the first time in 15 years, even in the face of Coronavirus pandemic restrictions. The resulting report (covering 2010–2019) reminds us that domestic violence **can be deadly** and touches members of our community across age, race, and location. It also identifies patterns and gaps that can be addressed as life-saving measures.



THE FACTS

- There were 86 domestic violence related homicides or suicides in Contra Costa County between 2010 and 2019.
- Domestic violence affects people **regardless of age, race, gender, immigration status, or city where one lives.**
- The five cities with the **highest rates of homicide and suicide (2010–2019)** were Antioch, Pittsburg, Richmond, San Pablo, and Walnut Creek.
- Domestic violence affects people **across the lifespan.** Victims may be as young as 2 or as old as 90. Suspects may be as young as 15 or as old as 83.

WHAT THE PUBLIC SHOULD KNOW

- The **most dangerous time** for victims is **attempting to leave** a domestic violence relationship.
- **Current or former dating partners** were the most frequent type of relationship between the victim and suspect.
- **Non-fatal strangulation (choking)** is a **key predictor** for subsequent homicide victims of domestic violence.
- **Gun shot wounds** made up the most frequent cause of death (63%).



RECOMMENDATIONS



Direct funding towards the development and implementation of danger assessments and in custody, in-person intervention services.



Immediately connect children who have experienced the loss of a parent due to a homicide, or suicide related to domestic violence, to supportive services.



Establish law enforcement agency protocols to support the mental health needs of personnel dealing with homicide or suicide calls.

Strengthen community awareness around the Domestic Violence Restraining Order (DVRO) process by providing frequent training for agencies that work with individuals requesting DVROs.

HOW TO GET HELP

- **Current Contra Costa County projects** reducing the risk of DV homicide include:
 - DV Multidisciplinary Teams
 - Lethality Assessment Program
 - Strangulation Task Force
- **Click here to access our help resource page.**

[Click here to view our complete DV Report](#)

CONTRA COSTA
ALLIANCE
to End Abuse



Strangulation Task Force

Strangulation is one of the best predictors for the subsequent homicide of victims of domestic violence. One study showed that the odds of becoming an attempted homicide victim increased by 700 percent, and the odds of becoming a homicide victim increased by 800 percent for women who had been strangled by their partner.

In response to the severity of strangulation in domestic violence cases, California passed SB 40 in 2018. SB 40 additionally requires law enforcement responding to a domestic violence incident to include a statement informing the victim that strangulation may cause internal injuries and encouraging the victim to seek medical attention.

In January of 2019, the Contra Costa County Strangulation Task Force was created as a response to the lethal implications of strangulation for domestic violence victims. The Task Force is a multi-agency team with representatives from domestic violence agencies, law enforcement and healthcare agencies which meets on an on-going basis.

Goals

- 1 Help implement SB 40 by developing protocols, creating tools and conducting training around strangulation.
- 2 Raise awareness around strangulation and the services available for victims of strangulation.

Achievements

- ✓ Developed county-wide protocols related to the implementation of SB 40 which have been adopted by the 26 law enforcement agencies within Contra Costa County including the Strangulation Advisement Card and the law enforcement form PC 13700, both of which were uploaded into ARIES;
- ✓ Updated the Contra Costa County Police Chiefs' Association Law Enforcement Protocol: Domestic Violence and Children Exposed to Domestic Violence to include language around strangulation, stalking, LGBTQ+ identified victims and human trafficking; and
- ✓ Trained law enforcement, healthcare professionals and victim advocates on the county's updated strangulation protocols.

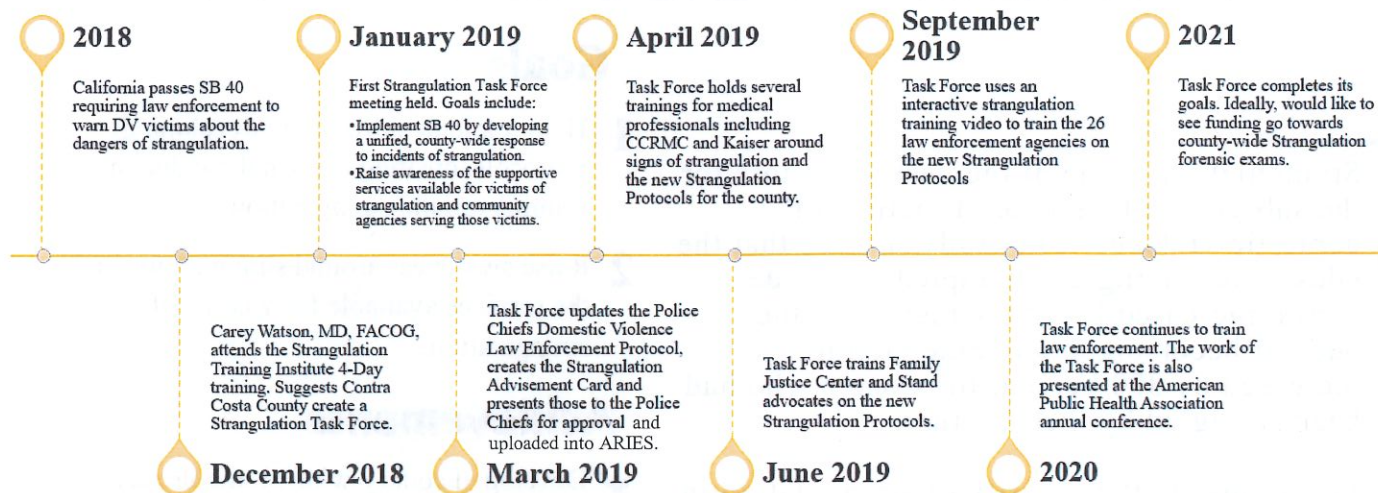
Task Force Team Members

Alexandra Madsen, *Alliance to End Abuse*
Ashley Palomino, *STAND! For Families Free of Violence*
Carey Watson, *Kaiser Permanente*
Colleen Gleason, *Contra Costa County District Attorney's Office*
Dana Filkowski, *Contra Costa County District Attorney's Office*
Gregory Leonard, *Walnut Creek Police Department*

Jill Henderson, *Contra Costa County District Attorney's Office*
Kristopher Tong, *Richmond Police Department*
Natalie Oleas, *Contra Costa Family Justice Center*
Reina Sandoval-Beverly, *STAND! For Families Free of Violence*
Susun Kim, *Contra Costa Family Justice Center*
Todd Orlando, *Brentwood Police Department*

Special thanks to Gael Strack and the Strangulation Training Institute
<https://www.strangulationtraininginstitute.com/>

History and Background



Strangulation Advisement Card Created by the Task Force

LAW ENFORCEMENT STRANGULATION ADVISEMENT TO VICTIM		
<ul style="list-style-type: none"> After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms, usually within 72 hours. These internal injuries can be <u>serious or fatal</u>. Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms. Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough. The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information. <p>"As a law enforcement officer, I have a duty to warn you that strangulation is serious and can cause internal injuries, brain damage and/or delayed health consequences such as strokes, thyroid issues, miscarriage and/or death. Research shows that if you are strangled even one time, you are 750% more likely to be killed by your partner. I strongly encourage you to seek immediate medical attention at an emergency department and ask for support from an advocate."</p>		
SIGNS	SYMPTOMS	YOUR SIGNS
<ul style="list-style-type: none"> Scratch marks Pinpoint red spots - On eyes - On scalp/face Bruising Swollen tongue/lips 	<ul style="list-style-type: none"> Ligature marks Fingernail impressions Cuts/abrasions Bloody/broken nose Voice changes Swallowing changes Neck pain Nausea/vomiting Breathing changes 	<ul style="list-style-type: none"> Behavioral changes Vision Changes Involuntary urination or defecation Hearing changes
		Signs/Symptoms: _____ Date: _____ Signs/Symptoms: _____ Date: _____

NOTICE TO GIVE MEDICAL PROVIDER
<ul style="list-style-type: none"> In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries or CT neck with contrast, or MRA/MRI of neck and brain. Consult Neurology, Neurosurgery and/or Trauma Surgery for admission. Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea. Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.
Date of Incident: _____ Police Department: _____ Police Report Number: _____ Officer Name/Badge Number: _____

Pre-Read for Measure X Funding Request

Executive Summary: In partnership with Contra Costa County Health Services (CCHS), the Food Bank of Contra Costa and Solano proposes to launch a Mobile Food Pharmacy to offer nutritious, medically-tailored food to at-risk individuals suffering from common health conditions associated with poor nutrition (such as diabetes, obesity, hypertension, and hyperlipidemia). Providing healthy food at no cost will result in improved health outcomes, lower healthcare costs, and help combat ongoing systemic inequalities that continue to cause harm in communities of color.

Community Need

The Food Bank's Mobile Food Pharmacy program will aim to improve the health of at-risk residents of Contra Costa County by addressing a root cause of negative health outcomes: food insecurity. Food insecurity can be described as without reliable access to a sufficient quantity of affordable, nutritious food. Limited income individuals often turn to inexpensive food that is rich in calories but poor in nutrients. The challenge is often complicated by the lack of transportation, time, and resources to access healthy food, especially in "food desert" communities. Many vulnerable residents are battling health issues along with socially-determined poverty. Food insecurity and an unhealthy diet can have a detrimental impact on individuals, such as worsening of an illness or poor management of a chronic disease.

Communities of color in Contra Costa County and across the nation are more at risk of suffering from both food insecurity and chronic diseases related to poor nutrition. Compared to White, non-Hispanic individuals, Black Americans are more likely to experience higher rates of obesity, diabetes, and heart disease, according to the US Office of Minority Health ([source](#)). In fact, the Office of Minority Health goes further to say African-Americans are twice as likely to die from diabetes ([source](#)) and 30% as likely to die of heart disease ([source](#)) as their White counterparts. Data from Feeding America reveal the Black community, "regardless of geography, age, or other characteristics, generally experience food insecurity at higher rates than whites" ([source](#)). In Contra Costa County, 19 of the 20 census tracts identified by Feeding America with the highest levels of poverty in 2018 have a majority of residents identifying as people of color. These trends have only been exacerbated by the onset of the pandemic and resulting economic crisis: Feeding America projects a 31% increase in the food insecurity rate in Contra Costa County from 2019 to 2021.

The effects and costs of managing a chronic disease are far reaching and can often lead to lost wages, especially for those in lower-paid positions who are less likely to have access to paid-sick days. Although California requires employers provide a certain amount of paid sick days for hours worked, an individual with a chronic disease can quickly run through this allotment, risking lost wages, missed payments, and falling into debt. In May 2020, the Bay Area Equity Atlas produced a report on essential workers in the Bay Area, finding they are "disproportionately low-income, Latinx, Black, Filipinx, women of color, and immigrants [who] face economic and social vulnerabilities" ([source](#)). These findings further underscore

the need for investment in targeted health interventions for communities of color in Contra Costa County if we are serious about improving the economic outcomes of those who have been historically marginalized.

Finally, preventable, diet-related diseases account for billions of dollars in healthcare costs each year in the United States. According to the CDC, “In 2017, the total estimated cost of diagnosed diabetes was \$327 billion in medical costs and lost productivity. Obesity costs the US health care system \$147 billion a year” ([source](#)). Feeding America has noted the well-documented correlation between healthcare costs and food insecurity, finding that “California has the highest overall healthcare cost associated with food insecurity at \$7.2 billion” ([source](#)). Individuals suffering from these chronic diseases also incur considerable expense over time, making it both a macro and micro-level burden on our society.

Currently, there is a gap in the support network for food insecure individuals currently suffering or at risk of suffering from nutrition-related chronic diseases in Contra Costa County. The Food Bank’s traditional programs provide nutritious food at no cost and CCHS provides medical care. A partnership between the two organizations will provide residents a more targeted, individualized approach to the issue of food insecurity and the frequently-resulting negative health outcomes.

Proposed Plan

The Mobile Food Pharmacy program will serve low-income individuals in Contra Costa County flagged by healthcare providers as food insecure and in a position to benefit from a targeted nutrition intervention in order to improve health outcomes. Currently the Food Bank operates distributions at four County Health Clinic sites for a total of 9 hours a week:

- Contra Costa Health Center in Martinez: 2nd and 4th Monday of the month from 12-1pm
- Antioch Health Center: 1st and 3rd Monday of the month from 10-11am
- Pittsburg Health Center: 1st and 3rd Thursday of the month from 1:30-3pm
- West County Health Center in San Pablo: 2nd and 4th Saturday of the month from 2-3pm

With the support of Measure X funds, the Food Bank would have sufficient resources launch a Mobile Food Pharmacy program in Contra Costa County by purchasing two dedicated distribution trucks and expanding hours of operation at clinic sites from 9 hours to 160 hours of service a month at the clinic. We would also add 2 additional clinic sites in Brentwood and North Richmond, further expanding our geographic reach and deepening our impact among County’s most vulnerable residents.

With more service hours and dedicated vehicles, to the Food Bank can launch a Mobile Food Pharmacy using the model of our award-winning program in Solano County. Through our existing partnership, County doctors screen for food insecurity and refer patients to the Food Bank for assistance (currently around 700 patients a month) at a later date. With the launch of a Mobile Food Pharmacy, clinicians can now connect the individuals they have screened with support services right outside the clinic’s door. The Food Bank will provide healthy food at no cost, relying on partner clinicians’ expertise to offer a personalized, targeted nutritional recommendations. By locating the trucks on-site, we have removed transportation obstacles and created a one-stop-shop for both diagnosis and treatment for food insecure

individuals. Clinicians will examine patients and write a “prescription” the individual can then bring to the truck and receive a box of healthy food at no cost. Based on the clinician’s recommendation, participants will receive boxes containing both medically-tailored shelf stable foods as well as fresh produce. All foods offered will be low in sodium and added sugar.

The dedicated vehicles will also serve as community resource hubs. Rotating staff will include a nutritionist, CalFresh Outreach specialist, and volunteer community resource navigators to offer clinic patients a suite of support services, which can be further built out over time.

When designing this program, we relied heavily on our learnings for the Mobile Food Pharmacy program in Solano County. Community feedback has included the recommendation of leveraging a Client Engagement Committee, which we will implement in Contra Costa County. We will also commit to undergo ongoing training and learning, focusing on specialized nutritional needs and addressing cultural sensitivities, all with an end-goal of improving client experience.

The Food Bank is thrilled to have found an enthusiastic partner in CCHS to launch this program, which will allow us to accelerate our collective impact and improve health outcomes for marginalized residents. By expanding our partnership with CCHS, the Food Bank is able to rely on the expertise of professionals and offer patients a personalized, targeted nutritional intervention. This program targets not only the short term needs of clients (food today) but also the long-term health concerns created by food insecurity. With an agile, Mobile Food Pharmacy, we can work to break the cycle of chronic health conditions in the low-income community.

Expected Outcomes

The Food Bank anticipates this program will have a number of positive, far-reaching outcomes in Contra Costa County. Lower healthcare costs, reduced food insecurity rates, and improved health outcomes for at-risk individuals are among the positive effects we expect to see in the long term. In Pennsylvania, Geisinger Health System, found their Food Farmacy program, “has had a greater impact on diabetes control (albeit in a small population) than expensive medications...We have also seen significant improvements in patients’ cholesterol, blood sugars, and triglycerides — improvements that can lower the chances of heart disease and other vascular complications” ([source](#)). The Food Bank also expects the Mobile Food Pharmacy program to have trickle-down effects including increased healthy food available to household members of participants, increased wages due to fewer missed days of work due to illness, and generally healthier, more productive communities that have suffered historically from poor economic and health outcomes. Contra Costa Health Services will track the individual metrics of patients, while the Food Bank will track participation rates and the type and amount of food distributed. This data will measure the impact of the program on patients’ health over time.

In the short term, we expect to see fewer missed health appointments and an improved diet among participants. The Food Bank has operated a smaller version of this program with funding from and in partnership with Solano County since 2018 with very encouraging results. According to Solano County Supervisor Erin Hannigan, “The Mobile Food Pharmacy was really an answer to food insecurity in our county. It helps folks who are living in food deserts and accessing our medical clinics to have access to healthy food and fresh produce.” Healthcare workers dedicated to improving the health of their clients

are happy to participate and grateful for the support they have received from the Food Bank in this effort. In Solano, many clinicians were excited to see their clinics as a "one-stop shop" and commented on how "this will help people keep their appointments!" Patients have responded positively as well, including Kim, a Solano County Mobile Food Pharmacy participant, who shared, "I can still kind of afford some groceries, but its helpful to get a few extras, too, especially if they're healthy."

Estimated Expense

In order to support expanded hours at clinics, we will need to dedicate two drivers and purchase two trucks, at an estimated cost of \$200,000 each (\$400,000 total). Based on current operating expenses for our Solano Mobile Food Pharmacy, we estimate program administration to be approximately \$400,000 a year, covering food costs, fuel, and staff time.

Organization Experience and Qualifications

The Food Bank is uniquely positioned to ensure the Mobile Food Pharmacy's success and efficient operation. For 46 years, the Food Bank of Contra Costa and Solano has fed the hungry. In 2012, we recognized that hunger is often accompanied by health issues due to the prevalence and low cost of unhealthy food and set a goal of produce making up 50% of food distributed. Despite having met the goal every year, our team does not feel we are reaching those most in need of healthy food: those suffering or at risk of chronic illness. By creating a county-wide partnership with clinics we will be able to rely on the expertise of professionals and offer patients a personalized, targeted nutritional intervention. This program targets not only the short term needs of clients (food today) but also the long-term health concerns created by food insecurity. With an agile, mobile, food pharmacy, we can work to break the cycle of chronic health conditions in the low-income community.

The Food Bank has a long history of successful partnerships in its work. In order to operate our programs as efficiently as possible, the Food Bank partners with innumerable organizations, including: Feeding America, California Association of Food Banks, Contra Costa County Employment & Human Services, Contra Costa WIC, Contra Costa County Health Care Services, John Muir Health, Kaiser Permanente and almost 300 partner food pantries.

The Food Bank has piloted an award-winning version of this program in Solano County. In 2019, the program was awarded the National Achievement Award for Health by the National Association of County Governments (NACo) National Achievement Award. "The launch of the Mobile Food Pharmacy is the first step towards the 'food as medicine' approach to show how food can help heal and prevent chronic diseases," said Erin Hannigan, District 1 Supervisor and Chairwoman of the Solano County Board of Supervisors.

Conclusion

Since the onset of the pandemic, the Food Bank has worked to adjust operations to meet the dramatic increase in community need. COVID-19 presented a complex crisis of increased demand, declines in donations of food, and disruptions to the charitable food assistance system's operating model, creating an economic crisis unlike anything since the Great Depression. Many of our distributions have seen a staggering increase of 50% in attendance and we are distributing an average of 62% more food year-over-

year in Contra Costa County (which translates to over 10 million additional pounds) to than before the pandemic. All of this has led to increased costs for the Food Bank and fewer resources available to launch innovative, systems-change work. Funding from Measure X will provide the significant infusion of funding needed to launch a Mobile Food Pharmacy in Contra Costa County and make meaningful progress in the effort to improve the health outcomes of our most at-risk neighbors.

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

ANNA M. Roth

CHIEF EXECUTIVE OFFICER
CONTRA COSTA REGIONAL MEDICAL CENTER



**CONTRA COSTA REGIONAL
MEDICAL CENTER**

2500 Alhambra Avenue
Martinez, California 94553-3191
Ph (925) 370-5200

July 5, 2021

Measure X Community Advisory Board
Contra Costa County Board of Supervisors
1025 Escobar Street
Martinez, CA 94553

Dear Measure X Community Advisory Board,

I am pleased to support the Food Bank of Contra Costa and Solano's application to expand its Food As Medicine Program in Contra Costa County.

With the benefit of additional funding, the Food Bank of Contra Costa and Solano will be able to increase the number of medically-tailored meals it can provide to individuals suffering from common negative health outcomes. I feel strongly the expansion of this program will benefit some of the most vulnerable individuals in our community and help put them on the path to leading healthy, productive lives.

We have found the Food Bank of Contra Costa and Solano to be a reliable and responsive nonprofit partner over the many years the Contra Costa Health Services has partnered with the organization. With your support, we look forward to deepening and expanding our relationship to reach more individuals in Contra Costa County.

Thank you for your commitment to improving the health outcomes of the residents of Contra Costa County and please feel free to contact me if you would like any additional information on our partnership with the Food Bank of Contra Costa and Solano on our Food as Medicine Program.

Sincerely,

Michelle Wong, MD
Integrative Health Medical Director

Food as Medicine Collaborative, Chair
Contra Costa Health Services





Contra Costa County Board of Supervisors

Subcommittee Report

MEASURE X COMMUNITY ADVISORY BOARD

Meeting Date: 07/14/2021
Subject: Plan for Series of Focused Presentations and Discussion
Submitted For: MEASURE X Com Advisory Board,
Department: County Administrator
Referral No.: 2/2/21 D.4
Referral Name: Community Advisory Committee for Measure X
Presenter: Mariana Moore **Contact:** Lisa Driscoll, County Finance
Director (925) 655-2047

Referral History:

Item was introduced at the April 21, 2021, MXCAB meeting (item #6). The draft plan was discussed on the April 28, 2021 meeting. At the June 9, 2021 meeting it was requested that this item be added to each agenda as a standing discussion item.

Referral Update:

Updated plan is attached for discussion and recommendations of presenters.

Recommendation(s)/Next Step(s):

Discuss/modify attached plan for presenters.

Attachments

MXCAB Suggested Speakers - Revised 7-9-21

Measure X Community Advisory Board - Suggested Speakers - updated July 9, 2021

Shaded areas = past meeting. **Bold** names - speakers invited. ***Bold/italic*** = speaker confirmed.

MEETING DATE	TOPIC(S)	COUNTY PRESENTERS	RECOMMENDED COMMUNITY ORGANIZATION PRESENTERS (and source)	RECOMMENDED RESIDENT PRESENTERS (and source)
12-May	Seniors, disabled people, veterans	EHSD Aging & Adult Services, Tracy Murray Veterans Services - Nathan Johnson, Veterans Service Officer, Contra Costa Veterans Services	Caitlin Sly, Executive Director of Meals on Wheels Diablo Region Nicole Howell, Executive Director, Ombudsman Services of Contra Costa, Solano, and Alameda Counties (Debbie Toth)	Myrtle Braxton, Chair, Richmond Commission on Aging (Debbie Toth)
19-May	Community safety: fire protection	Paige Meyer, Fire Chief, San Ramon Valley Fire Protection District, Lewis Broschard, Fire Chief, Contra Costa County Fire Protection District, and Brian Helmick, Fire Chief, East Contra Costa County Fire Protection District		
26-May	Early childhood	Camilla Rand, Deputy Director, First 5 Contra Costa Christina Reich, Division Manager, Contra Costa Community Services Bureau Francine Jolton, MD FAAP, Chair, Department of Pediatrics, CCHS	John Jones, Executive Director, CocoKids (All recommended by Ruth Fernandez)	Micaela Mota, Parent and Resident, Parent Voices
9-Jun	Youth, young adults	-Kathy Marsh, Employment and Human Services Department/Children and Family Services Bureau Director -Health Services (Public Health, Behavioral Health), Erika Jenssen, Contra Costa Health Services	Carol Carrillo, Executive Director of Child Abuse Prevention Council, Lynn Mackey, County Office of Education, County Superintendent of Schools, Kanwarpal Dhaliwal, RYSE Center (M. Moore)	-Eric Wagoner, a former foster youth and former youth partner -Youth presenters Isaiah Grant and Ann Guiam, RYSE Center

MEETING DATE	TOPIC(S)	COUNTY PRESENTERS	RECOMMENDED COMMUNITY ORGANIZATION PRESENTERS (and source)	RECOMMENDED RESIDENT PRESENTERS (and source)
16-Jun	Healthcare	Health Services- Dr. Samir Shah and Dr. Ori Tzvieli Gilbert Salinas (D. Honig)	Alvaro Fuentes , executive director, Community Clinic Consortium of Contra Costa and Solano (A. Saidi) Concepcion James , United Latino Voices (G. Calloway) CHD Black Healthcare Navigators (M. Stewart)	Maria Bernal (R. Carillo Garza) Jose Rizo (R. Carillo Garza)
23-Jun	Mental and behavioral health & disabled residents	Kennisha Johnson - BH staff Debbie Thomas - BH staff Vi Ibarra , CC Council on Developmental Disabilities (D. Toth) Jovanka Beckles , West County Child and Adolescent Services (BK Williams)	Tamara Hunter & Selah Baker , Putnam Clubhouse (S. Quezada Jenkins) Susannah Marshland , Fred Finch Youth Services (D. Geiger) Aracelia Aguilar , Deaf Hope (A. Saidi) Shelly Ji , NAMI Contra Costa	Greg Beckner and Isabella Quinto , NAMI family members Anna Lubarov , peer advocate Grace and Raquel Herrera (E. Jenssen)
30-Jun	Housing & homelessness	Lavonna Martin & Jenny Robbins , Health, Housing & Homeless division (D. Honig, M. Moore) John Kopchik & Amalia Cunningham , Dept. of Conservation & Development Joseph Villareal , Housing Authority of CC	Tony Bravo , Monument Impact (K. Laughlin, RTR) Mia Carbajal , Richmond LAND (BK Williams) Daniel Barth , SOS (BK Williams); Kenneth Modica	William Goodwin (D. Leich, D. Honig) Betty Gabaldon (K. Laughlin/RTR) Jocelyn Foreman (BK Williams)

MEETING DATE	TOPIC(S)	COUNTY PRESENTERS	RECOMMENDED COMMUNITY ORGANIZATION PRESENTERS (and source)	RECOMMENDED RESIDENT PRESENTERS (and source)
7-Jul	Community safety: justice systems	<p>Diana Becton , District Attorney</p> <p>Esa Ehmen-Krause , Chief Probation Officer</p> <p>Patrice Guillory , Director, Office of Reentry & Justice</p> <p>Robin Lipetzky, Public Defender/ Brandon Banks, Public Defender Managing Attorney</p> <p>Angelene Musawwir, Public Defender Social Work Supervisor</p> <p>David Livingston, Sheriff; Lt. David Hall , Sheriff's Dept.</p>	<p>Melvin Willis, CC Racial Justice Coalition (A. Saidi)</p> <p>Donté Blue, Dr. Carole Dorham-Kelly, Rhody McCoy, Rubicon (A. Saidi)</p> <p>Pat Mims, Director of Reentry Success Center Rubicon (A. Saidi)</p> <p>Chelsea Miller, CHaT (Restorative Justice) (A. Saidi)</p> <p>Veronica Benjamin/Danny Espinoza, Reimagining Public Safety CC Campaign (RPS) (A. Saidi)</p> <p>Tamisha Walker, Safe Return Project (A. Saidi, D. Honig, D. Leich)</p>	<p>Adey Teshager, Safe Return Project</p> <p>Randy Joseph, Richmond Reimagining Public Safety</p>
14-Jul	Safety net (e.g., employment, cash aid, food security, interpersonal violence, etc.)	<p>Claudia Gonzalez & Hisham Alibob , Alliance to End Abuse</p> <p>Kelley Curtis , EHSD CalFresh/CalWORKs division</p> <p>Patience Ofodu, Workforce Development Board</p> <p>Melinda Self, Director of Child Support</p> <p>Salina Mansapit , Child Support Specialist II</p>	<p>Maria Solorzano , Family Justice Center (S. Kim)</p> <p>Vic Baker, Equitable Economic Recovery Task Force (L. Lavender)</p> <p>Dr. Carol Doham-Kelly, Kimi Barnes , Rubicon (A. Saidi)</p> <p>Alissa Friedman , Opportunity Junction (L. Lavender)</p> <p>Kim Castaneda, Cheo Gonzalez - Food Bank of Contra Costa & Solano (M. Stewart, D. Honig)</p>	<p>Janell Coleman , Community Speaker</p> <p>Keva Dean, Food Bank-Resident Advocacy (S.Kim)</p>

MEETING DATE	TOPIC(S)	COUNTY PRESENTERS	RECOMMENDED COMMUNITY ORGANIZATION PRESENTERS (and source)	RECOMMENDED RESIDENT PRESENTERS (and source)
21-Jul	Immigration Racial equity across systems	Lanett Williams, Stand Together Contra Costa Heliodoro Moreno, Stand Together Contra Costa Office of Racial Equity & Social Justice	CC Interfaith Council (S. Quezada-Jenkins) CC Immigrant Rights Alliance (A. Saidi) Contra Costa Cares (A. Saidi) Clinic Consortium (A.Saidi)	
28-Jul	Library, arts & culture, agriculture, environment, transportation	Alison McKee , Librarian Jenny Balisle , County Arts and Cultural Manager (BK Williams) Dedan Ji JaJa or Martha Schraer, ABOUTFACE Veteran artists; Jeffrey Geronimo, ABOUTFACE VIA Assistant Coordinator; Donte Clark, Poetry Out Loud; Tony Tamayo, POL and ABOUTFACE Technical Assistant Matthew Slattengren, Agricultural Commissioner - Director of Weights and Measures; Jose Arriaga, Asst. Brian Balbas, Public Works Director	Urban Tilth (Marti Roach) Ben Miyaji, Chair AC5; Silvia Ledezma, Vice Chair AC5; Marva Reed, Art of the African Diaspora; Keertana Srekkumar, San Ramon Youth Art Committee Shailaja Dixit, San Ramon Social Justice Collective Winefred Day - Richmond Arts and Culture Manager (BK Williams) Michael Gliksohn or other rep from Voices for Public Transportation (VPT) (BK Williams)	

MEETING DATE	TOPIC(S)	COUNTY PRESENTERS	RECOMMENDED COMMUNITY ORGANIZATION PRESENTERS (and source)	RECOMMENDED RESIDENT PRESENTERS (and source)
		Pending, Conservation & Development Transportation TBD Environment TBD Transportation TBD	Jovanka Beckles, Transit Board. (BK Williams)	
4-Aug	Develop draft priorities			
11-Aug	Finalize priorities &			