

**MASON COUNTY PUBLIC HEALTH & HUMAN SERVICES
HOUSING AND BEHAVIORAL HEALTH BOARD**

415 N 6th STREET, SHELTON, WA 98584

Zoom Meeting held

**Regular Meeting Minutes
September 27th, 2023**

1. CALL TO ORDER

Meeting was called to order at 9:02 am by Peggy VanBuskirk

2. ROLL CALL:

Board Members:

- Beau Bakken, Citizen
- Peggy VanBuskirk, MC Board of Health
- Eric Onisko, Mayor City of Shelton
- Mark Freedman, BH Administrative Service Organization (ASO)

Staff Members:

- Todd Parker, MC Public Health
- Melissa Casey, MC Public Health
- Haley Foelsch, MC Public Health
- Cheryl Craig, MC Public Health

Guests/Public:

- Tanya Frazier, Crossroads Housing
- Colleen Carmichael, Quixote Communities

3. PUBLIC COMMENTS: None

4. APPROVAL OF THE AGENDA:

Approval of the agenda was motioned by Eric Onisko and seconded by Beau Bakken. Approved.

5. APPROVAL OF THE MINUTES:

Motion was made by Amanda Gonzales and seconded by Eric Onisko to approve the regular minutes from August, 2023. Motion carried unanimously.

6. Meeting Topics:

a. Brewer Park Outreach Update w/ Tanya Frazier:

I don't know how much anyone really knows about the brewer park stuff but in July a large group of us met, the community spoke loudly of concerns about the large amount of tents and residents taking over there, and what can we do as a homeless response system in the community. Twice a week at 6:30 am, since July, we go as a team and meet with every person and try to connect them to resources. There's a lot of

coordinated entry intakes and introduction to rehab centers, etc. We usually do a loop, get told no a lot, then loop back around. The first day we did it we had 23 tents and residents and took out 2 dumpster loads of unattended trash. We have to be careful with what we take because it is personal property, though it looks like trash to others. This last week we have connected a lot of people to resources, many have moved on otherwise. We only had 3 in the park, they are not staying, it is significantly cleaner. For a lot of people, what we do is write down how many people were willing to intake and get connected and we let Law Enforcement know who is not willing to do so, so they can partake in their part if need be. We have seen 2 arrests at this point, unrelated to camping, but due to other warrants, officers have done a phenomenal job trying to help those with their warrants. Eric said, I think Brewer Park looks much better but I have noticed they are spreading out, they are not camping at the park, they are at the Alcoves, the Library, starting to go back to the trails. Tanya replied, so, Tuesday and Thursday is Brewer Park and Wednesdays are the Teresa Johnson trail, as its come to be another focus area. We've noticed an influx of new people as well, so we are asking where'd you come from and what brought you here? We want to be able to answer community questions, and a majority coming here are coming from Kitsap County and Grays Harbor, not Thurston like we think. A common response we hear is that they feel safer homeless in Mason County than being homeless in the bigger cities. It was a very interesting response to hear, Crossroads and Youth Connections are pushing partnerships for outreach to keep our staff safe and help the wrap around services. The trash is a lot less, but we are thankful the city is helping us with that in a big way. Amanda spoke and thanked Tanya for the efforts, as a community member and a citizen, I know it's not easy work, I drive through Brewer Park too to find people I may have on my radar. I was wondering if they are dispersing to different places, but you just answered that question. I don't know if we will see a shift when the weather changes says Tanya, or people still not wanting resources. Melissa asked Tanya if she has already seen a shift yet from the nice weather to the rainy weather, and what other services are you connecting people to? We have the LEAD program and Co-Responder program that is TST funded and at the Sheriffs, have you had any interaction? Tanya said, We did have LEAD there in the beginning but we have not since the shift, that's on my follow-up to find who to contact since Jamie not there now. Melissa said it is me. Tanya said I think we need a presentation on HOST referral process, maybe a name by name, we need the referrals documented and to make sure outreach is being done in the proper way. I think going forward, it's a big priority to bridge the Behavioral Health and Housing, a definite work in progress Melissa said. Tanya said, the showering and dinner programs with Community Lifeline, Crossroads has taken over the shower program. We are doing about 8-10 showers a day, it's going beautifully, they're helping out, cleaning up after themselves, it's a little extra work to make sure we know who is in there but it's actually going really well. Melissa said, 2 weeks ago I did encampment outreach on highway 3 and heard really good things about the shower programs and we really appreciate crossroads stepping up. Tanya replied, as long as its during business hours they can come down, we provide a towel, we try to do an intake and get their information, we have 4 shower units. We provide toiletries and all and ask they make sure to clean up after themselves. I know you talked about you and Youth Connection doing outreach, what are the age levels you are seeing? Amanda asked. Tanya said, we have only seen one student in this time, living by himself in a tent.

b. Ad Hoc Provider Group w/ Colleen Carmichael:

Colleen spoke, we had several meetings, the group of providers, to talk about ways that we could mitigate what is going on in Brewer Park. We can see from that, there is an obvious need for more housing, there was concern expressed about possibility of pallet shelters, but there were no other suggestions at that time, so I offered to write a grant and did research around pallet shelter idea and wrote as much as I could for it to be submitted. It was sent on the 21st of August, to my knowledge that grant just kind of died and didn't go anywhere, there were some concerns. In California, pallet shelters can be used for about 10 years and reused for other items such as emergency shelter if needed, and they are a more humane option. I know Chris Brickert said they are still interested in leading on this, and Gina in Turning Pointe showed interest for the male people needing transitional housing. We still have the application and can still go forward with this. It's a big ask, so I do understand the concerns, but I also don't know what other options we have right now with such a great need for housing. We will continue to do what we can to find more permanent supportive housing in Mason County. The pallet shelter idea is just kind of in a holding pattern right now, and I'm unsure what it will take to move it forward. We still have all the information and research we did and I'm willing to share. Eric asked why the grant wasn't submitted, and Colleen explained that there were concerns about management and what it would look like and how it would set with the public, as the shelters are not a popular idea. All data was going to be made available to our group on how its ran, how it went etc. We need all agencies to come together on this and want to do it together or else this won't fly, this was a goal of the Homeless Task Force said Eric, can it still be submitted? Colleen said sure, absolutely, it's written, but DEI and whoever is the lead agency would have to submit that information. It's stuff I could not give, but I did write as much as I could about how the pallet shelters would work, and included data on how it has worked for others in California, etc. The location of where this could be done is also a discussion, I think we as agencies and public officials have to make these decisions, we may not be the most popular people in town but I'm more concerned for the people's lives at stake right now because we can't do this. This is the only thing I know of to get shelters built quickly that are habitable for a long period of time, the idea came from Chris Brickert and I had my reservations but once I researched and saw what all of the data said it really made sense. Eric said Todd and I along with previous manager Jeff Niten toured a shelter and it was pretty impressive, I'd like to follow up on this with our city manager, so how do we follow up and make sure this moves? Do we need another committee meeting? Colleen said, well I'm happy to keep supporting this, august 27th was the deadline of that grant, but I am sure maybe Todd can guide me to other opportunities where I can write that grant, and Tanya and Susan need to be involved as well as they are working directly with those who need the assistance. I think we can still proceed and figure a way to do this, we all knew when you break down the encampment at Brewer Park it doesn't make it go away, it's not a real solution but a band-aid. Eric asked Tanya if she had any thoughts. Tanya said I know for a fact Susan and myself are still all for it, I'm the one that pumped the brakes, after Colleen did a very fine job, it was due to interpersonal relationships between providers where I did not feel comfortable sub-granting to agencies. We need to put together a strategic plan on how to get everyone involved in this group. Eric said, so how do we

get this moving? I see no other options other than mitigation of some kind, whether tents, pallet shelters or tiny homes, how do we hold hands and sing kumbaya together? Colleen said she is happy to continue to set appointments and meetings. Chris Brickert had some reservations about working together as a group but since we have had discussions and are back on track, I think we must call more meetings and do public education on why we have to do this, and finding a site is critical. We need a united front said Tanya, or this won't be a fun ride to make it happen, an internal struggle with each other will not work if we want everyone to believe in us and we don't believe in each other. Eric said, I believe in all of you, I think we can make it work somehow some way. Peggy said, Colleen, I'm going to leave that up to you to maybe get something together. Colleen said, I'm willing to do that.

c. Public Health Staffing Update w/ Melissa Casey

Melissa said, most have heard or seen that we lost a staff member at Mason County Public Health. Jamie Ellertsen resigned on September 13th, leaving a vacancy in our sector. Internally we've done a lot of strategic planning, looked at our budget, management met for a whole day to really discuss the next steps, we are aiming to replace that position internally and let it be a bridge between Housing and Behavioral Health. Much of this goes hand in hand, and we are really confident that this will strengthen our system and we can accomplish this in the next few weeks. That is the update at the moment, if there's anything you used to reach out to Jamie for, the Navigator program has increasingly been paused and pulled back as the Co-Responder program has started. Anything related to LEAD or other Behavioral Health type questions you had, please direct to me. As we finalize our staffing of that position, I'll communicate who our contact person will be.

d. CLL Presentation w/ Melissa Casey

Melissa shared, as this board has had responsibility of scoring RFP's, we want to keep you in the loop if there are compliance issues. We got the groups blessing from the past to send letters out when needed, and CLL entered their contract period on probation status just for previous corrective actions, quality improvement plans that showed no real improvement in the period, and deliverables not met. Last week or the week before, Todd and I did a very brief presentation to their board and it was framed as, they entered on probation status, we are giving you an update on the first quarter from July 1st to present, noting significant and minor issues with invoicing and financing. They were told to potentially utilize a 3rd party to manage bookkeeping. That is the background and we wanted to keep the board updated on what we had done. I am sure they are discussing options, and we will be sharing contact information for agencies that other providers have used if they are interested in 3rd party bookkeeping.

e. Emergency Housing Fund w/ Melissa Casey:

RFP'd funds – the purpose was intended to maintain programming that emergency covid dollars covered as those are going away, homeless crisis response programs, \$110k is not yet allocated, so I will hand it off to Todd and/or Haley to discuss plans to maybe RFP that back out. Haley said, we are working on a proposal for anyone to be able to submit, like rapid rehousing, emergency shelter or street outreach. Todd said, I'd recommend the board to move that forward to our commissioners to be able to put out a request for proposal. It would be good to have a little action on that. Beau made

a motion to move this forward in an advisory capacity to the board of commissioners, seconded by Eric. Motion approved.

f. Behavioral Health Transportation Pilot Program – Melissa Casey & Jacob Ritter

I think you've all been here long enough to have been here when RFP's went out, I believe this was 2 years ago when an RFP went out for a Behavioral Health Transportation program for a gap of those not being able to get to treatment services, transportation to supports like jobs, etc. Gethsemane and Patty Wagon were both selected as providers. Gethsemane provides out of county transport needs, they have a couple months left in their budget, but Patty Wagon ended 8 months early, which indicates that this service was highly needed and utilized, but this was a pilot program and now we need to discuss where do we go from here. We need to discuss this before determining if we want to make this a permanent program with the treatment sales tax. We wanted to analyze the costs of the program, and we also can consider what other agencies or providers can contribute to a program like this. Jacob discussed the data with the group, a couple of months ago I reviewed invoices from 2 different providers and I was trying to look for any trends or basically what do we have. Rather than read my entire report which I believe we can send out to the board, I broke it up into chunks. So I was looking at the total costs, number of trips, miles, etc for the 2 different providers over the 2 different years it was supposed to run. In the first year the program the Patty Wagon ran, it cost a little over \$67k. They made about 1,364 trips that they billed for, and they covered a total of about 15.5k miles that first year. The trips alone cost almost \$46.5k. With Gethsemane, we see different as they primarily did longer trips and fewer in numbers. The first year was just under \$40k dollars, and they took 129 trips, covering 16,120 miles. The cost of the trips was about \$10.5k. So the first year cost \$107 grand total with almost 1,500 trips and just over 16k miles covered. In the second year it gets interesting as Patty Wagon ran out of money quickly. I had data through July, 2023 though for Patty Wagon and it ended by mid-March, so what they did in the 2nd year cost about \$27.5k dollars, covered 659 trips and just over 5k miles. Gethsemane in the same time had 31 trips for just over \$12k dollars, and they still have money in their budget, as of July. So, going to the total, Patty Wagon was initially given the figure of \$80k, they went over by almost \$15k dollars, and they reached their mid-point 8 months in and completely spent out their funds within 13 months, leaving 9 months left that they were on contract to provide for. Gethsemane did quite a bit better, the amount was \$54k dollars, and they still have 6 months left in their budget, and they have not yet reached their \$70k threshold. I looked at the cost per trip, per person, etc. We noticed something weird with Patty Wagon, that they didn't charge a constant rate per mile per customer, it tended to average \$3-5 dollars per mile, which over all can make quite a large difference, and it was hard to tell from their invoicing why there was this difference. It didn't seem related to a time period, it could possibly relate to gas prices at the time, but it was never stipulated. So, for Patty Wagon, the average trip was 11 miles, the mean trip cost was \$35.62, but the middle charge was actually \$20. This means that they had a lot more in the upper end of how much they were charging than they did in the lower. There were 170 trips of theirs that cost more than \$100 dollars, 788 cost more than \$20, and 902 were \$20 or less. For the number of trips per month for the groups, I was trying to see if there was a seasonality or anything, I noticed for Gethsemane, they over the course of first year picked up more and more trips and then that tapered off. Patty Wagon demand was increasing

almost all the time, a little seasonality of decrease in winter months, but what these demonstrate is there is a definite need for in and out of county transportation, the program may not have been as cost effective as it could be, but it was utilized. Having more accountability to agencies as to what they are charging and how they are allowed to do so would help in permanent programming, and in the beginning, there was a lot of individuals who were being drive to and back from work daily and it doesn't seem that there was a transitional program to get them into something more sustainable. That's a definite consideration on how to move forward with this. Eric asked, why aren't we utilizing Mason County transit for a lot of this stuff, they're free, there's Dial-A-Ride, it's even free to go to Olympia now via transit, I think we should investigate possibilities with them. Melissa said absolutely, as I was reviewing invoices, I could tell that some people were going from uptown Shelton to downtown, I can see in Behavioral Health if someone is unstable and in dire need, but the regular trips like work and appointments, I think that is when Patty Wagon started to spend down quickly. They overspent already in the first year, I said we have the 2nd year to utilize still, so move forward. I asked, can we refer people out? What are we doing internally to approve trips? I think that these things can be built into parameters in the contract to really clarify what is allowable. Patty Wagon took every trip, and tightening up parameters is how we can really control what's being spent and what's being done. When they were spent down, everyone was directed to Dial-A-Ride, it seemed to work quite well. I also understood that Mason Transit has reported somewhere that Dial-A-Ride has been under-utilized. Eric said, actually, Dial-A-Ride is picking up, so it's not so much under-utilized anymore. Pilot contracts were very vague, being able to really nail down charges is key, and we could also provide the invoice template to control the budget going forward. Beau said, you said everything I was thinking, the knee-jerk reaction is to want to throw the baby out with the bathwater, but there's certainly a need identified, none of this was real ill intent, and kicking this program to the curb would be the worst thing you can do. It sounds like you are working with MTA, implementing controls, and we want to continue to hit that need, so I'm glad to see it paused but not disappearing. It's a very good analysis of where the problems lie and how to fix them. Eric said, Evergreen Treatment Services, there was a deal that they could park at building #10 by the Sheriff's department, we have been looking for new location, I suggested Community Lifeline. Melissa said, I believe Matthew has to directly contact the manager to see if a MOU has to be put in place to park there, but I think it's a great location and you make a great point mentioning the mobile services. Public health was rewarded a syndemic grant to expand our syringe exchange program and expand our clinical services as well. Services are being made more accessible and that's a really good consideration, Evergreen Treatment Services is able to provide methadone and that has to be there daily as it needs to be done daily so that will definitely fill a gap of frequency of services being offered. When asked what the expected service days are, Eric said I think it is 6 days a week. I was wondering what happened with county locations, Nicole Whilston, risk manager, said it is no longer available, and the district court lot may interfere with court proceedings if it takes up the lot, but I can't speak to limitations from risk management. I know they're in the works of locating, Christina said, as of now they are stating they will be parking adjacent to Community Lifeline, a new medical bus was at the library for a meet and greet. I invited staff to partner with us and introduce themselves, they should be at our stakeholder meeting, folks on the ground I do services and outreach with are very

excited for this program, and methadone does seem to work a bit more effectively for fentanyl users specifically, as we are being impacted significantly by fentanyl, I know they are working diligently to moving near Community Lifeline. Melissa circled back to transportation data. Jacob did an assessment on fluctuation of trips, Patty Wagon had some great input, it changed with the weather, in winter etc. They were unable to get to places like Tahuya, in the beginning of the year it was pretty steady then there was a sudden jump to 13k, 12k, 10k, then back down, and it did have to do with weather. You must expect fluctuations a bit with this in mind. I think another important piece to acknowledge is that there are other groups and agencies with an interest in cost sharing. Hospital district 1 and other agencies indicated transportation is one of the top priorities they see as a need for their clients. Todd said, we were told to make smart goals and have data shared at the next healthcare coalition meeting, most data is centered around types of trips, so it does seem maybe it was captured, but it'd be nice to have a breakdown of percentages, like how many work, treatment, medical trips etc, is there a way to say what percentage of trips could have been satisfied by other means i.e. Paratransit, Dial-A-Ride, etc? Can we reflect this with the data we have? Jacob said, a little bit, but as the program continued, it shifted as to what they were reporting. Melissa said, in the beginning we did catch a lot of those things, and it will be up to us in building a definition of allowable trips if this is a permanent program. Todd said it would be helpful for when this is presented to the health coalition. Christina said, I looked through a lot of the trip data and I do have a lot of ideas of how to improve it if it becomes permanent, I think one thing I noticed with some Patty Wagon data with in-county transport is that there could be a lot of progress if we increased communication and collaboration if we talked to outpatient treatment providers. A lot of communication, if we are to let's say use this for those unstabilized with immediate needs while those transitioning into treatment or recovery can have a plan like okay it's been a week now, maybe we can transition to Dial-A-Ride program. Could there be a daily bus or group that goes from Belfair to New Directions for daily classes, etc? Increased partnerships between MTA, Paratransit and our program as well as treatment providers would be critical.

g. Non-County Operated TST Program & MAT

As I reviewed TST policies & procedures, we missed a few key deadlines, the 25% treatment sales tax RFP this is something according to the policies & procedures we should annually do a debrief on priorities, current gaps, current status, etc. We didn't do that. I'm still bringing to the board a contract that is expired, we would like recommendations on how to proceed, although the procedure is to discuss and re-RFP out, it's up to the board to decide if it's an existing gap, a continued existing gap, and if the currently funded program is something you'd consider a success, or revisit what other gaps we can address. The contract is the jail peer program, OHRS subcontracted for medication for opioid use, MOUD, as well as re-entry services. This contract ended June 30th, we have worked with OHRS, a .5 FTE peer who works in the jail, I did review HBHAB priority list from 2022 and it was second priority, so I think it does fall in line in regards of what funding was at end of 2022. Christina said this program, jail substance use services has been put together really by patchwork, it's a little clunky and has been challenging having a .5 peer position being totally separate, this .5 position, previous to this our jail provided no medications for opioid use, OTP, in order to do that, I've been working with the jail medical team and chief Hanson to increase access for folks with

opioid use disorder. A peer was able to meet with inmates and see if they wanted to apply for meds and explain what the meds are. There have been many challenges specifically due to medication piece, and many barriers on who is eligible for meds. The RCORP program, federal HRSA grant, we have an extension until end of this year. The RCORP jail program has a full time SUDP and a full-time peer navigator Aaron Whittenberg, then a .5 peer Chelsea. It gets convoluted as she works closely with the RCORP team so if people want MOUD they go under her caseload specifically. The contract expired in June and we put a couple changes in what we'd like to see the contract to be, this program did not exist before so it'd be a major gap if discontinued. To be eligible in MOUD program someone has to meet several requirements, put on by healthcare delivery services, we contract out with them to provide all medical services. These barriers are prohibitive, and make barely anyone eligible. In order to be eligible for MOUD, the participant has to have set release date, and the provider would only provide medications 5-10 days before that persons release date, that means basically no one is eligible, very few people have a set release date, and 5-10 days before release is not in any recommended guidelines for this medication. It usually takes longer than this to stabilize and find the correct dose, and they also have to be set with a provider upon release. That's not as much of a problem as we have many MOUD providers, PCHS has been a big champion for this so that is not an issue with us. Our numbers are in 2020 - 27 people enrolled, 2021 - 56 enrolled, 2022 and 2023 numbers kind of plummet and I'm pretty sure it's because we have the RCORP program, no other SUD re-entry at all. Even without MOUD, we can meet for re-entry services and case management, just because someone is eligible doesn't mean they received medications. 18 were found eligible in 2022, and 2023 to date we have 14 enrolled in the program. I think the medication piece has not been successful, and there is 294 unduplicated individuals since July 2022 to date. There is a lot of room for improvement. Eric said, are we sure the decline wasn't covid related? Christina said, the Blake decision also happened in 2021, prior to Blake we had this amazing LEAD team, so when Blake happened there were 0 people released as all had already been diverted out. Covid caused significant issues, we never paused our services but there were less people. Amanda wanted to reiterate that these protocols are really barriers and adds to challenges to making this successful, I was wondering what are the other jails doing, and is it the same program they are following? When comparing data you have, what is that compared to number of inmates that have SUD problems? Christina said, I'm not exactly sure how many out of the population, 50-70 people in jail regularly, but I wouldn't be surprised if around 50% of all incarcerated would have opioid use disorder. As far as other jails, it's different across the landscape, rural versus bigger jails, etc. We are not following standard guidelines; Grays Harbor is comparable to our jail and they have an amazing program. Within 24-48 hrs they try to provide for withdrawal, their jail provider is actually a public health nurse. UW just published a study around different jails in Washington and MOUD, they say this percentage don't use buprenorphine. We have tried a lot of things to change her influence and how she practices, Healthcare Delivery Services. It's one provider? asks Amanda. Yes, a single ARNP who owns the practice with a few nurses under here, she really is the prescriber says Christina. So, how do we change this, this a problem says Amanda. Christina says, we would need to have the Sheriff's office in, they pulled the contract, we've had a few meetings about it. She did say in our last meeting that she would change protocol and not require a set release date and wouldn't require 5-10 days before release, but since

that meeting several months ago nobody has been given medications. She has been gone 2 months with no one there to fill in for her prescribing, we are not following federal guidelines and that is a concern, we haven't been able to maybe get everyone on board who has the power to make changes, im having OHRS re-do how they make notes more detailed so we can deep dive and highlight what challenges are. So, what I'm hearing is the Sheriff's office maybe needs to make the first move to approach this program, can we terminate and move on with someone else who follows federal guidelines? asks Amanda. Someone who is on the same route of our county? Their contract ends at the end of this year says Christina, I know the county would have to open up for a bid. If Shutty is able to join before end of the call, maybe we can get an update, im not sure if they are deciding to do so or not Christina said. Other jail medical providers I think might be just too expensive for us, I don't know if we can afford other providers, I wonder if we could put something in the contract where we say we expect our things to follow federal guidelines as a bare minimum. Eric said, we can put anything in our contract, so we want to continue this service and tighten up the contract, is it counterproductive to hire a peer to refer to MOUD and then the MOUD is not prescribing? But we are providing case management and re-entry as well says Christina, we are asking for support on re-contracting that peer position. We are asking to continue that .5 FTE working in the jail, and provides intensive case management, connection to services, access to treatment if they want and reintegration. We reduced deliverables from 30 to 20 to reflect that those eligible is out of our control so we want to reduce it to 20 and also recognize another program working with those people. Also, more streamlined reporting to show outcomes easily, and will increase meetings with OHRS in the contract, meeting monthly and hoping to also have monthly or bi-monthly with jail medical services to see if any increase of efficacy. I do think we need more monitoring than what we have had. Eric said, I'm okay with recommending .5 FTE to continue to BOCC. Amanda made motion to continue the .5 FTE to support jail program, seconded by Eric. Approved. Can we come back to the other program issue though? asks Amanda. Christina said yes, I'd love to, I'd like to get data and numbers in front of us. I want to be empirical and not just anecdotal, so yes I'd love to bring this back and share. And Shutty on the call too, as he is on the board of OHRS says Eric, and maybe the Sheriff's office involved said Peggy. The group agreed.

h. Meeting Schedule for October, November, December

Melissa discussed with Shutty prior to the meeting and they discussed holidays occurring in these months. If a special meeting to vote is necessary, perhaps we can Doodle-poll to coordinate if necessary, but I'm curious on what the boards thoughts are on cancelling November and December. In October, Shutty will not be available until 10 am. The year-end summary, we need one right? says Peggy. Melissa confirmed. Melissa asked, should we move meeting now, or send a Doodle? Peggy said a Doodle is a good idea. The group agreed.

7. GOOD OF THE ORDER:

For good of the order, Eric had updates for the group. Todd asked me about maybe having a city update during meetings, the process is just kicking off we did an ILA with Mason County, using the same consultant as other entities. The city plans in the future addressing multi-family housing, water rate increases, utility funds must receive full value per RCW, but some exceptions listed below. City establishment program seeking assistance, CAC eligible for \$75

dollars 2x a year, seniors eligible for 20% reduction. Task force recommendations for November 22nd, recommendations city has supported Community Lifeline, Youth Connection & Quixote Communities seeking further funding. Todd asked, on the comp plan in general and the housing element, the county planning department has a commission and advisory board, does the city have that same setup? I am not sure, says Eric, I'll get that answer to you today. Christina said I think a city update would be fantastic in meetings, I'd be curious I'm not sure if you shared yet but I'd love to hear the outcomes of DCR with the city, I've heard great things from law enforcement. Eric said I have briefing numbers I can probably forward to everybody. Christina said I've done outreach along highway 3, last week people were moving out, I was wondering if you knew what was going on with that and if there was any plan for those folks who have been established for years. Eric said I don't believe we have evicted from any camps, there is definitely private property in the area, further down I'm unsure it would be in the county past the yacht club, there is one tent right across from yacht club and .25 mile down road an alcove which is county. Eric said he would like to go out to the camp with Christina. Colleen asked Christina, what are they saying the need is? If there was housing, would they take advantage of it? I know the hesitance of emergency shelters, what are you finding is preventing them from the housing they want? Christina said I think there are a lot of challenges, many need emergency hygiene supplies, that's our biggest request, we are doing syringe exchange out there, very few people even want syringes to be honest, trash bags and hygiene supplies are big asks. There are some severe mental health needs, and a shared living situation is not very safe for people with some of those high needs, couples and people with animals is also a barrier. Colleen said pallet shelters can have pets, also there is community where people really take care of each other and take watch. Many people are dying of overdose after getting a hotel room, etc. as they have no community anymore. Losing community once housed is a big issue, how do we strategize and do what we need to do to get them out of that situation? It is something to think about.

8. CLOSURE- Meeting adjourned at 10:00 am.

9. NEXT MEETING— October 25th, 2023