

**Transitional Community Advisory Body
Meeting Minutes / Record of Action
June 8, 2026**

I. Roll Call and Introductions

Present: Leslie Brown, Angela Butler-Owens, Rachel Corona, Loren Dalbert, Chair Pastor Ed Harris, Bianca LaChaux, Walter McMath, Vice Chair Dr. Jalaima Nichols, Nnedi Obembe, Willie Robinson, Antwanisha Hicks, Kim Jones (alternate) Patt Young (alternate)

Present (on-line, exercising Just Cause for voting purposes): Dr. Mariah Bruce, Angela Butler-Owens

Present (on-line): Al Gibson (alternate), Jill Ray (BOS District staff), Lisa Chow (BOS District staff), Sharise Thomas, Velma Wilson, Andre Humphrey

Quorum met at 5:35 PM

Vice Chair Dr. Jalaima Nichols reviewed community agreements for affirmation. [reference slide]. Staff reviewed the agenda.

Public comment: None

II. APPROVE May 11, 2026 TCAB Record of Action / Minutes

Motion by Member Walter McMath second by Member Dr. Fredrick Lee to approve May 11, 2026 Record of Action / Minutes.

Motion passes unanimously.

III. RECEIVE East Bay Community Foundation presentation sharing key insights from the first cohort of the Federal D. Glover Community Wellness Network

Director Kim introduced Jasmine Jones from East Bay Community Foundation (EBCF) that was tasked with managing the cohort of thirteen (13) grant recipients. See slide deck in agenda packet. Jasmine will give formal report to Equity Committee next week.

Year One Impact Report Overview

1. Non-Profits are Closing Critical Gaps in Basic Needs
2. Trauma-Informed Care is Essential not Optional
3. Mental Health Services were Highly Utilized
4. Connection & Belonging Are Foundational to Healing
5. Community-led Models Produce Community-Scale Results
6. Investment in Infrastructure is Inseparable from Impact

Jasmine shared an example from the Summit Wellness Project in Sacramento, with the Sierra Foundation. The Foundation held all the back end administrative actions so service providers could focus on the community. This took the burden off grantees and allowed them to build capacity to tell stories and collect data. The grantees grew and built together. The message is that having an intermediary organization to hold this space is important.

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Data overview

- Thirteen (13) organizations created fourteen (14) programs
- 21,495 people served. Money was leveraged to bring in other grants.
- 15,740 black participants served
- Service recipients gave 4.3 of 5 rating (Programs self-reported)

Service areas:

Maternal & Infant Health

Behavioral Health

Food & Housing

Youth Development

Community Healing

Jasmine suggested that a standardized data collection be developed to track multi-year outcomes

Lessons from Year One

1. Public-Private Partnership Works
2. Black-led Orgs Need Pathways, Not Just Funding
3. \$1M Plants the Seed – But It Must Be Watered
4. Improve Data Collection for Year Two

Vice-Chair Nichols: What was the biggest lesson learned? Metrics thrown out or changed from learning.

Jones: Biggest lesson learned. Need universal template for grantees to complete. Maybe five metrics should be identified. Looked for commonalities and then drilled down.

Director Kim: Varied services offered. Needed to be flexible with data collection; agencies adapted data collection for their needs. EX: how to compare number of food items to weight of food items?

Director Carr: Ask them to define success and report back. Committee didn't define success, grantees defined it.

Jones: Best practice in philanthropy is to ask grantees to define success. This should be asked but then ask them to track continuously and consistently. Need some data anchors.

Chair Harris: TCAB can comb through data to find major areas to track. Expected learning curve.

Jones: Agree and suggest committee work on this. Document lessons in year two.

McMath: Where did you see success? High utilization of mental health – theories? Can areas doing well cross-pollinate?

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Jones: When you actually partner with orgs that look like you they are more highly utilized. Brought in black capacity-building support. Touch points during the year fostered greater collaborations and relationship building.

Robinson: Administrator role is to assess the needs. Grantee defining their own success feels far-fetched.

Jones: In year one they didn't have consistent indicators. They are leveraging their funding.

Bruce: Suggested key indicators?

Jones: Want to sit with this a little while and suggest this is identified in community.

Staff shared that the upcoming Request for Proposals (RFP) has suggested performance measures built in.

Public comment:

Mental health piece – how are they categorized and tracked? EX: maternal and infant health. Significant increase in number men accessing mental health services.

Are there additional providers?

An RFP will be released soon that will identify additional services.

IV. RECEIVE and REVIEW recommendations and edits for the Service Providers Request for Proposals (RFP) from TCAB Ad Hoc Work Groups and APPROVE final RFP draft to move forward to the Equity Committee.

Staff shared Ad Hoc committee assignments and walked through current RFP draft. Reiterated the six (6) service categories covered by the RFP.

Ad Hoc 1: Eligibility and Geography (Walter McMath)

- (1) Clearer structure and sign posting
- (2) Specifically name black males
- (3) Show Not Tell structure
- (4) Make eligibility requirements more inclusive of black led orgs
- (5) Implementation partnership
- (6) Require black provider plan; how will they engage the community?

Risks: (1) Census tract data may not capture all residents
(2) How to ensure work is effective

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Ad Hoc 2: Funding and Service Categories (Leslie Brown)

There are 6 service categories. We examined each one. We appreciated the description provided by staff in the detail, menu and performance areas.

Service area recommendations:

- (1) Maternal Health – include men for family services. Make sure fatherhood is called out.
- (2) Health Prevention and Treatment – Services around STD and HIV
- (3) Mental – Make sure DV and healthy relationship work is categorized

Funding area recommendations:

Divide the percentage of dollars into two (2) buckets.

- (1) Stabilize in Crisis / High Risk 85% of total
 - a. Behavioral Health 25%
 - b. Maternal Health 25%
 - c. Reentry / Restorative 20%
 - d. Housing / Navigation 15%

- (2) Access and Prevention 15%
 - a. Prevention Health Check up 5%
 - b. Public benefit 5%

Vice Chair Nichols: Rationale for percentages?

Brown: What are the most needed services now? Needs assessment supported designation.

Public: Will there be overlap within maternal health to touch on men's health

Brown: Yes, this was considered

Dalbert: Housing targets identified 38% unhoused is black but 9% population is black. Navigator to cliff. There are no resources. Pointing folks to a cliff not a bridge. NPO s are already doing housing navigation. Places to navigate people to do not exist.

Staff: Thank you for noting this. Other service providers in ad hoc committee also noted this.

Ad Hoc 3: Network Design and Collaboration (Antwanisha Hicks)

Committee focused on language to further clarify in two (2) areas:

1. "Expected" to engage in collaborative activities. Want to set standard that collaboration is important. Change to "required" to engage in collaborative activities.

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2. “Partnership” language on page 21. Maintains partnership with health agencies. “Maintain” may not fully capture. Need to state active collaborations. “Demonstrated effectiveness and meaningful partnerships”

Director Kim: What is the accountability structure to demonstrate partnership?

Hicks: Up to the lead entity to identify and maintain.

McMath: Suggest that we state explicit requirement of collaboration, particularly in different fields. Emphasize cohort cross-training and learning.

Director Carr: Noted that agency approach in RFP. Applicants asked to describe further. If you feel something is missing we can make further edits.

Robinson: Identify additional support and technical assistance that they will receive from larger, stronger orgs

Director Kim: individual orgs will need to be able to directly contract with the county in terms of their fiscal abilities and insurance.

Public: established CBOs are needed?

Kim: The financial constrained orgs can be covered by philanthropy. Need TCAB support to identify foundations.

Staff: ORESJ will host an information session for agencies to interact. RFP will be open for 8 weeks; there will be an ability to subcontract.

McMath: Ask them to identify the gaps that they think they can fill. Will help them to think more collaboratively.

Dalbert: In review process, look at longevity of collaborations and partnerships.

Staff went through RFP document noting where ad hoc committee recommendations were included.

McMath recommends accepting the proposals. Nichols agrees but believes the funding percentage ascribed for health check ups and screenings is too low given prevalence in black community. Discussion ensued about how to assign the funding percentages for each of the six (6) priority areas. McMath suggested a 1% reduction for all but the last category, in order to provide a higher percentage for said category. The adjusted percentage chart is as follows:

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Priority Service Area	Percentage
Behavioral Health Services	24%
Housing Navigation	14%
Maternal and Infant Health	24%
Reentry Support and Restorative Alternatives	19%
Public Benefit Resource Navigation	9%
Preventative Health Care, Check Ups, Screenings	10%

Motion made by Member Robinson to approve the RFP, as amended, to move forward to Equity Committee. Second by Member McMath. Motion approved unanimously by roll call vote.

Roll Call: unanimously approved [Jessica please provide the roll call sheet]
Nichols, Lee, Dalbert, Harris, McMath, Robinson, Hicks, Bianca, Nnedi, Leslie Brown

Public comment: None

VI. **RECEIVE and REVIEW next steps**

Staff shared process update tool indicating tasks completed, in process and upcoming.

Motion to adjourn made by Member McMath and seconded by Member Dalbert. Passed by unanimous vote.

Meeting adjourned at 8:15 PM [I don't think this was the actual time – please confirm]

The next meeting is currently scheduled for July 13, 2026 at 1025 Escobar Street, Room 110, Martinez, CA 94553.