

**MENTAL HEALTH COMMISSION  
JUSTICE SYSTEMS COMMITTEE MEETING MINUTES  
May 16<sup>th</sup>, 2023 - DRAFT**

<b>Agenda Item / Discussion</b>	<b>Action /Follow-Up</b>
<p><b>I. Call to Order / Introductions</b>            Committee Chair, Cmsr. Geri Stern, called the meeting to order at 3:33pm  <u>Members Present:</u>            Cmsr. Geri Stern, District I, Committee Chair            Cmsr. Pamela Perls, District II, Committee Vice Chair            Cmsr. Gerthy Loveday Cohen, District III            Cmsr. Tavane Payne, District IV *            Cmsr. Gina Swirsding, District I *            (*attended via video)  <u>Guest Speakers</u>            Malkia Crowder, Director of Probation and Juvenile Detention            Steve Blum, Program Manager, Contra Costa Mental Health and Probation Services (in-Person)  <u>Other Attendees:</u>            Cmsr. Lauga Griffin, District V*            Cmsr. Barbara Serwin, District II*            Christian Aguirre            Angela Beck            Jennifer Bruggeman            Audrey Montana            Teresa Pasquini (3:47pm)            Jen Quallick, (Supv Candace Andersen's ofc)            Winnie Quinn            *off screen/non participatory due to quorum restrictions</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENTS: None.</b></p>	
<p><b>III. COMMISSIONERS COMMENTS: None</b></p>	
<p><b>IV. COMMITTEE CHAIR COMMENTS:</b>            Next month, my co-Chair, Cmsr. Perls, will take over the chair duties. I may or may not be on Zoom for the June meeting.</p>	
<p><b>V. APPROVE minutes from April 18<sup>th</sup>, 2023, Justice Systems Committee meeting:</b></p> <ul style="list-style-type: none"> <li>• Cmsr. Tavane Payne moved to approve the minutes as is.</li> <li>• Seconded by Cmsr. Gerthy Loveday Cohen</li> </ul> <p><b>Vote:</b> 5-0-0  <b>Ayes:</b> G. Cohen, T. Payne, P. Perls, G. Stern, and G. Swirsding</p>	<p>Agendas/minutes can be found at:  <a href="http://cchealth.org/mentalhealth/mhc/agendas-minutes.php">http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. RECEIVE Presentation on Juvenile Detention Centers, Malkia Crowder, Director of Probation and Juvenile Detention and Steve Blum, Program Manager, Contra Costa Mental Health and Probation Services</b></p> <p>(Malkia Crowder) There has been so much going on in Juvenile Reform in the field and institutions. The biggest (for us) is SB823, which is set to close the state run youth detention facilities and all the youth in those facilities will be</p>	<p>Documentation on this agenda item were shared to the Mental Health Commission and</p>

coming back to the individual counties; because they feel like it's easier, better, the families will be closer, youth will be closer their families, we can provide better age appropriate treatment. So as of June 30<sup>th</sup>, all the state operated facilities will be closed and all of our youth will come back to our facilities. That said, we developed the Briones Youth Academy (BYA). That program consists of three different pathways:

- Community Pathway – kids that we serve in the community on intensive supervision, those that went to our Oren Allen Youth Rehabilitation Facility (OAYRF). At the time that the ranch closed, we had approximately 7 kids there and none came back to custody. They went back home in to their communities and put on this Community Pathway intensive supervision.
- Commitment Pathway – less intensive (typically 10 month program) each program is based on individualized treatment plans and each Youth placed in the programs will have an individualized treatment plan, an MDT (multi-sensory disciplinary) meeting, where we will all come together with our probation, behavioral health, the medical department, school department, parents, youth. We develop an individualized treatment plan and each youth will have their own plan. That will determine how long they will be in custody and what treatment they will receive in custody.
- Security Pathway – State run prison and juvenile detention facilities are closing and that is our security pathway. Youth can be in our custody up until the age of 25. There is a baseline dependent on offense and what the judicial bench determines internment.

Our facility is a two-tier facility. We have 64 youth in custody presently. The top tier is dedicated to the BYA, our treatment program. We have developed several different programs and most are older, after they have graduated from college. We have 30 youth taking college classes on line (new). We also have a multi-craft core curriculum, which is a pre-apprenticeship program for these you that will be here longer and will receive a pre-apprenticeship certificate. Once released, they are automatically enrolled in an apprenticeship program.

We have one youth that has completed the MC3 and the bench has allowed us to transport him to that program. While he is in custody, my team will take him three days a week to the program and once released out of custody he will have a job. We have a horticulture program, small engines program and in the process of a fire and forestry program. Our goal is to provide the youth more opportunities for their release and will have something tangible. Rather than it being a temporary detention facility, because as you all know, Juvenile Hall is really geared toward temporary detention.

SB823 really made us have to shift gears and re-work how we service our youth in custody. We have detention youth that are here temporarily while they are going through the disposition, sentencing and then we also have our committed youth that are here much longer. We sperate them, detention youth on the bottom floor and the treatment youth are on the top floor. We do have an internal stepdown program which is a 'softer' unit. Once on that unit, they have opportunities to attend field trips, home visits, work and so forth. We want to give them all the skills they need before they go out into the community.

included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: <https://cchealth.org/mentalhealth/mhc/agendas-minutes.php>

So again, OAYRF has closed. The reason is the numbers were so low. 24 years ago, there would be up to 100 youth in custody with a wait list. As time passed, our numbers went down to 10 and 12. At 7 in custody, so it just was not cost efficient to run that program. The incentive supervision with the WRAP services will be more beneficial for the youth being served.

(Steve Blum) Mental Health and Probation Services -- What we do

Juvenile Hall, we have six (6) Clinical positions, two are open right now. The shifts are 9:00am to 7:30pm – four (4) 10hr shifts. This enables us to have staff at JH 7 days/wk. When those clinicians aren't there, I am the one that is on call. So essentially we have coverage 24/7. We now have a psychiatric nurse practitioner.

When I started two years ago, we had a Psychiatrist for four hours/wk, now we have coverage 40hr/wk via the nurse practitioner. The last few weeks we added a position for substance abuse counselor who works at Juvenile Hall with another position that will work with youth in the community who are on probation. Those two positions are funded by the AOD division, but they work with us. In addition to the clinicians, there is Dr. Nguyen and myself. We are also clinicians and that can work with youth, so there is really

Then, in the community we have three (3) liaison positions that work out of the regional probation offices. They handle referrals for youth to get linked to services as they get released from Juvenile Hall or just on community probation. They also work with those youth through the Community Pathway program. The liaisons are the first line of assigned clinicians to work those folks. Additionally, some of whom are referred for functional family therapy and other therapy programs through CBOs.

There is also a family partner that helps families navigate what you might imagine can be a confusing and intimidating system if their loved one is in probation.

One other thing, I found this out earlier today. We have had to work with the teamster regarding this but the way the mental health clinician specialist positions have been up until now, is they can only work in Juvenile Hall per the contract with the teamsters. As of June 12<sup>th</sup>, they will be all hybrid. They can work with youth at Juvenile Hall and out. This means a gigantic void is about to get filled. What used to happen is youth would leave the Hall, wait for those liaisons to make a referral and bridge services, we are now going to make every attempt most of the time to follow youth. So if I'm working with someone, they leave I continue to meet with them in the community. That is a big change.

**Comments and Questions:**

- (Cmsr. Payne) How does it work from the females coming back from the state facilities. How are they housed. (RESPONSE: M. Crowder) We have no females in our state.
- (Cmsr. Payne) You still have females in detention, right? (RESPONSE: M. Crowder) Yes, we still have females, but luckily there are none in the state facility.
- (Cmsr. Payne) Are we prepared if that occurs? (RESPONSE: M. Crowder) Yes, it would be the same pathways, individualized treatment plans, same services.

- (Cmsr. Payne) How would they be housed? (RESPONSE: M. Crowder) They would not be housed upstairs, the males are upstairs. They would be housed downstairs. At present, the female population is so low, we have a treatment unit and detention unit that is all one unit, but typically we don't have that many females in custody. There are only four.
- (Cmsr. Payne) So the Girls In Motion, is the treatment still available? (RESPONSE: M. Crowder) Yes, we still have our Girls In Motion Program.
- (Cmsr. Payne) If there was someone in the academy, how would you separate them? What if there is a drastic age difference? (RESPONSE: M. Crowder) There are no ( ) in cell? separation (?). Legally we don't have to keep them separate. Presently we have a 16 and 21 year old and the law doesn't require ( ) in cell? separation.
- (Cmsr. Payne) If you happen to have someone come into the detention facility a female even younger, then they would be with them too? (RESPONSE: M. Crowder) Correct, all females together.
- (Cmsr. Payne) They don't see that as a problem? (RESPONSE: M. Crowder) No, they haven't change the law. Again, because the numbers are so low, it's not an issue. It could possibly become an issue but as of now it is not and they are housed all together. If I had a 15 yo and 18 yo female, they would be housed in the same unit.
- (Cmsr. Payne) I know that past history there has been even younger, so that is why I asking if they are 13 or 14, with a 21 yo that is a drastic difference. It is great it is low numbers, but you never know how it can change or what will happen and if it did increase, what is the plan? (RESPONSE: M. Crowder) It really doesn't matter with age. The law does not require us to separate the youth and luckily for us we have not had any issues. We pay very close attention to who is in custody.
- (Cmsr. Stern) You brin up an interesting point, it sounds like you are consciously trying not to put younger adolescents in the detention facility and so if that is the case, where do you place them? Where do they go? (RESPONSE: M. Crowder) Well it just depends on the offense. Again, I have been here 24 years, and worked in various areas. When I first started we had a 6yo. But we no longer house youth under the age of 12. If they are 12, the law states we can't even house them. It depends on the offense. We try outside diversion for not so serious offenses. We have outside diversion programs, the Public Defender and District Attorney have diversion programs, we are really geared to take the really high end offenses.
- (Cmsr. Stern) For mental health, if an individual is pre-teen or early teens and need to be in detention, it sounds like they go to a diversion programs so they will be in the community mental health setting? Or some non-profit? How does that work? (RESPONSE: M. Crowder) are you asking if we have kids in custody here or kids that are out of custody?
- (Cmsr. Stern) No, if they are in custody but with mental health issues, are they put into diversion or do they go to community mental health programs or what would they/where would you direct them? (RESPONSE: M. Crowder) While in custody, they are seen by our staff here and Steve (Blum) is actually there. He is our program manager for Juvenile Hall and he maybe can speak more on the process. But we have a behavioral health team that is on staff 7days/wk in our facility.

- (Christian Aguirre) just want to ask where they place transgender individuals (TG females)? (RESPONSE: M. Crowder) We place them on how they self-identify.
- (Cmsr. Perls) I wonder if you could address any funding that comes along with the diversion of youth to the county, is there any funding? (RESPONSE: M. Crowder) Probation doesn't have a diversion program.
- (Cmsr. Perls) I understand, I meant divert (in the verb form) that they are being sent back to the county, is there any state money coming to support that? (RESPONSE: M. Crowder) There are several different funds and I think the ongoing issues for us is, if you have been to a facility, it is really not geared toward long-term confinement, so they can give me all the funds in the world but I would have to restructure the institution. This institution, and most others, are not geared to house a young individual for long periods of time. We are geared to occupy our empty units to give them movement, so they are not on one housing unit for 7 or 2 or years and we try to have a rec room and a counseling room so they can move about the unit. So we do have funding and some when to our pre-apprentice program and I think the biggest issue is staffing and that is across the state in all professions so we are really positive that. No matter what the funding, it is really hard to hire and retain quality staff and also transitional housing. We are having a hard time finding traditional housing. Many youth (19-20) when they are released from custody, we have just been running into a wall trying to find transitional housing for them. We do have funding, we just need more resource or organization to help assist with transitional housing, job placement or other programming while in custody.
- (Cmsr. Stern) What happens if you can't find transitional housing for the youth? Do they just stay with you until you find something? Or do they go to a shelter? How does that work? (RESPONSE: M. Crowder) Yes, if we can't find housing, once their term is up and released, legally we have to release. Very few times we have not had housing but I think that with the transition of DJJ closing and the youth being older, we will run into a problem. Normally we will send them to a shelter.
- (Cmsr. Stern) Do you track how they do? If they stay in the shelter or if they become homeless or continue with the programs while in the shelter? That could be pretty challenging for youth (RESPONSE: M. Crowder) A lot of times they don't stay. Staying with the program is not an option and they are placed on probation once released and many times when they go to the shelter they just run (AWOL) and we don't know where they are and they are placed under a warrant.
- (Cmsr. Stern) That's kind of – setting them up for failure because they need a structured environment. If you had transitional housing, would it be supervised or would they be in that setting by themselves and would they be likely to run if they were in a transitional housing unit? How would that all work? (RESPONSE: M. Crowder) I can't answer if they would run. I agree with you sending them to a shelter is a set up. I hope we can find some transitional housing, there is nothing, no one has come to us to say, we'll do transitional housing. We proposed was a transitional housing that was ran by a community based organization (CBO) were there are therapists and different treatment and it was different rooms... like a group home, but just a bit more intensive; that is

what we are hoping for. Again, though, I have been all over California there are very few homes that offer that. That was the point of DJJ closing because they want youth to come back their communities. Unfortunately, a lot of our communities don't have transitional housing for these young people and it just sets them up.

- (Cmsr. Stern) This program has been going for a long time, so if these youth are being discharged to shelters, how would you characterize the success of the programs if they are running or not following up after they are discharged. (RESPONSE: M. Crowder) so this program is new. The BYA is new. I think, therein lies the problem. We don't run the transitional housing, so our job is for their care and custody while in the facility and once out, we are hoping to find placement for them, but again, to my point, there is very little transitional housing so what we try to do is reunify back with their parents or try to find something for them before they are out of custody.
- (Teresa Pasquini) Thank you so much for the presentation, I have been hoping to learn more about the status of this program. I am sad, but not surprised, to hear about the transitional housing situation and just some history, and some of you may remember, we did (as a commission) really highlight TAY transitional housing as a need in our county when I was on the commission and actually chose Oak Grove as a site to create that housing. That was something we really worked many years on it wasn't necessarily for probation. That property is of course now being used for the A3 program. I don't recall the needs assessment for TAY beds, but certainly agree it is a need and it is very sad. California does this, we get people in shape and then just release them, with no net. (RESPONSE: M. Crowder) I totally agree, in theory, it is a good idea to have the youth back in the community but there should be, in my opinion there should have been a plan. Once they are out, there is no plan for them. We did a request to see if anyone was interested, we threw out all this money and only received an answer from one agency who had no experience working with this population, no credentials. We couldn't use them. There is a lot with this population, dealing with some of the crime they committed and people were apprehensive. In theory, everyone wants to help and have all these wonderful ideas but when the money is on the table (we do have it), no one wants to actually pick up the ball and lets help. I think it's going to be into service because we will have more youth out in the community homeless.
- (Cmsr. Stern) Do you have any connection with anyone in the legislature to create some pathway to transitional housing? It sounds like it needs more focus in the legislature. If no one creates it, it doesn't exist. What is your plan to make this a reality and a more wholesome program. (RESPONSE: M. Crowder) So, all the chief's having a meeting (monthly) with the legislatures. They speak about it and brainstorm and throw money to us, but a lot of the advocates (those behind the closure of the DJJ), don't want probation involved. We are in theory 'law enforcement' and so most those that want to have this transitional housing don't want the houses to be probation ran. Totally agree. We don't want our staff out there. There is one in Oakland and none of the youth want to go they don't feel safe. Then, some with the nature of their crime(s) can't go back to their community. There is a lot to consider when coming up with transitional housing for this population. It is a lot that goes into this

and it's not going to go away, but continue to be a problem. It is intensified with the fact the state is closing and now we are going to have these 19-20 yo that will be in my custody for maybe three of four years.

- (Cmsr. Stern) looks like they need someone to be in charge. Is there any plan for that? This is a big new program and it needs work.  
(RESPONSE: M. Crowder) It is and there are committees. I don't want to say there aren't. I think the problem is there are 58 counties doing 58 different things. We want to keep them in their county, I have to get my county to develop a program and Alameda has to develop a program and Shasta and Solano, etc. They don't want it to be a HUB, as it would defeat the purpose of them closing the state run facilities.
- (Cmsr. Stern) Yes, we ran into this with conservatorships, as well. The 58 counties do 58 different things and there is no one in charge and everyone is doing their own thing and nobody communicates between counties and people get lost. It seems to be continuing problem. We haven't been able to figure out a way to fix that.
- (Cmsr. Swirsding) We have homeless in my neighborhood. I speak with them a lot. We have quite a few of the TAY population. I try speaking with them. This problem is everywhere. My concern is the issue of the homelessness. There used to be services (like Cali House) where they used to help the youth there who were having problems with their families and various other issues. They would help them find housing alternatives. Some kids that have nowhere to go, are you turning them over to foster care? (RESPONSE: M. Crowder) Typically our 18 and under would usually go back to their family. Again, the TAY population is where the services are lacking.
- (Cmsr. Swirsding) If you sit down and listen to the foster care youth, a lot of them have run away. Some from other states as they heard California is much more lenient than the state they may be in. My concern is these youths. Is that what you do, if there is no home?  
(RESPONSE: M. Crowder) Yes, we have an entire placement team.
- (Cmsr. Stern) Does that include family therapy? (RESPONSE: S. Blum) Yes if the family agrees. The family therapy is a complicated issue and I want to be really clear that I am not blaming caregivers with what I am about to say: Sometimes people don't reply or can't engage because they hour work and other responsibilities. It is a tricky thing to set up, but yes, we are very willing to do family therapy and we are already doing sometimes we are also working with UCSF has a juvenile justice research project and we are working with them. There is a specific project that they call 'Project Raise' where caregivers have been offered the opportunity to help develop an APP, which caregivers can use that are on self-support because it is difficult when your loved one is at Juvenile Hall. We are also working with them (very early stage in developing, some group programming and it took place at the mall.
- (Cmsr. Stern) Does this group occur regularly, sporadically?  
(RESPONSE: S. Blum) Groups are also a little complicated at the hall for different reasons. There are other activities. They go to school, the treatment programs that Malkia referred to. So it is being done.
- It is also usually shorter and a little broken up. It is more of a logistical problem.

- (Jennifer Bruggeman) I just wanted to clarify an early statement, it sounds like the Mental Health Clinical specialist (after July) will have flexibility to work both in and outside of the hall, like community and inside Juvenile Hall? (RESPONSE: S. Blum) Right now I can't ask anyone on the clinical team to work with people outside of Juvenile Hall because it involves consulting. The change about consulting with Teamsters Local 856 today... the concerns have been resolved.
- (Cmsr. Swirsding) In West County, there is a lot of Human Trafficking (girls/boys). What are you doing regarding kids being trafficked? How are you dealing with that?  
(S. Blum) The Behavioral Health Team's mandate is pretty narrow. We provide behavioral health services for incarcerated youth. We work with them providing therapy. The issues you speak of are multi-agency/multi-program. We do the best we can to provide service to for those youth you described and continuing that work, including referrals to other I once they leave Juvenile Hall.
- *<int by Cmsr. Swirsding>* part I am concerned about is the children coming over the border, too. We have some in west county that I am concerned for them. A lot of these kids are pushed into drug dealing and human trafficking. So, the problem is not just with those living here but those coming in from another place.
- *<int by Malkia Crowder>* I totally agree, we don't take human trafficking cases, but I'm not going to let anyone in for human trafficking. I'm not going accept a young lady in for selling drugs. As I said, the majority of the youth in custody here are in here for some very serious offenses. Usually if we get a referral, we will speak to the police agency about finding another alternative, a CBO, call CFF, a family member, but we no longer do, we used to take them, but we no longer take human take human trafficking cases. *<int by Cmsr. Swirsding throughout this response>* so this is going to be more of major problem as we go on.
- (Teresa Pasquini) This is just another systemic issue and, in terms of how we plan and one of the reasons I support MHSA reform right now. I don't know if the reform is going to be the right reform, but we have been given millions of dollars and the TAY population was a target population. I don't know how many of these young people are identified as being seriously mentally ill. I don't know the secure track, how many are in and would benefit. All I know it is really frustrating for me to hear this, especially after working so many years in this county to develop systemic solutions and it still hasn't happened. We still have the state realigning this population. This is something they do. My comment is where is... what are our TAY programs doing? What is our children's program chief doing to come up with solutions? This isn't an accusatory comment, this is a question, how are we collaborating across these silos for this population and preparing for this, rather than just having warm and fuzzy presentations to the Board of Supervisors (BOS). This is really super sad and frustrating for me to hear. This is another call to action to the committee, the commission to maybe take this further. This isn't okay. One more thing, this NIMBY-ism issue (Not In My Back Yard) is something we have been fighting for years, as well, in Contra Costa and have done so successfully. We will be dealing with that again. I am actually thinking about the presentation you got from Lauren last month and don't recall there being a conversation about Bridge Housing for this

<p>population. Again, I have been in a lot of meetings lately and I am frustrated. This is concerning. All I have heard is this is going to be great, we got this great new program. I am sure it is going to be great. It is unacceptable to not have transition plans for these youth. That's all.</p>	
<p><b>VII. RECEIVE Summary Presentation on Budgetary Hearings for Juvenile Justice and Foster Care, Cmsr. Pamela Perls, Mental Health Commission (MHC)</b></p> <p>I can summarize very quickly. This was a budget subcommittee assembly and it is on health and human services, focused on youth recommendations. The former Mayor of San Jose spoke and he recommended an emphasis on Mental Health housing, the homeless and spoke of his concern that the Governor was proposing to take money away from mental health services in the community to put it towards housing <i>&lt;multiple interruptions by Cmsr. Swirsding, cutting into Cmsr. Perls presentation&gt;</i>, he talked about the lives of foster youth and incarceration and providing for them, and drop in services for youth, an Australian model and school mental health services and all the subjects we have talked about.</p> <p>He spoke on care court and the counties and how there is no obligation to go into or receive treatment and how it is strictly voluntary and it be a simple voluntary and could simply be a petition to the court. Then there is the SB43, another bill, that would actually force people into treatment. He spoke to supporting and directing funds to the county. That is what I was asking about, that the county is not receiving adequate funds to create the treatments the youth need when they are sent home.</p> <p>Assemblyman Ting spoke and stated he wanted to see more alignment between the state and counties. He wanted more data to try to gauge what was spent and how it was spent. Everyone seemed in close agreement that youth services were important. They focused on interventions which made results but couldn't be scaled up and he hoped they would work closely with schools. We have talked about that and I know the quality of care committee has.</p> <p>The issue #16, which there was a number of things on their agenda, the deputy secretary of behavioral health, Stephanie Welsh, talked about the MHSA overview of reformation. She spoke about an oversight commission, which I was unfamiliar. She also spoke about data to have to determine what is working and the oversight and accountability commission. She didn't talk about how the representatives were assigned to it or appointed. She said the Department Health and Human Services (DHHS) would be responsible for financial oversight. She didn't go into a lot of detail.</p> <p>A group "Children Now" talked about not using the MHSA funds, that those were very important to keep and not divert. The county would be responsible for determining where the money goes and they are not required to give a certain amount to children's mental health. The representative spoke to no planning for no future MHSA services, not all children in schools get services, how valuable it is to school aged children to have adequate funding for mental health in the schools.</p> <p>There were a couple more speakers. One childhood alliance spoke about youth, who largely were Black and Latinx, having the greatest number of suicides and how important it was to spend on prevention. There was a lot</p>	

having to do with financing and not preserving current set asides, they were concerned about those being diminished, again about housing and getting funding to the counties, believing it would motivate spending on prevention and that would be important. Really re-iterating all the same emphasis on housing, youth treatment and prevention, concern about diverting funds and adequate funding for the counties.

**Comments and Questions:**

- (Cmsr. Stern) Was there any type of inclusions about any of this? Any directions? Action Items? (RESPONSE: Cmsr. Perls) It was strictly testimony. That is what the budget committee will then have to determine. This was only presentations. The biggest thing I came away from it with simply the strong agreement that there should be mental health services in the schools, they should not be diverting mental health services to housing, to preserve the set aside, concerns about care court adequately taking care of people and largely the realignment with the counties – there isn't adequate funding for youth being sent back to their communities. It wasn't adequate funding for the treatment that might not be available to them. Simply reinforced to me how important for us to come up with some suggestions share with the BOS.
- (Cmsr. Stern) Did you feel you could come up with some action items based on what you heard? (RESPONSE: Cmsr. Perls) No, I'm still trying to navigate who fits where. In fact, one thing I wanted to ask is: Is there such a thing as structural start? Where I can understand (and general public could understand) you fit under this, this fits under that, etc. (Cmsr. Stern) Yes there is, and Angela can get you an org charge for BHS and Detention and Juvenile Probation and Detention. I think there are three different structures.
- (Teresa Pasquini) I just wanted to thank Cmsr. Perls for participating in one of the budget hearings. I've spent too many yours in state level hearings over the last couple months. My perspective is likely different than some others you were mentioning. I do see the comment from Christian Aguirre. I remember hearing powerful testimony from someone at the Rainbow community, the assembly hearing I listened to last Monday night. I do think there are some Major reforms on the table. There are a lot of different feelings around it. I do think it is important for our community to have conversation about it to understand the different fears and perspectives. I don't agree with the characterization of SB43 being about forced treatment, it is actually about getting the right care at the right time and the right place for those who are severely mentally ill and for reforming LPS, which many people believe is past due. I think this is just part of a three-prong proposal the governor has in partnership with the legislation and there is a lot of community partner feelings around. I know the MHSA partners forum I participated in have very strong concerns that mirror the concerns that were just discussed. I am not minimizing them at all, but I think there is going to be change. There is going to be transformation. I just want to remind the commission there is a large youth / children's proposal or initiative that is out there happening. I don't see a concern about taking away any school-based mental health services. I think that has been a promise made by this Governor and one of the bold initiatives that he has made. However, I do think people are holding on to the status quo regarding MHSA.

<ul style="list-style-type: none"> <li>• (Cmsr. Swirsding) Holding on to our MHSA funding, in many ways because, for example in Bakersfield - Kern County, Gavin Newsom gave that city/county a lot of money for housing. The purpose was to be a model for the state of California. What they did was to tear down orange fields and a lot of other agriculture and built housing. In that housing, one of things mentioned was that a lot of folks were concerned about the mentally ill having housing and being homeless. To date, it is not going as well because they are housing people coming over the border as well. The biggest thing is the lack of housing for the mentally ill. That population is not able to advocate for themselves and voice their opinions as other populations. I just hope, that in our county when we receive these funds, they will provide housing for those with severe mental illness. We need to be really keen on this. Thank you Teresa and Lauren for going out of their way. There are counties with problems. Chico kicked out all the homeless and have brought in those without mental illness into their housing.</li> <li>• (Cmsr. Cohen) We talk about housing for homeless or mentally ill people, do they also have wrap around services? Case managers to help navigate? (RESPONSE: Steve Blum) I can speak to this a little. There are some programs that provide a pretty significant additional services.</li> <li>• (Christian Aguirre) I just wanted to thank you all for bringing this all up and wanted to mention with Rainbow that 40% of our finding comes from PEI and we are really worried about the changes happening and the services we provide is to prevent those access blocks to mental health specifically. We provide groups, events that help community members to have that approach or that type of community engagement and mental health access. If any of you have any ideas of what to do or where and where to be on the look out for (or any advice for) future funding please let me know.</li> </ul>	
<p><b>VIII. Adjourn: 4:59 pm</b></p>	