

CITY AND COUNTY OF SAN FRANCISCO  
JUVENILE PROBATION COMMISSION



**LONDON N. BREED, MAYOR**  
**JUVENILE PROBATION COMMISSION**

**FULL COMMISSION REGULAR MEETING MINUTES**  
**June 14, 2023, 5:30pm**

**Commissioners:**

Margaret Brodtkin, President  
Linda Martley-Jordan  
Allison Magee  
Johanna Lacoé  
Toye Moses  
Manuel Rodriguez  
James Spingola

**Proceedings:**

**1. Roll Call:** Meeting called to order 5:30 pm.

Commissioners Brodtkin, Lacoé, Magee, Martley-Jordan, Moses, and Rodriguez present.  
Remote public comments instructions read by Commission Secretary.

**2. Public comment on items not on agenda.** No public comment.

**3. Exploration of wellness and behavioral health resources, services, and needs for young people impacted by the juvenile justice system. (DISCUSSION)**

Commissioner Allison Magee states they have been discussing this real crisis in behavioral health. We wanted to take some time to understand the landscape in terms of what services are out there, what the City is doing, what DPH is doing as well as in partnership with JPD. To understand where the service gaps/needs are as well as where there are opportunities. This is an important conversation in partnership with our partners and community providers. We look forward to this discussion to see how we approach this crisis.

**Introduces Dr. Farah Farahmand and Mona Tahsini, Department of Public Health as well as Michelle Alvarez-Campos and Dr. Gallegos-Castillo, IFR**

**Dr. Farah Farahmand, DPH, Director of the Children, Youth and Families System of Care with Behavioral Health**

*Slide: Overview of Today's Presentation*

Gives summary of current situation; see attached slides.

Mentions a National Study (2011-2021) released in 2021; states it contained alarming statistics such as 40% increase in sadness/hopelessness, 36% increase in attempted teen suicide; eating disorders had 107% increase.

*Slide Youth Mental Health Crisis : Trends in SF Behavioral Health clients;* they are seeing SF youth in same trends as the nation.

CANS is Children and Adolescent Needs Survey; they are mandated by state to use this tool monthly.

Goes over services; states that SF has done well trying to meet needs, and states they offer some services that other counties do not have similar access to. Brief overview of what they oversee; states the programs offer an array of services, from prevention, early intervention, crisis intervention services, mental health services in residential settings, etc. States that a lot of what SPY offers is integrated with partners like the school district and juvenile probation. This is for youth and families alike. Mentions age ranges.

*Slide Children Youth & Families Services System of Care Overview.* States they rely on their partners: DCYF, Health Services, et. al.

*Slide CYF System of Care Partners* shows the clinics, network of outpatient clinics and includes two comprehensive clinics.

Slide *CYF Civil Service Clinics* Lists *Intensive Specialized Civil Service Clinics/Programs*; see slide for list throughout San Francisco. Mentions crisis clinic that runs 24/7, clinic for Foster Care Mental Health, LEGACY (states they are unique with a legacy program - a team with lived-experiences that support families), SPY Special Programs for Youth inside Juvenile Hall and AIIM Higher at JPD, psychological Assessment Services (PAS), Families Rising (FaR) Behavioral Health, Comprehensive Crisis Services. Shows a City map of locations and list of clinics directly under their purview. States they also contract out services, primarily MediCAL dollars but lists a network of CBOs who deliver services, prevention, outpatient, and crisis care in residential setting. Mentions Incredible support from joint funders: Child welfare, JPD, SFUSD

Slide *School Based Services* youth who are justice involved could be receiving services along any of these programs. Talks about a structured interface between behavioral health service system and educational system. Mentions Mobile Response Team; heavily funded by Child Welfare and expanded to all youth in the system and their families. Continuum of Care all the way from prevention to supporting students all the way through school. Mentions services provided in middle and high schools and a prevention program for newcomer immigrant youth. Services are imbedded within classes too. Therapeutic Day school mentioned. 24/7 mobile response team. In partnership with Child Welfare now extended to all youth in their system not just justice involved. Benefit to help youth who are escalating at school or home in an effort to prevent out of home placements.

Mentions Foster Care Related Services and the programs they can be linked to.

Slide *Juvenile Justice Services* Mentions 24/7 clinic inside juvenile hall and AIIM Higher DPH led, to connect youth to the community. Network of providers to help youth network in community – providing wrap like programming.

Mentions IFR helping youth coming out of placement.

**Slide BUDGET for Juvenile Justice Investments -DPH Staff, SPY & AIIM Higher**

**Slide Contracted Agencies & Programs FY22-23**; list includes Alternative Family Services (AFS), Catholic Charities (CYO\_ Short-term Residential Treatment Boys Home, Center for Juvenile & Criminal Justice (CJCJ) Community Options for Youth, Community Youth Center (CYC) Seneca Family of Agencies - AIIM Higher and Youth Transitional Services (YTS), Unity Care-Cayuga Transitional Housing, YMCA-Urban Services. (See slide for funding amounts and more detail.)

States these organizations may receive funding from other sources, slide just showing the DPH investment and non-MediCAL funding.

\$3.85 Million but includes non-justice involved youth. \$7.15 Mil invested for justice involved services.

Slide *System Wide Priorities & Highlights*:

Priorities inpatient psychiatric Hospital beds in San Francisco. Talks about the need for hospital beds and disparity for whom the hospitals admit. Goes over access for beds. States they also work with private hospitals here and in other counties, two thirds of our kids are hospitalized in other counties, but states that our kids, are often deemed “too acute” by local hospitals to be admitted. She states that they have started advocating on the state government level for these (primarily black/brown) youth.

Continues: SUD services expansion, timely access to services - doing a lot of work on flow and caseloads. Continues: mentions Cal AIM (current MediCAL reform), practice guidelines for intensive services (ICC & IHBS), and recruitment/retention of staff.

“Gaps”: Mentions need for substance abuse programs. Asking for budget increase to put out an RFP for substance abuse programming and trying to work with agency in south bay to increase number of residential beds.

Talks about interventions being put in place to fill gaps.

“Wins”: Applied for grant to renovate a 12-bed unit at SF General – a collaboration between DPH & DCYF to create a continuum of care. Talks about more innovative programming – a crisis stabilization unit at Edgewood and expansion of 24/7 Mobile-response unit, expanding services to families particularly re: suicide attempts, eating and mental health disorders, etc.

In conversation with probation department to figure out how to bring more services to probation youth & families.

Mentions “racially humble” practices to help support providers. Mentions a website set up to help providers.

**Mona Tahsini, Director of Special Programs for Youth and AIIM Higher, Department of Public Health:**

**Juvenile Justice Services**

**(32:04 in recording)**

Slide: *SPY & AIIM Higher Program*

**Special Programs for Youth (SPY) operated inside the San Francisco Juvenile hall. The SPY Team** multi-disciplinary team including therapist, clinicians, medical staff, psychiatrist, nursing staff. Fortunate in SF that we function as one collaborative department providing a more holistic approach. Provide medical care, Dedicated to providing trauma-informed, culturally relevant, and accessible health services to all. See slide.

**All services are provided in accordance with Title 15. SPY has services 24/7.** States they really go above and beyond.

States there have been cuts to staffing but states the youth who come to the Hall can receive both medical and behavioral health services. They are making sure they have this level of care for our SF youth. In Bay Area, San Francisco is the *only juvenile hall* that has 24/7 behavioral health support.

Goes over IN-custody youth behavioral services. Mentions how they try to offer neutral person youth can connect with upon admission. Also trying to figure out how they can provide/connect the youth to the services they need.

Mentions individual and group therapy. Mentions shifts in DJJ Realignment and young men who are living in the hall long term.

Mentions a psychiatrist assigned to the program. Crisis intervention and monitoring for high-risk youth also available.

States there is improved collaboration with the staff on the units in juvenile hall which has been helpful, mentions not just mental health issues but has been helpful in moments of critical situations.

All youth are continually assessed throughout their stay. They have safety procedures to follow. Mentions situations where they are told that these kids are “too acute” to be admitted to a hospital psychiatric bed, this continues to be a huge barrier for them.

Talks about funding for a clinician to be assigned to each youth to make sure the youth team understands and can support their youth, setting them up to be able to transition to the community.

See slide – *Juvenile Hall Average Daily Population*.

See slide *SAFETY WATCHES & High Acuity Watches* - lists stats June 2021 to May 2023 and states they are now seeing an increase in unaccompanied youth.

**AIIM Higher** – Launched 2009 as partnership between contracted CBO & DPH. See slide *AIIM HIGHER*.

Talks about the collaboration with local CBOs; states AIIM Higher links youth to a variety of services in the community; see CBO list on slide.

Priorities: Repeats challenges with workforce and capacity at the time of higher need. They want to be able to link kids before they leave/are released, however, so many of the partners in the community are struggling with same workforce issues and do not have capacity.

States that COVID caused a lot of residential programs to close, so there are even fewer options now.

Mentions DJJ realignment and how they had to figure out how to offer treatment and programming for long term young men.

Mentions some difficulty in past to get youth in custody and when released enrolled in MediCAL; new legislation on this issue.

States that she appreciates the new collaboration with Probation now as we emerge from post-pandemic world.

Mentions census increasing to about 30 youth in the hall now.

Also states they are trying to assess how they can be more creative in offering substance abuse treatment in the hall and looking at CBOs who can come into the hall.

Commissioner Brodtkin asks how many kids they serve and wants to know more about SENECA; asks about making services more flexible.

Dr. Farahmand: 2006 clients, 100 or 4% are justice involved, point in time estimate.

In terms with contracted providers dedicated to justice involved youth, mentions AFS services, intensive foster care services (142) 56 justice involved, 39.44%. Number of intensive clinical services, AFIS, declined so in partnership, they expanded the criteria for involvement. Will follow-up with more detail about IFS providers, and states they are having more conversations with other providers like YMCA et al. States they need to shift back to prioritizing probation youth. Offers some statistics.

Mentions that some contractors need to shift focus back to the justice involved youth and states they are having these conversations. Mentions the *Shared Youth Database* which could have produced data to help, but didn't.

Mentions leveraging federal funding and Medical to shift away from General Fund dollars.

In terms of SENECA, in FY23-24, there is reduction. Talks about the workorders between City agencies, talks about negotiating with them to see what is needed to provide minimal support. Talks about DCYF and H S A workorders, states this is a complicated funding stream. Mentions reducing Catholic Boys Home budget, to reallocate funding to CJ CJ, but believes that CJ CJ is also having workforce issue.

### **IFR Roadmap to Peace**

**Dr. Angela Gallegos-Castillo and Michelle Alvarez-Campos, La Raza** – States they are devoted to youth and TAY services.

States they are there to provide the best services with a culturally appropriate response. They start every meeting with “intention.”

See slides, have **provided Latinx services for 45-yrs**. They look at the relational model, community driven. How do we listen to the needs of our children and families? See slide A healing Institution.

Trauma happens in context, with families, in communities. Mentions incidents in Mission District, working with healing circles, etc. to help community process this trauma/grief.

See Slide *Impact of Trauma – youth and families interfacing with juvenile justice*. Talks about severe traumas, escaping violence, crisis around substance abuse, war and natural disaster being contributing factors.

Most of their youth have witnessed or been involved in gun violence. Lack of mental health services is impacting them now and there is a workforce shortage.

Mentions other childhood trauma causing toxic stress. See slide. States sometimes kids can't even leave the house just to get to school.

**Dr. Gallegos-Castillo** continues: Instituto was formed because services were not getting to them in the 1970s; talks about their culturally responsive needs and importance thereof. Historically, larger institutions are not meeting their community needs and states that they are not solely defined by trauma. Talks about "Yes, you can" strategy and states they want to invite the public institutions to understand their needs. See slide *La Cultura Cura: Culture heals and service model*.

**Michelle Alvarez-Campos** – How do we begin to get an individual to link with their own community; they are looking to build nurturing relationships. States they go into the schools and homes and states many people do not want to come to our institutions. Mentions leveraging DCYF and other agency funding, asks how can they leverage these funds? Talks about how they learn more about the young people and families, and sometimes they step up and step down.

Mentions working with *Family First* contract and providing linkage from group home to community. With juvenile justice youth, the referrals come from *AIIM Higher*. Talks about how youth complete probation, then they help them "step down" from intensive services but continue service areas at home. Mentions this "mini-wrap program" provides a support system for youth and families. They also offer services for newcomers.

See slide *Many Medicines*. They are inclusive, rich on building ceremony and rituals to help they learn to take care of themselves at home, mentions community activities too.

Dr. Gallegos-Castillo, RoadMap to Peace (RMP):

Mentions that **La Cura** is subcontracted by **Roadmap to Peace**. States 6 young men died in 2012 and that the Community was tired. They (nonprofits) wanted to work better together. Found adults were not coordinating. RMP focused on adults coordinating care and holding youth and young adults involved in violence accountable. Mentions 6 agencies including CARECEN, MNC, La Cura, Office of Workforce Development. Also states they are short of managers, clinicians (workforce shortage). States this is a collective community driven impact model to respond to the needs of these specific youth. Mentions that poverty is a big factor.

Mentions unaccompanied minors, some not Spanish speaking, and they are having to find interpreters for indigenous languages.

**Mission Youth Collaborative** mentioned; states they need to increase prevention funding.

See slide *Responding to the Community* and see list of various methods, dance, drumming circles, poetry, ceremony cultural foods, family support.

See slide *Needs & Gaps to Accessing Services* – states that some young people must wait for services because they do not have the staff. Wants DCYF to invest in Workforce Development so they don't constantly have to rehire. States the City pays more, has more benefits and they have staff attrition going to the City. Also mentions that they work with other counties and states we should leverage working with other counties. Talks about CBO funding and need for staff to receive comparable pay.

See slide *Recommendations & Opportunities* slide for list of suggestions. Mentions identifying specific providers for Black and Pacific Islander youth.

Mentions referrals not coming in; believes AB12 youth don't get enough services.

Talks about more flexible funding, wants equity in funding across the board. States the need for bilingual substance abuse prevention services. States that some indigenous youth don't know what is going on in some programs due to language barriers.

Reminds that communication between all these agencies is important. Wants them to listen to those working in the trenches.

It really takes a village to do this work and it is important that we all work together.

#### **Public Comment:**

**James M. Jr.**, with Max415. Just returning from camp program. Works with 28 at risk youth. Talks about doing innovative programming including journalism, financial, storytelling, leadership; states he is 3<sup>rd</sup> generation San Franciscan. Talks about schools he attended; talks about his little brother who was a concern for him. Didn't think his brother would make it, his brother went into Max415, he went through school, graduated. Mentions this program is 20-years old and youth driven. Talks about an interviewing process they have run with the kids. Talks about partnerships with Public Defender's Office. Talks about how Log Cabin Ranch (LCR) is legendary in his community. Talks about summer program. Mentions the 600 acres at LCR.

**David** – Born and raised in San Francisco, graduated from YGC and part of the foster system. When he was in YGC, they told him he had anger issues. Said that REAP was a program that got him through by writing poetry; write about their feelings. Believes Max415 is great organization. Talks about Log Cabin being a place to help young people, create a safe place for young people to talk. Now a cook at Thurgood Marshall and he is now trying to teach youth how to eat healthy and to cook.

**Ms. Gomez, Max415 & Together We Heal Program** - Talked to youth about what they need but were not getting. Just did their first week of CAMP; already seeing progress with youth. On third day already an amazing change in demeanor. In addition, spoke to Chief Miller about YGC. Went in as guest. Used Max415 methods and ISquare to get youth to talk to them. Centered their experiences to open them up to talk about hard issues. Also mentioned touring Log Cabin, one of main things youth wanted to focus on mental health, to learn how to talk about their feelings in a safe space. Thinks they need a safe place.

**Nadine (sp), Max415** - Wants to have youth voices at the center when addressing mental health services. Used to work for Public Defender's office. Managed Public Defender campaign; very tough time to talk about investing in our communities and when the "tough on crime" approach was popular. What was missing were youth voices until she learned and talked to Max415. She decided to be with the group where youth voices are heard loud and clear. Hopes to bring voices of those most affected forward.

**Laura, Max415, Advisor** – States that the same approach started the EcoCenter at Heron Hill Park, arts center, community wellness center at SF General. Helped with HOPE SF in Sunnydale to make sure the voices of the residents were heard.

**Dr. Gallegos-Castillo** – States that *Roadmap to Peace* is funded by DCYF; states this is a "lesson learned" to have public health listen to community do more by investing in community.

**Fox** – Invites all to Thurgood Marshall High School to visit and be interviewed.

**Yolanda** – "Lone ranger" in fight for justice. Spent some time with Max415 however this year has been a treacherous journey through San Francisco health system. Found that Progress Foundation and DPH hospitals have helped. Really something to have people who can talk to youth and take them out of their shell to connect with others. Thinks we need communities that focus on mental health. Even she has had incredible difficulty finding services. States that even with help, getting services it is difficult.

**Joanna Folk, UCSF Zuckerberg** faculty member - Says that everyone here tonight are partners. UCSF has partnered with City for years, however, the youth and families impacted by justice system do not feel supported. Crucial that information is offered; mentioned that culturally based help is needed to help the family as whole to stop the cycle of incarceration. San Francisco family based health care could be a leader. Talks about youth at higher risk of suicide and about youth in hall. If hall remains open, then it must be proactive rather than being reactionary.

**Julie Traun, Bar Association of San Francisco** - Would like to meet with young people there tonight. Still concerned about younger kids coming into custody. This is a jail, and knows that our mental health beds are "3-5" years out. Wonders if we could engage youth in more ways might be better. Grateful to JPC for holding meeting tonight.

**Dinky Enty, CJC & JJPA** – Mentions reality of workforce issue; mentions DPH making strides in helping CBOs with these new CalAIM changes. DPH has been open and committed to listening to community. Welcomes partners from DCYF and invites them to meet with JJPA.

#### **Call for Commissioner questions.**

Assistant Chief Gabriel Calvillo appreciates the partners who showed up tonight, states they are seeing kids experimenting with prescription drugs, so they do need more substance abuse programs. We are excited about multi-systemic therapy.

Commissioner Johanna Lacoé asks about youth who are too acute to receive services. Asks who is diagnosing and who is treating. Dr. Farahmand states mostly suicidal risks and mostly the treatment is about prevention. Some are just on psychiatric holds and it is the hospital staff who do the assessments and determinations of whether the kids can get into the hospital or not. Sometimes, they just don't have beds available, or they say the youth may not mix well with kids already there. Mona Tahsini continues that it seems to be less about the diagnosis and more about the stigma of being justice involved; believes this is where the breakdown happens. Believes hospital staff make assumptions about youth in juvenile hall.

Commissioner Lacoé – Thinks she is hearing that we both do not have enough referrals from JPD, and we don't have staff to cover. Mona Tahsini states there is just a lack of capacity in community to provide services too.

Commissioner Linda Martley-Jordan – Asks about the 2 out of 3 receiving services out of county. Answer is that this is specifically about beds in psychiatric hospital(s). There is only one in San Francisco and the rest are out of county.

Commissioner also asks about SPY staff and what is the reality of staff hours?

Mona Tahsini responds – The reality is that "yes, some staff are working 12-hour days; we are 24/7" and there is someone from their team available; states this has been a struggle.

Commissioner states it is hard to hear especially when the numbers in the hall are rising. Asks what changes would they suggest to have what is needed? Dr. Farahmand states it is important they have some sense of capacity to know how to build up the staffing to

serve. “How do we flow kids through the system?” Says it is complicated, even with the money, we still are not able to recruit staff. Believes we need to reset the system.

Commissioner Brodtkin states this cries out for DPH, JPD, CBOs to meet to figure out what to do better; what is most effective way to use the money. DPH seems to be logical convener. Wants providers included.

Commissioner Allison Magee states this is not just DPH responsibility; thinks we all have ownership of this in shared leadership.

Dr. Toye Moses – States he is overwhelmed with some of the testimony tonight; wants to know are there other organizations that can help? Mentions Mental Health Board providing services. Dr. Farahmand mentions other groups in D10; states they do have a specific provider for Black families. She is happy to map out services by district.

Commissioner Linda Martley-Jordan says she is aware that DPH has services in schools too.

Commissioner Manuel Rodriguez – Thanks all for their comments. Appreciates that we started with demonstrating increased need. Believes it is telling that there is such an increased need for young people; feels we are on the right track. He would like to visit Thurgood Marshall High School.

Commissioner Allison Magee states this is ongoing investigation and there will be more to come on this topic.

#### **Questions to IFR**

Commissioner Martley-Jordan: Asks about their reduced staff and how is this working for them? Michelle Alvarez-Campos states their staff has compassion, but they do need to have their own staff-family balance. They allow staff to have different hours to allow time to visit families; mentions that some families they see are cramped in small rooms, so they are meeting them somewhere else or perhaps on weekend, i.e., not just 9-5. Says they strive for a work/family balanced flexibility.

Dr. Gallegos-Castillo states they also have their own internship program to recruit into their own programs from UC Berkeley and USF. They are training them and 25% are hired. They are taking care of their business and developing their own workforce. Mentions partnering with Rafiki.

Commissioner Dr. Toye Moses – How are they providing services to kids from D10?

Michelle Alvarez-Campos – Working with youth on probation, they work with the caregiver, being respectful of families. They also partner with MNC to work with multi-generational families of color.

Dr. Gallegos-Castillo mentions working with families in the Tenderloin who are afraid. Mentions gentrification moving families out of the Bayview and into the Tenderloin. Need to invest more in prevention and early intervention.

Ms. Alvarez-Campos states that they link families into community; mentions word of mouth is key. Mentions community trust and attention to community is key and says “relationships, relationships” is why people keep coming back – breaking down that mental health stigma.

#### **4. Election of Vice President Juvenile Probation Commission**

a. Nominations: Commissioner Magee nominates Linda Martley-Jordan, Dr. Moses seconds.

Commissioner M-J: rec’d BA from UC Berkeley in African American Studies, currently works at an SFUSD high school. Makes statement about her commitment to enhance the field of justice for the youth we support.

Public Comment:

Malik Wade – Endorses the nomination. Gives his history of incarceration as a San Francisco native. Mentions working with SIG mentoring organization working with young men.

Vote: Ayes: Brodtkin, Martley-Jordan, Magee, Laco, Moses, and Rodriguez.

**Commissioner Linda Martley-Jordan voted as Vice President of the Commission.**

#### **5. Chief’s Report**

a. Monthly Data – Celina mentions that everything is trending upward.

- o Slide 4 – Snapshot – 30 in hall; much higher
- o Slide 21 – MIR – decrease in probation referrals but 20 CARC intakes and 4 MIR referrals
- o Slide 23 -43% of cases were diversion cases
- o Slide 31 – Active Caseload slide
- o Slide 45 – first 4 months of 2023

Assistant Chief Gabe Calvillo states that Slide 21 indicates opposite of what has been said about not connecting. Mentions CARE

TEAM being installed and working.

b. Workforce Updates

- 8 JJC hall counselors moved to civil service permanent.
- Veronica Martinez moved to Director Administrative Services.

c. Juvenile Justice System Transformation Updates

- *ROCA Rewire* nationally renowned program being installed in hall.
  - First cohort of staff training starting 6/6/23
  - Juvenile hall staff and CBOs will go through training.
- Credible Messenger/Life Coaches will begin serving youth in Units 7 & 8 secure track youth; hopefully to engage with all youth and available at all waking hours.
  - Training efforts taking place with staff as well as defining roles, etc.
  - JPD & DCYF – 2 coaches in community grants awarded too.
- Budget Highlights – Veronica Martinez
  - Mentions budget hearings on Friday.
  - Met budget reductions by shifting 15 FTEs to general fund; will not be reduction in services.
  - Announcement – June 16 & June 23 are the next BOS Budget Hearing dates for JPD to present Budget.

No public comment

**6. Program Committee Report** – Commissioner Johanna Lacoé states that there will be a meeting on June 27, 2023, 6-7pm, City Hall Room 421. No meeting until September 26, 2023 (4<sup>th</sup> Tuesday sequence).

No public comment

**7. Revision of JPC Bylaws, Section 7.07a. “Program Committee meetings: Program Committee meetings of the Commission shall be held in the Youth Guidance Center, 375 Woodside, San Francisco, on an as-needed basis.”**

**Commissioner Lacoé** mentions changing the location in the bylaws to City Hall. **Proposing 4<sup>th</sup> Tuesday evenings at City Hall.**

No public comment given.

Motion to change bylaws to City Hall 4<sup>th</sup> Tues. Commissioner Manuel Rodriguez makes Motion, Johanna Lacoé seconds.

Vote: Ayes: Brodtkin, Martley-Jordan, Magee, Lacoé, Moses, and Rodriguez.

Motion passes.

**8. President’s Report – President Brodtkin**

Retreat 2023 -Commissioner Brodtkin would like a retreat on a Saturday. Asks new Vice President to work with her on recommendations for agenda. No date yet. Sept/Oct.

No public comment.

**9. Future Agenda Items**

President Brodtkin states that a full commission meeting will be in District 10 and discusses doing a juvenile hall report. States new Director of Facilities not available in July; mentions that Chief Miller is prepared to do this report. Believes it is “time to report back to the world” on questions such as “are we closing building” and “what is new.” Mentions reporting on Log Cabin Ranch too. Commissioners Magee and Rodriguez think they should wait until September meeting in order to have the Director of Facilities present. Proposal is that the Commission meets in City Hall in July then postpone the juvenile hall report to September in District 10.

Discussion for topics in July mtg. data dive for July. Maybe update on log cabin.

Discussion of Southeast Community Center room availability.

Discussion on 2023 JPC Retreat.

No public comment.

**10. Review and Approval of the Commission Meeting Minutes of May 10, 2023**

Motion to pass Commission Magee; second by Commission Rodriguez

No public comment

Vote: Ayes: Brodtkin, Martley-Jordan, Magee, Lacoé, Moses, and Rodriguez.

Motion passes.

**11. Review and Approval of the Commission Meeting Minutes of April 12, 2023, continued from previous meeting.**

Motion to pass Commission Rodriguez; second by Commission Lacoé.

No public comment

Vote: Ayes: Brodtkin, Martley-Jordan, Magee, Lacoé, Moses, and Rodriguez.

Motion passes.

**12. Adjournment** Time 8:32pm