



## Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary

Date: Tuesday, May 24, 2022 | Time: 1:00 p.m. – 4:00 p.m.

2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606

Additional public locations included 4 Style Drive, Aliso Viejo, CA 92656; 511 N Brookhurst St, 125, Anaheim, CA 92801; 6666 Green Valley Circle, Culver City, CA 90230; 272 Beck Avenue, Fairfield, CA 94533; 5980 W Pico Blvd, Los Angeles, CA 90035; City Terrace Library, 4024 City Terrace Dr., Los Angeles, CA 90063; 3602 Inland Empire Blvd, Ontario, CA 91764; and 125 Santa Paula Avenue, Oxnard, CA 93035

**\*\*DRAFT\*\***

### Committee Members:

### Staff:

### Other Attendees:

Khatera Tamplen, Chair Rayshell Chambers Robyn Gantsweg Richard Krzyzanowski Larisa Owen Vanessa Ramos Jason Robison Sharon R. Yates	Cynthia Burt Matthew Lieberman Tom Orrock	Sonya Young Aadam Sir Bailey Matt Gallagher Susan Gallagher Steve McNally Elizabeth R. Stone Jane
---	---	---

Committee members absent: Hufsa Ahmad, Donella Hyrkas Ceclrle, Emery Cowan, Claribette De Rosario, Kylene Hashimoto, Rose Lopez, Kontrena McPheter, BeJae North, and Susan Wynd Novotny

## Welcome and Roll Call

Commissioner Khatera Tamplen, Committee Chair, called the meeting to order at approximately 1:00 p.m. and welcomed everyone. She congratulated Commissioner Chambers for her appointment to the Commission and stated she looked forward to continuing to work with her in her new role.

Chair Tamplen reviewed the agenda and meeting protocols.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and stated a quorum was not present.

## **General Public Comment**

Susan Gallagher, Executive Director, Cal Voices, asked if the Commission will be taking a position on Senate Bill (SB) 1338, the CARE Court bill, since it will impact Mental Health Services Act (MHSA) dollars and current services being funded by the MHSA in a profound way. The Governor is only giving funding to the court system; everything else will be folded into existing services. The speaker noted that, if counties had those existing services, they would already be doing them. The CARE Court bill is by its very nature in opposition to the components of the MHSA, such as wellness and recovery and being client-driven, and much has been done outside of the community-planning process. The speaker encouraged the Committee to persuade the Commission to take a strong stance in opposition to the CARE Court bill.

Chair Tamplen stated she will be giving an update at the next Commission meeting on the feedback received on the CARE Court bill, including feedback gathered from this Committee during today's meeting.

## **Agenda Item 1: Action – Approval of the February 25, 2022, and April 26, 2022, Meeting Minutes**

Chair Tamplen tabled this agenda item to the next Committee meeting.

## **Agenda Item 2: Peer Certification Implementation Guide Resources Update**

### **Presenter:**

- Tom Orrock, Chief of Stakeholder Engagement and Grants, MHSOAC

Chair Tamplen stated the Committee will receive an update and draft of the CFLC Peer Certification Implementation Guide and will discuss changes to the draft Guide. She asked staff to give the update.

Tom Orrock, Chief of Stakeholder Engagement and Grants, provided an overview of the Draft Peer Support Specialist Certification Implementation Guide, which was included in the meeting materials. He asked for feedback on Chapter 4, Benefits of Peer and Family Support Resources, and stated items in this chapter may need to be moved to other sections for cohesion. He also asked for feedback on the title of the Guide and gave examples, such as Peer Services Toolkit, Peer Support Certification Services Toolkit, Peer Resource Guide, or California Resource Guide for Scaling Peer Support Services.

### Committee Member Feedback

- Include a category for resources for diversity, inclusion, and disproportionality.
- Ensure that the Guide is accessible and includes Diversity, Equity, Inclusion, and Accessibility (DEIA).
- Ensure that the Guide is in plain language so it is easily understood.
- Provide the Guide in multiple languages.

- Include the version date on the Guide to ensure that interested parties have the most up-to-date version.

Q: Who are the major target audiences for this Guide?

A: The target audiences are county behavioral health departments and individuals advocating for effective peer services.

Q: How is the distribution for this Guide envisioned?

A: The Commission's LISTSERV includes all behavioral health directors, deputy directors at the county level, MHSA coordinators, Mental Health Student Services Act (MHSSA) grantees, and university partners. Also, Committee Members and members of the public can distribute the Guide to county representatives who can benefit most from it.

Q: What is the due date for this Guide?

A: The due date is the end of July.

### Public Comment

Susan Gallagher asked why the Commission is working on this toolkit when there are many versions already available on these subjects, particularly through the Office of Statewide Health Planning and Development (OSHPD)-funded grants. The speaker asked if available toolkits were reviewed and if peers were involved in the creation of the Guide, which looks like a compendium of links without much explanation of what those links address. The Guide should be for employers about what their readiness should look like before they hire peers in the workforce. The speaker asked Committee Member Robison to provide staff with the Self-Help and Recovery Exchange (SHARE!) toolkit.

Chair Tamplen stated the Guide is a work in progress and agreed that it should be for employers but also for peer advocates. The Committee has a work group that has been gathering resources to be included in the Guide. Everything in the Guide has been suggested by Committee Members. The Guide is not meant to be a formal toolkit but a guide that directs individuals to well-developed guides and toolkits.

Mr. Orrock suggested putting existing toolkits at the front of the Guide for easy access.

Committee Member Robison agreed that the Guide is a work in progress and that it is not meant to replace existing toolkits but rather provides access to them. The Guide is meant to provide the broadest possible context for the depth, history, and present status of peer and family services in California. He stated the importance for this Committee to create this Guide and to provide it within the context of the growing Medi-Cal process around peer services that is not limited to that but brings that into the history and breadth of the scope of existing services and the journey along the way.

Elizabeth R. Stone, former CFLC Member, reminded everyone that, in Ventura County, anything emanating from the behavioral health department is already translated into Spanish. A proposal has been made for the MHSOAC to put together a statewide network of individuals who provide translation services in different languages who also have some expertise in the mental health field.

Elizabeth R. Stone stated the scholarships for certification for both the exams and the training that may be necessary prior to the exams being administered through the California Mental Health Services Authority (CalMHSA) are limited to individuals already employed in the county or community-based organizations that already have a contract with the county.

Chair Tamplen suggested applying for the scholarship, since the scholarships will be offered to a pool of peer leaders if the counties do not submit their list of scholarships or if individuals do not follow through on completing the process.

Elizabeth R. Stone suggested putting that information in the Guide.

Jane stated it feels as if the effectiveness of this legislation is being undermined for the medical model only. The speaker asked how closely CalMHSA is working with the California Student Behavioral Health Solutions and how much they are including the California Behavioral Health Directors Association. They used to work closely together. The speaker asked who is behind that effort at CalMHSA. The CalMHSA documentation seems to be setting up a hierarchy between the case manager and the peer. It is important to get the Guide out to behavioral health directors and to influence CalMHSA to broaden their view of the peer.

Committee Member Krzyzanowski suggested a greater focus on peers who will be part of the workforce in counties and contracted agencies. He stated the need for more information on tools and processes available to peers about how to deal with potential challenges in the workplace, such as information on the Americans with Disabilities Act (ADA) and peer status as a protected class in and outside of the workplace as individuals with psychiatric disabilities, how to ask for accommodations, how to negotiate, how to deal with discrimination and stigma in the workplace, and information on workers' rights, human resources, and unions. Many individuals in the mental health community have cross-disabilities other than psychiatric disabilities and may experience other issues in the workplace.

### **Agenda Item 3: Panel Discussion on Proposed CARE Court, Senate Bill 1338 (Umberg and Eggman)**

#### **Panel:**

- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- Danny Offer, Lobbyist, National Alliance on Mental Illness (NAMI) California
- Damon Shuja Johnson, Executive Director, Black Men Speak
- Kim Pederson, Senior Attorney, Disability Rights California
- Shonique Williams, Statewide Organizer, Dignity and Power Now and the No CARE Court Coalition

Chair Tamplen stated the Committee will hear a panel presentation and will continue discussion on the Community Assistance, Recovery, and Empowerment (CARE) Court. She asked the members of the panel to give their presentations.

Stephanie Welch

Stephanie Welch, Deputy Secretary of Behavioral Health, CalHHS, provided an overview of the legislative background and historic changes in the care delivery system. She defined the problem and summarized what the CARE Court bill proposes to address. Amendments to the bill were released last Friday. This will continue to be an ongoing discussion as part of the budget. The Governor's Revised Budget included approximately \$65 million to implement CARE Court administratively for the budget year and \$50 million ongoing. CalHHS is working with implementation partners to address other figures such as cost impacts of public defenders.

Ms. Welch stated there are significant capacity and infrastructure challenges. It is difficult to consider how to do this work without first having a strong workforce and housing and treatment options. Feedback received has included that what is being offered in terms of health is not what individuals want or need. She noted that a shared problem that needs to be solved is that individuals should not have to have negative experiences that are oftentimes their first experiences with the behavioral health system.

Ms. Welch stated CalHHS did not think it necessary to make changes to or to expand the Lanterman-Petris-Short (LPS) Act. Current and existing tools can be relied upon while moving forward with CARE Court. CARE Court does not impose involuntary hospitalizations above and beyond what is already provided as the authority that already exists under LPS.

Ms. Welch noted that CARE Court is not for everyone, specifically not for everyone experiencing homelessness or mental illness. CalHHS focused on a narrow set of conditions, which are defined by impairment and risk, and made changes, based on feedback received, to focus on the risk to safety for the individual in the CARE Court criteria amended this last week. It is still focused on individuals within the schizophrenia spectrum and other psychotic disorders and providing the care they need to live independently in the community. CARE Court focuses on supporting individuals to regain insight to help stabilize them so they can be supported in active, robust treatment. Approximately 7,000 to 12,000 participants would be eligible, based on the narrow criteria created by CalHHS.

Ms. Welch answered common questions such as why courts need to be involved. She stated courts are already involved in many cases but are often criminal courts. Criminal pathways for individuals to receive support, help, and treatment are inappropriate and unnecessary. CARE Court uses civil court to offer up a solution for the participant but also ensures that the county will have the same accountability and will provide the array of services that participants need.

Ms. Welch stated CalHHS included a CARE Agreement, a 60-day period for individuals to engage with county behavioral health to develop a CARE Plan without a Court Order. She stated the hope that this will provide an opportunity for individuals to receive wraparound care, housing, etc., without being involved with the court.

Ms. Welch stated CalHHS has created a robust oversight process, which has been published in the recent set of amendments. Not only will there be an independent evaluation of CARE Court, but there will be ongoing evaluation and reporting requirements placed upon the counties and the Department of Health Care Services (DHCS) to help monitor improvements to the system. The amendments also clarified that there are existing

investments of approximately \$14 billion that have gone out to counties to address homelessness that should be prioritized for CARE Court recipients.

Damon Shuja Johnson

Damon Shuja Johnson, Executive Director, Black Men Speak, and family member, stated end results are often discussed but not the experiences in the middle. He shared examples of what can be experienced in the first 90 days in custody, such as no contact with family members and the high suicide rate. The ideology behind CARE Court might sound good on paper, but it is not real. The first 90-day holding stage waiting to get to CARE Court is not addressed. He noted that 58 individuals died last year in his county during the pre-trial process. Individuals going through the process to get them to CARE Court often end up committing suicide or become defensive and untrusting and will be less likely to submit to treatment.

Mr. Johnson stated courts have historically not been friendly. Issues in Black and brown communities cannot be solved by the word “court.” Courts have not been the answer and will not be the answer now. He suggested, rather than theoretical speculation from outside of the community, looking at community-based organizations and peers who can experientially address these issues.

Mr. Johnson stated law enforcement, although often the first responder, is not trained to deal with mental illness so those individuals with mental health issues end up incarcerated or on probation. Putting an individual in mental health crisis in jail just puts them in another crisis. Their life is not valued. The system and the unions are not built to drop charges and send individuals with mental health issues to CARE Court. The system is only built to follow the letter of the law and to prosecute.

Mr. Johnson stated none of this is written into the CARE Court bill. The bill promises to handle this specially, to get individuals to CARE Court, and to get them housing and treatment. These things are already known and yet are not being done with programs already in place. Neighborhoods are full of individuals suffering from mental health issues and homelessness, which cannot be cleaned up with a law. Planning is being done without the input from individuals who will be impacted. This is not the way to do it. It must come back to the community to determine what will work.

Mr. Johnson stated white supremacy, mass manipulation, and group control needs to be stopped. The CARE Court bill is scary. He questioned what it will transpire into. He stated the need for more programs and treatment options for individuals with mental illness to go into an environment that is safe, healthy, and welcoming that can help them move forward. Putting those individuals in jail only adds to their suffering.

Danny Offer

Danny Offer, Lobbyist, NAMI California, and family member, thanked Mr. Johnson for sharing his experience and stated he was sorry for the unbelievable amount of trauma that Mr. Johnson had to experience. It is important to weave those experiences into this conversation. He stated all voices inform this conversation in important ways that others may not be aware of due to not having had that experience.

Mr. Offer stated his entire family has been touched by mental illness. He shared examples of his and his family's experiences of living with mental illness. He stated the wish that someone would have made him get treatment earlier, and stated his adult life would have been completely different from how it is now.

Mr. Offer stated this discussion has been going on for years. For every talking point one side makes, there is a great, relevant talking point for the other side, such as patients should not die with their rights on but neither should they live with their rights off. This needs to be included in the conversation.

Mr. Offer shared the family perspective. Family members have been crying out for some kind of tool on the continuum of care that they can use to try to help their loved ones who have been struggling for decades, many of whom do not recognize that they have a mental illness. To date, NAMI has received approximately 300 letters from family members in support of CARE Court.

Mr. Offer stated NAMI believes in every point on the spectrum being represented because human beings are unique. He stated CARE Court is not the solution for every person with a serious mental illness; many individuals will respond to being seen by a peer. This is an important piece to add to the conversation. NAMI believes in the need for 988 in addition to the Children and Youth Behavioral Health Initiative, CBT treatment, or alternatives to CBT because CBT does not work for everyone or every community. CARE Court is one more option for individuals to not go to jail. He provided the example of Florida's closing three jails in the county since their mental health court was put in place. CARE Court is a reasonable point in the continuum of care.

### Shonique Williams

Shonique Williams, Statewide Organizer, Dignity and Power Now, and the No CARE Court Coalition, stated one person's ideals of what it looks like to provide treatment cannot be imposed upon another person and be called care. Because organizations such as NAMI and CalHHS are not led by Black and brown individuals, they cannot understand the issues of Black and brown communities. The United States calls white supremacy "mental health disabilities." It is difficult to hear any white American have a conversation about the health and needs of Black and brown communities regarding mental health issues. When Black and brown communities experience trauma, it is met with criminalization. CARE Court is an extension of that carceral system.

Ms. Williams discussed why CARE Court is harmful, especially to Black and brown communities. The 1994 Crime bill heavily impacted Black and brown communities, creating a criminal system that is overpopulated with Black and brown individuals, even though every community was eligible to be incarcerated in the Three-Strikes law, because of deep-rooted racism.

Ms. Williams stated a solution would be to remove the conversation of mental health and homelessness from the court system. There is no reason for this conversation to be tied to courts. Courts have never done anything practical or good for Black and brown communities. Black and brown community members do not want their mental health care attached to a court.

Ms. Williams asked about the plan for housing for CARE Court participants after the program has ended. Forcing individuals to be on medication will not provide a house, job, or other resources for them. Issues in Black and brown communities are not the same as in white communities. It is important to discuss and inform communities on what falls under psychotic disorders.

Ms. Williams stated the No CARE Court Coalition has over 60 member organizations that are against the CARE Court bill and do not consider it a viable option. She asked to remove the forced treatment, take it out of the courts, and divert the \$65 million in funding to organizations working in the community. She suggested strengthening 5150, 5250, and Laura's Law, which are for individuals in crisis, instead of creating a new court system, and diverting these funds into affordable, permanent housing.

Ms. Williams stated the CARE Court bill is harmful because it does not provide long-term impacts on the communities. It takes money from individuals who have mental health disabilities and who are voluntarily going into programs and treatment. The E on the CARE allegedly stands for "empowerment," but there is nothing empowering about forcing someone to do what someone else wants them to do. This is not voluntary treatment. This is not dignity, care, or empowerment – this is white supremacy looking for yet another opportunity to reign over Black and brown lives.

Ms. Williams stated the CARE Court bill is being pushed through at such a rapid pace that the cries of the community are not being heard. It is about lives and it is important to get it right. In order to get it right, it is important to include Black and brown communities, individuals with lived experience, and family members in writing a bill that will be effective in the community. Black and brown communities are asking for assistance and asking to be heard. CARE Court does not do the right thing.

#### Kim Pederson

Kim Pederson, Senior Attorney, Disability Rights California (DRC), stated DRC is in strong opposition to the CARE Court bill. She dedicated her time to the discussion of the group.

#### Discussion

Chair Tamplen thanked the members of the panel for bringing their expertise, stories, heart, and wisdom to this dialogue.

Committee Member Robison thanked the panel members for their willingness to share their personal experiences, to be passionate, and to listen and hear. This is so necessary. He stated appreciation to Mr. Johnson and Ms. Williams for bringing up white supremacy. In this context, as difficult and uncomfortable as it is, any time the court system is discussed, this must also be discussed. He thanked them for highlighting what policy makers cannot see, such as what happens when an individual is under petition. Often, what that looks like is that they are in jail. The question then is what happens to individuals in jail? Mr. Johnson and Ms. Williams brought that to light very effectively. He stated the need to discuss these things.

Committee Member Robison stated he appreciated panel members' demand that the system include all voices. When crafting this legislation, it must not be crafted in a vacuum, but with individuals in the community who have an understanding not only about how the



community is impacted but what the community wants and needs. Those things are important and have been left out. It is the obligation of this Committee to bring those things into this conversation. He applauded Chair Tamplen for ensuring that this conversation happened in this Committee. He stated the need for more conversations like this.

Committee Member Ramos thanked Committee Member Robison for uplifting Ms. Williams and thanked Ms. Williams for sharing and redefining realness in an open, vulnerable way as a person with lived experience. She agreed with Committee Member Robison about bringing up and discussing difficult issues at these meetings around diversity, equity, and inclusion and ensuring that this Committee is truly representative. She stated the hope that panel members will connect to continue the discussion. It is important to work on something where the appropriate people are at the table working in opposition to this bill and working on a new bill, because the proposed amendments do not deal with the issue satisfactorily.

Committee Member Ramos asked to give DRC an opportunity to share their perspective on the CARE Court bill at the next Committee meeting.

Chair Tamplen spoke against involuntary and coercive treatments. She stated Laura's Law was also touted as being another option and counties had to opt in. Now counties must opt out. She agreed that systems need to change to hear from and represent the people served.

Chair Tamplen stated she was glad that Ms. Welch pointed out the traumatization of the hospitals and stated that is an issue that everyone agrees on. She asked why solutions are not being offered to the issue of traumatization in hospitals when there is agreement that that issue must be addressed. She stated concern that, instead, things are being offered that people are not interested in, such as CARE Court.

Chair Tamplen agreed with Ms. Williams that individuals want to get care. She stated the need to ensure, when individuals seek care, that that care is not retraumatizing. There is a lot of work to do, especially because the CARE Court bill disproportionately impacts Black and brown communities. Unity is important to do the right thing for everyone. If it is the right thing for Black and brown communities, it will also be right for everyone else.

#### Public Comment

Sir Bailey, YouthBuild Charter School of California, thanked this Committee for creating not only a safe space but a brave space to share. He thanked Ms. Williams for speaking her heart and allowing him to share. He shared the story of an individual who committed suicide while in jail and stated the Youth Justice Coalition has a campaign called "Can't Get Well in a Cell." He stated peer-to-peer help is effective and suggested promoting peer-to-peer work. He stated the reason this bill is being rushed through is so California will be chosen to host the Olympics. Holistically, things are connected. He stated Naomi Klein's book, *The Shock Doctrine*, said it best: "A lot of these things have been planned before the pandemic and now if we don't open our eyes, ears, and hearts to one another, we will be compliant and complacent in making it happen." He stated someone said "the oppressor would not be nearly as successful without the cooperation, the complacency of some of the oppressed."

Susan Gallagher stated Sir Bailey said it best. These are difficult conversations but they are so important and are long overdue. Discussions continue about making change in equity, cultural competency, and looking through the equity lens, but nothing is really being done about them. She spoke against the Governor creating something that brings court into mental health, especially at a time of moving away from that where what does and does not work for individuals is better understood.

Susan Gallagher stated the argument is not whether or not to lock people up; it is that there are always people in power trying to take control of that power over other people. That is the age-old system that is being dealt with, which exists throughout the behavioral health and carceral systems. It continues to be difficult for people to get services. CARE Court is just a way to make the courts have more control over people's lives. It is very scary from a civil rights perspective. Advocates needs to be strong. She thanked Ms. Williams for saying what needs to be said. She stated she is here to support the work in opposing this very scary bill.

Steve McNally, family member, stated one of the biggest takeaways from listening to the panel presentations is how little California ever listens to individuals with mental illness who use the system. He stated everyone that he knows who has recovered or had their relationship restored figured out that there are two recoveries: one for the support system and one for the person who tackled whatever their situation was. He stated he does not understand the bill because there is Assisted Outpatient Treatment that got oversold so NAMI made families feel that the solution was forced medication, but that did not happen. Then they say it is voluntary, but then they corrupt it in the way they explain it.

Steve McNally stated he is a big believer that it is the duty of the Commission, the Behavioral Health Planning Commission, and the 59 boards in each county to start getting lined up so that the messages go from the state to the county back to the state. For whatever reason, that does not seem to be able to happen. He stated the need to ask why that cannot happen and why on paper the MHSA has so much community engagement in it and yet community engagement is not required. It is like solving a problem that is not even understood yet. It is frustrating because when an individual is ready, when that window of acceptance, openness, or willingness for treatment occurs, the system has to be ready. And that does not mean doing six intake forms and then the program is over.

Steve McNally stated he sees a need in individuals who do not have an understanding that they are ill at all. He stated he has not seen literature that says forcing someone suddenly removes their inability to understand that they have a mental illness and now they will accept treatment. The system does not pay for trust building.

Sonya Young Aadam, CEO, California Black Women's Health Project, stated Mr. Johnson and Ms. Williams reflected well what happens in Black communities. Unfortunately, the state of California does not have a mental health care system. It is just a series of experiences that must be circumnavigated, jumped through, and climbed under. More times than not, individuals fall through the cracks. This is seen throughout California. There are only two and a half million Black individuals in the state; however, it is well-documented that there are great disparities in care and experiences in the area of mental health and wellness. When beginning to discuss it, the conversation generally moves to incarceration, the

criminal justice system, and homelessness, where those are consequences of mental challenges, rather than how to catch those communities upstream and how to provide levels of care when it is needed. The systems in this country are not doing what they were designed to do. The Black community keeps falling through those cracks.

Sonya Young Aadam advocated strongly for investments in prevention and investments in community-based and community-defined evidence practices. When this is not done, it is difficult to stand up against options like CARE Court that is being rushed through and is a *fait accompli*. It was very clear when it was drafted that the CARE Court bill was going to go through. This is very disturbing.

Sonya Young Aadam asked this Committee to seek a pause in the process in order to provide the opportunity to bifurcate the experience of the Black community. CARE Court may serve other communities, but it certainly will not serve the Black and African American communities.

Jane stated they and Ms. Williams were knocking on senators' doors yesterday asking staff who is behind the legislation. The medical model does not apply for the brain; it should be a psychosocial emotion model of healing. The Kennedy Forum and the Steinberg Institute are still promoting brain illness. Nervous systems can recover. Doctors do not have education on the nervous system. Doctors' education is controlled by pharmaceutical interests. Pharmaceutical interests are helping construct the legislation and controlling the Governor and the press. Senators do not know and need to be educated but it is almost too late because the Governor thinks he is doing a good thing and they think they can just attach it as a trailer bill. The speaker uplifted CAMHPRO's Voluntary Mental Health Choices for Genuine Care document. The speaker advocated for a peer respite act of 2022, more Soteria Houses, empath units, and warm lines. The speaker asked why the Governor pulled funding from the San Francisco warm line, which had been working successfully.

Matt Gallagher, Assistant Director, Cal Voices, stated appreciation for today's panel members and thanked Chair Tamplen and staff for allowing this conversation to happen. It is quite clear that Black and brown voices have not been included in this discussion in drafting this legislation. He expressed gratitude that those voices were uplifted and were able to express those comments here today. He stated the need for a public hearing on this issue and stated this is an issue the entire Commission needs to hear and discuss.

## **Wrap-Up and Adjourn**

Chair Tamplen thanked everyone for their participation and adjourned the meeting at approximately 4:00 p.m.