

# PUBLIC COMMENT FORM

(Request to address the Mental Health Commission)

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** PATRICIA RUSSELL **DATE** JAN 24

**AFFILIATION:** Name **Service Area** Two  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

~~##~~  
I would like to recommend that when the Board of Supervisors has an agenda item relating to mental health issues, that members ~~and~~ of the public who come to speak on the issue be given a full two minutes to speak. I think our feedback and experience can be very valuable for the Supervisors to hear. I know written comment can be submitted, but actually hearing the testimony is much more powerful.

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Michelle Witkin **DATE** 1/24/19

**AFFILIATION:** Private Practitioner **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

### COMMENT:

As a psychologist specializing in the treatment of  
severe anxiety disorders and Obsessive-compulsive Disorder  
and as someone who has both worked and volunteered  
for a good portion of my career in community mental  
health, I would like to see the gap in specialty  
training for providers to treat certain mental health  
disorders. When, for example, I receive a call for adults  
or children in need of treatment in the public mental  
health sector, I do not have a local place to refer  
them to receive appropriate, effective, evidence-based treatment.  
While they might receive supportive services from a  
generalist clinician locally, this is akin to seeing a  
G.P. for a diagnosis of cancer. I strongly encourage  
investment in training providers to become specialists in  
treating disorder and for ongoing support to keep  
them skilled in best practices.

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**NAME:** Tracy Tavis, LMFT Student <sup>Health & Wellness Center</sup> **DATE** 1/24/19

**AFFILIATION:** Private Practice + COC **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.)

### COMMENT:

I'd like to announce that there is/has  
been a local Chapter of The California  
Association of Marriage + Family Therapists  
(Also known as CAMFT) <sup>for the last year</sup> We are looking to  
grow our community in hopes of sharing  
resources + building a referral network.  
If you are interested please contact  
Tracy Tavis at [tracy.therapist@yahoo.com](mailto:tracy.therapist@yahoo.com)  
or 661-505-8755. If you are out  
there ~~or~~ one-working it or working w/ an  
agency

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Sue Cohen **DATE** 1/24/2019

**AFFILIATION:** Parent **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

I am unable to attend today's meeting. I want to speak about the miracle of having my son "back." He has B. Polar Disorder & was homeless.

Thanks to the FSP program & Board & Care homes, my son is safe & almost stable.

*Sue  
attachment*

*Representative  
Barbara Wilson  
Supporter*



Letter

[Redacted text]

To : The Board of Supervisors, \_\_\_\_\_

We are writing to you as concerned parents to describe the circumstances relating to our son who is currently housed in a Adult Residential Facility in California (Location? Southern Calif.?) Prior to his assignment to the Facility, our son, who has been diagnosed with bipolar disorder, went from being hospitalized and released multiple times before fully balanced as per state medical regulations; to being in several car accidents (while driving without proper medical care); to being on the street without food, medication or supervision.

He lost his wife through divorce, his car, his driver's license, his ability to earn a living and had to file for bankruptcy. He was even arrested and jailed for resisting arrest after being pulled over for erratic driving and we had to hire an attorney to appear in court to attest to the fact that he was mentally unstable at the time of arrest. We would receive multiple calls each day and/or night from him while he was in manic episodes that were disjointed, dispiriting, and unsettling. He would post his manic communications on Facebook, thereby eliciting concerned comments & calls from family, friends, and his colleagues.

After he reached rock bottom (no money, no food, no lodging, no ability to function normally and placed in a hospital again) he was finally released to the Residential Facility with the help of our capable Social worker, Barbara B. Wilson. Since he has been lodged in the Facility, we now can have normal conversations with our son -something we have unable to do for several years!

Since he has a Phd. in Psychology, once he was on his monitored medication, he was able to understand and lament the severity of his condition and how much he disrupted his life. He is now fully cooperating with the Facility, taking his medications routinely and returning to the capable person he used to be. He now has more hope that he will be able to achieve his potential. He plans to study and pass his psychology board and perhaps even finish writing some books for which he had to put on hold the contracts he had with publishing companies.

Without the aid of Barbara B. Wilson, our family was completely lost and without direction or resources. Barbara was able to "get through" to our son and enlist his cooperation as well as help us navigate the process in which to help him get the aid he needed. Whenever we needed help communicating with our son, Barbara would guide us in how to connect with him, get him the right help and allay our concerns. She has been invaluable and we are very grateful to her.

Without the Adult Residential Facility, our son would have no other options. He has tried living on his own with disastrous results. We are parents in our 70's and for the first time in our lives, we have peace of mind that he is being cared for as we approach retirement years. The financial and emotional drain has been significant and we are, for the first time in years, starting to breathe with relief that help is there for him.

We are grateful to the state of California which understands the plight of mentally ill people and tries to provide help and care. (this sentence may need editing).

Barbara: Can you help with the statement of support as I do not know the wording of the motion.

[Redacted text]

✓

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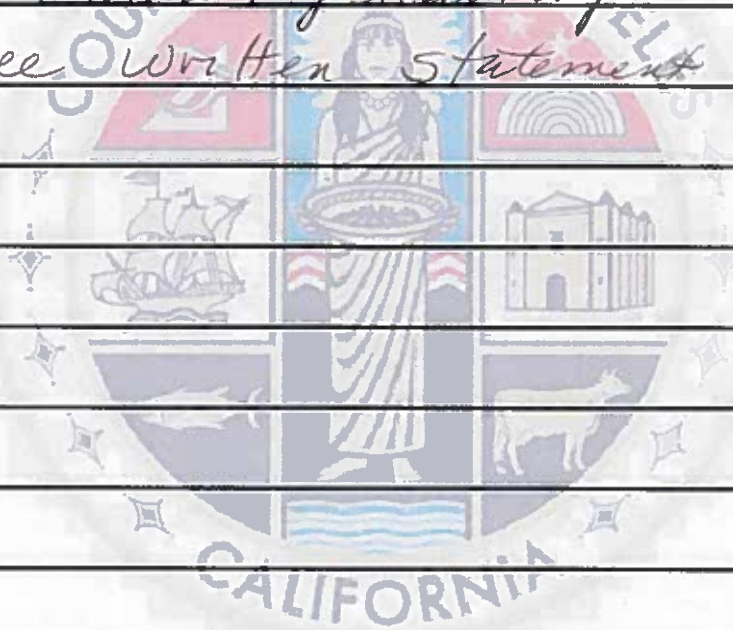
## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Lidia Murphy **DATE** Jan 24,

**AFFILIATION:** family member **Service Area** \_\_\_\_\_  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

I am a concerned parent of 2 mentally  
ill sons. I will be reading my testimony  
and will submit my testimony.  
See written statement



*See attachment from Lidia mom -*

Service Area 2

Jan 24, 2019  
Town Hall mtg.  
SCV.

## Testimony #1

Hello, my name is Lydia Murphy and my husband and I have been residents of SCV for more than 20 years. I am a nurse who is a Christian, married <sup>and a</sup> ~~tax~~ paying homeowner <sup>here in Santa Clara</sup> and I would like to share with you how mental illness has affected my family. I am the mother of 4 sons, two of which have serious mental illness. I will talk about Tim age 28 ~~and my husband will discuss John~~. Tim never had problems making friends and socializing with his peers. Around age 11 when his grandfather passed, he went into a severe depression that started his life to spiral out of control. He started having issues in school and was kicked out a few times. As a result of this we had him evaluated and was diagnosed as bipolar schizophrenic at age 17. Tim went to various treatment programs and facilities to try and treat his symptoms but <sup>we</sup> had to travel outside of SCV for most of these programs. Many of these programs have not been successful for Tim because of serious gaps in service in the mental health field, not only just in the SCV. As a result of these gaps in service and lack of resources in the SCV Tim has been in and out of homelessness since age 21. He ~~right now~~ <sup>is now</sup> is relatively stable at a facility called Weingart Center in Los Angeles <sup>waiting to be placed in a "trauma care" since May</sup> but I fear ~~that~~ Tim will end up <sup>OR</sup> on the streets again if he has another psychotic episode ~~and~~ is forced out of the facility. So much more that can be done to for, not only my son Tim, but those who are just like him and experiencing similar if not worse situations. We can start with the campaigning against the stigmatization of Mental Illness and trying to fill the Gaps in Service that are plaguing our mental health system. <sup>As an example, on Sat</sup> Thank you. <sup>when I called our local shelter, at 6pm, I was told all 60 beds were spoken for, and I wondered where are the rest of the homeless spending tonight in the cold and rain?</sup>

Thank You.

## Suggestions/Issues that SCV has regarding Mental Health

- SCV would benefit from parents to have some more access to facilities and treatment programs.
- Says brother doesn't not want to be fully responsible for the two brothers, but will step in him
- Faith based programs need to accept mental illness as something like diabetes and not understand mental health,
- They would have to have evaluation and treatment that his long term.
- Consistency with medical staffing. Information is loss when there is transitions with therapists. Over loaded with number of clients.
- Make paperwork available among transition.
- Kaiser records are often "lost in fire"
- One year have one therapists who uses everything on paper, then next therapist would not record notes as thorough.
- Standardization of documentation and transfer of documentation.
- Lower level therapist
- Like with military
- Under supervision at all times when in psychotic state.
- VA type facility but for mental health
- Problem with privacy for transfer of information,
- Once they reach a certain state medically
- Have "minor" type rights so that the patient cannot get lost or and family and loved ones can find them.
- Having and ID number social security number type of
- Does not like to be identified or carry identified.
- Street wise - does not want to be identified due to preexisting warrants misdemeanor or felony
- Housing and day programs,
- Safe place where they can be safe
- Place where they do activities.
- Place like bob trostlers, Someone to pick up and drop off to day center for 5-6 hours per day
- SCV high rent district.
- Evicted with a child and have to live with a car.
- Affordable housing. Supervision comes with affordable housing.
- Utilization of common sense.
- Military liaison, job corp. so there is consistency
- Doctors have residency and internships to maintain consistency
- Olive view is a good model for something Santa Clarita valley,
- At VA half residence lost from 10 years ago,
- VA model,
- Gap in service, from court room to receiving treatment,
- Professors, at Christian college on how church perceive mental illness.





Good Morning

I am the single father of a 17 -almost 18 year old son.

My son has lived most of his life with his mother, despite my efforts to engage. Once DCFS became involved and removed my son physically from his mother and her violently abusive brother, DCFS allowed me to become involved. In fact I made the decision to move to Santa Clarita so that my son could remain in the Santa Clarita school system because at that time he was doing very well at Sequoia.

My son currently is in a residential program funded through the school district for which I am grateful since he was consistently refuses to attend school.

I want to focus my comments today, however, on the role of the mental health agency. There is only one mental health agency for children here in SCV. At the time of DCFS involvement, my son was involved with that agency through something called the FSP Program. He was very engaged with his team and seemed to be willing to share what was going on with his feelings, his views etc.

At the precise moment that I was able to get an apartment and we were about to begin living together (August 2015 approximately), since my son was doing so well, the mental health agency decided to "graduate" from his program. At that moment, we were completely on our own. More importantly, the very people that my son had a trusting relationship with were closed to him.

So when we had some disputes between us as father and son, he had no known mental health people that he trusted to discuss those issues with. Here I was, functioning as a "new dad" to a 14 year old son who had never been with me for more than a few days, and here he was with a dad with rules and church. He returned to his mother.

By the end of December his school attendance and school performance was cause for concern. The school and the DCFS worker tried suggesting various solutions. By April, 2016 approximately DCFS closed the case. Even the judge did not agree that my son should be the final decision maker of who he lived with but he stated that according the law, he could make that decision. And so, with no continuing oversight from any official agency like DCFS, my son was "large and in-charge" of his own life and school.

In less than one year following court, he had a friend commit suicide. Within 60 days or less my son was hospitalized for depression in Ventura, Calif. Interventions were made by community residents to house my son and transport him to school upon his discharge so that he might be more consistent—all to no avail.

I fear for my son's future. I fear that he will be discharged back to his mother. The only consistent thread here is that whenever he lives with her, he stops attending school. In April he will be 18. I don't know whether or not he will graduate since the school year goes to May or June. While the staff at Sequoia and the district have been great, I worry about his future and I can't help but wonder

whether or not things might have been better had the mental health agency not been required to "Graduate" him at that very critical transistional time.



Thank you for being here today.

! Perform!  
~~~~~

Service Area 5

My name is Gene Dorio and I am a 32-year resident of Santa Clarita.

I practice geriatric medicine and serve on the Advisory Council at the Senior Center, COC Suicide Prevention, Postvention, and Wellness Committee...and ~~many~~ <sup>CA Hwy</sup> other community service organizations.

When I was about 15 years old in the mid-1960s, my father... **who was a social worker for the County of Los Angeles...** took me many times to Metropolitan and Camarillo State Hospitals --- **not as a patient** --- but to see his clients in those facilities for mental health problems.

HIPAA and other patient confidentiality laws had not been enacted, so I was allowed to intermingle with those who were mentally suffering. This learning experience gave me empathy and understanding I needed to provide better care to our senior patients **today**.

The County of Los Angeles through their Purposeful Aging initiative --- **PALA** --- will help our seniors age in place. One rising statistic is recognition of the high suicide rate locally and nationally for those older than 50 --- **much higher than younger age groups**.

Most doctors deal with physical health, but because of my father, I also practice as a **physician social worker** dealing with the mental health aspect of aging.

I would like the Mental Health Commission to champion ~~greater~~ <sup>greater</sup> emphasis on senior depression and suicide.

Expanding recognition of these mental health problems will **enhance** the quality of life for seniors and allow them to age in place.



January 24, 2019

The commission is already aware of the many ways our children, throughout Los Angeles County, hurt and suffer – from those whose use of substances and cutting behavior are painfully obvious, to those who live quiet lives of desperation, albeit with sometimes outstanding grades and seemingly intact, even privileged, families. Living and working in Santa Clarita often reminds me that mental health is independent of economics.

It's important to know that the William S Hart Union High School district, the only secondary school district within the Santa Clarita Valley, has responded to this community-wide problem by investing heavily into the social-emotional wellbeing of our students. Over the last 7 years, with leadership from our Board and Superintendent, an entire Counseling Department, growing from 12 to 50 therapists, has been erected to address the otherwise overwhelming needs our students demonstrate daily – this growth is as much an indication of our resolve as it is the need. Each week we conduct approximately 75 suicide assessments, tend to the vulnerabilities of which others remain unavailable, and integrate these sensibilities and accommodations into the overall educational experience. While we are proud of our work... it's just not enough... and this is where we can explore the intersection of our demonstrated need and the commission's resources.

For us, the historical areas of mental health and education have necessarily become merged – and it's our *children* who have done this for us. It's for this reason that the next major district initiative to address student wellbeing involves the creation of rather innovative Student Wellness Centers. You're likely already familiar with these as well as the research supporting their use.

On a practical level, this is not an idyllic room where one contemplates the vicissitudes of adolescence, this is an alternative to cutting in the bathroom, it is a dedicated space where students find a reprieve from the social tensions of a "Quad" or the unrelenting demands that exceed their ability to cope.

**THE ASK...**

Student Wellness Centers work well in other high schools throughout Los Angeles County and we need your help in getting this proven asset up and running here. Because I personally read every referral for school based counseling I'm aware of the scope of the problem and believe in Student Wellness Centers as a key component to the solution.

We have plans to integrate 2 Student Wellness Centers strategically placed on either side of the valley to support as many youth as possible. **We need your help with staffing.** As you know, the size of this lift requires not just a few people to staff the centers, but a Wellness Coordinator whose main purpose is driven by the wellness initiatives of this district, including making the Student Wellness Centers a reality. The coordination and oversight they can provide is critical to their success.

Beginning with a well thought-out vision, we've already identified the potential facilities, generated support for the idea itself, and have taken into account lessons learned from other districts with these centers; now, we desire your partnership to make it happen. Community-wide problems, require community-wide solutions. Thank you.



Nicholas Betty, Ph.D., LMFT, PPS  
Director of Counseling  
William S Hart Union School District

[nbetty@hartdistrict.org](mailto:nbetty@hartdistrict.org)  
661-259-0033 ext. 386



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**NAME:** Mark Samuel      **DATE** 1/24/2019

**AFFILIATION:** AR7 Provider      **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Please see my written statement  
regarding the insustainability  
of the current rate of reimburse-  
ment to AR7's.

We are dying -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Fw: Crisis in Board & Care for Adults with Serious Mental Illness**

[REDACTED]

[REDACTED]

[REDACTED]

Good Morning, my name is Mark Samuel, I am the owner/administrator of Sepulveda Residential, an ARF facility in Van Nuys. We have 100 residents living at my facility. I first became licensed in 2002. Prior to that, I was an administrator another facility in Los Angeles. I have been working with the Mentally Ill for 25 years. I truly love working with this population. Board and Care facilities are facing closure. WE cannot survive, at \$35.00 per day.

As you are aware, according to the homelessness counts between 2010 and 2017, the number of homeless people across Los Angeles County went from 38,700 to over 55,000 – an increase of 42%. The new count is happening now. Will the count increase or has it stabilized we will know soon? How is this relevant to the dialogue today? Our Board and Care facilities will close, our clients will become homeless, we need help to survive. As you have heard from others, and will continue to hear from others, the funding which we receive at \$35.00 per day, do not make ends meet. We operate at a LOSS.

According to Community Care Licensing, Fall Quarterly update 2018, CCLD stated 1270 facilities closed in 2017. The update did not state how many Board and Care facilities opened. I can assure you, that the trajectory is going the wrong way. Board and Care facilities face closure, and I do not believe it is because we want to go out of business. We want to stay in business. The 35.00 per day, just does not make ends meet. We provide transportation for clients, medication management, care and supervision, 3 meals, 3 snacks, activities, and so much more. My clients, are the only reason why I stay in business. Our facilities, become centers, they become communities for our clients, and we become our client's families.

I am pleading with all of you, that we need our rates to significantly change. Legislation to change. Facility owners have been hearing over the years, that rates will change. Unfortunately, they have not. I truly feel that the Board and Care clients will face homelessness, the current homeless count will grow exponentially in the years to come. I am uncertain of how many operators have come here today to the townhall. I feel that not many operators have or will come, because there has been no Action over the years.

I believe, no action is ACTION. Help us find a solution to the problem.  
Thank you for your time.

[REDACTED]

[REDACTED]

[REDACTED]



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**NAME:** Peggy Stabile      **DATE** 1-24-19

**AFFILIATION:** PFLAG SCV      **Service Area** 2  
 (Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Many of our LGBTQI+ youth suffer from  
suicidal ideation and it becomes necessary  
for them to be under 12 hour lockdown for their  
own safety. They have been taken to places  
as far away as China, Perritos and Ventura.  
I would like to see local placement in a  
facility within the Santa Clarita Valley.



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**NAME:** Shauna Hoffman      **DATE** 1-24-19

**AFFILIATION:** Therapist      **Service Area** 2  
 (Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

I want feedback from our community about a woman who seems schizophrenic who is "drawn to" my home. I have had to call the Sheriff's twice in a week. I have tried to refer her to homeless shelter. I shared on Next Door. Got a lot of feedback on this woman's actions around the City.

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**NAME:** RAY L. DAVIS **DATE** JAN 24, 2019

**AFFILIATION:** North Oaks Church of Christ **Service Area** Santa Clarita  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

### COMMENT:

As a family minister of a Church in Santa Clarita  
I encounter scores of people - Church members  
and people of the neighborhood - who suffer from  
Alcoholism, drug addiction and depression. Many  
teens & pre-teens suffer from a lack of self-confidence  
due to bullying of social media. There are several  
who are also homeless and are dealing with severe  
poverty and depression. I encourage the MH Commission  
to expand services to Santa Clarita and to ensure  
that churches have a directory of all available  
services in our area. Domestic Violence is also of  
a growing problem.







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**NAME:** Kathye Armitage **DATE** 1/24/19

**AFFILIATION:** Moms Demand Action **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

I would like share about two resources  
for the community to reduce youth suicide  
and public harm.



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**NAME:** Nancy Zhe **DATE** 1-24-19

**AFFILIATION:** Blue Star Ranch - **Service Area** L.A. County  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.) Santa Clarita  
Antelope Valley

**COMMENT:**

Serving OUR NATION'S VETERANS

501(c)3 Non-Profit provides FREE  
Sessions for Veterans (includes spouses &  
children). Veterans with ~~the~~ Post-Traumatic-  
stress disorder (PTSD), depression,  
Military Sexual Trauma (MST) & other  
mental health issues. We must heal  
the entire family. PTSD is known as  
the "Invisible Wounds of War." But, if  
you are living with it - it is not  
invisible.



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Spouses & Children**



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**We Are Here For You!**



**ANSWERS To FAQs**

**A TEAM = Counselor, Equine Specialist, and Horse.**

**NO Horseback Riding Is Involved.  
All Sessions are Private One-On-One  
Sessions Take Place Once A Week  
For A Minimum of 8 Weeks.**



My name is Rose and I am the mother of an adult son with mental illness. He was a beautiful boy, normal and caused us no trouble. When he was 19, I received a phone call from an administrator at his college that shared news with me that would change my world. The administrator suggested my son needed to see someone, and although my son did not want to, we eventually made our way to UCLA, one of several hospitals where he has participated in inpatient and outpatient programs. This was the first time, however, that I was hearing about the topic of mental illness and mental health. My son was diagnosed with paranoid schizophrenia and later PTS. He was a good boy and even after his diagnosis, he caused us no trouble and ended up entering the workforce. My son is incredibly accomplished- he entered the music industry and studied at CalArts where he focused on the Spanish guitar, flute, and piano and worked with various publishing companies and he did well. Even with all of his success, he was ashamed of his diagnosis. With less of a stigma around the topic of mental illness and mental health, there may have been greater opportunities for my son. But how can there be if even the doctors, therapists, and social workers are having to work with limited funds and resources? They aren't able to teach these children with mental illness how to be successful and because of this, they aren't able to reach their fully reach their potential despite their diagnoses. Mental illness breaks families apart and unless we openly discuss mental health and families are made aware of the need for mental health funding, there will continue to be discrimination of those with mental illness

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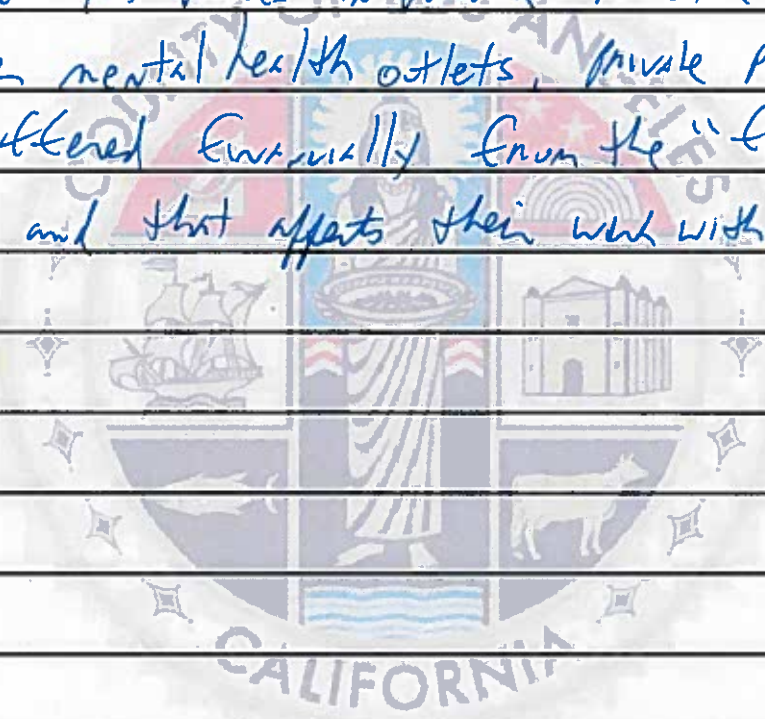
## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Steve Kassel, MFT **DATE** 1-24-19

**AFFILIATION:** private practice: <sup>BIOFEEDBACK</sup> w/ Family therapy center **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

about how ~~the~~ unregulated, anti-trust exempt insurance  
companies fix prices in private practice affecting  
all other mental health outlets. private practitioners  
have suffered financially from the "fixed reimbursement  
fees", and that affects their work with patients.



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**NAME:** SHAIMA KHALIEGUE **DATE** 01-24-2019

**AFFILIATION:** Family Member **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

### COMMENT:

I am here to address the problem I have with my husband cousin for years. He was diagnosed Bipolar. Since my husband and I work he had no other family here. You see my attach note.



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NAME: <sup>②</sup> Monica Dedhia, <sup>✓</sup> <sup>③</sup> Le'ann Parker, <sup>①</sup> Jennifer Majewsky  
 DATE: 1/24/19  
*Monica - Le'ann Jennifer*

AFFILIATION: Child + Family Center Service Area 2  
 (Client, Consumer, Agency, Family Member, DMH Staff, Etc.)

**COMMENT:**

Limited resources in SCR for TAY within mental health  
 substance use, & domestic violence service domains

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**PUBLIC COMMENT FORM**  
(Request to address the Mental Health Commission)

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Gilbert A. Le Blanc **DATE** 01-24-19

**AFFILIATION:** C.R.C. VICTORY **Service Area** #2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:** WELLNESS

Have Client or Consumers  
Participate in Discussions  
Letting More People to Put  
Their Stories of Recovery  
on Film to Help Some Lost  
Souls out there on the Streets  
I do Music I work for Project  
Return





# PUBLIC COMMENT FORM

(Request to address the Mental Health Commission)

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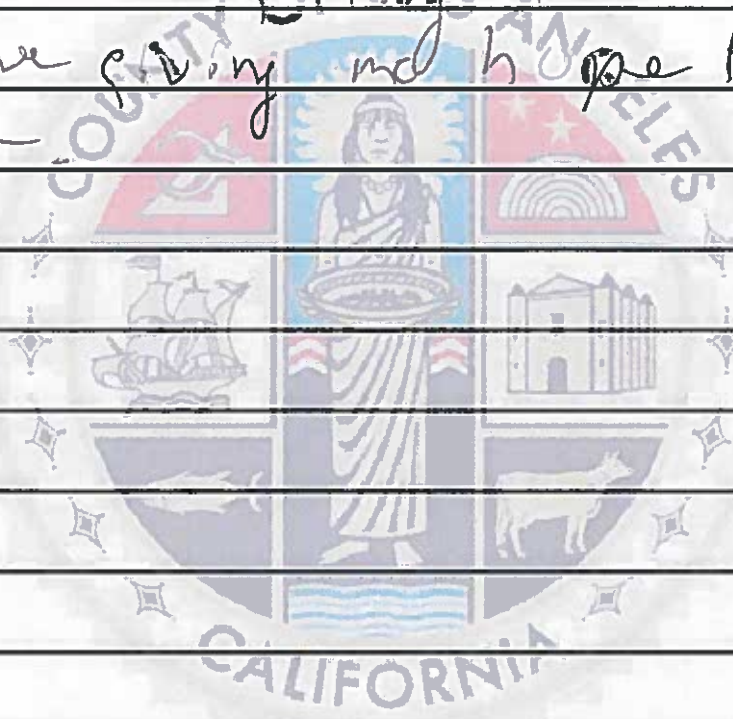
## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Russ Revire **DATE:** 1/24/19  
Wellness / CRC SFV MH

**AFFILIATION:** \_\_\_\_\_ **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.)

**COMMENT:**

Thanking the Wellness center and  
the CRC for getting me stabilized  
and have giving me hope for the  
future



Teacher in SCV  
Board Trustee Hart District

**PUBLIC COMMENT FORM**  
(Request to address the Mental Health Commission)

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Linda Storli **DATE** \_\_\_\_\_  
HART

**AFFILIATION:** Board Member **Service Area** Santa Clarita  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**  
# Depression Anxiety  
DRUGS

Teacher 30 years in the  
Hart district  
Elected to Board 2015

Througout my teaching I have  
seen improvement but we need  
so much more

# PUBLIC COMMENT FORM

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Mercedes Moreno **DATE:** 01/24/2017

**AFFILIATION:** Latino Outreach Program Service Area SA 2  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.)

**COMMENT:**

The Homeless People should count all year long and extra Toilet at public places like train stations and parks to avoid people make pipi at public walls or neighborhood specially at Valley Area and others communities





# PUBLIC COMMENT FORM

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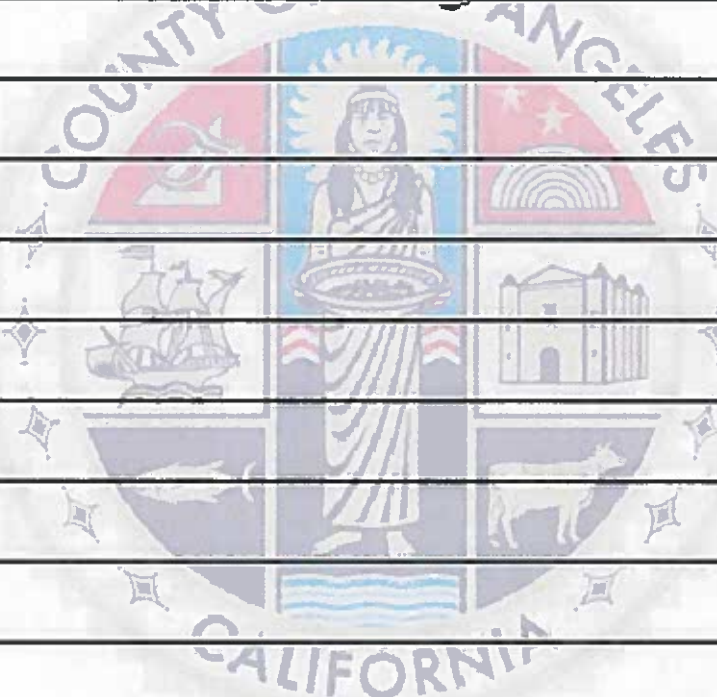
**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Evan Durz **DATE** 1/24/19

**AFFILIATION:** West Ranch High **Service Area** \_\_\_\_\_  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

prepare an seprate piece of paper  
\* West Ranch needs help addressing mental health on  
campus



*Student*

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Joelle Min **DATE** 1/24/19

**AFFILIATION:** student **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

AOC student addressing the lack of resources  
across the Hart district ~~the~~ and implementation  
through social emotional learning program.

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# PUBLIC COMMENT FORM

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** cassidy Bensko **DATE** 1/24/19

**AFFILIATION:** STUDENT **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

The valencia high school campus, faculty, and resources are outdated and unnuanced. With the rising rates of SISO holds in LA county and the rise in teen depression & anxiety, things need to change on high school campuses every where we need

- 1.) available, nuanced trained on campus mental health professionals on campus
- 2.) a wellness room
- 3.) meetings after 3 .

*Student*  
January 24, 2019 | Santa Clarita Town Hal

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Harry Schallert      **DATE** 1-24-19

**AFFILIATION:** Colleges & Canyons      **Service Area** 2 (Santa Clarita Area)  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.)

**COMMENT:**

- Needs in S.C.U = In N. San Youth Nearby
- \* A Drop In Center for Youth
- \* Supportive Housing esp for Youth but also Adults
- \* Year Round Homeless Shelter
- \* Early Childhood Mental Health Consultation
- \* Transportation Issue - To SFU.
- (ACCESS)
- \* Huge Case Load at SCMH
- \* College Mental Health Support





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## PRINT YOUR NAME AND COMMENTS CLEARLY.

*DIRECTOR OF CAMPUS SAFETY & SERVE ON OUR BEHAVIOR INTERVENTION TEAM*

**NAME:** TAMMY CASTOR      **DATE** 1/24/19

*MOM/CONSERVATOR OF MENTALLY DISABLED SON*

**AFFILIATION:** COLLEGE OF THE CANYONS Service Area 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

SCU MENTAL HEALTH CENTER UNDERSTAFFED *CASE LOADS WAITING LIST*

NO DAY CARE PROGRAMS

BOARD AND CARE

IMD LOCK DOWN FACILITIES

housing

} CURRICULUM  
 } FOCUSES ON coping  
 } YOGA  
 } ART  
 } DRAWING  
 } MORE FUN

OUR CURRENT RESOURCES ARE NOT ADEQUATE FOR OUR

ACCA

SAJ BEHAVIOR f/u edr/ly mom to and from

V

**PUBLIC COMMENT FORM**  
(Request to address the Mental Health Commission)

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** ARI ROSNER **DATE** 1/24/2019

**AFFILIATION:** ART PROVIDER **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Please send my written statement  
about the unsustainability of  
the present rate we're paid.

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ART Rosner

**Letter for Sunland Manor**

I am writing this letter with grave concern and despair. Over the years, I have watched the mental health system degrade in its overall care and concern with our clients. In addition, our funding continues to remain the same as costs for our client's wellbeing and quality of life continues to rise. Our anxiety and worry has peaked due to the continued rise in costs to maintain our residential care facility. At the present rate, our facility will no longer be able to operate financially within the next few years. This does not just apply to Sunland Manor but a majority of residential facilities around the Los Angeles area.

Here are some examples of these rising costs and how they severely affect the financial issues here at Sunland Manor:

WORKMAN'S COMPENSATION - has almost doubled over the past 10 years and now is approximately \$40,000 per year

UTILITIES - water, power and garbage disposal - \$12,000 per month.

FOOD - \$12,000 per month.

PAYROLL - \$480,000 per year. As the minimum wage continues to rise over the next couple of years, for example this July wage is increasing \$1.25 per hour. Let's put that in perspective I have approximately 4000 hours of payroll per month that will be an increase of \$5000 Monthly and our ssi increase this year was only 19 per client, Sunland Manor has 98 clients that's only \$1862 per month, now subtract 1862 from 5000 is a net loss of \$3138 per month this figure will become approximately \$720000 by the time wage hits 15 per hour. Now just to let you know all the ancillary costs will go up to food, insurance, utilities because they too have wage increase.

Here are some of our expenses

RENT - \$15,000 per month.

PROPERTY TAX - \$2400 per month

This is a short list of some of the major costs in running a residential care facility. There are many other miscellaneous costs not listed here.

[REDACTED]

When we break down the amount of money the government provides for each client, it comes out to approximately \$35 per day. This amount includes the client's room and board, 3 meals per day, laundry and cleaning services, transportation (if needed), financial assistance, etc.... In comparison to a Day Treatment Program who picks up the client and provides services for approximately 5-8 hours and receive approximately \$80 per day for each resident. This does not seem appropriate or reasonable when comparing the level of care given by the facility to the services provided by the Day Treatment program.

Overall, it will be our clients that suffer the most. If costs continue to rise a large number of residential care facilities will close. When this happens most of our clients will become homeless, lack immediate medical care and medication, have no food and most of all have no SUPPORT. Without these things a large number of these people will end up in the local hospitals and jails which will cost the government large amounts of money. There are ways in which to remedy these issues but we need the governments help and support.

Thank you for taking the time to read this and reflect upon the stated issues.

Sincerely,

Ari Rosner  
Sunland Manor inc  
10540 Sherman Grove ave  
Sunland ca 91040

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

✓

# P U B L I C C O M M E N T F O R M

**(Request to address the Mental Health Commission)**

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Leticia Amick      **DATE** 1/24/19

**AFFILIATION:** Los Angeles County      **Service Area** 2  
 (Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)  
Psychological Association

**COMMENT:**

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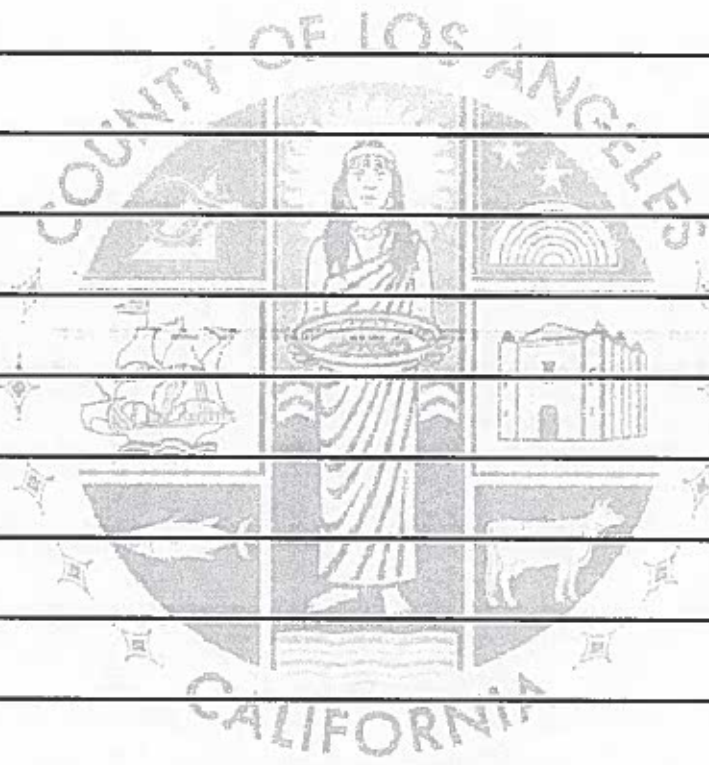
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# PUBLIC COMMENT FORM

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Ryan Valencia                      **DATE:** 1/24/19

*Office of Assemblywomen*

**AFFILIATION:** Christy Smith    **Service Area:** SCV

(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Introduction to office

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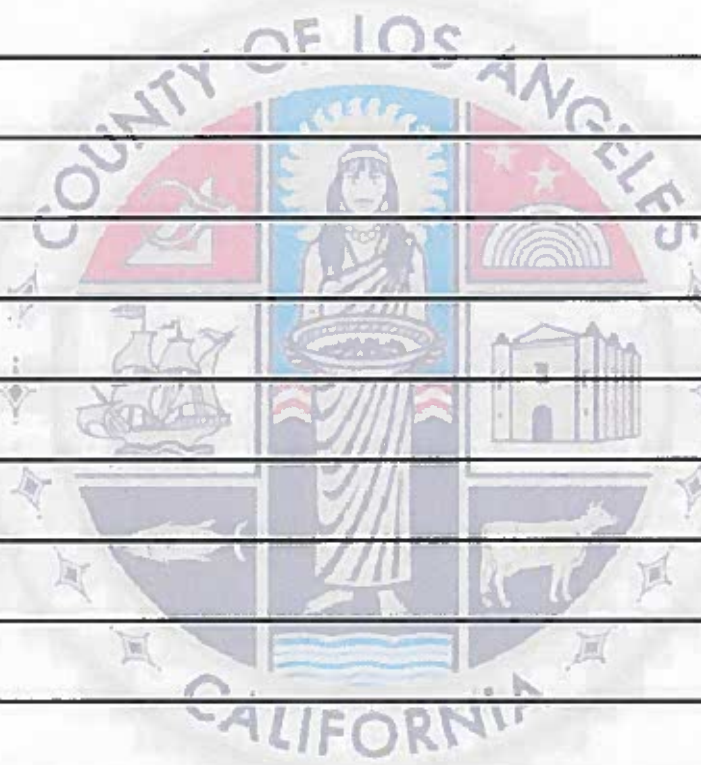
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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Catherine Parker **DATE** 1/24/19

**AFFILIATION:** Community Member **Service Area** Santa Clarita  
(Client, Consumer, Agency, Family/Member, DMH Staff ,Etc.)

**COMMENT:**  
DISconnect with domestic violence in the  
community → have to go to Matsworth and  
spend the day navigating  
SCV sheriff's court have disconnect,  
no communication  
↳ THIS WAS MY EXPERIENCE

✓

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

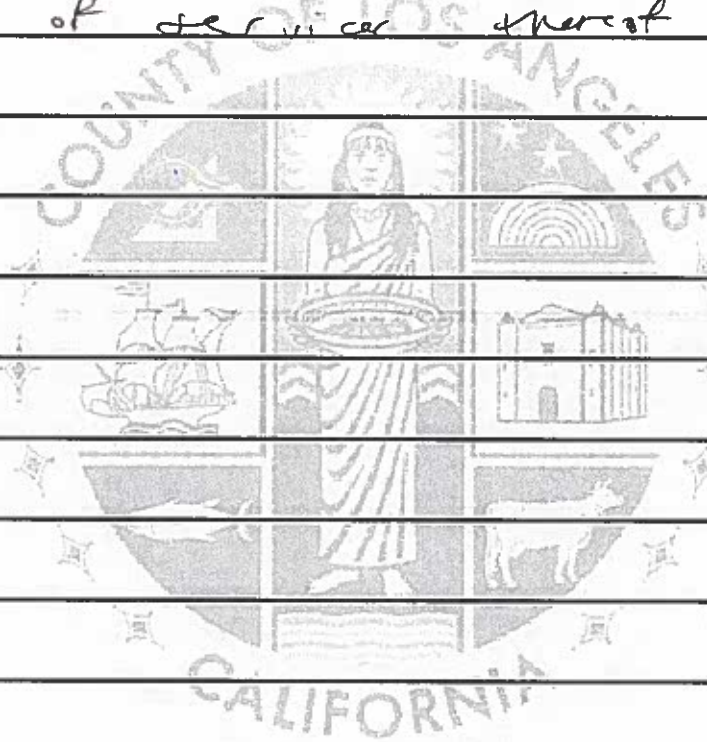
**NAME:** Victoria Ortega **DATE** 1/27/19

**AFFILIATION:** \_\_\_\_\_ **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Agreement with director &  
lead of service thereof

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Diane Troutman **DATE** 1/24/19

**AFFILIATION:** Friend; Senior and Community Advocate; Member of SCU Suicide Prevention, Postvention and Wellness Commit  
Service Area 2 (at COC)  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

### COMMENT:

I am friend of a woman who has been suffering from a  
complication and debilitating physical problem. For the past  
3.5 years, I have taken her to multiple doctors and hospitals.  
Many have diagnosed a problem, but none have been willing to  
coordinate her care. Her medications have been increased  
over time affecting her cognition and emotional and mental  
stability. About 2 years ago, she attempted suicide and spent  
a few days in the local Behavioral Health Unit. That didn't  
help her, nor did the rehab centers she was sent to out of  
the area. We seem to lack a holistic system and if anything  
close to one exists, the public has no idea how to navigate it.  
Finally, I agree with the comments submitted by Barbara  
Wilson.

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Barbara B Wilson **DATE** 1/24/2019

**AFFILIATION:** Family Member **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

### COMMENT:

Submitting written statement regarding  
the need to raise the rates paid  
to licensed AR7's that serve  
primarily residents with serious  
mental illness. We have no  
AR7's for mentally ill in SCV -  
only AR7's for Regional Center  
client. Some licenses

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Edna Leopoldo **DATE** 1/24/2019

**AFFILIATION:** ARF Provider **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

I am an owner of ARF  
6 Bed facility. Please see  
my written statement. I regret  
that I cannot be there today  
but I am out of the country  
right now,

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Carole Lomas Lesio, LADC <sup>92001</sup> **DATE** 1/24/19

**AFFILIATION:** Private Practice **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.)

### COMMENT:

I retired from DMH in 2010 + opened my Private Practice, because I was able to "cross-over" my Medicare + was willing to go thru the arduous Medi-Cal Provider. I became ~~one~~ the only Therapist who saw Medi + Medi-Patients. I work with a number of DMH chronic MI patients. I want to share with you the impressions I have about serving the MI in Private Practice.

# FORMULARIO DE COMENTARIO PÚBLICO

(Solicitud para dirigirse a la Comisión de Salud Mental)

**NOTA:** Ninguna presentación individual será por más de dos (2) minutos. Miembros de la Comisión no responderán a la presentación y no se podrá tomar ninguna medida. Sin embargo, la Comisión puede dar dirección al personal después de una presentación.

**IMPRIMA SU NOMBRE Y COMENTARIOS CLARAMENTE.**

**NOMBRE:** Zee DAN Kworth **FECHA:** \_\_\_\_\_

**AFILIACIÓN:** NAMI **Área de servicio** 2  
(Cliente, Consumidor, Agencia, Miembro de la Familia, Personal del DMH, etc.)

**COMENTARIO:** NAMI - Would like to  
I have  
bring available for family here  
SIC.V.  
Free Support & Education  
Programs  
- Services Programs  
if no one is mentioning I want  
to mention

# PUBLIC COMMENT FORM

(Request to address the Mental Health Commission)

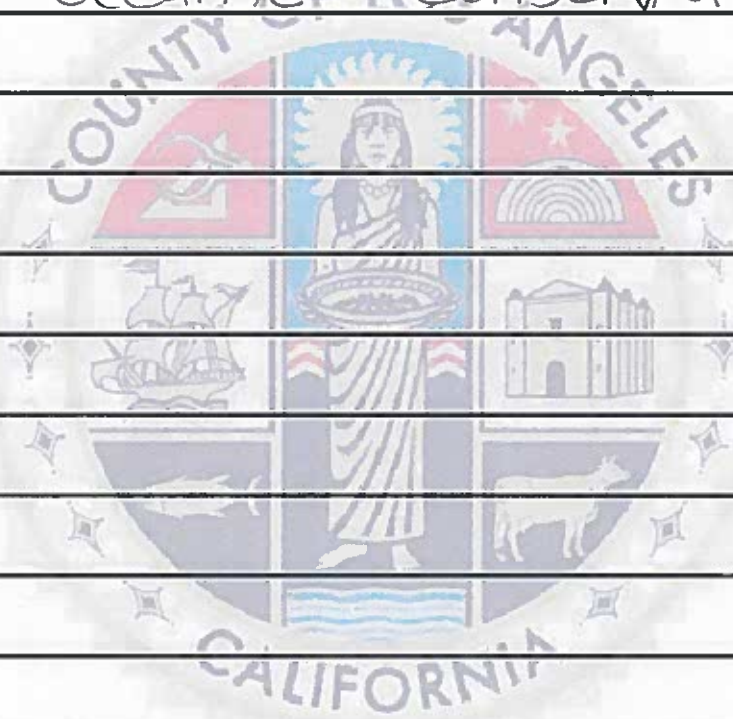
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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Aggie Lopez **DATE** 01/24/2019

**AFFILIATION:** Family Member **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**  
Bro My brother was mentally  
ill; I became conservator  
\_\_\_\_\_  
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# PUBLIC COMMENT FORM

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** MARIA STRAMSEK **DATE:** 1/24/2019

**AFFILIATION:** STRAIGHTENING **Service Area:** AT RISK TEENS  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.) FOSTER KID  
MENTAL  
HEALTH

**COMMENT:** TEENS  
REQUESTING THERAPY  
SANTA CLARITA VALLEY

NEED FOR HOSPITALIZATION FOR THOSE  
UNDER 18 YRS OF AGE - SO PARENTS  
WHOSE CHILDREN ARE IN NEED OF  
HOSPITALIZATION DONT NEED TO  
TRAVEL OUTSIDE AREA - HIGH # OF  
SUICIDES IN SCV - TEEN

**PUBLIC COMMENT FORM**  
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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** James Coates **DATE** January 24, 2019

**AFFILIATION:** DMH Staff **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

I would like to speak to  
helping residents of the  
Santa Clarita Valley access  
urgently needed services, and  
the challenge of transportation  
to the Olive View OCC or other  
similar services.



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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** BRANDON BARCLAY      **DATE** 01/24/19

**AFFILIATION:** LASD / MET      **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

LA COUNTY SHERIFF'S MET

NORTH PATROL DIVISION

CRISIS INTERVENTION

MACARTHUR GRANT / YMET

DATA

PROJECT LIFESAVER - WJCS

NON-PROFIT

LINKAGE / SHERIFFS MENTAL HEALTH

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Karen Macedonio **DATE** 1/24/2019

**AFFILIATION:** Co chair **Service Area** SACS  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Resident of northern Antelope Valley -  
and I wish to speak about future  
vision and multi-county planning  
to build mental well-being



Karen Macedonio, resident northern AV.

The greater Antelope Valley, ~~and~~ the area starting from the San Fernando Valley and extending across County lines all the way to Ridgecrest is unique in its geography and in its population diversity.

<sup>of land,</sup> There is incredible opportunity in the form of the aerospace industry, technology, the military, and jobs. At the same time the homeless encampments and drug use are ~~is~~ rampant and growing, and we have ~~an enorm~~ a large vet population - with very little access to services.

Unfortunately, ~~is~~ as a geographic area the most vulnerable populations are being ignored and the ~~is~~ focus is being placed on economic growth.

An example is a recent \$1.2 million grant given from the Dept. of Defense to Kern County to spend the next 2 years developing the economy of Eastern Kern County which is the northern part of the Antelope Valley. In this grant, and in the awarded contracts there is no mention of the need for healthcare access to health care and to mental health services. What is mentioned in the underlying report is the identification of 1307 healthcare professionals who ~~is~~ live in this area and travel to the urban areas to work.

Another

One key statistic to highlight the need is 30% of all foster care children in our nation live in LA County, and of those 30% 70% live in the Antelope Valley, where foster care has become a big business.

As these foster care children are out of that system there is enormous risk of homelessness. In fact 60% of the children going out of foster care will experience homelessness by the time they are 25.

These are the people who are meant to be the future productive members of ~~at~~ our region but that can only happen ~~is~~ if we make a decision to figure out how to ~~make~~ them empower, encourage and support them in their life journey.

This is a political conversation about ~~about~~ ~~that~~ LA County can lead so that we decrease the need for services that people are traveling to LA County to access now, and that can increase the quality of life for all the residents of our rural communities.

We need to address the NIMBYism of ignorance that believes when we build the economy those in need will move elsewhere.

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## PRINT YOUR NAME AND COMMENTS CLEARLY.

**NAME:** Mirian Vargas **DATE** 01/24/2019

**AFFILIATION:** North East Valley Health Corp **Service Area** SPA2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

### COMMENT:

I work with underserved communities for over two years in the San Fernando Valley and Santa Clarita Valley. I ask DMH to continue to increase funds in existing organizations to increase individuals (Adults + children) being seen with insurance or no insurance. Here in the Santa Clarita Valley, I have seen a high number of women w/ Post Partum depression and other illnesses. In my organization, we try to assist all but we cannot do this alone. The waitlist for M.H. in the Santa Clarita Valley is too long for high risk patients. Thank you.

email: [mirianvargas@nevhc.org](mailto:mirianvargas@nevhc.org).

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Peggy Pigors **DATE** 1/24/19

**AFFILIATION:** Parent of adults w mental health problems **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

My daughter can not get financial help. She has  
a dual diagnosis and was held on a 5150 in July;

she was told that she earned from unemployment  
\$10.00 to much to help her so she was given a \$22,000.00  
hospital bill. Social Services told her to come back when  
she had 0 money.

My son committed suicide in 1999. He could buy bullets  
but not a gun so he made a pipe bomb to kill himself.  
I've lived in Canyon Country for 52 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PUBLIC COMMENT FORM**  
(Request to address the Mental Health Commission)

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Enrique Conchas **DATE** 1/24/19

**AFFILIATION:** MHALA **Service Area** 2 (SOV/SFU)  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

- As a housing specialist that assists w/ homeless Veterans, the lack of affordable housing, the abysmal networking of landlords/property managers to get our Veterans housed. We only get housing leads in Lancaster or Sun LA. This makes it difficult to tell Veterans we can't house them here in Santa Clarita.
- Educate local home owners about VASH/Section 8 for our homeless vets. As a local resident, know/raised, also as a Veteran, it disappoints me about Santa Clarita lacking on getting our homeless vets housed.   
 *in st*  
 *assisting*

-EConchas@mhala.org

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**NAME:** Wendy Cabell **DATE:** 1/24/19

**AFFILIATION:** Here/Now Volunteers **Service Area:** 1  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:** <sup>(A)</sup>  
SAA 1 Peers support, SAA 2 Peers: On behalf of our SAA Area Chief Therapists who send's neighborly greetings to you & your Jackson and yours. On behalf of our SAA Sup Leona Hunter ("Mi Casa es Su Casa") she and I then both welcome a collaborative partnership where we can learn and grow together as we develop programs, services and advocate for resources while promoting living ones, which empowers us all to improve our quality of life. Thus empowering us peers with skills, tools, and support needed in order for us to be productive citizens in our communities. Also, thanks Judy for your support as our Commissioners too, in SW. BTW: Their other landlords SAA 1 that were the best! 😊



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**NAME:** C Reed **DATE** 1-24-19

**AFFILIATION:** DHS Consultant **Service Area** all  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Introduce myself - want to connect  
with ARF operators, residents & family members

\_\_\_\_\_  
\_\_\_\_\_  
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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Evangelina Madrid-Kerr **DATE** 1/24/19

**AFFILIATION:** Dept. Public Health **Service Area** 1  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

finding Mental Health Transitional  
Housing for men & women. Exiting  
Substance abuse treatment but have  
an ~~ex~~ mental health needs to continue  
stabilization. Mental Health and  
Housing



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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** JEAD HARRIS **DATE** 1-24-19

**AFFILIATION:** NAMI Antelope Valley **Service Area** 1  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

Due to lack of programs, many Santa Clarita  
community members travel to A.V. for our  
classes.

Also, the SA 1 Urgent Care Center is  
still not a reality, but the need is  
GROWING!



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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Jessica Hazas **DATE** 1/24/19

**AFFILIATION:** Family member **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

My sister is 43 years old and has been diagnosed with OCD, personality disorder, depression & anxiety. She was diagnosed in her teen years. I'm upset and extremely concerned regarding the easy access that consumers have to medication. My sister has been able to go from Psychiatrist to Psychiatrist and manipulate the system to get more medication or request a medication (Ambien) that she was addicted to and she was able to do this because every Psychiatrist that she would meet were never aware of her addiction and would therefore prescribe her any medication she would request. She would go between a DMH and private practice psychiatrist and it's upsetting that these psychiatrists are not in some way in communication.

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I know it sounds impossible for all psychiatrists to be in communication with another, but there has to be a solution. There has to be a way where a patient's file can be accessed by a private practice psychiatrist so that patients don't just get medication if they don't really need it or are addicted to certain medications. For example, maybe there could be a computer program/system where patients' files can be stored, so that if a patient ends up switching from Psychiatrist, to Psychiatrist, to Psychiatrist, that any psychiatrist can access their last visit to another doctor or psychiatrist, so that a patient can receive the best care. My sister tends to switch psychiatrists all the time so that she can get the type of meds she needs despite her addictions and this is heartbreak or thinks she needs

There has to be a solution for this matter so that individuals like my sister can not manipulate the psychiatrists that she encounters, because to me this means that the mental health system still has work to do. The mental health system is ~~not~~ failing my sister. I pray and hope someone can look into this very important problem. Thank you for your time.

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Glora Noriega      **DATE** 1/24/2019

**AFFILIATION:** Family      **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

I have a written statement to submit because I become very emotional about the day that I did as I was told and called 911 about my son.

The sheriff came. There were words. I thought they were going to take him. But they shot him.



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## PRINT YOUR NAME AND COMMENTS CLEARLY.

NAME: Peter M. DATE: 01/24/2019 <sup>THURSDAY</sup>

AFFILIATION: Wellness Ctr. SFV MH <sup>VANNUYS, CA.</sup> Service Area #2 (Two)  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.)

### COMMENT:

I am here to comment about the Board AND CARE Sepulveda Residential Facility. I have been living there for more than 75 months now AND I am concerned about the conditions of the low quality of repairs of the electrical outlets in my shared room and the continual negligence of repairs of the shower/BATH TUB of where I live. The lack of adequate and prompt repairs <sup>and purchase replacement of</sup> to washers and dryers which took more than 11 months to come about

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**PRINT YOUR NAME AND COMMENTS CLEARLY.**

**NAME:** Frances Cameron **DATE** 1/24/2019

**AFFILIATION:** Parent **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff ,Etc.)

**COMMENT:**

See Attached statement about  
my child & Board & Care  
I fell & broke my femur so  
I cannot be present today,

*See attachment*

My name is Frances Cameron and I am a retired LCSW who spent many years working for LA County Dept. of Mental Health and their contract agencies, thus I have worked with the mentally ill population. I am also the parent of a 30year old woman who is a recipient of Regional Center services, a recipient who receives over \$40,000 a year in services to remain in her home and independent.

It was brought to my attention recently that there is a scarcity of board and care resources. So I began some research. I was appalled at my discovery! There is an obvious disparateness in ARF funding for the mentally disabled vs. the ID/DD and the elderly (ARFE) communities.

As you ponder solutions to the dilemma of the lack of board and care facilities let me point out the obvious disparities. ARF's for mentally disabled, ID/DD, and elderly, ARFE are all required under licensing to perform the same services yet get paid different rates. Is parity not mandated since the passage of the ACA? Are we saying that the board and care operators for the mentally ill don't deserve to be compensated the same as operators of an ID/DD ARF or ARFE's? Is there ableism within the disability community and the agencies charged with looking out for them? The Mental Health Commission website when discussing its value of Comprehensive Care, it addresses stigma for individuals with mental illness. I think its clear that the rate differences paid to ARF's for mentally ill contributes to rather than eradicates stigma.

For purposes of this writing, I will be rounding off numbers but I'm sure you will get the point. The board and care payment for a person on SSI is approximately \$1058 per month. This amounts to \$35 per day! As shameful as that amount is let's go further in the breakdown for 24hour care and supervision. It amounts to **approx. \$1.45 an hour to the facility operator.** There are usually two people working in a small home, so divide that \$1.45 in half. You are

aware that board and care operators are a for profit business and there are additional expenses such as insurance involved. In addition to regular facility maintenance there are often unexpected repairs such as broken doors and windows from an agitated resident.

This pittance of monies causes me to ponder if facilities operators can apply for a 501(c)3 since they are clearly performing a charitable service.

Let me tell you what I would do if I were looking to care for a person with a mental illness and make a profit. I would provide a room to them for \$500. a month. This individual would be happy because he would have more than \$136 a month P&I money. I would look to IHSS to authorize cleaning, food prep, cleaning, transportation to appts., hygiene care and 24 hour supervision for the individual with myself and another as the providers. This would amount to approx. 283 hours per month. At \$12 per hour this amounts to \$3396 divided between two people. The added bonus is that the providers would receive health care benefits from SEIU.

If this concept catches on, there will be no more ARF's to service the mentally ill.

It is clear that there is a problem. It is obvious ARFs are underfunded as well as lacking in parity while providing the same quality of care. It is also apparent that mental health services are lacking and ARF owners are expected to do more and more to make up for the scarcity. Perhaps it is about time to honor and compensate them for the services they provide.

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**NAME:** Adele Biden **DATE** Jan 24, 2019

**AFFILIATION:** CRC **Service Area** 2  
(Client, Consumer, Agency, Family Member, DMH Staff, Etc.)  
*CLIENT Rem Center SAN FERNANDO Mental Health Center*

**COMMENT:**

I am from the ~~Santa~~ San Fernando  
Mental Health Center. CRC, Client  
Rem Center. We would like to see  
Santa Clarita. With a client Rem  
Center I would like to talk to you about  
it

# Talking points for the Town Hall meeting

The main things that we are doing well at  
SANFERNANDO client care center  
(CC) as we do ~~not~~ have a  
client care center that

doesn't  
work

SANTA CLARITA <sup>doesn't have</sup> ~~mirror~~ <sup>mirror</sup> wellness and

could copy & I had to say

copy, but kinda MRROR

we do have soft  
STRUCTURE ~~structure~~ (center) where there  
are groups that reflect and cater

to a client's needs it can encompass  
the family as well we have

best and accredited staff that

well <sup>help you get</sup> ~~for~~ mind body and soul best  
and try to get you in to a

proper ~~place~~ <sup>place</sup> and

on the road to happiness.

I think it would  
as a way benefit to have  
a Client Center in  
Santa Clara Valley - ~~San Jose~~

ON a personal note  
I have been with the company  
over fifteen years I started  
out homeless - on drugs and no where  
to go. I went through all  
these prisons eventually they  
accepted me they ~~STILLS~~ TO BE  
ON my ~~good~~ term they help  
me into the sober living houses  
and help me get my own  
apartment. I believe the CRC  
WORKS. I am a living testament  
to it. that it works

I thoroughly believe  
Santa Clara Valley Deserves  
more ~~to be served~~ but Has + have  
a center like the  
Mental illness is everywhere  
NOT just San Francisco Valley

PS I heard something on  
the news last night the LAPD  
is setting up a whole  
program for mental ill  
people that don't need  
commitment. But are  
homeless ~~have no real~~  
and are mentally ill,  
this something that  
should of been done but  
it's here now.



S A R I O G U E R R E R O

J M C O M E F O R S I M U F E R N A N D O

M E T A I - H E E T Q U I E R O

D E S I R . C O M O A C M B I N O D E M I B I D O  
D E S D E Q U E B O Y A P R O G R A M M

" I w o u l d l i k e t o s a y h o w m u c h m y l i f e h a s c h a n g e d s i n c e  
I h a v e b e e n a t t e n d i n g t h e p r o g r a m ! "