



1 AS "JEAN." SHE WAS LONGTIME COMMUNITY ACTIVIST AND VOLUNTEER
2 IN UNINCORPORATED WHITTIER AREA. SHE PASSED AWAY LAST
3 THURSDAY, JANUARY 8TH AT THE AGE OF 82 AFTER A VALIANT FIGHT
4 WITH CANCER. BORN IN ARKANSAS, MOVED TO LOS ANGELES COUNTY
5 WHEN SHE WAS EIGHT YEARS OLD, SETTLED PERMANENTLY IN
6 UNINCORPORATED WHITTIER. IN 1963, SHE WAS AN ICON THROUGHOUT
7 THE COMMUNITY, WORKED THROUGHOUT HER LIFE, VOLUNTEERING AND
8 HELPING VARIOUS LOCAL ORGANIZATIONS SUCH AS THE COUNTY FIRE
9 DEPARTMENT, THE SHERIFF'S DEPARTMENT, CALIFORNIA HIGHWAY
10 PATROL, LIONS CLUB, SOROPTIMIST CLUB. SHE WAS ALSO AN INTEGRAL
11 PART AND MEMBER OF THE WHITTIER COMMUNITY COORDINATING
12 COUNCIL, SERVED ON ITS BOARD OF DIRECTORS FOR OVER 20 YEARS.
13 HER HEART AND PASSION WAS TO IMPROVE THE COMMUNITY SHE LIVED
14 IN AND STRIVE TO HELP SOLVE ISSUES, PROMOTE THE PRIDE OF
15 UNINCORPORATED WHITTIER. SHE WAS A TRUE ADVOCATE, AN EXAMPLE
16 OF THOSE WHO SERVE AND GIVE BACK TO THE COMMUNITY AND AMAZING
17 ROLE MODEL FOR VOLUNTEERISM AND STRENGTH. JEAN WAS KNOWN AS A
18 CARING AND LOVING PERSON WHO LOVED TO BE OF SERVICE TO OTHERS.
19 SHE WAS OFTEN SEEN, WE'D BE OUT THERE PASSING OUT COOKIES AND
20 HOT CHOCOLATE TO THE CHILDREN AT VARIOUS HOLIDAY EVENTS IN OUR
21 COUNTY PARKS. SHE WORKED HARD THROUGH THE WC.C.C. TO RECOGNIZE
22 OTHER INDIVIDUALS WHO HAD TRULY MADE A DIFFERENCE IN THE
23 COMMUNITY. HER PASSING WAS A TREMENDOUS LOSS TO HER FAMILY AND
24 COMMUNITY. AND SHE WILL BE MISSED BY ALL WHO KNEW AND LOVED
25 HER. SHE IS SURVIVED BY HER TWO SONS, ROB AND WAYNE, AND HER



1 FOUR GRANDCHILDREN WHO SHE ABSOLUTELY ADORED, MICHAEL, STEVE
2 AND CAMERON AND TRAVIS. ALSO WE ADJOURN IN MEMORY OF ETHEL
3 HILLYARD, LONGTIME RESIDENT OF PARAMOUNT WHO PASSED AWAY AT
4 THE AGE OF 94. SHE WAS BORN IN GERMANY, RELOCATED TO THE U.S.
5 AT THE AGE OF SIX. SHE WENT TO PASADENA HIGH, SANTA MONICA
6 JUNIOR COLLEGE. SHE WAS VERY DEDICATED TO EDUCATION IN THE
7 PARAMOUNT AREA SERVING ON MULTIPLE P.T.A.S AS WELL AS SERVING,
8 EVENTUALLY ELECTED TO THE BOARD OF EDUCATION IN 1966. MEMBER
9 OF PARAMOUNT WOMEN'S CLUB FOR 50 YEARS, FOUNDING MEMBER OF THE
10 FRIENDS OF THE LIBRARY, JOINED THE SENIOR SERVICES COMMISSION.
11 SHE PUBLISHED THE HISTORY OF THE CITY ENTITLED "FIESTAS, FARMS
12 AND FREEWAYS" WHICH WAS REVISED AND RE-PUBLISHED IN 1988 AS A
13 STORY OF PARAMOUNT, THE ALL-AMERICAN CITY. SHE'S SURVIVED BY
14 HER TWO SONS STANLEY AND STEVEN, FOUR GRANDCHILDREN AND TWO
15 GREAT GRANDCHILDREN. SHE WILL BE MISSED BY ALL WHO KNEW HER.
16 FINALLY WE ADJOURN IN MEMORY OF MICHAEL GOLDMAN THE FATHER OF
17 A DEAR FAMILY FRIEND WHO PASSED AWAY IN LATE DECEMBER. HE IS
18 SURVIVED BY HIS SONS STEVE AND GARY. HE WILL BE MISSED BY ALL
19 WHO KNEW HIM. THOSE ARE MY ADJOURNMENTS.

20

21 **SUP. ANTONOVICH, MAYOR:** SECOND, WITHOUT OBJECTION, SO ORDERED.
22 WE'RE GOING TO MOVE ON TO ITEM 2. WE HAVE, AS YOU CAN SEE, A
23 LARGE NUMBER OF PEOPLE. SO WE'RE GOING TO HAVE TO LIMIT THE
24 TESTIMONY TO ONE MINUTE EACH BECAUSE THAT'S STILL GOING TO
25 TAKE AT LEAST TWO HOURS. BUT LET ME FIRST STATE THAT TODAY'S



1 MOTION DIRECTS A REPORT TO BE PREPARED BY THE C.E.O. FOR THE
2 BOARD TO CONSIDER PRIOR TO ANY APPROVAL ACTION. IT ISN'T
3 INTENDED TO UNDERMINE OR IN ANY WAY DISREGARD THE GREAT WORK
4 THAT HAS BEEN DONE OR IS BEING DONE BY THE DEPARTMENT OF
5 MENTAL HEALTH, DEPARTMENT OF HEALTH SERVICES OR THE DEPARTMENT
6 OF PUBLIC HEALTH. IT'S AN EFFORT TO LOOK AT AN ALTERNATIVE
7 STRUCTURE TO IMPROVE ON THE WORK BEING DONE TO FURTHER ENHANCE
8 PATIENT CARE, ACCESS, INTEGRATION OF SERVICES, REDUCE
9 ADMINISTRATIVE COSTS, STREAMLINE BUREAUCRATIC PROCESSES.
10 RECOGNIZING THESE OBJECTIVES AND CONCERNS HAVE BEEN EXPRESSED
11 BY THE STAKEHOLDERS, I AM GOING TO PUT ON THE TABLE THIS
12 AMENDMENT THAT WOULD BE ADDED. AND THAT WOULD BE, DIRECT THE
13 C.E.O., COUNTY COUNSEL, THE DEPARTMENT OF HUMAN RESOURCES IN
14 CONJUNCTION WITH THE DEPARTMENTS OF HEALTH SERVICES, MENTAL
15 HEALTH, PUBLIC HEALTH, AGRICULTURAL COMMISSIONER, WEIGHTS AND
16 MEASURES, TO REPORT BACK WITHIN 60 DAYS WITH A PROPOSED
17 STRUCTURE TO ACCOMPLISH THE CONSOLIDATION AS WELL AS PROPOSED
18 IMPLEMENTATION STEPS, TIME FRAME FOR ACHIEVEMENT OF A
19 CONSOLIDATION AND THE BENEFITS OF ANY DRAWBACKS TO THIS
20 ACTION. IN ADDITION, THE C.E.O. WILL DIRECT AND ESTABLISH A
21 STAKEHOLDERS PUBLIC PARTICIPATION PROCESS TO ENSURE THAT THAT
22 INPUT IS CONSIDERED IN THAT REPORT. SO THAT WILL BE ON THE
23 TABLE. IT'S THE AMENDMENT TO THE MOTION. AND I WILL CALL UP
24 THE FOLLOWING. I'LL CALL UP FOUR-- SUPERVISOR MARK RIDLEY-
25 THOMAS.



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SUP. RIDLEY-THOMAS: MR. MAYOR, IF IT'S APPROPRIATE AT THIS POINT TO HAVE WHATEVER ADDITIONAL AMENDMENTS THAT ARE BEING CONTEMPLATED TO BE BROUGHT FORWARD SO THAT WE TAKE THEM ALL AT ONCE RATHER THAN INDIVIDUALLY. TOWARD THAT END, MAY I OFFER THIS AMENDMENT. THAT I WOULD MOVE THAT WE INCLUDE THE SHERIFF'S DEPARTMENT IN THE WORKING GROUP DISCUSSIONS ON HEALTH DEPARTMENT CONSOLIDATION AND INSTRUCT THE DEPARTMENTS TO INCLUDE IN THE REPORT BACK A RECOMMENDATION ON WHETHER THE SHERIFF'S DEPARTMENT MEDICAL SERVICES BUREAU SHOULD BE INCLUDED IN THE CONSOLIDATION; AND IF SO, HOW IT SHOULD BE STRUCTURED AND ACCOMPLISHED. MR. MAYOR AND COLLEAGUES, WE ALL KNOW OR SHOULD KNOW THAT IN THIS MEDICAL SERVICES BUREAU, WE HAVE SIGNIFICANT CONCERNS RELATED TO MENTAL HEALTH, GIVEN THE CURRENT DISCUSSIONS WITH COUNTY COUNSEL AND THE DEPARTMENT OF JUSTICE ABOUT CONSENT DECREE SPECIFICALLY AIMED AT MENTAL HEALTH IN OUR JAILS. IT SEEMS TO ME THAT WE OUGHT TO BE SMART ABOUT THIS HERE AND NOW AND MAKE SURE THAT THE DISCUSSION ABOUT DIVERSION, THE ISSUE ABOUT CARE FOR THE MENTALLY ILL WHO ARE INCARCERATED IS FACTORED INTO THIS VERY, VERY SUBSTANTIAL DISCUSSION THAT WE ARE CONTEMPLATING IN TERMS OF CONSOLIDATION.

SUP. ANTONOVICH, MAYOR: I AGREE. THANK YOU. SUPERVISOR-- I'LL CALL UP THE SPEAKERS. OKAY. DR. JONATHAN FIELDING, HERMAN



1 DEBOSE, SUSAN MANDEL, AND BRUCE SALTZER. [APPLAUSE] ONCE
2 AGAIN, WE DON'T APPROVE OF APPLAUSE. THE BOARD RULES PREVENT
3 THAT. BUT IF YOU WANT TO SHOW YOUR SUPPORT OR WHATEVER, JUST
4 RAISE THE CEILING WITH YOUR HANDS AND THAT WILL GET THE
5 MESSAGE ACROSS. THANK YOU. GOOD MORNING.

6

7 **DR. JONATHAN FIELDING:** GOOD MORNING, MR. MAYOR. I'M VERY GLAD
8 TO BE BACK IN FRONT OF THIS GROUP. I THINK BETTER INTEGRATION
9 OF THE SERVICES WE ALL PROVIDE IS EXTREMELY IMPORTANT, IT'S
10 WARRANTED, IT DESERVES FULL SUPPORT. BUT FULL INTEGRATION OF
11 THE DEPARTMENT OF PUBLIC HEALTH AS A DIVISION OF D.H.S., IF
12 THAT'S WHAT IS INTENDED, WILL ACTUALLY IN MY VIEW JEOPARDIZE
13 THE HEALTH OF ANGELINOS. AT A TIME WHEN IT'S RECOGNIZED THE
14 GREATEST DETERMINANTS OF HEALTH ARE IN THE SOCIAL AND PHYSICAL
15 AND ENVIRONMENTAL CONDITIONS, COMBINING ALL OF THESE INTO ONE
16 SERVICE ORGANIZATION THAT TAKES CARE OF 10 PERCENT OF THE
17 POPULATION THREATENS THE PROGRESS WE'VE MADE TO PROTECT AND
18 PROMOTE ALL 10 MILLION COUNTY RESIDENTS. ON THE OTHER HAND,
19 THE DEVELOPMENT OF AN UMBRELLA AGENCY THAT COULD HAVE AS THE
20 THREE STANDING DEPARTMENTS UNDERNEATH TO ME IS CERTAINLY
21 WORTHY OF VERY CAREFUL CONSIDERATION. THAT WOULD ALLOW THE
22 OTHER DEPARTMENTS TO FULFILL THE OTHER PARTS OF THEIR MISSION
23 WITHOUT COMPROMISING YOUR VERY IMPORTANT OBJECTIVES. PUBLIC
24 HEALTH HAS A FUNDAMENTALLY DIFFERENT MISSION THAN D.H.S. FOR
25 EXAMPLE, IT'S A REGULATOR. THINK OF THE RESTAURANT



1 INSPECTIONS, THE "A" "B" "C " GRADING PROGRAM THAT YOU WERE
2 THE FATHER OF. THINK OF, WE ARE A PROVIDER SOCIAL SERVICES,
3 SUCH AS NURSING HOME VISITING FOR FIRST-TIME SINGLE MOMS,
4 WE'RE A CONSUMER PROTECTION AGENCY. THINK OF HELPING RESIDENTS
5 BE BETTER PROTECTED FROM TOXIC EMISSIONS. WE ALSO WORK TO
6 PROMOTE HEALTH, HELPING REVISE SCHOOL MENUS, INCREASE BICYCLE
7 AND WALKING PATHS, WORK TO REDUCE CHILDHOOD OBESITY, INCREASE
8 VACCINATION FOR VACCINE-PREVENTIBLE DISEASES. CONTROLLING
9 OUTBREAKS OF COMMUNICABLE DISEASE AND EDUCATING THE ENTIRE
10 PUBLIC ABOUT HOW TO STAY HEALTHY. IN OTHER WORDS-- THANK YOU.
11 I JUST WANT TO MAKE ONE OTHER COMMENT AND THAT IS--

12

13 **SUP. ANTONOVICH, MAYOR:** SUBMIT THAT FOR THE RECORD.

14

15 **DR. JONATHAN FIELDING:** I WANT TO JUST SAY I'M VERY SUPPORTIVE
16 OF DR. KATZ AND HIS IMPORTANT WORK AND HIS ROLE IN THIS. THANK
17 YOU.

18

19 **SUP. ANTONOVICH, MAYOR:** THANK YOU. SUPERVISOR SOLIS, YOU HAD A
20 COMMENT? YOU DIDN'T?

21

22 **SUP. SOLIS:** I WANTED TO-- TESTIMONY?

23

24 **SUP. ANTONOVICH, MAYOR:** NO PROBLEM. THANK YOU. SUSAN? OKAY.
25 THAT'S FINE.



1

2 **BRUCE SALTZER:** GOOD MORNING. BRUCE SALTZER, REPRESENTING THE
3 ASSOCIATION OF COMMUNITY HUMAN SERVICE AGENCIES AND THE MENTAL
4 HEALTH COALITION. WE ARE HERE TODAY WITH A VERY SIMPLE
5 MESSAGE. MENTAL HEALTH MATTERS. MENTAL HEALTH IN THIS COUNTY
6 AND THE THOUSANDS OF PERSONS. [APPLAUSE]

7

8 **SUP. ANTONOVICH, MAYOR:** PLEASE, PLEASE.

9

10 **BRUCE SALTZER:** DESERVE THEIR OWN INDEPENDENT DEPARTMENT OF
11 MENTAL HEALTH. 10 YEARS AGO THE COUNTY'S OWN CIVIL GRAND JURY
12 FOUND THAT D.M.H. SHOULD REMAIN AS AN INDEPENDENT DEPARTMENT,
13 DETERMINING THAT IT'S THE SERVICE DELIVERY METHODS, CLIENT
14 BASE AND FUNDING STRUCTURE DIFFERED SIGNIFICANTLY FROM THOSE
15 ELEMENTS WITHIN D.H.S. 10 YEARS LATER NOTHING HAS CHANGED. I'D
16 LIKE TO QUOTE FROM A STUDY SPONSORED BY S.A.M.H.S.A. AND THE
17 FEDERAL GOVERNMENT. ALTHOUGH HEALTH REFORM IS SEEN AS AN
18 OPPORTUNITY TO BETTER INTEGRATE THE PHYSICAL HEALTH AND
19 BEHAVIORAL HEALTHCARE, IT HAS BEEN FOUND THAT WHEN PHYSICAL
20 AND BEHAVIORAL HEALTH ARE INTEGRATED INTO ONE ORGANIZATION,
21 BEHAVIORAL HEALTH SERVICES LOSE FOCUS. CARVING OUT BEHAVIORAL
22 HEALTH HAS TENDED TO RESULT IN GREATER EXPERTISE, RESOURCES
23 AND BETTER BEHAVIORAL HEALTH OUTCOMES, WITHOUT NECESSARILY
24 SACRIFICING COORDINATION WITH PHYSICAL HEALTH SERVICES. THE
25 BOTTOM LINE IS THAT D.M.H. IS AN INDEPENDENT COUNTY



1 DEPARTMENT, PROVIDES AN INDEPENDENT VOICE FOR AND FOCUS ON
2 MENTAL HEALTH ISSUES. AND THE, FRANKLY SUBSUMING D.M.H. UNDER
3 D.H.S. WOULD CONVEY THE MESSAGE THAT MENTAL HEALTH SIMPLY
4 DOESN'T DESERVE THE SAME STANDING AS PHYSICAL HEALTHCARE IN
5 COUNTY. WE DON'T BELIEVE THIS IS THE MESSAGE YOUR BOARD WANTS
6 TO CONVEY. I WANT TO CONCLUDE WITH THE WATCH WORDS FROM OUR
7 OWN COUNTY MENTAL HEALTH COALITION. THERE NOTHING ABOUT US
8 WITHOUT US. THANK YOU. [APPLAUSE]

9

10 **SUP. ANTONOVICH, MAYOR:** AGAIN, PLEASE, PLEASE. THOSE WHO ARE
11 APPLAUDING, LOOK AT THOSE WHO ARE RAISING THE ROOF AND PLEASE
12 FOLLOW THAT EXAMPLE BECAUSE OTHERWISE, WE'RE GOING TO BE HERE
13 IN A DISORGANIZED MEETING THAT'S NOT GOING TO BE ABLE TO
14 ACHIEVE THE OBJECTIVES THAT YOU WANT TO HAVE WHERE EVERYBODY
15 WILL BE ABLE TO GIVE THEIR POINT OF VIEW. LET ME ALSO CALL UP
16 HERB HATANAKA AND IAN HUNTER.

17

18 **SUSAN MANDEL:** MR. MAYOR, LOS ANGELES COUNTY'S-- SUSAN MANDEL--
19 LOS ANGELES COUNTY'S DEPARTMENT OF MENTAL HEALTH IS THE
20 LARGEST OUTPATIENT MENTAL HEALTH PROGRAM IN THE WORLD. IT
21 DESERVES A SEPARATE ADMINISTRATIVE STRUCTURE AND MENTAL HEALTH
22 EXPERTISE. SINCE THE MENTAL HEALTH SERVICES ACT, WE HAVE BEEN
23 REQUIRED TO HAVE A STAKEHOLDER PROCESS. OUR PHILOSOPHY IS ONE
24 OF WELLNESS, RECOVERY, RESILIENCY. WE EMPOWER OUR CLIENTS AND
25 FAMILIES, HIRE PEERS AND PERSONS WITH LIVED EXPERIENCE. OF



1 COURSE WE'RE CONCERNED ABOUT INTEGRATION OF CARE. OUR CLIENTS
2 DIE AT 54 YEARS OF AGE ON AVERAGE. SUBSTANCE ABUSE AFFECTS
3 ALMOST ALL OF OUR CLIENTS. OBESITY, HIGH BLOOD PRESSURE,
4 DIABETES, THESE ARE ALL THINGS THAT WE TRY TO HELP OUR CLIENTS
5 BY EDUCATING, LINKING AND MONITORING. INTEGRATION IS NOT
6 ACHIEVED BY CONSOLIDATION. MANY OF THE RULES THAT PROHIBIT
7 INTEGRATION ARE FEDERAL RULES OF MEDICAL AND MEDICARE. WE
8 BELIEVE THAT INTEGRATION WILL OCCUR WITH INDIVIDUAL CONTACT
9 BETWEEN PHYSICIANS, CLIENTS AND CASE MANAGERS AND FOLLOW UP.
10 WE COLLABORATE, WE COOPERATE AND WE COORDINATE OUR CARE.
11 PLEASE DO NOT ABOLISH THE DEPARTMENT OF MENTAL HEALTH'S
12 INDEPENDENT STRUCTURE.

13

14 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SUSAN. THANK YOU. KITA
15 CURRY. YES, SIR.

16

17 **HERMAN DEBOSE:** MY NAME IS HERMAN DEBOSE. I'M THE VICE CHAIR OF
18 THE L.A. COUNTY MENTAL HEALTH COMMISSION. I'D LIKE THE
19 OPPORTUNITY TO EXPRESS MY CONCERNS REGARDING THE PROPOSED
20 MOTION. THE DEPARTMENT OF MENTAL HEALTH HAS STOOD BY ITSELF
21 FOR A WHILE AND IT PROVIDED QUALITY SERVICE TO THE COMMUNITY.
22 THE INPUT THAT THE COMMUNITY PROVIDES THROUGH THE STAKEHOLDER
23 PROCESS IS ONE THAT'S WORKED REALLY EFFICIENT WITHIN THE
24 COUNTY. I AM CONCERNED THAT IF THE CONSOLIDATION TAKE PLACE,
25 THAT MENTAL HEALTH AND THE SERVICES THAT IT PROVIDES AT THIS



1 TIME MAY GET LOST WITHIN THE HEALTH DEPARTMENT. I THEREFORE AM
2 REQUESTING THAT THE BOARD RECONSIDER THE CONSOLIDATION MOTION
3 AND TAKE A LOOK AT HAVING THE MENTAL HEALTH DEPARTMENT REMAIN
4 INDEPENDENT ON ITS OWN. AND AS MY COLLEAGUE SAID, BRUCE SAID
5 THAT THE MENTAL HEALTH CONSUMERS SAY NOTHING ABOUT US WITHOUT
6 US. AND I WOULD JUST LIKE TO STRESS THAT POINT. THANK YOU.

7

8 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. LET ME ALSO CALL UP
9 BETSY PFROMM. YES, SIR?

10

11 **HERB HATANAKA:** GOOD MORNING. MY NAME IS HERB HATANAKA, I AM
12 REPRESENTING THE A.C.H.S.A. BOARD AS WELL AS THE CHAIR OF THE
13 MENTAL HEALTH COMMITTEE OF THE ASIAN-PACIFIC POLICY AND
14 PLANNING COUNCIL. UNDER THE LEADERSHIP AND SUPPORT OF THE
15 DEPARTMENT OF MENTAL HEALTH, MY A.P.I. COLLEAGUES AND I HAVE
16 DEVELOPED A CULTURALLY COMPETENT, PUBLIC AND PRIVATE SYSTEM OF
17 CARE THAT SERVES OVER 9,000 A.P.I. CONSUMERS IN THIS COUNTY.
18 WE'RE ENCOURAGED BY THE NOW AMENDED WORDING IN THIS MOTION,
19 BUT WE WOULD LIKE TO REMIND THE BOARD IN SUPPORT OF THREE
20 BASIC PRINCIPLES: EQUALLY INVOLVED THE THREE ENTITIES, HEALTH,
21 MENTAL HEALTH AND SUBSTANCE ABUSE IN THE PROCESS OF EXAMINING
22 THE FEASIBILITY OF A CONSOLIDATED PLAN. NUMBER 2, GENUINELY
23 INVOLVE A BROAD-BASED STAKEHOLDER PROCESS IN EXAMINING THE
24 FEASIBILITY OF AN INTEGRATED APPROACH. AND, NUMBER 3 AND MOST
25 IMPORTANT, ANY PROPOSED PLAN INCLUDE THE CONTINUED INDEPENDENT



1 OPERATION OF THE COUNTY DEPARTMENT OF MENTAL HEALTH AND
2 SUBSTANCE ABUSE. THANK YOU VERY MUCH.

3

4 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP LOUIS
5 JOSEPHSON? YES, SIR.

6

7 **IAN HUNTER:** MY NAME IS IAN HUNTER. I'M CURRENTLY THE PRESIDENT
8 C.E.O. OF THE SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH
9 CENTER. THIS IS A MAJOR REORGANIZATION WHICH IS BEING
10 PROPOSED. AND I RESPECTFULLY URGE YOU TO TAKE THE NECESSARY
11 TIME TO THOROUGHLY ANALYZE THE IMPACT OF THE PROPOSED
12 CONSOLIDATION UPON THE CONSUMERS WHO UTILIZE THE SERVICES
13 PROVIDED BY THE DEPARTMENT OF MENTAL HEALTH, MOST OF WHOM ARE
14 SEVERELY MENTALLY ILL. IN THE 1970S, THE DEPARTMENTS WERE
15 CONSOLIDATED, BUT BUDGET PROBLEMS IN THE MUCH LARGER HEALTH
16 DEPARTMENT LED TO A STEADY SHRINKAGE OF APPROXIMATELY 10
17 PERCENT PER YEAR IN THE MENTAL HEALTH BUDGET AND IN THE NUMBER
18 OF CONSUMERS WHO COULD BE SERVED. THAT EVENTUALLY LED TO
19 UNCOUPLING THE DEPARTMENTS. MY VERY REAL CONCERN IS THAT WITH
20 RECONSOLIDATION, HISTORY WILL REPEAT ITSELF. THE CURRENT
21 INDEPENDENT MENTAL HEALTH DEPARTMENT HAS BEEN A REAL SUCCESS
22 STORY. SENIOR STAFF HAVE WORKED IN CLOSE COORDINATION WITH THE
23 CONSUMER COALITION, THE ASSOCIATION OF CONTRACT AGENCIES AND
24 MANY OTHER COMMUNITY STAKEHOLDERS, AND THIS PARTNERSHIP HAS
25 LITERALLY SPENT SEVERAL DECADES DEVELOPING AN EFFECTIVE



1 NETWORK OF SERVICES. THESE SERVICES ARE BASED UPON A
2 SCIENTIFICALLY-BASED BEST PRACTICES AND TAILORED TO MEET THE
3 COMPLEX AND EXTENSIVE NEEDS OF OUR CONSUMERS. THEY INVOLVE NOT
4 ONLY PSYCHOTHERAPY AND MEDICATION BUT MANY NON-MEDICAL
5 ELEMENTS SUCH AS HOUSING, VOCATIONAL TRAINING, WELLNESS
6 CENTERS AND CLIENT-RUN PROGRAMS. LET'S NOT GO BACK DOWN THE
7 ROAD OF RECONSOLIDATION OF DEPARTMENTS BACK TO MEDICAL MODEL
8 OF TREATMENT AND BACK TO A MORE LIMITED, RESTRICTED LEVEL OF
9 SERVICES.

10

11 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP MARIKO
12 KAHN? YES, MA'AM.

13

14 **KITA CURRY:** I'M KITA CURRY, THE C.E.O. OF DEDE HIRSCH MENTAL
15 HEALTH SERVICES, AND INTEGRATED CARE IS ONE OF OUR PRIMARY
16 STRATEGIC GOALS. WE INVITE YOU TO COME VISIT OUR INGLEWOOD
17 CENTER, OUR GLENDALE CENTER, OUR CENTER IN PACOIMA, OUR CENTER
18 IN CULVER CITY WHERE YOU CAN SEE SUBSTANCE ABUSE SERVICES,
19 MENTAL HEALTH SERVICES AND PRIMARY CARE WORKING TOGETHER FOR
20 THE BEST QUALITY OF CARE FOR OUR CLIENTS. SO THE QUESTION
21 ISN'T IF WE SHOULD INTEGRATE CARE, IT'S HOW. AND THERE ARE
22 MANY FACTORS TO CONSIDER. AND I APPRECIATE THE ATTENTION YOU
23 HAVE PAID TO SOME OF OUR CONCERNS IN THE FEW DAYS LEADING UP
24 TO THIS MEETING. BUT TWO MAJOR CONSIDERATIONS ARE SPECIALTY
25 AND SIZE. IN 2011, THE CENTER FOR MEDICARE AND MEDICAID



1 SERVICES ISSUED A WHITE PAPER, AND ONE OF THEIR POINTS WAS
2 THAT YOU NEEDED TO LOOK AT EITHER TOTALLY INTEGRATED CARE OR
3 ALSO YOU NEEDED TO LOOK AT WHETHER AT TIMES IT WAS BETTER TO
4 HAVE SPECIALTY SUCH AS SERIOUS MENTAL ILLNESS SEPARATE. IN
5 TERMS OF SIZE, IT SAID BEWARE OF CREATING AN ORGANIZATION
6 THAT'S SO LARGE IT NO LONGER CAN ACCOMPLISH ITS GOALS. AND LOS
7 ANGELES COUNTY IS LARGER THAN 43 STATES IN THE U.S., AND I
8 REALLY THINK WE HAVE TO LOOK AT THAT SERIOUSLY. CAN WE REALLY
9 SAVE MONEY? SO I'M GRATEFUL FOR WHAT YOU HAVE DONE IN TERMS OF
10 AMENDING THE MOTION SO FAR, BUT WE WOULD REQUEST THE MENTAL
11 HEALTH COALITION AND THE OTHERS IN THIS ROOM, WOULD REQUEST
12 THREE MINOR CHANGES THAT WOULD MAKE A HUGE DIFFERENCE TO US.
13 ON PAGE 2, ON ITEM 1 IN THE FIRST LINE, WE WOULD LIKE TO
14 STRIKE THE WORDS "IN CONCEPT" AND INSTEAD SAY "APPROVE THE
15 EXPLORATION OF THE CONSOLIDATION OF D.H.S." ET CETERA. ON ITEM
16 2 IN LINE 4, WE WOULD LIKE TO CUT THE WORD "TO" AFTER PROPOSED
17 STRUCTURE AND INSTEAD SAY "WITHIN 60 DAYS OF PROPOSED
18 STRUCTURE THAT MIGHT ACCOMPLISH SUCH A CONSOLIDATION." AND IN
19 LINE 5, CUT THE WORD "PROPOSED" AND INSTEAD SAY "AS WELL AS A
20 POSSIBLE IMPLEMENTATION." SO WE REALLY HOPE THAT YOU WILL TAKE
21 THAT UNDER CONSIDERATION BECAUSE THAT MEANS THAT WE'RE REALLY
22 LOOKING AT WHETHER THIS IS THE BEST DECISION. IT'S A
23 MONUMENTAL DECISION.
24



1 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP DOROTHY
2 BANKS. YES, MA'AM. YES.

3

4 **BETSY PFROMM:** THANK YOU. I'M BETSY PFROMM, PRESIDENT OF THE
5 LOS ANGELES CHILD GUIDANCE CLINIC. AT TODAY'S MEETING ARE THE
6 MENTAL HEALTH CONSUMERS AND ADVOCATES WHO JOIN TOGETHER WITH
7 THEN ASSEMBLY SPEAKER DARRELL STEINBERG TO DRAFT AN INITIATIVE
8 WHICH YOU KNOW IS PROPOSITION 63. THIS PROPOSITION GARNERED
9 BOTH SUPPORT IN FAVOR OF FUNDING THE MANY GAPS THAT EXISTED IN
10 MENTAL HEALTH SERVICES ACROSS CALIFORNIA. LAST YEAR, PROP 63
11 COUNTY FUNDS TOTALED \$448 MILLION. SINCE THE PROPOSITION'S
12 INCEPTION, THE COUNTY HAS BENEFITED FROM 2.6 BILLION IN NEW
13 MENTAL HEALTH SERVICES REVENUES. TODAY'S DEPARTMENT SERVES
14 260,000 CLIENTS AND ENJOYS A CLIENT SATISFACTION RATING OF 85
15 PERCENT OVERALL WITH AN IMPRESSIVE 90 PERCENT FOR THE CATEGORY
16 MENTAL HEALTH STAFF'S SENSITIVITY TO ONE'S CULTURAL
17 BACKGROUND. HEALTH PLANS ACROSS THE NATION WOULD BE HAPPY TO
18 CLAIM SUCH RESULTS. PLEASE LET ME SHARE WITH YOU AS YOU'VE
19 ALREADY HEARD, WE RESPECTFULLY ASK THAT THERE BE FORUMS SO
20 THAT WE CAN PROVIDE THE INPUT OF YOUR MENTAL HEALTH
21 CONSTITUENTS, INCLUDING THAT OF THE SECOND SUPERVISORIAL
22 DISTRICT EMPOWERMENT CONGRESS, WHICH WAS FOUNDED BY OUR
23 SUPERVISOR MARK RIDLEY-THOMAS. A WHITE PAPER WAS DRAFTED BY
24 THIS CONGRESS TWO YEARS AGO. SADLY, WE HAVE NOT GOTTEN THE



1 TRACTION THAT WE WOULD WISH. BUT IT PROPOSES VERY RATIONAL AND
2 CREATIVE WAYS OF COORDINATING--

3

4 **SUP. ANTONOVICH, MAYOR:** COULD YOU GIVE US A COPY OF THAT?

5

6 **BETSY PFROMM:** I WILL BE HAPPY TO AND OUR PLACE SERVICES
7 TOGETHER.

8

9 **SUP. ANTONOVICH, MAYOR:** THE SERGEANT WILL TAKE IT FROM YOU.

10

11 **BETSY PFROMM:** THANK YOU. AND LAST I WOULD SAY AS A FORMER
12 PUBLIC MENTAL HEALTH DIRECTOR, I HAVE TO TELL YOU THAT HAVING
13 WORKED WITH THE CITY AND COUNTY GOVERNMENT IN VIRGINIA, IT WAS
14 EXCEEDINGLY HIGH VALUE THAT I WAS ABLE TO MEET DIRECTLY WITH
15 THE ELECTED OFFICIALS AND TO KEEP THEM INFORMED AS TO ENSURE
16 THE ACCOUNTABILITY SUCH THAT IT WAS NOT FILTERED THROUGH SOME
17 OTHER COORDINATING BODY. SO I WOULD SAY AGAIN MENTAL HEALTH
18 MATTERS. I'VE LEARNED THAT LESSON. I'M PASSIONATE ABOUT IT AS
19 ARE THESE INDIVIDUALS IN THE AUDIENCE TODAY. THANK YOU ALL
20 VERY MUCH.

21

22 **SUP. ANTONOVICH, MAYOR:** THANK YOU. ALSO PHYLLIS COTO? YES,
23 SIR.

24



1 **LOUIS JOSEPHSON:** EXCUSE ME GOOD MORNING. MY NAME IS LOUIS
2 JOSEPHSON, I'M THE C.E.O. OF VISTA DEL MAR FAMILY AND
3 CHILDREN'S SERVICES IN LOS ANGELES. PERTINENT TO THIS
4 DISCUSSION, BACK IN 2001 I WAS THE COMMISSIONER FOR CHILD AND
5 ADOLESCENT SERVICES IN THE CITY OF NEW YORK WHEN WE WENT
6 THROUGH A MERGER TO DEPARTMENT THE DEPARTMENT OF HEALTH AND
7 MENTAL HYGIENE, BELIEVE IT OR NOT. AND THERE WERE MANY OF THE
8 HIGH HOPES YOU HAVE HERE FOR L.A. COUNTY FOR THAT MERGER.
9 EFFICIENCIES, INTEGRATION OF CARE, ALL THE THINGS THAT WE
10 VALUE. I CAN TELL YOU THE TWO DEPARTMENTS WERE OF EQUAL SIZE,
11 ABOUT \$500 MILLION EACH IN BUDGET. BUT THERE WERE ALWAYS
12 WINNERS AND LOSERS IN MERGERS AND MENTAL HEALTH LOST. THERE
13 WERE MORE EMPLOYEES IN THE DEPARTMENT OF HEALTH SIDE, AND THAT
14 WAS THE GORILLA IN THE ROOM. AND WHAT WE SAW AS A RESULT OF
15 THAT MERGER WERE SEVERAL THINGS. FIRST, MENTAL HEALTH FELL IN
16 PRIORITY COMPARED TO HEALTH INITIATIVES. THERE ARE MANY, MANY
17 PRESSING MENTAL HEALTH INITIATIVES THAT NEED ATTENTION. AND
18 WITH DOCTORS IN CHARGE, THEY JUST DID NOT GET THE MENTAL
19 HEALTH NEEDS AS BEING A PRIORITY. SECOND, THE GOAL OF
20 INTEGRATION WAS UNDONE FREQUENTLY BY OUR FEDERAL PARTNERS. SO
21 WE HAVE DIFFERENT MASTERS AT THE FEDERAL LEVEL IN MENTAL
22 HEALTH AND HEALTHCARE AND WE WERE OFTEN PULLED AWAY FROM
23 INTEGRATION BY THEIR REPORTING AND OTHER REQUIREMENTS. THIRD,
24 IT WAS INCREDIBLY DISRUPTIVE TO THE WORK OF THE MENTAL HEALTH
25 AND HEALTH CARE COMMUNITY. UNLIKE IN A PRIVATE MERGER WHERE



1 YOU HAVE CONSULTANTS COMING IN-- WE DIDN'T HAVE THOSE
2 RESOURCES.

3

4 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. LET ME ALSO CALL UP
5 SHARON LYLE. YES, MA'AM.

6

7 **MARIKO KAHN:** GOOD MORNING. MY NAME IS MARIKO KAHN, I'M THE
8 EXECUTIVE DIRECTOR OF PACIFIC-ASIAN COUSELING SERVICES AND A
9 BOARD OFFICER OF THE ASIAN PACIFIC POLICY AND PLANNING
10 COUNCIL. FOR THE PAST THREE, YEARS MY AGENCY HAS BEEN
11 IMPLEMENTING INTEGRATED CARE. I KNOW THE MANY CHALLENGES TO
12 ACCOMPLISH THIS. I URGE YOU TO SUPPORT THE DELIBERATIVE
13 PROCESS WITH EQUAL VOICE TO EACH OF THE IMPACTED DEPARTMENTS
14 AND INPUT FROM THE STAKEHOLDERS. AND I ALSO WANT TO AGREE WITH
15 MY COLLEAGUE'S AMENDMENTS TO THE MOTION. UNDER D.M.H. THERE
16 HAVE BEEN POSITIVE CHANGES THAT HAVE MADE A DIFFERENCE.
17 SUPPORT FOR RECOVERY MODEL. STRATEGIES TO REDUCE DISPARITY.
18 AND INCLUSION OF ETHNIC COMMUNITIES. CONSOLIDATING THREE LARGE
19 DEPARTMENTS UNDER D.H.S. CAN ENDANGER THIS PROGRESS. WHEN HAS
20 BIGGER GOVERNMENT RESULTED IN BETTER GOVERNMENT? RELIANCE ON A
21 MEDICAL MODEL OF CARE DID NOT WORK IN THE PAST, WHY SHOULD IT
22 WORK NOW? THESE DO NOT INSPIRE CONFIDENCE IN THE A.P.I. AND
23 PROBABLY OTHER ETHNIC COMMUNITIES. WITHOUT A CLEAR, DEDICATED
24 MENTAL HEALTH DEPARTMENT, OUR NEEDS MAY NOT BE HEARD. SO IT
25 WAS IN THE PAST. AND SO IT CAN BE IN THE FUTURE.



1

2 **SUP. ANTONOVICH, MAYOR:** THANK YOU. JIM HAT? JIM HAT? YES,
3 MA'AM.

4

5 **DOROTHY BANKS:** GOOD MORNING, MY NAME IS DOROTHY BANKS AND I'M
6 ONE OF THE COCHAIRS OF S.A.A.C. 6, SERVICE AREA ADVISORY
7 COMMITTEE. I WOULD LIKE TO SAY THAT I AM ALSO ONE WITH LIVED
8 EXPERIENCE. AND I LOOK BACK AND I SEE HOW I WAS HELPED ALONG
9 THE WAY WITH THE MENTAL HEALTH DEPARTMENT TO GET TO WHERE I AM
10 TODAY. LIVING WITH WELLNESS AND RECOVERY. AND I LOOK AT THIS
11 PROPOSAL AND I SAY: IS THIS TO SAVE A DOLLAR? DO WE SAVE A
12 DOLLAR? OR DO WE SAVE A MIND? AND I THINK ABOUT THE MOTTO OF
13 THE UNITED NEGRO COLLEGE FUND. "THE MIND IS A TERRIBLE THING
14 TO WASTE." SO DO WE PUT A DOLLAR OVER A MIND? SO WE NEED TO
15 THINK ABOUT THIS BECAUSE IF WE HAVE NOT GONE THROUGH
16 SOMETHING, LIFE IS STILL AHEAD OF US AND WE MAY GO THROUGH
17 SOMETHING. AND IF YOU CONSOLIDATE THESE DEPARTMENTS, WE WILL
18 BE LEFT OUT, WITHOUT A DOUBT. SO WE NEED TO THINK ABOUT THAT
19 AND CHANGE OUR MINDS. THANK YOU.

20

21 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP ELEANOR
22 O.MOS? ELEANOR? YES, MA'AM.

23

24 **PHYLLIS COTO:** GOOD MORNING, MY NAME IS PHYLLIS COTO, I AM WITH
25 THE DEPARTMENT OF MENTAL HEALTH, COCHAIR OF SERVICE AREA 4,



1 AND THE OLDER ADULTS SYSTEMS OF CARE. I AM ALSO A PERSON WITH
2 LIVED EXPERIENCE. AND I AM SEEING IN THE DEPARTMENT OF MENTAL
3 HEALTH HAS CREATED VERY WONDERFUL AND INNOVATIVE PROGRAMS THAT
4 HAVE BEEN EXTREMELY COST-EFFECTIVE AND GOTTEN CONSUMERS WELL
5 AND THRIVING THROUGH THE YEARS. I FEEL IT'S A WIN/WIN
6 SITUATION IF WE KEEP THE DEPARTMENT OF MENTAL HEALTH IN ITS
7 CURRENT SITUATION. THANK YOU SO MUCH.

8

9 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. YES, MA'AM.

10

11 **SHARON LYLE:** MY NAME IS SHARON LYLE, I'M A CONSUMER OF THE
12 DEPARTMENT OF MENTAL HEALTH. NOT ONLY AM I CONSUMER, I'M ALSO
13 A A.A.A. E.U.R.U.P. COCHAIR AND I'M ALSO WAITING TO BE A
14 SELECTEE FOR SUPERVISOR KNABE FOR THE MENTAL HEALTH
15 COMMISSION. I HAVE BEEN ABLE TO ADVOCATE ON MANY LEVELS, AND I
16 HAVE ALSO BEEN ABLE TO UTILIZE AND BREAK DOWN THOSE SILOS AT
17 AGENCIES THAT HAVE BEEN IN THE PAST OF HOW AGENCIES HAVE BEEN
18 IN HEALTH AND HUMAN SERVICES ARE DISCONNECTED FROM THE
19 COMMUNITY. AT THIS POINT, THE DEPARTMENT OF MENTAL HEALTH HAS
20 PUT IN A LOT OF STRATEGIES AND THEY ARE READY TO IMPLEMENT FOR
21 THE COMMUNITY. IT IS KNOWN THAT EVERYTHING, ALL NEEDS HAVE NOT
22 BEEN MET. BUT I REALLY DO FEAR FOR THE CONSOLIDATION OF
23 DEPARTMENTS BECAUSE THAT WILL MAKE A VERY HEAVY TOP STRUCTURE.
24 AND MY CONCERNS IS THAT THE COMMUNITY THAT'S NOW IN NEED
25 ADDRESSING THE UNDERSERVED, THE INAPPROPRIATELY SERVED,



1 COMBINING DEPARTMENTS WE WILL MISS OUT. IT'S JUST INEVITABLE
2 BECAUSE YOU WILL HAVE STRUCTURES GOING ON WHERE INDIVIDUAL
3 DEPARTMENTS WILL BE MAKING DECISIONS ON WHAT THEY DO AS
4 DIFFERENT AS AN INTEGRATED DEPARTMENT. SO THE NEEDS OF THE
5 COMMUNITY WILL NOT REALLY BE IN THAT BECAUSE THERE WILL BE
6 MEETINGS GOING ON OF ADMINISTRATION NEEDS AND EMERGENT NEEDS.
7 AND IN CONCLUSION I'M HOPING THAT THE COMMUNITY'S NEEDS ARE
8 PUT FIRST BECAUSE IT HAS, IT IS NOTHING WITHOUT US WITHOUT US.
9 AND RIGHT NOW WE FEEL VERY HURT BECAUSE OUR NEEDS ARE NOT IN
10 THE FOREFRONT BECAUSE IT'S NOT ABOUT FIVE YEARS TO NOW GET THE
11 DEPARTMENTS IN LINE. WE NEED ISSUES MET NOW. WE NEED NEEDS MET
12 CURRENTLY. SO I WOULD LIKE TO SUPPORT THE DEPARTMENT AND HELP
13 THEM TO GO FORWARD AS A SEPARATE ENTITY, AS AN INDIVIDUAL
14 THAT'S WELL VERSED WITH WHAT'S NEEDED IN THE COMMUNITY AND
15 ALSO HELP WITH THE IMPLEMENTATION ASPECTS OF THE DEPARTMENT.
16 THANK YOU.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. LET ME ALSO CALL UP
19 MARK MASAOKA AND RICHARD VAN HORN AND LOUISE MCCARTHY. YES,
20 SIR.

21

22 **JIM T. HAT:** YES, MY NAME IS JIM T. HAT AND THAT'S BY THE
23 DEPARTMENT OF MENTAL HEALTH, HAT STANDING FOR HONESTY AND
24 TRUSTWORTHY TOO BECAUSE OF BEING ABLE TO DEFEAT CANCER. OUR
25 POSTMAN DEAD OF CANCER LAST YEAR, BY RECOGNIZING ANY CANCER



1 THAT COME ABOUT BECAUSE OF LACK OF COMMUNICATION BETWEEN
2 CELLS. WELL IN THIS CASE, IT'S LIKE COMMUNICATION BETWEEN
3 SUPERVISORS AND THE DEPARTMENTS. WHEN YOU HAVE THIS KIND OF
4 LACK OF COMMUNICATION, IT PRODUCES SOCIAL CANCER. MAKING THE
5 DEPARTMENTS INTEGRATED WILL PRODUCE THIS KIND OF CANCER AND
6 PRODUCE A DOWNFALL IN BEING ABLE TO HAVE THE SERVICES TO EACH
7 AND EVERY INDIVIDUAL WE'RE CONCERNED ABOUT. THIS DOCTOR, MR.
8 MARK RIDLEY-THOMAS, SUPERVISOR, YOU HAVE THIS SAVE THE DATE ON
9 SATURDAY JANUARY 17TH, RIGHT? YEAH. WE SAY, 50 YEARS LATER,
10 CHAOS OF COMMUNITY. WELL, IF WE HAVE THIS KIND OF CANCER, A
11 LACK OF COMMUNICATION, HOW WILL WE HAVE COMMUNITY? WOULDN'T IT
12 RESULT IN CHAOS? DR. SOUTHARD, J. MARVIN HAVE THE IDEAL OF
13 HAVING HEALTHY MENTAL HEALTH COMMUNITIES, NOT JUST IN FIVE
14 AREAS NOW BUT ALSO FROM THE SEA SHORE OF THE LONG BEACH,
15 VALLEY OF SHARE, ALL THE WAY UP TO THE HILLS IN ANTELOPE
16 VALLEY.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR.

19

20 **JIM HAT:** BE ABLE TO HAVE THIS MODEL WOULD HELP US BE ABLE TO
21 HAVE GOOD MENTAL CLARITY. THANK YOU FOR LETTING ME BE ABLE TO
22 SPEAK FOR ALL OF US. IT'S NOTHING ABOUT US WITHOUT US. WE WANT
23 TO BE ABLE--

24



1 **SUP. ANTONOVICH, MAYOR:** OKAY. WE HEAR YOU. ALSO, BRITTNEY
2 WEISSMAN? IT'S BEEN A LONG TIME SINCE WE'VE SEEN YOU.

3

4 **SPEAKER:** THAT'S BECAUSE I RETIRED SEVERAL YEARS AGO.
5 [LAUGHTER.] BUT FOR THE LAST FIVE YEARS I'VE BEEN INVOLVED AS
6 LAST YEAR AS CHAIR OF THE CALIFORNIA STATE MENTAL HEALTH
7 SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION AND ALSO FOR
8 SIX YEARS ON THE NATIONAL COUNCIL BOARD OF DIRECTORS. SO I'M
9 TRYING TO BRING A LITTLE BROADER VIEW INTO THIS. I'M VERY MUCH
10 ENCOURAGED BY THE IDEA OF A UNIFIED HEALTH SYSTEM THAT TREATS
11 THE WHOLE PERSON. BUT I THINK THERE ARE-- AND I REALIZE HOW
12 SHORT WE ARE ON TIME TODAY, SO I WANT TO GO STRAIGHT TO FOUR
13 AMENDMENTS I PERSONALLY WOULD LIKE TO SEE. PUBLIC HEALTH AND
14 MENTAL HEALTH MUST BE EQUAL PARTNERS AS WE MOVE FORWARD. AND I
15 THINK DR. FIELDING'S IDEA OF AN AGENCY AGENDA IS PROBABLY THE
16 BEST WAY TO DO THAT. THERE SHOULD BE AN INTERDEPARTMENTAL
17 PLANNING WHICH WILL TO FIND DIFFERENT WAYS TO MESH THE
18 DIFFERENT CULTURES AS WE MOVE FORWARD. THERE NEEDS TO BE
19 ROBUST COMMUNITY STAKEHOLDER PROCESS, BUT I THINK YOU'VE
20 ALREADY AGREED TO THAT. AND, FINALLY, I THINK WE NEED TO
21 ADJUST THE TIMELINE. 60 DAYS IS NOT GOING TO WORK. MY
22 SUGGESTION WOULD BE A SIX-MONTH INTERIM REPORT AND A ONE-YEAR
23 FINAL REPORT AND A DECISION AT THAT POINT OF: ARE WE GOING
24 AHEAD? THANK YOU. [APPLAUSE]

25



1 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. GOOD SEEING YOU AGAIN.
2 LET ME ALSO CALL UP MICHAEL WATKINS.

3

4 **LOUISE MCCARTHY:** LOUISE MCCARTHY, COMMUNITY CLINIC ASSOCIATION
5 OF L.A. COUNTY. LIKE MANY HERE, COMMUNITY CLINICS SUPPORT
6 IMPROVED INTEGRATION AND COORDINATION OF SERVICES FOR L.A.'S
7 RESIDENTS, ESPECIALLY THE MOST VULNERABLE. THE DEPARTMENTS OF
8 PUBLIC HEALTH, MENTAL HEALTH AND HEALTH SERVICES ALL PLAY A
9 CRITICAL ROLE IN THE HEALTH AND SAFETY OF L.A. RESIDENTS. FOR
10 THAT REASON, WE HAVE TWO RECOMMENDATIONS THAT LARGELY LOOKS
11 LIKE ONE HAS BEEN ADDRESSED. ONE IS TO HAVE A PUBLIC
12 STAKEHOLDER PROCESS AND ENSURE THAT INCLUDES ALL THE COMMUNITY
13 PARTNERS, FROM COMMUNITY MENTAL HEALTH AGENCIES, THE COMMUNITY
14 CLINICS AND HEALTH CENTERS AND OTHER CONTRACTED PARTNERS OF
15 THESE AGENCIES. SECOND, TAKE THE TIME TO DO IT RIGHT. THERE'S
16 NO NEED TO RUSH INTO DECISIONS, INTO PLANNING. AND THERE'S NO
17 NEED TO RUSH IN IMPLEMENTATION. IF WE TAKE THE TIME, IF THE
18 COUNTY DOES MOVE TO CONSOLIDATE, WE NEED TO TAKE THE TIME TO
19 ENGAGE ALL THE CRITICAL PARTNERS TO MAKE SURE THAT IT'S
20 PLANNED PROPERLY AND ROLLED OUT TO ENSURE THE SAFETY AND WELL-
21 BEING OF ALL OF L.A. RESIDENTS. THANK YOU.

22

23 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP MICHAEL
24 WATKINS? YES, SIR.

25



1 **MARK MASAOKA:** I'M MARK MASAOKA WITH THE ASIA PACIFIC POLICY
2 AND PLANNING COUNCIL. WE'RE AN ASSOCIATION OF A.P.I.
3 NONPROFITS IN LOS ANGELES COUNTY. WE APPRECIATE THAT THE
4 MOTION NOW INCLUDES THE DEPARTMENT OF MENTAL HEALTH AND PUBLIC
5 HEALTH IN THE PLANNING PROCESS. AND WE APPRECIATE A PUBLIC
6 STAKEHOLDER PROCESS IN THE MOTION, AS WELL. OUR CONCERNING HAS
7 BEEN THAT THE MERGER WILL RELEGATE THE DEPARTMENTS OF MENTAL
8 HEALTH AND PUBLIC HEALTH BACK TO A SUBORDINATE AND SECONDARY
9 POSITION THAT THE DEPARTMENTS HAD WHEN THEY WERE PREVIOUSLY
10 PART OF THE DEPARTMENT OF HEALTH SERVICES. THIS COULD SET BACK
11 THE WORK TO HAVE CLIENT-DRIVEN, RECOVERY-ORIENTED SERVICES
12 THAT THE DEPARTMENT OF MENTAL HEALTH HAS MOVED THE AGENCY
13 FORWARD ON. THIS COULD ALSO CONCEIVABLY AFFECT THE BUDGETS AND
14 PRIORITIES OF THESE DEPARTMENTS. WE URGE THE RETENTION OF THE
15 THREE INDEPENDENT DEPARTMENTS AND URGE THAT OTHER STRATEGIES
16 BE ADOPTED ON THE ISSUES OF INTEGRATION AND SYNERGIES. THANK
17 YOU.

18

19 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME CALL UP PAUL
20 STANSBURY AND RANDY ANDREWS. YES, MA'AM.

21

22 **BRITTNEY WEISSMAN:** GOOD MORNING, I'M BRITTNEY WEISSMAN. I'M
23 THE EXECUTIVE DIRECTOR OF N.A.M.I., THE NATIONAL ALLIANCE ON
24 MENTAL ILLNESS IN LOS ANGELES COUNTY. N.A.M.I. WORKS CLOSELY
25 WITH D.M.H. TO HELP PEOPLE FIND TREATMENT, FIGHT STIGMA AND



1 PROVIDE HOPE TO FAMILIES AND PEOPLE LIVING WITH MENTAL
2 ILLNESS. WE OPPOSE THE CONSOLIDATION OF DEPARTMENTS OF MENTAL
3 HEALTH, PUBLIC HEALTH AND HEALTH SERVICES. LARGE HEALTH
4 SYSTEMS HAVE NOT TYPICALLY PROVIDED ENOUGH FOCUS ON MENTAL
5 HEALTH AND HISTORY SHOWS THIS IS TRUE IN L.A. WHEN D.M.H. WAS
6 PART OF HEALTH SERVICES, MENTAL HEALTH BECAME A STEPCHILD AND
7 WAS RARELY IN DECISION MAKING. THE STATE ATTEMPTED TO
8 CONSOLIDATE D.M.H. AND HEALTH SERVICES, AND YEARS LATER THEY
9 CONTINUE WORK OUT OPERATIONS POLICIES. CONSOLIDATION HERE WILL
10 ALSO CREATE UNNECESSARY CONFUSION. THE MOVE WOULD CREATE
11 OPERATIONAL ISSUES THAT INVARIABLY DECREASE RESOURCES AIMED AT
12 WELLNESS AND RECOVERY FOR INDIVIDUALS LIVING WITH MENTAL
13 ILLNESS. IN ESSENCE, MENTAL HEALTH NEEDS ITS OWN HOME. BURYING
14 MENTAL HEALTH IN A LARGER BUREAUCRACY WILL REDUCE FOCUS NOT
15 IMPROVE IT. IT IS CRITICAL THAT D.M.H. MAINTAIN DIRECT
16 ACCOUNTABILITY TO AND COMMUNICATION WITH THE BOARD OF
17 SUPERVISORS.

18

19 **SUP. ANTONOVICH, MAYOR:** THANK YOU. SALVADOR CARILLO AND JAE
20 FARKAS. YES, SIR.

21

22 **MICHAEL WATKINS:** MY NAME IS MICHAEL WATKINS. I'M THE PRESIDENT
23 OF THE QUALITY ASSURANCE FOR PACIFIC CLINIC. THIS IS A
24 CONSUMER-RUN BOARD AND I AM A CONSUMER. THE REASON WHY I
25 OPPOSE THIS IS BACK IN 2007, YOU ALL CUT US \$4 MILLION OR MORE



1 BECAUSE WE WERE SHORT OF MONEY. I BELIEVE THIS WILL HAPPEN
2 AGAIN IF YOU PUT ALL THESE PROGRAMS TOGETHER. WE WORKED LONG
3 AND HARD FOR RECOVERY AND EVIDENCE-BASED PRACTICES IN THIS
4 COMMUNITY. PLEASE DON'T MAKE US CONTINUE THIS. WE ALL ARE A
5 LARGE COMMUNITY AND WE WORK HARD FOR WHAT WE GET BUT PLEASE
6 DON'T MAKE US WORK ANY HARDER. THANK YOU.

7

8 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. I CALL UP JENNIFER
9 LAPHAM. YES, SIR.

10

11 **PAUL STANSBURY:** I'M PAUL STANSBURY. I'M THE PRESIDENT OF
12 N.A.M.I. SOUTH BAY. I'M A FAMILY MEMBER. I'VE HAD A LONG
13 JOURNEY OF MENTAL ILLNESS IN OUR FAMILY. I'M SURE I SPEAK FOR
14 ALL FAMILY MEMBERS, TOO. WE'RE VERY CONCERNED ABOUT THE FACT
15 THAT MENTAL ILLNESS, MENTAL HEALTH NEEDS TO BE HIGHEST
16 PRIORITY. IT'S AN IMPORTANT TIME AND HISTORICALLY, WE'VE SEEN,
17 AS OTHER SPEAKERS HAVE MENTIONED, THE FACT THAT MENTAL HEALTH
18 GETS DIMINISHED AS A PRIORITY WHEN IT GETS INTEGRATED WITH
19 ORGANIZATIONS. SO WE'RE CONCERNED. WE SECOND MRS. WHITEMAN'S
20 COMMENTS. ALSO CONCERNED FOR MORE DELIBERATION. WE APPRECIATE
21 YOUR EFFORT TO IMPROVE GOVERNMENT AND IMPROVE EFFICIENCY BUT
22 WE MUST MAKE SURE MENTAL HEALTH IS A PRIORITY. IT IS A LEADING
23 DISABILITY IN OUR COUNTRY, LEADING DISABILITY IN OUR COUNTY
24 AND IN OUR SOCIETY. IT'S A HUGE COST TO OUR SOCIETY. WE THINK
25 THAT THE DEPARTMENT OF MENTAL HEALTH IS PROVIDING HOPE,



1 STRENGTH AND RECOVERY, AND WE WANT TO WORK WITH THEM TO
2 CONTINUE THAT, NOT TO SEE THEM DIMINISH. SO PLEASE RECONSIDER
3 YOUR MOTION. TAKE MORE TIME TO CONSIDER IT. WHATEVER YOU NEED.
4 BUT WE NEED TO MAKE SURE THAT MENTAL HEALTH IS A PRIORITY AND
5 FIGHT THE STIGMA THAT ACCOMPANIES MENTAL ILLNESS. THANK YOU.

6

7 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. YES, SIR.

8

9 **RANDY ANDREWS:** HELLO. MY NAME IS RANDY ANDREWS. I'VE BEEN A
10 CLIENT OF PACIFIC CLINICS FOR 8 YEARS AND THEY HAVE TREATED ME
11 VERY WELL ALL THIS TIME. IF A PERSON WALKS INTO A BUILDING AND
12 IS SUFFERING FROM SOME PHYSICAL AILMENT OR INJURY, HE OR SHE
13 WILL BE DIRECTED TO A DOCTOR WHO WILL ANALYZE THE PATIENT, ET
14 CETERA, ET CETERA. THE HUMAN BODY IS BASICALLY THE SAME FOR
15 ALL OF US. WE ALL HAVE HEART, BRAIN, LIVER, ET CETERA. IF A
16 PERSON WALKS IN THE BUILDING AND IS FEELING DEPRESSED,
17 SUICIDAL, ET CETERA, THEY WILL BE ANALYZED BY A PSYCHIATRIST
18 AND THEY WILL STUDY HIS LIFE, HIS MOOD, HIS TENDENCIES. THIS
19 TYPE OF CARE IS HIGHLY INDIVIDUALIZED AND IT DOES NOT REQUIRE
20 THE HIGHLY EXPENSIVE MEDICAL EQUIPMENT USED IN MAJOR MEDICAL
21 FACILITIES. TO COMBINE THESE TWO SERVICES UNDERNEATH ONE ROOF
22 WOULD RESULT IN ALMOST NO BENEFIT AS THE TWO TYPES OF SERVICE
23 ARE RADICALLY DIFFERENT. RATHER, CURRENT COMPANIES SHOULD BE
24 ALLOWED TO CONTINUE TO CONCENTRATE ON THEIR CHOSEN FIELD,
25 PHYSICAL HEALTH OR MENTAL HEALTH.



1

2 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. YES, SIR.

3

4 **SALVADOR CARRILLO:** HI, MY NAME IS SALVADOR CARRILLO AND I'M
5 CURRENTLY A PATIENT AT PACIFIC CLINIC SIX, MONROVIA. AND I'VE
6 BEEN A MENTAL HEALTH PATIENT FOR 20 YEARS. AND I'VE SEEN A LOT
7 OF WHAT DIFFERENT STUFF ABOUT THE SERVICES HAS OFFERED. SOME
8 GOOD, SOME BAD. AND I BELIEVE THAT IF YOU WERE TO MERGE
9 TOGETHER, THE PRIMARY WITH THE MENTAL HEALTH SERVICES, IT
10 WOULD BE A DISASTER BECAUSE THERE'S A LOT OF THE PRIMARY
11 DOCTORS DON'T UNDERSTAND ABOUT MENTAL HEALTH SERVICES, SO WE
12 NEED SPECIALISTS TO HELP PATIENTS BECAUSE MENTAL HEALTH ILLNESS
13 IS VERY SERIOUS. SOME MORE SERIOUS THAN OTHERS.

14

15 **SUP. ANTONOVICH, MAYOR:** RIGHT.

16

17 **SALVADOR CARRILLO:** THANK YOU VERY MUCH.

18

19 **SUP. ANTONOVICH, MAYOR:** LET ME ALSO CALL UP EDDIE LAMON AND
20 LYNN TREU. YES, MA'AM.

21

22 **JAE FARKAS:** MY NAME IS JAE FARKAS. I AM AN EMPLOYEE OF SAN
23 FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER AT THE C.R.C. I
24 PROVIDE PEER COUNSELING TRAINING SO THAT PEOPLE WITH LIVED
25 EXPERIENCE CAN BECOME COUNSELORS AND SUPPORT OTHER PEOPLE WHO



1 ARE RECOVERING. I AM ALSO A CONSUMER MYSELF HAVING RECOVERED
2 FROM SEVERE POSTTRAUMATIC STRESS AS A RESULT OF A VIOLENT
3 EXPERIENCE AND BENEFITED FROM SERVICES PROVIDED THROUGH D.M.H.
4 COVERED SERVICES. I WOULD LIKE TO VOICE MY STRONG OPPOSITION
5 TO THE CONSOLIDATION OF THE DEPARTMENTS OF MENTAL HEALTH,
6 MENTAL SERVICES AND PUBLIC HEALTH INTO ONE AGENCY. AS SOMEONE
7 WHO IS BOTH A CONSUMER OF MENTAL HEALTH SERVICES AND TRAINS
8 CONSUMERS TO BECOME PEER COUNSELORS, I AM VERY AWARE OF THE
9 CRITICAL ROLE THAT A MENTAL HEALTH-SPECIFIC DEPARTMENT PLAYS
10 IN PROMOTING AND PROTECTING MENTAL HEALTH PROGRAMS. MENTAL
11 HEALTH CONSUMERS SUFFER THE CONSEQUENCES OF HAVING
12 MARGINALIZED, BEING MARGINALIZED POPULATION WHOSE NEEDS HAVE
13 HISTORICALLY BEEN UNDERREPRESENTED. CHALLENGES OF THE STIGMA
14 AND DISABILITY IN OUR COMMUNITY, IT IS CRITICAL TO MAINTAIN
15 REPRESENTATION AND FOR THAT PROTECTION THROUGH THE DEPARTMENT
16 OF MENTAL HEALTH. THANK YOU.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. YES, MA'AM.

19

20 **JENNIFER LAPHAM:** HI, MY NAME IS JENNIFER LAPHAM AND I AM HERE
21 AS BOTH A CONSUMER AND A MENTAL HEALTH ADVOCATE. I WOULD NOT
22 BE SITTING BEFORE YOU TODAY WITH SUCH PRIDE AND UNWAVERING
23 CONFIDENCE IN MY RECOVERY IF IT WERE NOT FOR THE SUPPORT OF
24 THE NATIONAL MENTAL HEALTH COMMUNITY REFRAINING FROM LABELING
25 ME AS A PATIENT WHO IS SICK WHEN I SEEK SERVICES. I AM A



1 PERSON WHOSE VOICE TODAY IS JUST ONE WHISPER IN A ROARING SEA
2 OF CONSUMERS WHOSE RECOVERIES I FEAR WOULD NOT BE RECOGNIZED
3 AS THE PERSONAL TRIUMPH THEY ARE IF ABSORBED BY THE MEDICAL
4 MODEL THAT WOULD REIGN IF OUR CURRENT STRUCTURE IS
5 UNCOMPROMISED. THE DEPARTMENT OF MENTAL HEALTH IS TRAINED AND
6 ITS AFFILIATES UNDERSTAND ME WHEN I DISCUSS MY ANXIETY. PLEASE
7 NOTICE TODAY THAT MY HANDS DO NOT SHAKE WHEN I SPEAK FROM THE
8 HEART. THANK YOU FOR HEARING ME THIS MORNING. IT HAS BEEN A
9 PRIVILEGE.

10

11 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP JONERIC
12 BAER AND BRIAN BRONSON. YES, MA'AM.

13

14 **LYNN TREU:** HI, MY NAME IS LYNN TRUE AND I AM IN MENTAL HEALTH
15 RECOVERY AS WELL AS A MENTAL HEALTH WORKER AT THE CLIENT-RUN
16 CENTER IN VAN NUYS. DUE TO THE SERVICES SPECIFICALLY AVAILABLE
17 TO ME WHEN I SOUGHT RECOVERY, I AM STRONGLY OPPOSED TO THIS
18 MERGE OF SERVICES AND BELIEVE IT WOULD DEVASTATE THE RESOURCES
19 AND SERVICES AVAILABLE TO MYSELF AND MY PEERS IN MENTAL HEALTH
20 RECOVERY. TO PUT DEPARTMENT OF PUBLIC HEALTH SERVICES IN
21 CHARGE OF MY RECOVERY WOULD FORCE ME AND MY PEERS TO ENTRUST
22 OUR SERVICES TO A DEPARTMENT NOT TRAINED AND EXPERIENCED TO
23 PROVIDE THE QUALITY CARE AND TRUSTING ENVIRONMENT THAT IS
24 CRUCIAL TO OUR RECOVERY. SPECIALISTS, THAT IS. AND IT WOULD BE



1 A HUGE STEP BACKWARDS FOR ALL OF US IN MENTAL HEALTH. THANK
2 YOU.

3

4 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. LET ME ALSO CALL UP
5 HEALTHER WILSON AND NIRIA OROZCO. YES, MA'AM.

6

7 **BRIAN BRONSON:** GOOD DAY. MY NAME IS BRIAN BRONSON AND I AM THE
8 ADVOCACY CHAIR FOR N.A.M.I. SAN FERNANDO VALLEY. I AM ALSO A
9 MENTAL HEALTH CONSUMER. REGARDING THE CONSOLIDATION OF HEALTH
10 AGENCIES, IT IS A POSITION OF N.A.M.I. SAN FERNANDO VALLEY
11 THAT THE BOARD OF SUPERVISORS SLOW DOWN ON THIS IMPORTANT
12 DECISION TO CONSIDER STAKEHOLDER INPUT AND PUBLIC COMMENT.
13 MOREOVER, WE FEEL THAT MENTAL HEALTH REQUIRES ITS OWN
14 DEPARTMENT BECAUSE IT OFTEN GETS SHORT SHRIFT. ADDITIONALLY,
15 MENTAL HEALTH DECISIONS SHOULD BE MADE BASED UPON PATIENT CARE
16 NEEDS. FINALLY WE ARE CONCERNED ABOUT THE LEVEL OF AUTONOMY IN
17 MENTAL HEALTH IN A VAST BUREAUCRACY SUCH AS LOS ANGELES
18 COUNTY. IN SHORT, THERE IS NOT ENOUGH TIME TO FULLY CONSIDER
19 THIS MOVE AND THE FAR REACHING CONSEQUENCES OF SUCH ACTION.
20 THANK YOU FOR YOUR TIME AND CONSIDERATION.

21

22 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. YES, MA'AM.

23

24 **EDDIE LAMON:** HELLO.

25



1 SUP. ANTONOVICH, MAYOR: WE'RE HERE. WELCOME.

2

3 EDDIE LAMON: I DON'T SEE.

4

5 SUP. ANTONOVICH, MAYOR: WE SEE YOU, THOUGH.

6

7 EDDIE LAMON: I'M EDDIE LAMON AND I WAS REALLY LIKE ALL SHOCKED
8 WHEN I FOUND OUT A COUPLE OF DAYS AGO THAT SOMEONE WAS
9 PLANNING TO PUT US BACK TOGETHER WITH HEALTH SERVICES. WHEN I
10 FIRST STARTED VOLUNTEERING, AND I'M A VOLUNTEER FOR THE
11 DEPARTMENT OF MENTAL HEALTH, AND BY THE WAY, I HAVE HAD FAMILY
12 MEMBERS, THEY'RE GONE. BUT I CAME IN AS AN ADVISORY COMMITTEE
13 MEMBER. AND LOOKING AROUND AND LISTENING AND FINDING OUT
14 STUFF, I SAID I DON'T KNOW ABOUT THIS MENTAL HEALTH. AND I
15 SAID WHO'S IN CHARGE OF US? AND THEY SAID WE'RE UNDER HEALTH
16 SERVICES. I SAID WELL WE NEED TO GET OUT FROM UNDER HEALTH
17 SERVICES BECAUSE THEY TREAT US LIKE A STEPCHILD. AND WE NEED--
18 AND I KEPT SAYING THAT. AND SOMEBODY HEARD IT BECAUSE THEY
19 TOOK US OUT FROM UNDER THERE. AND I WAS, YOU KNOW, DEVASTATED
20 WHEN THEY SAID THEY'RE TALKING ABOUT PUTTING US BACK TOGETHER
21 AGAIN. I CAN'T SEE IT. I CAN'T SEE IT. AND I WANT YOU TO
22 REMEMBER THAT I WAS HERE WHEN IT WAS UNDER HEALTH SERVICES AND
23 EVEN AFTER THEN AND IT HAS GOTTEN TO BE SO GOOD. I NEED TO
24 TELL YOU THIS ONE, TOO. I WAS ON THE HOUSING COMMITTEE
25 ADVISORY. AND WE WERE TALKING ABOUT HOUSING FOR THE PEOPLE



1 WITH MENTAL ILLNESS. AND I WAS IN THE ROOM ON THE COMMITTEE
2 AND I LOOKED AROUND AT EVERYBODY AND SAID WHICH OF US IN HERE
3 ARE MENTALLY ILL? NOBODY RAISED OUR HAND. AND I SAID WE DON'T
4 KNOW WHAT WE'RE TALKING ABOUT. WE NEED TO ASK THE CLIENTS.

5 [APPLAUSE]

6

7 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

8

9 **EDDIE LAMON:** SO TO SERVE PEOPLE, YOU KNOW, MENTAL ILLNESS, I
10 NOTICE PEOPLE CAN HANDLE THE STUFF SO FAR, BUT I THINK IF YOU
11 DO THIS, YOU WILL TOTALLY DESTROY WHERE THEY HAVE COME, THE
12 CLIENTS. [APPLAUSE]

13

14 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP TILDE
15 DEWOOLFE AND TERRY DEWOOLFE. YES, MA'AM.

16

17 **HEATHER WILSON:** HI, MY NAME IS HEATHER WILSON. I'M CURRENTLY A
18 PATIENT AT TARZANA TREATMENT CENTER IN LONG BEACH. I'M ALSO A
19 VETERAN OF THE UNITED STATES ARMY. WITH THE COMBINATION OF
20 THESE TWO SERVICES, I FEEL THAT THE GREATEST THING I'VE
21 LEARNED IN MY RECOVERY IS TO PACE MYSELF AND TO NOT RUSH TO
22 MAKE DECISIONS IN ORDER TO MAKE AN ACCURATE DECISION AND THE
23 BEST DECISION I CAN. AND THAT'S ALL I HAVE. THANK YOU.

24 [APPLAUSE]

25



1 **SUP. ANTONOVICH, MAYOR:** GUYTON COLANTUONO? YES, MA'AM.

2

3 **NIRIA OROZCO:** HI, MY NAME IS NIRIA AND I'M A 22-YEAR-OLD AND
4 I'M CURRENTLY RESIDING IN TARZANA TREATMENT CENTER. I MADE A
5 WHOLE SPEECH ABOUT THIS, BUT NOW THAT I'M HERE, WHAT I HAVE TO
6 SAY TO YOU WOULD BE THAT MY BELIEF IS IT WOULDN'T BE A GREAT
7 THING TO PUT THESE TOGETHER BECAUSE YOU WOULDN'T GIVE A
8 RECOVERING ADDICT A CHEMOTHERAPY AND YOU WON'T GIVE A CANCER
9 RECOVERY CENTER. SO THESE TWO THINGS ARE SO DIFFERENT. WHEN WE
10 SUFFER FROM THIS ALLERGY TO THE MIND, BODY AND SPIRIT, WE NEED
11 HELP TO HEAL, EVEN THOUGH IT'S NOT MANY OF US. THE FEW OF US
12 THAT ARE ABLE TO OVERCOME THE DISEASE MAKE A DIFFERENCE FOR
13 THE FAMILIES IN THE COMMUNITY. SO IT'S A DIFFERENT DISEASE.
14 IT'S NOT THE SAME DISEASE THAT YOU WILL BE TREATING ON EACH
15 PATIENT. DO YOU UNDERSTAND THAT? OKAY. [LAUGHTER.] A CANCER
16 PATIENT WON'T GET RECOVERY, YOU KNOW, AND A RECOVERY ADDICT
17 NEEDS THAT RECOVERY OF A TREATMENT CENTER JUST LIKE THEY NEED
18 THE HOSPITALS. THAT'S ALL I HAVE TO SAY TODAY.

19

20 **SUP. ANTONOVICH, MAYOR:** OKAY. THANK YOU. LET ME ALSO CALL UP
21 GUYTON. WE ALREADY DID THAT. ALSO ROBERT LUCAS. YES, MA'AM.

22

23 **TILDA DEWOOLFE:** MY NAME IS TILDA DEWOOLFE AND I'M A MENTAL
24 HEALTH ADVOCATE. I BELONG TO N.A.M.I., HEALTH CARE FOR ALL, A
25 CONSUMER BOARD, I HAVE MANY FRIENDS AND FAMILIES WITH MENTAL



1 ILLNESS. I ALSO REVIEW COUNTY MENTAL HEALTH PROGRAMS
2 THROUGHOUT THE STATE FOR QUALITY OF CARE. I OPPOSE THE
3 CONSOLIDATION OF THESE THREE DEPARTMENTS IN THIS HUGE COUNTY.
4 IF WE WERE A FEW THOUSAND PEOPLE, IT WOULD TOTALLY BE
5 DIFFERENT. IF TWO MEN WERE TO ENTER THE ROOM RIGHT NOW AND ONE
6 OF THEM WAS DRAGGING HIS LEG THAT WAS PARTLY SEVERED AND IT
7 WAS BLEEDING AND THE OTHER MAN WAS HERE QUIETLY BUT IS
8 CONSIDERING KILLING HIMSELF AND HIS CHILDREN, WHICH ONE WOULD
9 GET ALL OF OUR ATTENTION? CONSTANTLY, MENTAL HEALTH IS THE
10 STEPCHILD AS IT HAS BEEN SAID. THANK YOU.

11

12 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. YES, SIR. YES, SIR.
13 YES, YOU'RE ON.

14

15 **TERRY DEWOOLFE:** I'M TERRY DEWOOLFE, I'M A PAST PRESIDENT OF
16 N.A.M.I. SAN GABRIEL VALLEY. AND I'M A DIRECTOR IN HEALTH CARE
17 FOR ALL, ADVOCATING FOR SINGLE PAYER. THE HISTORY OF
18 ORGANIZATIONS IS A HISTORY OF CENTRALIZATION AND
19 DECENTRALIZATION. THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF
20 MENTAL HEALTH WAS ONCE PART OF HEALTH SERVICES. NOW THAT IS
21 BEING PROPOSED AGAIN. I'M NOT CONVINCED THAT THIS BACK AND
22 FORTH ACCOMPLISHES MUCH. AS A MEMBER OF THE PROBATION
23 DEPARTMENT IN THE LATE 1970S, I PARTICIPATED IN AN
24 UNSUCCESSFUL EFFORT TO INCORPORATE PROBATION INTO A SUPER
25 AGENCY. I CAME AWAY FROM THAT WITH THE SENSE THAT THE EFFORT



1 WAS AS MUCH ABOUT WHO WOULD HEAD THE NEW DEPARTMENT AS ANY
2 EFFICIENCIES IT WOULD PRODUCE. AND I WOULD NOT BE SURPRISED
3 THAT IF THIS CONSOLIDATION IS ACCOMPLISHED, IT WILL COME UP
4 FOR SEPARATION AGAIN IN 10 YEARS. [LAUGHTER.]

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

7

8 **TERRY DEWOOLFE:** I HAVE STILL GOT?

9

10 **SUP. ANTONOVICH, MAYOR:** GIVE YOUR REMARKS TO THE SERGEANT
11 THERE. AND WE'LL CONCLUDE-- INCLUDE THAT WITH OUR PUBLIC
12 RECORD WITH THIS. GIVE THAT TO YOUR SERGEANT RIGHT THERE.

13

14 **GUYTON COLANTUONO:** HI, MY NAME IS GUYTON COLANTUONO. I'M THE
15 EXECUTIVE DIRECTOR FOR PROJECT RETURN PEER SUPPORT NETWORK. WE
16 ARE A CONSUMER-RUN ORGANIZATION IN LOS ANGELES COUNTY WHERE WE
17 PROVIDE SERVICES TO THE WHOLE COUNTY RANGING FROM ANTELOPE
18 VALLEY DOWN TO SOUTH BAY AREA. WE HAVE SEVERAL CONCERNS WITH
19 THIS PROPOSED MERGER. ONE IS AS WE CAN SEE BY THE ATTENDANCE
20 TODAY AND THE COMMENTS FROM OUR MENTAL HEALTH COMMUNITY, WE'RE
21 STRONG, WE'RE UNITED, WE COLLABORATE, WE COORDINATE WITH EACH
22 OTHER. AND ONE OTHER IMPORTANT ASPECT IS THAT CONSUMERS,
23 PEOPLE WITH LIVED EXPERIENCE, HAVE IMPROVED AND INCREASED OUR
24 VOICE IN THE DELIVERY SERVICES. THE OTHER PART IS THAT WITH
25 MENTAL HEALTH SERVICES ACT AND AS WE'VE DEVELOPED AS A MENTAL



1 HEALTH COMMUNITY, WE HAVE INCREASED OUR CAPACITY AND ABILITIES
2 TO COORDINATE SERVICES BEYOND JUST MENTAL HEALTH WITH OUR
3 MOBILIZATION. AND, THIRD IS MENTAL HEALTH, AS MANY PEOPLE HAVE
4 SAID, OFTEN TAKES A BACK SEAT WHEN IT'S INTEGRATED. THANK YOU.

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. LET ME ALSO CALL UP
7 GRACE SANTILLANO AND JAIME GARCIA. YES, SIR.

8

9 **LELAND DUNZEE:** HI, MY NAME IS LELAND DUNZEE. I'M A MEMBER OF
10 THE VILLAGE AND MENTAL HEALTH OF AMERICA IN LONG BEACH. WHEN
11 THEY FOUND ME, I HAD JUST HAD A STROKE. MY GIRLFRIEND DIED. I
12 WAS LIVING BEHIND A DUMPSTER IN A WHEELCHAIR. AND THEY TOOK
13 THE TIME TO TAKE ME IN AND THEY TOOK A LOT OF TIME. I MEAN,
14 WHEN YOU COMBINE THESE THINGS, YOU'RE NOT GOING TO GIVE PEOPLE
15 ENOUGH TIME TO GO FIND OUT PEOPLE LIKE THIS THAT NEED TO BE
16 BROUGHT IN AND TAKEN CARE OF. I WAS VERY, VERY DISTRAUGHT AND
17 THEY DID A VERY GOOD JOB ON IT. BUT I DON'T THINK IF YOU
18 COMBINE THESE YOU'RE GOING TO HAVE THE ABILITY TO GO OUT AND
19 FIND PEOPLE LIKE THAT. I WAS VERY, VERY, VERY NEEDY. AND IT
20 TOOK A LOT. WHEN I GOT OUT, I WAS TOLD I WAS A PERSON, NOT
21 JUST A NUMBER. I THINK IF WE KEEP IT THE WAY IT IS, YOU CAN'T
22 TAKE THIS STUFF AWAY. THEY DO SO MUCH. THANK YOU.

23

24 **SUP. ANTONOVICH, MAYOR:** THANK YOU. ALL RIGHT. THANK YOU.

25



1 **JAIME GARCIA:** HELLO, MY NAME IS JAIME GARCIA, I'M REPRESENTING
2 PACIFIC CLINICS EL CAMINO. GOOD EVENING, CONGRESS, TOAST-
3 MASTERS AND FELLOW FRIENDS. MY LIFE IS, I WENT THROUGH A LOT
4 OF SANITY AND I AM VERY THANKFUL I FOUND A PLACE WHERE I COULD
5 SORT OUT MY PROBLEMS. MY MEDICATION HAS HELPED ME TO REALIZE
6 AND TO CATCH ME BEFORE I'M DOING SOMETHING THAT I'M
7 UNCONTROLLABLE AND NOT KNOWING WHAT I'M DOING. I REALLY GIVE
8 THANKS TO THE POLICE OFFICERS WHEN I WAS IN MY +DRUG ABUSE
9 BECAUSE I WAS VERY KNOWN AND YOU COULD ONLY TELL SOMETHING WAS
10 WRONG WITH ME. THE POLICE COULD ONLY TELL THAT THIS GIRL'S IN
11 DANGER. SHE'S IN A WRONG AREA. THEY KNEW I WAS IN A BAD AREA.
12 AND I THINK THAT POLICE OFFICERS TOOK ME TO THE MENTAL
13 HOSPITAL NOTICED THAT HIS SURROUNDING, HIS DUTY AND TO KEEP ME
14 SAFE. AND HE NOTICED MY MENTAL ILLNESS. AND THAT'S PRETTY MUCH
15 ALL I HAVE TO SAY. THANK YOU.

16

17 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. LET ME ALSO CALL UP
18 DID I SAY RICKY JONES? OKAY. WHY DON'T YOU GO.

19

20 **GRACE SANTANILLO:** HELLO MY NAME IS GRACE SANTANILLO. I'M A
21 STAFF ASSISTANT FOR CENTRAL JUVENILE HALL FOR THE DEPARTMENT
22 OF MENTAL HEALTH. THE DEPARTMENT OF MENTAL HEALTH HAS SOME
23 SEVERE CHALLENGES WHEN IT COMES TO PROVIDING CARE FOR ITS
24 PATIENTS. MY HOPE IS THAT THE STRUCTURE AND UNITY WILL HELP US
25 PROVIDE BETTER CARE FOR THOSE WITH MENTAL HEALTH ILLNESS IN



1 OUR COMMUNITY FOR BOTH THE YOUNG AND THE ELDERLY. HUMAN BEINGS
2 ARE HOLISTIC CREATURES, AND OUR HEALTHCARE HAS TO REPRESENT
3 THAT. WITH THAT BEING SAID, IT IS TRUE THAT ONE IMPACTS THE
4 OTHER. YOU CANNOT SEPARATE THE BODY FROM THE MIND. MY HOPE IS
5 FOR A BETTER COORDINATION AND INTEGRATION OF CARE ACROSS THE
6 HEALTHCARE SPECTRUM. WHILE AT THE SAME TIME, I DO HAVE
7 CONCERNS ABOUT HOW THIS TRANSITION IS ACTUALLY GOING TO PLAY
8 OUT, DISRUPTION OF CARE OR REDUCTION OF ACCESS TO KEY SERVICES
9 OR STAFF IS SOMETHING OUR PATIENTS SIMPLY CANNOT AFFORD. FOR
10 THOSE WITH SEVERE MENTAL DISORDER, IT IS LITERALLY A MATTER OF
11 LIFE AND DEATH.

12

13 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

14

15 **ROBERT LUCAS:** MY NAME IS ROBERT LUCAS. YOU KNOW, WE'RE NOT
16 TALKING ABOUT INTEGRATING DEPARTMENTS HERE. WE'RE TALKING
17 ABOUT INTEGRATING PEOPLE. YOU'VE GOT ADDICTS, BEHAVIORAL,
18 MENTAL ILLNESS, PHARMACEUTICALS. WHAT COULD GO WRONG?
19 [LAUGHTER.] THE FACT OF THE MATTER IS THIS IS NOT A GOOD IDEA.
20 AND I'M GOING GIVE YOU MY PERSONAL EXPERIENCE AS ONE OF THE
21 MOST PERSONAL, CLOSE FRIENDS THAT I EVER HAD IN MY ENTIRE LIFE
22 OUTSIDE OF A DOG WHEN I WAS A KID. GOT AHOLD OF SOME
23 PRESCRIBED DRUGS THAT DIDN'T BELONG TO HIM THAT WAS GIVEN TO
24 HIM BY SOMEBODY WHO THOUGHT HE WAS DOING A GOOD THING BY
25 RELIEVING SOME PAIN. I WATCHED THIS MAN RUN FULL BORE INTO A



1 STAINED GLASS WINDOW. I NEVER SEEN HIM AGAIN. THIS IS NOT A
2 GOOD IDEA. 25 YEARS IN PRISON? I KNOW WHAT WRONG IS. THIS IS
3 WRONG.

4
5 **SUP. ANTONOVICH, MAYOR:** THANK YOU, ROBERT. LET ME ALSO CALL UP
6 MARISOL SANTANA AND BROOKE DENNIS. YES, SIR.

7
8 **JAIME GARCIA:** GOOD MORNING, MR. MAYOR, MEMBERS OF THE BOARD OF
9 SUPERVISORS, MY NAME IS JAIME GARCIA WITH THE HOSPITAL
10 ASSOCIATION OF SOUTHERN CALIFORNIA. I APPRECIATE THE
11 OPPORTUNITY TO PROVIDE COMMENT ON TODAY'S MOTION THAT CALLS
12 FOR THE INTEGRATION OF D.H.S., D.M.H. AND D.P.H. IN ORDER TO
13 BREAK DOWN BUREAUCRATIC BARRIERS FACING COUNTY PATIENTS AND
14 BETTER POSITION THE COUNTY TO PROVIDE HIGH QUALITY,
15 COMPREHENSIVE HEALTH SERVICES AND PROGRAMS. WHAT IS UNCLEAR IS
16 THE EXTERNAL INTERACTION THAT MENTAL HEALTH AND PUBLIC HEALTH
17 WILL HAVE POST IMPLEMENTATION GIVEN THEIR UNIQUE COUNTY-WIDE
18 MISSION. D.M.H.'S MISSION IS TO ENRICH LIVES THROUGH
19 PARTNERSHIPS DESIGNED TO STRENGTHEN THE COMMUNITY'S CAPACITY
20 TO SUPPORT RECOVERY RESILIENCY AND TO WORK WITH STAKEHOLDERS
21 AND COMMUNITY PARTNERS TO PROVIDE CULTURALLY SENSITIVE AND
22 LINGUISTICALLY APPROPRIATE MENTAL HEALTH SERVICES. WILL THE
23 DEPARTMENT'S MISSION TO WORK WITH COMMUNITY PROVIDERS BE
24 NARROWED UNDER THE MERGED STRUCTURE? HOW WILL ACCESS TO
25 SPECIALIZED SERVICES BE IMPACTED GIVEN THIS POTENTIAL INWARD



1 COUNTY FOCUS? WHILE INTEGRATION OF PHYSICAL AND MENTAL HEALTH
2 IS A POSITIVE STEP, THE BOARD NEEDS TO CAREFULLY CONSTRUCT A
3 STRUCTURE THAT RECOGNIZES THE UNIQUE MISSION OF EACH
4 DEPARTMENT AND IS INCLUSIVE OF COMMUNITY PARTNERS. THEREFORE,
5 I APPRECIATE TODAY'S AMENDMENT TO CREATE A STAKE HOLDER
6 PROCESS AND I APPRECIATE THAT THE HOSPITAL COMMUNITY BE
7 INCLUDED IN THOSE DISCUSSIONS, AS WELL. THANK YOU.

8

9 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. LET ME ALSO CALL
10 UP NICOLE AYALA, NICOLE AYALA. YES, SIR.

11

12 **RICKY JONES:** HELLO, MY NAME IS RICKY JONES. I'M A CLIENT AND A
13 VOLUNTEER OF PACIFIC CLINICS. I'M HERE TODAY TO SAY THIS
14 CONSOLIDATION WOULD BE WRONG. THERE NEEDS TO BE INDEPENDENT
15 MENTAL HEALTH, INDEPENDENT HEALTH. MY CO-PEERS, WE ARE HERE TO
16 MAKE SURE THAT THIS BOARD UNDERSTANDS. I WAS HOMELESS ONE DAY.
17 I DIDN'T UNDERSTAND WHAT WAS GOING ON. AND A LADY TOLD ME
18 ABOUT THIS PROGRAM. AND THAT'S WHY I'M HERE TODAY, BECAUSE I
19 AM AN ADVOCATE. I DO VOLUNTEER. I VOLUNTEERED OVER 2,000 HOURS
20 TO MAKE A DIFFERENCE. THANK YOU.

21

22 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. LET ME CALL UP NICOLE
23 SIMPSON. YES, MA'AM.

24



1 **MARISOL SANTANA:** HELLO, MY NAME IS MARSOL SANTANA. I
2 APPRECIATE THAT MAYOR ANTONOVICH AND THE BOARD CARE SO DEEPLY
3 ABOUT CONSUMERS LIKE ME. AS A DUAL DIAGNOSED CLIENT AT
4 PROTOTYPE POMONA I STRONGLY OPPOSE THE CONSOLIDATION BECAUSE
5 THE SERVICES PROVIDED TO ME WILL GREATLY SUFFER. MY KIDS
6 FINALLY ARE GETTING THE MOTHER THEY DESERVE BECAUSE OF THE
7 SERVICES I'M GETTING NOW. PLEASE DON'T TAKE THAT AWAY. I
8 APPRECIATE THE CHANCE TO SHARE MY OPINION AND YOUR WILLINGNESS
9 TO LISTEN TO WHAT I HAVE TO SAY. I WORRY THAT THE GREAT STEPS
10 MADE BY PUBLIC MENTAL HEALTH SYSTEMS IN THEIR RECOVERY MODEL
11 AND COMMUNITY-BASED SETTING MAY BE SCALED BACK IF MENTAL
12 HEALTH AND SUBSTANCE USE MOVES TO THE HEALTH SERVICES
13 DEPARTMENT THAT PLACES SO MUCH VALUE ON THE MEDICAL MODEL.
14 THANK YOU FOR YOUR TIME AND CONSIDERATION OF MY COMMENTS.

15

16 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. LET ME ALSO CALL
17 UP ALESHIA CLEMENT. YES, MA'AM.

18

19 **BROOKE DENNIS:** HI, MY NAME IS BROOKE DENNIS AND I'M A CLIENT
20 AT PROTOTYPES WOMEN AND CHILDREN CENTER. I AM OPPOSED TO THIS
21 INTEGRATION DUE TO IN THE MEDICAL FIELD THERE ARE MANY
22 DISEASES IN THE PUBLIC HEALTH FIELD THAT THERE ARE CURES BY
23 MEDICINES AND PILLS. FOR MY DISEASE OF ADDICTION, THERE IS NO
24 CURE. IT CAN ONLY BE ARRESTED BY UNITY, SERVICE AND RECOVERY
25 NOT BY A PILL.



1

2 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP MISTI
3 MOONEY. MISTI MOONEY? YES, MA'AM.

4

5 **NICOLE AYALA:** HELLO MY NAME IS NICOLE AYALA. I BELIEVE THAT
6 THE BOARD SHOULD SUPPORT A FORMAL STAKEHOLDER PROCESS THAT
7 INCLUDES PROVIDERS AND CONSUMERS TO DISCUSS WHAT PATH IS THE
8 BEST WAY TO MEET THIS GOAL? I HAVE BEEN IN TREATMENT AT
9 PROTOTYPES WOMEN'S CENTER FOR THREE MONTHS. IT'S A RATHER
10 LARGE FACILITY WITH AN APPROXIMATE COUNT OF 180 WOMEN AND
11 CHILDREN. IT'S MY EXPERIENCE THAT GETTING MY NEEDS MET HAS
12 ALREADY BEEN DIFFICULT. I PERSISTENTLY SELF-ADVOCATED AND
13 PREVIOUSLY SUBMITTED A GRIEVANCE WHICH RESULTED IN THE HIRING
14 OF ANOTHER STAFF MEMBER. I WORRY THAT MERGING LARGE ELEMENTS
15 WILL ONLY DECREASE QUALITY OF TREATMENT. NO QUICK DECISION
16 SHOULD BE MADE. AND THE BOARD SHOULD LOOK AT DIFFERENT PATHS.
17 THANK YOU FOR YOUR TIME AND CONSIDERATION OF MY COMMENTS.

18

19 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. ALSO LELAND KEEL

20

21 **NICOLE SIMPSON:** HELLO, I'M NICOLE SIMPSON. I AM CURRENTLY A
22 RESIDENT AT PROTOTYPES WOMEN CENTER IN POMONA. I BELIEVE THE
23 BOARD SHOULD SUPPORT A STAKEHOLDER PROCESS THAT INCLUDES
24 PROVIDERS AND CONSUMERS TO DISCUSS WHAT PATH IS BEST TO BE MET
25 ON THIS GOAL. NO QUICK DECISION SHOULD BE MADE. AND THE BOARD



1 MAY WANT TO TAKE A DIFFERENT PATH. I PERSONALLY HAVE SUFFERED
2 FROM SUBSTANCE ABUSE FOR OVER 22 YEARS, BRINGING ALONG MENTAL
3 HEALTH ISSUES. NOW AFTER SIX MONTHS WITHOUT THOSE DRUGS I
4 RELIED ON, PHYSICAL PROBLEMS ARE ARISING AND I AM WORRIED THAT
5 MY NEEDS WILL NOT BE MET IN THESE AREAS IN A TIMELY MANNER TO
6 BEST BENEFIT ME. NOW MORE THAN EVER, L.A. COUNTY SHOULD BE
7 FOCUSED ON HOW TO REACH CLIENTS AND CONSUMERS WHERE THEY FEEL
8 MOST COMFORTABLE AND IN A LESS STIGMATIZING WAY. THANK YOU FOR
9 ALLOWING ME THIS OPPORTUNITY.

10

11 **SUP. ANTONOVICH, MAYOR:** THANK YOU. MARIE GARCIA? EXCUSE ME.

12 RONALD HALL. YES, SIR.

13

14 **ALESHIA CLEMENT:** MY NAME IS ALESHIA CLEMENT. AND I'M A
15 RESIDENT OF PROTOTYPES WOMEN'S CENTER. AND I OPPOSE THIS
16 ACTION. THE MODEL, THE RECOVERY MODEL ENCOURAGES FOCUSES ON
17 CLIENT IMPROVEMENT, THE STRENGTHS OF A CLIENT AND PEER
18 ORIENTATION. I BELIEVE THAT IT'S LIKE I'M A RECOVERING ADDICT.
19 AND IT'S LIKE ONE ADDICT HELPING ANOTHER. NO PILL IS GOING TO
20 HELP ME TO NOT BE AN ADDICT. I'M ALSO DUAL DIAGNOSED SO I ALSO
21 HAVE MENTAL HEALTH ISSUES. AND NO DOCTOR IS GOING TO JUST
22 CONTINUOUSLY GIVE ME A PILL THAT HELPS ME TO LEARN HOW TO
23 LIVE. I LEARN HOW TO LIVE BY OTHER PEOPLE SHOWING ME HOW TO
24 LIVE, TALKING TO ME AND GUIDING ME THROUGH TOUGH SITUATIONS. I
25 BELIEVE THAT IF YOU PUT THESE ENTITIES TOGETHER, THAT PEOPLE



1 THAT HAVE THOSE ISSUES WILL LOSE. THEY WILL BE LESS MONEY AND
2 LESS PEOPLE TO HELP US LEARN THESE THINGS. THERE WILL NOT BE
3 ANY PEER ADVOCACY GROUPS AVAILABLE FOR US TO LEARN FROM. THANK
4 YOU.

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP ROSINA
7 EHRLICH. YES, MA'AM.

8

9 **MISTI MOONEY:** MY NAME IS MISTI MOONEY. I'M A RECOVERING ADDICT
10 FOR 103 DAYS AT PROTOTYPES. [APPLAUSE.] I WORRY THAT THE GREAT
11 STEPS MADE FOR PUBLIC AND MENTAL HEALTH SYSTEM AND RECOVERY
12 MODEL AND COMMUNITY-BASED SETTING MAY BE SCALED BACK IF MENTAL
13 HEALTH AND SUBSTANCE USE MOVES TO THE HEALTH SERVICES
14 DEPARTMENT. THAT PLACES SO MUCH VALUE ON THE MEDICAL MODEL
15 BECAUSE OF THE FACT THAT I, TOO, WAS HOMELESS WITH CHILDREN.
16 AND WITH THE RECOVERY SYSTEM, RECOVERY MODEL, I FEEL IT'S
17 TEACHING ME BASED ON HOW TO LIVE WITH THE FACT THAT I DIDN'T
18 KNOW HOW TO LIVE WITH MY CHILDREN. WITH THE MENTAL ISSUE THAT
19 I AM BEING TREATED WITH ON A SEPARATE BASIS. WITH THAT BEING
20 SAID, THAT IF IT'S COMBINED, IT MAY BE GETTING A LITTLE
21 CONFUSING ON THAT ISSUE.

22

23 **SUP. ANTONOVICH, MAYOR:** GOOD JOB.

24

25 **MISTI MOONEY:** SO THANK YOU FOR LETTING ME SHARE.



1

2 **SUP. SOLIS:** THANK YOU VERY MUCH. NEXT SPEAKER?

3

4 **LEELAND KEEL:** MY NAME IS LELAND KEEL, I REPRESENT THE
5 INSTITUTE FOR MULTICULTURAL COUNSELING AND EDUCATION SERVICES,
6 A COMMUNITY CLINIC. I OPPOSE THIS MOTION ON PRIMARILY
7 PROCEDURAL GROUNDS ALTHOUGH I SUPPORT THE LOS ANGELES COUNTY'S
8 GOAL TO PROVIDE BETTER QUALITY AND COORDINATED CARE TO COUNTY
9 RESIDENTS. THE COUNTY SUPERVISORS DESERVE TO AND OUGHT TO HEAR
10 INPUT FROM ALL STAKEHOLDERS BEFORE BEING ASKED TO APPROVE IN
11 CONCEPT THE CONSOLIDATION OF THE DEPARTMENT OF HEALTH
12 SERVICES, DEPARTMENT OF MENTAL HEALTH AND DEPARTMENT OF PUBLIC
13 HEALTH. I RESPECTFULLY SUGGEST THAT THIS MOTION BE WITHDRAWN
14 AND REDRAFTED ACCORDINGLY. THANK YOU.

15

16 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

17

18 **RONALD HALL:** GOOD MORNING, MY NAME IS RONALD HALL. I'M A
19 MEMBER OF PORTALS, C.C.M. AND A FACILITATOR FOR PROJECT
20 RETURN. I'D JUST LIKE TO SAY THAT I OPPOSE THIS MOTION BECAUSE
21 IT WILL CREATE CHAOS. IF YOU KNOW ANYTHING ABOUT CHAOS, IT'S
22 LIKE WHERE MOST EVERYBODY IN HERE HAS CHILDREN OR HAVE
23 CHILDREN IN THEIR FAMILIES AND WHEN YOUR CHILD TELLS YOU THAT,
24 "I WANT TO DIE, I WISH I WAS DEAD" MOST OF THE TIME WE TREAT
25 IT LIKE WE TREAT MENTAL HEALTH, WE THINK THEY'RE JUST TALKING,



1 THEY'RE TRYING TO INTIMIDATE US, TRYING TO SCARE US INTO DOING
2 SOMETHING FOR THEM, BUT WHEN SOMEBODY TELLS YOU AND OPENS
3 THEIR MOUTH AND SAID THEY WISH THEY WAS DEAD, LOOK AT HOW OUR
4 SOCIETY IS NOW. WE KILL EACH OTHER AT THE DROP OF A HAT. MY
5 WIFE CAN'T GO OUTSIDE AT 6:00 AT NIGHT WITHOUT BEING AFRAID.
6 MY FAMILY, I HAVE MEMBERS WHO LIVE NEXT DOOR TO, MY NEIGHBOR,
7 I CALL MY MOM, MRS. GERRAGHTY, SHE CAN'T GO TO TACO BELL
8 BECAUSE SOMEBODY GOT SHOT AT THE CORNER. EVERY WAY YOU TURN
9 AROUND, THE COUNTRY IS BEING DESTROYED AND IT'S ALL BECAUSE OF
10 MENTAL HEALTH. IT'S A MENTAL HEALTH ISSUE JUST TO THINK THAT
11 YOU CAN STOP MENTAL HEALTH BY PUTTING EVERYTHING TOGETHER AND
12 CREATING CHAOS. GOD BLESS. [APPLAUSE]

13

14 **SUP. ANTONOVICH, MAYOR:** LET ME CALL UP REBA STEVENS AND
15 RICARDO PULIDO. YES, MA'AM.

16

17 **MARIE GARCIA:** GOOD AFTERNOON, BOARD OF SUPERVISORS. MY NAME IS
18 MARIE GARCIA. I AM AN EVANGELIST AND A FORMER EMANCIPATED
19 YOUTH, A MENTAL HEALTH WORKER AND C.N.A. NURSE. I AM ALSO A
20 PERSON WHO HAS GONE THROUGH BRAIN TRAUMA AND P.T.S.D. AND AS A
21 RESULT OF MENTAL HEALTH, IT HAS HELPED ME TO KEEP MOVING
22 FORWARD TO HELP OTHERS. I AM HERE TODAY AS A REPRESENTATIVE
23 FOR THE WELLNESS CLUB AND SUPPORT OF PORTALS AND PACIFIC
24 CLINICS. HEADING THE WELLNESS PROGRAM WOULD AFFECT THOUSANDS
25 OF INDIVIDUALS WHO WOULD BECOME DISPLACED AND THEIR LIVES



1 INTERRUPTED IN ALL AREAS OF SUCCESS AND THE STIGMAS OF MENTAL
2 HEALTH THAT HAVE BEEN BROKEN. AND BEING-- AND RESTORING THE
3 DIGNITY AND RESPECT THE FAMILIES AND RECONCILIATION THAT HAVE
4 BEEN RESTORED. I'M ASKING THE MAYOR AND THE BOARD OF
5 SUPERVISORS ON BEHALF OF PORTALS, PACIFIC CLINICS, MYSELF AND
6 ALL THOSE WE REPRESENT TO SERIOUSLY PRAY, LIKE OUR FOREFATHERS
7 DID, AND DIG DEEP INTO YOURSELVES AND PUT PEOPLE FIRST BEFORE
8 PROFITS. I THANK YOU. IT WAS A PRIVILEGE.

9

10 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

11

12 **MARIE GARCIA:** GOOD DAY.

13

14 **SUP. ANTONOVICH, MAYOR:** LELAND DUNZEE AND LETICIA MUNIZ. OKAY.

15

16 **SPEAKER:** HI. HONORABLE, HONORABLE BOARD. I BEG ALL OF YOU TO
17 RECONSIDER. I AM SHOCKED BECAUSE I KNOW THAT ALL OF YOU ARE
18 WONDERFUL, CARING INDIVIDUALS. I VOTED AND FOUGHT FOR MANY OF
19 YOU TO BE ON THIS BOARD. I AM A MEMBER OF N.A.M.I. BUT I'M NOT
20 HERE TO REPRESENT N.A.M.I. WE HAVE ENOUGH PEOPLE REPRESENTING
21 N.A.M.I. TODAY. BUT I'M HERE TO REPRESENT THE FAMILY MEMBERS
22 OF THOSE PEOPLE WHO HAVE MENTAL ILLNESS. WHEN YOU TALK ABOUT
23 STAKEHOLDERS, YOU'RE FORGETTING THE LAST CAREGIVERS, WHICH IS
24 US. WE ARE THE ONES THAT HAVE TO TRY TO CARRY, BUT WE NEED THE
25 HELP. AND TO THIS DAY, I CAN TELL YOU I AM SO PROUD OF WHAT'S



1 HAPPENING WITH MENTAL HEALTH. I AM INVOLVED, I'M THE VICE
2 PRESIDENT OF N.A.M.I. WEST SIDE L.A. AND WE'RE DOING PROGRAMS
3 AT THE SCHOOLS. WE HAVE N.A.M.I. ON CAMPUS AT U.C.L.A. WE HAVE
4 YOU'VE GOT A FRIEND, WHICH IS A PROGRAM THAT EXTENDS A HAND TO
5 A YOUNG PERSON FROM HIGH SCHOOL TO COME INTO THE COMMUNITY
6 COLLEGE. PLEASE, PLEASE DON'T STOP THE PREVENTION AND
7 INTERVENTION THAT WE'RE DOING RIGHT NOW TO GET THESE YOUNG
8 PEOPLE IN THE SCHOOLS AND THE PARENTS TO BE ABLE TO AVOID THE
9 CRISES THAT YOU DON'T HAVE SUCH A BIG OVERHEAD. THANK YOU.

10

11 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP ISMAEL
12 MALDONADO? AND BOB SCHOONOVER.

13

14 **REBA STEVENS:** GOOD MORNING. MY NAME IS REBA STEVENS AND I AM A
15 CONSUMER WITH THE DEPARTMENT OF MENTAL HEALTH DISTRICT 2. AND
16 I HAVE GREAT CONCERNS HERE. WHEN THIS INFORMATION WAS BROUGHT
17 TO MY ATTENTION, I WAS IN A MEETING FOR THE DEPARTMENT'S
18 COMMISSION WHEN DR. SHANER BROUGHT IN TO OUR ATTENTION. I
19 THINK IT'S IMPORTANT TO NOT ONLY SAY I AM OPPOSED TO THIS BUT
20 TO ALSO SHARE WITH YOU WHAT THAT FELT LIKE. TO ACTUALLY
21 EXPERIENCE WATCHING THIS INFORMATION BE DELIVERED TO OUR
22 COMMISSIONERS AND EVERYBODY BEING TAKEN ABACK BY IT. I
23 EXPERIENCED FEAR. I EXPERIENCED STRESS. I EXPERIENCED ANXIETY.
24 AND IT'S REALLY SAD THAT I WOULD HAVE TO EXPERIENCE THAT ON
25 ACCOUNT OF YOU. THIS IS ABOUT TRUST. I'M QUESTIONING MY LEVEL



1 OF TRUST WITH YOU. BECAUSE I DON'T FEEL THAT IT'S FAIR THAT
2 IT'S A PROPER MANNER WITH WHICH THIS IS BEING DEALT WITH. WHAT
3 ABOUT THOSE OF US WHO ACTUALLY CHOOSE TO BE MENTALLY AND
4 EMOTIONALLY HEALTHY? NOT ONLY DO THEY SAY THAT THIS IS NOT
5 SOMETHING, NOTHING ABOUT US WITHOUT US, BUT I THINK WHAT'S
6 IMPORTANT HERE IS YOU NEED TO UNDERSTAND THAT WE CAN AND WE DO
7 SPEAK FOR OURSELVES AND THAT ONE SIZE DOES NOT FIT ALL.

8

9 **SUP. ANTONOVICH, MAYOR:** THANK YOU. [APPLAUSE] YES, MA'AM.

10

11 **LETICIA MUNIZ:** GOOD MORNING, SUPERVISOR ANTONOVICH. AND A
12 SPECIAL HELLO TO SUPERVISOR SOLIS. YOU'RE MY ROLE MODEL. THANK
13 YOU. AND I JUST WANT TO MOVE ON AND LET YOU KNOW THAT MY
14 NAME'S LETICIA MUNIZ GEVARA. I'M AN ADVOCATE TRANSLATOR. I'M
15 PART OF SERVICE AREA 2. I'M ALSO YOUR FORMER MENTAL HEALTH
16 COMMISSIONER FOR THE THIRD DISTRICT. AND SO ON. YOU MIGHT KNOW
17 ME BETTER BY THE 1984 CHOKE HOLD, RAUL GEVARA AND THE VAN NUYS
18 JAIL, THAT WAS MY BROTHER, HAVING A PANIC ATTACK WHILE HEALTH
19 SERVICES THOUGHT IT WAS A HEART ATTACK. NEEDLESS TO SAY MY
20 BROTHER'S BEEN DEAD FOR 30 YEARS AND I FOSTERED HIS CHILDREN.
21 AND THAT'S WHAT WE'RE GOING INTO, PUTTING MENTAL HEALTH AND
22 HEALTH SERVICES TOGETHER. I DON'T KNOW THAT THIS CAN BE. BUT
23 AT THE SAME TIME, I DO HAVE TO TELL YOU THAT THROUGHOUT THE
24 TIME THAT WE'VE BEEN IN HEALTH SERVICES, MY DAUGHTER WAS
25 ACCEPTED AT U.C. IRVINE. AND THAT'S BETTER THAN HAVING TO GO



1 BURY SOMEBODY AT MISSION BECAUSE HEALTH SERVICES DIDN'T KNOW
2 THE DIFFERENCE BETWEEN A PANIC ATTACK AND A HEART ATTACK.
3 THANK YOU. [APPLAUSE]

4

5 **SUP. ANTONOVICH, MAYOR:** LET ME ALSO CALL UP OSCAR VALLADARES
6 AND KEENAN SHEEDY. YES, SIR. AND THEN ROBERT.

7

8 **ISMAEL MALDONADO:** GOOD MORNING. GOOD AFTERNOON SUPERVISORS. MY
9 NAME IS ISMAEL MALDONADO. DISABILITY RIGHTS ADVOCATE, SPECIAL
10 CERTIFICATION ADVOCATE, ALSO MENTAL HEALTH CLIENT. I AM
11 OPPOSING THE NEW IDEA THAT SUPERVISOR ANTONOVICH HAS BROUGHT
12 TO OUR TABLE. THIS IS NOT RIGHT TO TRY TO MERGE D.M.H. TO
13 D.H.S. BECAUSE WE WILL BE OVERLOOKED. AND IF D.M.H. IS PLACED
14 OVER D.H.S., WE WILL BE ROBBED OF OUR FUNDING. AND REMEMBER
15 NOTHING ABOUT US WITHOUT US.

16

17 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. MR. SCHOONOVER.

18

19 **BOB SCHOONOVER:** BOB SCHOONOVER PRESIDENT, S.E.I.U. LOCAL 721.
20 THIS IS A BOLD IDEA. IN ORDER FOR BOLD IDEAS TO SUCCEED, THERE
21 NEEDS TO BE A CAREFUL AND THOUGHTFUL PROCESS. THE MOTION TO
22 CONSOLIDATE L.A. COUNTY DEPARTMENTS OF HEALTH, MENTAL HEALTH
23 AND PUBLIC HEALTH INTO ONE SYSTEM PROVIDES AN OPPORTUNITY FOR
24 GREATNESS. BUT ONLY IF THE OFFICIALS ENSURE FULL TRANSPARENCY
25 AND OPEN COMMUNICATION WITH THE PEOPLE WHO ARE ON THE



1 FRONTLINES PROVIDING THESE SERVICES ON A DAILY BASIS TO THE
2 THOUSANDS OF L.A. COUNTY RESIDENTS AND TO THOSE WHO ACCESS
3 THESE SERVICES, AS WELL. A CONSOLIDATION DONE RIGHT COULD HELP
4 CUT THROUGH THE BUREAUCRATIC DELAYS THAT IMPACT PATIENTS ON A
5 DAILY BASIS. BUT IF DONE WRONG, THERE IS A POTENTIAL TO END UP
6 WITH CUTS TO ESSENTIAL SERVICE, INCLUDING COMMUNICABLE
7 DISEASES, MENTAL HEALTH ASSESSMENT AS WELL AS REDUCED ACCESS
8 TO CARE AND FEWER HEALTH CARE PROVIDERS. THIS IS WHAT WE ALL
9 WANT TO AVOID! WE ARE ENTERING INTO THIS CONSOLIDATION HOPEFUL
10 THROUGH OUR STRONG RELATIONSHIP WITH DR. MITCH KATZ AND D.H.S.
11 LEADERSHIP, WE WILL WORK HAND-IN-HAND TO ENSURE THE BEST TOTAL
12 PATIENT QUALITY CARE. OUR EXPERIENCE WITH DR. KATZ AND HIS
13 TEAM IS THAT WE HAVE TRANSPARENCY, INCLUSION AND RESPECT OF
14 OUR UNION CONTRACT. THE ROAD WILL HAVE BUMPS ALONG THE WAY,
15 BUT WE WILL STOP TO REALIGN AS NEEDED. I AM CONFIDENT THAT
16 THROUGH A COLLABORATION, WE WILL ARRIVE AT OUR DESTINATION,
17 BECOMING A PROVIDER OF CHOICE THROUGH OUR TOTAL, INTEGRATED,
18 QUALITY CARE HEALTH SYSTEM. THANK YOU.

19

20 **SUP. ANTONOVICH, MAYOR:** THANK YOU, BOB, FOR YOUR CONSTRUCTIVE
21 COMMENTS. APPRECIATE IT. LET ME ALSO CALL UP PATRICIA CASTILLO
22 AND HECTOR RAMIREZ. YES, SIR.

23

24 **OSCAR VALLADARES:** HONORABLE BOARD OF SUPERVISORS, MY NAME IS
25 OSCAR VALLADARES. I'M A DEPUTY PUBLIC CONSERVATOR WITH THE



1 DEPARTMENT OF PUBLIC HEALTH AND EXECUTIVE BOARD MEMBER OF
2 LOCAL S.E.I.U. 721. MY COLLEAGUES AND I PROVIDE CRITICAL
3 INDIVIDUALIZED MANAGED CARE, SUPERVISION OF MEDICAL,
4 PSYCHIATRIC, FINANCIAL RESOURCE SUPPORT AND SO FAR SIGHT FOR
5 SEVERELY MENTALLY ILL IN OUR COMMUNITY AS DEEMED BY THE COURT.
6 WE JUST WANT TO HIGHLIGHT SOME CHALLENGES THAT ARE WORTH
7 ADDRESSING FROM THE START. AS CHALLENGING AS IT IS FOR D.M.H.
8 TO PROVIDE EFFECTIVE QUALITY CARE AS A STAND-ALONE DEPARTMENT,
9 WE CANNOT IGNORE HOW COMPLICATED IT WILL BE FOR D.M.H. TO
10 COLLAPSE INTO ONE DEPARTMENT WITH D.H.S. AND D.P.H. THIS WILL
11 NOT HAPPEN OVERNIGHT AND IT WILL NOT OCCUR WITHOUT ANY GROWING
12 PAINS. WE NEED TO BE PREPARED TO LISTEN TO HEALTHCARE VOICES
13 AND FRONTLINE STAFF THAT PROVIDE CRITICAL SERVICE TO OUR
14 COMMUNITY. IF THE BOARD AND LEADERS OF OUR DEPARTMENTS ARE
15 SERIOUS ABOUT MAKING A SUCCESSFUL TRANSITION, THE EFFORT WILL
16 BE WORTH IT BECAUSE WE SIMPLY CANNOT AFFORD TO HAVE A STRONG
17 FOUNDATION AS WE EMBARK ON THIS HUGE SHIFT.

18

19 **SUP. ANTONOVICH, MAYOR:** OKAY. THANK YOU. THANK YOU, SIR. LET
20 ME CALL UP LARRY GASCO. YES, SIR.

21

22 **KEENAN SHEEDY:** THANK YOU, BOARD. MY NAME IS KEENAN SHEEDY. I
23 AM THE PATIENT FINANCIAL SERVICES REPRESENTATIVE. AND I HELP
24 NEEDY CLIENTS IN THE DEPARTMENT OF HEALTH SERVICES SIGN UP FOR
25 FINANCIAL PROGRAMS TO HELP THEM PAY FOR THEIR CARE. IN MY



1 EXPERIENCE, THE THREE SEPARATE DEPARTMENTS HAVE ALLOWED A LOT
2 OF INCONSISTENT AND INEFFECTIVE PRACTICES WHEN IT COMES TO
3 REVENUE AND SERVICES. I BELIEVE THIS MOTION HAS THE POTENTIAL,
4 THE POTENTIAL TO PROVIDE BETTER PATIENT CARE THROUGH MORE
5 COORDINATION. I'VE LISTENED VERY CAREFULLY TO THE PEOPLE WHO
6 HAVE SPOKEN BEFORE ME VERY CORRECTLY. WE NEED TO BE VERY
7 INTENTIONAL AND ANALYZE EVERY STEP OF THE WAY. WE NEED TO
8 ENSURE ADEQUATE FUNDING FOR ALL PROGRAMS SO THAT WE'RE NOT IN
9 COMPETITION WITH EACH OTHER. WE NEED ADEQUATE FUNDING AND NO
10 CUTS FOR ALL PROGRAMS. THERE'S A LOT OF POTENTIAL IN TREATING
11 THE PATIENT AS ONE PATIENT WITH ADEQUATE FUNDING FOR ALL
12 PROGRAMS. THAT'S WHAT WE HOPE TO ACHIEVE IN THIS. AND WE DO
13 BELIEVE THAT WE SHOULD NOT RUSH INTO IT, THAT WE SHOULD
14 INVOLVE INPUT FROM ALL OF THE PERSONS WHO ARE INVOLVED WHO
15 KNOW AND KNOW WHAT WORKS AND KNOWS WHAT DOES NOT WORK. THANK
16 YOU.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. YES, MA'AM.

19

20 **PATRICIA CASTILLO:** GOOD MORNING. ESTEEMED BOARD AND HAPPY NEW
21 YEAR. MY NAME IS PATRICIA CASTILLO, I'M THE REGIONAL HEALTH
22 DIRECTOR FOR S.E.I.U. LOCAL 721. AND TODAY ON BEHALF OF OUR
23 REPRESENTED MEMBERS IN D.P.H., D.M.H. AND D.H.S., I COME TO
24 YOU IN PARTNERSHIP. WE'RE OPTIMISTIC ABOUT BEING A COUNTY THAT
25 PROVIDES EFFECTIVE, EFFICIENT AND QUALITY FULL CONTINUUM OF



1 CARE, HEALTH SERVICES. IN FACT OUR MEMBERSHIP HAS ALREADY
2 PRIORITIZED A SET OF CORE VALUES THAT KEEP THE QUALITY OF
3 HEALTH SERVICES. WE ARE ENCOURAGED WITH THE STRONG PARTNERSHIP
4 THAT WE HAVE WITH THE DEPARTMENTS WHERE WE HAVE BEGUN TO BUILD
5 A MODEL THAT FOCUSES ON THE PATIENTS WE SERVE IN OUR
6 COMMUNITY. WE HAVE PIONEERED CARE IMPROVEMENT TEAMS IN OUR
7 AMBULATORY CARE NETWORK GEARED ON IMPROVING ACCESS TO CARE AND
8 HAVE MADE MUCH PROGRESS. WITH THE STRONG INTEGRATION AND
9 LEADERSHIP OF THOSE ON THE FRONTLINES, WE HAVE CREATED
10 MEASURABLE OUTCOMES AND WORK GROUPS IN THE AREA OF QUALITY OF
11 CARE AND PATIENT EXPERIENCE, NONE OF WHICH COULD HAVE BEEN
12 DONE WITHOUT A COMMITMENT FROM OUR TRUE PARTNERSHIP IN D.H.S.
13 IF THIS MOTION MOVES FORWARD, IT WILL BE IMPERATIVE TO
14 REPLICATE THIS PARTNERSHIP TO SCALE SO THAT EACH OF THESE
15 DEPARTMENTS AND SERVICES THEY PROVIDE CAN BE PROTECTED AND
16 EXPANDED.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

19

20 **PATRICIA CASTILLO:** SO I LEAVE YOU WITH THIS. WE MUST BE PART
21 OF THE DESIGNING OF THE FULL MODEL OF CONTINUUM OF INTEGRATED
22 CARE. WE WANT FRONTLINE ENGAGEMENT IN THE PROCESS. AND WE WANT
23 A MODEL THAT ENFORCES INTEGRATED CARE.

24



1 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. JAIME GARCIA AND
2 KAREN MACEDONIO. YES, SIR.

3

4 **HECTOR RAMIREZ:** GOOD AFTERNOON. MY NAME IS HECTOR VANO
5 RAMIREZ. I'M ONE OF YOUR RESIDENTS HERE IN CANOGA PARK. I'VE
6 BEEN A CLIENT WITH THE DEPARTMENT OF MENTAL HEALTH FOR ALMOST
7 14 YEARS SINCE I LOST MY INSURANCE. D.M.H. WAS FOR ME PRETTY
8 MUCH THE WAY THAT I GOT OFF THE STREETS WHEN I LOST MY
9 INSURANCE. IN 2000 I LOST MY PARTNER. I DIDN'T HAVE ANY OTHER
10 FORM OF MENTAL HEALTH TREATMENT BUT THE DEPARTMENT OF MENTAL
11 HEALTH. THAT FOR ME ALLOWED ME THE OPPORTUNITY TO WORK AND
12 DEVELOP RESILIENCE AND CONTINUE WORKING. FOR THIS SECOND YEAR,
13 I'M SERVING WITH THE CALIFORNIA COMMISSION ON MENTAL HEALTH
14 SERVICES ACT REPRESENTING THE PEOPLE OF CALIFORNIA. AND THIS
15 PARTICULAR MOVE, IT'S VERY DISCONCERTING, THE LACK OF
16 OVERSIGHT AND ACCOUNTABILITY FROM STAKEHOLDERS IN THIS PROCESS
17 REALLY DOESN'T REFLECT THE OVERALL POSITION OF WORKING
18 TOGETHER WITH THE PEOPLE THAT WE REPRESENT. I STAND BEHIND ALL
19 THESE PEOPLE SITTING HERE BEFORE YOU IN OPPOSING AND REALLY
20 THINKING AND ANALYZING WHAT WE'RE DOING. WE KNOW THAT IN
21 MENTAL HEALTH, THE SAME TREATMENT DOES NOT WORK FOR EVERYBODY.
22 JUST BECAUSE THIS CONSOLIDATION APPROACH HAS WORKED IN OTHER
23 COUNTIES DOES NOT MEAN IT WILL WORK HERE.

24

25 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. THANK YOU. YES, SIR.



1
2 **LARRY GASCO:** GOOD AFTERNOON, MAYOR ANTONOVICH AND MEMBERS OF
3 THE BOARD. I'M LARRY GASCO AND I'M PRIVILEGED TO SERVE AS
4 CHAIRMAN OF THE MENTAL HEALTH COMMISSION. WE SHARE MANY OF THE
5 CONCERNS THAT HAVE BEEN EXPRESSED TODAY VERY ARTICULATELY. AND
6 HAVING BEEN AROUND PERHAPS TOO LONG, BEEN THROUGH THE DANCE OF
7 CENTRALIZATION AND DECENTRALIZATION. IN 1972, A BIG HEALTH
8 SERVICES DEPARTMENT WAS CREATED AND OBVIOUSLY IT DIDN'T WORK
9 TOO WELL BECAUSE BOTH THE DEPARTMENT OF MENTAL HEALTH AND THE
10 DEPARTMENT OF PUBLIC HEALTH BECAME AUTONOMOUS. I JUST WANT TO
11 SHARE WITH YOU FOCUSING ON ONE MAJOR CONCERN. THE MENTAL
12 HEALTH COMMISSION IS MANDATED IN STATE LAW AND IN THE WELFARE
13 AND INSTITUTIONS CODE, ONE OF THE RESPONSIBILITIES STATES, THE
14 COMMISSION HAS THE MANDATED ROLE TO REVIEW AND APPROVE THE
15 PROCEDURES USED TO ENSURE CITIZENS AND PROFESSIONAL
16 INVOLVEMENT IN ALL STAGES OF THE PLANNING PROCESS. NOW AS YOUR
17 APPOINTEES, AND I'VE ASKED MY PEERS WHO ARE STANDING BEHIND
18 ME, I THINK ONE OR TWO MAY HAVE HAD TO LEAVE A LITTLE BIT
19 EARLY, WE ALL SHARE THE SAME CONCERNS. ONE OF THE MAJOR
20 ISSUES, THOUGH, IN THIS WHOLE THING WITH CONSOLIDATION, IF IT
21 SHOULD COME TO FRUITION, IS THAT IT WOULD CREATE ANOTHER LAYER
22 OF ADMINISTRATION BETWEEN THE BOARD OF SUPERVISORS AND YOUR
23 COMMISSION THAT WOULD IMPEDE OUR ABILITY TO SHARE THE CONCERNS
24 OF CONSTITUENTS DIRECTLY TO YOU. SO WE RECOMMEND THAT THE
25 BOARD CONTINUE THIS MOTION AND REALLY STUDY IT VERY, VERY



1 CAREFULLY AND NOT MAKE THE SAME MISTAKES THAT WERE MADE IN THE
2 PAST. AND IDEALLY I THINK IT'S A BAD IDEA PERSONALLY.

3

4 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

5

6 **LARRY GASCO:** SO JUST ONE LAST THING, ONE OF THE THINGS WE
7 TALKED A GREAT DEAL ABOUT, THE ROLE OF CONSUMERS. BUT IT'S
8 MORE THAN A SLOGAN ABOUT NOTHING ABOUT US WITHOUT US. THE
9 DEPARTMENT OF MENTAL HEALTH OVER 20 YEARS HAS PUT A LOT OF
10 TIME AND EFFORT INTO DEVELOPING A VOICE FOR CONSUMERS. YOUR
11 MENTAL HEALTH COMMISSION HAS ALSO TRIED TO REINFORCE THAT. AND
12 SO IT'S REALLY CRITICAL THAT IN THIS PLANNING PROCESS, THAT
13 CONSUMER ORGANIZATIONS, CONSUMERS, MEMBERS OF THE PUBLIC HAVE
14 A VERY IMPORTANT ROLE IN THE STUDY OF WHATEVER PROCEEDS IN THE
15 FUTURE. SO APPRECIATE IT. THANK YOU.

16

17 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. ALSO DR. GENEVIEVE
18 CLAVREUL AND JULIE JONES. YES, MA'AM.

19

20 **KAREN MACEDONIO:** MAYOR ANTONOVICH, BOARD OF SUPERVISORS, MY
21 NAME IS KAREN MACEDONIO. I'M THE COCHAIR FOR SERVICE AREA 5,
22 WHICH IS WEST L.A., THE SERVICE AREA ADVISORY COMMITTEE. I'M
23 ALSO A MEMBER OF THE EXECUTIVE BOARD OF THE FAITH-BASED
24 ADVOCACY COUNCIL FOR L.A.D.M.H. YOU ASKED US EARLIER NOT TO
25 CLAP BUT TO RAISE OUR HANDS TO THE CEILING. WE CAN'T DO THAT



1 WITHOUT A WELL- FUNCTIONING MIND THAT REQUIRES THOUGHT FIRST
2 AND THEN ACTION AFTER. I THINK THE BOARD OF SUPERVISORS HAS AN
3 INCREDIBLE OPPORTUNITY HERE TO LOOK AT THE COUNTY AS A WHOLE,
4 BUT UNDERSTAND THAT THIS DECISION AFFECTS EVERY SINGLE ONE OF
5 THE 10 MILLION PLUS RESIDENTS. THIS IS MENTAL ILLNESS AFFECTS
6 1 OUT OF EVERY 4 FAMILIES IN A GIVEN YEAR, EITHER DIRECTLY TO
7 AN INDIVIDUAL OR TO THE FAMILY MEMBERS AND CAREGIVERS. IT
8 HIDES BEHIND THE WORD STIGMA. YOU'VE HEARD PEOPLE SAY "WE WERE
9 LEFT OUT." THAT IS STIGMA. I REALLY URGE THE BOARD OF
10 SUPERVISORS TO DELAY THIS DECISION, TO THINK ABOUT IT MORE, TO
11 ENGAGE THE STAKEHOLDERS AND TO FIND A WAY THAT WE CAN ALL COME
12 TOGETHER FOR A COUNTY THAT'S A LEADER IN THE WORLD IN
13 HEALTHCARE FOR EVERYBODY.

14

15 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. THANK YOU. LET ME
16 ALSO CALL UP RONALD RUIZ. YES, SIR.

17

18 **LARRY GLASGOW:** HI, MY NAME IS LARRY GLASGOW, I'VE BEEN WITH
19 THE SAN FERNANDO VALLEY MENTAL HEALTH FOR ABOUT 10 YEARS WITH
20 THE VICTORY WELLNESS CENTER. AND I'VE ALWAYS BEEN, IF I WASN'T
21 FIT RIGHT WITH THE PLACE, I ALWAYS MOVED ON. SO EVIDENCE THIS
22 PLACE HAS HELPED ME A LOT WITH MY MENTAL HEALTH. I'M ON THE
23 C.A.C. COMMITTEE. I'M WITH THE ADVISOR, THE WELLNESS
24 DEPARTMENT AT THE CENTER. SO I'M A VOICE SPEAKING OUT AS
25 AMBASSADOR FOR THE CONSUMERS AT THE CENTER. AND THIS PROGRAM



1 HAS DONE A LOT FOR ME AS WELL AS THE REST OF MY CONSUMERS AT
2 THE CENTER. MY FAMILY PUT ME ASIDE BECAUSE I HAVE A MENTAL
3 ILLNESS. BUT MY FAMILY'S AT THE CENTER. AND ALONG WITH THE
4 CENTER, ALL THE MENTAL HEALTH FACILITIES. THANK YOU.

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. LET ME ALSO CALL UP
7 EMILY TRUONG. YES, MA'AM.

8

9 **JULIE JONES:** THANK YOU, MAYOR ANTONOVICH AND TO ALL THE BOARD
10 OF SUPERVISORS. MY NAME IS JULIE JONES AND I'M WITH HILL VIEW
11 MENTAL HEALTH CENTER IN DISTRICT 3 IN PACOIMA AND I'VE BEEN A
12 CARE PROVIDER FOR OVER 17 YEARS. IN ADDITION TO BEING A CARE
13 PROVIDER, I ALSO HAVE FAMILY MEMBERS WHO RECEIVE MENTAL HEALTH
14 TREATMENT IN THE ANTELOPE VALLEY AREA. THIS IS OF GRAVE
15 CONCERN FOR ALL OF US. THIS CONSOLIDATION WILL MEAN A
16 REDUCTION OF SERVICES FOR PEOPLE WITH MENTAL HEALTH
17 CONDITIONS. WE ALL WANT INTEGRATION, BUT IT IS IMPORTANT TO
18 POINT OUT, AS MANY PEOPLE HAVE ALREADY, THE REASON WHY THE
19 DEPARTMENT OF MENTAL HEALTH WAS CARVED OUT YEARS AGO. MANY OF
20 OUR CONSUMERS, OUR FAMILY MEMBERS, FELL VICTIM OF STIGMA AND
21 PREJUDICE, MISDIAGNOSIS, A LACK OF TREATMENT RESOURCES. AND
22 UNDER THE GUIDANCE OF THE INDEPENDENT DEPARTMENT OF MENTAL
23 HEALTH, STATISTICS HAVE SHOWN THAT WITH PROGRAMS LIKE THE FULL
24 SERVICE PARTNERSHIP, THE WELLNESS PROGRAM AND CLIENT-RUN
25 CENTERS, THERE HAVE BEEN SIGNIFICANT COST-EFFECTIVENESS,



1 REDUCING THE COST OF INCOMPETENCE PATIENT AND EMERGENCY
2 SERVICES. WE CAN'T AFFORD TO GO BACKWARDS TO A MEDICAL MODEL.
3 THIS IMPACTS THE LIVES OF THOUSANDS OF PEOPLE IN LOS ANGELES
4 COUNTY. I AM ADVOCATING THAT THIS MOTION BE TABLED TO ALLOW
5 FOR PUBLIC INPUT THROUGH A STAKEHOLDER PROCESS. THANK YOU.

6

7 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

8

9 **DR. GENEVIEVE CLAVREUL:** GOOD AFTERNOON, BOARD OF SUPERVISORS,
10 DR. GENEVIEVE CLAVREUL. I AM AMAZED AND I'M CONCERNED. WHY
11 NOW? WHY SO SOON? AND WHY SO MUCH PUSH? I WAS PROBABLY THE
12 MOST OPPOSED TO SEPARATE THE DEPARTMENT WHEN IT FIRST
13 HAPPENED. I DIDN'T LIKE DR. FIELDING. I THOUGHT HE WAS NOT
14 CAPABLE OF DOING A GOOD JOB. HE DID A FANTASTIC JOB. AND
15 BECAUSE OF THE WAY THE DIRECTOR TO PUBLIC HEALTH AND THE SAME
16 WITH DR. SOUTHARD IN MENTAL HEALTH, I FELT PEOPLE GOT BETTER
17 CARE. PERSONALLY, I FEEL THIS IS A POLITICAL PLOY FOR POWER.
18 DR. KATZ WANT THE BIG POWER AND HE WANTS TO CONSOLIDATE. I
19 THINK IT'S NOW THAT D.H.S. IS NOT WORKING WELL, LOOK AT THE
20 FUTURE. AND WHEN YOU CEDAR PUT A FULL PAGE AD IN THE PAPER,
21 PLEASE COME TO CEDAR, WE HAVE MED-ICAL AND MEDICARE, DO YOU
22 THINK PEOPLE ARE GOING TO GO TO THE PUBLIC HEALTH HOSPITAL,
23 EVEN THOUGH WE GIVE U.S.C. IS A TOP HOSPITAL? THAT'S NOT GOING
24 TO HAPPEN. WHAT WE HAVE SEEN HERE IS SOMETHING TO MASK A BIG
25 DEFEAT. DON'T DO IT. [APPLAUSE]



1

2 **SUP. ANTONOVICH, MAYOR:** LET ME ALSO CALL UP ALINA MENDIZABEL
3 AND MARSHA TEMPLE. YES, SIR.

4

5 **RONALD RUIZ:** HONORABLE CHAIR ANTONOVICH AND BOARD OF
6 SUPERVISORS, MY NAME IS RON RUIZ. I'M AN L.A. COUNTY EMPLOYEE
7 AND S.E.I.U. 721 STEWARD AND CHAIR OF THE JOINT LABOR
8 MANAGEMENT FOR THE DEPARTMENT OF MENTAL HEALTH COUNCIL. I'M
9 HERE TODAY IN HOPES TO SEE US MOVING IN THE RIGHT DIRECTION
10 THAT BENEFITS MENTAL HEALTH AND LOOKING TO THE FULL
11 PARTNERSHIP, A PARTNERSHIP DEDICATED TO THE SUCCESS OF THE
12 PEOPLE OF L.A. AND THE SUPPORTING COMMUNITIES. HOWEVER, AS IN
13 A FRONTLINE WORKER, I WANT MY VOICE AND THE VOICE OF MY
14 COWORKERS, UNION BROTHERS AND SISTERS, TO ALSO BE HEARD. WE
15 WANT A SEAT AT THE TABLE, A FULL TRANSPARENCY TO BE ABLE TO BE
16 IN THE PLANNING PROCESS WHEN AND SHOULD THIS MOTION BE PASSED.
17 THANK YOU.

18

19 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP MARK
20 KARMATZ MATS AND LILIAN CABRAL. YES, EMILY.

21

22 **EMILY TRUONG:** HONORABLE MAYOR AND SUPERVISORS, MY NAME IS
23 EMILY WU TRUONG, LIVING IN THE SAN GABRIEL VALLEY OF THE FIFTH
24 DISTRICT. I AM A COMMUNITY ACTIVIST FOR MENTAL HEALTH
25 AWARENESS, WHICH IS WHY I WEAR LIME GREEN. AND I AM THE NEWLY



1 ELECTED CHAIR OF THE ASIAN COALITION, WHICH REPRESENTS CLIENTS
2 WHO COME TOGETHER TO ALLEVIATE THE STIGMA ON MENTAL HEALTH,
3 EMPOWER EACH OTHER TO SHARE RESOURCES AND HIGHLIGHT PROFILES
4 OF HOPE AND RECOVERY. OUR MOTTO IS: WITH HELP, THERE IS HOPE.
5 AND HELPLESSNESS IS NOT HOPELESSNESS. SO WHY DO I CARE ABOUT
6 THE MOTION TO CONSOLIDATE THE THREE PUBLIC HEALTH AGENCIES?
7 BECAUSE IT IS NOT CLEAR AS TO HOW THE CONSOLIDATION WILL
8 AFFECT ME AND MY PEERS. BECAUSE I UNDERSTAND THAT SOMETIMES
9 THE SYSTEM DOES NOT WORK TO SUPPORT THE ORDINARY CITIZEN
10 BECAUSE THE SYSTEM IS VERY DIFFICULT TO UNDERSTAND AND
11 NAVIGATE. I MYSELF WAS THIS PERSON TWO SUMMERS AGO. AT THE
12 LAST MENTAL HEALTH COMMISSION MEETING ON DECEMBER, I SHARED MY
13 EXPERIENCE FROM TWO SUMMERS AGO WHEN I HAD A THREE-DAY MENTAL
14 BREAKDOWN. WHILE HAVING THE BREAKDOWN, I MADE OVER 60 PHONE
15 CALLS TO HELP MYSELF. EVERY PHONE CALL I MADE, THEY WOULD SAY
16 "ARE YOU SUICIDAL?" I SAID "NO." THEN I EXPLAINED MY STORY BUT
17 FOR EVERY PHONE CALL IT FELT LIKE THEY CONTINUED TO SAY,
18 "SORRY WE CAN'T HELP YOU. HERE'S ANOTHER NUMBER. HERE'S
19 ANOTHER NUMBER." AND THIS IS WHAT MADE ME FEEL SO DEPRESSED
20 AND FRUSTRATED. SO IF IT HAS BEEN THIS DIFFICULT FOR ME TO
21 FIND HELP, IMAGINE HOW DIFFICULT IT WOULD BE FOR CLIENTS AND
22 IMMIGRANTS WHO CANNOT SPEAK ENGLISH FLUENTLY? SO FOR MY
23 EXPERIENCE, THIS SYSTEM DID NOT WORK IN MY FAVOR. HOWEVER,
24 WHEN I TOOK MATTERS INTO MY OWN HANDS, I MANAGED TO FIND
25 AFFORDABLE MENTAL HEALTHCARE AFTER 3-1/2 MONTHS. AND NOW I AM



1 A MOTIVATIONAL SPEAKER WITH THREE SPEAKING GIGS LINED UP FOR
2 THIS MONTH AT U.C.I. AND U.C.L.A. I WAS RECENTLY SELECTED TO
3 SIT ON THE CLIENT AND FAMILY LEADERSHIP COMMITTEE FOR THE
4 MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION
5 IN SACRAMENTO. [APPLAUSE.]

6

7 **SUP. ANTONOVICH, MAYOR:** THANK YOU. EMILY, THANK YOU. XIE XIE
8 NI. LET ME ALSO CALL UP SHOREH ROSTAMI-TEHRANI. YES MA'AM.

9

10 **MARSHA TEMPLE:** I AM MARSHA TEMPLE EXECUTIVE DIRECTOR OF THE
11 INTEGRATED RECOVERY NETWORK. WE HELP PEOPLE WHO HAVE BEEN
12 HOMELESS WITH HOUSING, HEALTHCARE AND JOBS. I AM NOT OPPOSED
13 TO THE MOTION AS AMENDED. BUT BEFORE INTEGRATION IS RULED OUT,
14 THE COMMUNITY IS ENTITLED TO SEE A PLAN FOR THE CLIENTS WE
15 SERVE. WHAT WILL BE THE THROUGHPUT OF INTEGRATED SERVICES FOR
16 MENTAL HEALTH, ADDICTION, PRIMARY CARE, AND HOUSING FOR THE
17 HOMELESS? HOW WILL THIS NEW ORGANIZATION HELP PEOPLE WHO FEEL
18 STIGMATIZED BECAUSE THEY HAVE BEEN LABELED WITH A DIAGNOSIS
19 ACHIEVE EMPLOYMENT? THE ULTIMATE EVIDENCE OF RECOVERY. THANK
20 YOU.

21

22 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM.

23

24 **MARK KARMATZ:** I AM MARK KARMATZ AND I'M A MEMBER-- I'M ONE OF
25 THE ORIGINAL MEMBERS OF PROJECT RETURN PEER SUPPORT NETWORK



1 AND ALSO ONE OF THE ORIGINAL MEMBERS OF THE LOS ANGELES COUNTY
2 CLIENT COALITION, WHICH IS UNDER THE AUSPICES OF THE COUNTY
3 DEPARTMENT OF MENTAL HEALTH. DUE TO THE MENTAL HEALTH SERVICES
4 ACT, WE NOW HAVE TWO PEER-RUN CRISIS SUPPORT CENTERS THAT ARE
5 OPERATED BY MENTAL HEALTH PEERS. I WOULD LIKE TO OPPOSE THIS
6 BLENDING OF THE TWO DEPARTMENTS. BECAUSE MY UNDERSTANDING IS
7 THE MENTAL HEALTH CONSUMERS WILL GET LOST. I AM FOR
8 INTEGRATING IN A LOT OF WAYS BUT IT'S TOO SOON. SO WE NEED, IF
9 YOU DID IT, YOU NEED TO HAVE REPRESENTATION FROM DISABILITY
10 RIGHTS CALIFORNIA. YOU NEED TO HAVE. KEEP THE PROGRAMS GOING.

11

12 **SUP. ANTONOVICH, MAYOR:** STAKEHOLDERS.

13

14 **MARK KARMATZ:** AND YOU NEED TO HAVE PEERS BE AT THE MENTAL
15 HEALTH TABLE SO THAT WE CAN GET THESE, NOTHING ABOUT US
16 WITHOUT US. WE NEED TO BE THERE.

17

18 **SUP. ANTONOVICH, MAYOR:** RIGHT. THANK YOU, SIR. LET ME ALSO
19 CALL UP HERMAN HERMAN AND SANDRA MORALES. YES, MA'AM.

20

21 **LILIAN CABRAL:** YES. GOOD AFTERNOON. MY NAME IS LILIAN CABRAL
22 AND I AM A HEAD CLERK SUPERVISOR FOR D.H.S. UNDER THE UMBRELLA
23 OF PATIENT FINANCIAL SERVICES AT L.A.C.+U.S.C. IN THE E.R. FOR
24 37 YEARS. AND I AM ALSO SECRETARY OF S.E.I.U. 721. THIS MOTION
25 HAS CREATED A RICH DIALOGUE WITHIN OUR MEMBERSHIP. AND WE HAVE



1 CONCLUDED THAT ABOVE ALL WE NEED TO ALL PARTNER TO CREATE THE
2 BEST MODEL FOR THE CARE OF OUR COMMUNITY. I THINK THERE IS A
3 POTENTIAL FOR MORE COORDINATION AND EFFICIENCY IF THE
4 DEPARTMENTS ARE MERGED WHICH WILL BE BETTER FOR THE PEOPLE
5 USING THE SERVICES. FOR ME, THE REAL QUESTION IS: HOW DO WE
6 USE THIS MOMENT AS AN OPPORTUNITY TO ENGAGE MORE MEMBERS IN
7 CRUCIAL THINKING ABOUT THE PUBLICLY-RAN HEALTH SYSTEM? WHAT
8 ARE THE OVERLAPPING ISSUES OF THE WORKERS IN THE COMMUNITY?
9 WHAT'S THE BEST WAY TO PROVIDE SERVICES? HOW DO WE GET MORE
10 MONEY INTO SERVICES AND LESS INTO BUREAUCRACY? THANK YOU.

11

12 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. ALSO MORGAN
13 BLACKLEDGE? YES, MA'AM.

14

15 **SHOREH ROSTAMI-TEHRANI:** GOOD AFTERNOON. MY NAME IS SHOREH
16 ROSTAMI-TEHRANI. I'M A PUBLIC HEALTH NURSE WITH THE HEALTH
17 FACILITY INSPECTION DIVISION. A MAJOR FUNCTION OF THE HEALTH
18 FACILITY INSPECTION DIVISION IS TO ENSURE OUR HOSPITALS,
19 CLINICS AND SKILLED NURSING FACILITIES ARE MEETING STANDARDS
20 OF CARE. WE ARE OFTEN THE VOICE FOR THE PATIENTS, RESIDENTS
21 AND CLIENTS AND THEIR LOVED ONES. I SEE THIS CONSOLIDATION AS
22 A POTENTIAL OPPORTUNITY TO CUT THROUGH SOME OF THE DELAYS
23 CAUSED BY HUGE BUREAUCRATIC SYSTEM BUT ONLY-- ONLY IF THIS
24 SHIFT MOVES WITH CAUTION AND HAND-IN-HAND WITH THOSE ON THE
25 FRONT LINE AND DEPARTMENT OF MENTAL HEALTH AND DEPARTMENT OF



1 HEALTH SERVICES. AS YOU KNOW, THE DEPARTMENT OF OUR HEALTH
2 FACILITY INSPECTOR DIVISION IS SUFFERING FROM A SEVERE LACK OF
3 FUNDING FROM THE STATE. THIS HAS CREATED A BACKLOG ON THE
4 FACILITIES INSPECTIONS AND SURVEYS. OUR DEPARTMENT DESPERATELY
5 NEEDS FUNDING TO HIRE AND TRAIN MORE HEALTH FACILITIES
6 EVALUATORS LIKE ME. I AM HOPEFUL THE CONSOLIDATION WILL ALLOW
7 FOR BETTER OUTCOMES OF L.A. BY CREATING AN L.A. CITIZENS OF
8 L.A. BY CREATING A STRONGER MORE UNIFIED VOICE TO ADVOCATE FOR
9 ADEQUATE FUNDING FOR APPROPRIATE STAFFING. I STAND BEFORE YOU
10 TODAY ASKING FOR TRANSPARENCY WITH THE MOTION MOVING FORWARD
11 AND I DO APPRECIATE YOUR TIME. THANK YOU VERY MUCH.

12

13 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP YASIKO
14 SAKOMOTO AND MALIA FONTECCHIO. YES, MA'AM.

15

16 **SANDRA MORALES:** HI. GOOD AFTERNOON. MY NAME IS SANDRA MORALES.
17 EFFECTIVENESS OF SUCH AN AGREEMENT AS SHORT TIME. I AGREE WITH
18 MANY OF YOUR CONSTITUENTS, AND AS YOU SAID, MR. MAYOR, YOUR
19 STAKEHOLDERS, WE DEMAND MORE TIME AND ARBITRATION ON THIS
20 MATTER BECAUSE IT'S SO IMPORTANT TO NOT JUST THOSE WHO ARE
21 IMPACTED BY THE DISABILITY. BUT I'M TALKING ABOUT THOSE WHO
22 ARE THE QUALIFIED INDIVIDUALS WITH DISABILITY WHO RAISES ALL
23 ISSUES OF GENERAL PUBLIC IMPORTANCE. GENERAL PUBLIC
24 IMPORTANCE, AND THAT'S WE THE PEOPLE. EFFECTIVE COMMUNICATION
25 WITH PEOPLE FALLS SHORT ON THE BASIS OF CONSIDERATION TO WHAT



1 DEGREE AND MANNER WE EVALUATE PEOPLE UPON THE SO-CALLED MENTAL
2 ISSUES. SO LET US NOT DISCRIMINATE. LET US NOT BECOME UNAWARE
3 OF THE EQUAL ACCESS TO GOOD HEALTHCARE. AND LET US PROVIDE ALL
4 YOUR CONSTITUENTS, ALL YOUR STAKEHOLDERS WITH THE SAME IDEAS,
5 METHODOLOGY, ALL DISCUSSED TODAY BECAUSE EVERYONE'S POINT OF
6 VIEW, PROS AND CONS, WERE ALL CORRECT, RIGHT MISS SOLIS?

7

8 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP SHELLY
9 SUY AND EVA MCRAVEN. YES, MA'AM.

10

11 **MALIA FONTECCHIO:** GOOD AFTERNOON. MY NAME IS MALIA JAVIER
12 FONTECCHIO AMESTEBIO. I'M THE STIGMA DISCRIMINATION REDUCTION
13 COORDINATOR FOR PROJECT RETURN PEER SUPPORT NETWORK. I'M ALSO
14 A MENTAL HEALTH CONSUMER. I DO NOT SUPPORT THE MERGER OF THE
15 MENTAL HEALTH DEPARTMENT AND THE HEALTH DEPARTMENT. I ALSO
16 FEEL THAT THE MENTAL HEALTH SYSTEM AND STAKEHOLDERS HAVE NOT
17 BEEN ADEQUATELY CONSULTED IN THESE MATTERS WHICH I FEEL WILL
18 BE THE BEGINNING OF A PATTERN. MENTAL HEALTH GOES FAR BEYOND
19 PHYSICAL HEALTH AND MY FEAR IS THAT BY BEING PUT UNDER D.H.S.
20 WE WILL BE UNDER LEADERSHIP THAT NOT UNDERSTAND THE RECOVERY
21 MODEL, THE BARRIER OF STIGMA AND THE IMPORTANCE OF THE
22 CONSUMER MOVEMENT AND THAT MENTAL HEALTH WILL TAKE A BACK SEAT
23 TO PHYSICAL HEALTH. SO PLEASE I URGE YOU TO RECONSIDER THIS
24 MOTION. THANK YOU.

25



1 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MA'AM. MATTHEW
2 ROYCHAUDHARY. MATTHEW? YES, MA'AM.

3

4 **YASUKO SAKOMOTO:** GOOD AFTERNOON. I AM YASUKO SAKOMOTO,
5 DIRECTOR OF THE SOCIAL SERVICES AT THE LITTLE TOKYO SERVICE
6 CENTER, WHICH HAS PROVIDED THE SOCIAL SERVICES NOT ONLY FOR
7 THE JAPANESE AND JAPANESE AMERICAN COMMUNITY BUT ALSO ASIAN
8 PACIFIC ISLANDER COMMUNITY FOR OVER 35 YEARS. WE SERVE 18,000
9 CLIENTS ANNUALLY. I AM ALSO A CO-CHAIR OF THE MENTAL HEALTH
10 COMMITTEE OF ASIAN PACIFIC-AMERICAN POLICY AND PLANNING
11 COUNCIL, AN ASSOCIATION OF OVER 40 ORGANIZATIONS. WE STRONGLY
12 OPPOSE THE MOTION 15-0189. AS ALWAYS ENCOURAGE, PLEASE HEAR
13 THE OPINIONS AND THE FEEDBACK FROM THE STAKEHOLDERS IN THE
14 COMMUNITY IN THIS VERY, VERY CRITICAL PROCESS TO MAINTAIN THE
15 QUALITY OF CARE.

16

17 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

18

19 **YASUKO SAKOMOTO:** WE ARE CONCERNED BECAUSE WE BELIEVE THE
20 CLIENT NEEDS WILL NOT BE ADDRESSED IN THE CONSOLIDATED
21 STRUCTURE AS SOME OF THESE ARE LINGUISTIC--

22

23 **SUP. ANTONOVICH, MAYOR:** WE UNDERSTAND THAT--

24



1 **YASUKO SAKOMOTO:** -- DISPARITY AND ACCESS AND EQUITABLE
2 FUNDING.

3

4 **SUP. ANTONOVICH, MAYOR:** IF YOU COULD--

5

6 **YASUKO SAKOMOTO:** PLEASE DO NOT RUSH TO THE JUDGMENT ON THIS
7 ISSUE. THANK YOU.

8

9 **SUP. ANTONOVICH, MAYOR:** THANK YOU. THANK YOU, MA'AM. OKAY. AND
10 DOREEN GILLCREST? DOREEN? WHICHEVER GOES FIRST DOESN'T MATTER.

11

12 **SHELLEY SUY:** HI, EVERYONE. MY NAME IS SHELLY SUYAND I'M HERE
13 TO OFFER A DIFFERENT PERSPECTIVE. I WORK IN THE ACCOUNTING
14 DEPARTMENT AT HALFWAY SYCAMORE'S CHILD AND FAMILY SERVICES. I
15 CAN AN ATTEST TO THE CURRENT EFFICIENCIES OF D.M.H. IN
16 SUPPORTING OUR AGENCY AND DELIVERING SERVICES TO OUR
17 CONSUMERS. OVER 70 PERCENT OF OUR FUNDING IS DERIVED FROM
18 D.M.H., SO YOU CAN IMAGINE WE RELY HEAVILY ON THE FUNDING TO
19 CONTINUE OPERATING MONTHLY. AND AS A NONPROFIT, MY CONCERN IS
20 THE STRESS OF THIS CONSOLIDATION WILL CAUSE ON MULTITUDES OF
21 FUNDING SOURCES D.M.H. CURRENTLY MANAGES SO WELL. ANY DELAY IN
22 RECEIVING OUR FUNDS, AND I IMAGINE FOR EVERY OTHER AGENCY
23 FUNDED BY D.M.H., WILL PUT A STRAIN ON US, OUR COMMUNITIES AND
24 THE FAMILIES AND CHILDREN THAT WE SERVE. I MUST REITERATE THAT



1 AS NONPROFITS, ANY DECISION MADE SHOULD ENCOMPASS THE INPUT OF
2 ALL STAKEHOLDERS AND HAVE DUE DILIGENCE. THANK YOU.

3

4 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR. LET ME ALSO CALL UP
5 ERIC PREVEN. YES, MA'AM.

6

7 **EVA MCRAVEN:** I'M EVA MCRAVEN, PRESIDENT C.E.O. OF HILL VIEW
8 MENTAL HEALTH CENTER IN PACOIMA. WHAT YOU ARE PLANNING IS NOT
9 INTEGRATION. IN THE PAST TWO OR THREE YEARS A LOT OF STUDY AND
10 PLANNING AND COMMUNICATING HAS BEEN INVESTED BY THE DEPARTMENT
11 OF MENTAL HEALTH IN UNDERSTANDING THE BARRIERS TO INTEGRATION
12 OF HEALTHCARE. SOME ARE DISPARITIES IN TRAINING, FOR DOCTORS
13 IN COMMUNICATING WITH PATIENTS AND THEIR NEEDS AND THEIR
14 KNOWLEDGE OF MEDICATION FOR MENTAL ILLNESS. THE STRUCTURE OF
15 PATIENT VISITS IS DIFFERENT. THEN THERE IS THE ISSUE OF
16 ELECTRONIC RECORD SHARING. INTEGRATION WILL TAKE TIME. OUR
17 INVESTMENTS OF TIME BEGAN WITH THE AFFORDABLE CARE ACT AND
18 IT'S OCCURRED NATIONALLY. IT COULD BE SWEEPED AWAY BY THIS
19 EFFORT TO PROCLAIM INTEGRATION WITH A STROKE OF A PEN. AND
20 THIS WOULD NOT BE INTEGRATION. AS A COUNTY WE HAVE BEEN THERE
21 AND DONE THAT 30 YEARS AGO. IT WAS A GREAT VICTORY WHEN WE
22 ACHIEVED DEPARTMENTAL STATUS AND NO LONGER HAD TO FIGHT FOR
23 OUR PLACE IN THE HEALTH CARE LINE.

24

25 **SUP. ANTONOVICH, MAYOR:** THANK YOU. YES, MA'AM.



1

2 **DOREEN GILLCREST:** MY NAME IS DOREEN GILLCREST I AM A MENTAL
3 HEALTH PATIENT. IT HELPS ME OUT VERY GOOD IN THE MENTAL
4 HEALTH. I'M A LADY, A WOMAN'S GROUP, I DO WOMAN GROUPS AND I
5 AM GOING TO SCHOOL TO GO TO COLLEGE. THEY DO ME GOOD AT SCHOOL
6 FOR COLLEGE. AND THEY ARE DOING GOOD FOR ME THERE IN MY
7 PATIENT. I GOT A HOUSE THERE. THEY GIVE ME A HOUSE AND ALL
8 THAT. SO I'M DOING GOOD FOR GOING TO SCHOOL.

9

10 **SUP. ANTONOVICH, MAYOR:** THANK YOU. ALSO LET ME CALL LEONARD
11 ROSE AND ARNOLD SACHS. YOU YES, SIR.

12

13 **MATTHEW ROYCHAUDHARY:** MY NAME IS MATTHEW, AND I CAME IN
14 LANCASTER IN 2009 AND I SAW YOUR NAME. I THANK YOU, MR.
15 MICHAEL. I SAW YOUR NAME ON THE SUPERIOR COURT OF LOS ANGELES,
16 I DID A LITTLE INTERNET RESEARCH AND I LIKE YOUR FACE. THANK
17 YOU. [LAUGHTER.]

18

19 **MATTHEW ROYCHOUDHARY:** BUT I'M A CHILD OF GOD, SO WHAT GOD HAS
20 PUT IN MY HEART, I'M GOING TO TALK ABOUT THIS, THAT I'M A
21 MEMBER OF MENTAL HEALTH AMERICA, IT'S A NONPROFIT ORGANIZATION
22 IN LANCASTER AND I AM A MEMBER OF THAT. AND I WANT TO SAY THAT
23 THE POINT I'M TRYING TO BRING HOME HERE IS THAT THESE THINGS
24 WOULD HAVE NOT BEEN POSSIBLE FOR THE HOMELESS MENTAL PATIENT
25 WITHOUT THE RIGHT INPUT AND OUTSTANDING CONTRIBUTION AND



1 CONSISTENT HELP FROM MENTAL HEALTH AMERICA FROM 2010 TO DATE.
2 BESIDES THIS, I HAVE BEEN PROVIDED REFERRAL SERVICES BY OTHER
3 IN-HOUSE SERVICES LIKE EMPLOYMENT-RELATED SERVICES,
4 PSYCHIATRIC AND MENTAL HEALTH TREATMENT, MENTAL HEALTHCARE,
5 BASIC DAILY NEEDS.

6

7 **SUP. ANTONOVICH, MAYOR:** THANK YOU. COULD YOU PRESENT YOUR
8 REMARKS TO THE SERGEANT SO THE BOARD COULD HAVE A COPY OF
9 THEM?

10

11 **MATTHEW ROYCHOUDHARY:** OKAY, SURE. THANK YOU.

12

13 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. MR. PREVEN?

14

15 **ERIC PREVEN:** ERIC PREVEN COUNTY RESIDENT FROM DISTRICT 3 AND A
16 CANDIDATE IN THE C.D.2 ELECTION COMING UP FOR THE CITY OF LOS
17 ANGELES. I WANT TO SAY THAT THIS IS A VERY INTERESTING
18 APPROACH. OBVIOUSLY THESE THREE LARGE ENTITIES NEED TO BE--
19 AND I THINK SUPERVISOR KUEHL HIT IT NICELY IN TALKING ABOUT
20 THE CHILDREN PROTECTION GROUP. WE NEED TO MIGRATE AWAY FROM
21 FEAR AND BLAME AND SILOS TO RESPECT, SHE WROTE, FOR
22 PROFESSIONALS IN THE FIELD, LEARNING, COLLABORATING, SHARING
23 LEADERSHIP AND ACCOUNTABILITY AND SEEKING EXCELLENCY IN
24 TRANSPARENCY. AND SO IF THAT WERE THE GOAL, BECAUSE IT'S TRUE
25 THAT MENTAL HEALTH IS A STEPCHILD TO SOME OF THESE BIGGER



1 GROUPS, AND TOO OFTEN IN OUR CULTURE, IN OUR SOCIETY, THE
2 MENTALLY ILL ARE CATEGORIZED, IT'S NOT A PRIORITY, WE HAVE
3 MEDICAL THINGS TO BE DEALT WITH. YOU SAY DIABETES AND PEOPLE
4 JUMP. YOU SAY DEPRESSION AND PEOPLE BALK AND GO AND SAY TELL
5 THEM TO FEEL BETTER. SO I THINK THE MAYOR IS COMING FROM A
6 GOOD PLACE, I HOPE. I HOPE HE'S NOT USING THIS AS A TOOL TO,
7 AS WE'RE TRYING TO GET DR. KATZ INTO THE HUB WORK, WITH PUBLIC
8 HEALTH AND THE OTHER WORKS ON D.C.F.S. SPECIFICALLY, I HOPE
9 THIS IS NOT TO CREATE A BIG WALL OF CONFUSION. I HOPE THIS IS
10 ABOUT--

11

12 **SUP. SOLIS:** THANK YOU FOR YOUR COMMENTS. THANK YOU VERY MUCH.
13 NEXT SPEAKER, PLEASE?

14

15 **LEONARD ROSE:** YES, MY NAME LEONARD ROSE, I SUFFER MENTAL
16 ILLNESS LIKE ANXIETY DISORDER AND VIOLENT DISORDER AND I HAD A
17 NERVOUS BREAKDOWN AT MCDONALD'S A LONG TIME AGO AND WORK
18 OVERTIME AND GOT ABUSE BY [INAUDIBLE] MY FAMILY. AND WE NEED
19 TO KEEP THIS CLINIC OPEN TO THE PEOPLE CLINIC BECAUSE THEY
20 NEED MEDICATION, DOCTOR AND THERAPY. THEY NEED TO KEEP THE
21 PROGRAM GOING FOR THE PEOPLE BECAUSE THEY NEED IT. BECAUSE ON
22 THE WEBSITE, MENTAL ILLNESS, ALL THESE WEBSITES, PEOPLE WITH
23 MENTAL ILLNESS, THEY DON'T KNOW IT BUT THEY HAVE IT. WE NEED
24 TO KEEP THE PROGRAMS GOING. THANK YOU VERY MUCH.

25



1 **SUP. ANTONOVICH, MAYOR:** THANK YOU, LEONARD. MR. SACHS.

2

3 **ARNOLD SACHS:** YES, THANK YOU. GOOD AFTERNOON. ARNOLD SACHS.

4 AND A FEW THINGS. THE OPPORTUNITY FOR THE BOARD OF SUPERVISORS

5 HMM. WHERE HAVE YOU BEEN FOR THE LAST 20 YEARS OR SO? I MEAN

6 THERE'S TWO SUPERVISORS THAT HAVE BEEN ON THE BOARD FOR AT

7 LEAST 20 YEARS. THE REST OF YOU HAVE BEEN IN GOVERNMENT FOR

8 APPROXIMATELY THE SAME AMOUNT OF TIME. OPPORTUNITY, INDEED.

9 SERVICES VERSUS BUREAUCRACY. YOU KNOW, THE COUNTY BUDGET HAS

10 INCREASED FROM THE 2012-13 FISCAL YEAR WAS \$24 BILLION. THE

11 2014-15 FISCAL YEAR IS \$26 BILLION. THAT'S \$2 BILLION. DO YOU

12 FEEL LIKE YOU'RE GETTING \$2 BILLION WORTH OF SERVICE? YOU'RE

13 GOING TO HANDLE DEPARTMENTS. PROBATION, D.C.F.S., SHERIFF'S

14 DEPARTMENT. LET'S NOT FORGET M.L.K. HOSPITAL. YOUR INPUT

15 THERE. AND WHERE ARE THOSE DEPARTMENTS NOW? AND NOW YOU'RE

16 GOING TO IMPROVE BY SUBTRACTION? THE MENTAL HEALTH AND HEALTH

17 SERVICES AND PUBLIC HEALTH? I JUST DON'T SEE IT HAPPENING. IF

18 YOU WANT TO MAKE A DIFFERENCE HERE, YOU NEED TO GET NEW

19 LEADERSHIP IN THIS AGENCY.

20

21 **SUP. ANTONOVICH, MAYOR:** THANK YOU. ALL RIGHT. THAT CONCLUDES

22 THE PUBLIC COMMENT. DR. KATZ? WE ALL AGREE ABOUT THE NEED OF

23 STAKEHOLDERS BEING ENGAGED IN THE PROCESS AS BEING DISCUSSED,

24 BUT PERHAPS YOU COULD ELABORATE AND WE HAVE MEMBERS WHO WOULD



1 LIKE TO ASK YOU QUESTIONS ON THE COMMENTS THAT YOU HEARD THIS
2 MORNING AND THIS AFTERNOON.

3

4 **DR. MITCHELL KATZ:** THANK YOU VERY MUCH, MR. MAYOR. I JUST WANT
5 TO SAY I THOUGHT IT WAS A VERY THOUGHTFUL DISCUSSION. I
6 THOUGHT PEOPLE HAD GREAT COMMENTS. WE CAN'T CHANGE THE PAST. I
7 DO RECOGNIZE THERE WAS TRUTH IN STATEMENTS THAT PEOPLE MADE
8 ABOUT FEELING THAT MENTAL HEALTH OR PUBLIC HEALTH WERE
9 STEPCHILDREN, DID NOT GET THE ATTENTION. I DON'T SEE THAT AT
10 ALL IN THIS RESOLUTION THAT YOU PUT FORTH, MR. MAYOR. I SEE IT
11 AS THREE DEPARTMENTS THAT WILL REMAIN INDEPENDENT DEPARTMENTS,
12 THAT EACH HAS CRITICAL WORK THAT NEEDS TO BE DONE, THAT
13 THERE'S MUCH TO BE LEARNED ACROSS ALL THREE. I THINK IN
14 LISTENING TO MANY OF THE MENTAL HEALTH ADVOCATES SPEAKING, I
15 WAS THINKING ABOUT I WISH THAT WE COULD, THE DEPARTMENT OF
16 HEALTH SERVICES, ENCOURAGE THE SAME LEVEL OF CONSUMER
17 INVOLVEMENT IN THE LISTENING TO THE MENTAL HEALTH ADVOCATES IS
18 A WONDERFUL LESSON. WE'VE MADE SOME SMALL STEPS IN D.H.S. IN
19 NOW HAVING A COMMUNITY ADVISORY GROUP. BUT I THINK THERE'S A
20 LOT TO BE LEARNED FROM THE THREE DEPARTMENTS ACROSS ONE
21 ANOTHER. JUST YESTERDAY WE WERE CONTACTED BY PUBLIC HEALTH
22 ABOUT THE POSSIBILITY OF THEIR USING THE ORCHID SYSTEM FOR
23 THEIR ELECTRONIC HEALTH RECORDS, WHICH COULD POTENTIALLY SAVE
24 ADDITIONAL DOLLARS AND MAKE US A MORE EFFICIENT SYSTEM. SO TO
25 THE PUBLIC SPEAKERS, I WANT TO SAY THAT CERTAINLY, I'M A BIG



1 FAN AND BELIEVE DEEPLY IN THE RECOVERY MODEL. I DON'T THINK
2 THAT MORE THINGS SHOULD BE MEDICALIZED. IN FACT, I OFTEN THINK
3 THINGS WITHIN D.H.S. SHOULD BE UNMEDICALIZED. MY INTEREST IS
4 THAT I RECOGNIZE THERE ARE MANY PEOPLE WHO COME WITH A
5 PHYSICAL HEALTH PROBLEM THAT ACTUALLY REFLECTS THE STRESS IN
6 THEIR LIFE, AND THAT OUR WORK WITH MENTAL HEALTH IS ABOUT
7 GETTING PEOPLE BETTER SERVICE. SO I LOOK FORWARD TO WORKING
8 WITH THE PEOPLE WHO CAME TO SPEAK. I THINK IT'S GREAT THAT
9 THIS RESULTED IN PEOPLE COMING FORTH AND TALKING TO YOU ABOUT
10 THE SERVICES THAT THEY'RE RECEIVING. I LOOK FORWARD TO,
11 WORKING WITH THEM. AND MANY SPEAKERS TALKED ABOUT WHAT I SEE,
12 NOT TO PREJUDGE IT, BUT THE OUTLINE IS REALLY THREE
13 DEPARTMENTS WITH INDEPENDENT BUDGETS, WITH THE ABILITY TO WORK
14 BUT AT THE SAME TIME NOW WORKING TOGETHER IN A WAY THAT
15 PROMOTES BETTER SERVICES AS WELL AS MORE EFFICIENT SERVICES,
16 SOMETHING THAT WOULD DECREASE BUREAUCRACY. THOSE THINGS THAT
17 ARE WORKING SHOULD CONTINUE TO WORK. AND, IN FACT, WE SHOULD
18 LEARN FROM THOSE THINGS IN OTHER PARTS. SO I DO SEE IT AS
19 THREE INDEPENDENT DEPARTMENTS WORKING TOGETHER UNDER IF YOU
20 WANT TO CALL IT AN AGENCY MODEL, AN UMBRELLA MODEL WITH EACH
21 LEARNING THE BEST FROM ONE ANOTHER AND REMAINING OPEN TO THIS
22 BOARD DIRECTING, BECAUSE THE BUDGETS WILL BE SEPARATE. THIS
23 BOARD WILL REMAIN INVOLVED IN DETERMINING THE BUDGETS OF THE
24 THREE DEPARTMENTS, INVOLVED IN THE MISSION. IT'S JUST ABOUT
25 PROVIDING BETTER SERVICES WHERE WE CAN.



1

2 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR SOLIS?

3

4 **SUP. SOLIS:** YES, THANK YOU, DR. KATZ. I KNOW WHEN WE LAST MET,
5 WE TALKED ABOUT THIS CONCEPT. I'VE ONLY BEEN HERE LESS THAN
6 TWO MONTHS BUT I CAN SEE WHERE IT'S BECOME VERY CLEAR THAT ONE
7 OF THE OBJECTIVES I THINK OF THE BOARD OR SOME OF US IS TO
8 BREAK DOWN SILOS AND WHAT WE'VE LEARNED ALREADY FROM STUDIES
9 THAT HAVE BEEN DONE ABOUT THE COUNTY AND SERVICES IS THAT IT
10 MAKES SENSE FOR PEOPLE TO COLLABORATE. SO WHEN A MOTION SAYS
11 CONSOLIDATE, PERHAPS THAT'S NOT THE BEST WORD. PERHAPS IT'S
12 MORE INTEGRATE. AND IT'S ALSO, I THINK, A CONCEPT OF TRYING TO
13 INTERLOCK IN TERMS OF REALLY BREAKING DOWN THE SILOS. SO WHAT
14 CAN WE LEARN FROM EACH OTHER, AS YOU'VE POINTED OUT. YOU'VE
15 ALREADY TALKED ABOUT SOME COST SAVINGS. I KNOW THERE MAY BE
16 MORE. AND I HOPE TO HEAR MORE ABOUT THAT AS WE MOVE THROUGH
17 THE PROCESS. BUT I ULTIMATELY WANT TO SAY THAT WHAT'S SO
18 IMPORTANT TODAY IS THAT I THINK FOR THE FIRST TIME WE'VE HEARD
19 FROM A LOT OF DIFFERENT VOICES FROM OUR COMMUNITY. AND RIGHTLY
20 SO, THAT THEY SHOULD ALSO BE A PART OF THIS EFFORT TO TRY TO
21 PROVIDE A BETTER SYSTEM THAT IS FULLY INTEGRATED, THAT IS
22 ROBUST, THAT WILL ALLOW FOR VOICES TO BE HEARD. I DIDN'T HEAR
23 CLEARLY FROM OUR PERSPECTIVE, THOUGH, ONE OF THE CONCERNS
24 PEOPLE HAVE IS THAT THERE WILL BE LOSS OF JOBS. THAT THERE
25 WILL BE LAYOFFS. AND MY UNDERSTANDING IS THAT IS NOT THE



1 INTENT OF THIS PROPOSAL. AND IT IS IN NO WAY OUR OBJECTIVE TO
2 TRY TO MINIMIZE, DISREGARD OR TAKE AWAY SERVICES THAT ARE VERY
3 IMPORTANT TO OUR COMMUNITY. IS THAT NOT CORRECT?

4

5 **DR. MITCHELL KATZ:** THAT'S CORRECT. MY HOPE WOULD BE THAT BY
6 MAKING THE THREE MORE EFFICIENT, WE'RE ABLE TO PROVIDE MORE
7 SERVICES TO OUR COMMUNITY, NOT LESS.

8

9 **SUP. SOLIS:** ONE OF THE THINGS THAT THE COUNTY PRIDES ITSELF ON
10 IS THAT THEY HAVEN'T HAD TO LAY PEOPLE OFF, ESPECIALLY DURING
11 ONE OF THE WORST RECESSIONS THAT WE FACED HERE. SO I WOULD
12 OBVIOUSLY WANT TO SEE THAT HONORED TO THE BEST OF OUR
13 ABILITIES. BUT ALSO IN LIGHT OF WHAT WE ARE CALLED TO DO,
14 BECAUSE AT A NATIONAL LEVEL, IMPLEMENTATION OF THE AFFORDABLE
15 CARE ACT, WHICH INCLUDES A MAJOR PORTION IN MENTAL HEALTH.
16 OBVIOUSLY EXPLORING NEW AVENUES, NEW IDEAS AND CONCEPTS THAT
17 PERHAPS SOME PRACTITIONERS OUT IN THE FIELD THAT CAME AND
18 SPOKE TO US, WE COULD INTEGRATE AND GET THOSE MODELS AND IDEAS
19 AND PUT THEM IN A CONCERTED EFFORT THAT WE CAN BECOME MORE
20 EFFICIENT, EXERCISE THOSE EFFICIENCIES BUT ALSO MAKE SURE THAT
21 WE ARE REACHING AS MANY PEOPLE AS POSSIBLE. I AM LOOKING
22 FORWARD TO HEARING THE FURTHER DEBATE ON THE AMENDMENTS TO THE
23 MOTION WHICH I AM PREPARED TO DISCUSS AND ALSO WANT TO
24 STRONGLY ENCOURAGE THE COMMUNITY TO UNDERSTAND THAT, YES, YOUR
25 VOICES ARE IMPORTANT. IT IS IMPORTANT TO HEAR FROM ALL



1 SEGMENTS OF OUR SOCIETY AND OUR COMMUNITIES AND OUR DISTRICTS.
2 BUT TO ALSO PUT FORWARD THAT WE ARE GOING TO BE WORKING
3 THROUGH THIS. SO NOTHING IS IN MY BELIEF DETERMINED ULTIMATELY
4 AT THIS POINT. WE ARE A WORK IN PROGRESS. I THINK THAT'S GOING
5 TO BE A BIG PART OF MY VOCABULARY. THAT WE ARE A WORK IN
6 PROGRESS. AND IT IS A NEW DAY. AND I HOPE THAT PEOPLE WILL
7 TRUST THE WISDOM OF THE MANY PEOPLE THAT HAVE SERVED THE
8 COUNTY, THAT HAVE BEEN PREPARED TO DO SO MANY GOOD THINGS
9 HERE. AND THAT WANT TO ALSO CONTINUE TO CONTRIBUTE. SO I THINK
10 ONE OF THE WORDS THAT STRIKES ME, MR. MAYOR, IS FAITH. AND
11 FAITH IN ANY LANGUAGE MEANS THAT YOU HAVE A BELIEF AND TRUST.
12 AND I WOULD JUST ASK FOR OUR COMMUNITY AND FOR OUR COMMUNITIES
13 AS WELL AS FOR THE BOARD AND OTHERS TO RECOGNIZE HOW IMPORTANT
14 THAT IS. BECAUSE I DO BELIEVE THAT THIS IS A NEW, A MOMENT FOR
15 US HERE AT THE COUNTY BOARD OF SUPERVISORS. THANK YOU.

16

17 **DR. MITCHELL KATZ:** THANK YOU, SUPERVISOR.

18

19 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR KNABE AND SUPERVISOR KUEHL.

20

21 **SUP. RIDLEY-THOMAS:** THANK YOU, MR. MAYOR. MAY I AS SUCCINCTLY
22 AS POSSIBLE SAY WHAT I THINK THIS IS NOT AND THEN TO OFFER A
23 COUPLE OF REMARKS AS TO WHAT I THINK THIS IS. THIS IS NOT
24 ABOUT CUTTING DOLLARS FOR SERVICES. THAT'S THE FIRST THING I
25 THINK WE NEED TO UNDERSTAND. I'VE HEARD THAT COME FROM NO ONE



1 ON THIS BOARD, SO IT IS NOT ABOUT THAT. I TRUST THAT THAT WILL
2 BECOME MORE ABUNDANTLY CLEAR AS WE MOVE FORWARD. WE ARE NOT
3 ABOUT SUPPLANTING THE MENTAL PUBLIC HEALTH DEPARTMENTS AND
4 WHAT THEY DO. IT'S NOT ABOUT THAT. THE OTHER THING IS THERE IS
5 NO RUSH TO JUDGMENT HERE. THERE IS NO NEED TO RUSH. NOT ABOUT
6 CUTTING SERVICES. NOT ABOUT DIMINISHING MENTAL HEALTH AND
7 PUBLIC HEALTH. NOT ABOUT RUSHING JUDGMENT. WHAT IT IS ABOUT IS
8 BETTER COORDINATION AND INTEGRATION. WHAT IT IS ABOUT, WE
9 HOPE, IS IMPROVING HEALTH, MENTAL HEALTH AND PUBLIC HEALTH
10 SERVICES. WHAT IT IS ABOUT IS CREATING SUSTAINED LEVEL OF
11 PUBLIC INPUT SO THAT THOSE WHO HAVE VIEWS CAN BE HEARD BASED
12 ON QUALITY OF THOSE EXPERIENCES AND EXPERTISE THAT THEY BRING
13 TO THE TABLE. IT IS ABOUT ULTIMATELY FOR US CREATING AN
14 UMBRELLA STRUCTURE TO BETTER COORDINATE WHAT OUR HEALTH
15 DEPARTMENTS DO SO WE CAN SEE IT IN THE MANNER THAT WE WISH.
16 FOR ME IT ISN'T ABOUT SOME OF THE THINGS THAT MAY HAVE BEEN
17 PERCEIVED. IT IS ABOUT MAXIMIZING THE QUALITY OF CARE FOR THE
18 PEOPLE OF LOS ANGELES COUNTY WHO RELY UPON, WHO ARE DEPENDENT
19 UPON THESE CRITICALLY IMPORTANT SERVICES. MR. MAYOR AND
20 COLLEAGUES, I TRUST THAT THOSE SENTIMENTS CAN BE CAPTURED IN
21 TERMS OF WHAT IS ADOPTED AND FROM THAT POINT INSTRUCTIONS
22 GIVEN TO THE RESPECTIVE MEMBERS OF THE TEAM WHO WILL BEGIN
23 THIS PROCESS THAT WILL BE A PUBLIC PROCESS, IN PART, PURSUANT
24 TO THE AMENDMENTS THAT HAVE BEEN MADE. THANK YOU.
25



1 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR KNABE AND THEN SUPERVISOR
2 KUEHL.

3

4 **SUP. KNABE:** YEAH, I THINK WHAT TRANSPIRED HERE IS IN A RUSH TO
5 GET A MOTION ON THE BOARD AGENDA, IT WASN'T AS CLEAR AS I
6 THINK THE INTENT OF ALL MEMBERS OF THIS BOARD THAT THIS WAS
7 NOT AN IMPLEMENTATION PLAN. THIS IS A LOOK-SEE PLAN. AND AS I
8 TOLD THE MULTIPLE EMAILS AND PHONE CALLS THAT I RECEIVED OVER
9 THE LAST SEVERAL DAYS, TAKE A DEEP BREATH. TAKE A DEEP BREATH.
10 FOR US TO SIT HERE AND SAY WE CAN'T LOOK AT ANYTHING BECAUSE
11 WE DID IT THIS WAY AND WE'VE DONE IT THIS WAY, YOU DO HAVE TO
12 HAVE FAITH IN THE FUTURE AND TO LEARN FROM OUR EXPERIENCES OF
13 THE PAST. SO I CLEARLY UNDERSTAND AND I THINK MAYOR AND OTHERS
14 HAVE CLARIFIED THE INTENT OF THE MOTION AND WHAT IT IS AND
15 WHAT IT ISN'T. I BELIEVE WE ALSO, IF WE HAVEN'T, SHOULD
16 INCLUDE BOTH THE HEALTH COMMISSION AND THE PUBLIC HEALTH
17 COMMISSION-- MENTAL HEALTH COMMISSION AND THE PUBLIC HEALTH
18 COMMISSION, AS WELL, TOO, AS PART OF THAT STRATEGIC PLAN AS IT
19 RELATES TO OUR PARTNERS. I THINK IT WOULD BE APPROPRIATE, MR.
20 MAYOR, IF YOU WOULDN'T MIND, I THINK IT WOULD MAYBE BE NICE TO
21 HAVE PUBLIC HEALTH AND MENTAL HEALTH MAKE A STATEMENT OR MAKE
22 A COMMENT ON WHAT'S TRANSPIRED FOR TODAY. [APPLAUSE]

23

24 **SUP. ANTONOVICH, MAYOR:** OKAY. RAISE THE ROOF.

25



1 **SUP. KNABE:** YEAH, RAISE THE ROOF. I MEAN, THERE'S, YOU KNOW,
2 YOU ALL READ A LOT INTO WHAT WASN'T THERE. AND IT'S IMPORTANT
3 THAT YOU SEE WHERE WE'RE COMING FROM AND NOT JUST HOOP AND
4 HOLLER.

5

6 **SUP. ANTONOVICH, MAYOR:** DO YOU WANT TO HEAR FROM SUPERVISOR
7 KUEHL FIRST? AND THEN WE'LL RESPOND OUR TWO DEPARTMENTS.

8

9 **SUP. KUEHL:** THANK YOU, MR. MAYOR AND COLLEAGUES. I JUST CAME
10 OUT OF WHAT I THINK MOST OF YOU MIGHT CALL A TWO-YEAR JOB
11 INTERVIEW FOR THIS JOB AND MET WITH, TALKED TO, LISTENED TO
12 THOUSANDS OF PEOPLE AS WE DO WE'RE RUNNING. AND HOPEFULLY ALL
13 THE TIME AFTER. AND HAD A LOT OF CONVERSATIONS ABOUT MENTAL
14 HEALTH, MENTAL HEALTH SERVICES, NOT JUST IN THE DISTRICT BUT
15 GENERALLY. AND OTHER FORMS OF HEALTH SERVICE. ONE OF THE
16 THINGS-- I THINK THE WORD THAT I HEARD MOST OFTEN DURING THAT
17 TIME WAS THE WORD "SILO." PEOPLE KEPT FEELING AS THOUGH THERE
18 WAS SUCH SEPARATION IN COUNTY DEPARTMENTS. AND I THINK WHAT
19 WE'VE SEEN TODAY IS PEOPLE ARE TRYING TO IDENTIFY WHAT IS
20 NEEDED IN TERMS OF SEPARATION, BY WHICH I THINK EVERYONE MEANS
21 EMPHASIS, ATTENTION AND WHAT'S SPECIAL ABOUT WHAT IS DONE,
22 WHAT IS DECIDED AND WHAT SERVICES ARE PROVIDED. AND AT THE
23 SAME TIME HOW WE MIGHT BENEFIT FROM CROSS-FERTILIZATION OF
24 IDEAS OF SERVICES, OF APPROACHES. THE VERY FIRST SPEAKER TODAY
25 SAID: BETTER INTEGRATION IS GOOD. FULL INTEGRATION CAN



1 JEOPARDIZE HEALTH. AND I'VE BEEN THINKING ABOUT THAT BECAUSE
2 WE MAY HAVE SENT A SIGNAL. AND I AGREE WITH THE SPEAKER WHO
3 SAID WE HAVE JEOPARDIZED YOUR MENTAL HEALTH BY DOING THIS. AND
4 I UNDERSTAND THAT. BUT IN THE ORIGINAL MOTION, WE TALKED ABOUT
5 A SINGLE INTEGRATED DEPARTMENT. AND YET WE HAD NOT REALLY
6 THOUGHT OF THAT MODEL. RATHER, WHAT DR. KATZ JUST SAID WAS
7 WHAT WE WERE TALKING ABOUT WITH EVERYBODY, WHICH IS THE
8 DEPARTMENTS REMAIN DEPARTMENTS AND WE HAVE AN AGENCY MODEL.
9 AND INDEED THAT'S WHAT DR. KATZ JUST SAID. SO IT SEEMS TO ME
10 THERE ARE GREAT BENEFITS TO BE GAINED WHEN YOU CONSIDER
11 INDIVIDUAL HEALTH, FAMILY HEALTH AND COMMUNITY HEALTH ACROSS A
12 SINGLE AGENCY WHERE PEOPLE CAN LEARN FROM EACH OTHER AND
13 REPLICATE BEST PRACTICES. IN THE MENTAL HEALTH AREA, THERE'S A
14 LOT OF VARIETY. PEOPLE WORKING IN PHYSICAL HEALTH WOULD TALK
15 ABOUT BRAIN DISEASE OR BRAIN CONSIDERATION OR WHAT AFFECTS THE
16 BRAIN. OTHERS TALK ABOUT BEHAVIORAL ISSUES. OTHERS TALK ABOUT
17 DIFFERENT KINDS OF THERAPY. THERE IS NEW MODELS AROUND TRAUMA,
18 THE RELATIONSHIP OF TRAUMA TO THE BODY AND WHAT HAPPENS TO THE
19 BRAIN, ET CETERA. I THINK WE CAN REALLY GAIN A GOOD DEAL BY
20 SHARING ACROSS THIS. I DO UNDERSTAND THAT PEOPLE ALWAYS FEEL
21 THREATENED. AND THIS IS NOT A DECISION BY US TODAY TO DO THIS.
22 THIS IS NOT A DECISION BY US TODAY TO DO THIS. WHAT WE WANT IS
23 TO PUSH THE QUESTION FORWARD SO THAT WE GET ALL THE
24 INFORMATION POSSIBLE. BUT I DON'T BELIEVE THERE'S ONE OF THE
25 FIVE OF US THAT WOULD WANT TO SEE ANY DIMINUTION IN MENTAL



1 HEALTH SERVICES. AND THAT SORT OF IS OUR WATCH. NOW, TRUST IS
2 A BAD AND A GOOD THING. WHEN YOU LOSE IT OR YOU'VE BEEN
3 DISAPPOINTED, AS MORE THAN HALF OF YOU HAVE WITH US, THEN YOU
4 DON'T TRUST US. IF YOU HAVE HAD A GOOD EXPERIENCE, THEN YOU
5 DO. WE'LL TRY TO GAIN MORE TRUST. AND IF WE GO FORWARD, TO DO
6 IT IN A WAY THAT IS TRANSPARENT AND HOPEFULLY TRUSTWORTHY. SO
7 I WOULD THANK YOU VERY MUCH FOR THE CONSIDERATION. THANK YOU
8 VERY MUCH, EVERYONE WHO CAME HERE TODAY, WHETHER YOU SPOKE OR
9 NOT. AND I DO LOOK FORWARD TO HEARING FROM OUR OTHER
10 DEPARTMENT HEADS. THANK YOU, MR. MAYOR.

11

12 **SUP. ANTONOVICH, MAYOR:** THANK YOU. AND MARVIN, OUR SUPERVISOR.

13

14 **SUP. KNABE:** TO HEAR YOUR COMMENTS.

15

16 **MARVIN SOUTHARD:** MARV SOUTHARD, DIRECTOR OF THE DEPARTMENT OF
17 MENTAL HEALTH. FIRST OF ALL, I WOULD LIKE TO BEING BY ECHOING
18 SUPERVISOR KUEHL AND THANKING EVERYONE WHOSE CONCERN LED THEM
19 TO SPEND THEIR VALUABLE TIME EDUCATING US HERE TODAY. I THINK
20 IT WAS VERY MUCH A LEARNING EXPERIENCE FOR ALL OF US
21 CONCERNED. I RECOGNIZE AND APPRECIATE THE BOARD'S TAKING THE
22 RESPONSIBILITY TO TRY TO FIND THE BEST WAY OF DELIVERING
23 HEALTH, MENTAL HEALTH AND PUBLIC HEALTH SERVICES. THAT'S YOUR
24 PURVIEW, YOUR RESPONSIBILITY. AND YOU ARE EXERCISING THOSE
25 RIGHTS AND POWERS VERY RESPONSIBLY TODAY. IT'S MY JOB, I SEE



1 IT, AS A DEPARTMENT HEAD, TO TRY TO FIND THE BEST WAY TO FIND
2 OUR CLIENTS AND FAMILIES THE SERVICES THAT THEY NEED IN
3 WHATEVER ORGANIZATIONAL STRUCTURE I FIND MYSELF IN. AND AS WE
4 MOVE FORWARD, I BELIEVE FROM THE DISCUSSION I'VE HEARD TODAY,
5 WE'LL HAVE THE OPPORTUNITY TO CLARIFY EXACTLY WHAT ARE THE
6 IMPROVEMENTS THAT ARE SOUGHT AND WHAT THE MEANS MAY BE TO
7 ACHIEVE THOSE IMPROVEMENTS. IN SOME OF THE INITIAL READINGS,
8 I'M AFRAID IT WASN'T ENTIRELY CLEAR. AND SO THE PROCESS THAT
9 WE'VE ENGAGED IN ALREADY TODAY I FOUND IMMENSELY HELPFUL IN
10 CLARIFYING FOR ME WHAT MY NEXT ACTION STEPS MIGHT BE IN DOING
11 WHAT I HOPE WE ALL WILL DO IS TO MAKE SURE THAT FROM MY
12 PERSPECTIVE MENTAL HEALTH SERVICES CONTINUE TO IMPROVE SO THAT
13 L.A. COUNTY, IN THIS NEW ARENA, WILL CONTINUE TO BE WHAT IT
14 HAS BEEN AS THE NATIONAL LEADER IN PROVIDING FOR HOPE, FOR
15 WELLNESS AND RECOVERY. THANK YOU.

16

17 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MARV.

18

19 **SPEAKER:** GOOD AFTERNOON, SUPERVISORS. AND I ALSO WOULD LIKE TO
20 ECHO DR. SOUTHARD AND DR. KATZ'S COMMENTS ON HOW MUCH WE
21 APPRECIATE THE CONSTITUENTS WHO CAME DOWN TODAY TO SHARE THEIR
22 VALUABLE PERSPECTIVES ON THIS ISSUE. I ALSO REALLY APPRECIATE
23 ALL OF YOU CLARIFYING THIS MOTION, AND PARTICULARLY DR. KATZ'S
24 CLARIFICATION IN HIS VISION THAT THESE WOULD BE THREE SEPARATE
25 DEPARTMENTS UNDER A HEALTH AGENCY WHERE WE CAN FOCUS ON THOSE



1 AREAS WHERE WE CAN IMPROVE PATIENT CARE TOGETHER OR THINK
2 ABOUT IN THE INSTANCE OF PUBLIC HEALTH THE KIND OF WORK THAT
3 WE DO TO PROMOTE POPULATION, COMMUNITY HEALTH THAT INTERSECTS
4 IN VERY IMPORTANT WAYS WITH THE INDIVIDUAL HEALTHCARE MISSION,
5 AS WELL. WE HAVE A DIFFERENT MISSION WE'VE HAD IN PUBLIC
6 HEALTH BUT IT DOESN'T MEAN THAT THERE AREN'T AMPLE
7 OPPORTUNITIES UNDER THE AFFORDABLE CARE ACT FOR US TO WORK
8 TOGETHER TO ENSURE HEALTHY COMMUNITIES SO WHEN PEOPLE SHOW UP
9 FOR SERVICES, WE'VE HELPED TO MAKE THEM HEALTHIER BEFORE THEY
10 COME IN AND HAVE NEED AND WE CAN PREVENT HEALTH PROBLEMS FROM
11 HAPPENING. SO I'D LIKE TO JUST EXPRESS PUBLIC HEALTH IS
12 WILLING TO SHARE INFORMATION, ROLL UP OUR SLEEVES AND FIGURE
13 OUT WHERE ARE THE AREAS THAT WE CAN WORK MOST EFFECTIVELY ON
14 INTEGRATION OF SERVICES AND WHERE ARE THE AREAS THAT WE NEED
15 TO CONTINUE TO WORK ON BEHALF OF ALL RESIDENTS AND PROMOTE
16 THAT HEALTH WORK, AS WELL.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU. ANY OTHER QUESTIONS?
19 SUPERVISOR?

20

21 **SUP. KUEHL:** I HAD A QUESTION ABOUT THE INCLUSION OF THE WORD
22 "DEPARTMENT" IN THE FIRST PART OF THE MOTION, WHICH IS INTO A
23 SINGLE INTEGRATED DEPARTMENT. PERHAPS TO BETTER SIGNAL YOUR
24 INTENTION AND THE INTENTION THAT WE ALL JUST SAID IT WAS OUR
25 INTENTION, PERHAPS CHANGE THE WORD TO AGENCY SO THAT IT'S



1 CLEARER THAT THE DEPARTMENTS STAY DEPARTMENTS AND TRYING TO
2 USE AN AGENCY MODEL.

3

4 **SUP. ANTONOVICH, MAYOR:** DR. KATZ?

5

6 **DR. MITCHELL KATZ:** YES, I THINK THAT'S THE IDEAL.

7

8 **SUP. KUEHL:** AND IF I COULD ALSO, IF I MIGHT, JUST AT THE LAST
9 PART OF SECTION 2, TWO OR THREE LINES DOWN WHERE IT SAYS
10 "ACHIEVEMENT OF AN AGENCY" SO THAT WE'RE ACTUALLY FOLLOWING
11 ALONG THE SAME LINE OF INTENT. SO WE'RE CONGRUENT.

12

13 **SUP. ANTONOVICH, MAYOR:** OKAY. WE HAVE SUPERVISOR MARK RIDLEY-
14 THOMAS ON THE SHERIFF'S AMENDMENT, INCLUDING THE SHERIFF'S
15 HEALTH, THAT BE PART OF IT.

16

17 **SUP. RIDLEY-THOMAS:** THAT'S FINE. AND, MR. MAYOR, I'M PREPARED
18 TO MOVE THE MATTER AS AMENDED.

19

20 **SUP. ANTONOVICH, MAYOR:** OKAY. AND SECOND. ANY OBJECTION? AS
21 AMENDED?

22

23 **SUP. KUEHL:** JUST TO CLARIFY, THEN, WE DID AGREE THAT WE WOULD
24 INCLUDE THE VARIOUS--

25



1 **SUP. ANTONOVICH, MAYOR:** THE STAKEHOLDERS. WE DID AT THE
2 BEGINNING.

3

4 **SUP. RIDLEY-THOMAS:** AS AMENDED.

5

6 **SUP. KUEHL:** FINE.

7

8 **SUP. ANTONOVICH, MAYOR:** SECOND WITHOUT OBJECTION, SO ORDERED.
9 I WANT TO THANK EVERYBODY WHO DID COME DOWN. I WANT TO THANK
10 YOU BECAUSE 90 PERCENT OF YOU STAYED AND I APPRECIATE THAT
11 BECAUSE MANY TIMES PEOPLE COME DOWN AND LEAVE. IT'S IMPORTANT
12 TO HEAR THE FULL DIALOGUE WITH THE BOARD AND WITH OUR
13 DEPARTMENT HEADS ON THIS ISSUE. SO THANK YOU VERY MUCH.

14

15 **SUP. RIDLEY-THOMAS:** THE ROOF. THE ROOF.

16

17 **LORAYNE LINGAT, DPTY. EXEC. OFCR.:** S-1, THE 11 O'CLOCK ITEM OR
18 WE CAN BRING UP MULTIPLE PEOPLE ITEM.

19

20 **SUP. ANTONOVICH, MAYOR:** IF YOU COULD PLEASE LEAVE QUIETLY. WE
21 HAVE OTHER ITEMS WE HAVE TO TAKE UP. AND WE'RE GOING TO TAKE
22 UP GENEVIEVE, ITEM 13, 15, 32-A WITH HEALTH SERVICES AND C.S.-
23 3. GEORGIA THOMPSON, 16. ERIC PREVEN, 1-D, 8, 10, 11, 25, 29,
24 32-A. ARNOLD SACHS, 1-P, 1, 6, 10, 29, 32. HERMAN HERMAN, 6