

From: Melanie Klinkamon <melanieklinka@gmail.com>

Date: Thursday, July 20, 2023 at 9:38 PM

To: Karleen Jakowski <Karleen.Jakowski@yolocounty.org>, Brian Vaughn <Brian.Vaughn@yolocounty.org>, Tom Haynes <Tom.Haynes@yolocounty.org>

Subject: MHSA Plan Comment and Urgent Request to help my missing daughter

As a mother and advocate of a daughter diagnosed with Schizophrenia and Substance Abuse Disorder (currently missing after LPS conservatorship expired), I urge you to re-evaluate the current MHSA 3-Year Plan. It's disheartening and unbelievable this plan is reducing beds (to only 6) and receiving chairs (6-8) when over 1279 clients (of 225K residents) received behavioral health/crisis intervention services and 105 involuntary holds during the same year. Those with brain disorders are the most vulnerable people in our community who lack basic services.

With CARE Court implementation next year, Counties are supposed to be planning to build treatment facilities (per Gov Newsom/2024 Ballot Measure) or minimally reinforcing integrated supports to meet people where they are (per Mark Ghaly) which is more than just training, preventive services/referrals and business as usual! It requires innovative ACTION! Senator Eggman is authoring many bills such as SB43 to update the 60 year old definition of grave disability to support our severe mentally ill (SMI) who languish or die on our streets. These bills are passing unanimously by assembly and judiciary committees with many of them requesting to be co-authors. At these meetings Senators state it's time to treat our SMI humanely and stop stepping over them as we walk by; billions are being provided in phases for CARE Court implementation. Is Yolo County aiming at acquiring some of these funds?

A report was given to this Board of Supervisors stating a 13.9% increase in homelessness in Yolo County; CA Healthline.org reports 82% of the State's homeless experience mental illness and substance abuse; 66% of those experience hallucinations. Reducing beds reflects how little this board cares for our most vulnerable, like my SMI daughter who is currently missing and well known for being severely victimized, found unconscious with hypokalemia, or screaming in traffic both in and out of the State and is diabetic. She was raised in a good way (even though we still experience stigma related to her substance use disorder/SMI) and was once a medical professional before her path led to 19 hospitalizations in 2 years. Even during her recent temporary LPS conservatorship, the Public Guardian had no place to house her at different times of the process. Sharing 94 slots between four counties doesn't seem appropriate does it?

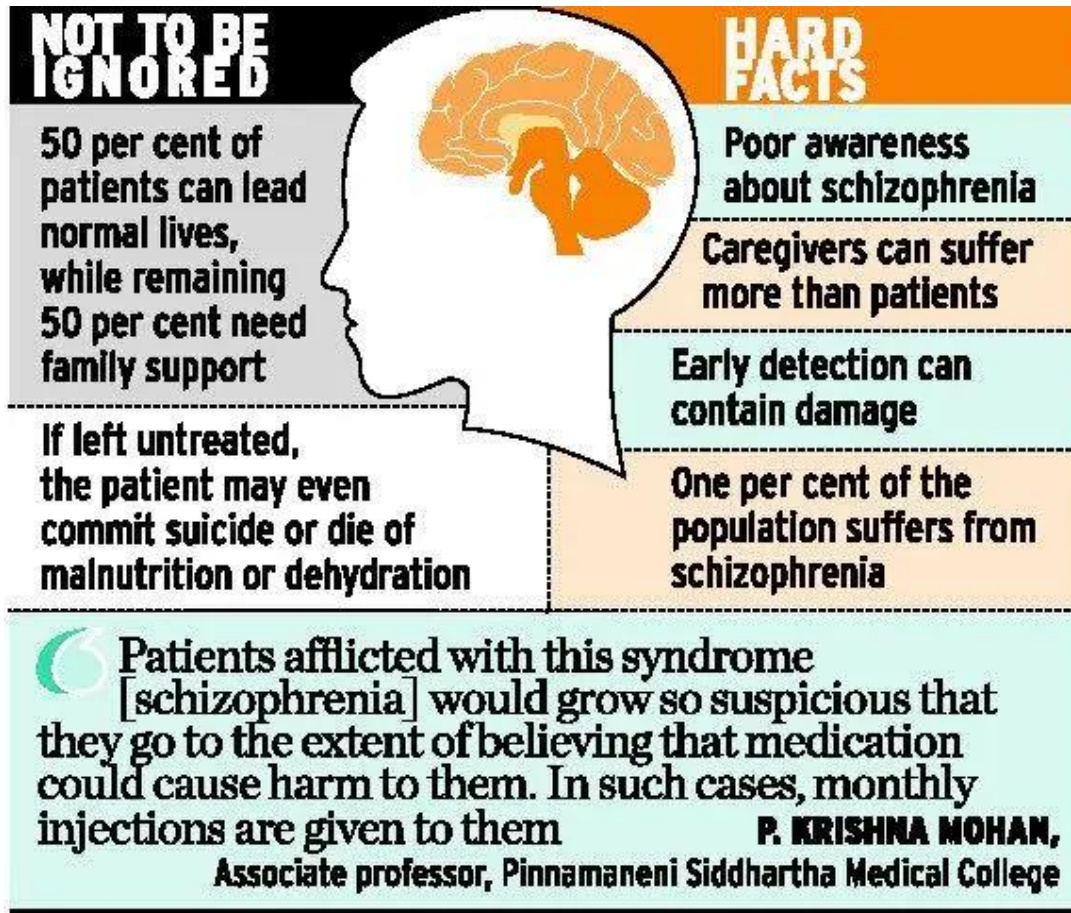
West Sac provides no shelter or housing vouchers for those with SUD/SMI to go, especially unhoused women with special needs and extreme vulnerabilities. They shouldn't have to go to downtown Sac for services to the men's shelter for clothing which is the only option. PLEASE provide more beds! Please strive to create/fund a small hub/drop-in center in West Sac where the non-referred 5150 SMI can go to shelter, shower, eat and drink (away from family service centers/children) perhaps with peer support workers who can provide support and referrals. A place where first responders/law enforcement can take them if they don't meet 5150 criteria where they can get off the street temporarily. A temporary lot and a large covered tent might be a good start to determine cost, feasibility, usage. We already know what's not working. Can't we start somewhere?

Before my daughter lost her phone and initially went missing in 2021, she texted me "I love my family, why is this happening?" I was unsuccessful in helping her although I tried. I've searched the streets of Sac, West Sac and Reno and found her in horrible conditions but got her

hospitalized only for her to be released back to the streets where more violent crimes were done to her. The only course of action was to involve the County which was difficult and frustrating to navigate or receive timely assistance if any at all. Families like mine have done what we can and now hold you all accountable for the safety of our loved ones whose lives hang in the balance. Many of our children have already died as a direct result of lack of services for mental health; I hope it's not too late for my beautiful person. I volunteer to help- We can make a difference together! Thank you for taking my comment.

Melanie Klinkamon
Mental Health Advocate
916.862.5259

"Nothing is impossible...the word itself says I'm possible"



NOT TO BE IGNORED

50 per cent of patients can lead normal lives, while remaining 50 per cent need family support

If left untreated, the patient may even commit suicide or die of malnutrition or dehydration

HARD FACTS

Poor awareness about schizophrenia

Caregivers can suffer more than patients

Early detection can contain damage

One per cent of the population suffers from schizophrenia

Patients afflicted with this syndrome [schizophrenia] would grow so suspicious that they go to the extent of believing that medication could cause harm to them. In such cases, monthly injections are given to them

P. KRISHNA MOHAN,
Associate professor, Pinnamaneni Siddhartha Medical College

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From: Karen <extollchik@yahoo.com>

Sent: Friday, July 21, 2023 10:32 PM

To: Christina Grandison <Christina.Grandison@yolocounty.org>

Subject: Comments regarding Draft of Yolo County Mental Health Services Act for 2023-2026

Greetings,

Many of you have heard my story and that of my adult son. I'm asking each of you to put yourselves in my shoes, for just a moment, and try to imagine what you might do...or want done...to your loved one, if presented with the same scenario.

Nicholas Davila is his name and he is now 28 years old. He is the youngest of my four children. He was an absolute angel growing up...I never had issues with him, his schoolwork, his behavior nor his attitude. Things began to change when he was in high school. He became withdrawn and distant, focusing on video games to pass the time, and eventually I couldn't even get him to attend his junior year. I was also dealing with aging, disabled parents at the time besides working a full time job as a single mother. I had no clue as to what the future was holding for my son's mental health. His behavior became more bizarre with each passing day, to the point where I was afraid of him, my own flesh and blood. One night, very late, he was playing music incredibly loud and I pleaded with him to turn it down. Eventually, I unplugged his stereo and he grabbed a knife and held it to my throat. My baby...the sweetest kid...did that to me. He was arrested and I swore I wouldn't bail him out. But he called me crying after a week, telling me that they stripped him naked and had him in a padded cell for three days. I bailed him out that afternoon. That took place in Solano County. Nicholas was finally diagnosed with Schizoaffective Disorder BiPolar Type. I hadn't even heard of that. He became more unpredictable and violent...holes in the walls, drilling holes in the furniture, talking to himself in a language only he knew. He had been 51/50'd too many times to count.

We eventually relocated to Woodland. At least I was in my own home instead of a rented condo and he could scream all he wanted, right? Wrong. He became more erratic, and beat me and one of my other children to the point that we both required medical care. My other son got a restraining order the next morning. Nicholas then became homeless. I fed him every day, provided him with blankets, pillows, etc. It was truly heartbreaking. In July of 2022, he demanded to use the restroom at the Bel Air gas station and was told no. He was in a complete psychosis at that point and picked up an object (I believe it was a large rock or chunk of concrete) and threw it at the plexiglass window. He was arrested and spent the next EIGHT MONTHS in the Yolo County jail, receiving absolutely no medical or mental health care (100% unmedicated). Finally, in March 2023, he was released and Hope Cooperative placed him in a home, then a few others, and now he is housed at the tiny home village behind the homeless shelter on Beamer Street. Thank God. But I'm not sure how long he can hold it together.

I tell you my story, and his story, because he should have never gone to jail in the first place. He should have been picked up, assessed, and given the mental health care that he so desperately needed (and still does). And you don't feel that a 24- hour crisis team in each city is necessary? WE, AS A COMMUNITY, REQUIRE MORE MENTAL HEALTH SERVICES. How many other people's sons, daughters, brothers, sisters, etc are going to end up incarcerated before this crisis is addressed?

I sure don't have all of the answers, but you, as a committee, have been entrusted to make the necessary changes needed...and those changes need to happen NOW.

Feel free to contact me with any questions you may have.

Sincerely,

Karen Olson

707.389.6849

[Sent from Yahoo Mail on Android](#)

My comment regarding the 2023-2026 Yolo County MHSA Plan:

I am a community member and UC Davis alumni who has primarily lived in this county since 2013. In that time, especially in the last two years, I have had extensive interaction with the crisis mental health system here in Davis.

I live with significant mental health issues which put me at risk for self-harm and suicide. I have experienced almost a dozen 5150 holds spanning many California counties, eight different psychiatric hospitals, and countless law enforcement/mobile crisis interactions. I tell you this so that the board knows that I have context regarding Yolo County's MHSA plan, especially perspective regarding the emergency mental health system. Through my extensive lived experience, I have had positive and negative interactions with existing crisis resources. I am thoroughly familiar with the existing standard of care.

Given this, I would like to share some thoughts regarding the posted MHSA plan.

First of all, thoughtful implementation of the Crisis Now model is absolutely needed to improve the mental health system in Yolo County. The emergency room is an inappropriate place for most psychiatric patients. Crisis Stabilization Units (psych ERs) are a much more effective method of support and treatment. Marin Health's Crisis Stabilization Unit should be considered a model system. With a dedicated psych ER, consumers can experience a more appropriate environment, quicker treatment/evaluation, and more compassionate care.

In reading the proposed MHSA plan, I noted some concerns with its implementation concerning 988. From my personal experience I've found that even clinicians aren't aware of the existing issues within the 988 system. When Suicide Prevention of Yolo County (SPYC) closed its crisis lines in February 2023, Yolo County lost its only local crisis line. Now when calling the general number of 988, callers are directed to call centers based on their area code, not on their location. In a county where there is a significant population of college students with area codes from other counties, this disconnect between locations constitutes a major safety issue. In addition, 988 volunteers are NOT trained to the level of clinicians or dispatchers. 988 is not a substitute for the existing mental health system of 5150s, mobile crisis, or police interaction- it's a doorway into it. The proposed MHSA plan mentioned creation of a call center proposed Winter 2023, combining 24/7 access and crisis, 988, and Crisis Now Mobile Dispatch. This call center needs to be crafted in a thoughtful, effective way, not just relying on the existing 988 resource, but thoroughly supplementing and improving it.

Additionally, I would like to reiterate that the co-responder program and CIT training should be considered essential parts of the crisis mental health system. 24/7 mobile crisis can complement but not replace this. I noticed a significant difference between how I was treated 8 years ago vs. now during welfare checks in Davis. I attribute this to improved awareness and training, and especially to the presence of a crisis clinician.

The Davis Police Department and Chrystal Baisley (former crisis clinician) have been instrumental in ensuring my safety. Due to my mental health issues, I have had a wide range of interactions with law enforcement over the years, some of it positive, some of it traumatic. From my experience, the way that responders/providers treat "5150s" like me is truly a test of character. I can't tell you how many times I have been treated badly within the mental health system because the clinician/nurse/cop knew I wouldn't be believed. However, in the last two years, DPD has been consistently patient, respectful, and understanding. Their effort and compassionate attitude has had a positive effect on my life. I trust their judgement and know that

they will evaluate me fairly every time. They have been a major factor in keeping me safe and alive these last two years, and for that I am very grateful.

As someone with lived experience with the existing mental health system in this county, I hope that the Local Mental Health Board will take my perspective into consideration. The proposed MHSA plan has many potentially effective proposals. I hope that these concepts can be successfully put into practice, especially concerning the Crisis Now model of mobile crisis, co-responders, and intermediate levels of care.