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I've had a long history of mental health background. I first started working in probation for troubled youth, and I really enjoyed that whole process. Then I moved on to more direct therapy and treatment and counseling with mental health facilities. I worked at a number of facilities. So I have a strong passion.

Much of my work has focused on adolescents. In the last 10 years, I pretty much have been working more so with adults. I worked a lot with the prison system – adults who have been incarcerated – and now I'm in an outpatient clinic here. When I was in private practice, I also had an adult population. So I've done everything from adolescents to adults, with very limited involvement with older adults.

I was actually a social worker and decided that I wanted more training, more experience, and then I just liked being in school. So I went back and got the PhD in clinical psychology and of course was licensed. I actually got licensed as a marriage, family, [and] child therapist, they called it back in the day. They now call it MFT [Master's in Family Therapy]. I was [also] licensed as a social worker *and* licensed as a psychologist. Hmm, a little OCD? Maybe; I don't know. But I have all 3 licenses; but only one is active, and that's the one as a psychologist.

I have the license, the education and the passion for making a difference in the lives of people. That's very important. I feel privileged and honored that I can do that.

I worked with the Probation Department and that was as a counselor. I wanted to do more, so I graduated with the MSW. And then I got the LCSW. I enjoyed doing therapy and counseling as a licensed social worker. But I also wanted to do more. And I actually have a great voice and a greater say.

Now I've been around a while. Social work at one time has been very limited in terms of what we can and can't do. I wanted to do some work in the courts, and I believed that was reserved for psychology and psychiatry. I liked the whole idea of psych testing so I decided, for me, I would move right into the whole area and when I got the PhD, [I gained] personal fulfillment just having a PhD. So that was important. With the move up the ladder, I've had more opportunity to make a difference in the lives of others.

I was working a number of jobs; [I worked] part time at a prison as a psychologist. Then I went to the Juvi [Juvenile Justice] facility working with the Challenger program [residential campus for children in the Justice system], and I worked full time. At that time, I was pretty much motivated by developing a retirement package. I had ignored that much of my life. So I needed to develop that, which I did; and working with kids in a structured setting was very rewarding.

Then the opportunity to work with adults in an outpatient setting was nice, because I was actually returning to that population when I discontinued my private practice. So private practice was primarily adults. Then of course I went into the prison system and had a

number of roles there; then I went to the Department of Justice Juvi system, to Challenger, and from there, to [Palmdale] as a Program Manager.

My primary job is to ensure that the clinic is functioning, providing the services, [assuring that the] quality of services to the clients is second to none – and that's very important – assuring that our mental health services are adequate and second to none. To maintain the operation of the facility, to make sure we're compliant with County policy, make sure [our work] does not put the County in a tough situation, minimize liability, because of the [lawsuit] happy society that we live in. We want to minimize that.

So I see myself as the Program Head, to ensure that the operation, the management of the program is pretty much in compliance with the County policy. I see myself as managerial, and I'll break it down this way: we have supervisory staff, at one level that has direct contact with the clients – they're in the trenches. Then we have management, who pretty much is involved – monitoring and giving instructions to the supervisory staff. Above that we have administrators who make policy. So administrators make policy, managers design and carry them out, supervisors as well, help in carrying out those policies.

When there's no one available, I'm licensed – I'll go right in the line and I'll do a 5150 [72-hour involuntary commitment of a client]. I'll go out and do a triage, deal with a crisis situation – but that's very rare.

I've been doing this over 30 years. I'm 61. I think I bring to the table a good history and understanding of clinical issues, because I've been a clinician. I bring to the table good admin skills and managerial skills, because I've been an administrator – not only in my own private practice, but also in working with the State. When I was in the prison system, I was a supervising psychologist for Lancaster State Prison. And that brought a lot of great skills, provided me with a lot of experiences that I had to develop to be a good manager. Because there too we had limited resources, a lot of demands, and you had to make the best do with what you have.

What are your greatest challenges?

I think meeting the needs of the client is the biggest challenge here. It's a very large geographical area. The area has undergone an enormous amount of changes in the last 10-15 years. We've seen cultural differences, diversity taking place, people coming to the area, pretty much attracted here because of affordable housing, and the result of that is a very diverse area with an enormous amount of demands.

Many times, the Antelope Valley is seen as a remote area and we don't get the resources I believe – this is my perspective – that other areas do that have no more people to serve.

Traditionally we would have probably dealt with specific mental health issues, based on diagnosis, based on the need for medication, but now our Mental Health Department is attempting to provide services that bridge the community services, that go beyond the traditional approach. Many times we're working in non-traditional ways, out of the office. Not seeing someone one-to-one, but in the community. Making our services available to clientele, be it in remote areas, so that they get the assistance that they need. Finding

staff that is able to be that flexible and work with this unique population is a challenge; and just having the resources to provide for people is a challenge.

The Antelope Valley is a situation where there's been an influx of people migrating here from the city, and where they're attracted here because of affordable housing, but in this time when there's such an economic climate, [employment] is very sparse. We have seen an enormous amount of growth in the Antelope Valley, and with that comes a number of demands. There's a lot of diversity, a lot of cultural differences, but the resources have remained the same, or the growth has been very slow. What we need in this remote area of LA County is more attention paid to this growth, so that people are served. So I find that a number of the problems that we experience here in the Antelope Valley are very similar to what's experienced in more dense populations like the San Fernando Valley or even LA – we've seen that kind of growth and that kind of diversity, but yet, what actually finds its way out here in terms of resources, funds, money – is very limited. We need more, basically because of the growth. I think many Service Areas will make the same complaint, that they need more – they have a lot of demands. But I think it's very unique out here, particularly because it's so sparse.

At one time you looked at the Antelope Valley and you saw a very homogenous group. Well, that doesn't exist [any longer]. We have a large percentage of minorities here; we have a Hispanic population that's pretty well represented; we have African Americans here, and this is so much different than [it was, if you] go back in time and see how the community has evolved. We have Filipinos, Asian-Americans. But we do have a high concentration of Hispanics and the needs for services to address that population is critical, and lacking.

Socioeconomics has been a problem as well. People have come into the area because of affordable housing, but many times people come and they have limited skills or limited funds and income, and consequently, they're here, the housing needs have been taken care of, but what about the other needs? Transportation is a serious need here. The transit system does not run and flow like it does in the San Fernando Valley or in LA.

If we're attracting people who are in need financially, people who are being attracted are many times in need of resources because of financial limitations, the underserved – and we just need to expand our resources here. We really do.

At one time, it was very hard getting anybody to come to the Antelope Valley to work. LA County has [Civil Service] bands 1-5; [bands 1 and 2] are the people who are highly seasoned workers who have a lot of experience, so they rate high. Of course, band 5 many times are students entering into the field providing services; and all our hiring in AV was in band 5. Now the economic climate is so strained right now – People are experiencing so much difficulty now, that we're actually attracting more people – but this is all new. Hiring from band 1 is wonderful. But it's all new, because of the hard times that people are experiencing. And it's new for the Antelope Valley, because that hasn't been the situation. Many times we have had to spend a lot of time in training of staff, because of the limited skills.

Many of the institutions that we've relied on to provide us with professionals have not kept pace with our demands. Cal State [University] system that produces social workers – we need more social workers. The systems are producing more MFT – we need more MFT. We need more clinicians to do the job, more psychologists to do the job.

We see a large number of people with very limited staff. I'm proud that despite all the demands that LA County puts on the program, I have a team that really looks at what we do, understands the importance of what we do in this community, and takes pride in what we do. [We] do our best to provide that service for the community. If you look at our numbers, you might be surprised that we see so many people. I'm proud that many of the patients and clients that we see here tend to have a high customer satisfaction if you will. They depend on us, appreciate us – and that keeps us going – that keeps us going. Knowing that we're making a difference, [that] we are appreciated at that level, makes a big, big difference.

I'll be retiring soon.

What would you say to your successor?

There's a mindset, an attitude that you must embrace when you work for the County. Despite all the demands though, despite all the needs, despite all the challenges and the barriers, and obstacles – you have to have a positive mindset. You do what you can do, and you continuously problem-solve. You have to work within certain boundaries, but you have to be a critical thinker, and you sometimes may have to be flexible and adjust programs – never compromising ethics and reality to put the County at risk, but you must be flexible and have the mindset that you can do what you can do, and as long as you keep that positive energy there, you overcome the obstacles. What's a problem today won't be there tomorrow; will just move right along, but you do the best you can do with what you have.

We serve an enormous amount of people here with a small number of clinicians – four clinicians – working with the outpatient clinic. Our clinic [census] is over 1000 people a month. That's an enormous amount of contacts. How do you do it? You have to use a lot of modalities – groups, individuals, lots of walk-ins at times. Interfacing with the community. Collaborating, working as a team.

When I came to the LA County Department of Mental Health, I had intentions of having a short stay here. I had intentions of a year or two, putting the icing on the cake of my retirement and leave. I've been here almost four years. I know my days are numbered; but I'm enjoying the process of making a difference because I feel valued at many levels. I feel valued by the staff; I feel valued by the clients; I feel valued by the administration downtown. I think they respect, they hear, they make adjustments as best they can. It's just hard times. That keeps you going. You can't leave when that kind of atmosphere exists. I could leave if it was just terrible and nobody's trying to make that difference that I speak of. But I think that [we have] hard working County employees that have come together, and I call them my extended working family – that I will truly miss. So it makes leaving a little difficult. OK? I've been here a little while. They expected me to be gone a long time ago.

I think attitude has a lot to do with longevity. A lot of people can get burned out with the frustrations, the challenges, the difficulties that we experience. But we have to do a lot of checking of ourselves introspectively and be there for the clients and community – we need to do things to take care of ourselves, and at this clinic here, we do those things. We try to address how to take care of each other, how to restore [and] renew our own energy and [the energy of] others.

I'll tell you what I do every Friday before I leave here. I look at my 34 people here and ask who's the weakest link, who's suffering, who's not involved, who's distant, who's isolating, who's presenting themselves in a way that's alarming or concerning to me? And when Monday comes, I want to address that. I want to deal with that so that person feels engaged, feeling like they're a part of the extended working family.

Thank you.

END OF INTERVIEW