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11 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
12 **COUNTY OF NEVADA**

13 REBECCA SLADE, in her legal capacity as
14 Interim Director of the Behavioral Health Dept.
15 of Nevada County,

16 Plaintiff,

17 vs.

18 FIRST NAME CLIENT LAST NAME,

19 Defendant.

Case No.: LL-0

**DECLARATION OF DEBBIE KEENEY,
LMFT, IN SUPPORT OF INVOLUNTARY
ADMISSION TO A HOSPITAL FOR
EVALUATION UPON CLINICAL
JUDGMENT OF LICENSED MENTAL
HEALTH TREATMENT PROVIDER**

20 I, Debbie Keeney, LMFT, do declare that I am a licensed psychotherapist employed
21 by Turning Point Community Programs in Grass Valley, CA. I have personal knowledge of
22 the facts contained herein and if called as a witness, I could competently testify thereto.

23 1. I am a Marriage and Family Therapist, and have been licensed to provide
24 psychotherapy in California since 1/31/2008.

25 2. In my role as a licensed psychotherapist with Turning Point Community
26 Programs, I provide psychotherapy and clinical assessments for individuals referred for
27 services through Turning Point Community Programs, including those individuals
28 participating in Assisted Outpatient Treatment (“AOT”).

1 3. I am readily familiar with First Name Client Last Name, a Turning Point
2 Community Programs client and AOT participant.

3 4. On July 18, 2014, First Name Client Last Name was been ordered to
4 participate in assisted outpatient treatment (AOT), and this Order remains in effect.

5 5. I have met with First Name Client Last Name on two separate occasions. In
6 my clinical opinion, Ms. Client Last Name suffers from schizoaffective disorder, which is an
7 Axis I mental health disorder set forth in the Diagnostic and Statistical Manual of Mental
8 Disorders, Fourth Edition.

9 6. In Ms. Client Last Name' case, her mental health disorder manifests in a
10 history of severe agitation and mood swings as well as delusions. She experiences anger
11 outbursts and aggressive actions leading to criminal justice involvement.

12 7. First Name Client Last Name refuses to participate in court-ordered AOT.

13 8. Numerous attempts have been made to gain Ms. Last Names's cooperation
14 with reengaging in her court-ordered treatment plan, including multiple phone calls until she
15 changed her phone number. There have been several visits to her home where she refused to
16 answer the door.

17 9. It is my clinical opinion that First Name Client Last Name' mental health has
18 significantly deteriorated over the last two months and that this decompensation has been a
19 causal factor in her nonparticipation in her AOT Treatment Plan. It is also my clinical
20 opinion that Ms. Client Last Name's deteriorating mental health constitutes a danger to
21 herself and that she is in need of an evaluation by a qualified mental health provider to
22 determine whether she is in need of involuntary admission to a hospital and/or psychiatric
23 facility pursuant to Welfare and Institutions Code Section 5150. My opinion is based on
24 reports from her mother in that she is hiding in her home, is unable to obtain food for herself
25 or meet her basic hygiene needs She is hostile and aggressive to her family when they
26 have attempted contact. A police report was made on her stating that she broke into the home
27 of her mother and took her mother's laptop.

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I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

Executed this the 17th day of November, 2014, at Grass Valley, California.

Debbie Keeney, LMFT