

▶▶ LPS Law and the Challenges of Engagement



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

California is Witnessing a Humanitarian Crisis: Every day we watch a humanitarian crisis worsen for too many vulnerable Californians who suffer from untreated severe mental illness and languish on the streets, in the jails and prisons, and in emergency departments and hospitals. A primary reason for this crisis continues to be the fact that too many in need of care remain disengaged from care and instead subsist without treatment, housing and support not to mention opportunities to live, belong, and be well in community. As a marker of this crisis, **OUR** crisis, the number of people experiencing homelessness who die in the streets continues to climb at an alarming rate.

Guaranteed Resources are Core to Better Engagement, and We Must Finally Devote More and Better Resources to Address this Crisis: More and better resources must be easily accessible, user-friendly and readily available up front and in real time to engage those who are most in need yet remain disengaged at their own peril. In short, we are compelled to put forth a comprehensive set of strategies to address the challenge of engaging those who are disengaged from the system and suffer in isolation to their own detriment as a result. With guaranteed resources in hand, and in the same manner we contemplate the need for a continuum of care for individuals in need, we must contemplate a continuum of engagement tools for individuals in need to ensure that all are positioned to receive care.

A Continuum of Engagement Tools is Needed: From the use of intensive and relentless outreach efforts with guaranteed resource offerings to cultivate voluntary engagement, all the way to the use of the LPS Act to secure involuntary engagement, a continuum of engagement tools must be put in place. And in all scenarios, we must always start from the place that care is always best when accepted voluntarily as a part of honoring autonomy while still recognizing that refractory resistance to accepting voluntary care will at times compel time-limited paternalistic approaches. Such a continuum of engagement tools could include the following, all with guaranteed resource:

- Relentless outreach, prevention and early intervention
- Shared Decision Making
- Psychiatric Advanced Directives
- AOT/Laura's Law with the ability to medicate
- Conservatorship including needed public guardians/conservators and improved dedicated training and dedicated intensive clinical teams for those who are conserved
- Housing and/or Treatment beds

Next Steps: Consider a legislative framework based on “being able to live safely in the community” guided by an individual’s need for supervision and assistance, their risks of bodily injury, their housing situation, their physical health challenges, their patterns of behavior and their degree of psychiatric deterioration.

Keeping Our Binding Principles: The binding principles that have driven our dialogue to date is that everyone has a right to care; recovery is possible for everyone and everyone deserves the opportunity to live, belong, and be well in community; involuntary engagement (and/or compelled treatment) must only be considered alongside guaranteed housing and 24/7 clinical services.