

# ATTACHMENT

For Item

19

TUESDAY  
April 9, 2024

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## **Valdivia, Janely**

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**From:** henkinp@earthlink.net  
**Sent:** Thursday, April 4, 2024 3:09 PM  
**To:** Desmond, Jim; Anderson, Joel; MontgomerySteppe, Monica; Vargas, Nora (BOS); Lawson-Remer, Terra  
**Cc:** FGG, Public Comment; CV Live Data Robert Johnson; ABC 10 San Diego; Fox 5 69 San Diego; Fox 5 69 San Diego; KOGO Carl DeMaio (Reform California KOGO DeMaio Report); KOGO Lou Penrose; KOGO Mark Larsen Radio San Diego; KOGO Mike Slater; KPBS Erik Anderson; KPBS San Diego; KUSI 51 San Diego; KUSI Dan Plante; KUSI Jason Austell; KUSI Lauren Phinney; KUSI Logan Byrnes; KUSI Mark Mathis; KUSI Paul Rudy; KUSI Rafer Weigel; KUSI Teresa Sardina; La Prensa San Diego; Mike Slater KFMB; NBC 7 San Diego; Escondido Times-Advocate; Rancho Santa Fe Review; Del Mar Times; San Diego UT Senior Editor; San Diego UT Community Op Ed; Times of San Diego; Voice of San Diego; Advocate; Coronado Times; La Jolla Light Editor; Chula Vista Star News; Carlsbad Coast News (also San Marcos Vista & Oceanside  
**Subject:** [External] UPDATE ON INVOLUNTARY BEHAVIORAL HEALTH TREATMENT (PLEASE INCLUDE WITH AGENDA ITEM #19)

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Supervisors,

I do not approve of involuntary treatment. I think that it is starting off on the wrong foot, essentially traumatizing the person who is already sick, showing him or her that force is 'right,' and better results are to be had by a mutual arrangement. Also, This uses ARPA funds for non-COVID purposes. Not good.

## **A - Training**

**Immediate Actions** – Next Three months: develop Lanterman-Petris-Short act (LPS) Training - This should have been done already. Behavioral Health Services (BHS) could already have coordinated with local law enforcement entities (or other stakeholders) to ensure training and education. Glad BHS got the FAQ website up, though.

**Mid-Term Actions** – Next Three to Six Months: Conduct Introductory LPS trainings for each law enforcement jurisdiction no later than June 2024. That is now 2 months.

**Long-Term Actions – Next 6-12+ Months: Reassessment of LPS Trainings - it's good.**

## **B - Expanded Substance Use Disorder (SUD) Treatment**

**Immediate Actions – Next Three Months:** SD Relay Program, which will provide overdose prevention education, naloxone, support, and linkage to care for opioid overdose survivors. But why not try to identify people likely to overdose and hopefully prevent it.

**Mid-Term Actions – Next Three to Six Months:** Enhance Connections for Patients in Emergency Depts (ED's) to SUD Residential and Outpatient Treatment. Why are we waiting?

## **D. Updating Procedures & Adding Capacity to Support the Public Conservator's Office**

**Mid-Term Actions – Next Three to Six Months:** Evaluate Assisted Outpatient Treatment (AOT) and Community Assistance, Recovery and Engagement Assertive Community Treatment (ACT) Capacity. Though AOT and CARE require a primary mental health diagnosis, it is anticipated that LPS will generate additional referrals to the Public Conservator overall...So the authorities seem to care more about numbers than individuals, and these are a few more tools they have.

**Long-Term Actions – Next 6-12+ Months:** Implement Data Collection, Reporting Infrastructure, and Processes. LPS outlines substantial new data collection requirements,...County staff will leverage and modify existing data collection systems to capture the required data, along with developing and enhancing new data reporting capability and systems. Given the SANDAG fiasco, you need good audit procedures to make sure that what is reported is accurate.

In short, I think we have squandered our opportunities for a timely start, such as training, and are therefore not ready for an orderly process. The actions should be examined and put on a timeline to see if they mesh properly.

Regards,

Paul Henkin