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| **From:** | Board of Supervisors, (BOS) |
| **To:** | BOS-Supervisors; BOS-Legislative Aides; BOS-Administrative Aides |
| **Cc:** | Calvillo, Angela (BOS); Somera, Alisa (BOS); Laxamana, Junko (BOS); Ng, Wilson (BOS); Carroll, John (BOS) |
| **Subject:** | FW: Designating Fire Department Paramedics to Initiate 5150 Holds |
| **Date:** | Monday, July 26, 2021 1:34:34 PM |
| **Attachments:** | Letter of Support for Paramedic 5150 Proposal.pdf |

**From:** Ritik Chandra <ritikc@gmail.com>
**Sent:** Friday, July 16, 2021 11:46 AM
**To:** BOS-Supervisors <bos-supervisors@sfgov.org>; BOS-Legislative Aides <bos-legislative_aides@sfgov.org>; BOS Legislation, (BOS) <bos.legislation@sfgov.org>
**Subject:** Designating Fire Department Paramedics to Initiate 5150 Holds



To Whom It May Concern:

I'm writing today to offer my support for Supervisor Safai's proposal that would allow select paramedics to place 5150 holds.

As a practicing emergency physician in San Francisco and a leader in my own emergency department (ED), I think it's fair to consider myself a well-informed stakeholder—perhaps even an expert—on the matter. That said, I write today not in any official capacity, but rather as a resident of San Francisco who sees here a great potential to optimize the distribution of resources in our city.

It's no secret that San Francisco has long teetered on the edge of a full-blown mental health crisis. While anyone who lives or works in San Francisco is touched by this crisis regularly, we in the city's EDs see its impact relentlessly, in that our workplace often serves as a clearinghouse for such cases.

The patient population in question suffers from a variety of crises—homelessness, medical illness, mental illness, addiction, crime—to name a few, and I think that it's fair to say that San Francisco has built one of the nation's most robust networks of services to address these crises. That said, very few of the individuals in question suffer from just one of the above-mentioned troubles, and it's no small challenge sorting out *who* should go *where*. It requires training, attention, experience, intuition, research, and a significant investment of time to appreciate the nuances of any given case.

With this in mind, I suspect that most of my ED colleagues would agree that the 5150 hold has become a reflexive, catch-all response, a blunt instrument wielded imprecisely and often inappropriately—to the detriment of both the patient and society at large. I would estimate that in my department, I receive at least one such patient per shift—and that's the experience of just one doctor in one department. I have no doubt that my peers would share similar experiences. In many cases, these are patients whose apparent crisis has

been triggered by acute intoxication (not an acute psychiatric illness). Other times, a 5150 has been placed in response to vague statements of suicidality professed in the setting of an encounter with law enforcement, proffered in an attempt to avoid legal consequence. And sometimes, the 5150 has been placed on a patient who is voluntarily agreeing to receive mental health services—often having initiated the contact themselves. These are just three of the many scenarios that we ED physicians encounter routinely in which 5150s are placed outside the guidelines established by California law.

My concerns here are that the inappropriate placement of a 5150 hold can:
- prevent the individual from being directed toward other facilities that may better serve their needs.
- force the receiving EDs to focus attention and resources toward evaluation and management of *psychiatric illness* as a presumed root of the crisis—often forcing us to neglect the real underlying issue.
- infringe on the rights of the affected individual, who may bear the stigma of having been placed on a psychiatric hold for the rest of their life.
- unnecessarily prolong the patient's ED visit (lifting a 5150 takes time), contributing significantly to ED crowding, which in turn delays the evaluation and treatment of patients seeking treatment of emergent medical conditions.

While I enthusiastically applaud the city's police in their courageous efforts in keeping the city safe, it is clear to me at this point that mental health triage is neither their intended purpose nor their area of expertise. Furthermore, I suspect that with certain clients, the mere presence of a badge—through no fault on the part of the officer involved—may counterproductively escalate the crisis at hand. I believe that the availability of crisis intervention personnel who are not affiliated with law enforcement would prove more successful in de-escalation and assessment.

With this in mind, I strongly support the establishment and training of a dedicated force of paramedics—such as EMS 6 and the Street Crisis Response Teams—to assess, deescalate and triage persons in crisis in our community. I believe that their expertise, their familiarity with the patients in question and their awareness of medical practice would together enable a much more streamlined, just and reasonable approach to the sorting and allocation of the resources our city has already established to serve this unfortunate population.

I would be happy to discuss further with any of you, should you wish to hear more. Thank you for your time.

Sincerely,

Ritik Chandra, MD
Vice-Chair of Emergency Services, California Pacific Medical Center (CPMC)
Site Medical Director of the Emergency Department, CPMC-Mission Bernal Campus
Mobile: (415) 509-5375

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