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May 16, 2019

San Francisco Board of Supervisors  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Re: SB 1045

Dear Honorable Members of the Board of Supervisors:

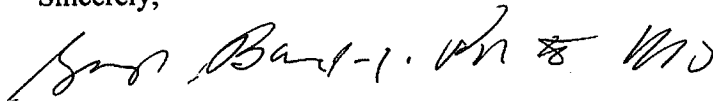
At Monday's hearing I spoke as a representative from the Northern California Committee on Psychiatric Resources, a division of the Physician's Organizing Committee (physiciansorganizingcommittee@gmail.com). I attempted to address the issue that draws the greatest opposition to conservatorship, the inherent loss of liberty.

This issue was a valid concern in the 1960s when the Lanterman-Petris-Short act was enacted. An effort was made to protect the liberties of the mentally ill. Unfortunately, the experiment has failed. It turns out that there is an inverse correlation between patients on involuntary care in psychiatric hospitals and patients in correctional institutions. The current policy has thus moved the deprivation of civil rights from the health sector onto the street where irrational behavior puts the person at risk of self-injury and confrontation with the police. There are now more psychiatric patients in the penal system than were ever in state psychiatric hospitals.

Treatment with medication even when not voluntary can help to restore free will. This is particularly true for those persons who as a result of their illness, have lost self-awareness and the ability to assess their condition and act in their own best interest. Either way, the mentally ill are deprived of their civil liberties.

It is important that we move forward with any effort to correct this egregious situation but in a way that restores dignity to this population. Housing is not enough. I urge you to support SB 1045.

Sincerely,



George Bach-y-Rita, M.D.

Ref: <https://www.treatmentadvocacycenter.org/storage/documents/jail-survey-report-2016.pdf>

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May 16, 2019

San Francisco Board of Supervisors

City Hall, Room 244

1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

Dear Honorable Members of the Board of Supervisors:

I am writing to you as President of the Northern California Psychiatric Society with 1100 psychiatrist members to urge your support of SB1045 – Housing Conservatorship (File 181042).

SB1045 offers a structured, humane and compassionate intervention pathway to help individuals previously beyond the reach of appropriate and ongoing medical and mental health treatment.

The individuals who would be helped with implementation of SB1045 suffer from untreated or inadequately treated but treatable severe mental disorders. These are not disorders of choice for the individuals involved. These are human beings whose neurobiology has been hijacked and derailed by diseases such as schizophrenia and severe bipolar disorder often in combination with methamphetamine or other substance addiction.

The individual and social consequences of untreated mental illness are astounding. Individuals with schizophrenia die on average 20 years earlier than same age individuals in the general population. Lack of routine medical care for these individuals results in striking rates of high blood pressure, heart failure and emphysema, all significantly related to

tobacco smoking. Individuals with bipolar disorder are 25 to 60 times more likely to attempt suicide with nearly 20 percent eventually completing suicide. Individuals with a substance addiction to methamphetamine or opioids are at risk of severe medical complications of their addiction, such as blood infections, HIV infection, traumatic injuries and overdose death. In the United States in 2017 there were 77,000 overdose deaths, 48,000 of them from opioids. The National Institute on Drug Addiction reports that 1.6 million individuals with an average age of 23 years were using methamphetamine in 2017. A California state estimate of overdose deaths in San Francisco is over 400 per 100,000 residents per year.

Again, it is imperative to recognize that individuals who would be subject to conservatorship under SB1045 do not choose to have their illnesses or the health and social consequences of their illnesses. Instead health and social consequences are the result of their severe neurobiological illnesses.

SB1045 is a straight forward and structurally clear path to life-saving healthcare for individuals incapable of caring for their health and well-being, because of the severity of mental illness and substance use disorder.

The Northern California Psychiatric Society supports implementation of SB1045 in San Francisco.

Sincerely,

Sydney T. Wright, Jr., M.D.  
President

May 11, 2019, via e-mail

City and County of San Francisco Rules Committee  
City Hall, Legislative Chamber, Room 250  
San Francisco, CA

**Re: Implementation of SB 1045 and SB 40, File # 181042  
Board of Supervisors Rules Committee, May 13, 2019**

To: Supervisors Ronen, Walton, Mar: Constituent Statement for the record of hearing.

Cc: The Honorable Mayor London Breed, and Supervisors Brown, Fewer, Haney, Mandelman, Peskin, Safai, Stefani, Yee

Dear Supervisors Ronen, Walton, and Mar:

My name is Colette I. Hughes. I am a San Francisco based patients' rights attorney, former nurse and a long time resident of the Mission District. This statement is in opposition to the implementation of SB 1045 by the City and County of San Francisco and in opposition to SB 40.

SB 1045 and SB 40 do not propose solutions that meet the goal of addressing the homelessness epidemic in San Francisco. Nothing in the bills expands housing or access to behavioral health or other basic care services needed by homeless people diagnosed as having a serious mental illness, a substance use disorder, or who are dually diagnosed. The two bills punish the homeless for their status and discriminate against people with disabilities.

SB 1045 makes the trigger for the conservatorship 8 or more 5150 detentions in the preceding 12-month period. SB 40 would change this provision to mean 8 or more detentions in any 3-month period. The bills require no mechanism for monitoring or responding to the use or misuse of the 5150 process under the new scheme. A conservatorship petition would only need to be timely filed with the court once the 5150 quota is met. Eight strikes and you're out! And you are out of San Francisco too, as the City does not have the services, the housing or the placements to meet to meet your individual needs. This is why about 65% of San Francisco conservatees are in placements outside their community of San Francisco.

Imposition of a conservatorship often involves involuntary placement in a locked facility far away from family and friends, and the imposition of additional legal disabilities, including the right to make one's own treatment decisions. Implementation of SB 1045 could place certain individuals at undue risk of emotional and physical harm from transfer trauma, also known as relocation shock. The phenomena, which results in increased morbidity and mortality, is a result of the involuntary, precipitous or haphazard relocation of at-risk individuals including the elderly and homeless people with health conditions and disabilities. A related

concern is the harm that could befall persons with special needs, including transgender individuals who suddenly find themselves isolated in a facility far away from their support network and their community. The increased risk of suicide under such circumstances should not be underestimated.

Involvement of law enforcement in the implementation of this new conservatorship program is ill advised. Approximately 60 percent of individuals subjected to lethal force by law enforcement in San Francisco every year are identified as having a psychiatric disability. Calls for well-being checks have ended in tragedy throughout our country. Implementation of SB 1045 would open the door to more instances of force and physical harm of the homeless and the disabled during interactions with law enforcement personnel. The bills would allow conservatorship of the person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance abuse disorder, as demonstrated by the imposition of eight 5150s.

Public policy should be limiting the role of law enforcement in the mental health commitment process. SB 1045 and SB 40 would give San Francisco law enforcement an unprecedented role in causing individuals to be subject to a loss of basic human rights under a new and sweeping conservatorship program once the detention quota is met. These bills pose a considerable threat of misuse of the 5150 process by law enforcement. According to a May 6<sup>th</sup>, 2016 report by The California Hospital Association, about 300,000 5150s for detention and transport on an involuntary hold pursuant to 5150 are written annually. More than 75% of the detainees were discharged within 23 hours and less than 25% were determined to require treatment on an inpatient unit. This means that the majority of people 5150'd by the police are found not to meet the standard for involuntary detention by qualified mental health professionals less than 24 hours of being transported to the facility by law enforcement.

If SB 1045 is implemented, police officers will likely experience greater pressure to 5150 homeless people. Implementation could also undermine community outreach policing efforts to marginalized homeless people. The measures also allow the county sheriff, who is not a qualified mental health professional, to recommend this new form of conservatorship for homeless and disabled jail detainees. San Francisco should refrain from moving forward with this dangerous experiment.

Conservatorships are not inherently objectionable. However, implementation of SB 1045 and SB 40 represent the needless expansion of involuntary care mechanisms and invite mistreatment of those the measures purport to protect. In addition to conservatorships based upon grave disability under the Lanterman-Petris-Short Act (LPS), San Francisco already has Assisted Outpatient Treatment which allows for the involuntary treatment of individuals "unable to carry out transactions necessary for survival or to provide for basic needs." Homeless individuals who refuse available care for their life-threatening medical conditions meet this standard and are regularly conserved by the mental health courts when determined necessary.

The new SB 1045 conservatorship scheme violates a fundamental premise of the LPS Act that all people with psychiatric disabilities should be treated in a manner which enhances their personal autonomy and self direction. The societally imposed condition of homelessness does not change this universal principle. SB 1045 and SB 40 erroneously assume that homeless people are to blame because they are resistant to care when in fact it is the lack of housing, basic medical and other services that is responsible for the absence of care. This absence of basic services was underscored at the Board of Supervisors Budget Committee Hearing on Mental Health and Substance Abuse on May 1<sup>st</sup>, 2019, when department representatives informed the Committee that there is a 20% deficit in skilled personnel including psychiatrists and case managers and that 44% of patients who successfully complete treatment programs are discharged to homeless shelters or to the streets. Every day there are over 1,000 people on the city's single adult Shelter Reservation Waitlist. And according to 2018 behavioral health audit, 38% of people discharged from psychiatric emergency services were not offered any continuing services. This is not care; it's systemic neglect.

The bills actually disfavor the provision of meaningful voluntary services and provide no assistance to address the re-traumatization of the 5150 and involuntary psychiatric hospitalization experience. Healthcare workers worry that the implementation of SB 1045 would require them to participate in a process that violates the ethical mandate to "do no harm." And although SB 1045 requires that there be no reduction of voluntary services, the legislation does not and cannot fulfill that promise. Given the dearth of services to meet the need, and the failure of the legislation to identify additional funding and resources, it would be impossible to refrain from cutting access to voluntary services in order to impose the conservatorships envisioned under the new scheme.

The implementation of SB 1045 would be fiscally irresponsible. Institutional beds cost the City about \$164,000 a year per individual. For a fraction of this amount San Francisco could provide quality voluntary housing with wrap around services to the identified individuals in need. Long-term stable housing and supportive recovery services substantially improve the lives of homeless people with disabilities. We can and must make this happen in San Francisco. Implementation of SB 1045 would serve expediency but not the homeless; it would interfere with our ability to create a system that works, and would divert attention and sparse resources from those truly in need.

Respectfully submitted,

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