

SB 1045 Analysis — Additional Services Won't Magically Appear Without Funding Mandate

Local Politics: Voluntary vs. Involuntary Treatment and Housing

by Teresa Palmer, M.D. and Allen Cooper M.D.

State Senator Scott Wiener, with the support of now-Mayor London Breed, has created a plan for a new form of conservatorship for those who are both mentally ill and substance abusing. A group who “refuses services” would be conserved — which transfers the right to make decisions about placement and treatment to a “guardian.”

Wiener’s original idea about who should be conserved under the new law was so all inclusive that he was forced to improve the legislation by, among other things, stipulating that potential candidates had to be first offered a list of voluntary services, including “Assisted Outpatient Treatment.”

SB 1045 in its current form has been offered to three cities to implement: Los Angeles and San Diego both declined. A hearing is still to come up in San Francisco. The first step will be a hearing at the Rules Committee of the Board of Supervisors.

This law looks good to those who are concerned by seeing people on the street in bad shape, but the law will help few, if any. Distressingly, Supervisor Rafael Mandelman and Breed overlook the fact that resources will be diverted from actual services by the expensive additions to city bureaucracy that will be needed to support the implementation of SB 1045. And there is *no* evidence that involuntary services to treat substance abuse are effective.

Some other disturbing aspects of SB 1045:

1. SB 1045 includes no funding to increase the quality and quantity of services, or to provide truly intensive “Case Management.” In San Francisco, two thirds of those who need case managers are on a waiting list for weeks or months. Caseloads are large. For the most part, case managers do not leave their offices and do not have after-hours availability.

Models of case management such as “Assertive Community Treatment” work to reduce hospitalizations. Case managers develop long-term relationships by going out to where their clients are and gaining their trust. They then offer services that will stabilize, such as housing, and continue going to the client to assist in the adjustment to “coming inside” and finding needed treatment. SB 1045 is not needed to offer this kind of case management, and San Francisco needs to offer it.

2. Services are overwhelmed. None of our street outreach teams are generously-enough staffed and funded to meet existing need. No way is substance abuse treatment available without a wait, if at all. The waiting lists for “Supportive Housing” are mostly closed, because there are too many folks waiting. There are not enough Navigation Centers and not enough long-term housing to follow a stay there.

A team for someone in crisis is usually unhelpful when all that can be offered is an insecure shelter bed, or a trip to an overwhelmed psychiatric ER. Typically, clients in the Psychiatric ER have to sit on chairs all night and just go back to the street in the morning.

Despite denials from SB 1045 supporters, many will suffer if services are reserved for a few without increasing funding for voluntary services for all who actually need them. In fact, it is illegal to implement this law if others will be displaced from services. And they most certainly will be.

3. A criterion to begin the conservation process is “Eight 5150s” in a year. A 5150 is, by legal definition: *“A hold based on probable cause by a peace officer or county authorized professional, allowing involuntary transport to an authorized facility for a period of up to 72 hours for assessment, evaluation and crisis intervention.”*

The vast majority of “5150” holds are cancelled (usually in the emergency room) in less than 24 hours, as the person is assessed to be *not* “gravely disabled” or *not* a “danger to self or others.”

Many folks who are 5150'd would voluntarily accept *appropriate* housing and treatment but cannot access it. Many homeless refuse a shelter bed: They cannot bring in their survival gear, they risk assault and robbery, and they are pushed back to the street at 6:00 a.m. This is not to mention that it's hard to make and keep appointments when you are homeless. They have not actually "refused services." There are simply not enough accessible and integrated services — such as mental health treatment linked with stabilization housing that then goes on to long-term housing.

It's unethical and violates human rights to use a 5150 evaluation requested by the police or a social worker as the criterion to say whose rights should be curtailed or removed.

Those who work on the front lines in San Francisco can tell you heart-breaking anecdotes about people who "refused services" until they died. But more services will *not* magically just appear if SB 1045 is implemented in San Francisco. And there are so many more stories about people who wanted services but couldn't get them — until something terrible happened to them or they died.

We need more and better voluntary services, not more laws that take away people's rights and make them fearful of getting help.

Los Angeles and San Diego took a pass on implementing SB 1045. San Francisco should take a pass on it, too!

Dr. Teresa Palmer was a Senior Physician Specialist in geriatrics at Laguna Honda Hospital for 15 years and has practiced medicine in San Francisco for 30 years. Dr. Allen Cooper is Emeritus Professor of Medicine at Stanford University. He has also worked for Healthright 360 and the UCSF Medical Student Homelessness Clinic at the 5th St. Shelter.