

Edward A. Chow, M.D.
President

Sonia E. Melara, M.S.W.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

David B. Singer
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 20, 2014, 4:00 p.m.

**101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow M.D. , President
Commissioner Sonia E. Melara, MSW, Vice President
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner David B. Singer
Commissioner Belle Taylor-McGhee

Excused: Commissioner Cecilia Chung
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC

The meeting was called to order at 4:04 pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 6, 2014.

Action Taken: The Health Commission unanimously approved the minutes of the meeting of May 6, 2014.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

May Revision of the Governor's Budget

On May 13, 2014, Governor Brown released the May Revision to his FY 2014-15 budget, originally proposed in January 2014. The revised budget, which allocates \$108 billion in State General Funds, includes an increase of \$2.4 billion from the previous proposal. The total Health and Human Services budget stands at \$136.7 billion (\$29.6 billion General Fund, \$107.1 other funds), which reflects an increase of \$839 million from the January budget and an increase of 2.7% from last year. While staff is still evaluating the May Revision, we believe most of the changes proposed have been assumed in DPH's FY 14-16 budget submission and there are no significant impacts to DPH. Following are key budget proposals of interest to SFDPH:

Medi-Cal

- An overall increase of \$1.2 billion over the January budget is allocated to Medi-Cal for FY 2014-15. A majority of this allocation is to cover the cost of increased Medi-Cal enrollment, which has surpassed original projections. This also includes funds for the CalHEERS system with the aim of reducing the Medi-Cal enrollment and redetermination backlog. These changes are assumed in DPH's FY 14-16 Budget.
- The Department of Health Care Services (DHCS) revised its Medi-Cal enrollment estimates to include an additional 1.2 million persons. Projected enrollment now stands at 11.5 million (approximately 30% of the State population) by the end of the 2014-15 fiscal year, and includes 815,000 people not eligible for the 100% federal financing under the Affordable Care Act (ACA). These changes are assumed in DPH's FY 14-16 Budget.
- The State continues to expect to recover in savings from counties \$900 million in AB 85 realignment funds for the 2014-15 year. In the May revise the total savings is offset by increased CalWORKS costs of \$175.1 million. The state has provided revised allocation for San Francisco, which is lower than what was expected in the January budget. This allocation, however, is only an estimate and subject to final reconciliation based on actuals in FY 2015-16. We are continuing to working with the Mayor and Controller's Office to determine how much to assume in the City's FY 2014-16 budget.
- \$187.2 million is allocated for Medi-Cal managed care plan rate increases. This increase reflects a regular, actuarial increase independent of any other Medi-Cal rate provisions. These changes are assumed in DPH's FY 14-16 Budget.
- \$191.2 million is allocated for increased mental health and substance use disorders available through Medi-Cal. These changes are assumed in DPH's FY 14-16 Budget.

HIV/AIDS

- \$26.1 million in federal funds are included to cover two new drugs recently approved for the treatment of Hepatitis C under the AIDS Drug Assistance Program (ADAP). This initiative will increase access to Hepatitis C medication for SFDPH's co-infected patients from non SFDPH pharmacies, but there will be no direct impact to DPH's Budget.
- The Office of AIDS-Health Insurance Premium Payment Program is directed to explore mechanisms to pay out-of-pocket costs for program clients purchasing private insurance beginning January 2016. This will improve access to private health insurance purchased through Covered California for people living with HIV, but no significant impact to DPH.

Other

- \$2 million is allocated as placeholder funding for county administration costs related to the Katie A. v. Bonta settlement agreement, which addresses mental health and supportive services for youth in or at risk for foster care placement. Although San Francisco incurs these administrative costs, our relative proportion of the \$2 million allocated statewide would be minimal.

SFGH in The New York Times

San Francisco General Hospital and Trauma Center's stellar work in labor and delivery services was featured in the New York Times Fixes column on May 7. The story dubbed SFGH "the safest place in California to have a baby" and featured the many ways that SFGH exceeds national standards in obstetrics services. These include the low rate of C-sections and the high rate of vaginal births in subsequent pregnancies after C-sections. The General's teaching model and patient-centered use of mid-wives were highlighted as keys to our success.

UC Chancellor's Awards for Public Service

Staff from Jail Health Services' HIV & Integrated Services program (formerly FAP) received a UC-Berkeley Chancellor's Award for Public Service in recognition of From the Center, a collaborative project that implemented digital education in the San Francisco jails. The project provided incarcerated women the opportunity to learn about HIV/AIDS by creating digital stories sharing the impact that HIV has had on their lives. The women wrote and illustrated their stories, worked with a creative writing instructor to edit them,

and then digitally produced them. These stories offer vital perspectives and interventions on HIV/AIDS and have been used in both community and academic settings and with other incarcerated and formerly incarcerated populations. The stories have reached over 500 prisoners in the past two years. Recognition for this project goes to Margaret Rhee from UC Berkeley and Department of Public Health employees Isela Gonzalez, Allyse Gray and Kate Monico Klein. Carolyn Sufrin, MD, an attending in Ob/Gyn at SFGH and who also works for Jail Health Services, was awarded the UCSF Chancellor's Award for Public Service also for her work with incarcerated women.

SF Man Determined to give Back - The San Francisco Examiner

The Examiner's May 11 front page featured the compelling story of grateful patient Antonio Garcia's efforts to give back to San Francisco General Hospital. Four years ago, trauma surgeons at The General saved his life after a bicycle accident. Garcia is organizing a 30 kilometer run to raise \$30,000 to celebrate his health and show his gratitude.

Congressional Hearing

On May 1 in Washington D.C. Dr. Susan Philip, Director of Disease Prevention and Control Branch of the Population Health Division of SFDPH, presented in a Congressional briefing entitled "Drug Resistant Gonorrhea: Impact on HIV Prevention and Health Equity" hosted by the National Coalition of STD Directors (NCSD). Dr. Philip is the STD Controller for San Francisco, and spoke in her role as Chair of the Board of Directors for NCSD. The briefing was well attended by Congressional Staff as well as public health and industry representatives. Gonorrhea remains an important public health concern in San Francisco, and disproportionately affects gay men, men who have sex with men and African American adolescents. San Francisco, along with other cities on the West Coast of the US, is a site of possible emergence of drug resistant gonorrhea. The goal of the briefing was to remind policy makers of the important public health efforts to control gonorrhea and to urge continued support for public and private innovation in surveillance, testing, and new treatments for this public health problem.

Mirant Progress Report

The April 2014 Mirant Settlement Progress Report: Potrero Hill Community Health Projects has been released. This report serves as the first update on the progress of each funded project and its benefit to the residents of impacted neighborhoods. Following an Executive Summary of these six projects, the body of the report provides project profiles and progress reports from each funded agency, documenting activities and outcomes through January 2014.

The San Francisco Board of Supervisors passed Ordinance No. 217-11, approved by Mayor Edwin Lee November 9, 2011, appropriating \$1,000,000 of Mirant Potrero L.L.C. Settlement Funds to the Department of Public Health for neighborhood improvement and mitigation in the neighborhoods most impacted by the Potrero Power Plant. Based on recommendations prepared by the San Francisco Asthma Task Force and the Power Plant Task Force, the Board approved expenditures allocated to four special revenue funds to fund six distinct projects. Subsequent to funds being initiated in November 2011, DPH established work orders with appropriate City agencies, issued Requests for Applications, contracted with external non-profit agencies, and completed personnel requisitioning, interviewing and hiring to establish the intended projects. Funds are administered by the DPH Population Health Division Environmental Health Branch.

SEIU-UHW and California Hospitals Announce Three-Year Agreement

A wide range of California hospitals and health care systems and the California Hospital Association reached a landmark agreement with the Service Employees International Union-United Healthcare Workers West (SEIU-UHW) on May 5th, 2014. As a part of the three year agreement, the hospitals and the union will launch a joint \$100 million advocacy campaign to increase Medi-Cal reimbursement rates and to improve service delivery. Additionally, SEIU-UHW will not pursue two ballot initiatives that would have sought limitations on hospital

billing and executive compensation. The two sides also agreed to a code of conduct that will guide ongoing conversations between union representatives and hospital employees.

Public Health Officials Offered Healthy Tips for Safety During Heat Wave

As a heat wave descended upon the Bay Area the week of May 12, 2014, health officials from the San Francisco Department of Public Health offered tips to help withstand the predicted 100-plus degree days.

Everyone can be affected by the heat but age, medical condition and alcohol consumption can quickly complicate how individuals respond to periods of excessive heat. Populations vulnerable to heat-related illness include: people age 65 and over; infants and young children; people with medical conditions such as diabetes, high blood pressure, heart disease, obesity, asthma, and respiratory conditions; and people who consume caffeine or alcohol.

Middle East Respiratory Syndrome (MERS)

Because of the recent two cases of Middle East Respiratory Syndrome (MERS) in the United States in travelers from Saudi Arabia, the San Francisco Department of Public Health, Population Health Division issued an updated clinician Health Advisory on May 7, 2014.

Middle East Respiratory Syndrome (MERS) is viral respiratory illness first reported in Saudi Arabia in 2012. It is caused by a coronavirus called MERS-CoV. Most people who have been confirmed to have MERS-CoV infection developed severe acute respiratory illness. They had fever, cough, and shortness of breath. More than 30% of these people died. So far, all the cases have been linked to countries in the Arabian Peninsula. This virus has spread from ill people to others through close contact, such as caring for or living with an infected person. However, there is no evidence of sustained spreading in community settings.

CDC continues to closely monitor the MERS situation globally and work with partners to better understand the risks of this virus, including the source, how it spreads, and how infections might be prevented. CDC recognizes the potential for MERS-CoV to spread further and cause more cases globally and in the U.S. We have provided information for travelers and are working with health departments, hospitals, and other partners to prepare for this.

Labor Negotiations Update

The labor union and the City have negotiated 13 labor agreements. The three year contract terms include a 3% wage package increase starting October 2014, a 3.25% increase starting October 2015 and a Consumer Price Index (CPI)+0.25% increase starting July 1, 2016. CPI will be between 2 and 3%. Contract negotiations are ongoing for several unions.

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

May 2014

Governing Body Report - Credentialing Summary
(4/17/14 BUSINESS-MEC)

	05/2014	07/2013 to 06/2014
<i>New Appointments</i>	10	213
Reinstatements		
<i>Reappointments</i>	58	512
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	22	198
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		3
<i>Changes in Privileges</i>		
Voluntary Relinquishments	7	124
Additions	17	128
Proctorship Completed	14	170

Current Statistics – as of 4/7/14		
Active Staff	548	
<i>Courtesy Staff</i>	489	
Affiliated Professionals (non-physicians)	259	
TOTAL MEMBERS	1,296	

<i>Applications in Process</i>	48
Applications Withdrawn Month of May 2014	0
SFGH Reappointments in Process 6/2014 to 8/2014	172

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

MAY 2014

Health Commission - Director of Health Report
(May 8, 2014 Medical Exec Committee)

	May	(FY 2013-2014) Year-to-Date
<i>New Appointments</i>	0	10
Reinstatements	0	0
<i>Reappointments</i>	3	45
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	1	11
<i>Disciplinary Actions</i>	0	0
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	9
Proctorship Extension	0	0

Current Statistics – as of 4/30//2014		
Active Medical Staff	36	
As-Needed Medical Staff	15	
<i>External Consultant Medical Staff</i>	41	
<i>Courtesy Medical Staff</i>	1	
<i>Affiliated Professionals</i>	6	
TOTAL MEMBERS	99	

Applications in Process	4
Applications Withdrawn Month of May 2014	0

4) GENERAL PUBLIC COMMENT

Jacob Moody, Executive Director of the Bayview Hunter's Point Foundation, reiterated his encouragement for the Health Commission to support the SFDPH in continuing to develop innovative programs to reach African Americans. He stated that he attended the kickoff meeting of President Obama's "My Brother's Keeper" initiative which is a federal inter-agency effort to improve the expected educational and life outcomes for boys and young men of Color. He hopes this effort will result in concrete recommendations that may be carried out throughout the country.

Bob Ivory, nurse at SFGH, stated that the Health Commission has heard previous public comment from SFGH nurses; the SFGH nurses held a demonstration at City Hall to call up on the Mayor to fill the unfilled nursing positions. He distributed a white paper position on the issue. He added that the current staffing plan for SFGH is not adequate. He also stated that the nurses are ready and willing to strike to gain the staffing ratios that they feel are necessary for providing safe and quality care to SFGH patients.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

The May 20, 2014 Community and Public Health Committee meeting was cancelled due to lack of quorum.

6) CONSENT CALENDAR

There were no items on the Consent Calendar for this meeting.

7) CARE TASK FORCE UPDATE: RESOLUTION

Lani Kent, Mayor's Office Senior Health Policy Advisor, presented the resolution.

Commissioner Comments/Follow-Up:

Commissioner Singer stated that he is concerned that if the Health Commission approves the resolution without fully understanding the fiscal impact of the recommendations, it may force the SFDPH to strive for benchmarks that may be difficult to achieve. Director Garcia stated that the SFDPH took into consideration funding issues when it prioritized the CARE Task Force recommendations. She added that HIV services is an area that the SFDPH continues to pay close attention to because the federal funding continues to shift.

Commissioner Sanchez stated that the resolution contains realistic priorities that reaffirm activities within the SFDPH scope of service.

Commissioner Taylor-MCGhee stated that she wants to make sure the recommendations are realistic for SFDPH to achieve. Ms. Kent stated that the SFDPH leadership checked the recommendations to make sure that they were achievable.

Commissioner Melara stated that many local hospitals that have experience with the safety-net population were not included in the CARE Task Force. Director Garcia stated that the recommendations can be taken to the Hospital Council for feedback.

Action Taken: The Health Commission unanimously approved the "Resolution Supporting the Framing of the CARE Task Force Recommendations and SFDPH's Proposed Approach to Prioritized Recommendations." (See Attachment 1)

8) SFDPH REVIEW OF PROPOSED AMENDMENTS TO THE HEALTH CARE SECURITY ORDINANCE: RESOLUTION

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, gave the presentation.

Director Garcia stated that SFDPH is in agreement with the intent of the legislation but added that the SFDPH needs to remain flexible to respond as the relevant systems continue to shift. She added that developing a

subsidy is a new initiative for the SFDPH and it will need to utilize a third party which will require time. She also added that the SFDPH will continue to work with Supervisor Campos' office to insure the proposed legislation gives the SFDPH flexibility to appropriately implement any relevant programs.

Hillary Ronen, Supervisor Campos' Legislative Aide, stated that Supervisor Campos believes that the amendments to the ordinance set forth a workable vision of how to get as many San Francisco workers covered. He is open to taking away from of the language mandating a specific program. His intent is to find agreement on a certain set of principals and accountability measures that accomplishes the goal. She added that it is important to act urgently to act to close the loophole in the ordinance that has allowed San Francisco businesses to keep \$90M that should have gone to health care for their workers.

Cecilia tran, Field Representative for California State Assembly-person Tom Ammiano, stated that the amendments preserve the intent of the original ordinance. She added that loopholes which have been exploited by people in the business community need to be closed.

Public Comment:

Rebecca Morrow, a SFDPH public health nurse, stated that she is in support of the proposed amendments to the ordinance.

Ian Lewis, Local 2 Hotel and Restaurant union, stated that workers struggle to make sure families have insurance coverage and is in support of the proposed amendments to the ordinance.

Deena Lahn, Policy Advocate for the San Francisco Community Clinic Consortium (SFCCC), stated that the SFCCC are in favor of the proposed amendments because they help people have access to funding to assist in better insurance coverage.

Tim Paulson, Executive Director of the San Francisco Labor Council, stated that his organization supports the proposed amendments.

Don Bechler, District 8 resident, stated that he supports the proposed amendments. He added that if there is \$93 M on the table, it should be used for healthcare for San Franciscans.

Dana Vinicoff, a leader with the San Francisco Organizing Project which recently merged with Business Interface Action, stated that her organization is in favor the proposed amendments.

Ariana Casanova, political coordinator for SEIU 1021, stated that the union is in support of the proposed amendments because these funds should be used for health care cost.

Roma Guy, former Health Commissioner, stated that she is in support of the proposed amendments because parts of the private industry are not complying with the intent of the ordinance and workers are suffering. The Affordable Care Act and the original ordinance assumes that we need a private/public partnership to properly insure all san Franciscans. She added that we have tried voluntary amendments but parts of the private industry are not complying. She stated that she is favor of the proposed amendments.

Kim Taraglion, National Union of Healthcare Workers, stated that the Affordable Care Act does not take into consideration the varying costs of living in cities across the country. She stated that her union is in support of the proposed amendments which would help workers afford healthcare.

Barry Hermanson, Green Party activist and former small-business owner, stated that he is appalled that businesses can reclaim 75% of funds put into account for employee healthcare. He is in support of the proposed amendments to the ordinance.

Jim Lazarus, San Francisco Chamber of Commerce, stated that the proposed amendments to the ordinance are not the only route to take to deal with the identified issues.

Michael Lyon, Grey Panthers, stated that health care plans are often difficult to navigate and are expensive. The costs for healthcare do not take into consideration the cost of living in various localities. He stated that the proposed amendments are necessary to insure appropriate coverage for all San Franciscans.

Amber Baur, Director of San Francisco Labor Council, has spoken to many workers who have a Health Reimbursement Account; these people assumed that the account would be used to reimburse them for healthcare costs but the current model is too complex to be helpful. She stated that her organization is in favor of the proposed amendment to the ordinance.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that the Health Commission would not be voting on the item because the SFDPH continues to study the issue and work with Supervisor Campos' office on possible language for the amendments to the ordinance.

Commissioner Taylor-McGhee asked if the SFDPH supports closing the loopholes in the ordinance. Director Garcia stated that the SFDPH supports the intention to close the loophole; she added that to the SFDPH needs to develop a financial model for health plans to receive these funds and develop a rate and eligibility criteria. She estimated that this process may take 12-18 months; the first step is meeting with the health plans.

Commissioner Sanchez stated that it is important to choose the best way to move forward on these issues; he supports the intention of the amendments but understands the pathway to working out the details and logistics of a strategy is complex and will take time to plan.

Commissioner Singer asked how many people are impacted by these issues. Ms. Chawla stated that there will be approximately 43,000-52,000 uninsured people. She added that 26,000 people have a Health Reimbursement Account; some of these people would be eligible for subsidies.

Commissioner Melara stated that she is supportive of the spirit of the amendments but is concerned that clarification is needed on how the subsidy process would be funded. She advocated for more time to consider the process.

Commissioner Chow asked for clarification on the next steps for the SFDPH to work on this issue. Director Garcia stated that the SFDPH will continue to work with Supervisor Campos in addition to meeting with health plans and Covered California to develop a feasible strategy.

Commissioner Chow asked for an update on this item at the next Health Commission meeting. He thanked Ms. Ronen and the members of the public for speaking.

9) E-CIGARETTE UPDATE

Derek Smith, Health Educator, Tobacco Free Project, introduced the presentation.

Commissioner Comments/Follow-Up:

Commissioner Sanchez thanked the presenters for an excellent presentation.

Commissioner Melara stated that she was unaware that smoking is not allowed in the San Francisco parks. Mr. Smith stated that an ordinance was recently passed; the SFDPH and Parks and Recreation are working on a media campaign to educate the public.

10) OTHER BUSINESS

This item was not discussed.

11) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez stated that the SFGH JCC met on May 13. At the meeting, the Committee discussed a SFGH Security Update and discussed nursing vacancies during the Patient Care Services Report. The Committee also discussed the Hospital Administrator's Report, Quality Council Minutes, and a Regulatory Report Update. In closed session, the Committee approved the May Credentials Report and Performance Improvement and Patient Safety minutes.

12) COMMITTEE AGENDA SETTING

This item was not discussed.

13) ADJOURNMENT

The meeting was adjourned t 7pm.

**HEALTH COMMISSION
RESOLUTION NO. 14-6**

**RESOLUTION SUPPORTING THE FRAMING OF CARE TASK FORCE RECOMMENDATIONS AND SFDPH'S
PROPOSED APPROACH TO PRIORITIZED RECOMMENDATIONS**

WHEREAS, The mission of the San Francisco Department of Public Health (SFDPH) is to promote and protect the health of all San Franciscans; and

WHEREAS, In his 2014 State of the City Address, Mayor Edwin M. Lee observed that “While we have the strongest social safety net in the nation, we still have far...too many people unable to make the choices they need to save their own lives because of severe mental health and substance abuse problems”; and

WHEREAS, Mayor Lee tasked SFDPH with convening a community process to determine how to engage and maintain in appropriate behavioral health treatment adults who have a serious mental illness – and often a co-occurring substance use disorder – that current programs have failed to successfully treat or adequately engage; and

WHEREAS, SFDPH convened the CARE (Contact ▪ Assess ▪ Recover ▪ Enure Success) Task Force, a 21-member advisory body that engaged in four public meetings between March and May 2014 to develop a range of policy and programmatic recommendations designed to address gaps in San Francisco’s current behavioral health system of care and better serve those residents with the most challenging behavioral health needs; and

WHEREAS, The CARE Task Force, in alignment with SFDPH practice and the federal Affordable Care Act (ACA), approached discussion and the development of recommendations with a focus on the wellness and recovery model of care, which upholds the ideal that individuals can overcome serious mental illness and live more independent and productive lives; and

WHEREAS, The CARE Task Force, embracing the wellness and recovery framework, strove to put forth recommendations that would better enable the CARE population to engage and participate in tailored, appropriate treatment in the least restrictive setting possible; and

WHEREAS, The CARE Task Force concluded its work by advancing for SFDPH and Mayor Lee’s consideration a series of policy and programmatic recommendations framed as follows:

- Family Member Involvement and Support: Expand opportunities for family members to connect loved ones to care; be involved, as appropriate, in treatment; and receive education and support.
- Peer Specialists: Increase the use of peer specialists to engage members of the CARE population and retain them in appropriate treatment.
- Policy Change: Advocate for policy change to ensure engagement, recovery, and success for the CARE population.
- Create New and Expand Existing Programs: Create new and expand existing programs to ensure that individuals are adequately engaged and placed in the least restrictive, most appropriate levels of care that promote recovery, skill-building, and independent living.
- Health Information Sharing and Coordination: Facilitate the sharing of information to better engage and treat the CARE population using a multidisciplinary, collaborative, and coordinated approach; and

WHEREAS, SFDPH prioritized the following CARE Task Force recommendations for departmental action based on their feasibility and benefit to the CARE population:

- Family Member Involvement and Support
 - Enhance existing behavioral health programming by increasing opportunities for family involvement, psychosocial support, and education during the engagement and treatment process per San Mateo's Family Assistance and Support Team and San Diego's In-Home Outreach Team.
- Peer Specialists
 - Implement a psychiatric respite program designed to engage the pre-treatment population through the use of peer specialists and mental health professionals.
 - Increase the use and reach of peer specialists in engagement and treatment.
- Create New and Expand Existing Programs
 - Increase the number of intensive case management/full service partnership slots to support more clients in outpatient settings.
 - Expand the Community Independence Placement Project.
 - Fund the expansion and development of new City contracts to increase the number of available safe, stable housing options for members of the CARE population.
- Health Information Sharing and Collaboration
 - Advocate to amend existing law to facilitate more comprehensive and timely health information sharing among providers serving the CARE population to ensure care continuity and coordination.
 - Explore the implementation of a health information exchange (HIE) in San Francisco.
 - Pursue a multidisciplinary, multi-departmental collaborative pilot project that includes clients and family members and utilized informed patient consent to enable providers to share information to better engage clients and coordinate care planning; now

THEREFORE BE IT RESOLVED, That the San Francisco Health Commission commends the CARE Task Force for its wellness and recovery-oriented discussion and thoughtful work on behalf of the CARE population and the broader City and County of San Francisco; and be it

FURTHER RESOLVED, That the San Francisco Health Commission supports the advancement of appropriate behavioral health treatment options that serve individuals in the least restrictive setting possible; and be it

FURTHER RESOLVED, That the San Francisco Health Commission supports the framing of CARE Task Force recommendations; and be it

FURTHER RESOLVED, That the San Francisco Health Commission supports SFDPH prioritization of – and proposed approach to – CARE Task Force recommendations; and be it

FURTHER RESOLVED, That the San Francisco Health Commission requests that SFDPH consider additional CARE Task Force recommendations, as appropriate, when planning for future behavioral health services in alignment with the ACA.

I hereby certify that the San Francisco Health Commission at its meeting of May 20, 2014 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission