



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

MEMORANDUM

DATE: May 15, 2014

TO: Dr. Edward Chow, Health Commission President, and Members of the Health Commission

THROUGH: Barbara A. Garcia, MPA, Director of Health

FROM: Jo Robinson, Director, Community Behavioral Health Services

RE: May 20, 2014 Meeting of the San Francisco Health Commission
SFDPH Prioritization of CARE Task Force Recommendations

At its May 6, 2014 meeting, Lani Kent, Mayor Edwin M. Lee's Senior Health Advisor, and I provided the Health Commission with an overview of the CARE Task Force, a 21-member advisory body charged with developing a range of policy and programmatic recommendations designed to better serve those residents with the most challenging behavioral health needs.

Meeting four times between March and May 2014, the Task Force fulfilled its obligation by adopting the wellness and recovery model as its framework and generating a range of recommendations it believed would enable the CARE population to engage and participate in tailored, appropriate treatment in the least restrictive setting possible.

The [CARE Task Force final report](#) represents the culmination of this process. The Task Force generated the report and accompanying recommendations for consideration by Mayor Edwin M. Lee and the San Francisco Department of Public Health (SFDPH) as they determine budgetary and programmatic priorities. In response, SFDPH has selected a subset of CARE Task Force recommendations for departmental action. Staff selected these recommendations believing them to be both achievable – SFDPH will take action along each of the specified

Understanding the CARE Population

The CARE Task Force focused on those 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. By definition, all members of the CARE population have a serious mental illness, and the majority have at least one substance use disorder, most commonly alcohol addiction. Members of the CARE population are likely to have a serious medical condition, and many have histories of homelessness. Members of the CARE population are *not* considered gravely disabled, meaning that they are not incapable of providing for their basic needs for food, clothing, and/or shelter *because of a mental disorder*. Members of the CARE population may have cause to touch public and private systems to varying degrees, meaning there is not a single available data source capable of quantifying and identifying the group in question. Please reference the appended figure for a graphical representation of the CARE population.

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

recommendations starting in Fiscal Year (FY) 14/15 – and high yield in terms of benefit to the CARE population. Prioritized recommendations appear below. For ease of comparison, these recommendations mirror the framework and order presented in the CARE Task Force report.

Family Member Involvement and Support

- **CARE Task Force Recommendation:** 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 (IHOT).
 - **SFDPH Proposed Approach:** Staff believe that elements of the IHOT approach could be easily incorporated into existing programming. Mobile outreach, for example, could be offered in the home, meeting members of the CARE population where they are while simultaneously offering support and education to families.

Peer Specialists

- **CARE Task Force Recommendation:** Implement a psychiatric respite program designed to engage the pre-treatment population through the use of peer specialists and mental health professionals.
 - **SFDPH Proposed Approach:** SFDPH plans to implement a hybrid psych respite program – one that uses both mental health professionals and peers – intended to serve self- and program-referred individuals before they reach crisis. Five newly available peer-level staffing requisitions – funded by Mental Health Services Act (MHSA) dollars – will be used to bolster this effort starting in FY 14/15.
- **CARE Task Force Recommendation:** Increase the use and reach of peer specialists in engagement and treatment.
 - **SFDPH Proposed Approach:** SFDPH proposes using peer specialists in a roving capacity to provide targeted, persistent outreach to the CARE population.

Create New and Expand Existing Programs

- **CARE Task Force Recommendation:** Increase the number of intensive case management/full service partnership (FSP) slots to support more clients in outpatient settings.
 - **SFDPH Proposed Approach:** SFDPH proposes allocating two MHSA-funded intensive case managers (2.0 FTE) to a designated CARE Team starting in Fiscal Year 14/15. Consistent with the FSP approach, these case managers, in concert with other staff, would provide persistent outreach and follow-up, peer support, and family engagement, as appropriate.
- **CARE Task Force Recommendation:** Expand the Community Independence Placement Project (CIPP).
 - **SFDPH Proposed Approach:** A true expansion of CIPP would require the support of the San Francisco Superior Court. As such, SFDPH proposes partnering with the Superior Court and other program partners to expand CIPP eligibility to individuals in private hospitals as well as those exiting the jail system. Currently, CIPP participation is only available to patients of San Francisco General Hospital’s psychiatric ward.
- **CARE Task Force Recommendation:** 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.
 - **SFDPH Proposed Approach:** SFDPH proposes implementing a coordinated assessment approach to move long-term shelter residents into stable housing. Doing so would free stabilization beds while improving the flow of people out of the shelter system. SFDPH acknowledges that this approach is one focused on better coordination rather than an

increase in beds. While SFDPH supports the expansion of available housing options, this system “fix” represents a necessary first step toward increasing access to needed housing.

Health Information Sharing and Coordination

- **CARE Task Force Recommendation:** 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.
 - **SFDPH Proposed Approach:** SFDPH proposes supporting the Office of the Mayor in advocating at the state-level for a HIPAA “carve out” for high users of multiple systems. Success on this front would better enable providers to identify members of the CARE population, engage them in appropriate treatment, and coordinate their care.
- **CARE Task Force Recommendation:** Explore the implementation of a health information exchange (HIE) in San Francisco.
 - **SFDPH Proposed Approach:** SFDPH supports this recommendation and proposes serving as an active participant in any implementation of a local/regional HIE.
- **CARE Task Force Recommendation:** 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.
 - **SFDPH Proposed Approach:** SFDPH is already in discussion with the Office of the Mayor and others to design and implement this pilot, which was enthusiastically received by the CARE Task Force. As conversations move forward, SFDPH and the Office of the Mayor plan to engage representatives from Emergency Medical Services and the San Francisco Police Department, as these partners will be critical in engaging members of the CARE population before they reach a state of crisis. As currently envisioned, the pilot would use client consent to enable providers to coordinate care and share information throughout the lifetime of treatment and recovery, helping providers better track – and helping clients better manage – the recovery process.

SFDPH respectfully submits draft resolution language supporting the Department’s identified priorities and proposed course of action for consideration at the May 20, 2014 meeting of the full Commission. In the interim, I invite you to visit to visit the [CARE Task Force webpage](#) for more detailed information on the content covered at each CARE Task Force meeting. From this page, you may access all issue briefs and presentations used to educate the Task Force and members of the public.

Attachment

- Proposed Health Commission Resolution Language Health, Revised

Appendix: Graphical Representation of CARE Population

CARE Population in the Context of San Francisco's Behavioral Health Need Continuum and Resident Population

The following figure provides a graphical representation of the CARE population in the context of San Francisco's resident population and behavioral health need continuum. As illustrated in the white area, San Francisco's existing behavioral health system of care serves most residents well. The CARE population, highlighted in yellow, reflects a smaller number of San Francisco residents who exhibit a high level of behavioral health need. Members of the CARE population are adults who have a serious mental illness – and often a co-occurring substance use disorder – that the current system has failed to adequately engage and/or treat. Members of the CARE population are not considered gravely disabled (shaded red area), though they risk becoming so absent appropriate care. The Task Force focused on the CARE population believing it to offer the opportunity for greatest impact, helping the broader behavioral health system address existing gaps and thereby reaching individuals who have a serious mental illness before they require more restrictive care or suffer adverse health outcomes.

