

San Francisco CARE Task Force Final Report

▪ May 2014 ▪



Contact ▪ Assess ▪ Recover ▪ Ensure Success

BACKGROUND

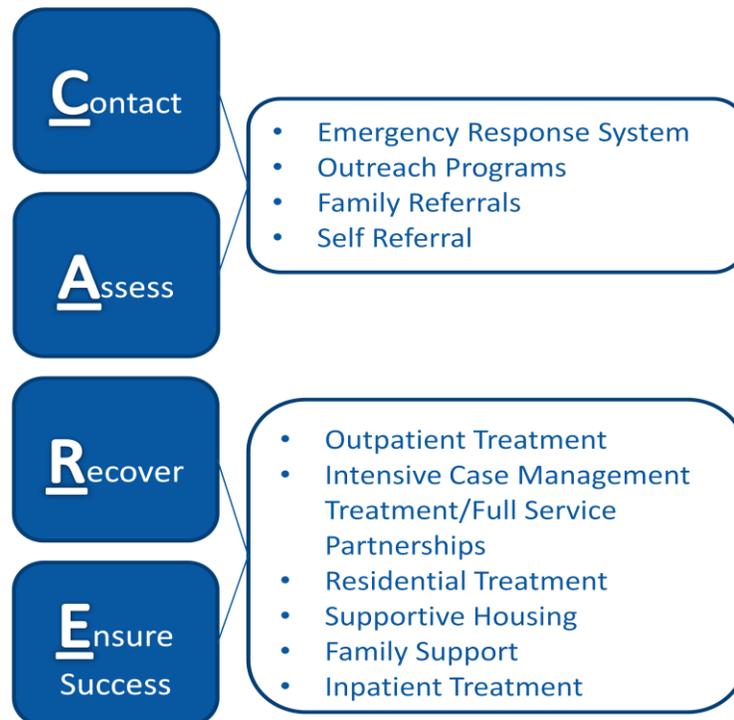
In his 2014 State of the City Address, Mayor Edwin M. Lee observed that “While we have the strongest social safety net in the nation, we still have far... too many people unable to make the choices they need to save their own lives because of severe mental health and substance abuse problems.” In an effort to ensure recovery and success for this population, Mayor Lee tasked the San Francisco Department of Public Health (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.

CARE TASK FORCE

Task Force Composition + Meeting Framework

In response to Mayor Lee, SFDPH convened 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. Co-chaired by Jo Robinson, SFDPH Director of Community Behavioral Health Services, and Lani Kent, Mayor Edwin M. Lee’s Senior Health Advisor, the CARE Task Force was comprised of a broad range of stakeholders and organized around the goals that form the group’s name: Contact, Assess, Recover, and Ensure Success (CARE). As indicated in the figure below, each element of the Task Force’s name corresponds to possible touch points and services along San Francisco’s continuum of behavioral health care, broadly defined.

Figure 1. CARE Goals and Corresponding Touch Points and Services



The CARE Task Force hosted four bi-weekly community meetings between March 2014 and May 2014 as organized along the topics outlined below:

- Meeting 1 (March 20, 2014): Describing and Understanding the CARE Population in the Context of San Francisco’s Existing Behavioral Health System
- Meeting 2 (April 3, 2014): Contacting and Assessing the CARE Population
- Meeting 3 (April 17, 2014): Sustaining Appropriate Treatment Along San Francisco’s Continuum of Behavioral Health Care to Ensure Recovery and Success
- Meeting 4 (May 1, 2014): Finalize CARE Task Force Report Framework and Recommendations

50+

Approximate number of community members who attended CARE Task Force meetings as indicated by meeting sign-in sheets. (Additional individuals may have attended Task Force meetings without signing in.) Those providing public comment ranged from individuals with lived experience of San Francisco’s behavioral health system to service providers and other interested parties. Public comment greatly informed Task Force discussion as well as the body’s final recommendations.

Task Force members used each meeting to engage in solution-oriented discussion related to topical materials developed and presented by SFDPH staff. (All Task Force meeting materials may be accessed via the [SFDPH webpage](#).) Members also received public comment on key issues related to the CARE population and applied their expertise to develop the range of policy and programmatic recommendations presented at the conclusion of this report.

Task Force Approach: Wellness + Recovery

Task Force members approached discussion and the development of recommendations with a focus on wellness and recovery. The wellness and recovery model of care upholds the ideal that individuals can overcome serious mental illnesses and live more independent and productive lives. As such, wellness and recovery-oriented services are designed to provide individuals with the tools and support they need to successfully re-engage in their communities, attain individual goals, and live fulfilling lives. In alignment with the wellness and recovery framework, Task Force members strove to put forth recommendations that would enable the CARE population to engage and participate in tailored, appropriate care in the least restrictive setting possible.

CARE POPULATION

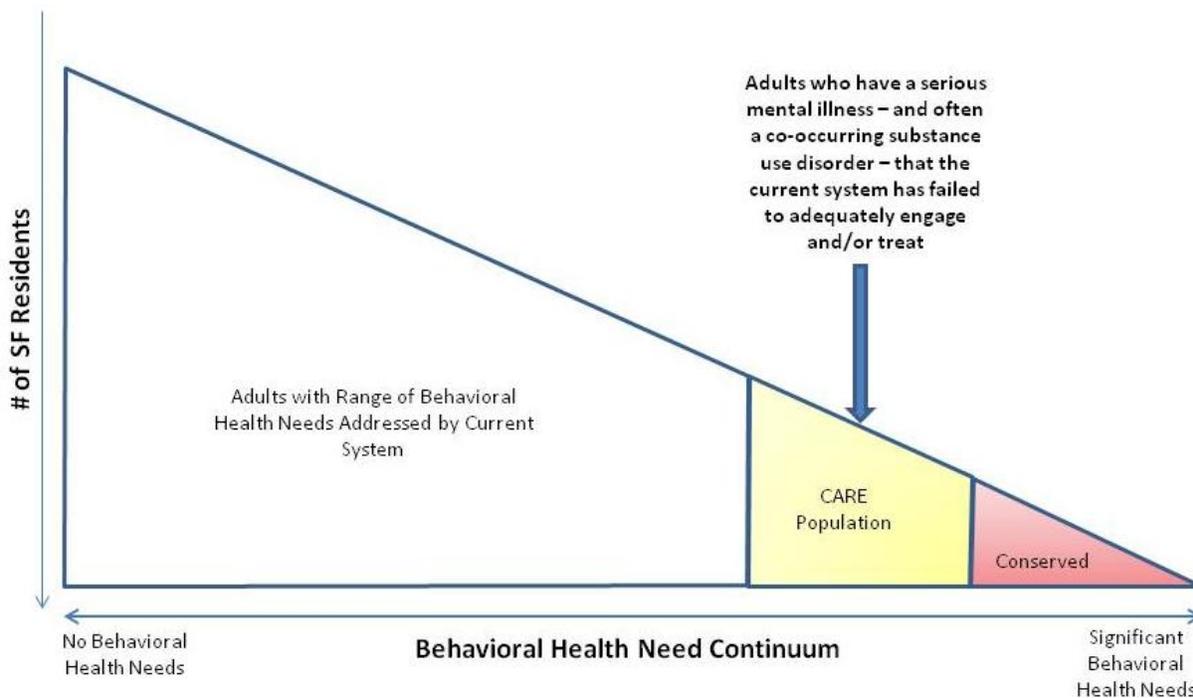
The CARE Task Force focused its recommendations on the population of adults who have a serious mental illness – and often a co-occurring substance use disorder – that the current system has failed to successfully treat or adequately engage. As directed by Mayor Lee, the Task Force centered its attention on this population believing it to be the opportunity for greatest impact, helping the broader behavioral health system better address existing gaps and thereby reaching individuals who are severely mentally ill before they require more restrictive care or suffer adverse health outcomes.

The CARE Population

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.

The following figure provides a graphical representation of the CARE population in context. As illustrated, the CARE population represents a relatively small number of San Francisco residents who are un-/underserved by San Francisco’s current behavioral health system, broadly defined to include public and private entities. Members of this population exhibit a high level of behavioral health need and are often diagnosed with one more co-occurring substance use disorders. Many are also likely to have a serious medical condition.

Figure 2. CARE Population in Context of San Francisco’s Behavioral Health Need Continuum and Resident Population



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 fully describing the group in question. Data collected via SFDPH’s Coordinated Care Management System (CCMS), however, serves as a proxy source for describing the CARE population. Per CCMS, the following are likely characteristics of many in the CARE population:¹

- By definition, 100 percent have a serious mental illness;
- Approximately 88 percent have at least one co-occurring substance use disorder and approximately 74 percent present with an addiction to alcohol;
- Approximately 80 percent have a history of one or more serious medical conditions;

¹ For the purposes of this description, SFDPH initiated its CCMS query by considering all individuals who have ever touched the SFDPH system of care with a diagnosis of severe mental illness. Using that population as a starting point, SFDPH then queried CCMS for data on individuals who touched public systems during the period July 1, 2012 through March 5, 2014. Data provided by CCMS is only an approximation of the CARE population as a whole, as some members may never touch public systems.

- Approximately 74 percent are triply diagnosed, meaning they have a serious mental illness, present with at least one substance use disorder, and have a serious medical condition(s);
- Approximately 61 percent have been homeless in the last year;
- Approximately three (3) percent are transition aged youth between the ages of 18 and 64; and
- Approximately 70 percent are male.

CCMS descriptors provided Task Force members with a foundation for understanding the CARE population, allowing members to better identify existing system gaps and tailor recommendations accordingly.

CARE TASK FORCE RECOMMENDATIONS

Over the course of four public meetings, the CARE Task Force developed for Mayor Edwin M. Lee's consideration the following policy and programmatic recommendations. As the Task Force did not, as its end goal, strive for consensus, the array of recommendations presented here reflects a diversity of opinion. Recommendations are organized by theme and lettered for ease of reference. The order in which recommendations appear does not reflect priority.

Family Member Involvement + Support

Expand opportunities for family members to connect loved ones to care; be involved, as appropriate, in treatment; and receive education 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.
- Involve families** in treatment plans whenever possible.

Peer Specialists

Increase the use of peer specialists to engage members of the CARE population and retain them in appropriate treatment.

- Implement a **psychiatric respite program** designed to engage the pre-treatment population through the use of **peers specialists** and mental health professionals.
- Implement a **peer respite** program staffed by **peer specialists** with a lived experience of mental illness.
- Increase the use and reach of **peer specialists** in engagement and treatment.

Policy Change

Advocate for policy change to ensure engagement, recovery, and success for the CARE population.

- a. Advocate with the state **Medi-Cal** program to reimburse a wider range of **substance use services**.
- b. San Francisco should routinely assess for the need to have **Conservator oversight of medical treatment (e.g., medication administration and adherence)**, per California Welfare & Institutions Code (W&I) §5358(b), when requesting a Lanterman-Petris-Short (Mental Health) Conservatorship.
- c. Pass local legislation authorizing the application of **W&I §5270** to allow for 30-days of intensive treatment after the completion of 14-days of intensive treatment per W&I §5250.
- d. Identify the possible benefits and limitations of implementing **Assisted Outpatient Treatment** in San Francisco.
- e. Identify the possible benefits and limitations of implementing the provisions of **W&I §5200**, which would allow for the court-ordered mental health evaluation of mentally ill individuals alleged to be gravely disabled and/or a danger to self/others.
- f. Advocate for the expansion of federal funding criteria to include **harm reduction housing for chronic alcoholics**.
- g. Advocate for the inclusion of a **medical component in residential substance abuse treatment**.
- h. Support the implementation of the **behavioral health home model** as promoted in the Affordable Care Act state plan amendment.
- i. Promote consistent **enforcement of SSA-787 forms**, the mechanism by which a physician recommends a patient for representative payee services, declaring him/her incapable of managing finances.
- j. Advocate for the continuation of the **Social Security Administration (SSA) Presumptive Disability Pilot Project for Schizophrenia and Schizoaffective Disorders**. Under this pilot, program participants receive benefits before the SSA makes a final disability determination.

Create New + 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.

- a. Increase the number of **intensive case management/full service partnership slots** to support more clients in outpatient settings.
- b. Support the continued development of the San Francisco Police Department's **Crisis Intervention Team** model.
- c. Expand and enhance the **San Francisco Homeless Outreach Team** program.
- d. Expand San Francisco's **Community Independence Placement Project**.
- e. Fund the expansion and development of new City contracts to increase the number of available **safe, stable housing options** (e.g., permanent supportive housing) for members of the CARE population.
- f. Increase the number of beds available in **residential treatment programs**.
- g. Expand the capacity of San Francisco **representative payee programs**.

- h. Increase opportunities for **vocational training and meaningful employment** as part of behavioral health services.
- i. Increase opportunities for **staff training** across the behavioral health system on topics such as the wellness and recovery model, motivational interviewing, working with clients exhibiting “mixed readiness,” and treating dually diagnosed individuals.
- j. Increase access to **wellness and recovery centers**.
- k. Implement a **harm reduction housing model** based on Seattle’s 1811 Eastlake program.
- l. Include the **faith-based community** in outreach and treatment.
- m. Promote the use of **psychiatric advance directives** in programming.

Health Information Sharing + Coordination

Facilitate the sharing of health information to better engage and treat the CARE population using a multidisciplinary, collaborative, and coordinated approach.

- a. 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**.
- b. Explore the implementation of a **health information exchange** in San Francisco.
- c. Pursue a **multidisciplinary, multi-departmental collaborative pilot project** that includes clients and family members and utilizes informed patient consent to enable providers to share information to better engage clients and coordinate care planning.

ACRONYM GLOSSARY	
Acronym	Definition
CARE	<u>C</u> ontact ▪ <u>A</u> ssess ▪ <u>R</u> ecover ▪ <u>E</u> nsure ▪ <u>S</u> uccess (Task Force Name)
CCMS	Coordinated Care Management System
SFDPH	San Francisco Department of Public Health
SSA	Social Security Administration
W&I	California Welfare and Institutions Code

APPENDIX: CARE TASK FORCE MEMBERSHIP

First	Last Name	Position	Organization	Representing
Jo	Robinson	Director, Community Behavioral Health Services	Department of Public Health	Department of Public Health
Lani	Kent	Senior Health Advisor	Office of the Mayor	Office of the Mayor
Greg	Barge	Managing Attorney, Collaborative Courts and Mental Health Unit	Office of the District Attorney	Office of the District Attorney
Gifford	Boyce-Smith	President, Board of Directors	National Alliance on Mental Illness - San Francisco	Families of Mental Health Service Consumers
Kara	Chien	Deputy Public Defender and Managing Attorney, Mental Health Unit	Office of the Public Defender	Office of the Public Defender
Joyce	Crum	Director, Housing and Homelessness	San Francisco Human Services Agency	San Francisco Human Services Agency
Vitka	Eisen	Chief Executive Officer	HealthRIGHT 360	Behavioral Health Service Providers
Steve	Fields	Executive Director	Progress Foundation	Human Services Network
Jennifer	Friedenbach	Executive Director	San Francisco Coalition on Homelessness	Homeless Population Mental Health Service Providers
Richard	Heasley	Executive Director	Conard House	
Dennis	Herrera	City Attorney	Office of the City Attorney	Office of the City Attorney
LaVaughn	King	Project Coordinator, Reducing Stigma in the South East Program	Department of Public Health	Family Members of Behavioral Health Service Consumers
Kelly	Kruger	Inspector	San Francisco Police Department	San Francisco Police Department
Mark	Leary	Deputy Chief, SFGH Department of Psychiatry	SFGH Department of Psychiatry	SFGH Department of Psychiatry
David	Lewis	Co-Chair	Mental Health Advisory Board of San Francisco	Mental Health Advisory Board of San Francisco
Judith	Martin	Deputy Medical Director of CBHS and Medical Director of Substance Abuse Services	Department of Public Health	Department of Public Health
Shireen	McSpadden	Deputy Director	Department of Aging and Adult Services	Department of Aging and Adult Services
Dale	Milfoy	Advocacy Committee Co-Chair	National Alliance on Mental Illness - San Francisco	Families of Mental Health Service Consumers
Jess	Montejano	Legislative Aide, Office of Supervisor Mark Farrell	Board of Supervisors	Board of Supervisors
Eduardo	Vega	Executive Director	Mental Health Association of San Francisco	Mental Health Service Consumers
Clement	Yeh	Medical Director	San Francisco Fire Department	San Francisco Fire Department