



Behavioral Health Services – *Monthly Communications Report*

Parents/Caregivers report on how Children and Youth are doing at this time

The *Pediatric Symptom Checklist* (PSC-35) is a 35-item parent/caregiver-report survey that can facilitate the recognition of behavioral and emotional problems in children/youth aged 3 thru 17 years. The bulk of the items are combined into four subscales: *Attention*, *Internalizing*, *Externalizing*, and *School*. The School subscale is applicable only to children/youth aged 6 thru 17 years. Cutoff scores on the four subscales indicate impairment in functioning and suggest the need for further evaluation from a mental health provider.



The chart on the next page presents the impairment scores as reported on the baseline PSC-35 assessment for each client aged 6 thru 17 years before (April 2019-March 2020) and during (April 2020-March 2021) the COVID-19 crisis. The data shown are by race/ethnicity for each of the PSC-35 subscales. The chart for clients aged 3 thru 5 years can be found [here](#).

Overall, parents/caregivers' concerns over their children's behavioral and emotional problems were similar *before and during the COVID-19 crisis* although a smaller number of parents/caregivers reported on their concerns during the COVID-19 crisis (see gray bars in the chart). Both before and during the COVID-19 crisis, parents/caregivers' highest level of concern was over their children's internalizing problems.



On all four subscales, impairment scores were often highest for children/youth who identify as Native American or Multi-ethnic, but the number of these clients in the system of care is small. Focusing on the most populous racial/ethnic groups, attention problems were of highest concern among parents/caregivers of Latina/o/x/e children/youth, whereas internalizing, externalizing, and school problems were of highest concern among parents/caregivers of White children/youth.

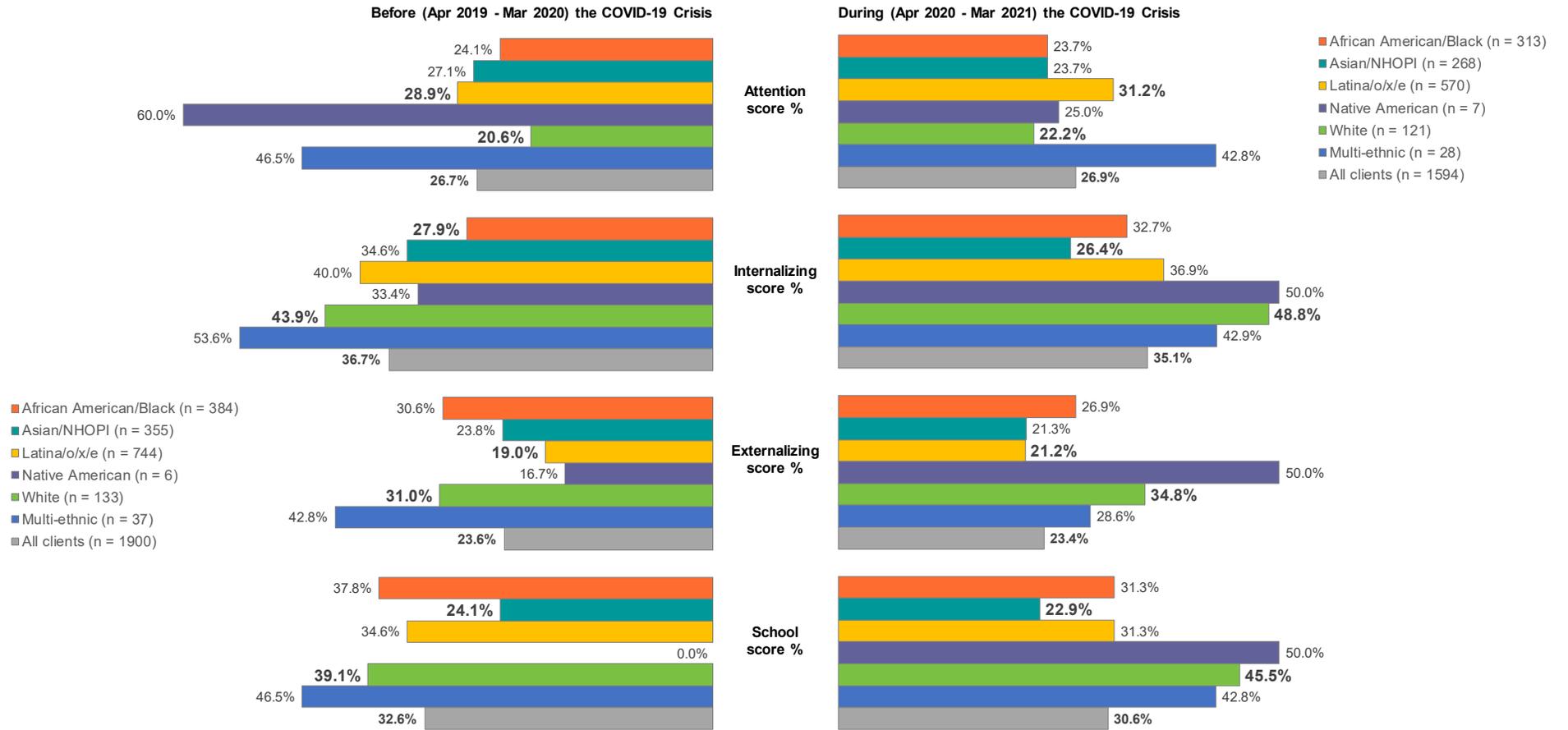
When comparing impairment scores before and during the COVID-19 crisis across racial/ethnic groups, data show slight increases in (a) internalizing problems for African American/Black children/youth and (b) internalizing and school problems for White children/youth. A drop in internalizing problems was observed for Asian/NHOPI children/youth, while a decrease in school problems was observed for African American/Black children/youth.



In working with parents/caregivers around these behavioral and emotional problems, it is important to coach parents/caregivers on some of the same interventions we are using with their children. It might be useful to provide parents/caregivers with evidence-based and culturally-responsive activities they can consistently facilitate with their children at home. Some of these activities are in our [CYF Tools to Improve Practice \(TIPs\)](#) website, such as [F.I.R.S.T.-informed tools](#), and [Diversity Tools](#). The TIPs website also has a section on [COVID-19 tools](#) to support parents/caregivers during this time.

Please reach out to Petra Jerman of QM (petra.jerman@sfdph.org) for questions around the PSC-35 data, and Ritchie Rubio of CYF (ritchie.rubio@sfdph.org) for consult around practice.

PSC-35 Impairment Scores* Among Children/Youth Aged 6 thru 17 Years by Race/Ethnicity Before and During the COVID-19 Crisis



*From baseline PSC-35 assessment
NHOPI = Native Hawaiian or Other Pacific Islander



TAY System of Care (TAY SOC) Program Staff Spotlight: Maceo Barber, LMFT

SFDPH’s BHS TAY Clinic team would like to give a warm staff shout out this month to their colleague, Maceo Barber, Clinical Case Manager for the Transitional Age Youth Full-Service Partnership & Intensive Case Management Programs!

Maceo has been with SFDPH for the past 19 years and joined the TAY Clinic team around 2008-2009. He is seen as a valued leader who holds a wealth of knowledge. Always reliable and thorough when it comes to his job, Maceo considers every angle of a patient's care and can manage the considerable stress and toll it takes to work with TAY who have high acuity of symptoms as well as provide deep support to stabilize their mental health needs. Clients respond to Maceo because of his great bedside manner and kind therapeutic style. He can truly handle the demands of intensive case management (ICM) work and is part of a small club that has outlasted most in terms of continuing to work with high acuity clients in San Francisco as he has for two decades thus far!



Maceo’s words...

Maceo recently shared one of the reasons he enjoys working with TAY is because *“they are an “unconventional population, who are also disadvantaged, with lower economic resources...but it’s also rewarding to support them and their challenging difficult situations.”*

Q: What is something you’re proud of?

Maceo: *“I’m proud of the TAY team for trusting me to supervise our therapists and TAY peers! It’s an accomplishment for me because when I look at supervision, it’s a leadership role. It’s a trusting role...and feel I have invaluable knowledge that may help others in this work. To be trusted [and] seen like that...I’m deeply humbled for the opportunity.”*

Q: What excites you about work?

Maceo: *“Anticipating the growth of our TAY clinic [programs]. It’s amazing to see how our Programs are growing...from FSP, Outpatient to Outpatient Plus. I was here when we started as a small team of four and now expanded to 14 [staff]! And it’s great to work with amazing coworkers who put great energy into this work. Giving their all, it’s amazing and humbling to me.”*

“He has a therapist voice, is clinically knowledgeable...so sweet, funny, hella considerate, from San Francisco, and Maceo reminds me of home...”

Maceo has dedicated his life to meeting the needs of people who are severely ill, has seen countless TAY through the worst of their symptoms and has supported so many youth in getting off the street and into housing. Not too many people can say that they change lives every day but that is what Maceo has done for almost 20 years. Thank you Maceo...we are so lucky to know you both personally and professionally!

“Maceo has a very genuine and caring approach to his work with clients. Every day he shows up looking for ways to help improve their lives and is intentional with his interventions and interactions. Also, Maceo does not hesitate to support his coworkers, and we can count on him not only in a crisis but also in our day-to-day work. Maceo rocks!!!”

“Maceo is a native San Franciscan [who’s] dedicated to serving his community and is always there to support his co-workers. He is usually one of the first in the clinic and the last person out. And he is always there to help in a crisis and goes beyond his job duties to support the team.”

Questions about the Behavioral Health TAY System of Care, please contact kali.cheung@sfdph.org.

~ Maceo’s colleagues



BHS Begins New Street Overdose Response Team (SORT)

San Francisco launched the Street Overdose Response Team (SORT) to provide care and support for 700 people experiencing homelessness at high risk of overdose.



Photo courtesy of the [San Francisco Chronicle](#) | [Lea Suzuki](#)

Below are excerpts from [Mayor London Breed's press release](#):

Like many communities throughout the country, San Francisco has seen a rapid increase in drug overdoses in recent years due to the proliferation of the powerful, synthetic opioid fentanyl, which is 50 times stronger than heroin. Among those most at risk are people experiencing homelessness, whose rate of overdose deaths has doubled in the past year and account for at least one-quarter of all overdose deaths in the City. Additionally, data shows that over 50% of people who die from a drug overdose had prior contact with Fire Department EMS personnel.

In response, the City is urgently rolling out new interventions. Chief among them is SORT, which will proactively identify, engage, and follow up with individuals who have survived an overdose in order to prevent another, possibly fatal one from occurring.



“We know that overdose deaths are preventable and every person who dies is someone’s son, daughter, friend, or neighbor. It is urgent that we save lives by doing what we know will work best,” said Mayor Breed. “The Street Overdose Response Team is focused on helping people who are most at risk get the help they need to start their recovery. SORT is part of a package of new and expanded investments we are making this year to flatten the curve of the drug overdose epidemic and even lower the numbers of these tragic deaths.”

In 2018, DPH’s Street Medicine team was the first in the nation to bring opioid treatment directly to people experiencing homelessness with substance use disorders. The Street Overdose Response Team (SORT) builds on San Francisco’s successful street outreach model of care, which also includes the Street Crisis Response Team. Specifically, SORT is tasked with connecting with people in the moment they are being resuscitated, and as they come out of hospitals, clinics or other settings from drug overdoses, and offering them services that address substance use disorders. These include the opioid use disorder medicine buprenorphine, which not only helps wean people off opioids but can also directly prevent overdoses; rescue kits that include the opioid-blocker naloxone; educational materials; and support getting into substance use treatment facilities, housing or shelter as a safe exit from the streets.

The team launches on August 2 with an initial crew consisting of a street medicine specialist from the Department of Public Health and a community paramedic from the Fire Department who will provide immediate care and support within 72 hours of an overdose.

Later this fall, SORT will ramp up to include ongoing and regular care and case management for individuals experiencing homelessness who have survived an overdose with additional capacities such as ongoing medication treatment, primary care and mental health services, and referrals to residential care and other treatment programs. At full expansion, SORT will consist of specialists with a range of expertise who can meet a patient’s unique needs, including medical specialists such as doctors and nurses; behavioral health specialists including counselors and psychotherapists, and peer counselors with related, lived experience.

SORT will respond citywide to overdose calls, initially 12 hours a day, and by early 2022 when fully deployed, will operate 24/7. Patients are identified by hospitals, the 911 system (such as dispatch, and fire or ambulance crews), through referrals from community partners, and other sources. The teams will make sure no one is lost follow up, and in collaboration with other street outreach teams and a network of providers, can find and maintain contact with patients over time. The team anticipates building its case list to approximately 700 individuals within the first year of operations.

Previously, people experiencing homelessness with substance use disorders did not receive a proactive approach and depended on their actively seeking out care from the City’s behavioral health system. SORT is part of the approach directed by the Mental Health SF legislation, which passed in 2019, to guarantee mental health care to all San Franciscans who lack insurance and prioritize people who are experiencing homelessness.



BHS Street Crisis Response Team (SCRT) Launches a Sixth Team

At the end of July, BHS launched the sixth [Street Crisis Response Team](#), which allows 24/7 coverage citywide. The SCRT Team has already responded to over 2,000 calls. A seventh team is planned for later this year. Congratulations to the SCRT Team! For questions on the SCRT program please contact angelica.almeida@sfdph.org.

What is a Street Crisis Response Team?



An alternative to law enforcement

We know that people experiencing homelessness and mental health or substance use challenges need specialized care and support.

Our street crises teams have the unique expertise to respond to people in crisis and de-escalate disruptions in the community.

We avoid unnecessary use of police and costly hospital stays, and address the immediate needs of people experiencing homelessness.



A community paramedic, a clinician and a peer specialist

- A community paramedic assesses for medical and mental health emergencies
- A clinician attends to the client’s mental health needs
- A peer specialist with lived experience helps make the connection with clients to gain trust and move them to be open to care

After the response call, we follow up and connect clients to services, such as treatment and housing.



Neighborhood based care and support

We operate 24/7 with citywide reach.

Our five teams operate by neighborhood, getting to know the unique community characteristics and individuals.

A sixth team provides overnight coverage and fills in any gaps in needs.



Healthy Streets Operations Center Retreat

"The DPH-HSOC team met for a team retreat. They discussed how they would reach their personal goals, as well as our team goal of bringing low threshold behavioral health care to folks experiencing homelessness. They also discussed racial equity and how to integrate these ideas into all parts of the work. It has been a challenging year and certainly more challenges lie ahead for the clients that we serve."

- **Allison Horkey**

Staffing Updates

Gloria Hernandez, CATDP will be transitioning full-time to CJC as of August 2021. Since starting with SBJIBHS Gloria has demonstrated amazing flexibility and professionalism as she has balanced holding caseloads from CJC and DCTC, while also being deployed to the SIP BH team through the early pandemic in 2020-2021. We are grateful to have Gloria staying on with us full-time in CJC and applaud her for her hard work and diligent advocacy for our clients.

- **Erick Reijerse**

"I would like to take this opportunity to thank Gloria for her hard work and commitment to the drug court program, she will be sorely missed. The most valuable resource DPH has is its employees and when you have employees like Gloria who belong to a protected class, and they had the courage, fortitude, and insight to transcend oppression and poverty it's a beautiful thing to witness. Gloria worked tirelessly to serve our consumers and she lifted them up from degradation, dereliction, and degradation."

- **Leon Hopkins**

DPH Behavioral Health Residential Care & Treatment Expansion

The San Francisco Department of Public Health (DPH) is increasing residential treatment and care services for mental health and substance use disorders by approximately 400 overnight treatment spaces, or beds. The expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to offer high quality, timely, easily accessible, coordinated, and recovery-oriented care delivered in the least restrictive setting. You can view a summary of the planned expansions on the following page.

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30 Beds	Open 2021 Hummingbird - Valencia Status Serving clients Open	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Goal 20 Est. Beds	Open 2020 Managed Alcohol Program PSH Status Permanent location and additional funding will expand the program from 10 beds to 20 beds Open 10 beds currently open	Pilot Medical supervision for people with chronic alcohol dependency in a permanent supportive housing setting
20 Beds	Open 2021 12-month Rehabilitative Board and Care Status Accepting placements Open	Pilot Out-of-county supervised living and treatment for people with chronic mental health illness and/or coming from locked facilities
Goal 31 Est. Beds	Open 2021 Mental Health Rehabilitation Beds (aka LSAT) Status Accepting placements Open 20 beds available	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
Goal 13 Est. Beds	Open Summer 2021 Psychiatric Skilled Nursing Facilities (aka PSNF) Status Contract negotiations 1 2 3 4 5 6	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
Goal 6 Est. Beds	Open Fall 2021 Cooperative Living for Mental Health^Δ Status Accepting applications 1 2 3 4 5 6	Communal living for people with chronic mental health and/or substance use Additional \$11M to stabilize leased properties available through MOHCD

July 15, 2021

KEY

Project Phases and Status			Complete
^Δ MHSF legislation	1 Program design	4 Out for bid/contracting	In process
	2 Regulatory assessment	5 Community outreach & City approvals	Planned
	3 Facility selection	6 Permit & construction	

Goal 20 Est. Beds	Open Fall 2021 SOMA RISE^Δ (aka Drug Sobering Center) Status Initiating permitting and construction 1 2 3 4 5 6	Pilot 24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services
Goal 73 Est. Beds	Opening date to be determined Residential Care Facility^Δ (aka Board and Care)* Status Active negotiations to acquire a building 1 2 3 4 5 6	Supervised residential program for individuals with mental health issues who require assistance with activities of daily living.
Goal 140 Est. Beds	Opening date to be determined Residential Step-down - SUD^Δ Status Active negotiations to acquire a building 1 2 3 4 5 6	Long-term sober living environment for clients coming out of residential care programs
Goal 30 Est. Beds	Opening date to be determined Enhanced Dual Diagnosis^Δ Status Program design in development 1 2 3 4 5 6	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
Goal 10 Est. Beds	Opening date to be determined Transitional Age Youth (TAY) Residential Treatment^Δ Status Program design in development 1 2 3 4 5 6	Supervised treatment for young adults with serious mental health and/or substance use issues
Goal 15 Est. Beds	Opening date to be determined Crisis Diversion Facility^Δ Status Program design in development 1 2 3 4 5 6	Short-term, urgent care Intervention as an alternative to hospital care



New Staff Members Join the Eligibility Team!

Abas Idris

Abas Idris is a Bay Area native who has been with the Department of Public Health since 2011, working closely with patients at ZSFG. A graduate of San Francisco State, Abas' academic focus has been on conflict resolution models. Abas worked as an Eligibility Worker at ZSFG, working with patients in the specialty clinics, Urgent Care and the Emergency Department. His motivation comes from being the child of Eritrean immigrants, who themselves struggled to maneuver the healthcare system when they arrived in this country in the mid-1980s. Abas believes that access to healthcare is pivotal to building a trusting and supportive patient/staff community.

Mikenya Ashby

Hello all, I'm Mikenya Ashby, a Bay Area native with over 15 years' experience working in the public sector. Spent 8 years working in the Social Services eligibility unit, I'm excited to bring my knowledge and expertise to Behavioral Health. Very passionate about helping the community receive the care and services that they are entitled to.

Abas and Mikenya, welcome to the team!

Keep your eye out for more Eligibility team updates as we look to expand virtual and in-person support in the coming months.



August 2021 Trainings

	Time	Training	Location	Trainer	CE's Offered
MW F 8/2	11:45 am – 12:00 pm	Trauma Informed Systems (TIS) Mindful Moment	https://us02web.zoom.us/j/87186407110	SF TIS Team	N/A
Tue 8/3	9:00 am – 10:30 am	BAAHI Equity Learning Series: Deconstructing White Privilege with Dr. Robin DiAngelo	https://us02web.zoom.us/meeting/register/tZEldemppz0tHdbU4d8WvmxJkX-cxK0WD17y	Gavin Morrow-Hall	N/A
Tue 8/10	9:00 am – 10:30 am	BAAHI Equity Learning Series: How to deconstruct racism, one headline at a time - Baratunde Thurston	https://us02web.zoom.us/meeting/register/tZwud-2rqDkpGda56tko74or1eOVrONO8SXp	Gavin Morrow-Hall	N/A
Wed 8/11	1:00 pm – 4:30 pm	New Employee TIS 101: Transforming Stress & Trauma During COVID	https://www.eventbrite.com/e/new-employee-tis-101-transforming-stress-trauma-during-covid-training-tickets-147675321863	For more information contact lisa.reyes@sfdph.org Kristina.wallace@sfdph.org g Nikie.gibson@sfdph.org	N/A
Fri 8/13	1:00 pm – 3:00 pm	"I Can't Sleep!" Approaches to Insomnia in Patients with Substance Use Disorder	https://sfdph.webex.com/sfdph/onstage/g.php?MTID=e74f55cbc6d34be41c5d60d3ae999238b	Katherine Pier, MD	2 CME/CE (MD/DO, RN, Pharm, PhD, PsyD, LMFT, LCSW, LPCC, CCAPP)
Wed 8/18	9:00 am – 11:00 am	Motivational Interviewing Part 1: The Spirit of MI	https://www.eventbrite.com/e/motivational-interviewing-part-1-sfdph-hrti-online-training-tickets-164184719917	Kristen Marshall & Frances Fu, NHRC	2 CE available for RN, LMFT, LCSW, LPCC, LEP, and CCAPP
Thu 8/19	12:00 pm – 1:30 pm	BAAHI Equity Learning Series: Race in Education with Dr. Beverly Daniel Tatum	https://us02web.zoom.us/meeting/register/tZArcOmsqjkpEtFD2ReoabmKtM4p6TewBfxG	Gavin Morrow-Hall	N/A
Tue 8/24	9:00 am – 10:30 am	BAAHI Equity Learning Series: Let's Talk about Environmental Racism: How environmental justice started and where we are today	https://us02web.zoom.us/meeting/register/tZwtde-gqDgjGtwGBB8pag5mMTCUFW3vK34m	Gavin Morrow-Hall	N/A
Tue 8/24	10:00 am – 12:00 pm	Advanced Motivational Interviewing	https://www.eventbrite.com/e/advanced-motivational-interviewing-sfdph-hrti-online-training-tickets-164188531317	Frances Fu, NHRC	2 CE available for RN, LMFT, LCSW, LPCC, LEP, and CCAPP
Mon 8/30	10:00 am – 11:15 am	Youth and Families Gender Consultation Group: For Providers Supporting Transgender, Nonbinary, and Gender Expansive Children, Youth, and their Caregiving Systems	https://ucsf.zoom.us/j/91769027924?pwd=KzV5MUJEanJmRGtG40RHVvY2Zhdz09#success Or enter Meeting ID: 917 6902 7924, and Password: 315218	For questions, please contact: J. Cohen, LCSW, Director of Community-based Clinical Services and Training, jessie.cohen@ucsf.edu	N/A
Tue 8/31	10:00 am – 11:30 am	Unlocking the Elements of Parental Engagement	https://cibhs.networkofcare4elearning.org/EventDetail.aspx?pld=1027&OrgId=223	Ashley Fiore, LCSW	Pending
Tue 8/31	12:00 pm – 1:30 pm	BAAHI Equity Learning Series: Equity Currents (Topic TBD)	https://us02web.zoom.us/meeting/register/tZlof-yrrjloG9dN3Z4GB14v_Uhulc6npvB9	Gavin Morrow-Hall	N/A

If you have feedback including future training suggestions, please contact Michelle Meier, LCSW, BHS Training and Internship Manager (Michelle.Meier@sfdph.org).

BHS Training Resources: All archived BHS Training Webinars are available on the [BHS Training Unit Google Drive](#). All recorded webinars can be viewed at [Behavioral Health Webinars Vimeo Showcase](#).