

Children/Youth Health Advisory Committee

Monday – January 27, 2002

Meeting Minutes

Present:

Denise Albano, Larkin St. Youth Services
Twila Brown, CCS/CHDP/Foster Care
Sai-Ling Chan-Sew, Dept of Public Health
Lucy Crain, SF First Five (Prop 10 Commission)
Frances Culp, Dept of Public Health
Pat Evans, Dept of Public Health
Jean Fraser, San Francisco Health Plan (SFHP)
Hazar Gabriel, Children's Medical Services, Foster Care
Bob Isom, Children's Medical Services, Foster Care
Iman Nazeeri-Simmons, Dept. of Public Health
Janet Shalwitz, Adolescent Health Working Group
Nicole Stevens, Larkin St. Youth Services
Shannon Thyne, San Francisco General Hospital

Regrets:

Barbara Garcia, Dept of Public Health

1. Introductions

- Jean Fraser began the meeting with introductions.

2. Minutes

- The minutes from December's meeting were approved with no changes.

3. Discuss Future Meeting Topics

This topic was deferred to the end of the meeting.

4. Presentations: Developmental Assessments

Bob Isom, CHDP Foster Care Unit, San Francisco Department of Public Health

Bob gave a power point presentation regarding the City's Foster Care system, with a focus on the health services offered through this system and the case management approach used in this office. Bob pointed out that case coordination is a more accurate term than case management to describe what they do. The focus is more on connecting foster children and families with other services and helping with linkages. There are so few foster care nurses (12) and so many children (~5,000) in the foster care program in San Francisco it would be impossible to do it any other way.

Bob pointed out that there is a goal of "family-centered care" for foster children and families. Shannon Thyne mentioned that this means that families should be able to take foster children to the same physician that their family would normally use. Foster children have more complex needs than most children and these need to be addressed.

Case Coordination includes:

- Coordination between Dept. of Human Services and Probation

- Coordination between health care providers
- Consultation services
- Linkages with common groups
- Developing Memoranda of Understanding among counties

Nurses do not generally do one-on-one health education due to the nurse-to-foster child ratio. Bob calls the nurses' approach the "Octopus" approach because there is so much coordination necessary and is many different interventions happen at the same time. Bob's data shows that there were 1,854 individual consultations by 8 nurses in 6 months for 2,500 foster children.

Jean asked if it is really possible to arrange all of these services successfully. Bob said that it was, but it often is a very time consuming process.

Denise Albano, Director and Nicole Stevens, Larkin Street Youth Services

Denise and Nicole presented an overview of the Larkin Street Youth Services for homeless youth. There are two distinct groups based on age that services are geared toward, 12 to 17 year olds and 18 to 24 year olds. Case managers are mostly encountered by youth at the Drop-In Center. There is a range of professionals that might interact with the youth depending on their needs. Janet mentioned that case management at Larkin Street is successful partially because the professionals meet regularly in multi-disciplinary team meetings to discuss and coordinate the client's needs. Denise pointed out that this is integral to the success of the program. Larkin Street is also collaborating with DPH's Community Mental Health Services (CMHS) and this is working well.

Bob asked how many clients that sought services were foster children. Nicole answered that approximately 65% of their clients were currently, or had at some time been, in the foster care system.

5. Discuss and Develop Recommendation

Recommendations:

- Advocate to change the regulation on the State level that requires foster children (and adoptee) health care funding to come from the county-of-origin. The group agreed that the county of responsibility should be the county the child is residing in. (This is primarily and issue with mental health services.)
- Increase case management services for children and youth that are offered through DPH's Maternal and Child Health unit or through SFHP.
 - SFHP should explore the effectiveness of including case management in the capitation rate that is paid to medical groups.

6. Adolescent Health/Mental Health Services

Janet Shalwitz presented the work that she has been doing with Sai-Ling regarding "Striving for Adolescent Mental Wellness in San Francisco." The Adolescent Health Working Group (AHWG) has determined through the feedback they have received from youth that access to mental health services are a priority and that behavioral health problems are a real issue. AHWG has a CalEndowment grant for this focus. Janet passed out a list of short-term and long-term goals, with an overall goal being:

“Within a youth development and culturally competent framework...screen, assess, briefly intervene, refer, treat, co-manage teens with situational, early and/or previously undiagnosed or un/undertreated psychosocial and behavioral health risks/problems.”

Janet discussed her hope to have people, possibly using this group or a subcommittee of this group, advise this process. Jean said that she has found the meetings helpful and informative and would certainly consider this. However, out of respect for the fact that all of the group’s participants have agreed to meet only on a time-limited basis it would have to be strictly on a volunteer basis to continue meeting after March. Jean will bring this up with Barbara and the group can discuss further at the next meeting. Janet said that she would also want to invite more community people who are not currently members of this committee and that AHWG could provide the staff support after March.

The next Children/Youth Health Advisory Committee will be held on February 24, 3-4:30pm, at 101 Grove, Room 302.