



San Francisco SafeStart

Collaborating to Integrate System Responses to Families with Young Children June 24, 2005



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Introductions

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- **Sonia Batres**, SafeStart Family Advocate, Homeless Prenatal Program
- **Alan Fox**, SafeStart Director, San Francisco Department of Children, Youth, and Their Families



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Take Home messages

1. Integrating family support and behavioral health policies requires **collaboration** among agencies and policy makers
2. Integrating family support and behavioral health services requires **relationships** among practitioners and coordination in practice
3. Effective family support and behavioral health services are often **mutually dependent**, a client can't benefit from one without the other



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SafeStart Initiative

- Mission is to reduce the incidence and impact of exposure to violence (child abuse and neglect, domestic violence, and community violence)



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Family support approach to families with children exposed to violence

- Voluntary and non-coercive
- Family driven
- Child centered
- Community based
- Culturally competent
- Focused on restoring safe, healthy family relationships
- Every family member is a resource to the family
- Emphasizes family strengths



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**Family Support response to
children exposed to
violence**



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Behavioral Health response to children exposed to violence



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**SafeStart Integrates Family
Support and Behavioral
Health**



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- Recognize many families have cultural bias against needing or using “mental” health services



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- Family Advocate remains primary point of contact for client, unless client desires Behavioral Health clinician play that role



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- Decision about behavioral health case planning is made by consensus between Family Advocate and Behavioral Health Clinician and client



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Family Advocate responsible for ensuring

- participation in behavioral health services
- adherence to case plan
- elimination of barriers to services



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- Family Advocate helps Behavioral Health clinician focus exclusively on delivering quality behavioral health services



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- Family Advocate and Behavioral Health clinician often consult and problem-solve one-on-one about client issues



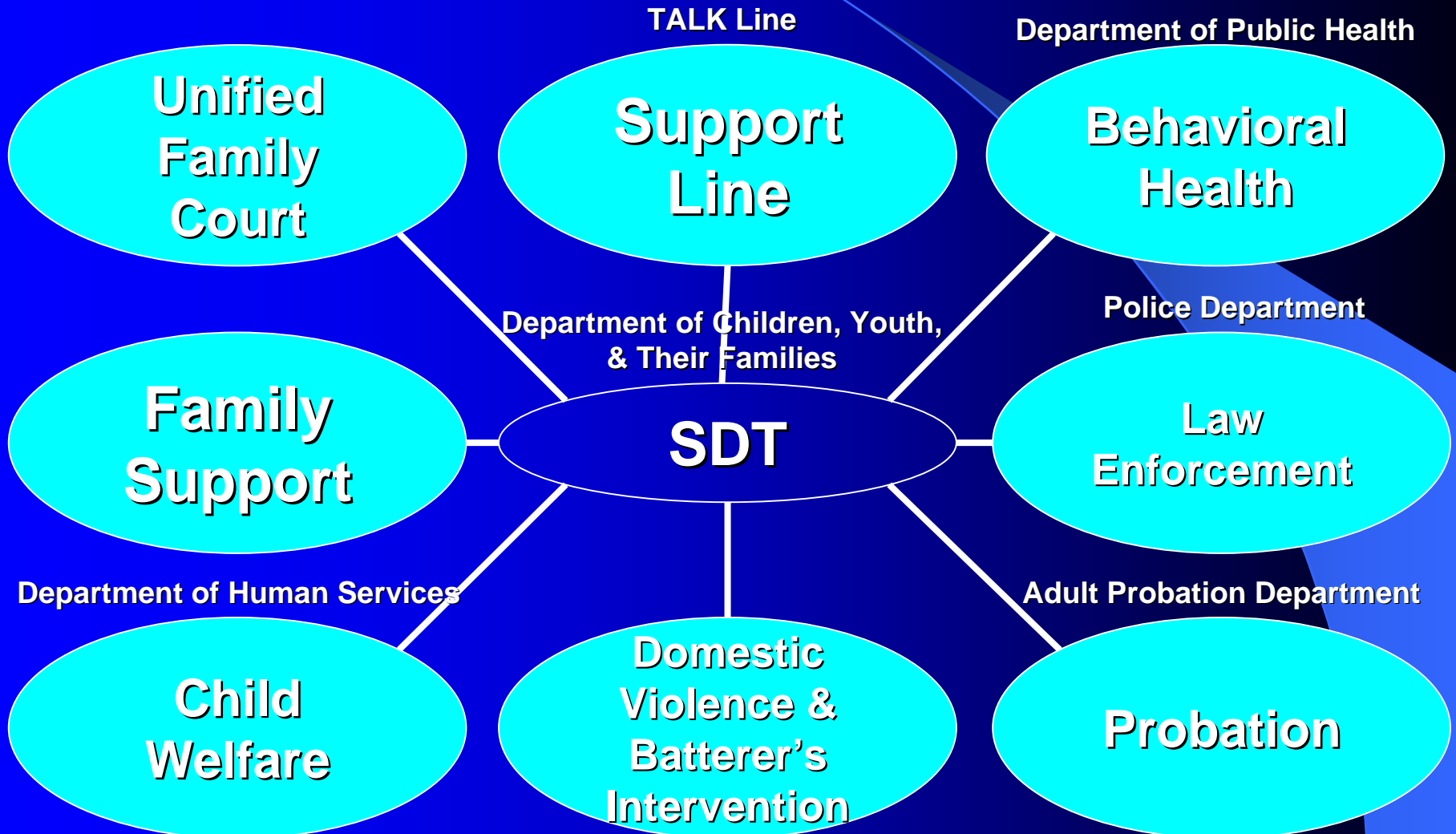
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Service Delivery Team

- Family Advocate and Behavioral Health clinicians meet 3 times monthly, six hours total
- Practitioners from other disciplines and systems also meet
- Share confidential client information
- Mutual support and problem-solving
- Training and technical assistance
- Builds relationships among practitioners



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Advisory Council

- Public/private collaborative
- Agency leaders and policy makers
- Builds collaboration
- Establishes core values, practices, and beliefs



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Client Vignette



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Questions and Answers