Engagement Strategies:

African-American Caregivers and Youth

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Developed by:

Nathaniel Israel, PhD
Office of Quality Management
San Francisco Department of Public Health

Leonora Oliver-Williams
Family Specialist and Consultant
San Francisco, CA

Acknowledgements

The following is a compilation of comments and observations made by African-American caregivers. These collected comments and observations are an effort to better understand, from the perspectives of caregivers and youth, how to create an empowering, collaborative care experience which meets the most important goals of the child / youth. We are deeply indebted to the caregivers who so graciously gave of their time and energy to participate in the development of this material. We also are exceptionally grateful to the following people who made these groups possible: Sai-Ling Chan-Sew, Albert Eng, Alicia Joseph, July Ugas, Nancy LimYee, Riva Enteen, and Becky Yu.

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Guide Development Process

The engagement guides in this series were developed through a series of approximately 25 ninety-minute working groups with caregivers and youth with experience navigating the children's public behavioral health system. The working groups were facilitated by one or two native speakers of the cultural or linguistic group represented. Separate series of working groups were convened with Cantonese, Latino / Hispanic, and African-American caregivers, and culturally diverse youth. Discussion prompts in these groups followed the course of actions typically experienced in an episode of behavioral health care: first contact, assessment, treatment planning, service receipt and goal review, and discharge. Participants were asked about their current experience of care, and how care could be provided in ways which were culturally appropriate and engaging. After each working group session, facilitators reviewed the content with the guide author, and then returned to participants with a summary of the previous session's content and any follow-up prompts needed to better understand the content of participants' experiences and recommendations. Participants provided clarification, correction, and expansion on the previous session's content. The guides in this series all follow a parallel structure: they lay out participants' recommendations for engaging, effective care beginning with first contact and ending with exit from a service episode. Throughout these guides we have attempted to use direct quotes provided by participants, in order to minimize any distortions which result in the hearing, learning, and transcribing process.

The recommendations which resulted are consensus recommendations made by caregivers and youth. In using these engagement practices with caregivers and youth, it is also critical to consider that each individual is unique. As such, each client should be approached with humility on the part of the clinician given that we cannot know in advance what practices are most effective with that individual client.

Quick Tips: How to Read this Guide

Each guide in this series follows a similar format. Each treatment process begins with a section entitled 'General Considerations' which summarizes engagement themes heard across cultural and age groups. Then, specific actions conducive to engagement of caregivers in that specific cultural / linguistic group are provided. Following the recommendations by caregivers, recommendations by youth are provided. The recommendations may make reference to the 'Conversation Starting Points.' These refer to suggested ways to frame sensitive or important topics with caregivers and youth. The Conversation Starting Points are found in their own section after the treatment process recommendations. Additional tools and resources, some of which are referenced explicitly by caregivers and youth, are found on the pages following the Conversation Starting Points.

Preparing for Collaboration

General considerations

Caregivers and youth both want to experience a sense of trust and a clear expectation that they are going to benefit from being in treatment. Many people in our groups described a sense of anxiety and disorientation regarding their contact with the mental health system and want clinicians to clearly describe the assessment and treatment process.

Culture-specific considerations

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Understand that often, families are coming in because caregivers are, "Feeling overwhelmed, need to talk to somebody to put me on the right track"
- Are nice, happy to see me and my family
- Reassure us that we've done the right thing by coming in
- Take time out to explain the process, why you're doing what you're doing
- Talk about who you may share information with and what information is confidential
- Talk a little bit about who you are; "Share something, not just that you just got a paper saying you just got out of school"
- Give a clear reason for asking questions, and a clear explanation of what the information will used to do. Clinicians need to state clearly why you are here, what you need information for, and how you're going to use it. Statements like, "We're going to ask about some things that have happened in the past and about how life is right now so that we can best treat your child. We're asking about things so that we can provide the best care possible to your child."
- Note the specific purpose of the CANS: It's so we can communicate clearly about Needs and Strengths. Briefly review the scoring system (what do 0, 1, 2, and 3 mean?)
- State that at the end of the assessment you'll review the Assessment with them so that there are no surprises when you start to talk about Needs and supports to meet those needs
- Listen to what I and my child have to say; "I may need time to think about a question"; "Don't look at the clock—pay attention to me"

Collaborative Assessment

General considerations

All participants suggested that you start the assessment with a choice; asking caregivers and youth whether they'd like to talk about strengths or current concerns. Caregivers and youth generally preferred you to use open, direct conversation to talk about functioning, concerns, and risk behaviors. However, participants almost universally also offered specific approaches for talking about sensitive aspects of functioning and development, including substance use, sexual development / functioning, and spirituality.

CHILD / YOUTH STRENGTHS

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Note that you have to complete the entire assessment
- State that you want to give parents control of the process (where to start, how fast to move, letting them tell you when more information is needed to feel comfortable answering questions, etc.)
- Ask how they'd like to begin: talking about child / youth concerns, or talking about child / youth strengths
- Start **and end** with Strengths

BEHAVIORAL AND EMOTIONAL NEEDS

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Move from general (syndrome) to specific (symptom). *See additional guidance in the 'Risk Behaviors' section.*

RISK BEHAVIORS

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Are clear about the terms you are using to describe child behaviors, and why you are using those terms. Especially when it comes to Risk Behaviors, parents noted that often their children / youth had been labeled for reasons unclear to them. These labels often formed the basis for future treatment, even when the label was perceived to be irrelevant or unfounded.
- Talk to all key informants involved in the child's life. When writing the assessment and making CANS ratings, use quotes describing specific behaviors of concern, who has identified the concern, where it happens, and what happens when there is a response to the behavior.
- Review this information with caregivers so that they know what concerns have emerged, and in what settings / with whom.

LIFE DOMAIN FUNCTIONING

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- No specific considerations noted.

CULTURAL FACTORS / ACCULTURATION

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- No specific considerations noted.

CAREGIVER STRENGTHS AND NEEDS

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Remind caregivers that this is a family process
- Ask the questions in terms of how you can provide support to parents around these items, so they can provide their child with the supports s/he needs
- Are explicit about which adult services can be provided
- Alert parents to any risk associated with answering certain questions, your role as a mandated reporter

PSYCHIATRIC AND OTHER MEDICAL HISTORY

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Provide examples of **Psychiatric History.** These include:
  - *Acute Psychiatric Care*: Crisis Services, Hospitalization
  - *Ongoing Psychiatric Care*: Use lay language to describe services:
    - "*Is there anyone your child talks to / talked to about their feelings or behavior?"*
    - *"Has your child ever had medication to help with their feelings or behavior?"*
    - *"Has your child ever gone to a special school or program to help with their feelings or behavior?"*
- Provide examples of **Medical History**. Describe both chronic conditions needing ongoing treatment, such as asthma or diabetes and acute conditions, such as falling off a bike or getting into an accident, which required acute care
- Note that **Alternative Healing Practices** could refer to physical or behavioral health needs
- Provide examples of alternative healing practices: Nutrition, Church or religious healers, Exercise

DEVELOPMENTAL HISTORY

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Parents have specifically asked to be given at least 24 hours notice regarding the types of questions that will be asked about their child's development, so that they can find / organize this information

ABUSE / TRAUMA HISTORY

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- State that these questions are asked of everyone
- Explain why you are asking these questions: connect it to helping with addressing trauma-related symptoms a person may have
- Are supportive and composed
- Check to see if everyone is clear about what is being said using phrases like, “It sounds like what I hear is”
- Sit side by side with the caregiver or youth (so they can see the list), particular if they are anxious or concerned about privacy
- Are sensitive to the fact that talking about a child / youth’s experience of traumatic events it may trigger memories (of caregiver or child experiences)

Reviewing the Assessment

General considerations

There was strong support among caregivers and youth for reviewing the assessment. Recurring reasons for why this is important included: making sure that the assessment is accurate, finding out what everyone is saying / thinking about my child, allowing me to identify whether I agree / disagree with others' reports of my child's behavior. The underlying theme revolved around insuring that everyone is on the same page before action is taken.

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Re-state the process of completing the CANS
  - Requires that you put together information that you've heard from several people
  - Some information may be legally required to include (such as reports of neglect or abuse), even if people disagree about whether it is accurate
- State the purpose of the summary session:
  - You want to be sure that you've heard everyone and accurately described what they've said
  - You want to use the assessment to identify the types and intensities of supports would be helpful to the family *now*
- Provide a copy of what you write up: "I want a copy of whatever it is that they are writing"
- Provide a process to resolve disagreement
  - Note that you're happy to correct anything that you've heard inaccurately, and will bring an updated copy of the assessment at the next meeting to show that it's been corrected
  - Note that the assessment is designed to lead to appropriate supports: the 'treatment' goal for certain items may consist of behaviors that convince people that something is not a problem
  - Set a time / date to review the completed Assessment and begin the Treatment Plan
- Restate the core need (behavioral / emotional need / risk behavior)
  - In the words that parents, youth and other sources have used; say who said what

REVIEWING THE ASSESSMENT (cont.)

- Review where that need / behavior shows up
  - Ask whether and how it shows up at home, in school, in the community
- Review and Restate Context
  - State when the behavior began, if there were events that may have started it, and what may be keeping the behavior / need in place
- Move to Action and Identify Supports
  - Restate the need, and where it shows up. For each environment in which the need is present, ask what supports are needed to address the need
- Transition to Treatment Planning
  - Describe how the Treatment Plan functions: it authorizes services and provides a way to review the usefulness of services
  - Families have asked that they **not** be asked to sign the Treatment Plan without a) at least 24 hours to review it and b) a face-to-face meeting to answer any questions about it.
- State that the next time you meet, you'll bring both the original assessment and the final version so that the family can see the changes that were made
- State that you'll review those changes and then build a Treatment Plan based on the agreed-upon needs and strengths of the child / youth and family
- Tell caregivers that they're welcome to bring someone they trust with them to the Treatment Planning meeting; schedule the Treatment Planning meeting

Moving from Assessment Review to Treatment Planning

General considerations

Caregivers and youth alike expressed the concern that assessment be translated into meaningful action to improve their life. Participants stated that they wanted clear, behavioral strategies to try to improve interactions and functioning. Caregivers and youth need to be able to try new behaviors you have provided, and to have a treatment plan written in their language to be sure that they know their goals and behaviors / strategies for meeting those goals.

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Welcome each person to the Treatment Planning session and describe what will happen
- Clarify how frequently problem behaviors are happening, and in which environments
- Identify supports needed at home, in school, in the community
- Remind everyone of the time frame for the goals you will be creating
- Discuss goals in terms of stages. Be clear about what relief / improvement you can offer. Set and schedule review dates, so caregivers and youth know when you will have scheduled check-ins.
- Discuss when these goals will be reviewed (when are the regularly scheduled reviews, how do you revisit the goals if something important changes in caregiver or youth's life)
    - Caregivers noted that clinicians should be the ones to initiate a review of the goals when something has happened in the caregiver / youth's life.
- Offer clear behavioral strategies for meeting goals, beyond a positive relationship with the therapist
    - "A good relationship does not mean the therapist is helping [me] overcome and meet my goals"
    - "If you don't pinpoint what you need, you don't get help" but, "in crisis you know you need some help but you don't always know what [help] you need"
- Make sure that you all have the same idea about each goal. Once a goal is written, say "Can you say this goal in your own words?" to the parents [and youth]

MOVING FROM ASSESSMENT REVIEW TO TREATMENT PLANNING (cont.)

- Clear state and explain timelines for goals
  - How long does it usually take to see some relief?
  - Will it get worse before it gets better?
  - How long is too long?
- Provide a copy of the Treatment Plan
- Give caregivers time to think about treatment decisions (usually 24 hours)

Reviewing Treatment Progress

General considerations

Caregivers and youth stated that they would like frequent check-ins around their use of specific treatment strategies, and formal review of treatment progress every few months. You should set this expectation as the clinician. Participants agreed that they want clear behavioral strategies to try to improve symptoms and functioning. If these new behaviors aren't working, they need the clinician to be able to provide new, effective methods. The clinician should also be open to the possibility that a new clinician may be necessary to better address the needs of a particular child / youth and her/his caregiver(s).

AFRICAN-AMERICAN

Caregivers stated that you are more likely to create engagement when you:

- Check in frequently early on so that families know you're "here to help." Find out what's working and help problem-solve strategies which aren't working.
- Check in at the frequency which is most useful for the caregiver and youth. Families differed in how often they suggested checking in: some talked about the usefulness of checking in twice a week, others once a week. All agreed that they wanted a check-in before their next appointment, so they have a chance to talk over the phone about whether or not what they are trying is working.
- Are clear about what is to happen "In Case of Emergency"
    - Create a clear Crisis Plan, Expectations re: Hospitalization
- Structure the Review:
    - **Know the specific goals** you're working together to accomplish before you walk into the session, so that this is a conversation and not people staring at a paper
    - Start with individual meetings, then a group meeting
        - Particularly with older children / youth, check in with child / youth, then parent, then the group

REVIEWING TREATMENT PROGRESS (cont.)

Structuring the Review: *Group Process*

- Set **ground rules** for group review (e.g., everyone has their turn to talk, no one interrupts, no one blames)
- Have everyone involved in treatment at the meeting
  - It's "[m]ore real if I had faces to the opinions"
  - Can be clear about who is doing what
  - Can determine if additional / other resources are needed

Content of the Review:

- Ask about progress **and** context
  - Have there been any changes in the family circumstance affecting the goal?
  - How are parent(s) / guardians doing?
  - How is the child / youth doing?
- Review treatment usefulness and timelines
  - Is change happening on a timeline that we expected? Caregivers reported that they needed to see progress to stay motivated. For example, "Supposed to be 6 weeks, went 2 years." They indicated that one barrier was that the clinician might not engage them around what is and is not working. "If [therapists] bothered to really talk about this…[then it would have been resolved]"
- Provide useful options to improve outcomes:
  - Be able to say when you don't know something; and then to come back next time with something useful
  - Know what the caregiver and youth's service options are, and be able to provide:
    - A list of services
    - Literature on each service
    - A connection to a parent who has received the service
    - An honest answer about when they will receive a service
- Prepare caregivers for the transition to community supports. Caregivers both want treatment to be brief, and are concerned about what happens when supports are no longer available, "Problems started after treatment stopped."

REVIEWING TREATMENT PROGRESS (cont.)

- Provide treatment focused on developing skills in real world settings (home, school, community) so parents and youth feel comfortable ending treatment. Do this by:
  - Trying skills outside of therapy each week
  - Running groups with other parents with whom parents can communicate, share, get support
  - Transitioning planfully. Reduce frequency of therapy, create crisis plan, use booster sessions
- Link families to new supports **in person**

Conversation Starting Points for Confidentiality

Confidentiality:

In order for us to develop a plan together to help **insert child / youth's name here**, I'm going to ask you some questions to get a better picture of the kinds of things s/he is doing well at and also the areas of her/his life that you are concerned about.

Some of the questions I will ask about include **child / youth name's** mood and her/his behaviors at home and school, her/his relationships with friends and important adults in her/his life, and any safety concerns you may be aware of. I will also ask some questions about you and the kinds of support you may need in order to help **insert child / youth's name here**.

I ask these same questions of every parent to be sure that I don't miss any important information – so just because I *ask* whether a certain problematic event or experience has occurred (such as **insert child / youth's name here** being arrested), it doesn't mean I *think* it has.

Some of these questions may feel intrusive, so please speak up at any time during this session if it not clear why I am asking a certain question, and we will discuss it further before moving on to the next question.

I know that you have already signed the consent for services, which discusses confidentiality and who is able to see your child's medical records. Your family's right to privacy is very important, and in <u>most</u> circumstances, everything you tell me will be kept confidential. But before we get started, I also want to talk with you about 2 situations where I would have to break confidentiality and tell someone outside of **child / youth name's** treatment team about something you have told me.

1) The first situation is if I have reason to believe that **insert child / youth's name here** or *any* child under 18 is being abused or neglected. I am a mandated reporter, which means that I am legally obligated to consult with Child Protective Services if I hear about suspected abuse or neglect in the course of my work with families. (For families who have been referred to services by HSA or if previous instances of maltreatment have already been reported and is documented in the child's history, the clinician should clarify that s/he is obligated to report any new or unreported instances of abuse). If I need to consult with them based on something you have told me, I will let you know right away and we can talk with them together***. My promise to you is that I will never consult with CPS without you being informed about it first, <u>unless</u> [note exceptions here].***

2) The second situation where I would have to break confidentiality is if you made a serious threat to harm yourself or someone else. By "serious threat" I mean a situation where you said something that led me to believe you truly intended to harm yourself or another person, and were not just venting or expressing frustration. If you were threatening to hurt yourself, I would need to tell someone else in order to keep you safe. If another person was at risk, I would need to warn that person. Again, if I ever need to break confidentiality, I will discuss it with you first.

Because I want us to be able to trust each other as we move forward, I want to be sure that I've communicated this information to you in a way that's useful and accurate. Can you tell me what you've heard me say about what confidentiality means, and when it has to be broken?

Do you have any other questions about these exceptions to the confidentiality rule? Would you like to discuss them further before we start to talk about **insert child / youth's name here**?

Important Note about Confidentiality for children / youth who are currently a dependent (300) or ward of the court (600):

Per CBHS' Privacy Policy and Federal and California Regulations, parent authorization is **not** required to be able to share healthcare (including assessment) information to *coordinate care* if a minor is a dependent or ward of the court. Health care information can be shared with: a county social worker, a probation officer and/or other persons legally authorized to have care of custody of a dependent or ward.

Conversation Starting Points for CANS Sections

Strengths:

To open the Strengths section, say, “I’d like to start by hearing about your child / youth, and some of the things that your child / youth does well, or even did well in the past. These can be things at home, in school, with other kids / youth, or even by her / himself. What does your child do well?”

If the parent cannot think of anything, use additional prompts, such as “What was one thing that your child has done that you’ve been proud of?”

You can also ask questions such as the ones that follow:

What does your child like to do?

What is your child good at doing?

Is there anything your child wants to do, or wants to become?

Is there anyone your child really connects with?

Are there any organizations or community activities your child is involved in? (Examples include Girl or Boy Scouts, Boys and Girls Club, church activities, local sports teams, etc)

Is there any **place** at which your child does well (home, school, church, the sports field, etc)

Substance Use:

*“*Sometimes parents are concerned about what their children and youth see other people do. Seeing other people using alcohol or drugs is something many parents are concerned about their child / youth being exposed to.

Do you have concerns about your child / youth having seen other people using either alcohol or drugs?

For instance, has your child ever seen people in the neighborhood drinking or using drugs? How did you deal with that?

Are there children/ youth at your child’s school who may be using alcohol or drugs?

Do you have any concerns that the other kids that your child / youth hangs out with from school use alcohol or drugs? **If yes, ask,** “Do you have concerns that your child or youth may be tempted to drink or try something with them?”

Has anyone in the home ever used alcohol or drugs? Does anyone who is currently in the home use alcohol or drugs? Are you concerned about this affecting your child / youth?

Previous Psychiatric, Medical, and Alternative Treatment Sections:

"In these next sections we're going to ask questions about mental health and physical health care your child / youth may have had. One of the most important reasons we're asking these questions is to find out what was helpful to you and your child / youth, and to find out what was not so helpful. This way we can focus on treatments that have the best chance of working for your child / youth and your family."

***Psychiatric History**:*

"We'll start with any other times in which you may have used services to help with your child's behavior or emotions. Have you or your child ever worked with a counselor or seen someone to help with your child's behavior or feelings?" Provide examples of the types of services: "There are a number of different places where people see counselors. These might include seeing someone at school, going to an office to see someone, having someone come out to your home, or even getting help through residential treatment or child crisis services. Do any of these sound like services your child / youth may have received?"

***Medical History**:*

***Examples**: Chronic conditions needing ongoing treatment such as Asthma or Diabetes;*

Acute conditions such as falling off a bike or getting into an accident which required acute care

***Alternative Healing Practices**:*

- *Note that this could refer to physical **or** behavioral health needs*
- ***Provide Examples**: Yoga, Meditation, Nutrition, Church or religious healers*

Caregiver Strengths and Needs Section:

"Before we start the next section I just want to take a moment to step back and provide a little perspective. We know that no child meets all of their own needs, that parents are essential to a child's upbringing. We also know that many parents are doing their best to raise children and youth in very difficult circumstances. Sometimes this means that to help a child do their best, we also need to help parents. These next questions are about needs that you may have that could make it easier for you to help your child. I want to let you know that if you let me know that you have a need, **I will work to connect you directly to the person who can help you meet that need**. I also want to remind you that you can decline to answer any of these questions."

Abuse / Trauma History Section:

"In this next section we're going to ask questions about traumatic experiences that your child or youth may have had. We ask these questions of everyone. The reason that we do this is to make sure that we can address the needs of the whole child—we want to be sure that we're sensitive to their experiences and needs. Some people get nervous when we ask about these questions. If you want to see what I am writing as we go through these questions, I can sit next to you or show you my notes when we finish this section. When we finish this section, I'll tell you what I think I've heard from you and ask you if I've heard it correctly. I also want to remind you again that if you tell me about ongoing neglect or abuse, meaning actions or people who **currently pose a real danger to a child / youth**, then I am legally required to report that.

My promise to you is that I will not make any call or report to Child Protective Services without first letting you know."

When asking questions in this section:

- Be supportive and composed
- Make sure you have Kleenex on hand
- Don't be surprised if a parent reacts by showing discomfort, crying or becoming anxious
- Give the parent extra time to answer questions, especially if s/he appears affected by the question

Collaborative Calendar

Getting to Know my Child / Youth's Strengths and Needs (Assessment):

Day, Date and Time: M T W Th F S __ __ / __ __ / __ __ _____:_____ AM / PM

Day, Date and Time: M T W Th F S __ __ / __ __ / __ __ _____:_____ AM / PM

Review of the Assessment to make sure it reflects my child/youth's Strengths, Needs and Goals:

Day, Date and Time: M T W Th F S __ __ / __ __ / __ __ _____:_____ AM / PM

Review of Goals for the Treatment Plan:

Day, Date and Time: M T W Th F S __ __ / __ __ / __ __ _____:_____ AM / PM

Supports I **have** to make these appointments:

___Child Care

___Transportation

___Reminder call: (____) _____ - _____

___Reminder call to a supportive friend

(____) _____ - _____

___Other:_____

Supports I **need** to make these appointments:

____Child Care

____Transportation

____Reminder call: (____) _____ - _____

____Reminder call to a supportive friend

(____) _____ - _____

____Other: _____

Tips I need *immediately* to help manage my child/ youth's Emotions and Behaviors:

____Helping a child or youth who feels Sad, Irritable and / or Depressed

____ Helping a child or youth who feels Angry, Mad, and / or Defiant

____ Helping a child or youth who's Inattentive and / or Impulsive

____ Other: _____

E-mail a copy of these tips to me at: _____ @ _____

Mail a copy of these tips to me at: **_____**

ADDITIONAL RESOURCES

Caregivers and youth in each of these groups all expressed an ongoing desire to help other parents and help clinicians. Enlisting caregiver and youth voice and direction can help other caregivers and professionals to better meet child and youth needs and build strengths. Below are additional resources to empower the collaborative process.

FAMILY GUIDES TO THE SAN FRANCISCO CHILDREN'S MENTAL HEALTH SYSTEM

Available in Spanish, English, and Cantonese at:

http://www.supportforfamilies.org/resourcesmentalhealthguide.html

INITIAL ASSESSMENT FORM IN SPANISH AND CANTONESE

E-mail Nathaniel.Israel@sfdph.org for an electronic copy

FAMILY INVOLVEMENT TEAM

"The FIT is a team of parents hired by San Francisco Community Behavioral Health Services to act as a bridge between families, agencies, and services such as Mental Health, Juvenile Probation, S. F. Unified School District, and the Department of Human Services. They recognize family caregivers as equal partners in the planning and delivery of care for their children's well being. In some instances, FIT staff can serve other families receiving services from SF Community Behavioral Health Services. You can contact FIT at 415-920-7700." [Taken from the Guide to Mental Health Services, a joint publication of Support for Families and the San Francisco Community Behavioral Health Services Child Youth and Family System of Care.]