

# **ENSURING SAFE AND SUPPORTIVE LEARNING ENVIRONMENTS FOR YOUTH**

**San Francisco Unified School District  
Mental Health Services Program  
In collaboration with the YMCA of SF  
Youth Services Bureau  
2022-2023**



# YOUTH SERVICE BUREAUS

## Mission Statement:

"Our mission is to support youth, adults, & families in San Francisco and San Mateo County, through Mental Health and Social Services that increase access to skills and resources for wellness in Mind, Body and Spirit to achieve healthy and fulfilled lives."

## Values Statement:

"We are a community that strives to embody practices that are integrous to our values of Anti-Racism, Centering BIPOC, Social Justice, Innovation, Accountability, and a Commitment to Lifelong Learning."



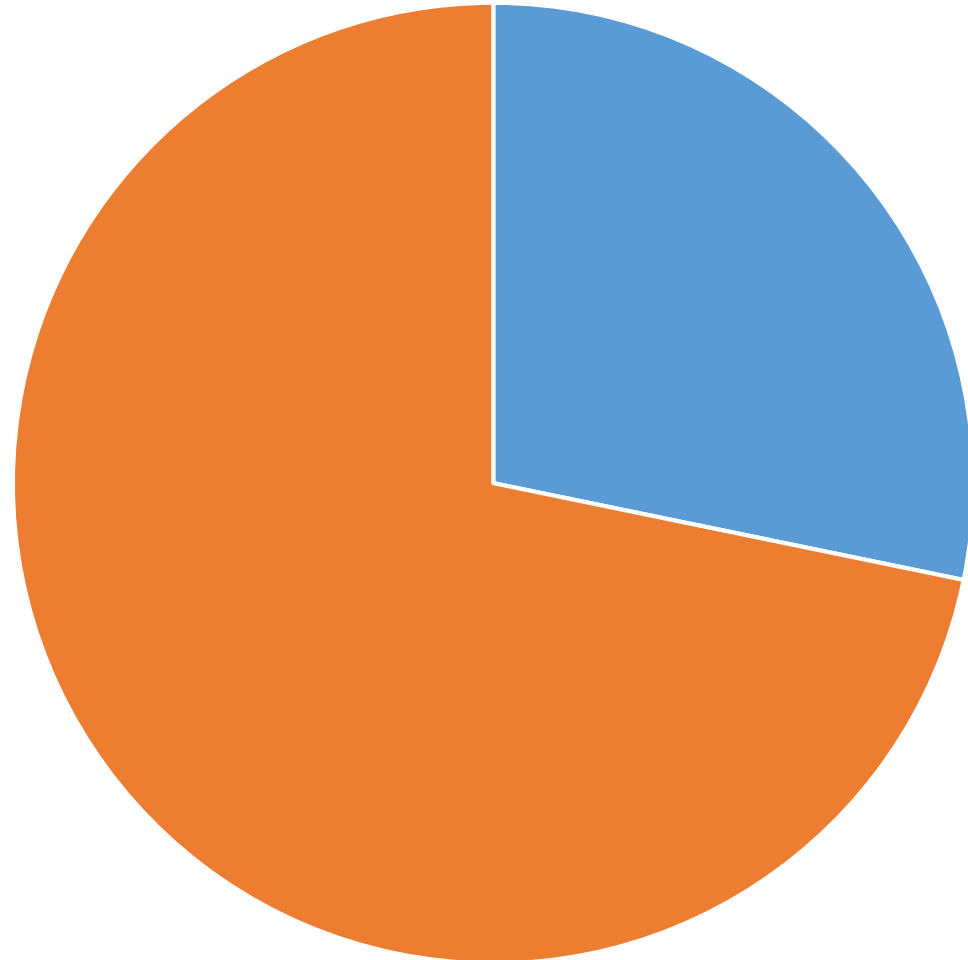
# Students Served

- **495** Students received services from YSB clinicians this year, totaling **8185** services, **6718** of these were Individual therapeutic sessions and groups. This is a decrease in number of students served last year but an increase of almost 50% of number of services provided. ( Last year we served 525 students with 4,194 sessions.)
- This year we saw an increase of youth asking for individual services and struggled to find enough youth for our groups. We also saw an increase in need for the individuals we served. Our folks were struggling to manage caseloads of youth with more intensive needs.
- What is often NOT captured are the multitude of day-to-day work with students, specifically from our SSAs in the middle and high schools, that includes spontaneous crisis intervention, de-escalation/ restorative work, and case management linkage with families.

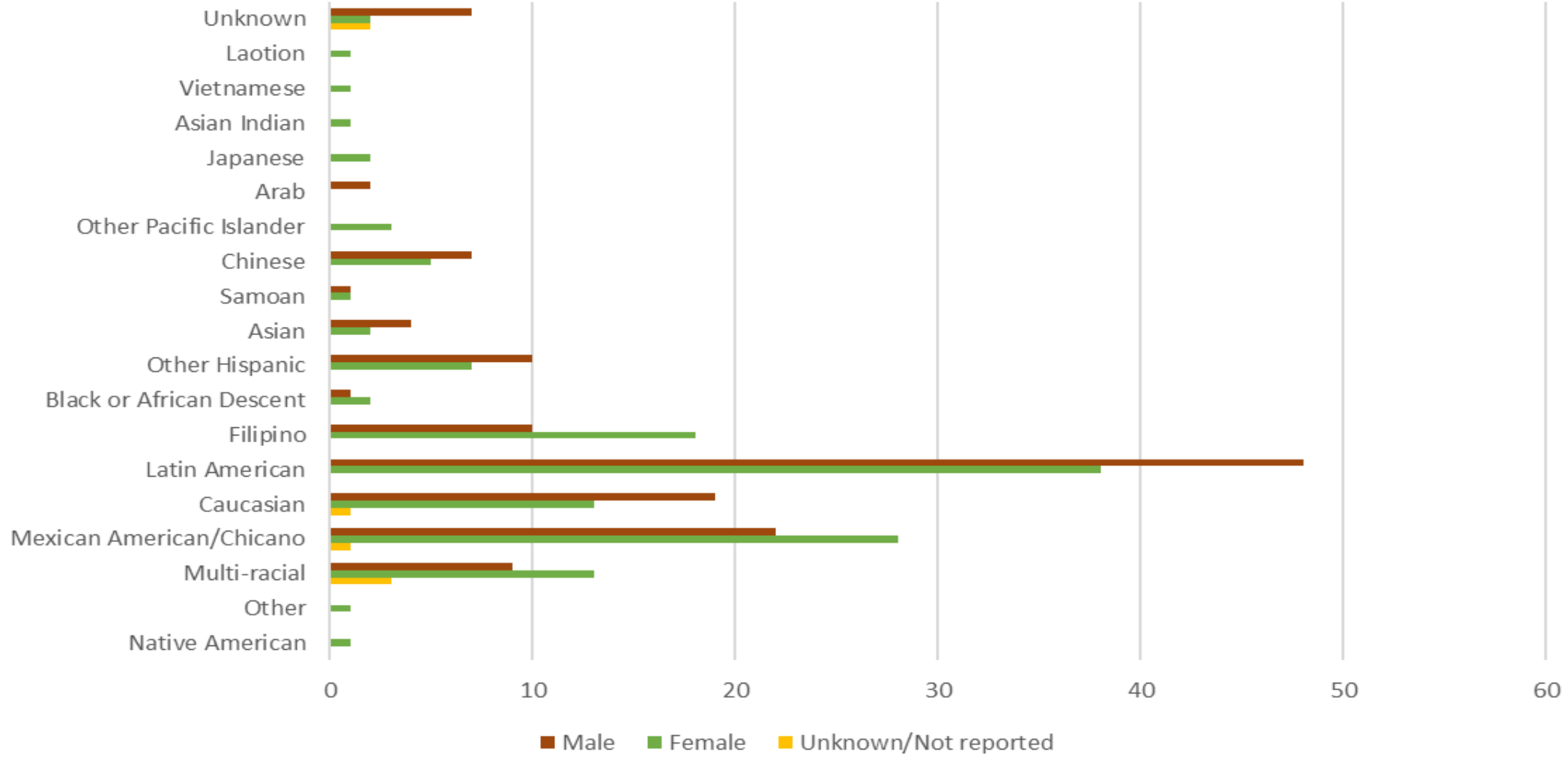


## Funding Sources for 2022-23 Mental Health Services

- JPD-Grant funded SSA Services
- SSFUSD-contracted and funded services



## YSB Client Demographics 2022-2023: SSFUSD Services



## Reminder slide from California Children's Trust from Last year's presentation: "THE "PRICE" IS HIGHER FOR BLACK AND BROWN CHILDREN"

81%

81% of children on medicaid are **people of color**.

2X

The **suicide rate for black children**, ages 5-12, is 2x that of their white peers.

70%

70% of youth in California's **juvenile justice system have unmet behavioral health needs**, and youth of color are dramatically over-represented.

**Making Healing Centered Schools a reality isn't simply a matter of tweaking access or programs...**

**It requires acknowledgment of how racism and poverty impact the social and emotional health of children**

**Serving these youth is central to YSB Values and Mission.**

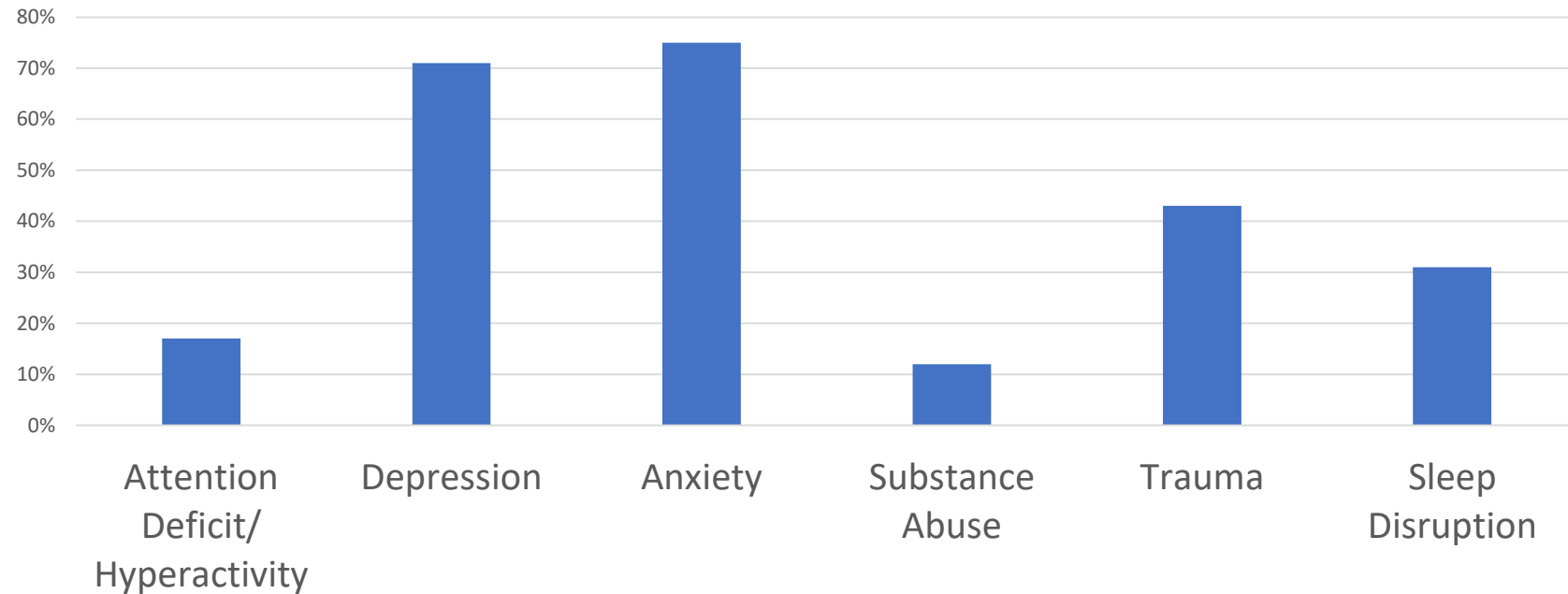


## SSFUSD SCHOOLS

School	YSB Program	Number of Clients	Units of Service
High School	SSA High School	136	739
	First Stop Group	16	144
	Girls United Group	6	33
Subtotal		136	916
Middle School	SSA Middle School	183	3,014
	CALM Group	13	123
	First Stop Group	6	57
	Girls United Group	19	161
Subtotal		221	3,355
Elementary School	On Campus Therapy	122	2251
	Friendship Club	12	144
	Family Therapy	4	52
Subtotal		138	2447
<b>Total</b>		<b>495</b>	<b>6718</b>



## Top Presenting Mental Health Challenges for Students



There are challenges in getting accurate information. Anecdotally, we know that more youth are challenged with substance abuse and trauma, but these are underreported by the youth for a number of reasons. We are also seeing an underutilization of our Mindfulness Based Substance Abuse Treatment program. Contributing factors include a lack of youth reporting and the use other programs in the district providing brief interventions.

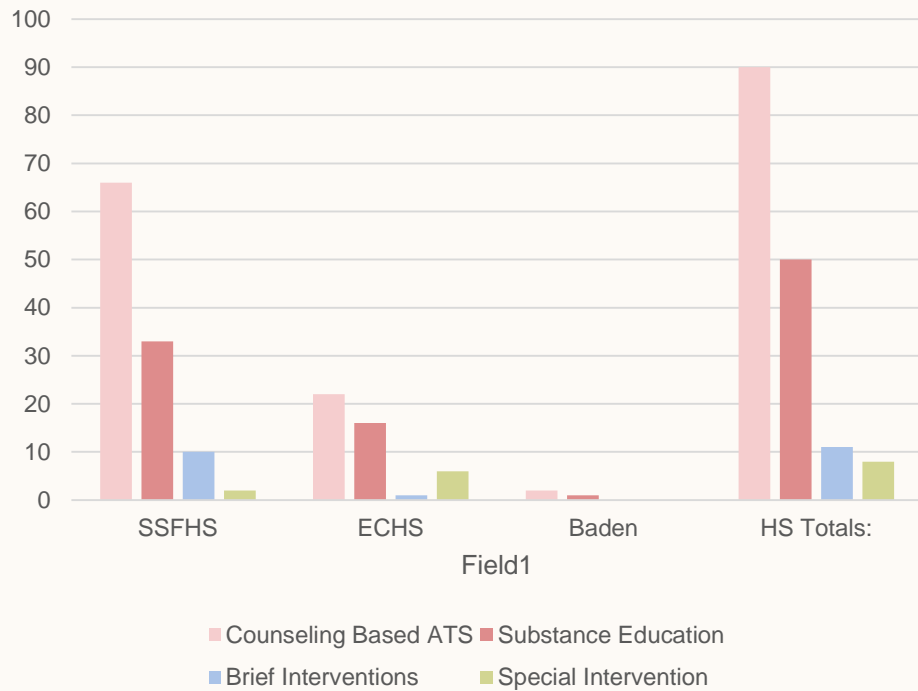
# ALTERNATIVES TO SUSPENSION PROGRAM

## Alternatives to Suspension Program Usage

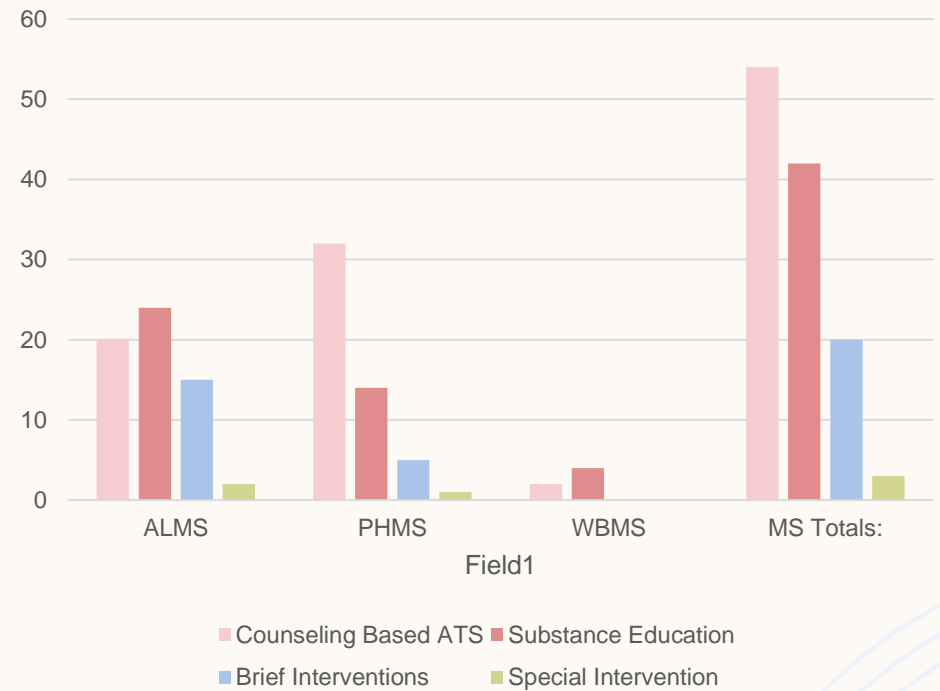
	Counseling Based ATS	Substance Education	Brief Interventions	Special Intervention	All Programs
South San Francisco High School	66	33	10	2	111
El Camino High School	22	16	1	6	39
Baden High School	2	1	0	0	3
<b>High School Totals:</b>	<b>90</b>	<b>50</b>	<b>11</b>	<b>8</b>	<b>151</b>
Alta Loma Middle School	20	24	15	2	59
Parkway Heights Middle School	32	14	5	1	51
Westborough Middle School	2	4	0	0	6
<b>Middle School Totals:</b>	<b>54</b>	<b>42</b>	<b>20</b>	<b>3</b>	<b>116</b>
<b>SSFUSD Total:</b>	<b>144</b>	<b>92</b>	<b>31</b>	<b>11</b>	<b>267</b>



Intervention Use in High School Setting



Intervention Use in Middle School Setting



# ALTERNATIVES TO SUSPENSION

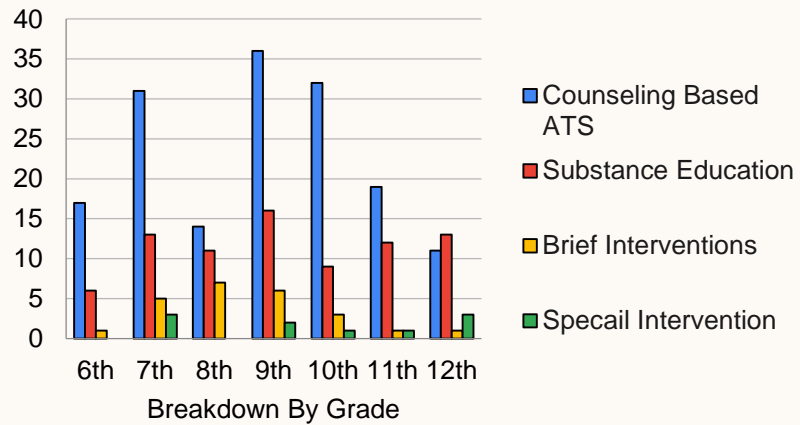
Breakdown By Grade	Counseling Based ATS	Substance Education	Brief Interventions	Special Intervention	Total Per Grade
6th	17	6	1	0	24
7th	31	13	5	3	52
8th	14	11	7	0	32
9th	36	16	6	2	60
10th	32	9	3	1	45
11th	19	12	1	1	33
12th	11	13	1	3	28



# SSFUSD

## Alternatives to Suspension program

Program use by grade



# ALTERNATIVE TO SUSPENSION

## MIDDLE AND HIGH SCHOOL USE OF ATS PROGRAM

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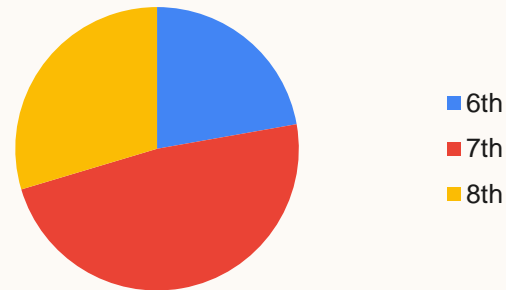
MS and HS use of  
ATS



## MIDDLE SCHOOL USE OF ATS PROGRAM

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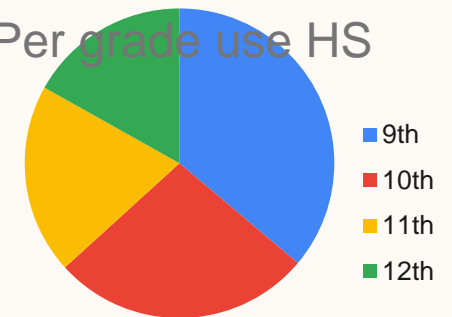
MS grade use



## HIGH SCHOOL USE OF ATS PROGRAM

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Per grade use HS



## Client Success Story – Middle School

Client, 13 year old female, was referred for depressive symptoms, academic stress, anxiety, peer conflict, and low self-esteem. Client presented as very quiet, keeping her head down, and speaking low and slow. Client did not tend to make eye contact. Client consistently joined for sessions. Clinician worked with client to identify strengths, supports, and coping skills. Clinician worked with client to explore triggers as well. Client was visibly happier towards the end of the year. She was smiling, a thing that did not tend to happen previously and spoke more animatedly. She was positively engaged and made more eye contact. Client appeared excited to talk about the positives in her life and more adaptive to oncoming stressors. Client was able to identify core strengths and her affinity for music which became a prime coping tool. Client was able to better communicate her feelings and needs and respond accordingly with supports or coping tools. Client is communicating more, utilizing her coping tools and supports when needed. Client is advocating more for herself, and stepping out of her comfort zone to pursue opportunities that bring her joy. In a letter to the clinician the client thanked the clinician for always “believing in [them] and being the best person ever.”

## *Therapist summaries on the year...*

### *What do your caseloads look like this year?.....*

"Working between two schools this past year definitely filled up my caseload pretty quickly and it had felt that one school didn't get enough mental health support being that I was the only therapist available at the school. I noticed majority of students had been dealing with difficulty in adjusting into the school and the different social systems. I suspect that the pandemic years with online schooling gave a lot of students (on my caseload) anxiety in coming back to school and working with others and being in person. A good chunk of my students were dealing with issues of their families breaking apart (parental separation) and figuring out how to deal with the trauma of that new system for them." (elementary school)

"During the pandemic, most of my clients were upper grade levels with most of them being 5th grade girls with self-esteem and friendship concerns. This year was different as most of my students were 3rd graders with stress & anxiety issues for individual therapy. I took advantage of the in-person change with more hands-on and kids enjoyed selecting their own expressive arts therapy activities." (elementary school)

"A lot of my caseload consisted of students experiencing anxiety and not feeling supported at school or home. Most students struggled with attendance, substance abuse, and self-esteem. It was apparent that there was a disconnect between students and faculty. Students are struggling with processing emotions and experiences and expressing themselves." (high school)



# In Depth Summary from South San Francisco High School Safety

## Advocate

My caseload had 60% freshman, 30% sophomores, 10% juniors, and 10% seniors. I noticed that 60% of those freshmen were coming from the Pandemic years between their end of elementary into high school, which is a huge developmental gap for the adolescents. There was an increase of grief, loneliness, and identity issues, which also increased their substance use, such as marijuana and vaping. Most freshmen and sophomores I worked with had trouble interacting with their classmates and had social issues, which increased physical fights and arguments with teachers and peers this past school year.

The 30% of sophomores were affected by peer and societal pressures. Although there was a decrease in physical fights, there was an increase in depressive symptoms and decrease in parental/adult support. Their identities shifted in trying impress or gain their peer's approval to increase their self-esteem because there was no emotional support in the household.

The 10% of juniors in my caseload was affected by not having enough knowledge about community support or community resources. The 10% were affected by the housing crisis or had difficulty finding mental health support for their families and themselves. Most juniors would either come into the wellness center and ask for "help" once or twice and I noticed they would try to do it on their own afterwards. This is crucial for their mental health because they are identifying what community and independence may look like for them, but showed that they were used to the "disappointment" by the systems that they will rather focus on doing it themselves.

The 10% of seniors in my caseload were facing discrimination, gang-related issues outside of school, substance use, and physical abuse in the home. There was an increase of fight or flight response with these adolescents in the home and at school, which increased their anxiety and depressive symptoms. Some of these seniors were referred to my First Stop Group and felt that they were branded "the bad kids" and feel that there is "no coming back from their suspensions or substance use", so they will rather continue using. In addition, these seniors who faced gang-related issues outside of school and physical abuse in the home had a decrease in their motivation at school, which lowered their grades. Although I was able to speak with them about getting academic support from their teachers, they reported back to me that they feel "targeted" and would rather fail.

# SCHOOLS CAN (and must) BE ESSENTIAL ACTORS IN OUR RESPONSE:

Schools are ground zero for the youth mental health crisis!



**The Health Care System Needs Schools:** Children ages 8-18 have the lowest rate of primary care utilization of any demographic in MediCal—and 75% of mental illness manifests in adolescence. Not only are schools essential actors in a reformed mental health system that overtly addresses healing, justice, and structural racism, but they are also essential service settings for children with clinical needs.



**Our YSB Counselors** on campus can refer students and families in need of more targeted clinic-based services to our South San Francisco Mental Health Clinic located at Spruce and Huntington Avenues. We take MediCal coverage and also offer a very low-cost sliding scale fee structure.

# The Future of YSB

As of July 1, 2023, the Youth Services Bureaus became our own branch of the YMCA of San Francisco. The Y sees the centrality of mental health care to the success of the youth and families in the counties we serve. To this end, the board has created a new Mental Health Services Branch.

- New Executive Director, Deidra Somerville, Phd, MA, solely dedicated to supporting mental health services.
- More support to continue innovating programs and ways to serve our schools and communities.
- New name: Youth Service Bureaus will continue to be the largest program in our new branch but we will have a new name (as soon as we make a decision)



Thank you, SSFUSD, for being a valuable community partner in whole-child care and striving, each year, to help our youth grow academically, physically, emotionally and socially.

