

Formation of Asian Youth Task Force at Southeast Child-Family Therapy Center (SECFTC)

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Background:

- Southeast Child-Family Therapy Center serves ethnically diverse youth and families in southeast San Francisco.
- In San Francisco, Asian inhabitants are among the most populous and rapidly growing group in this part of the city.¹
- Based on population data and clinic case discussions, we are likely underserving this population and, anecdotally, providers note that Asian clients are often late presenting with illness at higher severity compared to others.
- While other cultural task forces exist in the clinic, there have been no formal venues at SECFTC that focus on the needs of Asian identified youth/families nor the impact of our clinical work on this community.

Objective:

- Create an Asian Youth Task Force at SECFTC with the goal of setting goals, measuring outcomes, and guiding care improvement for Asian clientele, and increasing comradery among providers
- Task forces around diversity, equity, and inclusion can increase collaboration², data driven outcomes³, sense of cohesion⁴ and visibility within and outside of the agency⁵.

Methods:

- Pre-implementation assessment via individual interviews (of leadership and other group leaders) and focus group interviews (of potential task force participants)
- Recruitment of task force members at staff meetings/emails
- Recommendations to guide task force formation made to clinic leadership and potential taskforce members based on interviews and literature review
- Pre and Post Surveys to capture impact on task force members' experiences of diversity, equity, and inclusion⁶

Outcomes:

OUR GOALS	OTHER TASK FORCES	FACILITATORS	POSSIBLE CHALLENGES
Service gaps + needs asmt	Impetus: Providers want group support for complex cases	Support from clinic leaders, who would like to be actively involved	Finding consistent meeting time that can be protected from clinical demands
Staff social support and sense of community	Meet wkly-mnthly, virt/inperson	Shared sentiment that an Asian American task force is needed	Continuing to meet when priorities are divided
Case discussions/Resources sharing	+ Pt-staff concordant hires	High degree of commitment and interest among members	Finding shared motivation
Advocating for hiring	+ Funding	Participants have a variety of experiences on group formation	Developing a group organization with roles that are sustainable
Community outreach and addressing mental health stigma	+ Amplify group needs		
	+ Group problem solving for cases and community		
	+ Satisfaction collaborating with others and increasing community outreach		

- Task force formed with 5 members (3 physicians, 2 clinicians; 100% Asian Pacific Islander)
- First meeting in March 2024, during protected time, with 3 monthly meetings held to date
- Accomplishments: prioritize goals, obtaining data from DPH, discussed Asian history in SF, named group room
- Qualitative feedback: appreciated shared challenges, deeper understanding of individual efforts, team problem solving
- Pre-group survey growth areas: outreach opportunities, support for cross-cultural work, and diversity management
- Post-group survey: avg. improvement in outreach and support, but lower ratings across multi-domains for 1 member

Next Steps and Recommendations:

- Scaffolding during early formation – between meeting check-ins, frequent feedback about group structure/direction, intentionally adapting group structure
- Incorporate input from community members early on and regularly, consider opportunities for them to join group
- Recalibrate group dynamics and structure in the setting of group members' attrition
- Holding intentional space for Asian youth needs can further mental health equity and bolster provider morale

Citations: (1) <https://www.sfchronicle.com/projects/2022/san-francisco-asian-population/> (2) Bersted, K. A., et al. (2023). <https://doi.org/10.1007/s10880-022-09929-x> (3) Lingras, K. A., et al. (2021). <https://doi.org/10.1007/s10880-021-09809-w> (4) Weng, S. S. (2019). <https://doi.org/10.1080/23303131.2019.1612807> (5) Seegmiller Renner, A. M., et al. (2022). <https://doi.org/10.1108/LHS-04-2021-0028> (6) Person, S.D., et al. (2015) doi: 10.1097/ACM.0000000000000921