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**Subject:** electronic letter concerning the child team-SF  
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This letter was read aloud by SF child team members to Laura Peterson and Noel Legorburu yesterday May 23, 2019 to detail management, staffing and service difficulties experienced on the team. Our union representatives have encouraged us to distribute to SF managers, NUHW SF stewards, BMS, as well as SF medical director and Kaiser executive, Janet Liang. Thank you for your attention to our ongoing crisis in San Francisco Child Team.

Dear Managers,

As you know, the Child and Family Team- Psychiatry, San Francisco has been understaffed for nearly 2 years and our child population and demand for services has increased. We haven't had a manager to help us for over 1.5 years, and the interim managers have very little clinical child experience. As a result, staff have been leaving and programs have dissolved. Due to lack of staffing, burnout, and management's refusal to allow for planning, the group therapy options for our general outpatient patients have decreased by 70% in the last 4 months. The return access is poor and we see individual patients every 4-6 weeks. Without weekly groups to support treatment goals, our ability to manage our caseloads has worsened and patient care is suffering. This is becoming a safety issue for our patients and our practice as licensed therapists. We demand that Kaiser SF increase its budget and staffing for Child and Family clinicians so that the clinic can provide adequate patient care.

To provide perspective, we wanted to illustrate the staffing discrepancies between Oakland and Richmond Child Teams and SF Child Team. According to the latest information provided to us by the Employer, there are 25.425 FTEs on Oakland and Richmond's child team, 15 counseling interns/externs/pre and post docs providing service to the children/families in the EBA area. The IOP and ED programs in EBA have separate, dedicated programs. In contrast, San Francisco child team has 9.7FTEs, 0 counseling interns/externs/pre and post docs. Please note that two staff in SF are budgeted through IOP, and another is an ED specialist, therefore less than 7FTE are available to provide outpatient care for the general child/family population. San Francisco child team will have additional losses when our eating disorder specialist and a full-time generalist is on family leave this summer. **The EBA ratio is approximately 1 therapist for every 2900 children/families. Including the counseling intern/externs/pre and postdocs, there is 1 therapist for every 1,700 children/families in the EBA area.** In San Francisco, however, there is approximately **1 therapist for every 4,300 children/teens** who are covered under Kaiser Health Plans in San Francisco County. This discrepancy is unacceptable.

Regarding the access for intake appointments, we would like to reiterate that the intake access was **RARELY** a problem before the staffing and management shortages in the last 2 years. In 2018 intake access fluctuated, and Golee told us that we were often within DMHC standards. At the worst times, patients waited 3 weeks for an intake appointment. The changes in triage, intake process, and mostly short staffing explained much of the problems; also, there were significant problems regarding transfers. For example, we noted to Laura in December 2018 that during a 4-5 week period there were 18 transfer appointments, which was the same number that we were "short" for new appointments. This was a management oversight, and there has been an emphasis on controlling for transfers in the last 2 months. Finally, the pilot project of managers, TCIN's, while touted as being able to "help" intake access has made things worse. Appointment wait times to see a provider has increased to 4-6 weeks and most patients arrive to the meetings confused and angry at having had to divulge personal information about their families to a stranger who did not follow up with them, and then had to **wait OVER A MONTH** to talk to someone in person.

Below we've included examples of the types of complaints we hear daily:

- I didn't understand why I had to talk to that person on the phone about my family and then talk to a different person a month later.
- I only talked to the phone person because I thought I would get in faster, but then I had to wait over a month. My child's problems have only gotten worse.
- We have done everything Kaiser asked, and still no one helped us. No one has seen my daughter before today. We had to go to the ED twice while waiting for an appointment.
- I don't understand why it is so hard to get help at Kaiser SF. I waited on the phone for almost an hour, then had to talk to two people, and no one helped me before I saw you today. What do you mean that I can't see you for a month and that there are no groups for my 9year old.
- My teen isn't suicidal, but 1x/month appt aren't enough.
- Kaiser used to be better like 5-8 years ago, but now things are worse.

Thank you for your quick response to the safety issues of our patients and staff. Thank you, too for responding within a week about increasing staffing levels for the Child and Family team as well as the ED and IOP staffing needs for the remainder 2019 and for the upcoming 2020 year.

Sincerely,

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