

# KUPONA EARLY INTERVENTION, OUTPATIENT, AND INTENSIVE OUTPATIENT PROGRAMS

## AT HOMELESS CHILDREN'S NETWORK

Findings from July 2024 to June 2025



HOMELESS CHILDREN'S  
NETWORK

This report was prepared by Indigo Cultural Center as part of an independent evaluation of the Kupona Early Intervention, Outpatient, and Intensive Outpatient Programs. The perspectives and interpretations presented here are those of the evaluators and are not intended to represent the official views of Homeless Children's Network.

Detailed information about Indigo Cultural Center, Homeless Children's Network, Kupona Early Intervention, Outpatient, and Intensive Outpatient Programs, and the literature guiding this report are available at the end of this report in the section, Background and Context.

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*HCN staff at the San Francisco Department of Public Health’s Overdose Prevention Summit.*

# Introduction

## PURPOSE OF THIS REPORT

The purpose of this report is to share the findings of our process evaluation of Kupona Early Intervention, Outpatient, and Intensive Outpatient Programs (Kupona) at Homeless Children's Network (HCN). *Kupona* is a Swahili word encompassing healing, recovering, and getting well.


Through partnership with the San Francisco Department of Public Health (DPH), HCN developed the Kupona programs to address the need for culturally-responsive, tailored services that holistically combat substance use among youth. Ultimately, the Kupona programs aim to reduce racial disparities in health in San Francisco, strengthen families and communities, and save lives. This program is designed to work at the intersections of substance use, mental health, and spiritual well-being of youth, families, and communities. While HCN welcomes and serves youth and families of all ethnicities and populations in San Francisco, the priority populations for the Kupona programs include those who identify as Black/African American and people of color, housing insecure, and at-risk youth under the age of 18 who are residents of San Francisco and Medi-Cal beneficiaries.

## HCN's Kupona Program Contracted Performance Objectives for the 2024-2025 Fiscal Year

HCN's Kupona program achieved performance goals of establishing a substance use treatment program to address the substance use crisis in San Francisco, particularly among Black youth.

Objective	Actual	Status
Recruit and hire staff for program	Hired SUD Medical Director, Certified Drug Counselor, and a Licensed Practitioner of the Healing Arts. Began recruitment and interviewing for Program Director, additional Drug Counselors, and Health Navigators.	In Progress
Conduct Program Planning Activities	Engaged in program planning activities, including establishing written policies and clinical space.	Objective Met
Obtain AOD and Substance Use Medi-Cal Certification	Engaged in 1:1 meetings with the Children, Youth, and Families SUD Systems of Care Director to complete DMC-ODS Certification requirements.	In Progress
Strengthen relationships with Black led/serving organizations	Strengthened relationships with SUD/MH treatment providers	Objective Met
Begin providing Outpatient Services to youth and their families	Began providing Outpatient Services to youth and their families	In Progress

*Detailed information about HCN's Kupona Program's contracted performance metrics seen in the table on page 5.*



This report details the results of a collaborative process evaluation, designed to document the intentional development and design of Kupona’s Early Intervention, Outpatient, and Intensive Outpatient sub-programs. This evaluation focuses on how Kupona was created, the values and experiences shaping its design, and the foundational activities and structures needed to support its success in line with HCN’s contracted deliverables for this developmental year of the program. In line with a Community-Based Participatory Research (CBPR) rooted in racial equity, HCN’s staff, including the HCN Kupona leadership team, collaborated with the Indigo Cultural Center team on every step of this process evaluation: design, data collection, and interpretation.

This process evaluation sought to accomplish the following goal – **to demonstrate Kupona’s early implementation progress, including progress and adherence to funder-specified performance metrics.**

A series of listening sessions were implemented by the Indigo team to collect process evaluation data. Listening sessions were scheduled regularly between February and June 2025 with Kupona and HCN leadership to examine and understand the administrative organization of the program and implementation. Finally, we utilized administrative data tracked by the Kupona team.

# Process Evaluation Findings

## KUPONA'S EARLY IMPLEMENTATION PROGRESS AND IMPACT

We explored how Kupona was conceived, developed, and structured to extend HCN's mission in service of marginalized communities in San Francisco, bridging equitable access to prevention and treatment services that empower and build resilience within the community.

### The Need For Kupona In The San Francisco Community

HCN's Kupona program was developed in response to the San Francisco community's critical need for intervention and treatment services addressing the opioid crisis which is contributing to a disproportionate amount of overdose deaths, particularly among youth in the Black community. HCN partnered closely with San Francisco's Department of Public Health (DPH) to co-create an innovative model that addresses substance use at all levels of severity. Thus, HCN established three levels of treatment in Kupona—Early Intervention, Outpatient, and Intensive Outpatient. These treatments are available to those at risk of or experiencing substance use disorder (SUD). The Kupona program offers various entry points for clients to seek and access treatment at any level of need pertaining to substance use and/or exposure.

HCN is uniquely positioned to provide Early Intervention, Outpatient, and Intensive Outpatient treatment due to their years of mental health service provision, clinical capacity building, and longstanding history of relationship building and community embeddedness among those most marginalized in San Francisco. Moreover, HCN is established as an organizing force in San Francisco, maintaining a plethora of collaborative partnerships across the City including SFUSD schools, primary care providers, LGBTQIA+ services, substance use treatment programs, child welfare services, among many others, which allows Kupona to seamlessly offer continuity of services as clients transition between or out of the levels of the Kupona program.

### Kupona Successfully Met Early Implementation Performance Objectives

During Kupona's inaugural year, performance objectives focused on building strong foundations for each of the three sub-programs – Early Intervention, Outpatient, and Intensive Outpatient. Primarily, the Kupona team established the program's infrastructure, and built connections with other Black-led and Black-serving organizations, and other SUD and mental health treatment providers. The specific performance objectives for the 2024-2025 fiscal year are outlined in the table below and additional details about progress on these objectives is discussed in the sub-sections below.

## Kupona Performance Objectives

Co-Occuring Processes	Outcome	Actuals	Result
Recruitment and Hiring	Hire <ul style="list-style-type: none"> <li>• Medical Director</li> <li>• Program Director</li> <li>• Hire drug counselors certified or registered in Alcohol or other drug (AOD) treatment</li> <li>• Licensed Practitioner of the Healing Arts (LPHA)</li> <li>• Health Navigator/Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>• SUD Medical Director contracted in October</li> <li>• Hired 1 drug counselor in August 2025</li> <li>• Hired 1 LPHA in June 2025</li> <li>• Interviewing Program Director candidates</li> <li>• Recruitment underway for 4 additional Drug Counselors</li> <li>• Recruitment underway for Health Navigator roles</li> </ul>	In progress
Planning	HCN will conduct program planning activities	<ul style="list-style-type: none"> <li>• In February 2025, established written policies with Children, Youth, and Families SUD Systems of Care Director for certification</li> <li>• As part of certification, established criteria for intake including considerations for pre-existing conditions and current health providers</li> <li>• Identified Avatar as the electronic health record system awaiting DPH setup</li> <li>• Established HCN's Fillmore office as clinical space</li> </ul>	Achieved
Certification	HCN will obtain Drug Medical Organized Delivery System (DMC-ODS) certification within the first 90 days after the contract is awarded	<ul style="list-style-type: none"> <li>• Attending 1:1 meetings with Children, Youth, and Families SUD Systems of Care Director for certification applications, SUD billing, and documentation</li> </ul>	In Progress
Relationship Building/Strengthening	HCN will strengthen relationships with San Francisco Black-led and -serving organizations and build connections with other youth SUD/MH treatment providers.	<ul style="list-style-type: none"> <li>• Attended SUD provider meetings</li> <li>• Engaged in Zoom calls, phone conversations, and in-person meetings to gather feedback regarding community needs and to build connections</li> </ul>	Achieved
Direct Service	HCN will provide services to youth and their families.	<ul style="list-style-type: none"> <li>• HCN is prepared to serve clients</li> </ul>	In progress

## Recruitment and Hiring

An essential component of the successful development of the Kupona program was staffing the team prior to the program's launch. This included hiring a SUD Medical Director, Program Director, Certified Drug Counselors, Licensed Practitioners of the Healing Arts (LPHA), and Health Navigators/Case Managers.

In order to serve clients in a manner that is authentic to Kupona's approach of providing culturally responsive, tailored, and holistic services to youth and their families, it was essential that prospective staff members meet all of HCN's hiring standards. Namely, candidates must demonstrate core skills, experiences, and competencies that are also rooted in knowledge of the community's needs. Further, Kupona staff must have expertise and experience in adolescent development, specialty evaluation and treatment, cultural responsiveness, and harm reduction.

The process of recruiting and hiring staff has not been easy for the Kupona team. To note, there is significant competition in recruitment with private sector employers, who often offer greater salaries and scheduling flexibility. This, in combination with San Francisco's high cost of living, has made it difficult for Kupona to fill all identified roles. Additionally, it has been challenging to hire staff who meet all of the necessary qualifications; however, HCN's diligence in ensuring their staff are positioned to support Kupona's clients in a manner that provides dignity, promotes resilience, and contributes to healing is essential in ensuring the program meets its intended impact on youth and their families.

Despite these challenges, Kupona was able to meet many of the hiring and recruitment objectives. In October 2024, Kupona brought on a SUD Medical Director to work with HCN leadership on planning and developing Kupona's policies, practices, and processes for treatment. In winter 2025, job descriptions for Drug Counselors, LPHAs, and Community Navigators were developed and posted to the DPH website. In spring 2025, HCN began active recruitment for each position. In Summer 2025, Kupona hired a Certified Drug Counselor and LPHA. The program is actively recruiting and interviewing for Program Director candidates, four additional Drug Counselors, and Health Navigator/Case Managers.

## Planning

In February 2025, the HCN team began the planning process by having one-on-one meetings with the Children, Youth, and Families Systems of Care Director to work toward program certification. During this time, the team established a number of policies in line with providing SUD treatment services and established criteria for intake [e.g., the use of the American Society of Addiction Medicine (ASAM) Criteria]. Information about these policies and criteria can be viewed in the table on the next page. Additionally, the team identified their electronic health record system and is awaiting setup from DPH. Finally, Kupona established a youth-friendly clinical space which will be available for youth and families receiving treatment.



<b>Early Intervention</b> ASAM Level .05 (Minimum 1 hour/week)	<b>Outpatient</b> ASAM Level 1 (1 to 6 hours/week)	<b>Intensive Outpatient</b> ASAM Level 2.1 (6 to 19 hours/week)
<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Treatment planning</li> <li>• Care coordination</li> <li>• Collateral support</li> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Family therapy</li> <li>• Patient education</li> <li>• SUD crisis intervention services</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Treatment planning</li> <li>• Care coordination</li> <li>• Collateral support</li> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Family therapy</li> <li>• Medication services</li> <li>• Medication-assisted treatment for opioid use disorder</li> <li>• Medication-assisted treatment for alcohol use disorder</li> <li>• Patient education</li> <li>• Recovery services</li> <li>• SUD crisis intervention services</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Treatment planning</li> <li>• Care coordination</li> <li>• Collateral support</li> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Family therapy</li> <li>• Medication services</li> <li>• Medication-assisted treatment for opioid use disorder</li> <li>• Medication-assisted treatment for alcohol use disorder</li> <li>• Patient education</li> <li>• Recovery services</li> <li>• SUD crisis intervention services</li> </ul>



*HCN Fillmore office waiting area.*



## **Certification**

To offer substance use services to youth, HCN has taken great measures to ensure compliance with state and county guidelines and certifications. Working closely with the Children, Youth, and Families Systems of Care Director in one-on-one meetings, HCN has ensured that they are meeting all requirements to achieve certification.

In order to obtain the Department of Health Care Services (DHCS) Alcohol and/or Other Drug (AOD) Program Certification and the Substance Use Medi-Cal Certification, HCN has ensured that the office space has the appropriate business license, fire clearance, zoning clearance, liability insurance, and additional administrative checks (e.g., staff CPR certifications, staff first aid certifications, and staff tuberculosis clearance). In addition, HCN staff have prepared building space to accommodate clients and protect client privacy, and printed appropriate posters and organizational content in threshold languages.

## **Outreach, Coordination, and Relationship Building/Strengthening**

It is essential to HCN that services are embedded and aligned with community needs. In order to engage and strengthen connections with providers and other organizations, Kupona staff have participated in monthly provider meetings in partnership with two different sources: The Outpatient Substance Use Providers Meeting and The All Substance Use Providers Meeting. These meetings not only contribute to Kupona staff knowledge development, but also establish partnerships with other substance use treatment providers who are in attendance. The organizations in attendance at the meetings share updates on their program implementation progress and challenges, and receive correspondence on contract and compliance changes. The relationships established within these provider meetings also build the Kupona network of referral sources.

## **Direct Service**

Towards the end of the 2024-2025 fiscal year, HCN has been working towards serving clients (e.g., recruiting staff, preparing clinic space).




# Conclusion



The establishment of HCN's Kupona program is an exciting opportunity to bridge gaps in treatment services for youth and families in San Francisco, and particularly among Black, Indigenous and other people of color, housing insecure, and at-risk youth under the age of 18. HCN is well-positioned to provide culturally-responsive, tailored, and holistic services to youth and their families who demonstrate a spectrum of substance use disorder-related needs that ensures they receive care that prioritizes dignity, respect, and compassion.

As HCN prepares to provide services to the community, it is essential that they are able to fully staff their program to meet the community's needs. Difficulties with recruitment and hiring are no surprise, as there have been widespread challenges in hiring and retaining providers across City and nonprofit behavioral health positions over the last several years. As the Kupona program continues to move towards serving clients, HCN may consider looking into opportunities to modify wages, contracts, benefits, and other incentives that may support the hiring and retention of qualified staff. By doing so, competition with private sector positions and concerns over the high cost of living in San Francisco may be minimized, allowing Kupona to more quickly and comprehensively serve San Francisco's youth and families dealing with substance use disorder.

As Kupona continues to grow, the interconnected offering of Early Intervention, Outpatient, and Intensive Outpatient treatment services has the potential to not only drive measurable reductions in substance use, overdose deaths, and emergency visits, but to empower at-risk youth and their families to sustain recovery and spark systemic change.



**Background and Context  
Supplementary  
Materials**

## Literature Guiding this Evaluation Report

### Background

In 2020, approximately 10 million adolescents met the criteria for a substance use disorder (SUD) diagnosis (e.g., alcohol, tobacco, cannabis, and other drugs; Simon et al., 2022). Of these adolescents, the majority of them were untreated (Simon et al., 2022). Substance use in adolescents is correlated with adult substance use disorder; in the U.S., over 90% of adults that have been diagnosed with SUD began their substance use in adolescence (Simon et al., 2022). Youth living with SUD are at a greater risk for adverse education, social, and health outcomes, not only in adolescence but across their lifetime (Simon et al., 2022). Additionally, a literature review highlighted the discrepancies between behavioral health service access and use of services when comparing Black and Hispanic adolescents to white adolescents; Black and Hispanic adolescents were less likely to report receiving specialty substance use treatment, preferred individual treatment, and experienced poor access to services for co-occurring mental health illness (Marotta et al., 2022).

A survey was conducted by Substance Abuse and Mental Health Services Administration (SAMHSA) on the prevalence of substance use and mental disorders in the San Francisco-Oakland-Fremont area; this survey revealed that 21.9% of youth aged 12 or older used illicit drugs in the past year, in comparison to the national rate of illicit drug use among youth (14.7%) (SAMHSA, 2012). Moreover, 26% of homeless San Francisco youth reported living with drug or alcohol abuse (San Francisco Department of Homelessness and Supportive Housing and Applied Survey Research, 2024).

### Early intervention substance use treatments for youth

According to the American Society of Addiction Medicine (ASAM), early intervention is defined as interventions for individuals that present a risk for developing substance use disorder (NASADAD, 2019). Marginalized communities, such as racial and ethnic minorities, LGBTQ youth, youth without housing, and youth that are neither in school or employed, face common risk factors, thus making them vulnerable to the development of substance use disorders and adverse health outcomes (NASADAD, 2019). While the knowledge base promoting the efficacy of early intervention strategies among marginalized youth is currently scant, some research on early interventions for adolescent substance use highlights the benefits, including reduced substance use and a small, but significant, improvement in behavioral outcomes (e.g., delinquency, violence, reckless behaviors, etc.) (Carney & Myers, 2012).

## **Literature Guiding this Evaluation Report (continued)**

### **Outpatient and Intensive Outpatient substance use treatments for youth**

Outpatient treatment services are the most common modality for substance use treatment (Mennis & Stahler, 2016). Outpatient interventions for substance use treatment provide integral services to adolescents, especially considering that many youth, similar to adults, do not view their substance use as problematic (Christie et al., 2018).

Intensive outpatient treatment services address substance use disorder through a treatment plan consisting of core services such as individual counseling, group therapy, psychoeducation, and case management (SAMHSA, 2021). Intensive outpatient treatment offers significant advantages in comparison to residential treatment, offering flexibility in the hours of treatment, minimal disruptions to daily schedules, well-established connections to community resources and supports, and the ability to practice recovery skills in real time (SAMHSA, 2021). According to the Substance Abuse and Mental Health Services Administration, intensive outpatient services are most effective as an element in a continuum of care and not a sole approach to recovery (SAMHSA, 2021).

While research on the efficacy of multi-tiered, evidence-based substance use interventions for youth is scant at this time, multi-tiered evidence-based substance use interventions for incarcerated adults in California have proven to be effective, decreasing the number of overdose deaths during the COVID-19 pandemic, a time when overdose death rates were increasing among correctional facilities (CCHCS, 2022).

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### Indigo Cultural Center

#### A Note About the Agency and People Conducting this Evaluation

Indigo Cultural Center (a predominantly BIPOC- staffed organization) is led by executive director Dr. Eva Marie Shivers, who identifies as a bi-racial African American, cisgender woman. The Institute of Child Development Research and Social Change at Indigo Cultural Center is an action-research firm that specializes in infant and early childhood research and evaluation conducted with an anti-racist lens. The Institute is led by director Dr. Jayley Janssen, who identifies as a white, cisgender woman. The evaluation of HCN's Kupona Programs was led by Ronae Matriano, a Filipina woman, and a small team that consisted of a Black multiracial woman, two Black bi-racial women, a Black woman, and a white woman.

Indigo Cultural Center's mission is to conduct rigorous policy-relevant research on mental health, education, and development by partnering with community agencies and public agencies that are dedicated to improving the lives of children, youth, and families in BIPOC communities. Since its inception, Indigo Cultural Center has employed the use of community-based participatory research in all our evaluations. What this means is that we use a collaborative model and working style that involves our clients – who we prefer to call 'partners' – in the planning, implementation, interpretation, and dissemination processes of evaluation. We recognize the strengths that our partners bring to each evaluation project, and we build on those assets by consulting with our partners initially and at key milestones throughout the project, integrating their input and knowledge into all aspects of the project, asking for feedback on a regular basis, and seeking consensus on key issues and outcomes.

#### Our Voice and Terminology used in this Report

Our evaluation team employs the use of feminist methodology and the use of first-person voice when writing reports (e.g., 'we', 'us'; Leggat-Cook, 2010; Mitchel, 2017). Throughout this report, we use the terms Black and African American interchangeably. We use LGBTQIA+ as an acronym for "lesbian, gay, bisexual, transgender, queer, intersex, and asexual" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community. We use queer to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. We use gender rather than sex as an inclusive term that acknowledges that gender is socially and contextually constructed and is a multidimensional facet of identity.

## **Homeless Children’s Network**

**HCN’s trusted provider status among historically marginalized communities in San Francisco is built on 33 years** of innovative, relationship-based, and culturally responsive approaches to program development, community outreach and engagement, service delivery, and evaluation. Our culturally responsive programs, citywide partnerships, and visionary leadership deliver services to 2,500+ community members annually at no cost to youth and their families. As a city leader in programming development and delivery, HCN is dedicated to advancing systemic equity and reaching the most underserved youth, families, and communities that remain overlooked and marginalized by many systems of support including mainstream philanthropic agencies. HCN offers programs and extensive services providing San Francisco’s historically marginalized youth, families, adults, and communities with the tools, resources, and support needed to navigate complex systems and overcome challenges through collaborative efforts.

Three decades ago, leaders from six shelters recognized a critical gap in services for San Francisco families experiencing homelessness. These organizations provided emergency shelter, domestic violence assistance, and transitional housing, but because of their structure, they could only serve families for a short time. This limited period of care created a cycle of attachment and loss—youth and families would build relationships with staff, only to be uprooted again. This instability made it hard for families to remain open to accessing support. In 1992, the community came together to break this cycle. They founded HCN to provide SF families in crisis with a lasting source of connection and care. Over the next three decades, in close collaboration and communication with our community members, community stakeholders, and community partners, HCN has evolved into an organization that directly addresses inclusion, community empowerment, and systemic equity.

**What began as a network of six shelters has now grown to a vibrant hub of an HCN Collaborative of 60+ service agencies and community-based organizations (CBOs)** serving the hardest-to-reach youth and families, including those with experiences of or at risk for homelessness and violence. Our robust Collaborative network includes childcare and education centers; San Francisco Unified School District (SFUSD) schools; primary care; LGBTQIA+ services; substance use treatment; transitional and permanent supportive housing; Family Resource Centers; domestic violence and family shelters; foster care, and others. HCN is positioned in every San Francisco neighborhood and has worked with SFUSD providing onsite and mobile case management and mental health and wellness services for students and their families since 1997. We provide Educationally Related Mental Health Services (ERMHS) via an MOU and currently have HCN therapists onsite in 30+ SFUSD schools.

### Homeless Children's Network (continued)

#### Homeless Children's Network's Programming and Approaches

HCN welcomes and affirms everyone, while engaging an Afri-centric lens to address the historical legacy of intergenerational racism, inequity, and trauma. This approach embraces all historically marginalized communities based on community-defined evidence based practices, which include: affirmation of cultural inclusion, trauma- and love-informed practices, self-acceptance and resilience focuses, identification of clients' unique strengths and normalization of their experiences, reframing of mental health stigma, acknowledgement of a range of spiritual practices, family and community member integration into services, collective grief processing, fear without judgment, and addressing resource and basic-need access barriers.

The heart of our Afri-centric approach lies in holding space for cultural rhythm and nuance while creating a sense of home—a safe, culturally grounded space where people can fully express themselves and be seen without judgment. All of HCN's programs and services provide SF's most marginalized children, families, providers, and communities with the tools, resources, and support needed to navigate complex systems and overcome challenges through collaborative efforts. The seven cardinal values of HCN's Ma'at model are our core values: 1) Balance, 2) Order, 3) Righteousness, 4) Harmony, 5) Justice, 6) Truth, and 7) Reciprocity. Our approach is unapologetically culturally affirming, soul-inspiring, and grounded in a shared commitment to holistic wellness.

Over the past several years, there has been a call to decolonize the field of mental health. One important way to achieve this is by expanding the construct of wellness to include a more explicit focus on community mental health in historically marginalized and underserved communities, including in Black and Brown communities. It is increasingly important that we avoid reinforcing mainstream narratives that pathologize our communities by failing to recognize the broader systemic forces affecting the well-being of those who have experienced historical and ongoing marginalization and oppression. Community-based programs designed to promote healing, wellness, and positive mental health do not simply unfold in isolation. Homeless Children's Network's vision embodies emergent work that always reflects the time and space in which it is happening. Indeed, African and Pan-African philosophy encourages the tenets of Ubuntu - "I am what I am because of who we all are" - and teaches us that, universally, "all things have an impact on each other, and this interconnectedness and interplay is universal" (Marumo & Chakale, 2018).

## **HCN's Kupona Program Description**

For years, San Francisco has experienced the harsh realities of substance use disorder and the associated impacts of high-need, yet lack of appropriate resources for community members. Opioid settlement funds for the City of San Francisco have presented an unprecedented opportunity for organizations like HCN to expand key programming that can offer solutions that broaden community perspectives of what "treatment" looks like.

Substance use disorders rarely occur in isolation; more commonly, these disorders exist within a complex interplay of other mental health problems, leading to co-occurring health needs. Working at the intersection of substance use, mental health, and spiritual well-being of youth, families, and communities, HCN's Kupona Substance Use Treatment Programs offer a multi-tiered integrated care model: one that is culturally responsive to the needs of the Black/African American, BIPOC, and other marginalized youth in San Francisco.

Planning for the Kupona programs began in 2024. HCN's CEO consulted with the community, listening to stories of recovery and the prevalent need for substance use services; Kupona encompasses three-tiered Afri-centric outpatient programs for Black/African American, BIPOC, and other marginalized San Francisco youth ages 12-18 who are at risk of developing a Substance Use Disorder (SUD). The program is part of Homeless Children's Network's (HCN) suite of integrated, culturally-responsive services designed to combat substance use among Black, BIPOC, housing insecure and at-risk youth under the age of 18 who are residents of San Francisco, and Medi-Cal beneficiaries. Youth at risk for SUD or currently living with SUD are introduced to holistic treatment planning via one of three entry points, dependent on the intensity of the treatment plan:

1. Level 0.5: Early Intervention - provision of early intervention services to youth who are at risk of developing substance use problems or disorder, but currently do not meet the criteria for a substance use disorder.
2. Level 1.0: Outpatient - youth who are actively utilizing substances and meet the criteria for SUD diagnosis, but who present with no acute intoxication and/or withdrawal potential.
3. Level 2.1: Intensive Outpatient - youth who are actively utilizing substances, meet criteria for SUD diagnosis, and present with withdrawal and/or intoxication potential. These youth need close monitoring and structured services.

## **HCN's Kupona Program Description (continued)**

### **Kupona Early Intervention (Level 0.5)**

Kupona's Early Intervention treatment employs community-based modes of outreach which contribute to upstream, preventative solutions to substance use and potential risk factors, ahead of the maturation of diagnosed substance use disorder. This program upholds a secondary prevention model, providing treatment to youth who are involved with substances or present a risk for involvement with substances. HCN engages youth in early intervention treatment services via multiple settings, including but not limited to: HCN office locations, schools, family visits, and community centers. HCN's integrated clinical model includes a wide array of modalities, including Assessment, Treatment Planning, Care Coordination, Collateral Support, Individual and Group Counseling, Family Therapy, Psychoeducation, and Crisis Intervention, among others. Clinicians share cultural and community identities with the target population, building rapport and trust with clients efficiently. Licensed clinicians that share cultural and community identities with the target population offer services rooted in evidence-based practices, such as Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma-Informed Treatment.

### **Kupona Outpatient (Level 1.0)**

Kupona's Outpatient treatment aligns mental health services with innovations such as medication-assisted substance use treatment, presenting a unique opportunity for partnership between medical supports and mental health supports. Youth who are actively utilizing substances and meet the criteria for SUD diagnosis, but who present with no acute intoxication and/or withdrawal potential meet the eligibility criteria for Outpatient treatment. Program services include monthly family/significant people meetings, quarterly collaborative care coordination meetings with child welfare, mental health, court, schools, primary care, and juvenile justice to meet multi-system treatment goals, and the clinically appropriate combination of the following modalities: Assessment; Treatment Planning; Care Coordination; Collateral Support; Individual and Group Counseling; Family Therapy; Medication Assisted Treatment for Opioid Use Disorder (OUD); Medication Assisted Treatment for Alcohol Use Disorder (AUD) and other non-opioid SUDs; Patient Education; Recovery Services; and Crisis Intervention.

### **Kupona Intensive Outpatient (Level 2.1)**

HCN's Kupona Intensive Outpatient treatment is similar to Kupona Outpatient treatment: both offer medication-assisted substance use treatment; however, Intensive Outpatient services offer youth a higher level of care.

## **HCN's Kupona Program Description (continued)**

Youth who are actively utilizing substances, meet criteria for SUD diagnosis, and present with withdrawal and/or intoxication potential are eligible for Intensive Outpatient treatment. Program services include monthly family/significant people meetings, quarterly collaborative care coordination meetings with child welfare, mental health, court, schools, primary care, and juvenile justice to meet multi-system treatment goals, and the clinically appropriate combination of the following modalities: Assessment; Treatment Planning; Care Coordination; Collateral Support; Individual and Group Counseling; Family Therapy; Medication Assisted Treatment for Opioid Use Disorder (OUD); Medication Assisted Treatment for Alcohol Use Disorder (AUD) and other non-opioid SUDs; Patient Education; Recovery Services; and Crisis Intervention. The key distinction between the services offered within Intensive Outpatient services is that treatment addresses 'downstream' substance use challenges, providing immediate clinical care to mitigate the effects of active substance use disorder.

### **Continuum of care: inter-agency and external community linkages**

Kupona is interwoven with all of HCN's Afri-centric programs and enhanced by collaborations with intersecting networks of community-based, Black-led movements, service providers, and public agencies and officials. Through a coordinated entry system, clients are seamlessly triaged according to their unique treatment needs and transition through different levels of care, with the ultimate goal of preventing relapse and strengthening protective factors within adolescents.

Through care coordination, youth may also receive referrals to intra-agency programs which promote holistic mental wellness and/or receive linkages to external social, mental, or physical resources. Together, this continuum of care integrates outreach and awareness, education and training, and peer-based and direct treatment programs to prevent SUD and save lives in San Francisco.

### **The Impact of Life and Community Shifts**

Within the work that HCN provides to the San Francisco community, lives are irrevocably changed as community members heal together. All of HCN's substance use programs uplift the voice: the voice of peers, the voice of community, the voice of youth. Whether healing occurs at the individual level or the healing level, the raw testimony created through HCN's work contributes to a physical, spiritual, and emotional bank of inspiration that supports the healing of additional community members.

### Gratitude

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