

COMMUNITY MENTAL HEALTH

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 Community Mental Health Program. 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, The Community Mental Health Program, and the literature guiding this report are available at the end of this report in the section, *Background and Context*.

Suggested Citation:

Shivers, E.M., Abidog, C., Matriano, R., Janssen, J. A., Byars, N., Parker, A. (2025). Community Mental Health at Homeless Children's Network: Evaluation Findings from July 2024 to June 2025. Prepared by Indigo Cultural Center for Homeless Children's Network. With funding from the San Francisco Department of Public Health.

TABLE OF CONTENTS

1. Purpose of this Report	2
1.1 Collaborative Process and Participants	3
2. Process Evaluation Findings	4
2.1 HCN’s Community Mental Health’s Theory of How Change Occurs	4
2.2 HCN’s Community Mental Health’s Logic Model	6
2.3 The Reach of HCN’s Community Mental Health Program	8
3. Feedback Evaluation Findings	12
3.1 HCN’s Community Mental Health Fosters Healing, Empowerment and Wellbeing	14
4. Implications	18
5. Conclusion	20
6. Appendix A	21
7. Background and Context Supplementary Materials:	
Literature Guiding this Evaluation Report	23
Background about the Evaluator, Indigo Cultural Center	24
Background about Homeless Children’s Network	25
Amani Mental Health Program Description	27
Gratitude and Acknowledgements	30



Introduction

PURPOSE OF THIS REPORT

The purpose of this report is to share the findings of our program evaluation and process of developing a Theory of Change and Logic Model for the Community Mental Health (CMH) program at Homeless Children’s Network (HCN). Through a critical partnership with the San Francisco Department of Public Health, HCN has implemented the Community Mental Health Program with the goal of deepening mental health support for children aged 0-18, families, and adults in the Bayview-Hunters Point, Western Addition, Tenderloin, South of Market, Fillmore, and Castro neighborhoods in San Francisco.

HCN’s Community Mental Health program spans three service categories:

1. Afri-centric Whole Person/Communal Wellness
2. Mental Health, including those who identify as LGBTQ+
3. Afri-centric Early Childhood Mental Health

The CMH program offers individual, group, and community support to individuals of all ages, workshops, coaching, training through a consultative model for early childhood educators, and participation in city-wide collaborations. Through partnerships, CMH has helped strengthen referral

The Community Mental Health Program’s Contracted Performance Objectives for the 2024-2025 Fiscal Year

HCN’s Community Mental Health Program exceeded its goals of providing mental health services, offering provider training, hosting citywide gatherings, and building connections with Black-led/serving organizations.

Objective	Actual	Status
Deliver mental health services to 30 individuals	386 individuals	Objective Exceeded
Deliver mental health services to 40 individuals and/or families (including those who identify as LGBTQ+)	694 individuals and families	Objective Exceeded
Serve 5 Early Childhood Providers	116 Early Childhood Providers	Objective Exceeded
Provide 2 early childhood trainings	7 trainings	Objective Exceeded
Develop 120 contacts with community stakeholders	2129 contacts	Objective Exceeded
Host 5 citywide gatherings were hosted	5 citywide gatherings	Objective Exceeded
Attend 12 meetings with Black-led/serving organizations and community members	123 meetings	Objective Exceeded
Meet with 4 organizations on behalf of 200 Black LGBTQ+ community members	Met with 9 organizations	Objective Exceeded
Outreach to 5 organizations on behalf of the Black LGBTQ+ community	21 organizations	Objective Exceeded

More information about the program’s achievement of contracted performance metrics is available in the tables on pages 9-10.

networks and promoted shared learning across agencies. HCN staff also lead and participate in community dialogues that elevate the voices and needs of community members and their children, emphasizing the importance of culturally grounded early interventions.

COLLABORATIVE PROCESS AND PARTICIPANTS

Together, with HCN, Indigo Cultural Center evaluated the impact of the Community Mental Health (CMH) program this year. Additionally, together, we engaged in a Process Evaluation to co-develop a Theory of Change and Logic Model detailing *how* HCN envisions the CMH program to impact the community and the conditions necessary to do so.

In line with a Community-Based Participatory Research (CBPR) rooted in racial equity, HCN's staff, including the CMH team, collaborated with the Indigo Cultural Center team on evaluation design, survey implementation, data collection, and interpretation of findings. **The current evaluation focused on the following goals in the 2024-2025 fiscal year:**

1. To detail a CMH theory of change for how and why change and transformation is expected for program participants.
2. To create a CMH logic model that describes the developed initiative including relationships between inputs and resources, activities, and outcomes.
3. To understand the experience and impact of the CMH program on participants.

To develop the theory of change and logic model, a combination of listening sessions involving guided activities were implemented by the Indigo Cultural Center team. Listening sessions were scheduled regularly between February and June 2025 with the CMH team and HCN leadership to examine and understand the organization of the program, implementation, and intended impact.

For the feedback evaluation, Indigo Cultural Center collaborated with HCN's CMH team to develop and implement a series of surveys for all three CMH components (Afri-centric Whole Person/Communal Mental Health and Wellness, Mental Health, Afri-centric Early Childhood Mental Health Support) and were distributed to participants and other relevant individuals (e.g., support staff at community sites). For this feedback evaluation, we employed one of two approaches to help us explore the impact of each component of the CMH program. We either: 1) surveyed participants in CMH programs; or 2) surveyed the support staff at partnered schools and organizations. We felt this flexible approach was necessary to respect the sensitive nature of certain topics discussed (e.g. navigating grief) and challenges with surveying certain age groups (e.g., young children).



HCN staff, including CMH staff, presenting to Delivering Innovation in Supportive Housing (DISH).

Process Evaluation Findings

HCN'S COMMUNITY MENTAL HEALTH'S THEORY OF HOW CHANGE OCCURS

A theory of change is a comprehensive roadmap that explains how and why a program is expected to lead to change for the populations served. A strong theory of change helps to identify the specific mechanisms through which the CMH program is expecting to create change by clarifying the 'why' alongside the 'how'.

We present the most current draft of HCN's Community Mental Health theory of change on the next page. As it is conceived to be a 'living document', it is likely to be updated periodically as HCN's understanding of what is most beneficial and important in their CMH work continues to evolve and be responsive to the emergent needs of the community in San Francisco – especially for those most marginalized, particularly for BIPOC and Black individuals.

HCN's Community Mental Health Theory of Change

To foster healing, empowerment, and well-being for the most marginalized, particularly for BIPOC and Black individuals living in San Francisco. HCN's Community Mental Health (CMH) addresses systemic disparities through an Afri-centric mental health model, including sacred conversations, LGBTQ+ support, and early childhood educator consultations. Partnering with community leaders, CMH creates safe spaces and drives lasting, community-led change.

HCN's CMH is **grounded in the belief that** there is a need to provide trauma-informed, culturally grounded community mental health care that centers the most vulnerable community members' needs through the application of Afri-centric principles, community-based services, and client-led healing.

HCN's CMH programming **transforms** maladaptive coping, mistrust, stigma, and internalized shame toward mental health care into a culture of confidence and affirmation **in** marginalized communities, including Black, BIPOC, LGBTQ+ individuals, elders, children, and families, especially those with compounded histories of trauma, **when...**

1. Care is Community-Centered and Collaborative...	2. Practices are culturally affirming, Afri-centric, and inclusive...	3. Approaches to health are anti-oppressive and equitable...	4. Therapeutic services are flexible and accessible...
<ul style="list-style-type: none">Emphasizes community settings for service delivery (schools, homes, faith centers, shelters, etc.)Places value on partnerships and collaboration with other organizationsDesires to share resources and knowledge across a network of providersFocuses on sustaining community-centered emergent needs	<ul style="list-style-type: none">Centering Afri-centric values, ancestral wisdom, and collective healing; thereby restoring power to community through collective accountability and agency.Emphasizes cultivating and nurturing a strong clinician workforce that shares similar identities, language, and lived experiences as the community (e.g., clinicians with intersectional identities such as LGBTQ and Black)Offers trauma-informed and culturally validating programs.	<ul style="list-style-type: none">Create an alternative perspective of mental health that focuses less on pathology and more on human connection and strength-based, culturally-bound ways of healing.Is aware of harm caused by stigma that many communities hold toward mental health and how experiences of cultural invalidation can contribute to ongoing avoidance of mental health services,Focuses on health equity for ALL and accessibility through flexible, diverse offerings	<ul style="list-style-type: none">Programming is offered in various modalities (individual, group, drop-in)Spaces allow people to be authentic and openProgramming consistently responds to the entire community's emergent needs

When these conditions are in place, HCN's Community Mental Health programming not only reduces stigma, restores trust and belonging, promotes engagement, cultivates meaningful relationships, and ultimately **promotes systemic and intergenerational healing by building community capacities**.

HCN'S COMMUNITY MENTAL HEALTH'S LOGIC MODEL

A logic model is a structured, visual framework that shows the logical flow of a program. Logic models consistently include components of the program inputs, activities, outcomes, and any factors that may exacerbate or limit change (often referred to as mediators or moderators). A strong logic model serves to clarify and outline how program and staff inputs – including activities and the modalities for delivering services can lead to desired short- and long-term outcomes. Our intention for this newly drafted CMH logic model is that it provides a visual

and linear expression of CMH's program structure. Our goal in co-creating this logic model with HCN's CMH team and HCN leadership was to visually provide a clear depiction of how CMH works by showing the logical connections between different elements. Similar to the theory of change, our hope is that this logic model will be useful as HCN continues to engage in program planning, implementation, and evaluation by providing a framework for understanding how CMH is intended to achieve its goals and for tracking progress both formally and informally. Each of the main elements in HCN's CMH logic model are presented below. Please see **Appendix A** for the complete layout of the logic model.



*What are the CMH **program inputs**? (i.e., staff characteristics, organizational investments, applied frameworks, community orientation)*

Inputs

Staff (clinician, community liaison, therapists, program manager, program director)

- Expertise in Afri-centric, holistic, trauma-informed approaches
- Critical Consciousness
- Understanding of historical and systemic dynamics that contribute to determinants of health
- Lived experience with community(ies) served
- Identity(ies) reflective of communities served

Ongoing HCN Workforce Supports

- Reflective practice (biases, interconnectedness of oppression)
- Clinical trainings
- Strategies in place to address burnout and retention
- Afri-centric organizational culture

CMH Community Context

- Partnership/multiple stakeholders
- Hub and spoke model- Established web/network of community partnerships and resources
- Helping communities in transition with heightened oversight, stressors, and conversation - help engage and ground conversations
- Full transparency with community and stakeholders



What are the CMH **program activities**? (i.e., what the program does; how they do it; populations served)

Program Activities

Approach

- Develop programming that is understanding and responsive to the community’s emergent needs
- Flexibility in modality
- Responsive, spontaneous contact during all activities
- Programming delivered in natural, community settings (shelters, schools, community gatherings)
- Critically conscious (including Afri-centric) curriculum

Activities

- Therapy
 - Individual therapy
 - Group therapy
 - Drop-in therapy
- Trainings
- Community Education/Awareness
- Resources and referrals
- Community outreach and relationship building
- Phone, in-person, impromptu connections
- Responsive, spontaneous contact and connections

Topics

- Identity affirmation
- Expansive mental health approaches
- Skills and capacity building
- Navigating trauma
- Adolescent transition to adulthood
- Transition in the City, heightened oversight, neighborhood approaches to well-being, intersectionality

Service Categories

- *Afri-Centric Whole Person/Communal Wellness*
 - Supports marginalized communities including unhoused, Black, and BIPOC communities
- *Mental Health, including for those who identify as LGBTQ*
 - 12-18 years old
 - Adults
 - Community members
- *Afri-centric Early Childhood Mental Health Support*
 - Children and their caregivers
 - Clinicians who serve 0-5





*What are the CMH **program outcomes**? (i.e., short- and long-term outcomes at the individual and community levels)*

Outcomes

Immediate/Short Term Outcomes:

- Reduced stigma related to seeking and engaging in mental health support
- Increased trust in mental health services
- Increased belonging
- Increased feeling of empowerment/self-advocacy
- Decreased stress/elevated mood/optimism
- Increased engagement in mental health services
- Improved relationships for children, caregivers, and educators
- Increased cultural pride
- Increased positive identity
- Increased trust in their advocate
- Increased support staff and clinicians' motivation to engage in liberatory practice
- Increased capacities and knowledge to engage with diverse populations
- Increased critical consciousness
- Increased community connection: engagement, feeling their voice matters, capacity to navigate challenges

Long Term Outcomes:

- San Francisco community empowerment and resilience (esp. for those most marginalized, particularly for BIPOC and Black individuals)
- Strengthened community engagement which centralizes coalition building
- Systemic and generational healing from the long-term and intergenerational effects of trauma
- Support staff and clinicians' engage in wider array of activities to support diverse populations
- Increased community of therapists/healers/support staff that engage in liberatory healing practices
- Increased trust in systems of care
- Increased desire/demand for CMH programming/similar programming

THE REACH OF HCN'S COMMUNITY MENTAL HEALTH PROGRAM

This year, HCN's Community Mental Health program sought to expand on their deliverables from the 2023-2024 fiscal year (see [previous year's report](#) for more

details). The tables displayed below demonstrate that the CMH Program significantly exceeded their performance objectives for the 2024 - 2025 fiscal year. The CMH Program achieved these service goals through a number of modalities such as: the provision of individual and/or

group support, healing circles, individual and community wellness services, case management services, trainings, town halls, workshops, written learning materials, and community events.

We have organized this year's objectives into goals revolving around direct services delivered to both clients and professional providers as well as goals for community partnership building.

Direct Mental Health Services

Outlined below, the CMH Program sought to provide direct mental health services to historically underserved communities and professional development opportunities to early childhood providers serving those communities.



HCN's Community Mental Health and Ma'at team with their vision boards.

FY 24-25 CMH Direct Services Performance Measures		
Objective	Delivered Services	% to Goal
Provide mental health services to 30 Black/African American individuals or families	386 individuals	1287%
Provide mental health services to 40 individuals and/or families	694	1735%
At least 5 early childhood providers will be served throughout the year	116 Black early childhood providers	2320%
At least 2 trainings will be provided annually	7 trainings	350%

Community Connections and Advocacy

HCN’s CMH Program established specific service goals to engage in outreach to Black-serving San Francisco agencies and providers to design early childhood mental health support for families from an Afri-centric approach.

FY 24-25 CMH Community Partnership Performance Measures		
Outcome Objective	Delivered Services	% to Goal
120 contacts (e.g., email, phone calls, conversations, and meetings) with community stakeholders	2,129 contacts	1,774%
Conduct at least 1 citywide gathering to celebrate, promote, and advocate for community wellness	5 events	500%
Attend at least 12 meetings and/or gatherings designed to enhance Black community mental health and wellness	123 meetings	1,025%
Meet with at least 4 organizations on behalf of 200 Black LGBTQ+ community members	9 organizations	225%
Outreach to at least 5 Black-led and Black serving San Francisco agencies and providers	21 agencies	420%



Community partnerships and the CMH team’s engagement in City-wide events were integral to the CMH program’s reach for this fiscal year. The program team participated in City-wide events such as Soul of Pride’s San Francisco Black Pride event, uplifting the LGBTQ+ community of the African Diaspora in the Bay. Additionally, the team engaged in community conversations with school social workers, personnel, parents, therapists, and local organizations to explore collaboration and share information about community mental health.



HCN staff and community volunteers wrapping gifts for HCN's annual Toy Drive.

In terms of advocacy, the CMH program team participated in City-wide and community meetings and town hall meetings, advocating for increased funding opportunities. Other city-wide meetings included MegaBlack, Bayard Rustin Coalition, the Transdistrict Pride Subcommittee, HRC LGBTQ+ advisory committee, and meetings to plan for Soul of Pride's annual SF Pride event. For additional details on the events and activities the CMH Program engaged in see pages 27-29 of this report.

The CMH Program achieved and exceeded expectations in meeting their performance objectives in all categories. By outperforming all of these goals, the CMH team ensures that the existing HCN hub and spoke network can continue to grow and serve the San Francisco community at large.

Feedback Evaluation Findings

The CMH program serves the community in multiple ways through a variety of events and modalities, which can include single occurrences or recurring meetings over the course of multiple weeks. For this evaluation, the following events or event-series took place throughout FY 24-25, and **feedback surveys** were distributed to participants and other relevant individuals (e.g., support staff or caregivers). The descriptions in the following section outline each event/event-series and summarizes the demographics for the respondents for each survey collected within the CMH Program this fiscal year.

Service Category: Mental Health, Including for Those Who Identify as LGBTQ+

High School Group Therapy - This event series serves high school students who identify as LGBTQIA+ but may not openly identify to their families. To protect the sensitivity of this group, surveys were distributed to support staff at the high school where this event series was held. Surveys were also delivered to parents of participants who gave us their consent and who are open about their LGBTQIA+ identity with their caregivers.

Support Staff. A total of seven (7) responses were collected from high school support staff who work closely with the participating group therapy students. Of the respondents, four identified as female, two identified as non-binary, and one declined to answer. Two respondents identified as Asian (including South Asian), one identified as Hispanic/Latine, one identified as two different races, and three identified as white. Respondents were asked to identify the role they held within the school and three identified as school administrators, two identified as school social workers, and two identified as other school staff. School staff was also asked how long they had served at the school; three respondents reported working at the school for 1-2 years, two respondents reported 3-5 years, one respondent reported 6-10 years, and one respondent reported having worked at the school for more than 10 years.

Caregivers. Two caregivers were surveyed. Both caregivers identified as mothers to two participating high school students. One mother identified as Black/African American and one mother identified as two different races. One mother reported that their child had been working with CMH for five years, while the other mother reported that their child had been working with CMH for over two years. No additional demographic information was collected.

Service Category: Afri-Centric Whole Person/Communal Mental Health and Wellness

Grief Support Group - In order to respect the sensitive nature of the content of this group, a feedback survey was given to support staff at the organization where this event series was held. The two respondents to this survey included staff who work at the organization which provides housing for individuals who were formerly unhoused. These staff members have regular interactions with the residents who participate in CMH's Grief Group programming. No demographic information was collected for these respondents.

Men's Empowerment Group - For this event series, we drew on a survey distributed directly to the young men participating in the group. A total of eight (8) participants responded to the survey. Their ages ranged from 15 to 17 years old and assent was collected for all participants. All participants identified as Black/African American. Of the participating high school students, one identified as a freshman, four identified as sophomores, two identified as juniors, and one identified as a senior.

Service Category: Early Childhood Mental Health Support

Play Training - This was a single event held for educators of children between the ages of zero and five (including parents, teachers, and para professionals). A total of five participants responded to the survey and all identified as parents/caregivers. Of the participants, two identified as Asian (including South Asian), one identified as Hispanic/Latine, and two identified as two different races. No other demographic information was collected.

All survey responses across the events were combined to explore the overall experience and impact of engaging in CMH programming from a participant and support staff perspective. The aligned integration of Afri-centric principles and core values opened up an opportunity for the evaluation team to explore relevant themes across survey data from each of the three CMH components, and explore participants' experiences and perceptions of impact that are representative of the overall experience of engaging in the CMH program.

HCN'S COMMUNITY MENTAL HEALTH FOSTERS HEALING, EMPOWERMENT, AND WELL-BEING

A primary goal of the CMH Program is to foster healing, empowerment, and well-being in San Francisco's historically marginalized communities. Survey responses across the three focus areas of the CMH Program were analyzed to explore the overall experience and impact of engaging in CMH programming from participant and site staff perspectives. We found several overarching themes – **self-efficacy, community belonging, and community empowerment** – which emerged from the findings and exemplify the successful impact the CMH Program has had within the community. The sections below provide a fuller description of each theme along with supporting quotes from respondents to illustrate the theme further.

Theme 1: Self-Efficacy

One theme that was evident across all three components of the CMH Program was the building of self-efficacy. Self-efficacy describes the belief in the ability to succeed which includes any skills required for a task as well as the confidence to apply those skills. Many

participants shared about the growth of their own confidence through their CMH experiences.

"I think the lesson we learned is [...] how to voice ourselves in a multitude of ways. We would voice our thoughts better after seeing [the CMH staff] actively listen and provide feedback."

- Men's Empowerment Group Participant

“

Knowledge is power. So much of parenting, caregiving, and child development is foreign. [The CMH] programming has been so pivotal in understanding and interacting with my baby.

- Play Training Parent Participant

”



Theme 2: Community Belonging

Another theme found across all three components of the CMH Program was a sense of community belonging. Both direct participants and support staff shared their perceptions about expanding their sense of community driven by the destigmatization of identities and the built relationships grounded in trust.

"[The CMH staff] provided a lens and a different perspective when it comes to engaging with students, especially of the Black and LGBTQ+ community. Considering the school site has a really small number of Black students, [the CMH staff] advice has led to [school centers being] more inviting and a safe space for that community. In addition, [CMH] has provided additional resources to us that we don't initially think of which allows for more accessibility [for our students]."

- High School Group Therapy Support Staff

"I've noticed some of my students feel like they belong at our school more. Other students are better equipped with tools to overcome challenging moments while on campus."

- High School Group Therapy Support Staff

Direct participants also spoke of experiencing this inclusivity themselves and one young man even acknowledged the need for the space the CMH Program creates for himself and his peers.

"The team was so inclusive and informative. The guests were all so enthusiastic and came from a wide array of backgrounds and understanding of young children."

- Play Training Parent Participant

"I think it's important for other young men to have a space they feel comfortable in."

- Men's Empowerment Group Participant

The CMH Program cultivates a sense of community and belonging by ensuring the services they provide are welcoming, identity-affirming, and culturally validating. For the Men's Empowerment Group and the High School Group Therapy, these safe spaces are created within the school setting themselves. The CMH Program and team are intentional about delivering services within the existing community settings to ensure accessibility for their clients. This also offers quick access to clients' support networks, helping the CMH team collaborate and share resources more effectively. Such accessibility strengthens the existing relationships in participants' daily lives.

Theme 3: Community Empowerment

The final theme that emerged from this year's evaluation across the three CMH components is community empowerment. Community empowerment takes shape in equipping not just participants with tools for success, but in bolstering their systems of support as well. We found that many direct participants were able to speak to how the CMH Program has influence reaching beyond the event spaces.

*"I think [the CMH Program] is important because sometimes we can get caught up in what we already know but workshops like this allow for more perspective which in turn **allows for greater connections and healing in our communities.**"*

- Play Training Parent Participant

When asked how they would describe the impact of participating in the Men's Empowerment Group, one young man described his impression of the impact as,

“

I think of a push on the bike that we are metaphorically riding. This push is bringing me to believe in the confidence others have in the men's group.

- Men's Empowerment Group Participant

”



Interactive reading circle in partnership with Charles Drew Elementary School and local children's book author, Krystaelynne Sanders Diggs.

Another high school student shared that he believed it was important for the CMH Men's Empowerment Group to continue because it is *"empowering to society and to my community."*



Surveying the support staff and caregivers of direct participants provided rich testimony to the ripple effect of the work accomplished by the CMH team this program year. Even when services are not directly delivered, community members were able to name how the CMH Program had an impact on themselves, further empowering the network of support and strengthening community capacities.

"[The CMH Program's] impact assists us parents with a better approach with handling challenging situations while valuing our kid's best interests."

- Caregiver of a High School Group Therapy Participant

“

I think that this partnership is so impactful not only in the power of integrating [community-based organizations] into our schools but this specific program that is really focusing on supports for LGBTQ+ students in an increasingly hostile climate.

- High School Group Therapy Support Staff

”

"[I've changed] the way I speak with students, the type of resources I provide students and the way I communicate with families."

- High School Group Therapy Support Staff

Theme 4: CMH Staff Appreciation

Direct participants and support staff also shared their appreciation for the CMH Program staff. The most lauded traits held by staff were their **honesty, patience, professionalism and pragmatism**. Open-ended survey responses also praised the CMH staff's skills in **maintaining connections** with students and their abilities to **build rapport** with the community members they serve.

"[The CMH staff member] is very patient, [and he] knows how to communicate. [He's] very honest he knows how to speak in situations when he sees people aren't feeling the best."

- Men's Empowerment Group Participant

"She is honest, has a strong social justice lens and puts students and their experiences first."

- High School Group Therapy Support Staff

The CMH staff go above and beyond to support the communities they serve beyond the individuals they work with in their events.

“*“[The CMH staff member] has been open to supporting individual students, and stepped up to offer a group space [...] when our other facilitators were no longer able to hold the space.”*

- High School Group Therapy Support Staff

”

The combination of these skills alongside the staff’s willingness and ability to cultivate these relationships and conversations within the community illustrates the CMH Program’s commitment to human connection and collective healing. By cultivating a culture of confidence and meeting folks where they are – physically and emotionally – the CMH Program succeeds in improving the well-being of some of the most marginalized communities living in San Francisco.

Implications



HCN’s Community Mental Health Program utilizes a transformative and Afri-centric model to mental health that prioritizes holistic healing and wellness. Findings from this study emphasize the critical importance of intersectional affinity and identity-based matching within the mental health services the CMH program provides. By recognizing the spectrum of lived experiences within marginalized communities—including the Black community – HCN’s CMH Program cultivates healing, belonging, and community. Based on the findings from this study, there are a number of implications for community mental health practice, evaluation research, and the San Francisco community.

First, HCN’s CMH Program emphasizes the importance of providing nimble and flexible services, and demonstrates the value of responding to the community’s needs in real time. HCN’s Community Mental Health model was critical in bringing community mental health services into schools, shelters, and other organizations that serve marginalized communities in San Francisco.

Moreover, HCN provides resources, training, consultation and advice, healing circles, workshops, presentations, and individual case management and therapy services. The flexibility of this model allows the organization to plan expansively to meet the needs of specific populations, while also being responsive to emerging needs throughout the year. Organizations seeking to develop community mental health programming should consider the type of services and approach necessary to successfully engage community members in activities meaningful for wellness and healing.

Second, the significant impact of the CMH Program can be understood through the drafted CMH theory of change and logic model. Namely, they provide a visual and linear expression of the program's structure that speaks to the ways the program has been making community impacts over the past two years, outlining connections between resources, activities, and expected results. Our hope is that the theory of change and logic model will be useful as HCN continues to engage in program planning, implementation, and evaluation by providing a framework for understanding how CMH is intended to achieve its goals and for tracking progress both formally and informally. Moreover, as HCN and CMH continue to establish new partnerships with community organizations and funders, CMH's theory of change and logic model can be used as a tool to align on vision,

purpose, and scope, providing continued clarity on program design and program essence.

Finally, HCN's CMH Program and team have a long history of being intentional about delivering services within the existing community settings to ensure accessibility for their clients. Surveying the support staff and caregivers of direct participants provided rich testimony to the 'ripple effect' of the work accomplished by the CMH team this program year. Even when services are not directly delivered, community members were able to identify how the CMH Program had an impact on themselves, further empowering the network of support and strengthening community capacities. These findings emphasize the importance of integrating a systems approach which seeks to develop capacities of *all* who engage with the target populations organizations seek to serve. The CMH program acknowledges that change must occur within communities, rather than only through individuals.



Conclusion

HCN's Community Mental Health program is a shining example of how healing can move beyond treating only individualized pathology. The various components of HCN's CMH program balance targeted individualized support while addressing the larger community and systemic issues. Through this model, HCN is shifting how mental health professionals view community mental health and are undertaking expansive approaches to general community mental health to make the work more transformative. This includes embodying a holistic approach to well-being, where mental health and Afri-centric principles are woven together and exhibited in the ways of being with community. CMH's work at HCN is the embodiment of ubuntu – "I am, because we are."

“



We are an under-served community and the world is becoming a cruel place. This program is a breath of fresh air to unsure and scared children who want to be seen and heard.

- Caregiver of a High School Group Therapy Participant

”

Appendix A Community Mental Health Logic Model

Inputs	Activities	Mediators and Moderators	Outcomes
<p>Staff (clinicians, program manager, program director)</p> <ul style="list-style-type: none"> • Expertise in Afri-centric, holistic, trauma-informed approaches • Critical Consciousness • Understanding of historical and systemic dynamics that contribute to determinants of health • Lived experience with community(ies) served • Identity(ies) reflective of communities served <p>Ongoing HCN Workforce Supports</p> <ul style="list-style-type: none"> • Reflective practice (biases, interconnectedness of oppression) • Clinical trainings • Strategies in place to address burnout and retention • Afri-centric organizational culture <p>CMH Community Context</p> <ul style="list-style-type: none"> • Partnership/multiple stakeholders • Hub and spoke model- Established web/network of community partnerships and resources • Helping communities in transition with heightened oversight, stressors, and conversation - help engage and ground conversations • Full transparency with community and stakeholders. 	<p>Approach</p> <ul style="list-style-type: none"> • Develop programming that is understanding and responsive to the community's emergent needs • Flexibility in modality • Responsive, spontaneous contact during all activities • Programming delivered in natural, community settings (shelters, schools, community gatherings) • Critically conscious (including Afri-centric) curriculum <p>Activities</p> <ul style="list-style-type: none"> • Therapy <ul style="list-style-type: none"> • Individual therapy; Group therapy; Drop-in therapy • Trainings • Community Education/Awareness • Resources and referrals • Community outreach and relationship building • Phone, in-person, impromptu connections • Responsive, spontaneous contact and connections <p>Topics</p> <ul style="list-style-type: none"> • Identity affirmation • Expansive mental health approaches • Skills and capacity building • Navigating trauma • Adolescent transition to adulthood • Transition in the city, heightened oversight, neighborhood approaches to well-being, intersectionality <p>Service Categories</p> <ul style="list-style-type: none"> • Afri-Centric Whole Person/Communal Wellness <ul style="list-style-type: none"> • Supports marginalized communities including unhoused, Black, and BIPOC communities • Mental Health, including those who identify as LGBTQ <ul style="list-style-type: none"> • 12-18 years old and adults • Community members • <i>Afri-Centric Early Childhood Mental Health Support</i> <ul style="list-style-type: none"> • Children and their caregivers • Clinicians who serve 0-5 	<p>Moderators:</p> <ul style="list-style-type: none"> • Relationship/alliance between clinician and client(s) • Clinician congruence with client • Intersectional identities • Establishment of safe space that is culturally affirming and trauma-informed • Internalized racial beliefs <p>Mediators:</p> <ul style="list-style-type: none"> • Determinants of health (housing, poverty, carceral experiences, education, experiences with SUD, etc.) • Mental health • Accessibility need • Relationship with caregiver • School availability /scheduling • Provider capacities (can make it difficult to be part of treatment/planning) 	<p>Immediate/Short Term:</p> <ul style="list-style-type: none"> • Reduced stigma related to seeking and engaging in mental health support • Increased trust in mental health services • Increased belonging • Increased feeling of empowerment/self-advocacy • Decreased stress/elevated mood/optimism • Increased engagement in mental health services • Improved relationships for children, caregivers, and educators • Increased cultural pride • Increased positive identity • Increased trust in their advocate • Increased support staff and clinicians' motivation to engage in liberatory practice • Increased capacities and knowledge to engage with diverse populations • Increased critical consciousness • Increased community connection: engagement, feeling their voice matters, capacity to navigate challenges <p>Long term:</p> <ul style="list-style-type: none"> • San Francisco community empowerment and resilience (esp. for those most marginalized, particularly for BIPOC and Black individuals) • Strengthened community engagement which centralizes coalition building • Systemic and generational healing from the long-term and intergenerational effects of trauma • Support staff and clinicians' engage in wider array of activities to support diverse populations • Increased community of therapists/healers/support staff that engage in liberatory healing practices • Increased trust in systems of care • Increased desire/demand for CMH programming/ similar programming



Background and Context Supplementary Materials

Literature Guiding this Evaluation Report

Western mental health practices often gloss over the potential for harm to marginalized clients as a result of tools of oppression such as racism, stereotyping, and implicit bias, all of which devalue beliefs and values that do not fit into Westernized conceptions of knowledge and healing (Lewis et al., 2018). Community-based mental health care represents the deinstitutionalization of Western mental health services, improving accessibility, health equity, social justice and patient safety in some cases (Pottie & Magwood, 2019). Interventions within the community-based mental health care category often involve multi-sector partnerships, keep community members at the center of the intervention, and/or offer services in community settings (Castillo et al., 2019). Additionally, community mental health interventions have the potential to effect change not only at the individual level, but also at the interpersonal level (e.g., involving parents, families), and at the organizational/institutional level (e.g., capacity building) (Castillo et al., 2019).

Community-based mental health interventions that incorporate empowerment theory, a multidisciplinary concept that shifts away from fixing “deficits” and moves towards supporting capacity-building to ensure that individuals, organizations, and communities have the tools to effect change and participate in wellness, are well-positioned to not only improve the health and well-being of marginalized populations, but also promote social justice and address health inequities (Zimmerman & Eisman, 2017). This approach encourages individuals and communities to have control over their individual and community narratives (Zimmerman & Eisman, 2017). Research demonstrates that engaging marginalized populations as equal partners in health promotion interventions positively contributes to perceptions of empowerment (Röger-Offergeld et al., 2023).

Key References

1. Castillo, E. G., Ijadi-Maghsoodi, R., Shadravan, S., Moore, E., Mensah, M. O., Docherty, M., Aguilera Nunez, M. G., Barcelo, N., Goodsmith, N., Halpin, L. E., Morton, I., Mango, J., Montero, A. E., Rahmanian Koushkaki, S., Bromley, E., Chung, B., Jones, F., Gabrielian, S., Gelberg, L., ... Wells, K. B. (2019). Community interventions to promote mental health and social equity. *Current Psychiatry Reports*, 21(5), 35. <https://doi.org/10.1007/s11920-019-1017-0>
2. Lewis, M. E., Hartwell, E. E., & Myhra, L. L. (2018). Decolonizing mental health services for Indigenous clients: A training program for mental health professionals. *American Journal of Community Psychology*, 62(3–4), 330–339. <https://doi.org/10.1002/ajcp.12288>
3. Pottie, K., & Magwood, O. (n.d.). Community-based mental healthcare for marginalized or excluded populations. *HealthcarePapers*. <https://pubmed.ncbi.nlm.nih.gov/31596701/>
4. Röger-Offergeld, U., Kurfer, E., & Brandl-Bredenbeck, H. P. (2023). Empowerment through participation in community-based participatory research: Effects of a physical activity promotion project among socially disadvantaged women. *Frontiers in Public Health*, 11, 1205808. <https://doi.org/10.3389/fpubh.2023.1205808>
5. Zimmerman, M. A., & Eisman, A. B. (2017). Empowering interventions: Strategies for addressing health inequities across levels of analysis. In M. A. Bond, I. Serrano-García, C. B. Keys, & M. Shinn (Eds.), *APA handbook of community psychology: Methods for community research and action for diverse groups and issues* (pp. 173–191). American Psychological Association. <https://doi.org/10.1037/14954-011>

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 Ma'at Youth Leadership Program was led by Dr. Jayley Janssen and a small team that consisted of a Filipina woman, 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

Homeless Children's Network History

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 20+ 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 judgement, 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 Community Mental Health Program

In 2021, HCN launched the Community Mental Health Program with the goal of deepening mental health support for some of San Francisco's most historically underserved populations including community members of all ages, LGBTQ+ individuals, and early childhood providers and caregivers of children 0-5 in the following neighborhoods: Bayview-Hunters Point, Western Addition, Tenderloin, South of Market, Fillmore, and Castro. As a trusted, culturally-grounded mental health service provider to historically marginalized communities for 33+ years, HCN was uniquely positioned to branch out to provide more community engagement and support with this program.

HCN launched our DKI Community Mental Health Program to build on our community-based Ma'at model, delivering additional community outreach and more non-clinical mental health support and wellness services to community members of all ages, regardless of their insurance status and Medi-Cal eligibility, and at no cost to participants. HCN was able to expand the scope of Ma'at to address urgent community needs not supported through a more targeted clinical health model with eligibility requirements.

This program offered general mental health services, LGBTQIA+ affirming services and advocacy, and early childhood mental health support services to individuals, youth, families, and providers. Our staff addressed the impacts of systemic racism, community violence, and historical trauma—fostering new spaces in which clients feel genuinely heard, supported, and empowered. Now a cornerstone of HCN's Community Afri-centric Mental Health & Wellness programming, it provides culturally-affirming, trauma-informed, whole-person mental health services rooted in community and cultural identity.

HCN's Community Mental Health program has three main interconnected Afri-centric components to reach underserved and historically marginalized communities in San Francisco, including Black/African American individuals and people who identify as LGBTQIA+:

- 1) Afri-centric Whole Person/Communal Wellness
- 2) Mental Health, including for those who identify as LGBTQIA+
- 3) Afri-centric Early Childhood Mental Health

Activities throughout the project included individual, group, and community support to individuals of all ages, workshops, coaching, training through a consultative model for early childhood educators, and participation in city-wide collaborations. These partnerships helped strengthen referral networks and promote shared learning across agencies. HCN staff also led and participated in community dialogues that elevated the voices and needs of community members and their children, emphasizing the importance of culturally grounded early intervention.

HCN's Community Mental Health Program (continued)

The activities affiliated with each component of CMH have been described below:

Afri-Centric Whole Person/Communal Mental Health and Wellness:

- **Men's Empowerment Group:** In collaboration with Thurgood Marshall's Wellness Center, this group supported young African American Men at Thurgood Marshall High with the goal of strengthening participants' mental wellness while supporting youth in achieving their respective goals. Youth's interests and needs guided program offerings. Topics explored included self-awareness, relationship-building, educational paths, mental health support, and emotional intelligence.
 - In particular, this year we were pleased to welcome HCN staff member Terrek Humphreys from HCN's Brighter Futures program after it ended in December 2025. His experience and expertise in serving Black fathers and their families through Brighter Futures enabled the Community Mental Health team to be well resourced to serve the young men in the Men's Empowerment Group.
- **Grief Group:** Through a new partnership with Delivering Innovation in Supportive Housing (DISH) at The Margot, a Permanent Supportive Housing site, the CMH team offered a non-judgemental space for San Francisco residents facing dual challenges of grief and substance use over the course of six weeks. Program staff provided guided discussions, offered coping strategies, and linked attendees to resources that promoted healing. This group fostered a sense of community, allowing individuals to connect with others. Together, participants found solace, support, and hope as they worked towards recovery and emotional well-being.
- **Community Conversations:** Throughout the fiscal year, CMH staff communicated with SFUSD social workers and teachers, local organizations (e.g., Food Bank of Marin), parents, therapists, and potential partner sites to explore possibilities of collaboration and share information about not only CMH, but also HCN's suite of 15 programs.
- **Toy Drive:** In partnership with Family Giving Tree, CMH program staff delivered 200 gifts to clients, their families, and the broader San Francisco Community. Staff not only provided families with gifts, but also provided essential items, such as diapers, wipes, hygiene kits, and clothing.

HCN's Community Mental Health Program (continued)

LGBTQ+ Mental Health, including for those who identify as LGBTQ+

- **SF Pride:** Annually, HCN partners with Soul of Pride to unite and celebrate the LGBTQ+ community through San Francisco Pride.
- **Q Group:** CMH staff facilitated therapy discussion groups at Ida B Wells High School, providing a safe and supportive environment for LGBTQ+ students. These groups fostered open dialogue, allowing participants to connect with others who share similar identities and experiences. Each session encouraged the sharing of personal stories, coping strategies, and resources, promoting mental wellness and resilience. By creating a sense of community and belonging, these groups helped students navigate their unique journeys and celebrate their authentic identity.
- **Community Conversations:** CMH program staff engaged in ongoing conversations with SFUSD social workers, parents, local organizations (e.g, SF LGBT Center), and potential partner sites to explore possibilities of collaboration and share information about CMH's LGBTQ+-focused services and HCN's suite of 15 programs.

Afri-centric Early Childhood Mental Health:

- **Play Therapy Training:** These trainings were offered to teachers, parents, paraeducators, etc. who serve children aged 0-5. Participants learned how to use play therapy to help kids illustrate their emotions.
- **Reading Circle:** The CMH team partnered with Charles Drew Elementary school and local children's book author, Krystaelynn Sanders Diggs, to lead an interactive reading circle with preschool children, early childhood educators, and caregivers. Through Krystaelynn's book, *I Am A Gift*, attendees explored positive affirmations, self-love, emotional attunement and mental health through age-appropriate approaches.
- **Resource Sharing:** HCN's CEO and HCN staff have disseminated information about early childhood education and resources, targeted towards early childhood providers.

Gratitude

We express deep gratitude to the San Francisco Department of Public Health whose generous funding made this program possible.

Thank you to the Community Mental Health Program participants, support staff, and caregivers who shared their experiences and perspectives with us to use as data. YOU are our teachers!

Thank you to the HCN staff, including Dr. April Y. Silas, Dr. Kenneth Kim, Shawneshia Hoover, Jazmine Polk, Kendra Twenter, Terrek Humphreys, Angelique McGuire, Sarah Griffiths, Daniella Severs, and Sara Ferree who supported the design, implementation, and interpretation of this evaluation. Your thoughtful insights, dedication to the process, and genuine belief in our approach have been deeply appreciated.

Thank you to our amazing Indigo Cultural Center team for their assistance and amazing attention to detail in gathering, entering, managing and analyzing various aspects of the vast amounts of data for this evaluation. And for all the support received and provided as we moved this work to completion.

