

MA'AT

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 Ma'at 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 Ma'at Program, and the literature guiding this report are available at the end of this report in the section, *Background and Context*.

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TABLE OF CONTENTS

1. Purpose of this Report	2
1.1 Collaborative Process and Participants	3
2. Evaluation Findings	4
2.1 What Services Did HCN’s Ma’at Program Provide to Children, Youth, and Families?	4
2.2 What Was the Impact of the Ma’at Program?	9
2.3 What Were the Catalysts? What Made Impacts Impossible?	13
3. Implications	18
4. Conclusion	19
5. Background and Context Supplementary Materials:	
Literature Guiding this Evaluation Report	20
Background about the Evaluator, Indigo Cultural Center	23
Background about Homeless Children’s Network	24
Ma’at Program Description	26
Gratitude and Acknowledgements	28



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

Introduction

PURPOSE OF THIS REPORT

The purpose of this report was to evaluate the Ma'at Program at Homeless Children's Network (HCN). Designed by HCN and working through an extensive network of collaborative community agencies, the Ma'at Program was launched in 2019 to create greater opportunity for culturally responsive mental health approaches for children, youth, and families in San Francisco who have been historically marginalized, while also supporting those impacted by systemic inequities, intergenerational trauma, and racism.

Ma'at uses a whole-person approach to deliver Afri-centric, culturally responsive, heartfelt mental health and wellness care. In Ma'at, culturally responsive therapists and program staff – many of whom reflect the diverse identities of the communities they serve – work with clients and their families to ensure they feel seen, understood, and affirmed. The program aims to facilitate healing within the family and community systems in neighborhoods across San Francisco, and provides effective treatment to increase equity of access and remove obstacles to service at no cost to clients.

The Ma'at Program's Contracted Performance Objectives for the 2024-2025 Fiscal Year

The Ma'at Program met and exceeded its goals of serving and engaging with Black/African American youth and families through non-EPSDT and EPSDT¹ services.

This year, the Ma'at Program:

Objective	Actual	Status
Serve 62 EPSDT clients	Served 70 EPSDT clients	Objective Exceeded
Deliver 1,700 unit hours of EPSDT services	Delivered 2,217.7 unit hours of EPSDT services	Objective Exceeded
Serve 36 non-EPSDT families	Served 150 non-EPSDT families	Objective Exceeded
Hold 8 community events and outreach activities	Held 8 community events and outreach activities to activate healing and resilience	Objective Met

The Ma'at Program met and exceeded performance objectives and provided therapeutic and community services to uplift healing and resilience among Black/African American youth and families in San Francisco.

For additional, detailed information about the program's achievement of contracted performance metrics see the tables on page 5.

¹ Non-EPSDT versus EPSDT is defined in partnership with SFDPH.

In 2022, the Ma’at model was featured in a new evidence-based guide on Adapting Evidence-Based Practices for Under-Resourced Populations from Substance Abuse and Mental Health Services Administration (SAMHSA). HCN’s overarching Afri-centric Community Mental & Wellness Health Service Provision & Collaboration Model (Afri-centric Community Mental Health & Wellness Model) developed for Ma’at provides a model that can be replicated in many other contexts across San Francisco, the Bay Area, state, and country.



HCN’s Director of Africentric Mental Health and Director of Behavioral Health leading a community training.

COLLABORATIVE PROCESS AND PARTICIPANTS

Together, with HCN, Indigo Cultural Center evaluated the impact of the Ma’at Program this year. In line with a Community-Based Participatory Research (CBPR) rooted in racial equity, HCN’s staff, including the Ma’at Director and Ma’at Program Manager, collaborated with the Indigo Cultural Center team on evaluation design, survey development, data collection, and the interpretation of quantitative and qualitative findings. The current evaluation continues our exploration of the impact of the Ma’at Program for caregivers and families (see [last year’s report](#)). This evaluation covered program implementation from July 2024 to June 2025. **This study sought to explore the following research questions:**

1. What services did HCN’s Ma’at Program provide to children, youth, and families?
2. How do Ma’at participants rate and describe their experiences with the Ma’at Program and the impact of Ma’at?
3. How does the Ma’at team at HCN describe the ‘catalysts for success’ for serving clients, their families, and the community while also creating a supportive program culture for Ma’at staff?
4. What is the impact on caregivers and how they advocate for their children (e.g., in education)?

Ma’at client caregivers participated in a survey in May-June, 2025. Sixteen (16) Ma’at caregivers completed the survey. The majority of caregivers reported their child had received Ma’at services for more than two years (56.3%). In addition, ten (10) Ma’at staff (Clinicians and Case Managers) at HCN participated in a focus group in July 2025. Finally, administrative data was included in this report.

Evaluation Findings

HCN'S MA'AT PROGRAM EXCEEDED PERFORMANCE OBJECTIVES

In the 2024-2025 fiscal year, the Ma'at team provided assessment, treatment planning, crisis intervention, engagement with collateral contacts, individual and group therapy, case management, outreach, community engagement, healing circles, and referrals and linkages for children and families.

Importantly, all services are designed to meet clients where they are in their healing journey. This involves acknowledging multigenerational trauma and the client and family's justifiable reticence when engaging with institutions and systems of historical oppression. In addition, this means that services are readily available in locations that are both convenient and appropriate for the family's needs. Bearing all this in mind, HCN's Ma'at Program finds a foothold from which to support the building of hope, resilience, and individual capacities.

“

I am able to get my daughter services at her school and that's something that I needed to happen due to the fact that I have to work and can't take her to therapy sessions.

– Ma'at Caregiver

”





Administrative metrics for Ma'at services are provided in the tables below. The Ma'at Program met and exceeded all contracted expectations of serving clients and families.

Ma'at EPSDT Performance Metrics for the 2024-2025 Fiscal Year			
Metric	Expected	Achieved	Goal Status
Unduplicated Ma'at EPSDT clients served	62	70*	Exceeded
Total units of Ma'at EPSDT services delivered	1,700 hours	2,217.7 hours	Exceeded

**Two children ages 0-6 were served this year within Ma'at EPSDT through HCN's new offering of Child-Parent Psychotherapy (CPP) as a modality for treatment. For more information on CPP, please see the detailed CPP report.*

Ma'at Non-EPSDT Performance Metrics for the 2024-2025 Fiscal Year			
Metric	Expected	Achieved	Goal Status
Ma'at Non-EPSDT families served	36 families	150 families	Exceeded
Community events and outreach activities to address community trauma by activating healing and resilience in a culturally responsive way for Black/African American community members across San Francisco.	8 events	8 events	Met

Ma'at Client Demographic Information	
Metric	Result
Average length of service	328.7 days (Range of 7 to 1,725 days)
Average Client age	10.6 years (Range of 2 to 18 years)
Number of zip codes served	18 zip codes
Client identified race*	
Asian	1.2%
Black	72.6%
white	2.4%
Other	17.9%
Client primary language*	
Cantonese	1.2%
English	95.1%

**The following responses are not included: Unknown, None of the Above, and Decline to Answer*

Going beyond the bounds of the therapy session, Ma'at clinicians reach out to the client's community support networks to provide a systems-based, holistic approach to streamline support for families. They consider the capacities of each, including school systems and the social workers involved – holding all those perspectives when implementing and creating change on behalf of children, youth, and their families. To support this comprehensive approach, in the 2024-2025 fiscal year Ma'at staff made 7,582 contacts or contact attempts to community members that care for, surround, and support the child or youth clients. The tables below depict the frequencies of contact attempts and the time spent supporting youths' community networks. Ma'at staff individually entered these contacts and time spent on activity tracking sheets which were uploaded onto a shared platform for Ma'at leadership to track.



HCN Ma'at Support to Community Networks for the 2024-2025 Fiscal Year	
Contact Types	Frequency of Contacts (successful and attempted)
Parents and Guardians	4,424 Contacts
Teachers and School Support Staff	1,911 Contacts
Community Supports (e.g., food resources, shelters, faith-based organizations)	260 Contacts
Other Supports (e.g., after-care programs, extended family, health providers, peer support)	987 Contacts
Total	7,582 Contacts

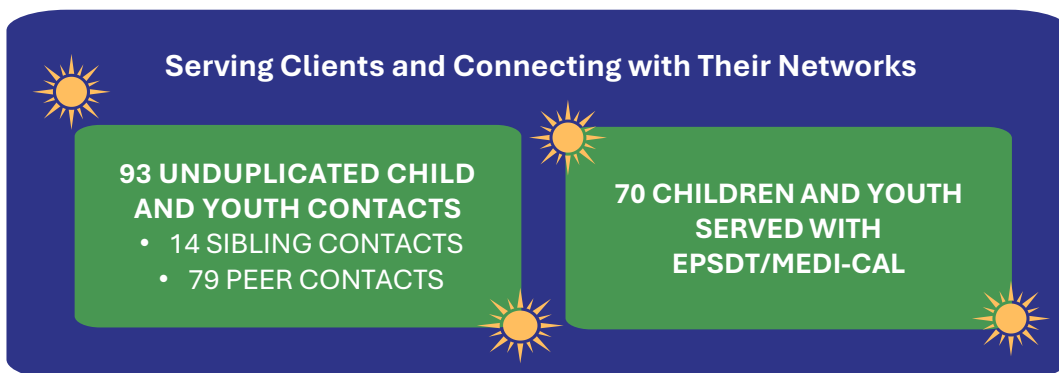
Time Spent Supporting Community Networks by Contact Type for the 2024-2025 Fiscal Year	
Contact Types	Total Hours
Parents and Guardians	1,113
School Support Staff	424
Teachers	348
Community Supports	210
Peer Supports	179
After-Care Programs and Learning Hubs	123
Extended Family Members	54
Siblings	32
Grandparents	25
Primary Care Physicians	11
Total # of Hours – All Contact Types	2,519 hours



MA'AT CASE MANAGERS

While all Ma'at clinicians are capable of and are trained to provide short-term case management for their clients, the program also employs designated Case Managers. In FY 2024-25, Ma'at Case Managers provided 35,460 minutes or 591 hours total for clients in need.

Ma'at Case Managers provide instrumental, continuous care for children and their families to meet their various needs. This includes access to basic resources such as food and referrals for housing assistance. Ma'at Case Managers also help families with identifying resources for furniture, clothes, and gifts and food for the holidays. Case Managers provide a listening ear, emotional support, and regular check-ins.



HCN's Ma'at Case Manager.



HCN tabling at school event.

THE MA'AT PROGRAM POSITIVELY IMPACTED YOUTH AND CAREGIVERS

MA'AT IMPACT FOR YOUTH CLIENTS

Youth's primary caregivers provided open-ended responses about the impact of the Ma'at Program for their children. Caregivers attributed the following impacts to their child working with Ma'at Clinicians:

- ☀ Improved emotional awareness
- ☀ Improved self-regulation
- ☀ Improved communication
- ☀ Increased confidence
- ☀ Improved relationship between caregiver and child
- ☀ Improved interpersonal skills
- ☀ Increases in independence

The caregivers shared the following quotes that outline the impacts they noticed for their children:

"I really thank Ma'at for being a good program for children who have disabilities and allowing the children's voice to be heard. And supporting the parents as well as it is difficult to accept the fact your child has a severe disability and having the support from (the) Ma'at Case Manager and Therapist really helps a lot"



"I've witnessed in my child more self confidence and more awareness of his emotions and explaining why he feels the way he does, without shutting down."

"I was hoping my children would get help with their behavior and emotional trauma. My child can now notice when they are upset and learn how to regulate their emotions."

MA'AT IMPACT FOR YOUTH'S CAREGIVERS

Youth's primary caregivers also provided ratings about the impact of the Ma'at Program for themselves. Beyond provision of therapy to children and youth, Ma'at expands their support to families by intentionally helping them with concrete and other needs. Responses were overwhelmingly positive. In addition to the list of impacts provided below, primary caregivers' open-ended responses expanded on some of these impacts. We bolded those in the list below and provide additional caregiver responses in the section below. **Primary caregivers reported that because of their Ma'at Therapist:**



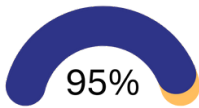
Agreed they valued the Therapist alignment in cultural background with their children



Agreed their voice was valued in their child's treatment



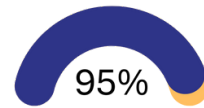
Agreed they could better connect with their children



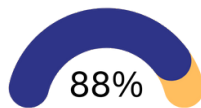
Agreed they could more easily access resources



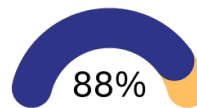
Agreed they are more open to seeking out therapy for themselves or their children in the future



Agreed they could better understand their child's emotions



Agreed they felt more confident in their parenting skills



Agreed they could be a better advocate for their children at school

Theme 1: Cultural Alignment between Ma’at Therapist and Child

Ma’at caregivers who responded to the survey highly regarded having a Therapist who matched their family’s/child’s cultural and racial identities and experiences. The caregivers reported the importance of this cultural congruence with more detail and nuance, specifically as people who identify as Black. Themes of these Ma’at caregiver responses included:

- Feeling understood
- Feeling affirmed
- Increased ability to make a connection
- Trustworthiness
- Nonjudgmental approach

In their own words, Ma’at caregivers expanded on experiences of cultural affirmation while working with Ma’at. One parent said,

“It’s helpful to have someone who understands our cultural differences and is able to relate to the social, emotional, and financial issues that we face.” Another shared, “It means the world to me to have some be able to acknowledge them for the same skin color or similar backgrounds or even just acknowledge them as children. [It is] one of the main reasons I chose this path of working with Ma’at for my family.”

Finally, one caregiver furthered that the alignment created a sense of safety, especially in the context of negative experiences in the past,

“I have a positive mindset with therapists that are with the Ma’at Program. [I had] One past experience of an outside therapist passing judgment due to my culture and identity and was fast to report without clarifying and understanding. I appreciate [our] Ma’at Therapist because they take the time to understand me and my kids.”

Theme 2: Increased Access to Resources

Further, caregivers emphasized they are better able to utilize resources because of the Ma’at Program. One caregiver shared, *“When needing resources for my self and child, they always have a way to help.”* Another said, *“[Our] Ma’at Therapist and Case Manager have been excellent. They check on me every week, asking about if I need anything, also sharing community services and events.”*



Specifically, caregivers identified being connected to the following resources because of the Ma'at Program:



Mental health services for caregiver or additional family members



Housing



Recovery/treatment



Food



Legal



Education



Employment

Theme 3: Increased Openness to Mental Health Services

The caregivers discussed that the Ma'at Program changed how they think about therapy and/or mental health, in general and for themselves. They also spoke to having a positive and improved orientation toward therapy. One caregiver said, *"Working with this program has changed my mind about therapy because I see how it has made a difference in my child's social skills and life. She is able to express herself and has become more open to talking about different situations."* Another said,

“

"I have a better understanding of how important it (mental health) is. And I try to prioritize it a whole lot more not just for my children but for myself as well."

- Caregiver

”

Theme 4: Increased Advocacy for the Child at School

Caregivers reported that working with Ma'at helped their child get services at school, supported the child in excelling, and that Ma'at has been a support during difficult times at their child's school. Several caregivers shared that Ma'at clinicians became part of their "village" of support, serving as key partners in their child(ren)'s care.

One caregiver shares how their Ma'at Clinician made them feel supported as a single parent:

"As a parent, I truly do my best every day to ensure my children are doing well and thriving. Being a sole parent comes with its challenges, but I'm committed to showing up for them in every way I can. I'm incredibly grateful for the support their Therapist provides, it helps fill in the gaps and strengthens our support system. Knowing I'm not alone in this makes a big difference." – Ma'at Caregiver

THE MA'AT STAFF'S COMMUNITY-ORIENTED APPROACH CATALYZES CHANGE

Findings from this study helped us understand the context that made these positive impacts possible for children and caregivers. Specifically, the HCN Ma'at team shared about these catalysts in their focus group conversations. Three themes emerged:



- ☀️ Interconnectedness
- ☀️ Bridging Gaps
- ☀️ A Whole-Team Approach

INTERCONNECTEDNESS AND COMMUNITY EMBEDDEDNESS

The Ma'at staff being interconnected and embedded in communities was seen as driving impacts for the clients and families. The Ma'at staff are deeply committed to promoting thriving communities through their work. The Ma'at staff spoke to the way they perceive their role as more than just a clinician. Ma'at staff saw their roles as key community members in their clients' ecosystems. Specifically, they spoke to the idea of interconnectedness and shared experiences and backgrounds with the families they serve such as having their own experiences utilizing mental services, having shared life experiences, and the beauty of connecting to the diversity of healing journeys present within their communities.

“

My 'why' is because I've been in positions of needing support before, and all of the community organizations or individual people that have helped me, I would not be where I am without those people. I want to be able to have a hand in providing that same kind of help to others.

”

BRIDGING GAPS IN SUPPORT SYSTEMS, INCLUDING FOR SINGLE CAREGIVERS

In addition, the Ma'at staff reported that their ability to bridge gaps that can exist in a family's support system was seen as an important extension to ensuring healing and transformation. Bridging gaps includes consistency in showing up, knowing how to navigate systems and access necessary resources, holding onto hope with a client family facing difficult times, and coming alongside to support the family's voice and agency to address concerns, as mentioned in the previous quote. In many ways, the Ma'at staff become their client's village.

A key example of bridging gaps is when Ma'at staff play a role in their client's school system. The Ma'at staff highlighted that they work diligently to advocate for the child by supporting caregivers at Individualized Educational Plan (IEP) meetings, providing psychoeducation to school staff regarding the child's emotional needs behind behavioral and school concerns, and ensuring the family's voice is heard and respected. These supports were especially important this year as cuts to public school funding led to a number of social worker roles being eliminated. This advocacy and ability to fill gaps in school systems was essential to build trust and engage in collaboration, not only with caregivers, but also with school staff. By bridging gaps in care within their clients'

school, Ma'at clinicians are able to establish a reputation within their clients' school as a strong collaborator, and thus, facilitate the development of future relationships with school staff as well.

Ma'at clinicians shared:

"I was able to advocate for two of my clients that were reporting discrimination from their teachers and how that was impacting their ability to succeed in the classroom. I held meetings with the school support staff to address this issue and my clients felt supported and heard and once this issue was addressed my clients were removed from the classroom or the teacher changed their approach and my clients were able to do better in their classes. It felt good to be able to advocate for my client and see change happen from the school staff."

"I attended an IEP meeting with a caregiver on my caseload to discuss her son's behavior with the school for his diagnosis. We were able to advocate for him to get more pull out time, extra support with his school assignments. We also were able to talk about his weaknesses and strengths, things that we need to improve on throughout the school year so we are able to see those improvements."



The theme of filling gaps as a catalyst for client and family success was especially prevalent in the context of single parents, who may be particularly in need of reliable support.

The Ma'at Director stated in an interview,

"We fill in a lot of gaps for parents, including single parents. We are like a benevolent addition."

Further, one clinician shared,

"[Caregivers] being single mothers and kind of feeling alone in that process, even if they do have some sort of a village... the fact that you have someone who's looking out for you, even when you're not around them or engaging with them, gives a certain level of security that you might not feel otherwise."

A WHOLE-TEAM APPROACH TO CLIENT SUCCESS

The success of the Ma'at Program is rooted in a whole-team approach where clinicians, Case Managers and leadership work in concert to meet the full spectrum of family needs and ensure the strength of the Ma'at Program for years in the future. The Ma'at Program does more than provide therapeutic services, but they surround families with support to create a system of care which allows them to fully engage in healing and growth.

At the heart of this approach is the integrated support model, which provides clients with case management services. The Case Managers serve as a dedicated point of contact for caregivers to address concrete needs such as housing safety, food security and employment.

As the Ma'at Director shared, this pairing allows clinicians to *"hyper focus on mental health and advocacy pieces... having a Case Manager also gives a clear point person for caregivers to go to when they need support."*

Beyond merely concrete support, the support from the Case Managers further emphasizes to a caregiver that they are not alone, that they have someone in their corner – a non-clinical yet therapeutic support in and of itself.



One Ma'at Case Manager shared:

"[I support families by] continuing to show up every day to help the caregiver find different housing opportunities and options, making sure that applications are getting completed, making sure that they have some type of communication with the landlord, or whatever agency they apply for... I think just going through that whole process with them sticking by their side and giving them that comfort, and (them) knowing you're not going to leave their side during the housing search."

In addition to case management, program leadership has worked intentionally and deliberately behind the scenes this year to build the infrastructure of Ma'at to sustain this level of care.

This year, the Ma'at Program strengthened the team by adding a full-time, on-staff Clinical Supervisor. The Ma'at Director and Program Manager also invested in building the staff of Ma'at clinicians via recruitment, onboarding, and program growth. Hiring practices were intentional, ensuring new staff understood Ma'at's Afri-centric values, the communities they serve, and program expectations from the outset. New hires joined in cohorts, creating peer support networks from day one. In addition, Ma'at's Director and Program Manager used this opportunity to integrate ongoing teambuilding, skill-building role plays, and mock scenarios to reinforce clinical skills and deepen staff connections. These efforts have paid off, with increased teamwork and mutual support among the incoming clinicians which allows every member of the Ma'at staff – from Director to Case Manager to Clinician – to play a role in helping families thrive.



Implications

Findings from this study emphasize the importance of HCN's Ma'at Program in supporting Black youth and families. We found positive impacts for not only the youth clients participating in Ma'at, but also for youths' caregivers and even for their school systems. Based on the findings from this study, there are several implications for both policy and practice.

First, the Ma'at Program's grounding in Afri-centricism and diligent alignment in the clinician and youth client cultural and racial identity truly creates a one-of-a-kind service offering not only in San Francisco, but nationwide. Thus, an essential implication of this study is that the Ma'at Program is not only an important area for sustained and expanded funding, but also that this program should be looked at as a model for other mental health organizations. This study demonstrates that the Ma'at Program is a successful model that provides essential mental health services to children and youth in San Francisco, strengthens communities, and makes meaningful differences in families and schools. Specific attention should be paid to Ma'at's focus on providing case management and being culturally congruent, accessible, and affirming in their approach and staffing as key mechanisms of change.




Additionally, the success of the Maat Program highlights the powerful impact that can occur when clinicians cultivate strong community connections and extend their efforts beyond the typical scope of a clinician. These findings have direct implications for the ways that mental health supports are provided to communities of color, specifically Black communities. When clinicians see themselves as valuable members of their clients' communities and utilize their role to bridge gaps within the systems they engage in, clients receive the care and support necessary to thrive. While this demonstrates the value of flexibility and commitment, it also underscores the importance of ensuring that clinicians have access to resources and appropriate compensation so that such contributions are sustainable and not reliant on staff operating beyond their formal duties.

Conclusion

For communities – particularly Black communities that have been historically underrepresented, betrayed, and underserved by mental health systems — the Ma’at Program may represent a family’s first positive experience with therapy. The Ma’at Program provides an accessible, culturally-congruent range of services to youth and families. Youth and their caregivers reported a range of positive impacts to not only their own skills and capacities, but also in their relationships with one another. By also holding the youth’s primary caregiver, family, and school system, Ma’at services build capacity in the youth’s personal network to be able to provide increased, skillful, and meaningful support to the youth receiving therapy. These impacts reverberate beyond the client into prior and future generations and their communities.





**Background and Context
Supplementary
Materials**

Literature Guiding this Evaluation Report

African American Youth & Mental Health

Studies show that African American youth underutilize mental health services, despite high prevalence of suicide rates and mental and behavioral health challenges across the nation (Planey et al., 2019). Without mental health treatment and behavioral health interventions, youth are more susceptible to academic challenges, carceral system involvement, and suicidal ideation (Planey et al., 2019). At HCN, therapists often see youth living with adjustment disorder, complex trauma, depression and anxiety specific to conditions of their environment, exposure to interpersonal violence, and sexual trauma. African American youth may experience barriers to mental health help-seeking due to cultural beliefs of self-reliance and resilience, prior negative experiences with mental health services, perceptions of mental health services, mistrust, and stigma (Planey et al., 2019); additionally, caregivers may experience financial, physical, and accommodation accessibility barriers when seeking mental health services for their children (Planey et al., 2019). A systematic review of the barriers and facilitators to African American youth help-seeking behaviors highlighted the significance of lack of access to transportation among African American adolescents in urban and rural settings, and the significance of inconvenient service locations and appointment times in seeking mental health services (Planey et al., 2019).

EPSDT Medi-Cal Services

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medicaid benefit, offering youth early detection and care to avert health crises; all EPSDT benefits are at no cost to youth under the age of 21 who are enrolled in Medi-Cal (Medicaid, n.d.). Via EPSDT benefits, Medi-Cal recipients are entitled to wrap-around services including mental health care, physical care, dental care, hearing and vision, and additional screenings accompanied by appropriate treatment plans (Medicaid, n.d.); benefits also include transportation, language access, and culturally appropriate services (Medicaid, 2014). EPSDT Medi-Cal benefits address a critical need among African American individuals under the age of 21; from January 2012 to March 2025, African American people under 21 and located in California who were eligible and enrolled in Medi-Cal ranked fourth (approximately 59 million) in comparison to other races in California (Department of Health Care Services, 2025).

Literature Guiding this Evaluation Report (continued)*Africentric Therapeutic Services*

Stark differences in the understanding of mental health occur when comparing Western and Africentric psychopathology models; Western medicine understands mental illness as signs and symptoms that can be treated with a prescription after a proper diagnosis while Africentric models of mental illness accept that the body and mind are not the only originators of mental illness, legitimizing the potential for spiritual or ancestral wounds (Nwoye, 2015). As a practice, Africentric therapeutic services acknowledge African American youth as polyethnic and leveraging cultural knowledge to understand the ways and reasons behind how a child navigates their surroundings (Neal-Barnett & Smith Sr., 1996). While the existing literature around the impact of Africentric therapeutic services on youth is scant, studies conducted on young adults highlight the positive impact of an Africentric worldview on psychological health, and citing its benefits as a protective factor in the context of stress and depressive symptoms (Neblett Jr. et al., 2010), presenting potential for the use of spirituality as a strength (Parker et al., 2024).

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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 Entre Nosotros Program 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 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 Ma'at Program

Program Description

HCN launched the Ma'at Program in 2018 to provide behavioral and mental health therapeutic services for the most underserved and historically marginalized children and families in San Francisco—including Black/African American families, integrated with a whole-person, Afri-centric, culturally responsive model of care that unapologetically affirms participants' cultural, intersectional identities. **Now in its seventh year, HCN's nationally-recognized Ma'at Program shines as a beacon of Afri-centric, culturally resonant, and impactful behavioral and mental health and wellness care.** Ma'at directly addresses racial disparities in access to and quality of community-based mental health and related services citywide. Service delivery for Ma'at is based on a whole community approach that integrates family members, community members, support networks, and community partners into the support system and therapeutic process. Our Ma'at Program also provides a tremendous amount of outreach and community engagement, facilitated through HCN's extensive network of collaborative community agencies serving vulnerable children and families. The priority population consists of historically marginalized children ages 0-18 and their families in all neighborhoods in San Francisco, including Black/African American families and those experiencing or at risk for homelessness.

Since its launch, Ma'at has delivered direct therapeutic services for hundreds of children and youth and their families in San Francisco and reached thousands more community members through restorative healing circles, community groups and gatherings, and community outreach and education efforts including a citywide Afri-centric mental health awareness building campaign that received over a million views through billboards across San Francisco, digital ads, social media posts, press releases, short films and videos, and HCN's website and e-newsletter. Ma'at operates at capacity, with community partners and referral sites including schools, Family Resource Centers, and shelters reporting that community members are hungry for culturally responsive services.

Central to our Ma'at Program is a corps of therapists and case managers who share many of the lived experiences of the clients and communities they serve. These licensed and license-eligible clinicians provide a variety of culturally-responsive mental health services to youth and their families and communities. Services include individual and group therapy, case management, assessment, treatment planning, and collateral contacts, and are provided in an accessible way to clients throughout the City using a mobile hybrid service delivery model with services offered both through HIPAA-compliant telehealth platforms and in-person wherever families are.

HCN's Ma'at Program (continued)

Program Description (continued)

Eligibility for clients generally requires active, Full-Scope SF County Medi-Cal, residing or going to school within the city.

HCN's Ma'at Program uses a whole-person approach to deliver Afri-centric, culturally responsive, heartfelt mental health care that addresses head-on the historical legacy of intergenerational racism, inequity, and trauma. By design, it mitigates and where possible, eliminates barriers to care for historically marginalized children, youth, and families, including stigma associated with mental illness, distrust of the healthcare system, absence of culturally competent providers from diverse backgrounds, and lack of insurance or underinsurance. This model recognizes the intricate interplay between physical, mental, and emotional health and provides significantly greater opportunities than conventional therapy for participants to provide feedback to providers and shape the direction and method of their clinical behavioral and mental health services.

Ma'at is a true community model. It ensures that services for children and youth do not happen within a vacuum. For every one hour of direct services that are provided to children and youth, Ma'at spends approximately three hours reaching out to children's social network of family, teachers, and health providers, and five hours reaching out to additional community support services.

HCN's Ma'at Program has shown evidence of effectiveness at addressing barriers to access to care for historically marginalized community members—such as Black/African American youth and families—regardless of insurance status and improving mental health outcomes for children, youth, and families. The Ma'at model continues to receive national recognition after being featured in a national guide on Adapting Evidence-Based Practices for Under-Resourced Populations by the Substance Abuse and Mental Health Services Administration (SAMHSA), which was most recently shared in a SAMHSA mass email in June 2024. The Ma'at model is replicable and scalable in many other contexts across San Francisco, the San Francisco Bay Area, and California.

Gratitude

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

Thank you to the Ma'at Program participants, Clinicians, and Case Managers who shared their experiences and perspectives with us to use as data. YOU are our teachers!

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