

HOMELESS CHILDREN'S NETWORK MA'AT PROGRAM

Annual Evaluation Report

August 2020



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DATA WITH PURPOSE

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Annual Report
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EXECUTIVE SUMMARY

This Year One evaluation report of Homeless Children's Network's Ma'at Program tells a data story of community engagement and program implementation to deliver Afri-centric, whole person wellness to underserved Black/African American families in communities across San Francisco.

Ma'at's "Hub and Spoke" model addresses the impact of systemic racism, inequity, and trauma on Black/African American communities to build trust and authentic engagement for overcoming barriers to accessing family behavioral health care.

Process evaluation findings, based on a participatory, developmental evaluation approach, offer evidence of the program's culturally-responsive, service delivery and data collection.



KEY FINDINGS

- 519 Ma'at Program participants received Afri-centric, Whole Person Wellness services in Year One.
- 499 collateral outreach contacts--an average of 8 contacts per client--were conducted by Ma'at Program staff.
- 3,048 outreach and community engagement activities were performed by Ma'at Program staff in Year One. Activities increased dramatically from April-June 2020, in the wake of COVID-19.
- HCN's Ma'at Program has successfully met the San Francisco Department of Public Health's Units of Service contract objective for direct mental health services, for children and youth clients aged 0-18 funded by Medi-Cal. 99.13% Units of Service were provided.
- Rafiki Coalition provided 8 "Love Pop-Ups", serving a total of 833+ Black/African American community members across SF, to address community trauma by activating community-based unity and healing.
- 95% of Ma'at staff reported that, for their clients, having a therapist or service provider of African descent is extremely meaningful. Data collected from families echoes this finding.



<https://www.hcnkids.org/ma-at-program>

LESSONS LEARNED

- ⇒ A Ma'at client receives program services in the context of a family and community ecosystem. Caregivers of the child/client also need supportive services for successful behavioral health outcomes.
- ⇒ The pandemic starkly illuminated the social determinants of health and further exacerbated existing inequalities for San Francisco's, underserved Black/African-American communities served by the Ma'at Program.
- ⇒ A culturally-responsive and equity-based evaluation approach supports the inclusion of Black/African American community voice and lived experience for shaping what counts as evidence in the Ma'at Program data story.

OPPORTUNITIES



- HCN recommends sustained, flexible funding, that is not dependent on a family's Medi-Cal status, in order to authentically serve the ongoing community-engagement and family behavioral health needs of San Francisco's Black/African American communities.
- HCN recommends increased funding overall for the Ma'at Program to serve the current unmet need of clients on the waiting list.
- HCN recommends continued and ongoing training for all program stakeholders that includes Ma'at Program principles, values, and practices informed by an intersectional analysis of structural racism, white privilege, and historical trauma.
- HCN recommends an open and honest dialogue with champions of the Ma'at Program to function as system allies to support program sustainability.

“Deeply trusting, well-established relationships in the Black community that are based solely on unapologetic Afri-centric affirming foundations, function as the life-line between systems of care and Black families.”

Ma'at Clinician

Introduction

Ma'at Program Vision & Beginnings

Homeless Children's Network (HCN), under the leadership of Executive Director, Dr. April Silas, began the foundational work for this program in June of 2018. In collaboration with Rafiki Coalition's Executive Director, Dr. Monique LeSarre, Dr. Silas began defining both a program philosophy and a model in response to San Francisco's Dept of Public Health's, and Dept of Children, Youth and Families' RFQ 21-2018 Black/African American Family Behavioral Health Services. This collaboration is innovative in its ability to provide an Afri-centric whole person wellness approach to the provision of family behavioral health services. The approach starts with HCN's culturally responsive services and deep experience serving Black/African American families, together with Rafiki's Love Pop-Up events to address community trauma and wellness for Black/African American families across San Francisco¹.

"Community engagement is more than outreach. It's engaging the community for the sake of keeping folks strong."

Dr. April Silas, HCN Executive Director

Ma'at Program Principles

- **Ma'at**
The ancient Egyptian concept of truth, harmony, and justice to be lived daily by citizens as an ethical principle for action with family, community, the environment, the nation, and the gods. This principle serves the needs of this program by identifying the value of relationality, inclusion of diverse communities and interests, in the service of greater harmony and justice in a new system of coordinated, city-wide services for wellness to better serve San Francisco's Black/African American families.
- **Afri-Centric Wellness Approach**
This approach engages clients through a warm, welcoming, culturally literate, trauma-informed, and relationship-based approach, that partners with clients to problem-solve, identify their unique areas of strength, and co-create goals together.
- **Wellness in the Context of Structural Racism**
This program considers the lived impacts of historical and structural racism for the current health inequities experienced by Black/African American families and will design in every program stage, component, and service a culturally responsive approach to whole person wellness situated in the context of these structural relations of inequality.
- **Learnings as the Foundation for Continuous Quality Improvement**
A rigorous evaluation approach is the vehicle for the collection, inclusion, and communication of program learnings with all program stakeholder groups. This principle of learning is the fuel for continuous quality improvements and refinement of the service delivery model.

¹ Love and Wholeness: Culturally Responsive Behavioral Health Engagement (see Appendix A).

Black/African American Behavioral Health Needs in Context

Black/African Americans are disproportionately impacted by social, economic, and environmental burdens that directly impact their health and living conditions. The 2016 San Francisco Community Health Needs Assessment points to the direct correlation between socioeconomic disparities and health disparities within communities, especially communities of color. In San Francisco, these disparities are amplified. According to the San Francisco Department of Public Health's 2018 Black/African American Health Report and Initiative, Black/African American individuals have the lowest life expectancy compared to all other racial/ethnic groups. Also, in San Francisco, Black/African American infants are five times more likely to die of infant mortality than White infants between birth and 12 months². HCN serves families who are homeless, formerly homeless, at-risk, and in generational poverty including families sharing housing due to economic hardship, or living in motels, trailers, cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations.

In San Francisco, 46% of homeless adults with children are African American, although only 5% of the city's population is African American. Black/African American residents experience disproportionate poverty, at nearly three times the average rate in the city. Nationally, rates of mental illnesses for African Americans are similar with those of the general population. However, African Americans experience greater mental health issues related to toxic stress and racism. Stressors such as poverty typically trigger multiple health issues, and mental health illnesses rise as poverty rises. Dr. Joy DeGruy's theory of Post Traumatic Slave Syndrome (PTSS)³ explains the etiology of many of the adaptive survival behaviors in Black/African American communities. Multigenerational oppression resulting from centuries of chattel slavery was followed by institutionalized racism, which continues to perpetuate injury. An absence of opportunity to heal or access the benefits available in the society leads to PTSS. Barriers to care for Black/African Americans in San Francisco include stigma associated with mental illness, distrust of the health care system, a lack of providers from diverse backgrounds, a lack of culturally competent providers and a lack of insurance or underinsurance. Other barriers are the pressure to maintain family privacy, lack of knowledge of treatments, and denial of mental health problems.

Program Model

As the organizational lead for the Ma'at Program, Homeless Children's Network forms the hub of the Ma'at Program model. In Year One, two spokes of this "Hub and Spokes" model provided referrals to the Ma'at Program, based on their connections to Black/African American families in communities across San Francisco. Rafiki Coalition served as the inaugural spoke. Bessie Carmichael School, embedded in the San Francisco Unified School District, served as the second spoke site in Year One. As the leader of the 50+ member HCN Collaborative, HCN also leverages their network of partners in key service areas for Black/African American behavioral health and wellness in the Ma'at Program⁴. Hence, the program model centers around a dynamic hub that empowers collaborations for reciprocal learning, whereby the whole community of organizations providing wellness resources is greater than what any individual organization can accomplish alone.

In the beginning phases of the project, evaluators collaborated with the Ma'at Team to produce a comprehensive logic model of program resources, activities, outputs and outcomes. The goal of developing a logic model was to support program staff in becoming more intentional about the desired outcomes they want to achieve as a result of project activities, and identify the intervention's expected outcomes and sets targets for improvement. This model can help serve as a foundation for defining and calibrating evaluation activities, and can be treated as a 'living document' or "living program narrative/story," subject to revision over the duration of the project. The logic model process will help drive evaluation activities, and can help the program team identify the successful activities and "critical components" of the project that could be replicated, and shared widely with other similar programs. The outcomes illustrated are expected to lead to improved and sustained whole-person wellness for African American youth and families and positive coping mechanisms, resilience, empowerment, all while maintaining strong cultural beliefs. As depicted in the logic model on the following page, there are six distinct program pathways, based on the inputs, by which the program anticipates this program will have an effect.

² San Francisco Department of Public Health (2018). *Black/African American Health report. Black/African American Health Initiative.*

³ Leary, J.D. (2005). *Post traumatic slave syndrome: America's legacy of enduring injury and healing.*

⁴ *Love and Wholeness: Culturally Responsive Behavioral Health Engagement (see Appendix A).*



Homeless Children's Network Ma'at Program Logic Model

This initiative aims to engage, empower, and utilize the knowledge shared by Black/African American families as they give voice to their needs, experiences, and visions for wellness.

MA'AT'S GOALS

To serve the needs of Black/African American youth and families with an Afri-centric therapeutic community

INPUTS

- Stakeholders, Funders, Community Advisory Board & Partnerships
- Maat Staff /Clinicians
- Training & Capacity Building
- Ma'at Hub, & Spoke Model
- Evaluation & Continuous Quality Improvement
- Behavioral Health Equity

ACTIVITIES

- Black/African American Whole Person Wellness services
- Direct mental health services (funded by Medi-Cal for children aged 0-18)
- Community engagement
- Community Knowledge Gathering
- Rafiki Coalition Love Pop-Ups

OUTPUTS

- # of Black/African American youth and families served
- # of community outreach and engagement activities
- # of collateral contacts
- # of Love Pop-Ups

SHORT-TERM OUTCOMES

Ma'at clients report improvement in satisfaction with program, feeling supported, a sense of community and cultural connectedness

LONG-TERM OUTCOMES

Sustained Black/African American whole-person wellness for youth and families, with positive coping methods, resilience, empowerment, strong cultural beliefs

Target Audience: African American/Black youth and families in San Francisco

Evaluation Approach & Methods

Participatory & Culturally-Responsive Evaluation Approach

Process and impact evaluation studies examining programs such as Ma'at must be framed with a focus on equity in the access and use of client services across Black/African American populations in the San Francisco Bay Area. For that reason, Data With Purpose strongly believes that to properly assess Ma'at program impact with a lens on equity, the evaluation approach must be designed in a manner that reflects equitable evaluation principles. The dominant evaluation paradigm includes definitions and expectations around validity, rigor, bias, and objectivity that honors particular types of knowledge, evidence, and truth. This looks for generalizable and scaled data and findings that may feel disconnected and not reflective of the values of many in nonprofit, community-based organizations or in communities of color. While we recognize that a complete transformation of the evaluation process is not feasible, we do believe that directly engaging key program stakeholders in a participatory evaluation process can yield data that are relevant to the African American families and communities served by Ma'at, and are essential to answering program evaluation questions for continuous learning.



There is no one-size-fits-all framework to guide a participatory evaluation. All programs require a tailored evaluation framework that reflects the needs and interests of the stakeholders, the program context, and the evaluation purpose. Participatory evaluation is equally process and outcome driven, rather than focusing on outcomes alone. Traditional evaluation can work to reinforce marginalization and social exclusion. Problems are often seen to be located in a particular community, ethnic group, and the evaluation often focuses exclusively on the individuals, rather than on the context in which that group operates. In effect, evaluative work should be

designed and implemented commensurate with the values underlying equity work, especially health equity as it relates to Ma'at. *Who better to help define and shape the study of Ma'at than the program stakeholders and individuals for whom these programs were designed?*

To guide the participatory and developmental evaluation process, Data With Purpose collaborated closely with Ma'at staff to inform and influence the evaluation design, data collection, and implementation. We feel this approach increased the likelihood that our evaluation design and final products best answered the highest-priority questions for all stakeholders. Ma'at collaborators included key staff involved in direct service, design, implementation, and strategic planning for these programs. Applying an equity lens to an evaluation of community-based, behavioral health services in the midst of COVID-19 is complex and multifaceted. There are many cultural, environmental, and social emotional elements that influence the use of community wellness interventions, before and during COVID-19. The pandemic has required communities to seek therapy, support, and resources for their families using technology and remote receipt of services. In many communities of color, especially homeless communities of color, technology access is inextricably linked to systemic and structural racism and health inequity more broadly.

It is worth noting that the definition of equity, and health equity specifically, may differ from one direct-service program to the next. Some providers may view health equity as an issue *within* communities, where others may see equity as an issue between communities and within larger societal contexts where some groups are more disenfranchised than others. It is important, then, to clearly identify and isolate what equity means and how it is perceived amongst both providers and families in need. Working with service providers such as Ma'at and documenting the voices of families served help inform and guide an evaluation that is more reflective of diverse environments and culture - elements that shape how these programs are implemented and determine how and if equity is being achieved within an evaluation

framework, lens and approach. Community-based, and culturally specific, evaluation data can make a significant contribution to Ma’at’s thought leadership on equitable, culturally responsive approaches to behavioral health care treatments and supports for underserved Black/African American families in San Francisco.

Culturally-Responsive, Equitable Evaluation (CREE) & Structural Racism

Data With Purpose (DWP) endeavors to collaborate with all program stakeholders in an evaluation process that considers what counts as knowledge and how can we learn from people with lived experience to understand local meanings of Black/African-American whole person wellness. In the midst of COVID-19, cultural disparities and systematic racism have been exposed more than ever, including systematic, health, and environmental racism that have been embedded in American society. Structural racism – a system in which public policies, institutional practices, cultural representations, and other norms work– reinforces the perpetuation of racial group inequity. It includes dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time⁵. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist (Aspen Institute Roundtable on Community Change, 2013). Researchers must incorporate a racial and ethnic equity perspective across the entire research process—in study design, data collection and analysis, and interpretation and dissemination of data findings, a pillar to Data with Purpose’s approach.

Culturally Responsive and Equitable Evaluation (CREE) approaches seek to examine how researchers and evaluators “show up” for engagement with communities, and communicate lessons learned and data findings to a range of audiences in service of practice improvements and policy advocacy that are relevant to communities served, not just the scientific community.

Table 1. Data With Purpose in Practice

Culturally-Responsive & Equitable Evaluation (CREE) 	Traditional Evaluation 
Community members and/or grantees know their strengths/challenges best	Evaluators, who are formally trained, are the “experts”
Role of Evaluator: Facilitator, translator, convener	Role of Evaluator: Leader, judge, expert
Prioritizing rapport and trust building in an inclusive planning process that infuses multiple world views	Design & Planning: Evaluator presents research and methods and design for funder approval
Facilitated by evaluator; stakeholders participate and are also trained in data collection methods	Data Collection: Conducted by evaluation professional
Results and their meaning are derived based on culture and systems analysis	Analysis: Results and their meaning are analyzed by the evaluator only
Disseminated to broader community	Disseminated to scientific community

⁵ Staff Transitions at the Aspen Roundtable on Community Change. (2013). States News Service.

How do Evaluation Guiding Principles Support the Work of CREE?



CREE strives to ensure that evaluators are working in authentic partnership with community-based programs and communities in a stance of cultural humility to co-create empowering and culturally relevant approaches to knowledge gathering and learning.

The Role of the Evaluator

Hood, Hopson and Kirkhart (2015) identified characteristics of culturally responsible evaluators that DWP strives to emulate and exhibit:

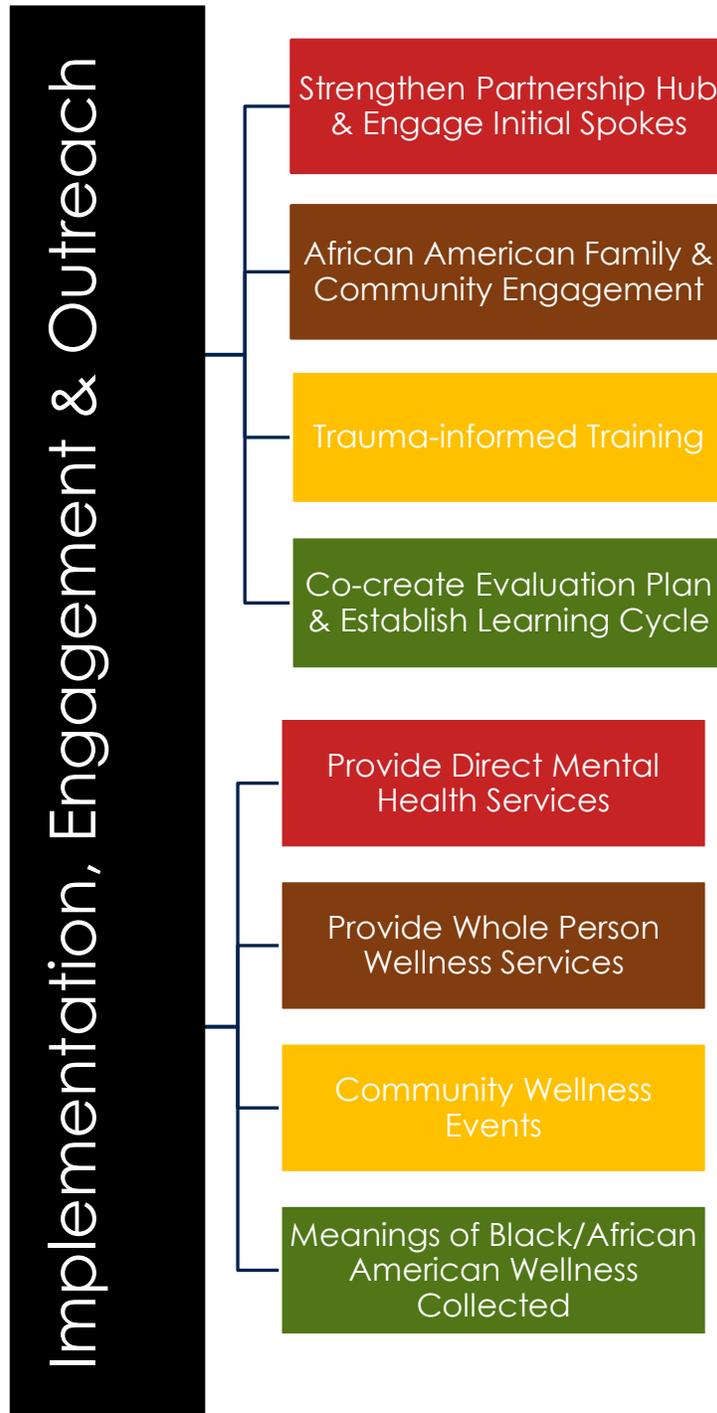
- Prioritize the needs and cultural parameters of those who are being served relative to the implementation of a program and its outcomes,
- Involve self in learning, engaging and appreciating the role of culture(s) within the context of the evaluation,
- Learn to recognize dissonance within the evaluation context, for example, between school and community groups being served, and
- Committed to educating themselves, continuing to acquire training and experience in working in diverse settings.

According to the Advancing Culturally Evaluation Network's resource website (www.expandingthebench.org), no evaluator is free or bias, or free of culture. Culture and bias influence observations and one's interpretations of data. At Data With Purpose, we build relationships with community and stakeholders, and approach our roles from a humility standpoint in order to be as responsive as possible. Diverse evaluation teams are also crucial to fully implementing a CREE approach, and including members of the evaluation team that reflect the community of focus. At DWP, we strongly believe that all stakeholders (including communities served) deserve a seat at the table when making decisions about funding, programming, and service delivery.



Year 1 Evaluation

Between July of 2019 and June of 2020, evaluators engaged Ma'at program staff to document and examine the following evaluation objectives: 1) Ongoing Engagement and Outreach and 2) Program Implementation.



Evaluation Data Sources – Year 1

Program objectives listed below reflect HCN’s Ma’at Program’s contract objectives with the San Francisco Department of Public Health. Evaluation data sources and methods of data collection are listed in the table below.

Program Objectives	Source of Data	Data Collection Method
Ma’at Program Development & Implementation, including COVID-19 adjustments for service delivery	Program/Evaluation Meetings	Participant-Observation Notes & Program Documents
	HCN Executive Director	Interviews
	Ma’at Program Staff	Interviews Open-ended staff survey reflection questions
Funder Communications	Program/Evaluation Meetings	Notes review and other communications
Community Work to Develop an Afri-centric Behavioral Health Model	Program Staff report	Outreach & Community Engagement Tool Staff Reflection Question: *Please describe what you have learned re: Afri-centric approaches to community engagement over the past year.
Direct Services to meet Black/African American Families’ Needs from an Afri-centric Perspective	Program Staff report	Ma’at Whole Person Wellness Client Services Form Staff Reflection Question: *Please describe what you have learned re: whole person wellness for your Ma’at clients.
	Family Program Participants	Ma’at Family Survey Brief follow-up questions for program participants collected by staff re: COVID-19 needs
Rafiki Coalition Love Pop-Ups	Program/Evaluation Meetings	Process notes
	Rafiki Executive Director	Interview
Establishment of Community Advisory Group	Program & Evaluation Meeting	Process notes
Direct mental health services, funded by Medi-Cal for children aged 0-18 (EPSDT)	Program Staff Report	Ma’at Collateral Contacts Form
	HCN Clinical Director	Interview Process Notes
	San Francisco Department of Public Health	Review of Ma’at Program report documents, including Units of Service Report
Case management services, for clients receiving direct mental health services funded by Medi-Cal aged 0-18	Program Case Manager	Interview Process Notes

Program Data Findings

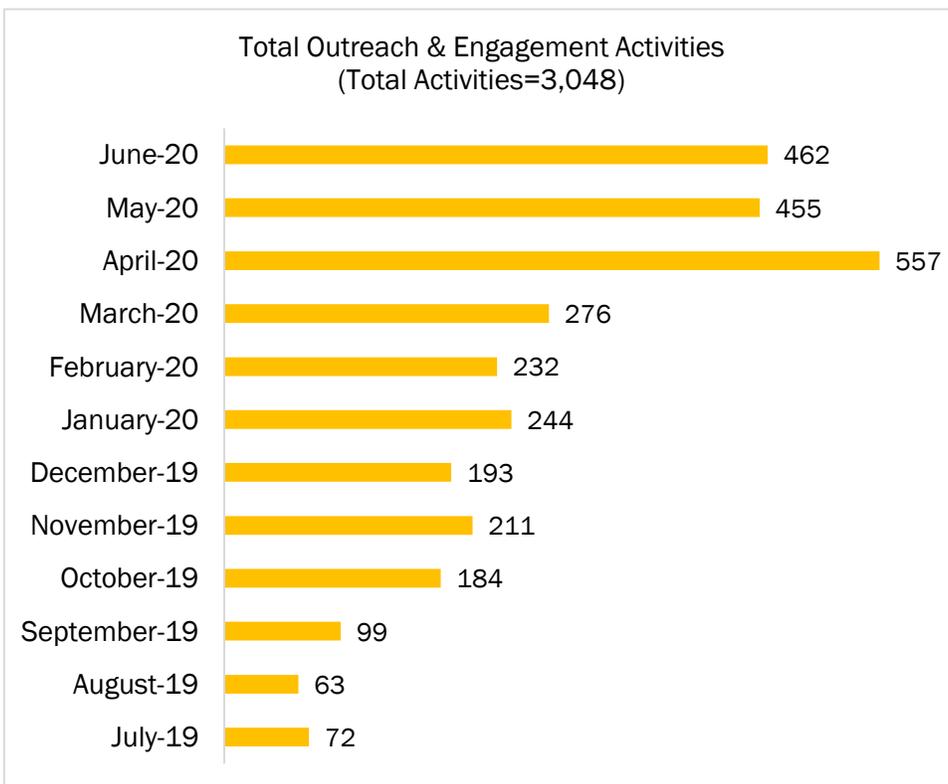
Community Engagement

The Ma’at Program staff consider all facets of what constitutes a successful, Afri-centric, whole person wellness community engagement process. This approach draws on decades of experience and trust with a diversity of underserved Black/African American communities across San Francisco, as well as “listening” from current Ma’at families and program stakeholders. Data findings reported here illustrate the significant amount of outreach and community engagement activities conducted, as well as the breadth of community stakeholders and partners involved. Activities increase dramatically in the wake of COVID-19, signaling that the engagement work with families and communities becomes more intensive. Qualitative data from Ma’at Program staff offer us nuanced meanings of community engagement, based on their daily experiences working with Ma’at families both before and after COVID-19.

*“You have to meet families **wherever they are**. You got to be up in their lives where they are and you can’t come in through the lens of mental health because you’re going to be invited out as quickly as you walk in...It’s meeting families where they feel most alive, most engaged, most social. It’s looking for those intentional collaborative areas all across the city.”*

Dr. April Silas, HCN Executive Director

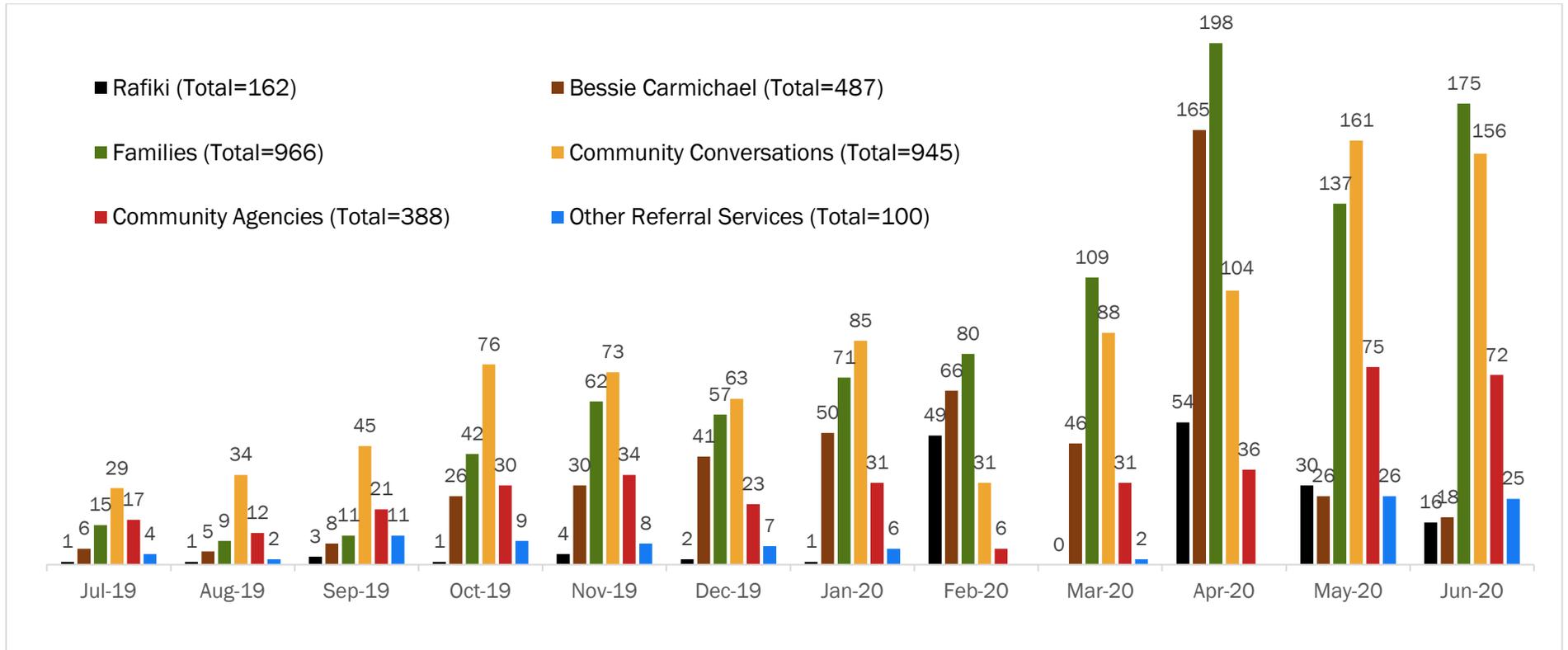
Number of Outreach and Community Engagement Activities (7/1/2019 – 6/30/2020)
(Total Activities=3,048)



Outreach and community engagement activities conducted by Ma’at staff dramatically increased in the three months after the COVID-19, Shelter-in-Place Order, April-June 2020.

Outreach and Community Engagement (7/1/2019 – 6/30/2020)
(phone calls, meetings, witnessings, and/or other listenings)

Number of Outreach and Community Engagement Activities (Total Activities = 3,048)



Note: "Other Referral Services" include: Harbor House, Malcom X Academy, Foster Care Mental Health, United Playaz, Tenderloin Community School, Maceteer High School, Faces Bayview, Gateway High School, Balboa High School, Paul Revere elementary school, Western Addition Wellness Coalition (Wellness Summit for Providers), DPH; Foster Care Mental Health, Hamilton Families, Glide Foundation, SFUSD Food Pantry Information.

Ma'at Staff Perspectives on Community Engagement during COVID-19⁶

*“As an African American male myself, what I learned long ago and what I know is that **when there is a crisis, such as COVID19, it is cardinal to provide an increase of services to the African American community...**While the child is generally my client, I feel it important to check in with caregivers to get a sense of how they are doing and if there is something, I can do to support the family. I know that when the caregiver(s) are stressed, the child feels it and can behave accordingly.”*

*“Another tool I learn and incorporate in my practice is what I call **“Radical Community.”** In Western society we are taught the importance of **individualism which has proven detrimental to the Black community. We thrive in partnership as well as in collectives that fight towards a common goal.**”*

*“The dual pandemics of COVID-19 and systematic racism are disproportionately impacting Black/African American communities and further eroding trust in systems meant to support communities. **Black/African American communities in San Francisco need service providers that demonstrate cultural humility and understand diversity of age, income level, ethnicity, and sexual orientation.**”*

*“I've learned that given our knowledge that Black folks are not monolithic, engagement can't be either. Basically, **engagement will be varied in style and approach in order to truly be accessible, relevant, aligned.**”*

*“**Collaborative-based, deeply trusting, well-established relationships in the Black community that is based solely on unapologetic Afri-centric affirming foundations function as the lifeline between systems of care and black families.**”*

*“De-centering whiteness in wellness; intersectional engagement; collective trauma and healing approaches to Afro-centric healing and wellness **is about relationship building, community engagement; constant communication and connection with the client AND the community to build trust and validity in the MH component piece.**”*

*“**Trusted providers are critical to helping families and communities overcome fears of accessing “the system”...the Afri-centric, culturally responsive approach of programs such as Ma'at are critical to building trust and increasing community engagement with Black/African American families in the City. Ma'at does not ignore the impact of intergenerational racism, inequity, and trauma on Black/African American communities; it addresses it head on.**”*

- Ma'at Staff

*“I've learned that **it is vital to have culturally competent care now more than ever.** COVID-19 has disproportionately affected the Black/African American community. **In addition to the health pandemic, the racism pandemic continues to prevail.** Systemic racism continues to rear its head with COVID-19. **Now more than ever Afri-centric approaches are needed to support Black/African American families.**”*

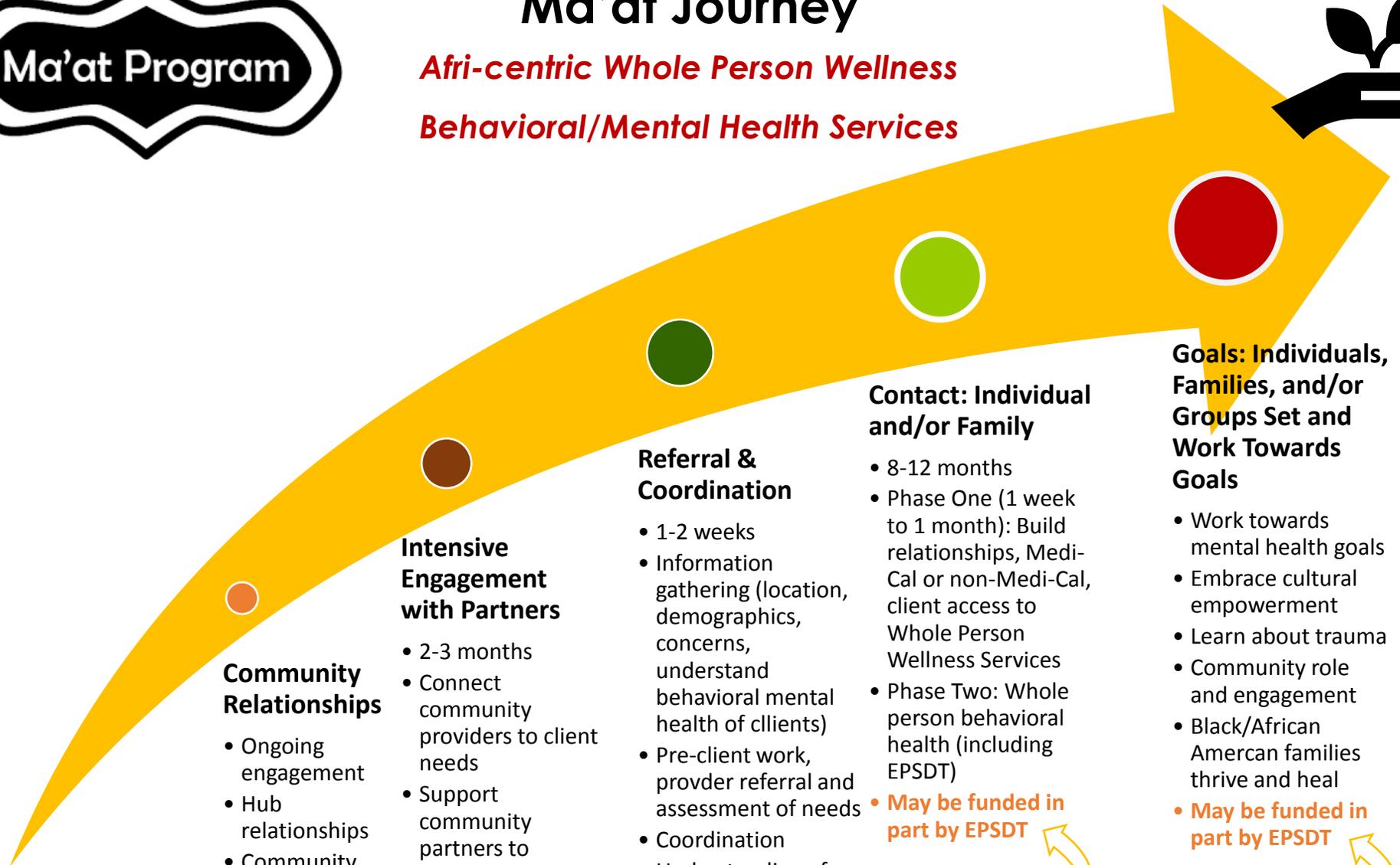


⁶ Based on 17 staff responses.



Ma'at Journey

*Afri-centric Whole Person Wellness
Behavioral/Mental Health Services*



Community Relationships

- Ongoing engagement
- Hub relationships
- Community partners/agencies/schools
- Engagement with 50+ partners

Intensive Engagement with Partners

- 2-3 months
- Connect community providers to client needs
- Support community partners to connect clients to resources
- Learning opportunities

Referral & Coordination

- 1-2 weeks
- Information gathering (location, demographics, concerns, understand behavioral mental health of clients)
- Pre-client work, provider referral and assessment of needs
- Coordination
- Understanding of process

Contact: Individual and/or Family

- 8-12 months
- Phase One (1 week to 1 month): Build relationships, Medi-Cal or non-Medi-Cal, client access to Whole Person Wellness Services
- Phase Two: Whole person behavioral health (including EPSDT)
- **May be funded in part by EPSDT**



Goals: Individuals, Families, and/or Groups Set and Work Towards Goals

- Work towards mental health goals
- Embrace cultural empowerment
- Learn about trauma
- Community role and engagement
- Black/African American families thrive and heal
- **May be funded in part by EPSDT**



Afri-Centric Whole Person Wellness

All Ma'at Program participants receive Afri-centric, whole person wellness services. Overall, **519 program participants received Afri-centric, whole person wellness services in Year One**⁷. Program services received could include any or all of the following: case management, mental health services, and group supports. One of the evaluation goals in Year One of the program was to understand meanings of whole person wellness for practitioners. Hence, we share qualitative data in this section that considers staff reflections on their learning about how this approach to wellness has been implemented in a culturally responsive way.

Staff Reflections on Afri-centric Whole Person Wellness

What have you learned regarding whole-person wellness for your Ma'at clients ⁸?

*"I have learned that if **the underlying issues of poverty, racism, and experience with or exposure to trauma is not addressed, meaningful lasting change is difficult to achieve.** I have also learned the importance of **parental engagement in regard to therapeutic healing for children.**"*

*"...what I have learned is that focusing in on encouraging the clients I serve to believe in their capability and choice to engage in their own healing is a great starting point for whole person wellness of the Black community. To structure therapy around them becoming comfortable with healing, to destigmatize it within themselves, to help them have their own unique relationship with it, to instill it directly and indirectly and being the vehicle for healing and being black myself is important because **it demonstrates that Black can heal with Black.**"*

*"I've learned that as a professional I play a pivotal role in shaping the trajectory of my Ma'at client's well-being. **Providing a framework of integration with family and community members, who are not necessarily billable,** offers a holistic care that is essential to the black liberation of my Ma'at caseload. The hierarchy of needs in reference to Personal Wellness invites the intellectual, social, vocational and spiritual multidimensional sense of well-being. **I equally prioritize the community support members and other members who are in proximity to the care of my Ma'at clients because they too aid in supporting my young people build resiliency.** Furthermore, they act as role models and support my youth modify unhealthy behaviors. **If the entire community of supports are integrated into treatment, the better the outcomes will be. It truly takes a village.**"*

*"Intersectional Wellness; The impact of a health pandemic on the Black/African American community and access to care (including mental health care); **Cultural humility and sensitivity in engaging families** in discussions about physical and mental health (and acknowledging the racial biases and disparities that run through the health care system); **Providing culturally relevant telehealth services ; Cultivating equity and inclusion in community healing.**"*

*"I have learned that the whole person, humanistic approach with cultural considerations are helpful and healing to Ma'at clients during COVID-19 pandemic. **Body, Mind, Spirit connection is key to Black healing + wellness and virtually (online) there have been many spaces created by Black folks, for Black folks, to connect in community engagement.** Spaces that instill a sense of "me" and "oneness" with food, culture, music, dance, safety, mindfulness/meditation, yoga, healing circles for social justice, discussions on how to protect Black youth with MH/Educator professionals; rituals, relationships, mentors, speakers, educators and mental health professionals; grief and loss. **Mental health is fully accessible online / virtually and can feel safe to engage in from one's home.**"*

⁷ 62 of these 519 program participants, aged 0-18, received direct mental health services funded by Medi-Cal.

⁸ Based on 20 staff responses in March and July.

“Ma’at clients and families are processing continued historical racial trauma, on top of new mass COVID-19 trauma, police brutality, and racist white supremacist rhetoric on the news. **It is paramount during this time that African American youth and families have a space to process grief, isolation, financial loss, family loss, and collective fear. This is a public health crisis and concern.**” I have learned to be humble and meet people where they are at, centering respect, building trust, and holding sociopolitical context in engaging with Ma’at clients.”

“Ma’at clients are part of a marginalized community where there are many barriers to access resources and basic needs. It is important to address all of these things in order to help families especially, Ma’at clients. **A child’s mental health is impacted by numerous factors - family, community, school system, health system, etc. All of these must be addressed in order to see improvement in a child’s mental health.**”

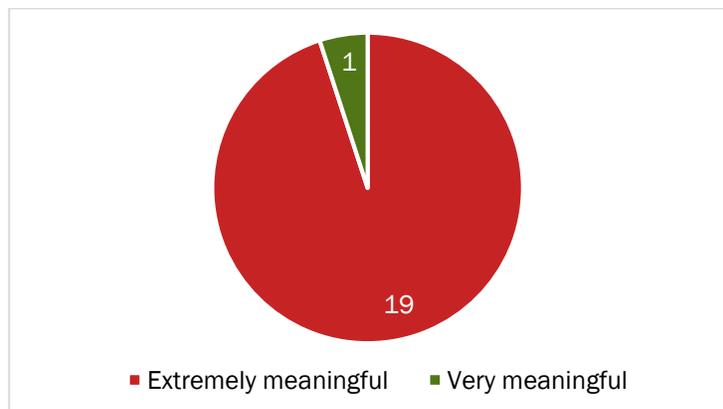
“Checking in with caregivers is equally important during the pandemic.”

“Whole person wellness has been extremely important during the pandemic. **Isolation has brought up a range of intense emotions for many families. Fear, uncertainty, confusion, and guilt for having to work during the virus are just a few examples of what has been expressed.** It is vitally important to help clients unpack and address all of these very real concerns. Mental and physical health has become vitally important during these trying times.”

“**Whole-person wellness means respecting and accounting for a person’s circumstances that may necessitate a need to shift the service model, especially in the midst of a pandemic.** We have to balance the trauma-informed practices of consistency and predictability with the ability to adjust our expectations and how we conceptualize mental health services, in order to truly meet clients where they are. To paraphrase the great Audre Lorde, **the people in our Ma’at community “do not live single-issue lives” and it would be a disservice to provide mental health services that believe otherwise.**”

How meaningful do you think it is for a client of African descent to have a therapist or service provider who is of African descent⁹?

One critical ingredient of Ma’at’s Afri-centric whole person wellness approach is to have a therapist of African descent for service delivery to program participants. **95% of Ma’at staff reported that, for their clients, having a therapist or service provider of African descent is extremely meaningful.** This data speaks to the level of agreement among Ma’at Program staff regarding this program regarding the importance of this program approach to service delivery.



(1=Not meaningful, 2=A little meaningful, 3=Meaningful, 4=Very meaningful, 5=Extremely meaningful)

⁹ Based on 20 staff responses.

Community Love Pop-Ups

Rafiki Coalition provided **eight “Love Pop-Ups”** in Year One of the Ma’at Program, **servicing a total of 833+ Black/African American community members across San Francisco**, to address community trauma by activating community-based unity and healing.

Dr. Monique LeSarre, the Executive Director of Rafiki Coalition describes how the love pop-ups offer positive connections for relationship, as one significant way to address trauma in the Black/African American communities served by Rafiki for the Ma’at Program:

“It’s the relationships. It’s being able to engage in positive engagement and to feel and shift the vibration and the body and the mind and the psyche and the spirit and the culture into a direction where we can hold hope and where stress can be relieved...because we’ve been so divided by structural racism and ways that we’re pitted against each other, intergenerational trauma and post-traumatic slave syndrome, that these opportunities for unity provide the stitching together of places where they may have been harmed and shifting, shifting relationships from potentially contentious or distant to more unified...All of those things are ways that we come together, we enjoy each other, it’s in a sense, a celebration of being Black as being in the positive aspects of Blackness and redefining our own narrative.”

Five of the Love Pop-Ups were held pre-COVID-19 in the following **neighborhoods**:

- Alice Griffith—two events servicing 118 community members.
- Sunnydale—two events servicing 109 community members.
- Bayview—one event servicing 136 community members.

A sixth **“Healing Space” Pop-Up event** was held on Juneteenth weekend:

- Gilman Park in the Bayview—over 300 community members attended.

And in response to COVID-19, two virtual Love Pop-Ups were held:

- Hope San Francisco Sites (Alice Griffith, Sunnydale, Potrero Hill and Hunter’s View) for over 110 community members.
- Fillmore Youth Community— with over 20+ TAY youth, and 40+ adults.

“Love Pop-Ups address community trauma.”

Dr. Monique LeSarre,
Executive Director
of Rafiki Coalition

Ma’at Community Advisory Board

In Year One of this program, the HCN Executive Director continued to engage in a series of community conversations and listenings to collect community feedback from leaders and elders across San Francisco neighborhoods. This was an ongoing process where the HCN ED provided updates about the Ma’at program and listened to ongoing community needs, including those articulated by Spoke site staff from Rafiki Coalition and the school, Bessie Carmichael. These community conversations informed the direct client assistance program during shelter-in-place, whereby HCN provided laptops, gift cards for food and gas, and personal protective equipment to Ma’at Program clients. This community-based approach to information exchange for updates and current needs worked well for this beginning stage of program implementation, especially given the challenges of COVID-19. This process has allowed for an exploration of the type of community-based advisory structure that would work best for Black/African American leaders and communities across the city, including what timelines would be feasible under COVID-19. Initial members of the Ma’at Community Advisory Board have been identified, and HCN anticipates the further development of this Advisory Board membership in Year Two.

Direct Mental Health Services funded by Medi-Cal (EPSDT)¹⁰

HCN's Ma'at Program has successfully met the San Francisco Department of Public Health's Units of Service contract objective for direct mental health services, for children and youth clients aged 0-18, funded by Medi-Cal. **99.13% of Units of Service were provided or 143,707 minutes of mental health services and 16,597 minutes of case management.** Importantly, HCN was successful in drawing down 99% of these EPSDT Units of Service, despite Year One barriers that included a delay in the program receiving needed billing system requirements until November of 2019 and service challenges related to COVID-19.

Existing barriers to successfully enrolling and providing direct mental health services funded by Medi-Cal for Black/African American clients have been identified by HCN. These include: distrust of the system and resulting lack of willingness to share personal information and accessibility challenges due to insurance status. HCN addresses these barriers with clinicians of African descent that communicate Ma'at Program principles in their practice. Staff continuously engage families and communities in neighborhoods across the City to build trust and share information and resources that are tailored to the needs and concerns of Black/African American families.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is a federal entitlement that requires states and counties to provide comprehensive and preventative health care services to low-income children under 21 who are enrolled in Medicaid. In California, Medicaid is referred to as Medi-Cal.

As an agency, HCN has a proven track record of EPSDT compliance with the organizational supervision and quality assurance capacity necessary to satisfy all needed reporting requirements for this funding source (See "HCN Contract Compliance for EPSDT," Appendix C). These include: administration of the Child and Adolescent Needs and Strengths (CANS)¹¹ tool for client assessment and follow-up; administration of the client satisfaction survey; demographics report; and monthly services reports.

While the Ma'at Program has successfully met the Units of Service contract objective, it is important to consider what is being measured with units of service and what is not able to be measured. The HCN Clinical Director for the Ma'at Program further explains what is included in the reality of service delivery for Ma'at Program staff vs. what is recorded in minutes of service captured by these billing measures:

*"I think **more time spent on each client**, which isn't necessarily reflected in the numbers, according to units of service provided...And that's not all reflected in the billing, because of lot of it was the legwork leading up to making connections with families, building trust, building rapport, before the cases were even opened...**there was a lot more work done than you would necessarily think if you looked at a printout of minutes of service provided.**"*

She goes on to illustrate the time it takes to build trust with youth and how Ma'at therapists employ an engagement strategy that is culturally responsive to experienced barriers to mental health services:

¹⁰ These direct mental health services for children and youth aged 0-18 can also be referred to as EPSDT. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is a federal entitlement that requires states and counties to provide comprehensive and preventative health care services to low-income children under 21 who are enrolled in Medicaid. In California, Medicaid is referred to as Medi-Cal.

The EPSDT component of Medi-Cal aims to ensure that all children and adolescents have access to appropriate preventive, dental, mental health, and developmental, and specialty services. (<https://www.schoolhealthcenters.org/start-up-and-operations/funding/mental-health/medi-cal-epsdt/>)

¹¹ The Child and Adolescent Needs and Strengths (CANS) tool was developed by John Lyons as a multi-purpose tool that supports decision-making and service planning for the monitoring and outcome of services. Per San Francisco Department of Public Health EPSDT requirements, Ma'at clinicians complete the CANS for Ma'at EPSDT clients.

*“The **power of seeing someone who looked like them** and taking away this kind of stigmatizing model of therapy...so they'd like to hang out and just chat with these kids as they came in and that was one way that they got referrals, reduced the stigma of therapy, and built community...**It takes a lot more time than just marching in and treating someone like they're at a doctor's appointment.**”*

499 collateral outreach contacts—an average of 8 contacts per child—were conducted by Ma’at Program staff. The collateral contact form was developed by Ma’at Program staff to collect and count all connections in this work. This survey tool refuses the individual as the only unit of analysis, and instead brings in a **network of relationships that must be attended to for effective service delivery. It also recognizes that de-stigmatizing mental health means that parents/caregivers and other family and community members will need to be engaged. This collateral outreach and contacts form completed by Ma’at staff re-frames the work to be more culturally responsive to the web of relationships or collateral, corresponding contact types required to successfully serve a child enrolled through this medical model pathway¹². The figures below make visible both the number and types of outreach that have been provided by Ma’at Program staff to support clients enrolled in this direct mental health service for children aged 0-18 and funded by Medi-Cal.**

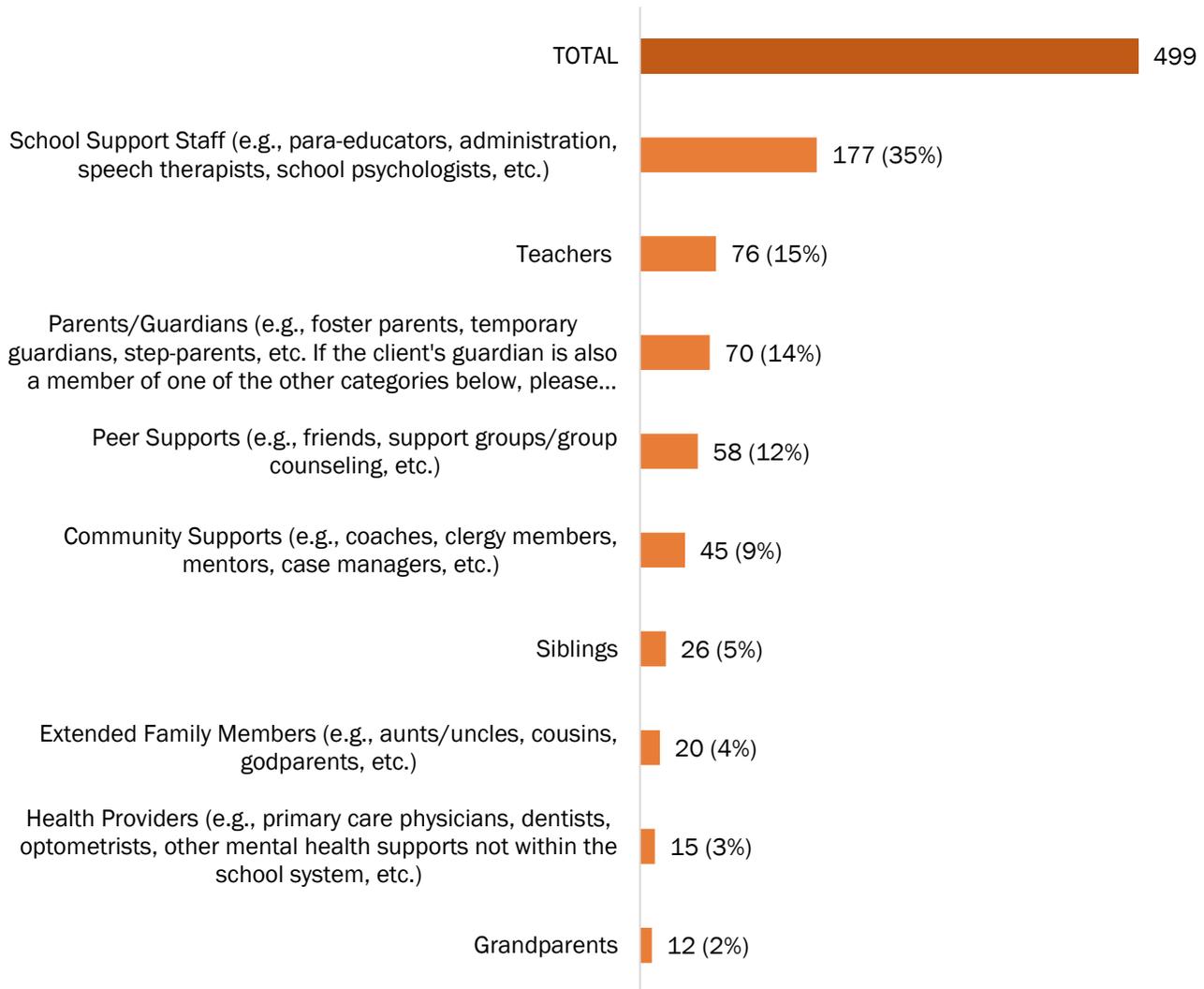
**Average Number of Collateral and Outreach Contact Types for Direct Mental Health Services¹³
(funded by Medi-Cal for children aged 0-18)
(7/1/2019 – 6/30/2020)**



¹² During this fiscal year, six of the Ma’at clients receiving direct mental health services funded by Medi-Cal have also been provided with additional clinical case management services with this funding.

¹³ Based on 12 clinicians/consultants and 59 clients.

**Number of Collateral and Outreach Contact Types for Direct Mental Health Services¹⁴
(funded by Medi-Cal for children aged 0-18)
59 Clients (7/1/2019 – 6/30/2020)**



Note: Contacts may have been in-person, over the phone, or via electronic means.

Hence, Afri-centric whole person wellness is an approach that includes continuous community engagement and contact with schools, systems of care, community supports, and family members. In the case of direct mental health services funded by Medi-Cal, HCN's Ma'at Program offers an innovation to the service delivery approach that ensures culturally-responsive family behavioral health care to Black/African American clients. HCN's Afri-centric whole person wellness approach includes both the community-based, relationships of trust needed to provide service to currently underserved Black/African American families across San Francisco and also the experience necessary to successfully meet rigorous contract compliance requirements for direct mental health services.

¹⁴ Based on 12 clinicians/consultants.

Family Perspectives

Literature has demonstrated that Black/African American clients frequently prefer working with mental health providers of African descent (Cabral & Smith, 2011; Townes, Chavez-Korell, & Cunningham, 2009), and a robust theoretical and empirical literature exists that suggests Black clients tend to strongly prefer working with Black/African American psychotherapists (Cabral & Smith, 2011). In May of 2020, a selected sample of six Ma'at family members were asked to respond to a series of questions, the "Ma'at Family Survey," was emailed out to family members in an effort to give program participants an opportunity to voice their experience of the Ma'at Program. Six Ma'at family members responded.

When asked, in their view, about the importance of having a therapist who is Black/African American or of African descent, all responded "yes" that it was important. Some family members shared further detail about the significance of the Black/African American therapist/client dynamic for their child; changes they've noticed in their child, children or family since working with the Ma'at program; and what has been meaningful for their family, as part of the Ma'at program. Family responses are shared below:

What is the importance of having a therapist who is Black/of African descent?

"It is important because it helps my child feel seen, share space with someone who looks like him and have a positive male person in his network. I feel like Black/African American men in today's world is always looked at negatively no matter what role they're in and my son will be one individual who will look at his therapist positively and impactful. And who knows, maybe even a role model."

"This to me is invaluable. A therapist that understands you on a deep level is important."

"Not having to explain our unique struggles as a black family has been refreshing."

"For someone to listen and pay attention to a black minor needs. It's important for the child to relate and have representation."

What are some of the changes you've noticed in your child/children or family since working with the Ma'at program?

"We haven't been with the Ma'at program very long and when we got involved it was right before shelter in place so we didn't have much time; however, I have noticed that my child feels so comfortable with talking to his therapist about things he enjoys and doesn't enjoy. He's always so excited for their next session."

"Open to talk more about things bothering her."

"[Child] enjoys her therapy she looks forward to her [video-conference] meetings and phone calls and enjoys sharing stories."

"My son has definitely showed some improvement in behavior and ability to use his words to express himself."

"My child was getting the help and resources she needed."

What has been meaningful or what worked for your family as part of the Ma'at program?

“Something that has been meaningful for us is to finally have a therapist who identifies as black and identifies as a male in my child’s service provider network. It’s been a real challenge with not only obtaining a therapist but one that is a male and black.”

“Checked in with us to make sure that were okay.”

“My son can be a challenge and the level of compassion and understanding showed by the therapist has been very encouraging.”

“I really like that the therapist see’s my kids individually, but also takes the time to check in with me and engage us as a family.”

“It was meaningful that my child was able to express and communicate more with their feelings.”

Finally, family members were asked if they had any suggestions for how the Ma'at program could improve. Related to activities for children, one client suggested that Ma'at recommend personal or recreational activities that they can do with their children (e.g., movies, park, ice skating). Another caregiver, who responded, did not have suggestions for program improvements. Though the number of parents that participated in these family surveys was small, the description of their experience illustrates the value of the services received in their own words and is helpful for continuous program learning.

The Impact of COVID-19

Additional data from Ma'at program participants was collected in May of 2020 in an attempt to better understand the experiences of Ma'at families during COVID-19 and their needs. 29 Ma'at clients were asked one open-ended question by their Ma'at therapist/case worker: *How has COVID-19 impacted your family?* The responses were recorded by the Ma'at worker and shared with evaluators. Eight out of the 29 clients (28%) focused on the challenges related to having their child or children at home, managing their child/children's schoolwork, keeping their child/children engaged with school remotely, and the frustrations related to their child or children lacking social interactions. On the other hand, 5 clients (17%) identified some positive outcomes for their families as a result of COVID-19, including the fact that being at home has brought their families closer together and that they have concerns, but are resilient and making the best of the situation. Two clients specifically highlighted their worry and stress related to their health and thinking they had COVID, job loss and simply being isolated. Eight out of 29 clients (28%) either declined to respond, or the program was unable to contact the client. Four clients simply stated, “Overwhelmed,” “Very Impactful,” “Still working” and “childcare insecurity, overwhelmed.” A selection of key findings from each of these areas is presented below:

How has COVID-19 Impacted Your Family?

"It's been hard having all three boys here all of the time...It's been a lot to handle...but [the caregiver] is happy that the boys have someone to talk to and that [she] has a bit of support."

"It has brought our family closer. I worry about my younger kids and their compromised immune systems and me going back to work."

"It's terrible, [COVID-19 and the pandemic] has been affecting me a lot. I am usually a social butterfly but now I can't see my friends or family. It has caused me to be mentally stressed, but I'm trying to work through it."

"At first, I was petrified. I wasn't sure how to deal with it and what it meant for the safety of my kids and grandkids. I can tell it has been harder for the kids who miss their friends. I have concerns about when children have to go back to school."



Program Responses to COVID-19

The Ma'at Program has been adaptive in the face of seismic changes to their service delivery process brought on by the COVID-19 pandemic and its myriad impacts on Black/African American families served by the program. HCN and Ma'at Staff employed the following strategies in response to the needs described by families, community partners, and staff:

- HCN has had to **shift the way services are provided** to Ma'at Program families. Staff are not physically going into office, due to Shelter-in-Place order. Instead, **clinicians are using video chat, texts, email, phone calls to connect with clients.**
- Ma'at staff are making the extra effort to reach collateral contacts, **intentionally keeping in mind how they can support whole family, not just child client.**
- Uncertain times makes trust more important. Ma'at clients have a historical and healthy distrust of media and medical systems. **Families looked toward trusted, Ma'at staff as sources of credible information.**
- **Referral mechanisms have become less formalized** with direct phone calls instead of the use of forms.
- **HCN staff have come together to support each other as a community.** Ma'at and other program staff at HCN have been mutually supportive in community of care.
- There has been a **ramp-up in internal resource sharing**—how to talk to kids [about COVID 19], self-care for families; increased use of technology tools, such as video meetings. **HCN is building capacity in online tools**, as a community, with the understanding that there are varying levels of experience with technology tools.
- There has been a shift in the onboarding process for new hires and a commitment to following through with plans for new hires. **Onboarding process is now a virtual one. Hiring is continuing.**
- There is an understanding that both staff and the critical services they deliver to the Black/African American communities in San Francisco need protection in the context of experienced structural racism and the potential for increased law enforcement presence. The HCN ED, worked with HCN lawyer for **legal document that describes HCN as essential service**, with a printout of shelter-in-place order that comes with it. Hence, staff are prepared with this additional layer of protection.
- With a recognition of the economic struggles of many Ma'at families, **HCN instituted a direct client assistance program** called “Helping Hands” with grocery and gas gift cards for long-term clients, available to families on a monthly basis. Laptops are provided to clients to help them access tele-health services, as well as school, work opportunities and other online resources.
- Providing **culturally responsive services is especially important during this public health crisis.** Understanding how this community-based work is complex for **Ma'at staff of African descent serving Black/African American communities, in the context of structural racism, is critical.**

“Our therapists became much more than a direct face to face, mental health professional. They became the voice of how will you survive. How can we do this? And, we can do this! Let's take it in small bites at a time. Let's figure it out together. They became more than case managers. They became literally a life-line.”

Dr. April Silas, HCN Executive Director

Program Learnings & Recommendations

“We will not only survive this, we will be the authors of how we survive this.”

*Dr. April Silas, Executive Director of Homeless Children’s Network,
Voices of the Uprising Video*

Homeless Children’s Network has successfully built a thriving, Afri-centric whole person wellness program. HCN leveraged their considerable organizational, behavioral health, and clinical expertise serving Black/African American families in San Francisco to develop the Ma’at Program model, serve clients, and rapidly adapt that model in response to COVID-19. A need to address Black/African American community trauma, identified by Homeless Children’s Network and Rafiki, became increasingly urgent in response to ongoing racial injustice, experienced by both program families and Ma’at staff, after the murders of George Floyd and Breonna Taylor by police.

Without the original planning period requested, the Ma’at Program was necessarily focused on program infrastructure needs for service delivery and rapid cycle refinement of the model with HCN leadership and program managers to immediately provide service delivery once the contract began. Though internal data collection capacity was limited at times, due to barriers related to staff capacity, COVID-19, and a climate of anti-blackness, the program and evaluation teams made significant headway in designing data collection instruments that were culturally responsive to the realities of Ma’at program service delivery in this challenging year. Hence, HCN and the Ma’at Program have established foundational, evaluation building blocks for a continuous learning, with families as key stakeholders, in Year One.

HCN’s commitment to evaluation processes, as a way to document the program learnings in Year One, offers valuable insights for lessons learned and recommendations for sustainability of this program. Documenting ongoing barriers and facilitating factors for the development of this innovative Afri-centric whole-person wellness program model has been critical to better understanding the resources required to serve Black/ African American families. HCN’s understanding that considerable initial and then ongoing outreach and relationship building for trust is essential to the delivery of whole person wellness is a significant lesson learned about the relationality that is core to the Ma’at Program’s principles and values. Documenting this work renders visible the *entire* web of engagement efforts performed by HCN’s Ma’at Staff. The insight here is that culturally-responsive, family behavioral health services, that include direct mental health services, for African American children in San Francisco, require a view-finder that allows us to expand our field of vision. This includes paying attention to culturally specific engagement strategies that meet Black/African American families served by the Ma’at Program “where they are” and in ways that resonate with their lived experience.

Importantly, the way we define, and count evidence of services delivered must also be considered with a culturally responsive and equitable evaluation lens. While HCN has indeed met all contract objectives in Year One, the way Ma’at service provision is measured has also required the development of tools that are attuned to the reality of this work, and also the best approach for collecting this information. COVID-19 has further required adaptive responses to program data collection and evaluation processes. The Ma’at program and evaluation teams have collaborated throughout Year One to document these valuable program implementation learnings.

Facilitators & Barriers in Year One

Facilitators

- Homeless Children’s Network’s relationships of trust with San Francisco’s Black/African American communities and service providers.
- HCN’s knowledge of culturally-responsive engagement strategies for Black/ African American communities.

- HCN and Rafiki’s vision for Afri-centric Whole Person Wellness.
- Ma’at Program’s therapists of African Descent.
- Ma’at Program therapists’ clinical experience of community-based, behavioral health services for Black/ African American children and families.
- Rafiki’s “Spoke” partnership for the Ma’at Program.
- Rafiki’s relationships of trust with San Francisco’s Black/ African American communities and approach to Afri-centric whole person wellness in community context with Love Pop-Ups.
- School-based referral system in partnership with Bessie Carmichael “Spoke” partner site.
- HCN’s 50+ collaborative network of community organizations and partners for referrals.
- HCN ability to adapt organizationally and drawn on whole staff community in response to COVID-19.
- HCN and Rafiki employed virtual methods of service delivery to ensure continuity of service for Ma’at Program families.

Barriers

- Funder communications and processes were not supportive of early stage, requested planning for Year One.
- Delays in contract negotiations with funder were a barrier to the definition of selected contract deliverables and this impacted evaluation processes.
- COVID-19 and the resulting Shelter-in-Place order required all service delivery modalities to immediately transition from in-person to phone-based and/or virtual service delivery.
- The murder of Breonna Taylor and George Floyd by police and the ongoing climate of anti-blackness that it revealed further magnified the trauma experienced by Black/African American communities served by the Ma’at Program, as well as program staff of African descent.
- All the systems that HCN interacted with, including school systems, and shelters, were also sheltered-in-place.
- Community-based, in person, listenings and conversations, with community leaders and elders related to Community Advisory Board efforts were impacted by the pandemic.

Lessons Learned

- ⇒ Providing *Afri-centric behavioral health care* requires both new ways of seeing with an *Afri-centric lens* and new remedies for whole person wellness practice and evaluation.
- ⇒ The caseload for the Ma’at Program was quickly full to capacity and remained so, with a waiting list, indicating that there is a greater need for Black/African American whole person wellness and behavioral health services than originally funded.
- ⇒ Recognizing and addressing the historical, generational trauma of slavery and racism, as well as current experiences of anti-blackness and racial injustice for Black/African Americans is essential for the Ma’at Program’s approach to Afri-centric whole-person wellness.
- ⇒ Meeting Black/African-American families “where they are” is foundational to HCN’s engagement strategy. This included engaging families through “spoke” referral sites like Bessie Carmichael, that are embedded in systems of care, such as San Francisco Unified School District. Local, neighborhood places for community gathering, such as churches, were also important engagement sites.
- ⇒ Community relationships of trust and collaborative networks are essential for referrals.
- ⇒ Black/ African American, Afri-centric whole person wellness is a community experience to be addressed by a community-based approach. Rafiki’s community events and love pop-ups supported this community-based approach.
- ⇒ The child or individual client is not the only person being served in a whole-person wellness ecosystem. The child does not stand alone, but exists in network of relationships that also need support. Serving families honors the ways that mental health shows up in the African-American communities served by the Ma’at Program.

- ⇒ Funding needs to support all aspects of family engagement work because this is not a one-time investment, but an ongoing need.
- ⇒ Structural racism within systems of care present barriers to success for new, innovative approaches and these must be identified and addressed in order to support innovations in Black/ African American whole person wellness.
- ⇒ San Francisco's Department of Public Health measures for service provision, only capture a portion of the work required to successfully engage Black/African American families in authentic partnership for Ma'at Program family behavioral health services.
- ⇒ Building ongoing Ma'at Program staff capacity to support program data collection systems and quality data entry are a need.
- ⇒ The pandemic starkly illuminated the social determinants of health and further exacerbated existing inequalities for San Francisco's, underserved Black/African-American communities served by the Ma'at Program. Program staff reported that the scope and breadth of behavioral health service needs required by Ma'at Program families, during the pandemic and uprisings against social injustice, increased exponentially.
- ⇒ Community trust in HCN became a life-line when reliable, trustworthy information was hard to come by for Black/African American communities. This allowed HCN to maintain connections to families and serve increasing needs.
- ⇒ The infrastructure needs shifted from HCN-based to building strong infrastructure in a client's home during the pandemic. HCN quickly recognized that direct client assistance to support client's building and maintenance of home-based infrastructure with computers, for example, was necessary so that families could have virtual contact with their Ma'at therapist.
- ⇒ Virtual methods of service delivery, staff meetings, supervision, and training will continue to be a need during the ongoing pandemic.
- ⇒ Planning for a culturally responsive, equity-based approach to evaluation and continuous learning is critical to supporting Black/ African American community voice and lived experience for shaping what counts as evidence in the Ma'at Program data story.

Recommendations

Recommendations for Evaluation Next Steps

- Continue to build program tools to include client voice and meanings of whole person wellness in Year Two, that make use of virtual methods to maintain evaluation processes.
- Implement the use of the Ma'at Client Tracker Tool, that was co-designed by the program and evaluation team, for comprehensive information on individual clients in Year Two.
- Conduct an organizational readiness assessment with program staff to prioritize areas for evaluation and continuous quality improvement (CQI) for capacity building in Year Two (See Appendix D).

Recommendations for Funders

- HCN recommends sustained, flexible funding that is non-dependent on a family's Medi-Cal status or any other insurance requirements in order to authentically serve the community-engagement and family behavioral health needs of Black/African American communities across San Francisco in the Ma'at Program.
- HCN recommends increased funding overall to serve the current unmet need of clients on the waiting list.

- HCN recommends training for all Ma’at Program stakeholders that includes program principles, values, and practices informed by an intersectional analysis of structural racism, white privilege and historical trauma.
- HCN recommends an open and honest dialogue with champions of the Ma’at Program to function as system allies because multi-year funding structures in and of themselves do not support program sustainability.

Conclusion

This Year One data story has focused on the work of building, implementing, and carving a new pathway for greater health equity in the delivery of family behavioral health services for Black/African American children and their families in neighborhoods across San Francisco. A significant theme of the Ma’at Program data story told here is the value of engaging with San Francisco’s Black/African-American families, in the everyday context of their communities. This is a story of adaption and survival that calls on the shared purpose of Ma’at community for support and well-being.

The Ma’at Program staff, partners, and families provide us with a compass for a new vision of Black/African American Afri-centric, whole person wellness that presents itself as a bold remedy in these times. HCN and Rafiki bring their knowledge and improvisational learnings around community engagement before and after COVID-19 to this Ma’at Year One data story. A consideration of how we learn what we know and what counts as knowledge have been central to the consideration of a culturally responsive and equitable evaluation approach for HCN and Rafiki’s work in Year One. Listenings from San Francisco’s Black/African-American families have provided Ma’at Program staff and partners with opportunities to learn what is working and what additional supports are needed. HCN’s Ma’at Program has gathered community knowledge and responded with culturally tailored whole-person community engagement and wellness services that can both serve the needs of San Francisco’s Black/African American families, at the same time that they celebrate families’ strategies of resilience.

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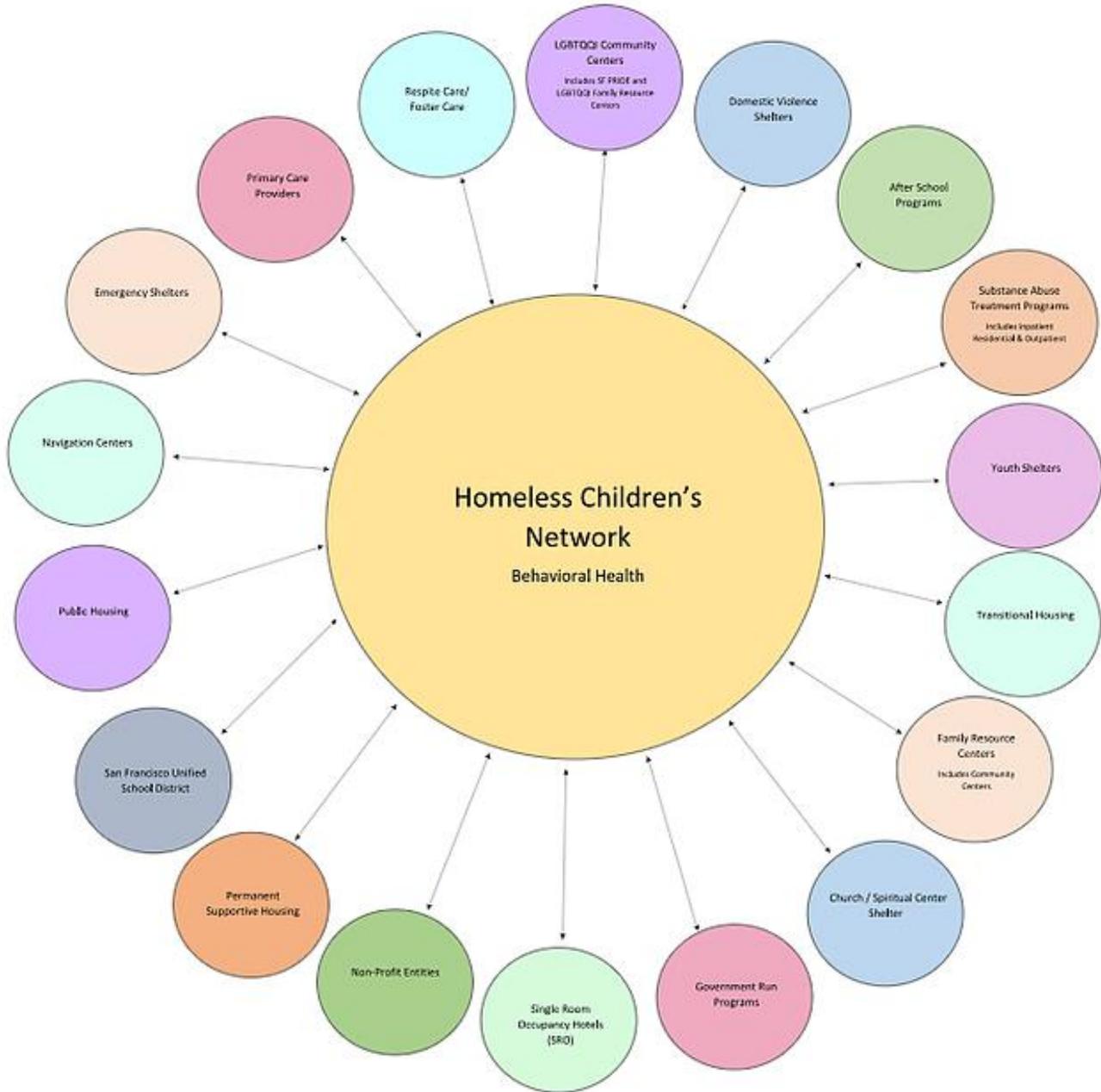
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Appendices

Love and Wholeness: Culturally Responsive Behavioral Health Engagement

Decades of experience in engaging Black/African American youth and families, building rapport, and partnering in healing.

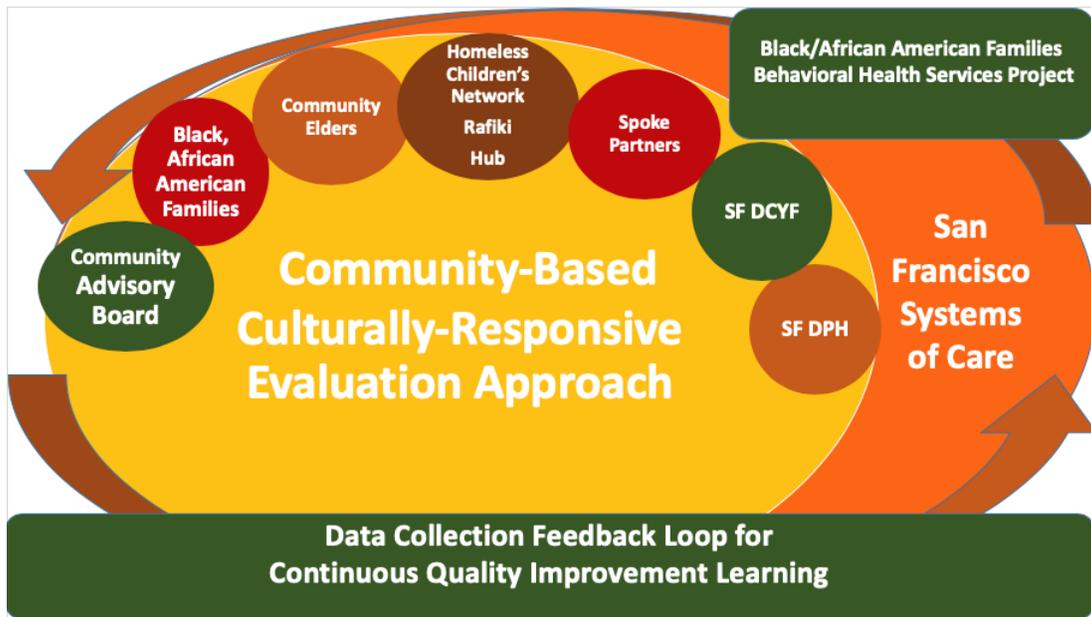
1. Community Endorsed	Values set by community's highest standard of well-being are upheld at the Hub locations and each of the 5 Spoke locations.
2. Staffing	Cultural humility, lived experience, racial and ethnic similarities, with a shared commitment to serve Black/AA community.
3. Training	Monthly speakers, researchers, and community partners to address best practices in Afri-centric behavioral health and treatment services.
4. Community Values	Evaluation of community partners, peers, experts, and elders who will provide oversight to ensure implementation of principles that uphold Black/AA community members
5. Afri-centric Models of Engagement	Engagement and treatment modalities and effectiveness are monitored by circular and reciprocal processes to engage every aspect of community's feedback and oversight.
6. Transparent Accountability	Socio-emotional spiritual engagement and treatment is aligned with oversight from elders and assigned community committees
7. Clinical Oversight	Review of cultural projections, cultural transference, intuition and senses that will offer feedback on engagement strategies and treatment services
8. Integrating Youth and Family Voices	Love Pop-ups, drumming circles, meditation and prayer revivals, quiet corners, phone access, focus and listening groups will reflect on-going participant feedback
9. Community Gatherings	Monthly healing circles, bi-annual and summits, annual conferences where hub and spoke partners receive trainings
10. Reflecting	Advisory group/board learnings ensure that love and wholeness strategies are implemented within a trauma-informed framework



Contract Compliance for EPSDT

More than 26 years of successful contract management and outstanding ratings across programs.

1. Medi-Cal Certification	Standards set by DPH to certify program and location in order to qualify as appropriate location for EPSDT service provision
2. Staffing	Licensed or license-eligible staff with clinical experience
3. Training	Clinical topics addressed, including trauma-informed practices and Medi-Cal documentation
4. Performance Objectives	Program and clinical oversight to ensure weekly goals and annual behavioral health goals are met
5. Contract Compliance	Productivity monitored, see monitoring reports
6. Quality Assurance	Chart compliance with DPH
7. PURQC	Review of assessments, diagnosis, and treatment plans recorded in AVATAR
8. Consumer Satisfaction	Surveys to participants that demonstrate customer satisfaction ratings
9. Meetings and Mandated Trainings	Monthly CYF System of Care meetings, HIPPA & CANS trainings
10. Reporting	Monitoring AVATAR reports to ensure accuracy with data



Ma'at Journey Summary

Community relationships

- Community relationships include hub and spoke relationships with ongoing communication. The hub maintains reciprocity with community partners, agencies, schools and others.
- HCN fosters continuous and ongoing community flow with 50+ agencies as part of the HCN Collaborative. This includes conversation, checking in, interaction, and sharing of reciprocal voices.
- HCN continuously fosters engagement with the entire system of care, including non-Ma'at families from other providers.

Time periods:

1. Community relationships have grown for decades, long before the start of official Ma'at funding.
2. July 2019: Official launch date of the Ma'at program. This started the time of deeper engagement with partners builds on decades-long relationships.
3. Community relationships are ongoing and flexible, addressing new challenges and welcoming new partners.

Deeper engagement with partners: 2-3 months with various levels of contacts

- Engage more deeply with partner entities with follow up meetings, calls, and actualizing resources or providing needed information.
- Pre-COVID: HCN is the connector that links community and providers with places to get various needs met.
- COVID-period: HCN continues the connector role, and supports community partners to connect their clients with resources for employment, education, PPE, summer camp and other resources.
- Ma'at staff collect more information about agency partners, and explore possibilities for training and consultation, or other learning opportunities with partner agencies.

Referral and coordination to actual client and coordination of logistics

- Ma'at staff gather information from the referring provider. This may include information on location, demographics, presenting concerns, potential times to meet, urgency, and a shared understanding of the behavioral/mental health complexity of the presenting issue.
- Ma'at staff engages in pre-client work with the provider referral for assessment of needs, concerns, history, and to understand what brought about the referral.

- Coordination: Ma’at staff members call the clients, working with youth and parent to figure out best place and time to arrange the initial meeting.
- Ma’at staff member informs the client about the mental/behavioral health process. The staff member tells clients about Ma’at services including key points such as that all services are confidential, coming from an Afri-centric approach of affirming Blackness, and based on the needs and goals of families. All services are free of charge to clients.

Individual and/or family contact: 8 months – 12 months

Phase 1 (1 week- 1 month): Face-to-face aspect of behavioral/mental health services: 1) child and youth, 2) parent/guardian/family member, 3) adult, 4) group

- Ma’at staff works on building relationships with the child and family through Afri-centric non-Medi-Cal funding.
- Caregivers are asked if their children have full scope Medi-Cal. For clients with full scope Medi-Cal, services may be billed under a federal program called EPSDT (see section above, *Direct Mental Health Services funded by Medi-Cal*). Some clients might be asked right away, others may need more time to establish trust and building relationships.
- Behavioral/mental health services continue with families who don’t have EPSDT or aren’t open to it.
- Clients have access to Afri-centric whole person wellness services, which include Love Pop Ups, case management, group support, and healing circles.

Phase 2: For clients who have Medi-Cal

- Ma’at staff provide whole person behavioral health services funded by EPSDT.

Individuals, families, and/or groups work toward goals

- Clients’ culmination in the program, as an individual, family or group, is their work towards achieving mental health goals.
- Ma’at clients draw strength from embracing cultural empowerment. Youth and caregivers engage with internalized racism, chronic stress, affirming racial identity, amplifying voices and goals, and empowering cultural narratives.
- Clients learn to see the signs of how trauma have informed their world and make choices with that understanding.
- Clients take an active role in their community and approach the authoring of their lives from a stronger, more empowered stance.
- Thriving, vibrant Black families carry strength and healing within themselves.