

EVALUATION OF EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAM AT HOMELESS CHILDREN'S NETWORK

**2023-2024
EVALUATION FINDINGS**

REPORT PREPARED BY INDIGO CULTURAL CENTER



FOR HOMELESS CHILDREN'S NETWORK



**HOMELESS
CHILDREN'S
NETWORK**

GRATITUDE & ACKNOWLEDGEMENTS

TO OUR ANCESTORS...

“We honor the gifts, resilience, and sacrifices of our Black ancestors, particularly those who toiled the land and built the institutions that established the City of San Francisco’s wealth and freedom, despite never being compensated nor fully realizing their own sovereignty. We acknowledge this exploitation of not only labor, but of our humanity and through this process are working to repair some of the harms done by public and private actors. Because of their work, we are here and will invest in the descendants of their legacy.”

~ San Francisco’s Reparations Plan Report, 2023



MORE GRATITUDE...

We express deep gratitude to the San Francisco Department of Public Health, Mental Health Services Act, Department of Children, Youth & Their Families, and Human Services Agency whose generous funding made this evaluation possible. We want to express gratitude to the San Francisco Department of Early Childhood (DEC) as well for their time and support this past year in preparation for DEC's expanded role in the ECMHC Initiative going forward.

Thank you to the entire Homeless Children’s Network community. This has taken a collective effort, and everyone has come together seamlessly to bring it full circle.

Thank you to the ECMHC Program partners and client caregivers who contributed to this evaluation through surveys, data collection, and interviews. Thank you to ECMHC clinicians who carefully tracked and provided data, and the parents and caregivers who responded to feedback surveys. You are integral to this evaluation. Your experiences are the valued knowledge we seek to uplift. Thank you for so graciously sharing your expertise, time, energy, vulnerability, and wisdom.

Thank you to Rio Holaday for the vibrant, customized art work. Your process of getting to know the program and the data not only make this report more meaningful, but this process helped us understand the data and the work at HCN in more expansive and integrated ways. To learn more about Rio’s work, please visit: (@rioholaday on Instagram) or (www.rioholaday.com).

Thank you to our very own, Krystle Canare, for the fabulous design of this report.

Thank you to our amazing Indigo Cultural Center team for their assistance and amazing attention to detail in gathering, entering, managing and analyzing various aspects of the vast amounts of data for this evaluation. And for all the additional administrative and emotional support required to move this work to completion in such a short amount of time.

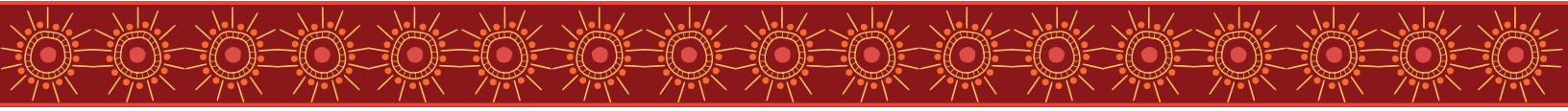


TABLE OF CONTENTS

Introduction	04
Background and Context	06
HCN History and Approaches	11
HCN’s Early Childhood Mental Health Consultation Program	14
ECMHC Evaluation	18
Findings	19
Discussion	34
References	38

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INTRODUCTION





PURPOSE OF THIS REPORT

In 2024, Homeless Children’s Network (HCN) engaged Indigo Cultural Center to conduct an external evaluation of their **Early Childhood Mental Health Consultation Program (ECMHC)**.

For 32 years, HCN has provided ECMHC services supporting infants and young children aged 0-5 and their families, by providing mental health consultation to the people and providers who make up the system of care with the aim of improving social, emotional, and behavioral health and wellbeing of young children. HCN’s goals for ECMHC include co-creating with communities to internalize and externalize strong equitable practices to reduce disparities in communities of color and create equitable opportunities for young children and their families to heal and thrive within communities where they feel safe.

HCN has deep experience providing ECMHC services for early care and education, family resource centers, and family child care sites. HCN also provides ECMHC in specialty service settings such as family and domestic violence shelters and substance use disorder (SUD) residential and outpatient treatment programs.

The main objectives of this report are to:

-  Describe **HCN’S ECMHC Program** in a way that contextualizes it as one aspect of community mental health,
-  Demonstrate the extent to which **HCN’s ECMHC Program** met its service goals and program objectives,
-  Share feedback about experiences and impact from **ECMHC** participants, and
-  Explore the factors and conditions necessary to deliver this service to the Black community in San Francisco.

INDIGO CULTURAL CENTER: A NOTE ABOUT THE AGENCY AND PEOPLE CONDUCTING THIS EVALUATION

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. Indigo Cultural Center (a predominantly BIPOC-staffed organization) is led by executive director Dr. Eva Marie Shivers who identifies as an African American, cis-gendered woman. Dr. Shivers led this current evaluation with a small team that consisted of a bi-racial Black and Mexican American woman, a Black woman, two Filipina/Filipina American women, and one 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.



INTRODUCTION

BACKGROUND & CONTEXT

We begin this evaluation report by including a description of several background factors and the context in which this program took place. Over the past several years, there has been a call to decolonize the field of mental health. One important way we can do this is by expanding the construct of wellness to include a more explicit focus on community mental health in Black and Brown communities. It is increasingly imperative that we not perpetuate the mainstream pathology-narrative of people in our communities by failing to acknowledge the broader forces that impact the well-being of communities that have experienced historic and current marginalization and oppression. Community-based programs designed to promote healing, wellness, and positive mental health do not simply unfold in isolation. The work that Homeless Children's Network embodies is emergent work that will always reflect the time and space in which it is happening.

Indeed, African and Pan-African philosophy teaches us that "all things have an impact on each other, and this interconnectedness and interplay is universal" (Marumo & Chakale, 2018).



VOICE AND TERMINOLOGY USED IN THIS REPORT

The authors of this report employ the use of feminist methodology and use of first-person voice (e.g., 'we', 'us')

(Leggat-Cook, 2010; Mitchel, 2017).

- Throughout this report we use the terms Black and African American interchangeably.
- We do not capitalize white but capitalize Black, Indigenous, and People of Color to challenge the power of whiteness, decenter it, and elevate Black and BIPOC perspectives.
- 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.



All things have an impact on each other, and this interconnectedness and interplay is universal.

Marumo & Chakale

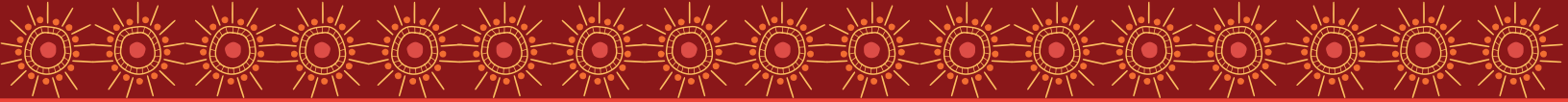
BLACK COMMUNITY IN SAN FRANCISCO

The City of San Francisco is often lauded for its diversity and progressive value. However, after decades of structural racism, the Black population in San Francisco, which was once 13.5%, has eroded to 5%. The Black San Franciscans that remain are largely segregated in communities that have experienced marginalization, exclusionary policies, and other forms of discrimination and oppression. Once considered the 'Harlem of the West,' San Francisco has been home to a vibrant population of Black residents since the City's inception. For one to fully comprehend the present circumstances and trends within the Black San Franciscan community, it is vital that we revisit the rich history of Black San Franciscans and their continued impact on the City's culture and growth. ¹

WORLD WAR II

During World War II, Black Americans from the South were recruited by employers to fill the need for shipbuilding labor and jobs left vacant by Japanese Americans who were forcibly sent to internment camps. While Black Americans were heavily recruited to San Francisco, they had few options for housing and were often funneled into what are now considered historically Black neighborhoods such as the Fillmore District, the Western Addition, and Bayview-Hunters Point.

¹ For an excellent review of Black San Franciscan history, please see: "African American Citywide Historic Context Statement, 2024, Prepared for City and County of San Francisco, San Francisco Planning Department." Retrieved on July 26, 2024: <https://sfplanning.org/african-american-historic-context-statement>



POST-WORLD WAR II

During the Post-World War II period, Black Americans were faced with housing shortages as GIs and Japanese Americans returned to San Francisco and anti-Black discrimination in the private housing market left them unable to purchase homes. Black communities quickly became overcrowded and under-resourced. Moreover, competition from returning GIs, the closing of shipyards, and lack of representation from labor unions led to high unemployment rates among the Black community.



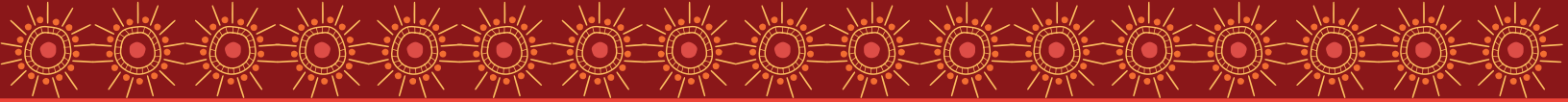
1960 - 1979

In the late 1960s, racial tensions continued to rise against the Black community. During this time, the 1949 Housing Act allowed the city to demolish and reconstruct neighborhoods considered “slums.” Thus, a significant number of homes and places of business in Black neighborhoods such as the Fillmore District were demolished (Whitney, 2024). This led to an exodus of Black-owned businesses and Black residents from the city. In 1970, there began a significant decline in San Francisco’s Black residents since the 1920s, when it was 13% of the city’s population.

1980-2009

Redevelopment projects were completed by the 1980s, but new homes were too expensive for the majority of former San Francisco residents to afford. Then, the 1990s-2010s brought tech booms that created a strong demand for skilled tech workers in the Bay Area. Subsequently, rates of gentrification of historically Black and immigrant neighborhoods in San Francisco increased, contributing to rising costs of living and further displacement of the Black community.



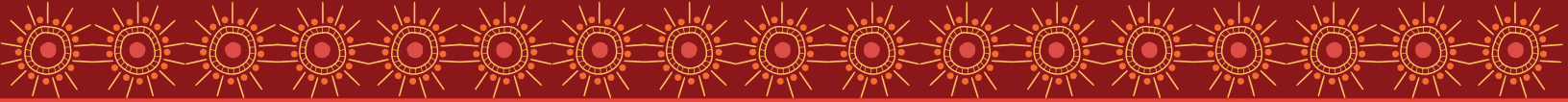


2010 - PRESENT

Looking ahead to the last decade, Black San Franciscans have been faced with even more challenges as they continue to experience rising police brutality and use of force compared to white people (Balakrishnan, 2023) and disproportionate rates of hospitalizations and mortality from COVID-19 compared to whites (Cho & Hwang, 2022). Now, the Black community makes up only 5% of the San Francisco population and continues to decline as Black Americans continue to face the lasting impacts of gentrification, discrimination, and anti-Blackness.

With continued, targeted, and intentional support for the Black San Franciscan community, we may look to a future where Black families can live and continue to nurture their legacies in San Francisco.





Mural by Serge Gay Jr at Polk Street and Larkin Street



CONTRIBUTIONS TO THE CITY OF SAN FRANCISCO

The Black community has made significant and lasting impacts on the civic, cultural, and economic conditions of San Francisco. For example, San Francisco is home to many Black community leaders and civil rights activists who worked diligently to combat racism and discriminatory practices.

Moreover, Homeless Children’s Network has made important contributions to the City of San Francisco for over 30 years, recognizing the mental and behavioral health needs of homeless children and their families. HCN has established a program to train and support providers in early childhood mental health to serve homeless children and their families in early childhood care settings, shelters, domestic violence shelters, transitional housing systems, single residence occupancy, and permanent and supportive housing programs in San Francisco. HCN is recognized for its contributions in 1) serving families facing inequities in the housing system of care with children ages birth to five; 2) coordinating efforts with community-driven coalitions such as MegaBlackSF; and 3) concentrating mental health support in the Black community overall which allows for HCN to anchor early mental health consultation in the Black community like never done before in terms of volume, quality of Afri-centric training modalities, and support circles for Black families and Black providers on behalf of Black children.

Despite the longstanding history and significant contributions to San Francisco, Black residents and the Black community are often overlooked and forgotten. Community organizations like Homeless Children’s Network exist to uplift and preserve the rich history of Black San Francisco by attending to the holistic well-being of its residents.



HCN staff at 2023 HCN Retreat in San Francisco, CA



HOMELESS CHILDREN'S NETWORK HISTORY

Since 1992, Homeless Children's Network (HCN) has empowered toward a brighter future for children, youth, parents/caregivers, and families in San Francisco who are experiencing or are at risk of homelessness, formerly homeless, or in generational poverty. HCN was founded by the directors of six homeless and domestic violence shelters to establish a standard of care for San Francisco. Now, HCN is the hub of a Provider Collaborative of over 60+ service agencies and community-based organizations in San Francisco.

Their mission is to decrease the trauma of homelessness and domestic violence for children, youth, and families through direct mental and behavioral health services as a response; to empower families; and to increase the effectiveness of collaborative efforts among service providers by unifying a city-wide collaborative to end homelessness and poverty.

Embedded in HCN's mission is a commitment to raise the standard of care for young children and families in San Francisco. HCN has been providing ECMHC services for over three decades and is one of the original grantee agencies funded by the San Francisco Department of Public Health (SFDPH) when the City-wide community-based ECHMC Initiative began. Sites frequently request HCN's ECMHC services because of their long experience and reputation for delivering trusted, culturally responsive services.

Three notable and distinguishing factors that describe HCN's work include: a 32 year-long history of building trust-based relationships with both community members and providers; a committed focus on amplifying the voices of marginalized communities; and the integration of an Afri-centric approach that guides their clinical mental health and their community mental health services and which includes engaging Black communities in the design and implementation of solutions, including the evaluation of HCN's impact.²

2 For more history about Homeless Children's Network, please visit: <https://www.hcnkids.org/history>

BLACK COMMUNITY MENTAL HEALTH

Over the past four years, the field of mental health has been undergoing a shift in paradigms that involve bringing community mental health frameworks and initiatives in from the margins of discourse and into the light as many BIPOC mental health advocates march more urgently toward liberation and decolonization (Mullan, 2023; Murray-Browne, 2021). One of the key pillars of understanding Black community mental health is to acknowledge and accept the impact of historical systemic racism and oppression in the U.S. and how mainstream therapeutic approaches have failed to take account of the harms done to the descendants of enslaved Africans. This neglect has resulted in a mental health paradigm – employed by most therapists in this country – that focuses on the pathology of individuals and virtually ignores the dynamics of community.

Ubuntu is the essence of HCN’s Afri-centric programs. For Black people in this country and around the world, community and interconnectedness – **ubuntu** – is and always has been a vital part of our existence and healing. **Ubuntu** is a term that originates from the Bantu people in South Africa. **Ubuntu** encapsulates a set of closely related value and belief systems throughout the continent of Africa and throughout Pan-Africa (including the U.S.) that emphasize interconnectedness and humanity towards others. This value system ultimately comes down to the following, “an authentic individual human being is part of a larger and more significant relational, communal, societal, environmental and spiritual world” (Mugumbate & Admire, 2020). When we only provide mental health support in bifurcated, disjointed, and essentialist ways, we suppress the potential of healing that can take place when community is integrated into healing approaches.



AFRI-CENTRICITY IN HOMELESS CHILDREN'S NETWORK'S PROGRAMMING & APPROACHES

All the programs at HCN and the organizational culture (including who is hired to do Black community mental work) are influenced and based on an Afri-centric worldview. 'Afri-centricity' refers to a way of considering social change and human dynamics that are rooted in African-centered intellectual and (pre-colonial) African philosophies. The main values and concepts that ground an **Afri-centric worldview** include the "interconnectedness of all things; the spiritual nature of human beings; the collective / individual identity and the collective / inclusive nature of family structure; the oneness of mind, body, and spirit; and the value of interpersonal relationships" (Graham, 1999, p. 258). Regarding mental health, Afri-centric theory is used to help explain and understand African-centered therapies and 'treatment.' HCN's Afri-centric framework is presented below. The expansive nature of HCN's Afri-centric framework is also beneficial for serving a wide diversity of BIPOC and other marginalized children within ECMHC.



- Affirms Blackness
 - Is trauma-informed
 - Is love-informed
 - Focuses on self-acceptance
 - Focuses on resilience
 - Identifies unique areas of strength
 - Normalizes clients' experiences
 - Reframes the stigma of mental health among the Black community
-
- Acknowledges a range of spiritual practices within the Black community
 - Encourages clients to believe in their capability and choice to engage in their own healing
 - Integrates family and community members into services
 - Offers space to process collective grief and fear without judgment
 - Addresses barriers to accessing resources and basic needs
 - Facilitates difficult conversations

HCN'S EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAM

LITERATURE REVIEW

What is Early Childhood Mental Health Consultation?

Infant and Early Childhood Mental Health Consultation (IECMHC) – also referred to as Early Childhood Mental Health Consultation (ECMHC) is a preventative and strengths-based approach that equips early childhood educators (and other adults who are in settings where young children are being cared for) to provide supportive environments for children. An ECMHC Consultant who specializes in infant and early childhood mental health partners with adults in settings where there are young children (e.g., teachers, administrators, social workers, family support specialists, etc.) to build capacities and skills that strengthen and **support young children's development before formal intervention is needed.**

ECMHC is an adult-focused intervention. Through the development of partnerships among early care and education (ECE) directors, teachers, and families, ECMHC builds their collective and individual capacity to understand the powerful influence of their relationships and interactions on young children's development. Children's well-being is improved, and mental health problems are prevented as a result of the Consultants' work with the adults and caregivers in a young child's environment through skilled observations, individualized strategies, and early identification of children with challenging behaviors which place children at risk for expulsion and suspensions and other exclusionary practices (Center of Excellence for IECMHC, 2020).

ECMHC involves the collaborative relationship between a professional Consultant who has mental health expertise and an early childhood professional (e.g., teacher, child care administrator, social worker, early intervention specialist, family support specialist, etc.). ECMHC is an adult-focused service – not a therapeutic service delivered directly to the child or family (Brennan et al., 2008). Consultation can focus on the emotional and behavioral struggles of an individual child (child-focused or 'case' consultation), the conditions and functioning of a classroom as they affect all the children in that environment (classroom-focused consultation), and/or work on a program's leadership to improve the overall quality of the early childhood program (program-focused consultation) (Center of Excellence for IECMHC, 2020).





ECMHC Outcomes in Early Care and Education Settings

In the vast majority of states, counties, territories, and cities around the country, **ECMHC mostly takes place in early education settings** which include community child care; Head Start; public pre-K; and homebased child care (e.g., Family Child Care and Family, Friend, and Neighbor Care). The body of evidence to date suggests that ECMHC has a positive impact on many program, staff, and child outcomes (e.g., Brennen et al., 2008; Center of Excellence for IECMHC, 2020; Hepburn et al., 2013). To date, the strongest domains of outcomes in EMCHC are 1) children's social and emotional wellbeing and 2) teachers' social-emotional support for young children (Center of Excellence for IECMHC, 2020). Namely, many evaluations of statewide ECMHC programs have found **increases in children's emotional competency** (e.g., self-regulation; social skills; adaptive behaviors; and other protective factors) and a **reduction in children's challenging behaviors** (e.g., hyperactivity, defiance, aggression) (Brennan et al., 2008; Conners-Burrow et al., 2012; Crusto et al., 2013; Hepburn et al., 2013; Gilliam et al., 2016; Perry et al., 2008; Shivers, 2015; Van Egeren et al., 2011; Williford et al., 2008).

The federal government and national policy leaders have issued several policy briefs highlighting ECMHC as an effective strategy for reducing child expulsion in general, and expulsion for boys of color specifically (e.g., Children's Equity Project, 2020; U.S. Department of Education, 2014). The emerging evidence for the effectiveness of ECMHC in promoting positive social and emotional outcomes for young children and in reducing racialized discipline disparities (Davis, Perry, & Rabinowitz, 2019; Davis, Shivers & Perry, 2018; Shivers, Farago, & Gal-Szabo, 2021) has been the impetus for many states to invest in ECMHC initiatives.

ECMHC in Expanded Settings

Currently, Early Childhood Mental Health Consultation (ECMHC) continues to expand into new types of settings that serve infants, young children, and their families, such as domestic violence shelters, family resource centers, primary care offices, and other child-serving organizations. Although these settings have long been staffed by social workers, family specialists, and care coordinators, newly defined collaborations with early childhood Mental Health Consultants (MHCs) are offering an approach that emphasizes the capacity of the caregiver to understand and respond to the unfolding needs of the young child (Ash, Mackrain, & Johnston, 2013). As ECMHC continues to expand into settings other than ECE sites, core components of ECMHC that are utilized in ECE settings – such as use of the Consultative Stance (Johnston & Brinamen, 2006), provide a framework for how to integrate the consultation into these expanded site systems. Implementation of ECMHC core components and elements sets the stage for services that are relationship-based, individualized, and more likely to engage partners and families (Ash, Mackrain, & Johnston, 2013).

In terms of research and evaluation, very little is known about ECMHC in non-early childhood educational settings. Brinamen and colleagues (2012) applied the consultation model to adult settings, such as homeless and domestic violence shelters. They examined some of the structural impediments in shelters that can interfere with relationship-building MHC, such as a crisis-driven approach, rotating staff, and the need to be available at all hours. An additional challenge is presented by the trauma and stress experienced by all in the environment that can sometimes affect relationship-building that is central to consultation (Brinamen et al., 2012). There is a significant gap in the literature ECMHC in diverse settings. This report seeks to address that gap.



HCN'S ECMHC PROGRAM DESCRIPTION

For 32 years, HCN has provided ECMHC services supporting young children ages 0-5, their families, and the people and providers who make up the system of care with the aim of improving social, emotional, and behavioral health and wellbeing of young children. HCN's goals for ECMHC include co-creating with communities to internalize and externalize strong equitable practices to reduce disparities in communities of color and create equitable opportunities for young children and their families to heal and thrive within communities where they feel safe. HCN is known as a trusted healer and facilitator, and a centralizing hub that unifies the voices of Black/African American and BIPOC families and care providers.

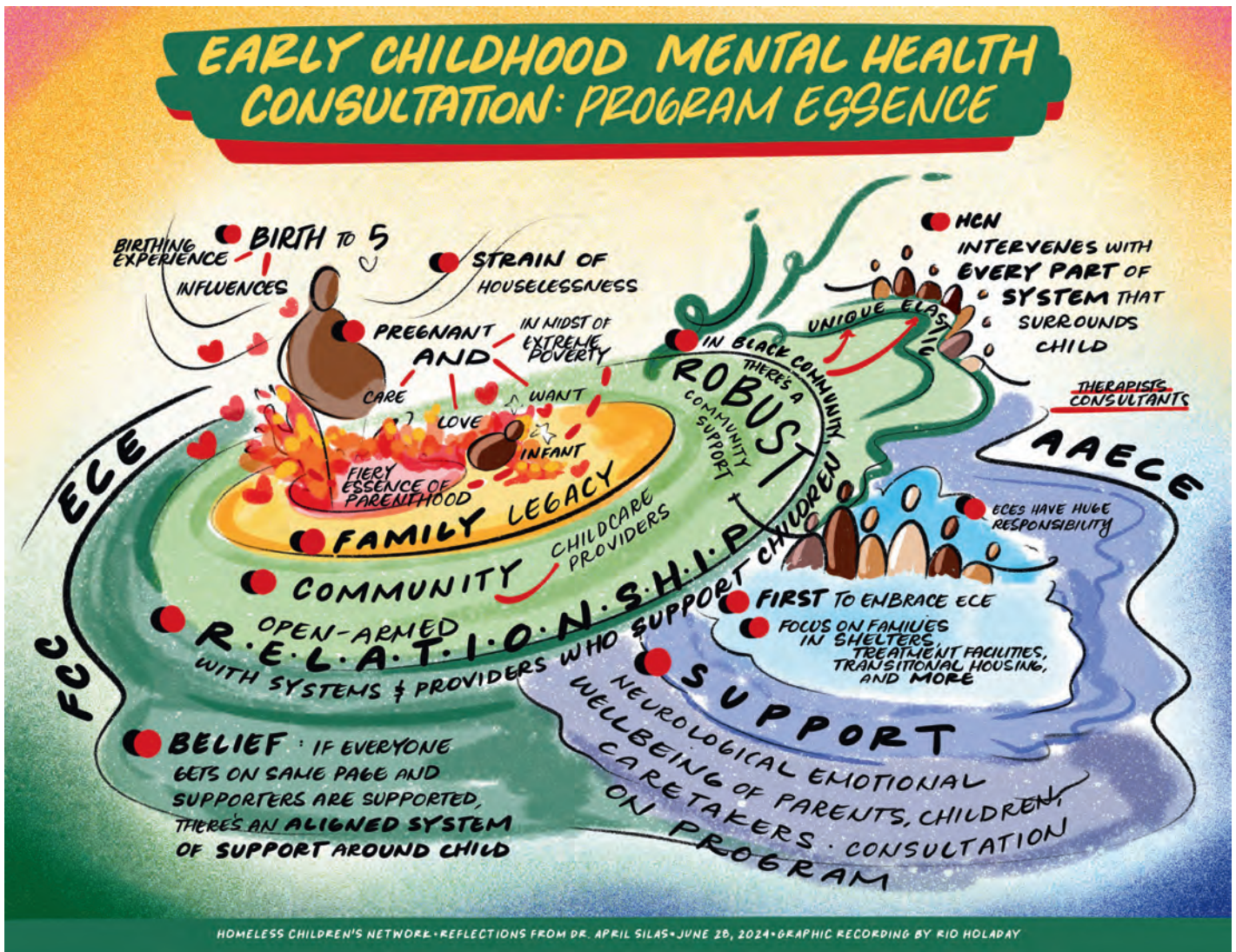
HCN is one of the original grantee agencies funded by the San Francisco Department of Public Health (SFDPH) when the City-wide community-based ECHMC Initiative began in 1999. HCN has had a contractor relationship with San Francisco Department of Public Health (SFDPH) for 25+ years and their performance has consistently exceeded program performance expectations, deliverables, compliance, and client satisfaction. HCN is one of four provider-agencies part of San Francisco's broader City-wide ECMHC Initiative. Of the four agencies, HCN is the only provider that is Black-led and serves predominantly Black and BIPOC children ages 0-5 and their families.

HCN has deep experience providing ECMHC services for early care and education (ECE) programs, family resource centers (FRC), and family child care (FCC) sites as well as specialty service settings such as family and domestic violence shelters and substance use disorder (SUD) residential and outpatient treatment programs. HCN also has a long history of engaging teachers, site staff, children, and parents/caregivers from diverse backgrounds. Consultants are embedded in the communities they serve and show up week to week, taking time to be present and build trust with children, parents, and site staff before supporting them to meet their own goals. Consultants sit face-to-face and heart-to-heart with families and site staff using family-friendly language to talk about ECMHC services and other community services for potential referrals. HCN strives to integrate every conversation, meeting, training, support group, and program partnership with a culturally affirming lens.

HCN also provides more limited ECMHC services through other programs, including their Brighter Futures program for Black fathers and their Dream Keeper Initiative Community Mental Health program in which they provide community-based mental health and early childhood mental health support for marginalized groups such as Black unhoused/housing insecure, Black LGBTQIA+ individuals including parents/caregivers with children ages 0-5, and Black early care providers. HCN also supports the work of the African American Early Care and Education (AAECE) system of care in San Francisco, which provides support to the Black community of 60+ Black-led child care sites - including Family Child Care sites - in San Francisco.



It is important to note that HCN staff and their Mental Health Consultants (MHCs) reflect the clients and communities they serve both in demographics and lived experience. This encompasses those with first-hand understanding of issues related to economic insecurity and housing instability and reflective of the communities they serve, including Black and LGBTQIA+ community members. In fact, sites frequently request HCN's ECMHC services because of their long experience and reputation for delivering trusted, culturally responsive services.





HCN'S ECMHC PROGRAM EVALUATION

PRIMARY RESEARCH QUESTIONS

- 1 Were HCN's ECMHC Program objectives met?
- 2 How do ECMHC participants rate and describe their experiences with HCN's ECMHC Program and the impact of ECMHC?
- 3 How does HCN's ECMHC Program team describe the conditions and approaches that enabled them to meet their objectives?

METHODOLOGY

PARTICIPATORY PROCESS

Since 2007, Indigo Cultural Center has built a strong reputation as a Community Based Participatory Research (CBPR) organization with partner-clients across the country; whereby evaluation design, implementation and dissemination activities are closely aligned with our partner's ongoing service delivery to establish and maintain continuous quality improvement.

HCN leadership and HCN's ECMHC team collaborated with us on the following phases of development: evaluation design, focus group and survey development, data collection outreach, and interpretation of findings.

PHASES OF DATA COLLECTION

The evaluation for HCN's ECMHC Program had three phases.

Phase one involved reviewing the progress of program objectives and performance measures set by the funders and HCN leadership.

Phase two involved the distribution of a survey that included rating scales and open-ended questions.

Phase three involved HCN's participation in an interview to explore the approach(es) and conditions necessary to make this program a success.

We relied heavily on the methodology of storytelling in the qualitative aspects of our data collection in Phase three. Inspired by the work of S.R. Tolliver (Recovering Black Storytelling in Qualitative Research, 2022), we were interested to uplift alternative ways of knowing that foregrounds Black narrative traditions.

Here at Indigo Cultural Center, we are also on our journey of decolonizing our ways of gathering data and conducting community evaluations by decentering more mainstream, white-centered qualitative methods.



FINDINGS

**PHASE 1:
DATA SAMPLING**



**PHASE 2:
FEEDBACK SURVEY &
EMERGENT CODING**



**PHASE 3:
INTERVIEW DATA
CODING**

ANALYSIS APPROACH

PHASE ONE:

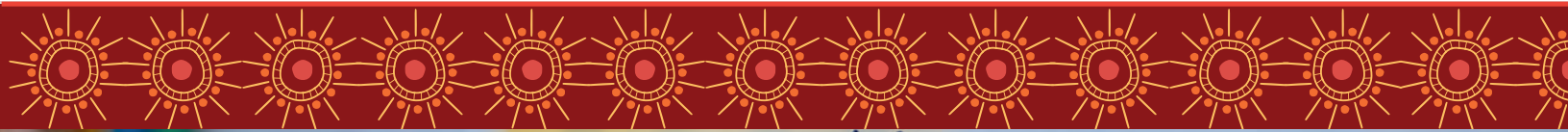
To track performance measures, we sampled data points from electronic health record reports, provided by HCN staff, and staff tracking sheets.

PHASE TWO:

To analyze the participant feedback survey, we conducted descriptive analyses on the rating scales. For the open-ended questions, we coded responses using emergent coding.

PHASE THREE:

To analyze interview data from HCN staff, we utilized two main types of coding for the interview transcripts. The first was a priori coding, because some of our codes emerged based on the questions that came from our prior HCN staff focus group script. The other type of coding process we used was emergent coding (Charmaz, 2006; Saldaña, 2021). Because our questions were broad and exploratory, we aimed to capture concepts, experiences, and meanings that surfaced from the words and stories in the transcripts. Emergent themes are a basic building block of inductive approaches to qualitative social science research and are derived from the worldviews of research participants themselves.



FINDINGS

RESEARCH QUESTION #1: WERE HCN'S ECMHC PROGRAM OBJECTIVES MET?

This year, HCN's ECMHC program exceeded service goals for the number of sites they served. In FY 2023-2024, HCN served a total of 54 ECMHC sites citywide, including 47 early childhood education sites (e.g., centers, public pre-K, FCC homes, family resource centers). They also served a total of seven (7) expanded-setting sites (e.g., domestic violence and homeless family shelters; SUD residential or outpatient treatment programs).

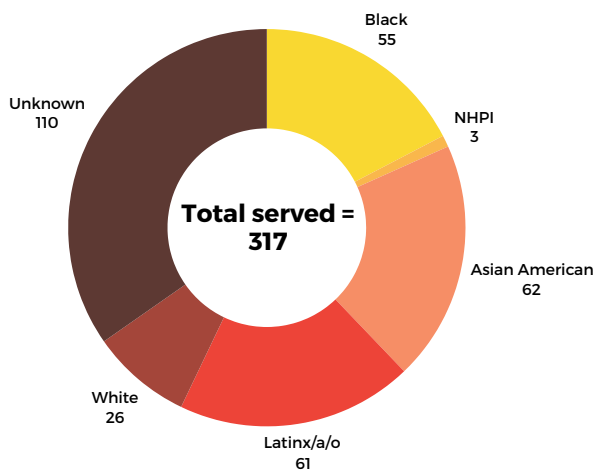
The table below depicts the number of EMCHC sites served by HCN based on setting type.

	# of sites served	# of care providers served	# of parents/caregivers served	# of young children served
Early Care and Education (ECE) Centers	8	92	59	153
San Francisco Unified School District Pre-K	9	96	74	210
Licensed Family Child Care (FCC) Home	25	8	16	42
Family Resource Centers (FRC)	5	58	58	57
Homeless and Domestic Violence Shelters	4	40	25	30
SUD Treatment Programs	3	23	27	21

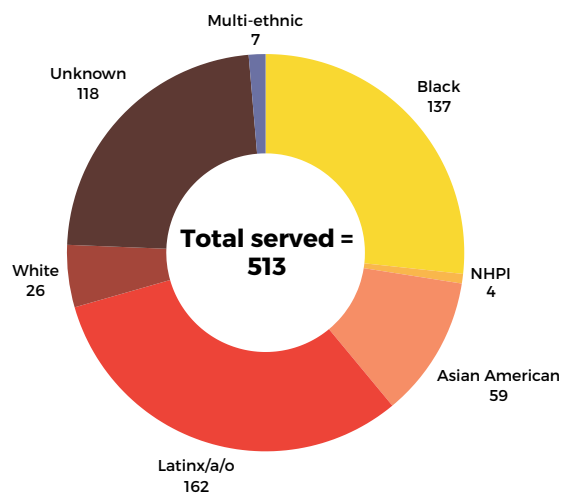
RESEARCH QUESTION #1: WERE HCN'S ECMHC PROGRAM OBJECTIVES MET?

HCN serves a diversity of care providers and children in San Francisco. The table below presents descriptive data on the racial/ethnic backgrounds for those they serve. Notably, **HCN serves more Black early childhood professionals and Black children than other ECMHC grantees in the City.**

Early Childhood Professionals (e.g., teachers, social workers, family specialists)



Young Children



The table below lists the various types of activities and services offered by HCN's Mental Health Consultants and the number of hours dedicated to each activity. The top three (3) mental health consultation activities were **Group Consultation; Individual Consultation; and Observation.**

Activities of Mental Health Consultation	Service Hours Delivered
Individual Consultation	2,212
Group Consultation	3,183.5
Observation	1,834.5
Staff Training	418.5
Parent Training and Support Groups	255.5
Referral and Linkage	1,220.5

RESEARCH QUESTION #2: HOW DO HCN'S ECMHC PARTICIPANTS RATE AND DESCRIBE THEIR EXPERIENCES WITH THE ECMHC PROGRAM AND THE IMPACT OF ECMHC?

Feedback from Early Care and Education (ECE) Site Partners

Teachers, family support specialists, and administrators from HCN's early childhood sites were invited to complete a feedback survey about their experiences with HCN's ECMHC program. Fourteen (14) consultee-partners completed the survey, which included both a 6-point Likert scale for rating agreement as well as open-ended questions. **Responses were overwhelmingly positive regarding the experiences and impact of the ECMHC Program.** We asked consultee-partners to rate the extent to which each of the following **characteristics describes their Consultant's approach in their consultation sessions.** We also asked consultee-partners to rate those outcomes that were impacted as a result of working with their Mental Health Consultants. This question and the domains were developed based on previous studies and focus groups with mental health Consultants and Consultees. In addition, some domains were informed by the San Francisco ECMHC Initiative's previous ECE provider and parent feedback surveys (Janssen, Huang, & Shivers, 2022). Responses from our current survey with HCN are summarized below.

HCN's Mental Health Consultants' **approaches** were:

- Relationship based
- Patient
- Hopeful
- Focused on building skills and capacities

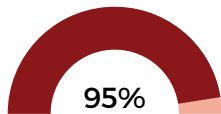
(100% agreed)

- Integrated with community services and supports
- Strengths based
- Individualized

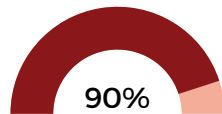
(90% agreed)

RESEARCH QUESTION #2: HOW DO HCN'S ECMHC PARTICIPANTS RATE AND DESCRIBE THEIR EXPERIENCES WITH THE ECMHC PROGRAM AND THE IMPACT OF ECMHC?

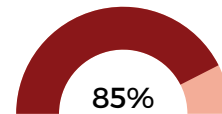
Consultee-partners surveyed **agreed** that the following was **IMPACTED** by HCN's Mental Health Consultants:



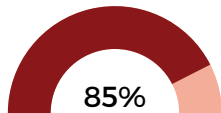
Utilization of other community mental health and family support resources.



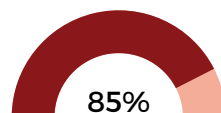
Understanding of a child's experiences and how they may be affecting current behavior.



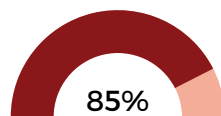
Using what we have learned and applying it to all children in our care.



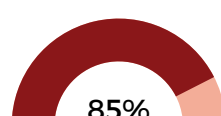
Staff-to-staff interactions.



Teacher-to-child interactions.



Teacher attitudes, beliefs, and knowledge about early childhood mental health.



Meeting the social-emotional needs of children in our center.

OPEN-ENDED SURVEY FEEDBACK FROM ECE SITE PARTNERS

We asked HCN's consultee-partners to share how their Mental Health Consultant was most helpful. Key themes in their responses were identified, with the top four (4) themes in order of most salient listed below along with selected quotes from HCN's partners.

What has your Mental Health Consultant done that is the **MOST HELPFUL**?



Consultants provided key opportunities to reflect. Someone to listen and hold space.



Enhanced positive interactions between teachers and children.



Enhancing the wellness and mental health of staff.



Increasing capacity to communicate and engage effectively with families.



Quotes from HCN's consultee-partners:

"[Our consultant] helped us so much by attending parent meetings, she listened to my challenges, worked with me to support teachers around interactions with children, and supported us to understand trauma-informed care."

~SFUSD Teacher

"It's challenging to build community among the staff at our site and with our consultant's help in hosting the intentional Wellness Days (in addition to a new site leader) this year, we've seen incredible positive changes and morale in our staff."

~Family Support Specialist at Family Resource Center

"It helps to have a space with our consultant to think about social and emotional needs and reflect on our observations together. It also helps to think about how to raise and discuss issues with families. It is also very helpful when the consultant meets directly with families to reinforce the support we are able to offer them."

~Teacher at ECE Center

RESEARCH QUESTION #2: HOW DO HCN'S ECMHC PARTICIPANTS RATE AND DESCRIBE THEIR EXPERIENCES WITH THE ECMHC PROGRAM AND THE IMPACT OF ECMHC?

OPEN-ENDED SURVEY FEEDBACK FROM ECE SITE PARTNERS

Staff from HCN's shelter and SUD recovery program sites were invited to complete a feedback survey about their experiences with HCN's ECMHC program. Eleven (11) consultee-partners completed the survey. Open-ended responses were thematically coded. We present findings for four of the open-ended questions below. For each question, themes in responses were identified, with the top themes listed below along with selected quotes from HCN's consultee-partners.

QUESTION #1: WHAT DO YOU APPRECIATE ABOUT THE APPROACH YOUR MENTAL HEALTH CONSULTANT OFFERS?

Early Childhood Mental Health Consultation (ECMHC) differs greatly from direct clinical approaches. We felt it was important to understand consultee-partners' perspectives about the ways in which Consultants offer support. Staff at shelters and SUD programs expressed their appreciation of the unique support they receive in the following ways:

- ✦✦ Our Consultant works with us in ways that are collaborative and supportive.
- ✦✦ Our Consultant is non-judgmental and meets us and our clients exactly where we are.

"I appreciate how inclusive and open the conversation is regarding mental health. I feel like our mental health consultant does an amazing job at meeting our clients where they are at, and making them feel inclusive regardless of whatever mental health support is needed."

~Case Manager at Homeless Shelter

"I appreciate the consultant's approach because it is nonjudgmental, culturally sensitive, and focused on practical, evidence-based solutions. They listen carefully and provide guidance that is tailored to our specific needs, making it easier to implement positive changes in our program."

~Case Worker at SUD Recovery Program



QUESTION #2: HOW HAS WORKING WITH A MENTAL HEALTH CONSULTANT CHANGED THE WAY YOU FEEL SUPPORTED IN YOUR ROLE?

Even though the focus of ECMHC is ultimately directed towards young children, ECMHC is designed to be an **adult-focused support**. HCN's consultee-partners expressed the ways in which they felt supported as individuals working on behalf of children and families.

The top themes are presented below:



- ✦ I feel more confident in the ways I can support families at our site.
- ✦ It has been valuable for me to receive a different perspective on my work.

“I think getting this support has definitely created a different perspective in how I approach families and their situations. I also feel like having the support of a mental health consultant has created avenues for myself to be able to connect families more easily.”

~House Manager at SUD Recovery Program



“It's provided me with a reliable source of guidance and expertise. I feel more confident and less isolated when facing challenges. My consultant offers tailored advice and practical strategies, which has not only enhanced my skills but also reassured me that I'm not alone in addressing complex issues.”

~Case Manager at DV Shelter

QUESTION #3: SINCE WORKING WITH THE MENTAL HEALTH CONSULTANT, HAVE YOU NOTICED ANY DIFFERENCES IN TERMS OF PARENTS' SENSE OF SELF-EFFICACY OR EMPOWERMENT?

The theory of change in ECMHC depends on the reverberations that happen when adults in a child's environment receive support and enhance their knowledge about relationship dynamics with young children, trauma, and social and emotional development. With this question, we were curious to explore to what extent consultee-partners noticed whether this reverberation effect took place as a result of working with a Mental Health Consultant.

The top themes are presented below:

-  Families feel reassurance knowing that staff at our program are working with a Mental Health Consultant.
-  Parents seem better able to understand and handle their children's challenging behaviors.

**"Yes, parents have met our consultant and feel reassurance with having an extra support."
~Case Manager at DV Shelter**



**"The consultant is providing us with support and self-confidence so that we can provide the families with the tools, knowledge, and reassurance, which has helped parents feel more capable of addressing challenges and advocating for their families."
~Lead Family Advocate at DV Shelter**

QUESTION #4: WHAT HAS BEEN THE BIGGEST IMPACT OF WORKING WITH A MENTAL HEALTH CONSULTANT?

Previous research of ECMHC initiatives has demonstrated that when consultees feel like things are transforming, it increases their sense of self-efficacy, which in turn reverberates into their interactions with young children and their families (Janssen, Huang, & Shivers, 2022). In this question we received feedback about the ways in which consultee-partners felt like things were changing.

The top themes are presented below:

- ✦ We now have more effective strategies for supporting children and families.
- ✦ Bringing mental health to communities who typically don't have access and/or are wary of mental health providers.



“The biggest impact has been the transformation in how we approach and address mental health at our program. Their expertise has led to more effective strategies for supporting both children and families, creating a more nurturing and responsive environment. Additionally, the consultant has helped build our team's confidence and competence in dealing with complex emotional and behavioral issues, ultimately leading to better outcomes for everyone.”

~Case Coordinator at Homeless Shelter

“The overall biggest impact of working with a mental health consultant is bringing the idea of mental health and seeking support to marginalized communities that have a negative outlook on therapy and mental health services.”

~Lead Family Advocate at SUD Recovery Program



RESEARCH QUESTION #3: HOW DOES THE ECMHC TEAM AT HCN DESCRIBE THEIR ‘CATALYSTS FOR SUCCESS’ AND THEIR APPROACH TO WORKING IN NON-ECE SITES?

The final section of our evaluation explored the HOW of understanding HCN’s approach to implementing an expansive agenda for addressing Black early childhood mental health support with an Afri-centric lens. Relatedly, inherent in the history of the broader ECMHC work in San Francisco is also the strong sense of collaboration, community, and culture that is infused into the infrastructure, approach, philosophy, training, supervision, and the way in which Mental Health Consultants embody the Consultative Stance. Indeed, HCN’s approach to consultation has historically integrated a strong focus on addressing mental health needs within a **cultural AND clinical framework**. Hence, we felt it important to highlight HCN’s consultants’ insight into how their cultural and community practices inform their work. This line of inquiry can help to fill gaps in the literature that elucidate the mechanisms by which Black community mental health can operate day-to-day in communities.

HCN’s work as a whole is rooted in an Afri-centric paradigm, which is beneficial to broader groups of BIPOC early childhood professionals. In the field of mental health and community mental health, it is widely accepted that theory drives practice. It is imperative that mental health practitioners who practice community mental health by applying an Afri-centric theory and paradigm document what those practices look like and why they are important in the pursuit of healing, well-being, and uplifting mental health in BIPOC communities (Fairfax, 2017).

To analyze focus group data from HCN’s ECMHC team, we utilized emergent coding (Charmaz, 2006; Saldaña, 2021). Because our questions were broad and exploratory, we aimed to capture concepts, experiences, and meanings that surfaced from the words and stories in the transcripts. Emergent themes are a basic building block of inductive approaches to qualitative social science research and are derived from the worldviews of research participants themselves – in this case – the ECMHC team.

Since ECMHC in ECE settings has benefitted from many years of focused research on approaches and the ‘stance’ that Mental Health Consultants embody in their work (Johnston & Brinamen 2006), we decided to center our focus group questions on consultation happening in shelters and SUD recovery programs. Through our emergent coding process, we surfaced three (3) primary themes that serve as catalysts for how they approach their consultation work. These primary themes include:

- 1 **Lived experiences in community;**
- 2 **Freedom to tailor approaches; and**
- 3 **Authentic knowledge of consultation settings and complex trauma.**

RESEARCH QUESTION #3: HOW DOES THE ECMHC TEAM AT HCN DESCRIBE THEIR 'CATALYSTS FOR SUCCESS' AND THEIR APPROACH TO WORKING IN NON-ECE SITES?

LIVED EXPERIENCES IN COMMUNITY

HCN's Mental Health Consultants discussed the importance of holding a stance of humility and curiosity when it comes to integrating community-love and community-knowledge into their work at shelters and SUD recovery programs. And even though many Consultants themselves were raised in San Francisco and live in San Francisco, they mentioned the importance of never forgetting the history of Black communities in San Francisco and how that has impacted many of the people they work with at all the levels of consultation - staff, clients, administrators.



“So I think what really is necessary to be in this role is being willing to learn and being willing to continue to have that humility and knowing that you're not going to know everything about somebody or a culture - even if you grew up there. That cultural humility piece that comes in, and I think that also applies to communities, letting them also teach you, and it's a huge part of building relationships - showing up authentically, while also acknowledging the authenticity or the history or the context of the person or the site that's in front of you.”

-HCN Mental Health Consultant



“It makes me think of how I bring my own lived experience into what I'm doing and how that shows up in many spaces, whether it's in the professional space or the therapeutic space or, you know, my own personal space, and building on that.”

-HCN Mental Health Consultant



RESEARCH QUESTION #3: HOW DOES THE ECMHC TEAM AT HCN DESCRIBE THEIR 'CATALYSTS FOR SUCCESS' AND THEIR APPROACH TO WORKING IN NON-ECE SITES?

FREEDOM TO TAILOR APPROACHES

One of the hallmarks of HCN's ECMHC Program and ECMHC overall is to meet people exactly where they are. ECMHC is an important strategy in community mental health, because the necessary stance is to co-create with community, to heal with community, and to not assume a position of the sole expert. HCN's Mental Health Consultants compared ECMHC to clinical therapy and explored the ways they appreciate being able to work with the entire site as the 'client' – not just the individual. They expressed gratitude for having the freedom to use their clinical discernment in knowing where and how to place their energy any given week.

"I really like being with people throughout the whole process, and like, checking in and showing up when I say I'm going to show up and doing the thing that I say I'm going to do and not making these huge promises. And I think that has helped with people trusting me."

~HCN Mental Health Consultant

It's the [Consultative] Stance and the freedom we have to tailor our approach as needed. As a therapist, we must follow western, mainstream documentation, roles, and processes. With mental health consultation we are unshackled from all the procedures and paperwork. These processes are dehumanizing to parents. We can be therapists without the shackles."

~HCN Mental Health Consultant



RESEARCH QUESTION #3: HOW DOES THE ECMHC TEAM AT HCN DESCRIBE THEIR 'CATALYSTS FOR SUCCESS' AND THEIR APPROACH TO WORKING IN NON-ECE SITES?

AUTHENTIC KNOWLEDGE OF SITES AND COMPLEX TRAUMA

Most of the Consultants in our focus group touched upon how essential it is to really understand the nature of domestic violence shelters, homeless shelters, and SUD recovery programs. It takes time and consistent presence in these settings to truly understand the complexities facing families and the unique dynamics of situations like – what does it mean to be parenting sober for the first time? Or what does it feel like to see all social service providers as a potential threat to losing your children? HCN's Mental Health Consultants discussed themes related to patience, trust, and hopefulness. Themes related to parents' struggles and multi-layered trauma were also explored in the context of what it takes to really know and then connect with staff and families in shelters and recovery programs.

"In my work as a consultant I have run many parenting groups that are at the intersecting point of parenting and recovery. There is so much complex childhood trauma. Parents were at the point in their recovery where they were finally to have reflection and healing. Our consultation circles felt like safe and sacred spaces. And the relationships developed in these spaces were carried outward.

Parents have been in multiple shelters and in many unhoused situations. Lots of feelings of grief and loss related to losing custody; supervised and surveilled visits with children. There are constant battles for their identity; battles for recovery; battles for housing and employment; battles to connect with their children. There are so many layers of battles."

~HCN Mental Health Consultant

"People sometimes look at me as an extension of like bureaucracy, as like CPS or the police or something. They see me as someone coming in to help, but in the past, that 'help' has led to like incarceration or losing their children. So, it's really leaning on that idea of patience and bringing people in, as opposed to me pushing on to them. And that's where I've been able to do my best work. It's when I'm really not pushing people. I'll be there when they're ready."

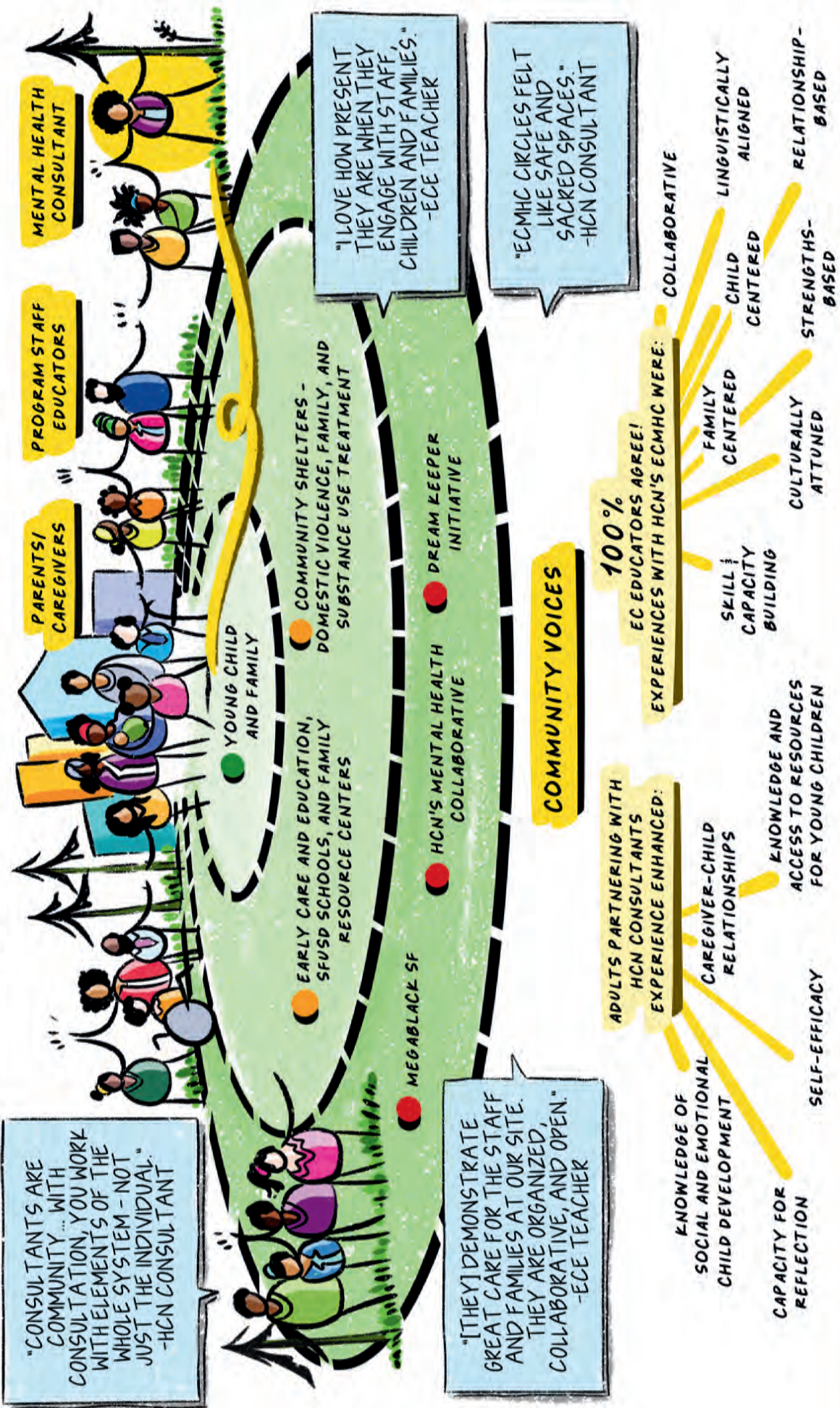
~HCN Mental Health Consultant



HCN'S EARLY CHILDHOOD MENTAL HEALTH CONSULTATION INITIATIVE

"IT TAKES A VILLAGE"

54 SITES SERVED • ECMHC EQUIPS EDUCATORS AND CAREGIVERS TO FACILITATE CHILDREN'S (AGES 0-5) HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT





HCN's ECMHC Team at end of year team building activity.

DISCUSSION

Highlighted Findings

HCN's ECMHC program service numbers were met and exceeded in FY 2023-2024. HCN's Consultants serve a diverse community in San Francisco, while maintaining a commitment to focusing their consultation work with Black early childhood providers and Black families with infants and young children.

ECE partners expressed appreciation for Consultant approaches that are relationship based, patient, hopeful, focused on building skills and capacities, and collaborative. ECE partners shared that the most helpful aspects of working with an HCN Consultant included: consultants provided key opportunities to reflect; someone to listen and hold space; enhanced positive interactions between teachers and children; enhancing the wellness and mental health of staff; and increasing capacity to communicate and engage effectively with families.

Partner staff in shelters and recovery programs shared that what they valued about HCN's approach included: working in ways that are collaborative and supportive. And they also valued a stance that is non-judgmental and meets them exactly where they are. They also noticed that families were feeling the reverberations of their work with Mental Health Consultants. They commented that families seem better able to understand and handle their children's challenging behaviors. Finally, shelter and SUD recovery staff expressed the biggest areas of impact that HCN's ECMHC made were having more effective strategies for supporting children and families, and a deep appreciation for the way HCN - through their mental health consultation program - brings mental health to communities who typically don't have access and/or are wary of mental health providers.

Finally, the Mental Health Consultants themselves shed light on what it takes to be able to make such positive impacts with their community partners. Highlights from a focus group with Consultants included an exploration of themes like the importance of bringing lived experiences into their work and embodying cultural humility when working with the community. They expressed gratitude for the freedom to tailor their mental health approaches in their consultation work. And they underscored the foundational necessity of gaining authentic knowledge of consultation settings and deep knowledge of and experience working with complex trauma.

IMPLICATIONS

Implications for Practice

Findings from this study are consistent with other research on ECMHC, which demonstrates that to be most successful, Mental Health Consultants must seek to learn as much as possible about the culture of the setting and the factors that influence practice. Ash and colleagues (2013) provide a list of other considerations. They include understanding the history of the service and the setting, bureaucratic and programmatic pressures, and program philosophy. Additional layers of influences to consider are interpersonal. How are staff interacting and speaking with one another? How do the hierarchies of authority and responsibility operate? What are the informal ways of getting things accomplished? Implementing this stance of culturally- and community-informed curiosity can assist ECMHC programs and staff in establishing what to do and how to be in each setting (Le et al., 2018).

Implications for the Workforce

It is critical that the field of mental health commits to hiring AND supporting a culturally and linguistically congruent workforce (Mullan, 2023; Murray-Browne, 2021). People feel seen, heard, affirmed when someone who shares the same cultural space reflects with them and offers support, hope, and love. Findings from previous evaluations in San Francisco and other states demonstrate greater perceptions of helpfulness from Consultants (Janssen et al., 2022) and racialized child outcomes are ameliorated when Consultants and ECE teachers share the same ethnic and cultural background (Shivers et al., 2021).





IMPLICATIONS

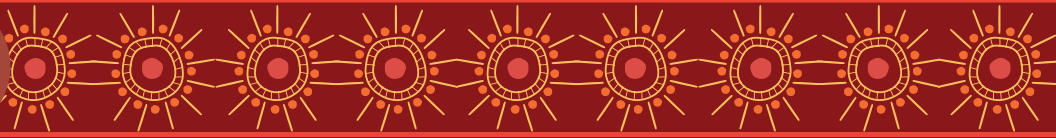
Implications for Future Research and Evaluation

Little is known about the processes and effectiveness of ECMHC that takes place in non-ECE settings. There are key questions worth exploring in future studies. Some key questions to explore include the following: Which ECMHC models (e.g., direct vs. indirect) are most effective with which types of non-ECE settings? For example, is it more effective to work exclusively with shelter staff, or is it more impactful when consultants work with shelter staff AND directly with families in shelter settings?

Another question to explore is whether the commonly cited theories of change (e.g., Center of Excellence for IECMHC, 2020) differ when Mental Health Consultants work in non-ECE settings? What key outcomes are important to achieve with staff in shelter and recovery program settings that in turn have the greatest impact on young children and families?

Implications for the Community

Mental health consultation can help to reduce the stigma many Black folks and people of color in general have towards the Mental Health Industrial Complex and other social service professionals who surveil families and whose positions and power have historically represented danger and harm.



“Dear Black Child...

You are strong. You are more than enough. Your color is so beautiful, it reflects the glory of the sun. You have blessed and beautiful hands. You refresh the world, and provide so much soul, essence and culture because you have a royal calling. You have The Spirit of Wisdom, Understanding, Counsel, Might, and Knowledge. Keep your head up always my dear child. For, you wear a crown always. You. Matter.”

~ Irede Ajala



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