

EVALUATION OF MA'AT PROGRAM AT HOMELESS CHILDREN'S NETWORK

AFRI-CENTRIC MENTAL HEALTH EXCELLENCE

**2023-2024
EVALUATION FINDINGS**

REPORT PREPARED BY INDIGO CULTURAL CENTER



FOR HOMELESS CHILDREN'S NETWORK



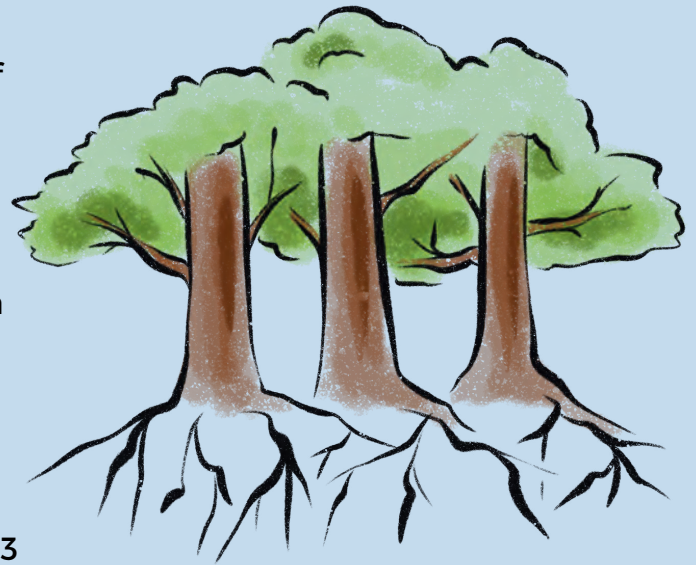
**HOMELESS
CHILDREN'S
NETWORK**

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 (DPH) and Department of Children, Youth & Their Families (DCYF) whose generous funding made this evaluation possible.

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 **Ma’at Program** partners and client caregivers who contributed to this evaluation through surveys, data collection, and interviews. Thank you for being integral to this evaluation and being responsive partners throughout this process, Ma’at clinicians who carefully tracked and provided data, and the parents and caregivers who responded to feedback surveys. Your experiences are the valued knowledge we seek to uplift. Thank you for so graciously sharing your expertise, time, energy, vulnerability, and wisdom. You helped us truly see the sense of community and cohesion within and among the Black

community(ies) of San Francisco and inspired us with your model of what meaningful services by and for the Black community could be like.

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.

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INTRODUCTION

PURPOSE OF THIS REPORT

In 2024, Homeless Children’s Network engaged Indigo Cultural Center to conduct an external evaluation of the **Ma’at Program**.¹ Intentionally paired with Black therapists who have been trained in an Afri-Centric Mental Health model, **Ma’at** serves children and youth ages 0 to 17 who identify as Black or of African descent. The **Ma’at** team of clinicians provide Afri-centric mental health services and instrumental case management to their clients throughout San Francisco. In 2022, HCN’s **Ma’at Program** was featured by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as an example of ‘evidence-based practices for under-resourced populations’ (**Appendix A**).

Ma’at services can be provided in the family’s home, at school, in other community locations, in the HCN offices, or via telehealth, dependent on client needs and what would support accessible access to care. Going beyond the conventional bounds of the therapy session, **Ma’at** staff integrate family and other supportive partners – personal and professional – into their service provision. **Ma’at** mental health services are funded through the San Francisco Department of Public Health (DPH) and Department of Children, Youth & Their Families (DCYF).

The main objectives of this report are to:

- Describe the **Ma’at Program** in a way that contextualizes it as one aspect of Black community mental health,
- Describe the **Ma’at** participants,
- Reflect the key services and scope of **Ma’at’s** reach,
- Share feedback about experiences and impact from **Ma’at** participants, and
- Explore the factors and conditions necessary to deliver this service to the Black community in San Francisco.

1 Ma'at comprised the ancient Egyptian concepts of truth, balance, order, harmony, law, morality, and justice. Ma'at was also the goddess who personified these concepts, and regulated the stars, seasons, and the actions of mortals and the deities who had brought order from chaos at the moment of creation.

INDIGO CULTURAL CENTER: A NOTE ABOUT THE AGENCY & 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. ²

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.

² 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.

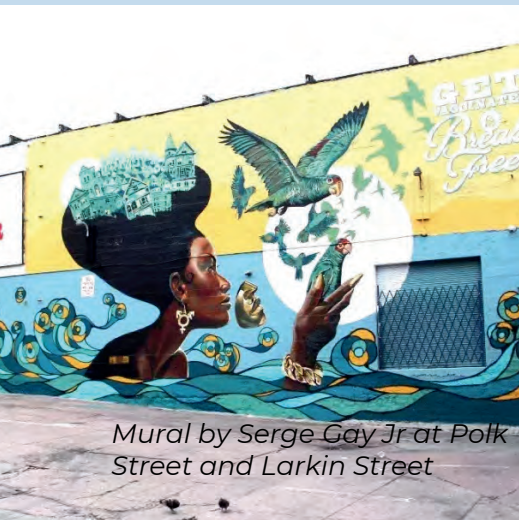


2010 - PRESENT

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. One example of community leaders who left a lasting impact on San Francisco is the “Big Five,” a group of Black women and mothers whose goals were to improve conditions in Black neighborhoods experiencing severe poverty and discrimination, such as Bayview and Hunters Point. These Black women worked to overturn wrongful evictions and secured funds for infrastructure projects in Bayview-Hunters Point.

In December 2022, HCN’s Afri-centric Community Mental Health model, exemplified by the Ma’at Program, was featured in a new evidence-based guide from the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The guide on Adapting Evidence-Based Practices for Under-Resourced Populations is part of SAMHSA’s evidence-based resource series and focuses on tailoring care, programs, and services to the cultural, social, gender, and demographic contexts of the people served to yield positive outcomes.

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.

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 a strong Africentric framework for their clinical and community mental health services, which includes engaging Black communities in the design and implementation of solutions, including the evaluation of HCN's impact.³

³ 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.

HCN's Afri-centric Community Mental Health Model, exemplified by the Ma'at Program, is a revolutionary contribution to the mental health field in San Francisco. In December 2022, HCN's Ma'at Program was featured in a new evidence-based guide from the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The guide on Adapting Evidence-Based Practices for Under-Resourced Populations is part of SAMHSA's evidence-based resource series and focuses on tailoring care, programs, and services to the cultural, social, gender, and demographic contexts of the people served to yield positive outcomes (see **Appendix A**).

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 and behavioral health 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 and behavioral health, Afri-centric theory is used to help explain and understand African-centered therapies and 'treatment.' HCN's Afri-centric framework is presented below.



- 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 MA'AT PROGRAM

LITERATURE REVIEW: BLACK CLINICAL MENTAL HEALTH SERVICES



“With good reason, Black people do not trust the medical industry in America. There is also the stigma of having ‘something wrong mentally.’ However, with the emotional and physical traumas we as a people have been subjected to we need to seek help and that help needs to start looking more like us.”

Cyndi Carpluk, Psychotherapy, LCSW, LMSW

A large body of research has found racial disparities regarding access to and engagement with mental health care, particularly with Black clients accessing services at much lower rates than white clients (Burkett, 2017; Cook et al., 2017). Lower mental health care engagement among the Black community is likely explained by a complex set of factors, primarily historical trauma and oppression and the resultant mistrust in the health care system at large (Burkett, 2017; Mullan, 2023; Waller et al., 2024). The role of environmental toxicity in marginalized neighborhoods also deepens distress, contributes to historical trauma, and decreases access to care due to minimal available resources (Burkett, 2017).

Just as relevant is the mental health field’s complicity in racism, harm, and oppression – from theory, to research, to practice, to policies (Awad et al., 2024) – and multiple disciplines have released statements regarding their acknowledgement of and efforts to address this truth.

Cultural and racial congruence may contribute to increased access to mental health care and improved outcomes. Black individuals who have received clinical mental health support have reported preferences for racial congruence in their mental health care providers, noting that having a Black provider helps them feel comfortable and safe and facilitates the development of trust and a close relationship (Moore et al., 2023; SAMHSA, 2022). Further, an Afri-centric approach to mental health care can support improved outcomes by addressing both structural harms and individual challenges (Gilbert et al., 2009; Mullan, 2023; SAMHSA, 2022). More research is needed to understand the impact of cultural congruence and the integration of Afri-centric principles in mental health care, and particularly in children’s mental health care. The 2022 publication from SAMHSA (see **Appendix A**) and this evaluation represents a step in that direction.



Faith is fundamental to Afri-centric healing methods. Western nations used all avenues to enslave African people and religion was not left untouched. This saw African people across the diaspora wrestle with a way of living and a Eurocentric world view that was forced upon them for generations (Nwoye, 2017). Africans who were enslaved (and those descendants who came after) were stripped from their indigenous practices, their shared history, and were made to adopt faith systems with no relevance to them. This colonial trap has held African people in place for generations, with the indigenous foundations needed to find true liberation and sovereignty (Akbar, 1984).

Afri-centric treatments emerged in postcolonial spaces that were designed to first pathologize, then to diagnose, then to 'fix' Black individuals. The medical and mental health industrial complex has only recently begun to acknowledge the harm and trauma experienced by African people by virtue of racism. In the U.S. these harms have included slavery, slave laws, Jim Crow, job and housing discrimination, police violence against African Americans, and many other forms of oppression. Offsetting these generations of isolation and harm requires courage and faith that spans time and space. There is increasing momentum and a re-remembering of traditional African spirituality that is being integrated into many different forms of healing in the Black community. This integration into multiple healing modalities demonstrates faith beyond Western notions of mental health and wellness concepts (Mullan, 2023; Nwoye, 2015) At its simplest, the goal of integrating traditional African spirituality into wellness approaches aims for African/Pan-African people across the diaspora to reclaim agency, sovereignty, and the ability to seek healing on their own terms (Greer, 2024).

Spaces that encourage the integration and expression of traditional African spirituality act as a balancing force in one's pursuit of healing and wellness. Indeed, research shows that for African American folks, prayer and faith-based communities aid mental health during times of stress induced by systemic, racist factors (Greer, 2024). For example, the principles of Ma'at - the Egyptian goddess who represents the seven values of balance, order, righteousness, harmony, justice, truth, and reciprocity - can be celebrated and called upon in these spaces (Faraone & Teeter, 2004; Martin, 2008).

HCN's Ma'at Clinical Mental Health Program anchors itself around the seven cardinal principles mentioned above. The very name of this program, Ma'at, references the values of a 'balanced' life that those who honored Ma'at in the past - and still honor her today - continue to carry into their own lives. This expansive way of understanding healing 1) illuminates heterogeneity in the Black experience, 2) meets children and families where they are to support their mental health, and 3) attunes to needs and internalized harm that stems from experiencing racial and systemic violence both directly and indirectly.

HCN'S MA'AT PROGRAM DESCRIPTION

For over 30 years, Homeless Children's Network (HCN) has responded to and supported the therapeutic mental health needs of Black children and families throughout San Francisco. Designed by HCN and working through an extensive network of collaborative community agencies, the **Ma'at Program** was launched in 2019 to create greater opportunity for culturally affirming mental health services for Black children, youth, and families in San Francisco.

Ma'at therapy sessions are tailored to the unique needs of each young person and their family. These sessions are generally activity-based for younger children, while sessions for older children and teens may include a combination of activities and talk therapy. Sessions can incorporate art therapy, movement, play, and other methods, and can be adjusted to align with how clients are feeling—physically and emotionally—on any given day. Ma'at's rigorous therapeutic interventions include assessment, treatment planning, collaboration with collaterals, therapy, and case management and are provided in an accessible way to clients throughout the City of San Francisco, both virtually through telehealth platforms and in-person.

Serving children and youth ages 0 to 17 who identify as Black or of African descent, HCN's Ma'at team of licensed and license-eligible clinicians also share cultural identities and community connections with the families they serve. Clinicians are provided numerous opportunities to more deeply dive into the beauty and complexities of these shared identities, further supporting culturally affirming service.

AN ETHIC OF LOVE



At the heart of the **Ma'at Program** is an unapologetic love for Black people that is evident in the relationship between therapist and client, and is characterized by care, commitment, trust, and respect. In contrast to prevalent, mainstream approaches that view Black clients and families through a lens of deficiency, HCN's Ma'at model:

- 📍 Celebrates and nurtures the strengths and beauty in each Black child and family which have existed and continue on past the therapy relationship;
- 📍 Fosters a deeper level of trust between client and therapist to bring about true healing;
- 📍 Recognizes and works at the roots of structural, interpersonal, and historical racism, exclusion, pathologizing, and gentrification to support client, family, and community wellness, and
- 📍 Encourages intergenerational healing as a repair to isolation and the divisive harms inflicted on Black communities.

HOW MA'AT EMBODIES HCN'S VALUES, WORLDVIEW, AND FRAMEWORKS

HCN has developed a transformational blueprint for Afri-centric mental health services, tailored towards children, youth, and families within the Black community of San Francisco. Ma'at stands in contrast to mainstream, western mental health models that may overly rely on the intellectualization of healing and/or reject paths to healing that expand beyond solely academically accepted evidence. **HCN's Ma'at program** – spearheaded by HCN's CEO, Dr. April Silas – elevates Blackness, provides healing approaches that resonate with and are recognizable to the community, encourages self-acceptance and resilience, and works to dissipate mental health stigma by employing a diverse team of Black therapists and case managers who mirror the cultural backgrounds of their clients. Anchored by an ethos of culturally responsive mental health principles, Ma'at adopts an integrative approach, combining high-quality mental health services, family, and community members into the healing process.

The idea of 'touching spirits' is a core feature of this Afri-centric model. Through this 'deep-seeing', Ma'at clinicians, staff, and leadership seek to foster an intimacy often absent in other mental health approaches. When combined with clinicians who share the clients' cultural and experiential backgrounds, the Afri-centric whole-person approach builds trust and connection that allows for rich work to be done with clients, families, and the wider Black community in San Francisco.

The Ma'at program bears the name of the ancient Egyptian goddess who represented the seven (7) values of balance, order, righteousness, harmony, justice, truth, and reciprocity. For HCN's Ma'at team, they hold these values as not just words to list on a website, but rather to be embodied in their interactions with clients, families, and with one another as professionals. Integrating these values into their everyday work, Ma'at therapists and staff seek to see and approach suffering with care, surround their clinicians and staff with love and support as they do their work, and to address roots and influences within broader systems – systems that Ma'at clinicians and staff members also must navigate on their own behalf.



COMPONENTS OF THE 2023-2024 MA'AT PROGRAM

- ① **Mental Health Services and Therapy:** Services offered extend beyond individual mental health care for youth, encompassing family therapy, parenting support, and case management services with most services provided in schools, community spaces, homes or at either of the HCN offices in Bayview and the Fillmore District. Telehealth services are also accessible when appropriate and feasible. Eligible Ma'at clients are aged 0-17, have active full San Francisco County Medi-Cal, identify as Black and African-descended community members, reside or attend school in the City of San Francisco, meet criteria for a mental health diagnosis, and are suited for outpatient mental health services. Services also include support coordination and advocacy within the school district or other systems involved with the family or client.
- ① **Case Management:** The broad goals of Ma'at case management are to provide effective and healing interventions in alignment with Ma'at values and to make sure that case management is readily available to clients and their families. Beyond addressing basic needs such as food and housing, Ma'at case management provides a listening ear, emotional support, and regular check-ins. When needed, Ma'at case management team members also coordinate with HCN's internal development team to identify additional resources for basic needs such as furniture, clothes, etc. In addition to a designated case manager for the program, all Ma'at clinicians are trained to provide limited case management services. Through case management staffing patterns, HCN's Ma'at Program has been able to support families when clinicians have been on leave or when a client is in between therapists, thereby providing continuity of care for the family and their connection with the Ma'at Program.
- ① **Connection to Other HCN Programs:** HCN's Ma'at Program has the privilege of existing within the ecosystem of the broad range of HCN services available to the Black and African-descended community of San Francisco. This allows for further expanding beyond the bounds of Medi-Cal reimbursable treatment. For example, partnering with HCN's Dream Keeper Initiative Community Mental Health Program team, the Ma'at team connected clients and the community to HCN's DKI supports at a local middle school, providing a space of healing via a 6-week school-based group for Black students. The purpose of the school-based group facilitated by HCN's DKI team was to support these middle school students emotionally and to help them develop tools and strategies to navigate racism and other challenges in their school environment. HCN's DKI team also increased the capacity of school leadership, teachers, on-site social workers, and students' caregivers to help support the Black students as they navigated racial tensions at their school.

HCN'S MA'AT PROGRAM EVALUATION

PRIMARY RESEARCH QUESTIONS

- 1 **What services did HCN's Ma'at Program provide to Black children, youth, and families?**
- 2 **How do Ma'at participants rate and describe their experiences with the Ma'at Program and the impact of Ma'at?**
- 3 **How does the Ma'at team at HCN describe the 'catalysts for success' for serving clients, their families, and the community while also creating a supportive program culture for Ma'at staff?**

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 Ma'at 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 Ma'at 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.

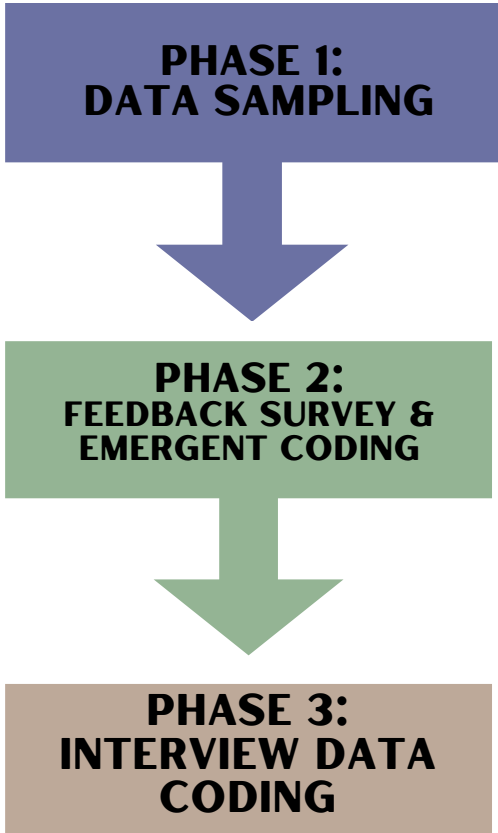
Phase three involved HCN's participation in an interview to explore the approach(es) and conditions necessary to make this program a success.

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



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.

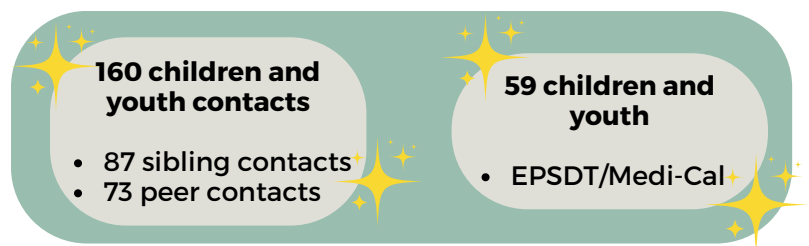
RESEARCH QUESTION #1: WHAT SERVICES DID HCN'S MA'AT PROGRAM PROVIDE TO BLACK CHILDREN, YOUTH, AND FAMILIES?

CLIENTS AND DOSAGE

In the Ma'at Program in FY 2023-2024, the Ma'at team provided assessment, treatment planning, crisis intervention, engagement with collateral contacts, individual and group therapy, case management, outreach, community engagement, and referrals and linkages for children and families. Ma'at served 160 children and youth contacts including 87 sibling contacts and 73 peer contacts. The team served 59 unique children and youth clients with EPSDT/Medi-Cal services. Additional children and youth were reached through other Ma'at services such as outreach, community engagement, case management, and referrals and linkages.

HCN provided children and youth in the Ma'at Program with 1,297 hours direct clinical sessions; 209 hours of case management support; 510 hours of staff traveling to the safe spaces where clients feel comfortable; 470 hours documenting the clinical work and collateral engagement. Ma'at youth and their families received services for as long as needed. The average length of service was 434 days, with a range of 46-1,500 days.

The average age of children served was about 10.7 years old with a range of ages 3 to 17. Referrals to connect clients to Ma'at came from a variety of sources, including educational-related mental health services (ERMHS), the San Francisco Department of Public Health (SFDPH), schools and school social workers, University of California San Francisco (UCSF), and direct referrals from clients and their caregivers. Ma'at EPSDT clients have active full San Francisco County Medi-Cal, identify as Black and/or African-descended community members, reside or attend school in the City and County of San Francisco, meet criteria for a mental health diagnosis, and are assessed as suited for outpatient mental health services.



HCN meets the client where they are at in their healing journey, acknowledging multigenerational trauma and the client and family's justifiable aversion to institutions and systems of historical oppression. Bearing this in mind, HCN's Ma'at Program finds a foothold from which to reawaken hope, resilience, and individual freedoms. The illustration below serves as a backdrop for understanding the unique barriers to successful mental health interventions in the Black/African American community. HCN thoroughly considers each element as staff build relationships and trust before they build treatment plans.

RESEARCH QUESTION #1: WHAT SERVICES DID HCN'S MA'AT PROGRAM PROVIDE TO BLACK CHILDREN, YOUTH, AND FAMILIES?

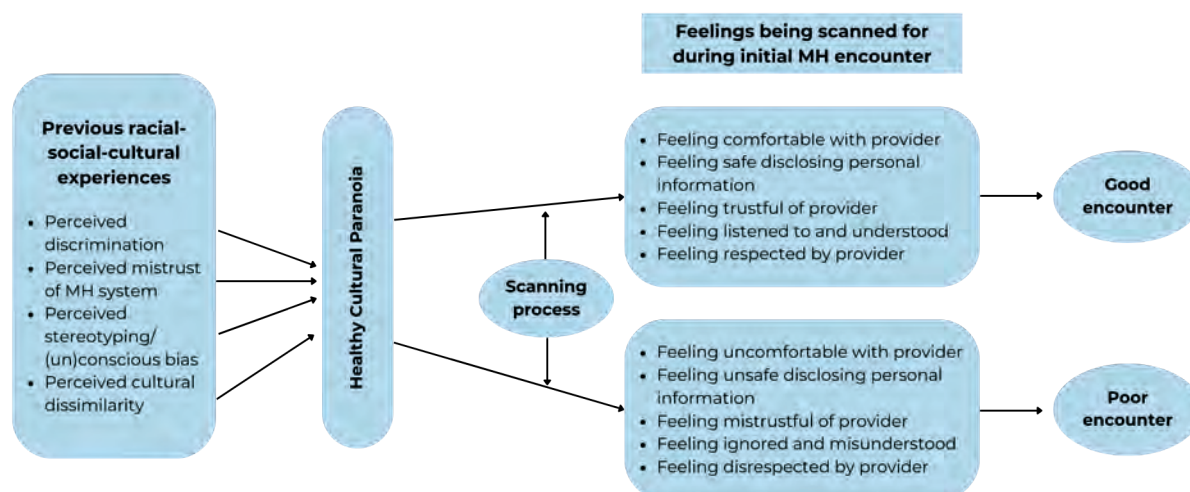
CLIENTS AND DOSAGE

In addition to the time spent on direct, face-to-face service with clients, caregivers, and other support people in a child's life, clinicians at HCN also spend time ensuring that these services are readily available in locations and at times that are both convenient and appropriate for the family's needs. They also ensure that these services are documented and recorded so that both the clients and the systems of care involved can review past services whenever necessary. HCN staff ensure that clients' clinical needs are reflected accurately and succinctly so that future services always have a strong foundation and history to build from.

For each service provided to a client, on average, a clinician spends approximately an additional third or more of that time writing documentation to reflect those services. This includes writing progress notes for each session, drafting and finalizing biopsychosocial clinical assessments, completing standardized assessments with the caregiver and child, formulating diagnoses, and reviewing each client record regularly for needed updates and changes.

In addition, in HCN's community-based and mobile service model, Ma'at clinicians spend time traveling to and from homes, clinic locations, school sites, and other community locations to ensure that clients are able to receive services in locations and at times that feel comfortable and easy for them to access.

HCN's comprehensive service to clients is likely underreported for FY 2023-2024 due to changes in CalAIM billing and tracking. While comprehensive wrap-around activities provided to a child may have been tracked in the past, with CalAIM's statewide overhaul came shifts to billing and the requirements of documentation. These changes helped streamline and standardize documentation across the state, but also reduced the amount of a client's story placed into each client record. Indigo is working with HCN to more fully capture in next year's evaluation the full extent of HCN's comprehensive and vast effort to serve each child and their family, which deserves to be recognized.



CARE COORDINATION

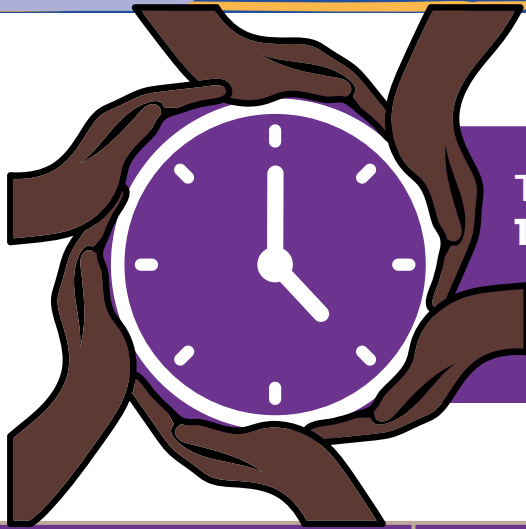
Going beyond the bounds of the therapy session, Ma’at staff made 3,984 contacts or contact attempts across all clients in the program year to community members that care for, surround, and support the child or youth. Ma’at staff individually tracked these contacts and time spent on activity tracking sheets which were uploaded onto a shared platform for Ma’at leadership to track.

Ma’at clinicians provide a systems-based, holistic approach to streamline supports for families. They consider the capacities of the community networks they are supporting, including school systems and the social workers involved – holding all those perspectives when implementing and creating change on behalf of children, youth, and their families.

The table below depicts the contact types and frequencies.

Contact Types	Frequency of Contacts (successful and attempted)
Parents and Guardians	2,342
Teachers and School Support Staff	913
Community Supports (e.g., food resources, shelters, faith-based organizations)	339
Other Supports (e.g., after-care programs, extended family, health providers, peer support)	300
Total Contacts Made/Contacts Attempted	3,984

FINDINGS



The Ma'at team spent a total of **157,378 minutes** or **2,623 hours** across all contact types to support children, youth, and families.

Time Per Contact Type	Total Hours	Total Minutes
Parents/Guardians	1,183	70,978
Community Supports	490	29,388
School Support Staff	460	27,572
Teachers	227	13,595
Siblings	84	5,051
After-Care Programs and Learning Hubs	68	4,060
Peer Supports	66	3,949
Extended Family Members	44	2,656
Grandparents	1	60
Primary Care Physicians	1	60
Total # of Hours - All Types	2,623 hours	157,378 minutes



MA'AT CASE MANAGER

While all Ma'at clinicians are capable of and are trained to provide short-term case management for their clients, the program also employs a designated Case Manager. In FY 2023-24, **the Case Manager provided 12,538 minutes or 209 hours total for clients in need.**

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



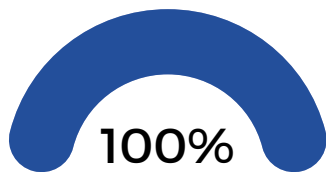
“I love the support through our weekly check-ins. No matter what, my CASE MANAGER always makes sure to check in with me to see if I need any resources and goes out of his way to make sure that he can get me something back. Because if he don't know, he most definitely will find out. And if he can't, he'll still let me know. So, I love that. I love feeling the support.”

~ Ma'at Client Caregiver

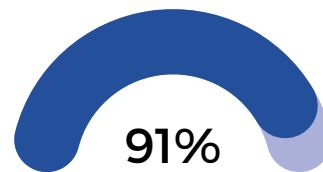
RESEARCH QUESTION #2: HOW DO HCN'S MA'AT PARTICIPANTS RATE AND DESCRIBE THEIR EXPERIENCES WITH THE MA'AT PROGRAM AND THE IMPACT OF MA'AT?

Primary caregivers of Ma'at children and youth were invited to complete a feedback survey about their experiences with the Ma'at Program, clinical services, case management, and any other interactions with Ma'at team members. Eleven (11) caregivers completed the survey, which included both a 5-point Likert scale for rating agreement as well as open-ended questions.

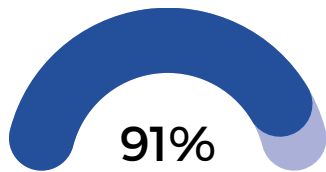
Responses were overwhelmingly positive regarding the experiences and impact of the Ma'at Program.



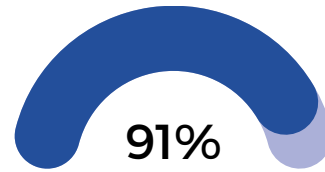
Caregivers valued the fact that the **therapist matches the cultural background of their child.**



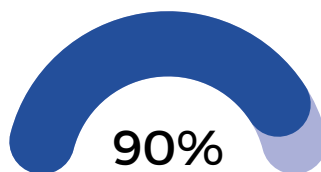
Caregivers felt the support they received from Ma'at has helped them **connect better with their child.**



Caregivers felt that working with the Ma'at therapist has helped them better **understand and support their child's emotions.**



Caregivers liked it when their Ma'at therapist helped them, or their child gained a **different perspective** about their **strengths, challenges, or their family's story.**



Caregivers felt their **voice was valued** in their child's treatment.

FEEDBACK FROM MA'AT CHILDREN & YOUTH'S PRIMARY CAREGIVERS

Open-ended responses were provided both through audio recordings, which were transcribed, as well as through typed in responses. We present findings for five of the interview questions below. For each question, themes in responses were identified, with the top 2-3 themes listed below along with selected quotes from Ma'at children and youth's primary caregivers.

QUESTION #1: WHAT HAS BEEN UNIQUE ABOUT WORKING WITH HCN'S MA'AT PROGRAM?

As described in the previous Program Description section, HCN's Ma'at Program is unique in its scope and approach to mental health services for Black children, youth, and families. We wanted to understand how HCN's Ma'at Program **stands out compared to other programs** clients had participated in previously:

Based on interviews with Ma'at clients' primary caregivers, we discovered three (3) themes that illuminate the ways in which caregivers felt that Ma'at differed from previous experiences.



- ✦ Ma'at staff are **committed to the care they provide.**
- ✦ Ma'at staff supported caregivers by **honoring their voice in their child's treatment and supporting their family.**
- ✦ Ma'at staff demonstrated important qualities such as **patience, caring, and were welcoming.**

"I like that they listen, and they listen to understand, instead of just, you know, responding. I like that they give feedback, that is, you know, not just agreeing with me, but understanding where me and my child are coming from, and different point of views, and that, you know, there's no limit to the help that they give us, and, you know, it's just something that I appreciate, I know my son appreciates."

-Ma'at caregiver

"I appreciate the cultural piece to having a therapist support my daughter through her development. My daughter therapist is patience, intelligent, and spiritually in tune with her clients. I am happy with the services received."

-Ma'at caregiver

QUESTION #2: WHAT DOES IT MEAN TO YOU THAT YOUR CHILD RECEIVES SERVICES FROM A PROGRAM SPECIFICALLY DESIGNED FOR BLACK CHILDREN AND FAMILIES?

Not only does Ma'at strive to provide a unique experience for their clients, research has demonstrated that it is also important that clinicians offer culturally relevant care (Moore et al., 2023; Mullan, 2023). Caregivers expressed the importance of having a clinician for their child whose cultural identity matches their own. Caregivers expressed that working with Black clinicians through Ma'at impacted their quality of care in the following ways:



- Enhanced their ability to connect with Ma'at staff.
- Enhanced support for their child.
- Caregivers felt seen, heard, and better understood.

"It is wonderful to see my child connecting with someone who shares her culture, making her feel comfortable, valued, heard, and not overlooked."

~Ma'at caregiver

"It means a lot to get supportive services with our culture because our race is being targeted and the support from the agency helps young children mentally and emotionally. Especially with disability needs. Our voices are always heard".

~Ma'at caregiver

"It means everything to me that the people who help service myself and my children are the same color as us, the same ethnic background, they understand more, we're able to be more compatible when speaking to each other. And it's just, it makes us happy.

**It feels good."
~Ma'at caregiver**

QUESTION #3: WHAT WERE YOUR EXPERIENCES WITH MA'AT'S CASE MANAGEMENT?

In addition to therapeutic services, Ma'at offers case management services to clients. For those surveyed who have received case management services, we asked in what ways has the **Ma'at Case Manager supported them?**

Caregivers' responses revealed the following themes:



- ✦ Caregivers received emotional/general support that they needed.
- ✦ Caregivers received resources, referrals, and help with basic needs.
- ✦ Caregivers felt a sense of connection to the case manager.

“Having access to trustworthy resources equips me with the necessary tools to navigate through my challenging circumstances. They have been the glue that held my shattered pieces together.”

-Ma'at caregiver

“I love the fact that they are willing even when they probably going through it theyself. You know they take their time out in the day to support me when I need or when my child is in need or if I'm really stressed out and overwhelmed, they give me the resources of who to go to where I can get it, you know, so I really appreciate that.”

-Ma'at caregiver

“I love the support through our weekly check-ins. No matter what, my CASE MANAGER always makes sure to check in with me to see if I need any resources and goes out of his way to make sure that he can get me something back. Because if he don't know, he most definitely will find out. And if he can't, he'll still let me know. So, I love that. I love feeling the support.”

-Ma'at caregiver

QUESTION #4: WHAT HAS BEEN MOST IMPORTANT TO YOU IN YOUR EXPERIENCE WITH MA'AT?

Key themes about what was most important in their experiences included impacts on themselves, as well as impacts on their children. Some notable quotes from the interviews that illuminate these themes are included below.

“Being able to be myself and feel comfortable connecting with services. When I need support, I know I can try and reach out for help. Along with no judgements with myself and family.”
~Ma'at caregiver

“I just love the understanding. I really love when they can understand where I'm coming from, and I don't have to feel like I'm alone in this.”
~Ma'at caregiver

QUESTION #5: WHAT ARE YOUR SUGGESTIONS FOR MAKING MA'AT EVEN STRONGER?

Caregivers were also surveyed regarding suggestions to make Ma'at an even stronger program for families seeking therapy for their children. The majority of caregivers responding to this question either **had no suggestions for improvement** or used the opportunity to provide appreciation for their experiences, including one who shared “**I feel like the program has grown tremendously because I've been with the program for a few years.**” Three caregivers shared regarding therapist availability - one specifically naming the need for more male therapists for boys within the community and two naming the need to increase therapist retention (i.e., less turnover in therapists).

RESEARCH QUESTION #3: HOW DOES THE MA'AT TEAM AT HCN DESCRIBE THEIR 'CATALYSTS FOR SUCCESS' IN ALL ASPECTS OF THEIR WORK?

The final section of our evaluation explored the HOW of understanding HCN's approach to implementing an expansive agenda for addressing Black mental health with an Afri-centric lens. We felt it important to highlight this aspect of the work since there are still many 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 – and especially regarding Ma'at's offerings – is rooted in an Afri-centric paradigm. 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 the Black community (Fairfax, 2017).

In order to learn about and document the application of Afri-centric worldview to community practice, we conducted multiple interview-story sessions with the Ma'at Director, the Ma'at Program Manager, and HCN's CEO. We heard stories about how the work is done and why these approaches matter. The themes presented below elucidate implications for the mental health field and specifically how to build, maintain, and nurture an effective workforce that can effectively apply an Afri-centric paradigm to clinical mental health services.

To analyze interview data from HCN's Ma'at staff, we utilized two main types of coding the interview transcripts. The primary 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 – in this case – the HCN Ma'at Director and the Ma'at Program Manager.

In our emergent coding process, we found three (3) primary themes – each with aligned secondary themes. The three primary themes are listed in order of the most salient and pervasive. The primary themes are:

- 1 Approaches with the community;**
- 2 Caring for the clinician;**
- 3 Leadership practices and program support structure.**

1 APPROACHES WITH THE COMMUNITY

An important catalyst for success within Ma’at is the expansive understanding of healing and accessibility. This is supported by HCN’s Afri-centric approach and permeates throughout the program in how the staff hold, serve, and nurture their clients and families beyond the bounds of conventional outpatient therapy.



“[We focus on] nurturing, restoring, and repairing relationships... clinicians with families, facilitating healing between client and caregiver, or the client family and school. Huge impact on restoring and repairing relationships. It goes beyond the client and family, it goes to the community.”
(From interview with Ma’at Director and Ma’at Program Manager)

As mentioned in the literature review of this report, mental health treatment often sees lower percentages of engagement among the Black community, with a variety of legitimate reasons driving this – from the field’s own echoes of harm and racism, to stigma, to interventions that do not reflect the intended client, to lack of insurance and underinsurance. HCN’s Ma’at team intentionally holds in mind knowing their community, their community’s history, and the diversity within the Black San Francisco community.



1 APPROACHES WITH THE COMMUNITY



“Some kids are scared of therapy - we welcome what clients bring and need to build a sense of trust and safety with therapy. Ma’at works to fit into their lives instead of making them fit into our way of doing the work.”

“We are breaking the stigma of mental health within the Black community and what it looks like, helping them feel more comfortable with asking for help. Even in making safety reports, when possible, we work with the family to safety plan or make reports. Many families already have history with CPS and we provide reassuring, corrective experiences. Also we offer support to understand and navigate the diagnosis. It’s a collaborative relationship - we are a team with families - and not the hierarchy and separateness of ‘patient’ and ‘provider’.”

“We invite them to be themselves, to be very authentic. Sometimes this is the first time caregivers have had someone say “yes,” or offer to go to appointments/support in the community. Many get stigmatized in community meetings, such as IEP meetings. It’s our job to be grounded, it’s their job to show up with their challenges and needs. We embrace this, even when it’s tough.”

2 CARING FOR THE CLINICIAN

Ma'at is a truly unique program – the standard of care to meet the needs of children, youth, and families truly mirrors **the standard of care in which the Ma'at clinicians are held at HCN**. The model and culture of HCN's Ma'at program is designed to hold space for the unique challenges that each clinician faces. Given the shared ethnic and cultural identities that staff share with the children and families served, program leaders hold space for the impacts of this work, such as vicarious trauma and triggers from events and policies that impact the community served as well as the clinicians.



“We value celebrations, bringing joy into our program’s schedule. Not putting the overwhelm and demands of the program onto staff and requiring them to sacrifice their own needs. We remind staff to take care of themselves, relax, and restore -- especially after concerning events.”
(From interview with Ma’at Director and Ma’at Program Manager)

In practice, this includes team building activities and staff retreats, generous PTO and support to take leave, and providing multiple spaces for supervision and support both one-on-one and within group settings. Uplifting and nurturing these ways of connecting and providing mutual support among HCN's Ma'at team were also seen as ways to increase and sustain morale, joy, and motivation in this important yet challenging work.

“One of the biggest issues facing Black therapists at this time is the attempt to understand their own emotions, feelings and thoughts regarding the Black experience while trying to help others sort through theirs, without counter-transference or personal trauma interfering coming up for them. At this time, the Black therapist is learning how to observe their own emotions/traumas that come up for them in session while working with clients to heal from their own.”

~ Jessica Bullock, Psychotherapy, LPC, LCMHC

Source

3 LEADERSHIP PRACTICES & PROGRAM SUPPORT STRUCTURE



Another identified catalyst for success in HCN's Ma'at Program was the combination of leadership practices and logistics built into the system. In FY 2023-24, Ma'at brought on a full-time program manager to provide more structure to the program and additional formal support for the team beyond the director. Structure and support included one-on-one check-ins with staff as well as being able to implement and streamline data tracking processes as well as paperwork. The program manager was well known to the team and had been at HCN for several years, and this hire provided some continuity for Ma'at. Additionally, Ma'at Program leaders spoke to efforts such as keeping lines of communication open, providing opportunities for staff's feedback, and cultivating a culture of safety for clinicians to discuss their challenges as important leadership values and practices integrated into the program.

“Starting within onboarding, we talk with [new team members] about the principles of Ma’at and the culture of HCN, while also honoring clinician autonomy. We can be expansive within structures.”
(From interview with Ma’at Director and Ma’at Program Manager)



MA'AT

AFRI-CENTRIC MENTAL & BEHAVIORAL HEALTH EXCELLENCE

PROVIDING CRUCIAL, HOLISTIC, AND VALUED AFRI-CENTRIC MENTAL AND BEHAVIORAL HEALTH SERVICES TO BLACK CHILDREN, YOUTH, AND THEIR FAMILIES IN SAN FRANCISCO

MA'AT REACHED OUT TO CLIENTS' FAMILY, SCHOOL, AND COMMUNITY CONTACTS ~4,000 TIMES

2,432 PARENTS & GUARDIANS

913 TEACHERS & SCHOOL SUPPORT STAFF

339 COMMUNITY SUPPORTS

300 OTHER SUPPORTS

TRUTH

JUSTICE

HARMONY

RECIPROCIITY

ORDER

BALANCE

PROPRIETY

"IT IS WONDERFUL TO SEE MY CHILD CONNECTING WITH SOMEONE WHO SHARES HER CULTURE, MAKING HER FEEL COMFORTABLE, VALUED, HEARD, AND NOT OVERLOOKED."
- CLIENT CAREGIVER

"THE ORGANIZATION HAS HELPED US GROW AS A FAMILY"
- CLIENT CAREGIVER

"I JUST LOVE THE UNDERSTANDING. I REALLY LOVE WHEN THEY CAN UNDERSTAND WHERE IM COMING FROM AND I DON'T HAVE TO FEEL LIKE IM ALONE IN THIS."
- CLIENT CAREGIVER

GOING BEYOND THE BOUNDS OF THE THERAPY SESSION

100%

OF CAREGIVERS VALUED THE FACT THAT THE MA'AT THERAPIST MATCHES THE CULTURAL BACKGROUND OF THEIR CHILD

90%

FELT LIKE THEIR VOICE WAS VALUED IN THEIR CHILD'S TREATMENT

CAREGIVER FEEDBACK

91%

OF CAREGIVERS FELT THAT THE SUPPORT THEY RECEIVED FROM MA'AT HELPED THEM CONNECT BETTER WITH THEIR CHILD

91%

OF CAREGIVERS LIKED IT WHEN THEIR MA'AT THERAPIST HELPED THEM AND THEIR CHILDREN GAIN A DIFFERENT PERSPECTIVE ABOUT THEIR STRENGTHS, CHALLENGES, AND THEIR FAMILY'S STORY

DISCUSSION



HIGHLIGHTED FINDINGS

Homeless Children’s Network’s Ma’at Program bears the name of the ancient Egyptian goddess, Ma’at, who represents the seven (7) values of balance, order, righteousness, harmony, justice, truth, and reciprocity. For HCN’s Ma’at team, they hold these values as not just words to list on a website, but rather ideals to be embodied in their interactions with children, youth, and families, and with one another as professionals. Integrating these values into their everyday work, Ma’at therapists and staff seek to see and approach suffering with care, surround their clinicians and staff with love and support as they do their work, and to address roots and influences within broader systems – systems that Ma’at clinicians and staff members also must navigate on their own behalf.

Nationally Recognized Model. HCN has developed a transformational blueprint for an Afri-centric Community Mental Health Model, tailored towards children, youth, and families within the Black community. Community-based, community-endorsed, and community-driven, Ma’at stands in contrast to mainstream, western mental health models that may overly rely on the intellectualization of healing and/or reject paths to healing that expand beyond solely academically accepted evidence. In fact, in December 2022, HCN’s Ma’at Program was featured in a new evidence-based guide from the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The guide on Adapting Evidence-Based Practices for Under-Resourced Populations is part of SAMHSA's evidence-based resource series and focuses on tailoring care, programs, and services to the cultural, social, gender, and demographic contexts of the people served to yield positive outcomes (see **Appendix A**).

One of the most laudable accomplishments of **HCN’s Ma’at Program** has been the ability to effectively utilize a historically culturally incongruent funding source within the mental health industrial complex that has perpetuated harm in the Black community (e.g., pathologizing the individual; requirement of medical diagnoses). Through the Ma’at Program, HCN has reframed and transformed their policies and practices in such a way that the delivery of services from Black therapists trained and supported through an Afri-centric lens has transformed even a mainstream, culturally incongruent funding source (i.e., Medi-Cal) into a potential catalyst for well-being in the Black community.

Feedback from Children and Youth’s Caregivers. Primary caregivers of Ma’at children and youth were invited to complete a feedback survey about their experiences with the Ma’at Program, which included clinical services, case management, and any other interactions with Ma’at team members. **Responses were overwhelmingly positive regarding the experiences and impact of the Ma’at Program.** Notably, caregivers cherished working with a Black therapist and reported that **Ma’at enhanced their relationship with their child.** When asked about how their Ma’at experience was different from mainstream, previous encounters with therapy, caregivers responded that what they valued most about the difference was **the commitment, respect, patience, and caring they felt** from Ma’at therapists.

In response to their involvement with case management, caregivers reported that they felt a **sense of connection to their case manager.** This contributed to **feeling supported – both emotionally and instrumentally and getting greater access to resources and referrals – including help with basic needs.** What was most important overall to caregivers was how their engagement with HCN’s Ma’at Program **led to an impact on themselves as caregivers, impacts on their children, and impact on their relationship with their children.**



“Ma’at helped with getting my baby on the right track and finding happiness within herself again.”

~Ma’at caregiver

DISCUSSION



Implications

The implications in this section are based heavily on work that Dr. April Silas, HCN's CEO, has presented throughout the country. Without a doubt, the findings in this present evaluation underscore and illuminate a pathway to these crucial implications. The implications articulated below might also be considered HCN's theory of change for **Ma'at's Afri-centric Model of Mental Health Service provision**.

Implications for the Community

First and foremost, an **Afri-centric Model of Mental Health Service provision starts from WITHIN the Black community**. An Afri-centric model must start with:

- Reclaiming the mental health of our children and families,
- Reclaiming the mental health and healing of our communities,
- Reclaiming the narrative and paradigms, and consequently the education, trainings, literature, and professional development that guide our worldviews and professional identities, and
- Reclaiming the wellness of those who care for our families and communities.

It is only after this reclaiming takes place, that we can move forward towards the truth that our **Black communities deserve to have programs that reflects who we are**, what we have experienced, reflects our universal worldviews, **and is provided from within a Black affirming, Black supervised, Black directed, Black led paradigm**.

Next, community relationships are the lifeblood of a Black community mental health program. **Programs must be community driven, community endorsed and held accountable by the community**. A community powered model empowers collaborations for reciprocal learning and exponential growth.

Finally, community engagement strategies, as well as intervention modalities, **must be Afri-centric in vision, delivery, and implementation**.

Implications for Practice

There are many implications for practice that can be gleaned from the findings in this evaluation report. We highlight two such practice implications below.

First, offering **multiple options for clients to access services** (e.g. office-based; home) is a key aspect to offering Afri-centric community engagement. This approach requires an embracing of a mobile model that is flexible enough to adapt to different neighborhoods, ages, clinical experiences, and physical settings. In Ma'at, therapists are mobile. They do outreach and provide services to meet families where they are in the community. Therapists are in every neighborhood in San Francisco, serving families in schools, in shelters, in substance abuse treatment programs, and in Family Resource Centers. They will meet a family in a car, in their home, in a park, under a bridge if that is what is necessary.



“We welcome what clients bring and need to build a sense of trust and safety with therapy. Ma’at works to fit into THEIR lives instead of making them fit into our way of doing the work.”
~Ma’at Therapist

Implications for the Workforce

It is critical that the field of mental health finally accepts and commits to the importance of hiring AND supporting a culturally congruent workforce (Mullan, 2023; Murray-Browne, 2021). For example, it is essential to acknowledge and respond to the vicarious and secondary trauma experienced by Black therapists, supervisors, and directors. HCN addresses these realities by remaining responsive as an organization. This has required balancing case load distributions, taking into account work schedules, evaluating and assessing for burnout potential, and vigorously supporting Black therapists to grow and heal. These are only several examples of what HCN considers “sustainable, Black affirming treatment.”

Implications for Policies in San Francisco's Mental Health System



Serving Black children and youth well goes hand in hand with providing supportive work environments that address and mitigate the impacts of vicarious trauma, burnout, and the complexities of shared experiences of violence and oppression within systems and communities. Organizational policies, caseloads, and contracts can help to establish standards that allow for the work of healing to not be destructive to those charged with holding healing space.

An important testimony to HCN's profound and effective attunement to and relationship with the Black community in San Francisco is evidenced by their impressive rates of engagement and their ability to have taken a historically culturally incongruent funding source that requires medical diagnoses (e.g., Medi-Cal) and alchemize it. The alchemy evident in HCN's Afri-centric Community Mental Health Model has transformed this important source of funding as a catalyst for well-being in the Black community in San Francisco.

Under Dr. Silas' vision and leadership, this specific type of alchemy has been evolving over the past 32 years. It has required a stellar and unprecedented rapport with deep roots of trust in a community and that community's reciprocated trust in HCN. The first hurdle that HCN's Ma'at Program surmounted was the one hurdle few, if any, have traversed to the degree HCN has. The hurdle is the stigma in the Black community associated with pathology (something's wrong with us or our children) and hence the fear that engaging Medi-Cal services could result in losing one's children to an untrustworthy system. By combining funding that allows for Afri-centric outreach and trust building, HCN has both successfully traversed the hurdle while creating a revolutionary and successful pathway for other mental health providers.

“Healing is our birthright. The Black community is undoubtedly resilient, yet we can be both resilient and need community and support to aid in our healing, as our historical trauma has been a collective experience. Healing is a gift to ourselves and others. When we heal ourselves, we heal those before us and those who come after us.”

~ Anastasia Locklin, LMFT

source

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Homeless Children's Network's Ma'at Program

The Ma'at Program, a supportive, holistic, therapeutic community program of the [San Francisco Homeless Children's Network](#), provides culturally responsive behavioral health care to Black/African American families and individuals. Ma'at refers to the ancient Egyptian concepts of truth, balance, order, harmony, and justice. This model affirms and uplifts the Black/African American community's mental health and wellness through collaboratively focused, Afri-centric, heartfelt behavioral health services. Ma'at services include individual and family therapy, mobile community outreach, group support, case management, youth leadership and development, culturally based referrals, violence prevention and intervention, and community organizing and advocacy.

Program

The Ma'at Program aims to improve behavioral health outcomes for Black/African American children, youth, families, adults, and seniors in San Francisco and address the historical legacy of intergenerational racism, inequity, and trauma. Ma'at is a unique Afri-centric initiative that addresses barriers to care for Black people, including stigma associated with mental illness, distrust of the healthcare system, absence of culturally competent providers from diverse backgrounds, and lack of insurance or underinsurance. It employs an Afri-centric approach to behavioral health services by radically and unapologetically affirming Blackness. The community is as much the focal point of these efforts as the direct work with children, families, and adults.

An average of 123 children and youth per month participate in Ma'at Program services. For every young person therapists have a relationship with, they interact with an average of nine other community members who support that young person.

Challenge (step 1 in adaptation process)

While five percent of San Francisco's population is Black/African American, almost half of homeless adults with children are Black, and Black communities continue to be disproportionately affected by poverty and trauma. Experiences of poverty and racism during early years increases risks of mental health problems throughout the lifespan.

Black San Franciscans are in urgent need of mental health support, yet many Black families are reluctant to engage with medicalized, conventional models of mental health service provision. Limited mental health models are centered in Black/African American principles and worldviews, and few community resources for families exist within this community.

Solution (steps 4 and 5 in adaptation process)

Ma'at employs a community mental health model, in which neighborhoods, histories, and families are key factors in service design and delivery. Community partners, peers, experts, and elders provide oversight to ensure implementation of principles that uphold Black/African American community members.

Ma'at's "Hub and Spoke" model empowers collaborations for reciprocal learning. The Homeless Children's Network is the hub for all activities, with community partners, such as schools, churches, shelters, family resource centers, substance use treatment programs, and housing sites serving as spokes and referring clients to the hub activities.

Ma'at program's trauma-informed services and trainings are implemented using a lens of Afri-centric qualities, such as:

-  **Understanding Trauma and Stress**
– Lens: Ancient Wisdom Intelligence
-  **Compassion & Dependability**
– Lens: Intuition-inspired Intelligence
-  **Safety & Stability**
– Lens: Insight-inspired Intelligence
-  **Collaboration & Empowerment**
– Lens: Spirituality-inspired Intelligence
-  **Cultural Humility & Responsiveness**
– Lens: Cultural Creativity-inspired Intelligence
-  **Resilience & Recovery**
– Lens: Emotional Intelligence

Homeless Children's Network's Ma'at Program

Acting as a trustworthy partner for families and individuals with a historical and reasonable distrust of conventional mental health treatment, Ma'at centers on healing and wholeness. Ma'at therapy is "love-informed", and hesitation to engage in therapy is viewed as informative rather than a barrier. Therapy is based on the seven cardinal values of *balance, order, righteousness, harmony, justice, truth, and reciprocity*.

Black therapists deliver the Ma'at Program, and Black administrators, supervisors, and directors support them. Therapists and clientele share lived experience and community while also recognizing the range of culture, language, religious, and spiritual practices within Black communities.

Whole person, trauma-informed care focuses on self-acceptance and resilience, while identifying areas of client strength and normalizing client experience. Ma'at offers space to process collective grief and fear without judgment as well as to celebrate joy and healing, often integrating a client's family and community members in services.

The program regularly conducts culturally relevant activities, such as [drumming circles](#), meditation and prayer revivals, healing circles, quiet corners, and focus and listening groups.

The Ma'at Program thrives on partnerships, offering mental health, outreach, and cultural services to Black/African American LGBTQ+ communities and others. Ma'at services are available free of cost to the community.

Outcomes and Other Benefits (steps 6 and 7 in adaptation process)

Qualitative and survey data collected from children, youth, and their parents/guardians who received services through the Ma'at Program have demonstrated the following outcomes:

- Increased understanding and acceptance of their own Blackness
- Improved communication within the family
- Increased access to a caring, nonjudgmental, culturally affirming therapist with shared lived experience
- Decreased stigma associated with receiving mental health services

Lessons Learned

- An Afri-centric model for behavioral health services starts from within the Black community.
- Programs should gather community feedback and buy-in, in part by approaching individuals in the neighborhood and community and inviting them to engage in services. The programs should embrace community engagement as organic and expansive. Community engagement strategies, as well as intervention modalities, must be Afri-centric in vision, delivery, and implementation.
- Programs need to extend established relationships with providers in the community.
- It is essential to acknowledge vicarious and secondary trauma experienced by Black therapists, supervisors, and directors.
- Therapy should balance the needs of the family with an Afri-centric, culturally responsive approach while incorporating ongoing feedback loops and self-assessment.
- Programs should advocate for less restricted funding, which allows flexibility to leverage multiple approaches and multiple streams to meet the needs of the community.

Related Resources

- [Ma'at Program Evaluation Report](#)