



MA'AT PROGRAM EVALUATION REPORT 2020-21

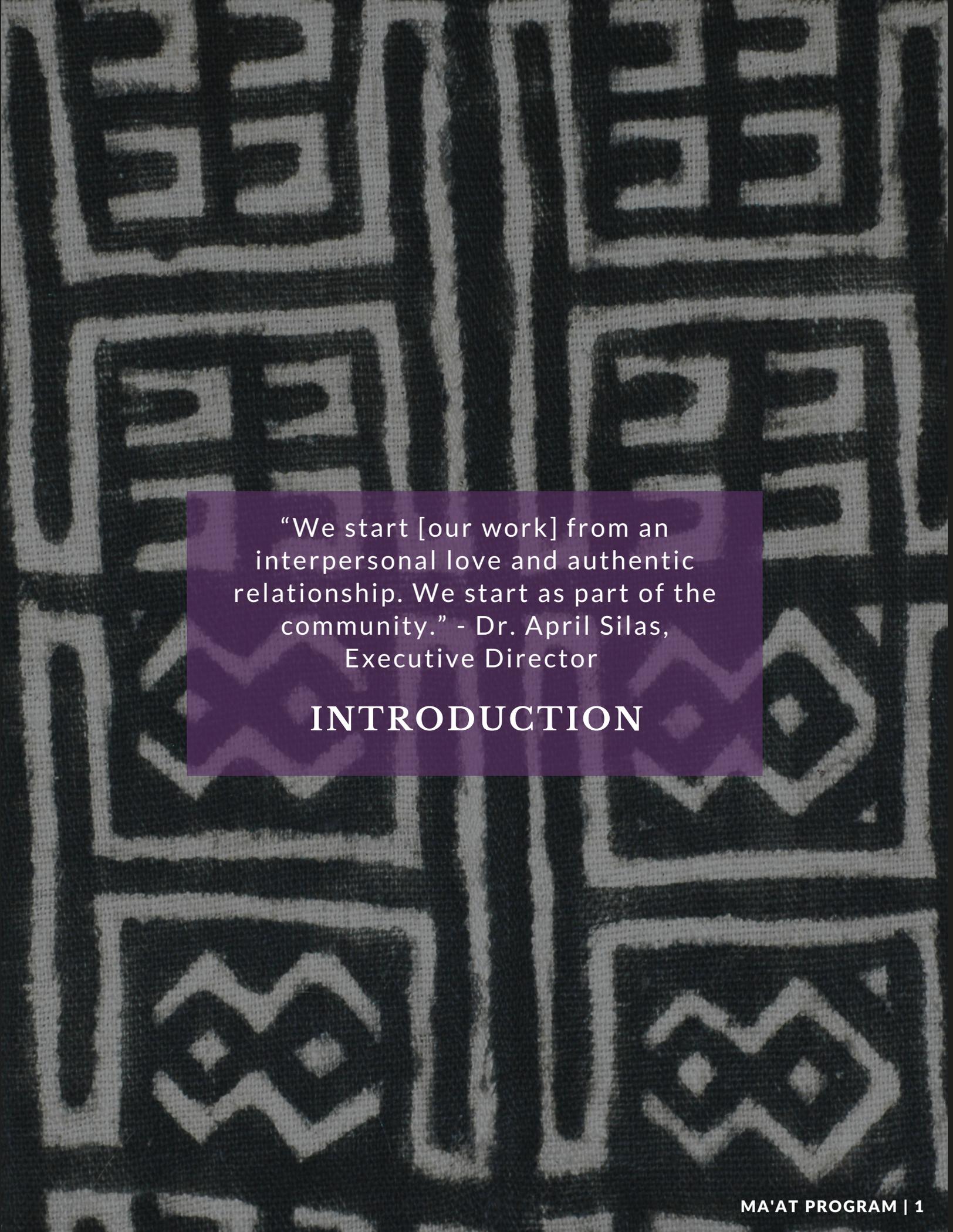


HOMELESS CHILDREN'S NETWORK

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“We start [our work] from an interpersonal love and authentic relationship. We start as part of the community.” - Dr. April Silas, Executive Director

INTRODUCTION

THE MA'AT PROGRAM IS A MENTAL HEALTH REVOLUTION.

Not only does it aim to improve behavioral health outcomes for Black/African American individuals and families in San Francisco but it addresses the historical legacy of intergenerational racism, inequity and trauma within the community. The goal is to support individuals and families of African descent to *passionately and unconditionally affirm Blackness*, in addition to helping them improve mental health and functioning, increase coping skills, and improve relationships with families, educational programs, peers and community. There is no program like it in San Francisco.

San Francisco's dwindling Black population is in crisis. Almost half of homeless adults with children are Black/African American, though only 5% of the City's population is Black. San Francisco has been home to thousands of Black/African American people residing in well-known neighborhoods and safe spaces for the Black community. However, over the past 15 years these communities and neighborhoods have seen a steady and rapid decline due to gentrification and the technological advances being made in Silicon Valley. As individuals and families are increasingly displaced, poverty-related stressors often trigger multiple health issues. This trauma creates the potential for long-term mental and physical health consequences such as persistent anxiety, intense feelings of guilt and shame, difficulty regulating emotions, and emotional numbing.

While there are services in San Francisco for those living in the margins, there is a clear lack of support and resources for assisting the Black community *from within the community*. Dr. April Silas saw this need and developed the Ma'at Program in June of 2018: "We don't begin our work from any established system of thought that's consistent with white supremacy or all of the institutionally established ways of viewing families in the Black community as less than. We start from an interpersonal love and authentic relationship. We start as part of the community." Hence, in partnership with the Rafiki Coalition, Homeless Children's Network birthed a new Afri-centric mental health model.

THROUGHOUT THE HISTORY OF MEDICAL PRACTICE, THERE HAS BEEN VERY LITTLE WORK DONE TO ESTABLISH THE BEST LEVEL OF CARE FOR BLACK/AFRICAN AMERICAN COMMUNITIES LIVING IN THE UNITED STATES.

What is well established is that there are various reasons for the lack of enthusiasm to pursue mental health treatment on the part of Black/African American people in the U.S. There is a very well-warranted mistrust of the eurocentric medical model of mental health service provision, which focuses on the individual and pathologizes Black/African American people and has a history of abusing them. To keep struggles within the community is an important concept for safety and culturally competent response. As a country, the stigma surrounding mental health is significant and fear-provoking that further prevents those who could benefit from seeking support. Additionally, treatments and ongoing services are deemed financially prohibitive and not a good investment. Perhaps one of the most misunderstood theories is that Black communities simply do not believe in mental health and therefore will not seriously consider seeing a therapist or attending a counseling session because it is not necessary.

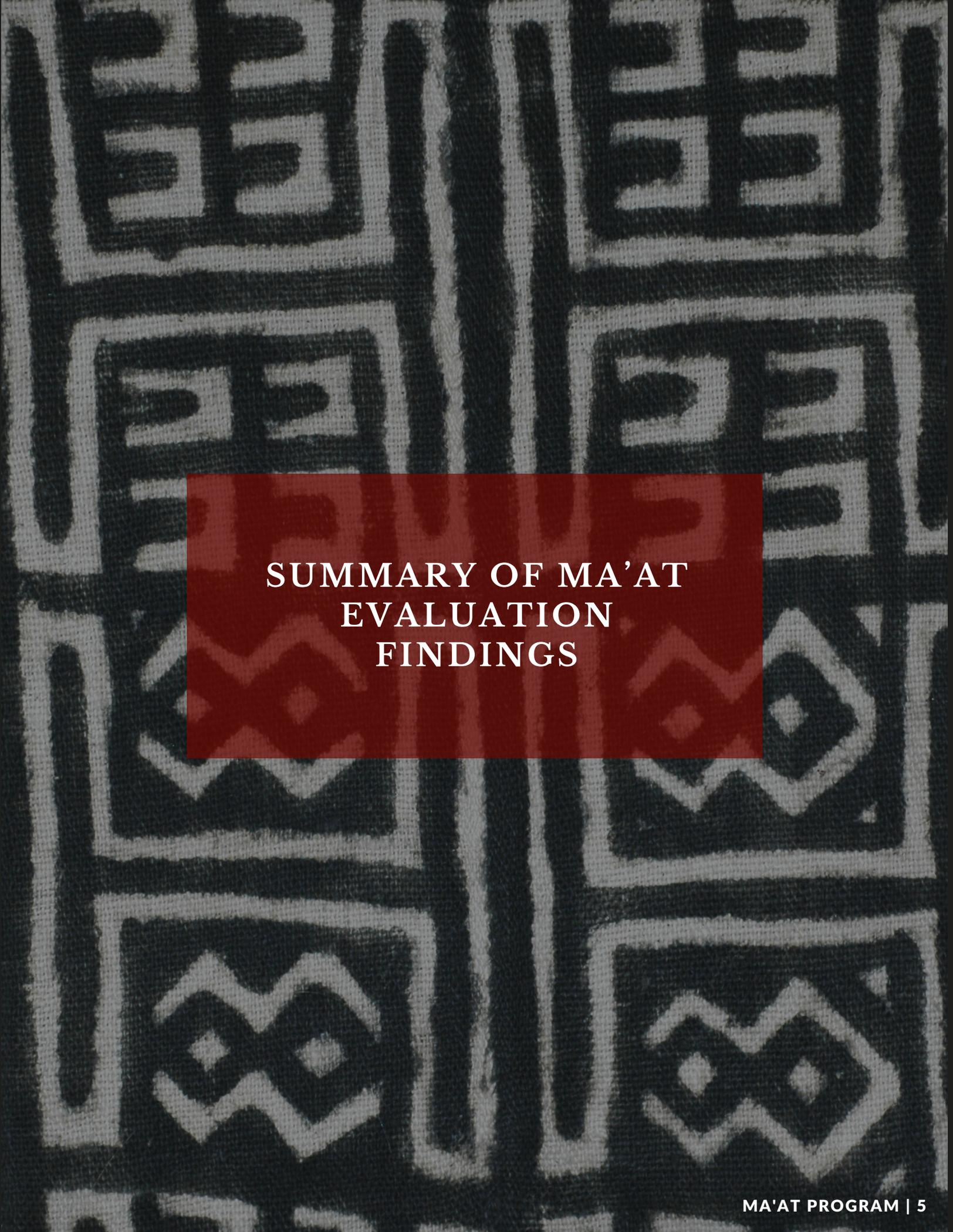
These reasons point to the dire need for mental health models that are centered in African/African American principles and worldviews, such as the Ma'at Program, which is holistic and communal. And that is truly revolutionary.

MA'AT MODEL COMPONENTS

At the heart of the Ma'at model of mental health services is a cadre of diverse Black/African American therapists and case managers who reflect the various communities represented by the clients and their families. This team is held by an infrastructure of Black/African American managers and directors that, likewise, reflect the lived experiences of the Ma'at clientele. Below are the additional components of the Ma'at model of mental health services for Black/African American individuals and families.

- Affirm Blackness
- Focus on self-acceptance
- Focus on resilience
- Identify unique areas of strength
- Normalize clients' experiences
- Reframe stigma of mental health amongst the Black community
- Acknowledge range of religious/spiritual practices within the Black community
- Encourage clients to believe in their capability and choice to engage in their own healing
- Integrate family and community members into the services
- Offer space to process collective grief and fear without judgment
- Address barriers to accessing resources and basic needs
- Facilitate "difficult" conversations
- Trauma informed
- Love informed

Services are both rooted in the community and mobile. "We are in the community centers and the churches and in the spiritual circles and the hubs of the community--all the community areas where Black folks find comfort and safety," explains Dr. Silas. Likewise, Ma'at staff meet clients on the street and in the office. And during this entire evaluation year, due to the COVID-19 pandemic, they provided services remotely via video chat and telephone, as well as in person utilizing COVID-safe practices.



**SUMMARY OF MA'AT
EVALUATION
FINDINGS**

Ma'at is a true community mental health model. For every young person that therapists have a relationship with, they interact with an average of nine other community members who support that young person.



THROUGH THE INTERVIEWS WE CONDUCTED WITH CHILDREN, YOUTH, AND CAREGIVERS PARTICIPATING IN THE MA'AT PROGRAM, WE FOUND THAT:

- Having direct service staff who are Black/African American is extremely important to program participants.
- Working with Ma'at clinicians has a positive impact on young people's understanding and acceptance of their own blackness.
- Ma'at therapy services help improve children's communication within the family.
- Children and families appreciate having access to a nonjudgmental adult with whom to talk.
- Participating in the Program helps remove the stigma of receiving mental health services.
- Program participants are highly satisfied with the services they receive from Ma'at.

WE ALSO COLLECTED SURVEYS FROM CHILDREN AND YOUTH WHO ARE RECEIVING MA'AT SERVICES AS WELL AS THEIR PARENTS/GUARDIANS. THESE SURVEYS LIST FIFTEEN COMPONENTS OF THE MA'AT MODEL AND FIFTEEN SHORT-TERM OUTCOME MEASURES.

- Children, youth, and their parents/guardians who have been receiving services from Ma'at for longer than six months are more likely to agree that the program is successful providing all fifteen model components.
- Similarly, children, youth, and their parents who have been receiving services from Ma'at for longer than six months have higher scores on thirteen of fifteen outcome measures.

We describe all of the findings in detail below.



**DETAILED FINDINGS
FROM INTERVIEWS WITH
YOUTH AND CAREGIVERS**



The evaluators conducted a total of 20 interviews with youth and families participating in the Ma'at Program to ascertain satisfaction with services and identify gaps in programming. We interviewed 11 youth and 9 caregivers. We then reviewed notes and audio tapes of the interviews to identify common themes.

THE SIGNIFICANCE OF BLACK THERAPISTS

Caregivers had a tremendous amount to say about the significance of having their children receive services from Black clinicians. They found it invaluable for their children to be treated by individuals who share their racial and cultural backgrounds. They noted that Black therapists have keen insight into the children's and families' lives by virtue of being Black. One caregiver stated,

"Black people tend to understand Black children and what it is that they face daily...They get it because they were a Black child, regardless of where they grew up."

And another said it was important to her that her child's therapist is Black

"because they understand our culture and background and they won't judge you because they understand."

One mother illustrated with poignancy the great need for a racial match to positively impact a child's sense of self and encourage self-love:

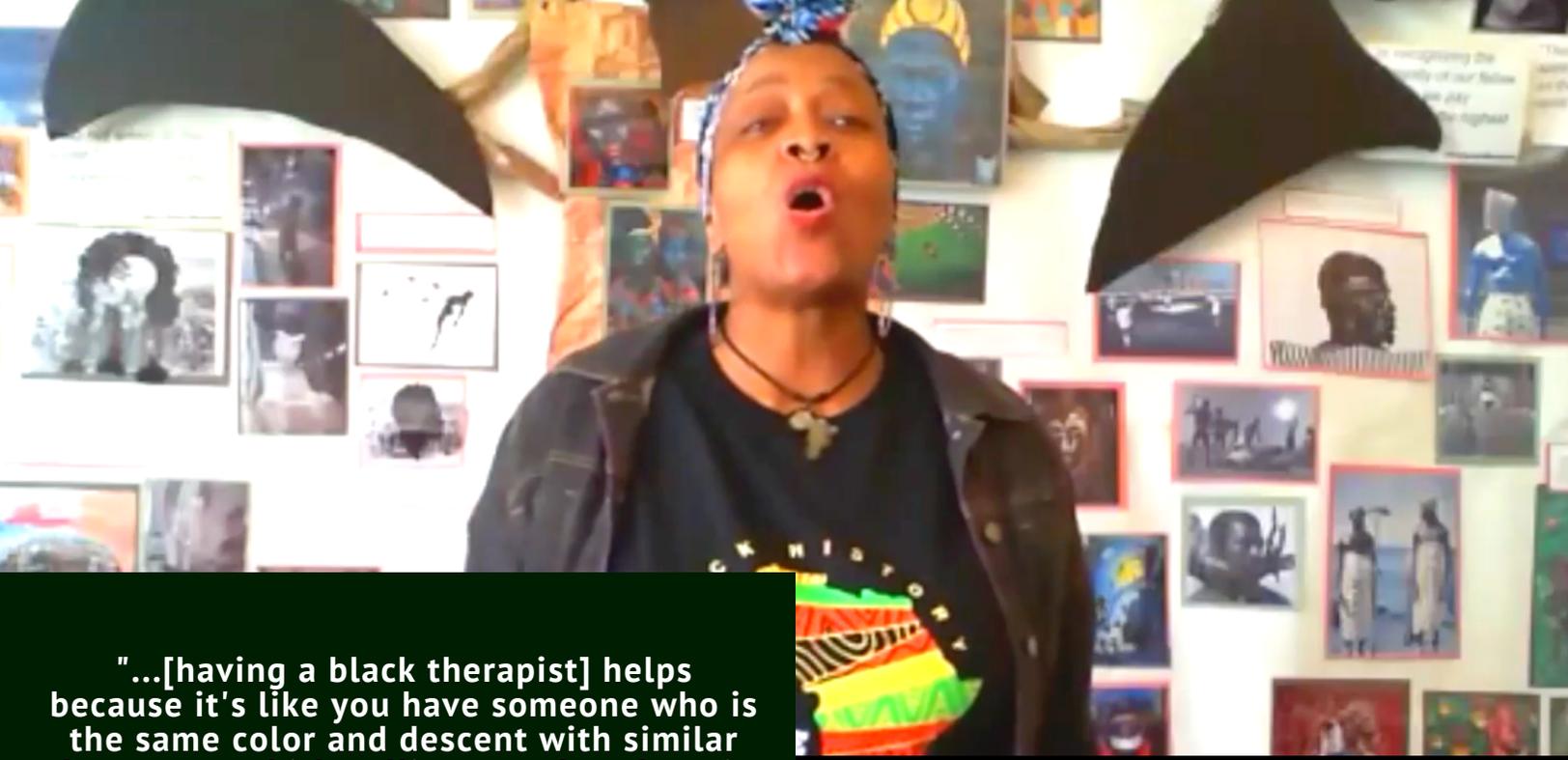
"My daughter has always had self-hatred. Ever since she was younger, she's always been fond of blue eyes and blonde hair and said, 'My nose is too big' and 'Why is my hair like this?'

She's been very well aware of her features. She's Black so her features are African American. And a lot of the time, she does not like certain aspects of African-American features. So [having a Black therapist] helps because it's like you have someone who is of the same color and descent with similar features, and it's telling you and showing you that there is actually nothing wrong with you being who you are in your own skin and loving you for who you are. And that is very important to me for both of my kids to understand that."

"Black people tend to understand Black children and what it is that they face daily...They get it because they were a Black child, regardless of where they grew up."

The caregivers of male-identified children, in particular, mentioned the importance of there also being a match at the intersection of race and gender. One parent commented,

"It's important because the child needs to be able to identify with whoever they're dealing with...That's important for my son. Just with the recent things that have been going on in the country with Black males...He pulls towards someone that looks like he could identify with."



"...[having a black therapist] helps because it's like you have someone who is the same color and descent with similar features, and it's telling you that there is actually nothing wrong with you being who you are in your own skin..."

And another echoed this sentiment, stating

"It's been a good thing. He's able to relate to him and I think that has been a positive outlet. As far as him being a Black male and my son a Black young child, it's been well worth it. You have a tendency to relate better with people you identify with...I think it's good in the sense of being able to identify and having a safe outlet."

Some of the caregivers additionally commented on the Black therapist as a role model for their Black children. According to one parent,

"It gives them a chance to look up to somebody that's okay. It lets them see that people can have jobs other than rapper or football player. It's good for them to see Black people doing different jobs."

Another acknowledged the clinician as a parental figure:

"My son also doesn't have his father in his life. So, it's kind of cool...It doesn't completely fill the void, which I'm sure that's not what the whole purpose is, but it touches in several areas and it has a positive impact."





THE IMPACT ON UNDERSTANDING AND ACCEPTANCE OF BLACKNESS

Caregivers acknowledged that working with Ma'at clinicians had a positive impact on their children's understanding and acceptance of their own blackness. Some mentioned that their children were exhibiting new-found pride in their racial heritage. One said regarding her son,

"He now says, 'I'm Black and I'm proud!'"

Similarly, another commented,

"If you were to ask [my child] 'Are you happy that you're an African American man?' he would say yeah, he is happy now. If you asked him that before he started working with [the therapist], he'd tell you no."

Yet another explained with regards to her daughter,

"I think [working with the therapist] has helped a lot because I don't know if she had a form of self-hate, but she does show a more positive outlook on her race now."

"[My son] now says 'I'm Black and I'm Proud!'"



THE IMPACT ON COMMUNICATION

When asked about the impact of therapy on children and families, caregivers and children alike overwhelmingly commented on the fact that the children were opening up and talking about their feelings more than they had before engaging in Ma'at's mental health services. One caregiver said,

"I see a good change. I see that they're trying to open up more...I see a change for the better."

Another stated,

"I think it's going great. They helped [my kids] with a lot of issues that were balled up inside...I see they're opening up."

And another remarked,

"He's way more open to talk about his feelings. Like if he's feeling sad or mad, he'll tell me about it."

Caregivers reported being pleased that communication had improved in the family as a result of therapy. One exclaimed,

"Now we all communicate better!"

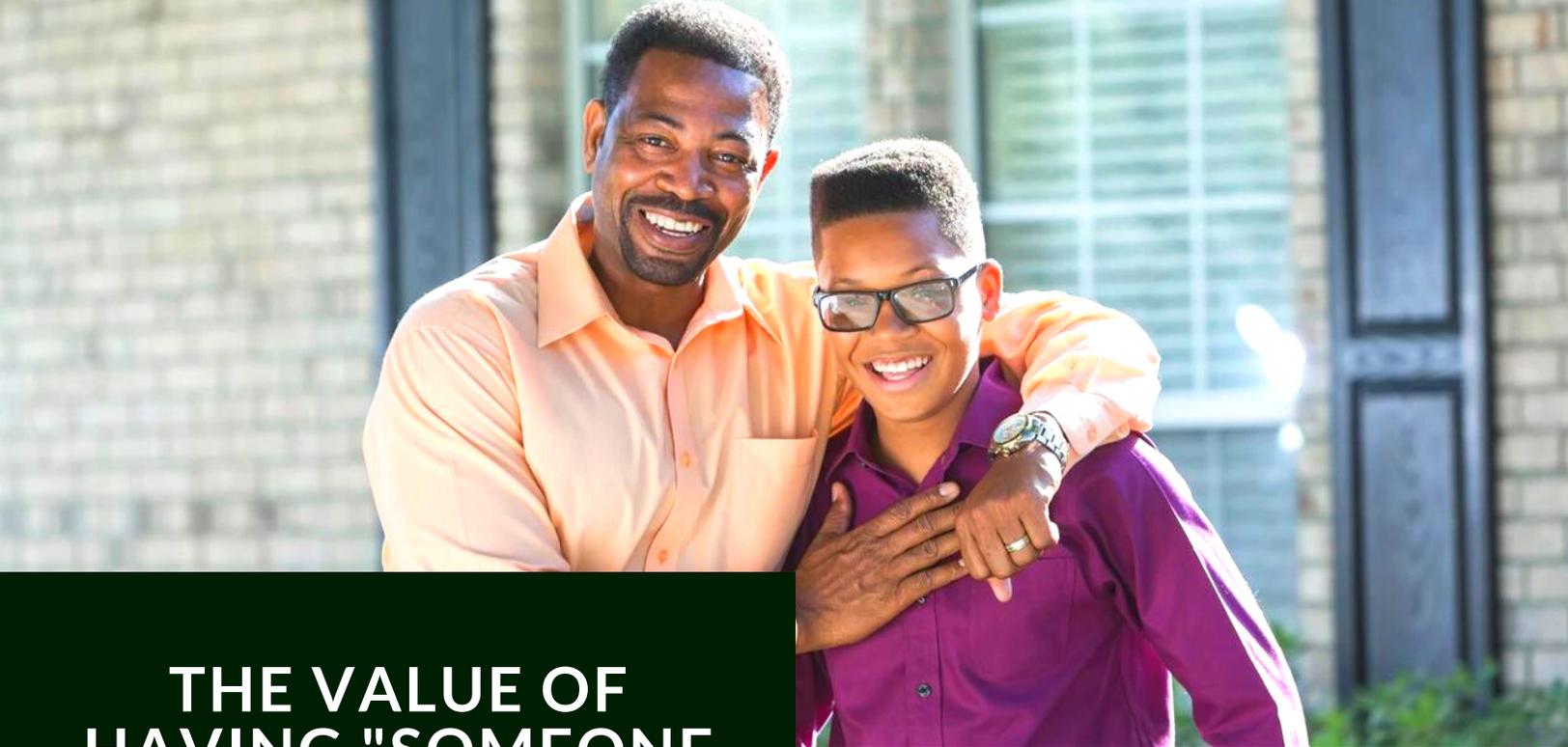
Another was heartened by the changes she was experiencing with regards to communication between her and her son:

"I must say that we do a lot of talking. He comes to me about little things and tells me what's wrong, tells me he's sad or happy...Me and my son weren't really talking like that and I didn't get a lot of why he was mad or angry--why he was upset with me. Now he can let me know when he's mad and tell me, 'Mama, you did this' or 'Mama, you did that.'"

"I see a good change. I see that they're trying to open up more...I see a change for the better."

And yet another parent rejoiced that there were now fewer fights between mother and son:

"[Communication] has improved a great deal. He's wanting to communicate verbally. Initially it was him just responding and fighting. The fighting part has decreased...As far as him expressing himself, that has increased a great deal and he's more willing to express his feelings and make sure that he's heard and understood. I think [therapy] is helping him in that respect."



THE VALUE OF HAVING "SOMEONE TO TALK TO"

The majority of individuals—both children and adults—reported what they found most valuable about the Ma’at therapy was the access to a caring, nonjudgmental, listening ear. The younger children talked about it being helpful to have “someone to talk to” and the older ones likewise commented on the therapists being “easy to talk to.” One teen explained,

“It doesn't feel like I'm talking to a stranger even though I've known her for about two or three weeks. I could tell her about my whole life. It feels safe, you know?”

Caregivers also expressed appreciation for the listening role of the therapists. One reflected on her own experiences as a youth:

“I was a teen in foster care and I felt like I didn't have anyone, and I don't want my daughter to ever feel how I felt. I don't want her to go the wrong route because something didn't get expressed appropriately or because this one time she needed somebody to listen to her and no one listened. So, I probably appreciate that the most.”

Another explained,

“My daughter can openly express herself without feeling judgment and without feeling like she's going to get in trouble if she does so.”

Several caregivers also talked to the evaluators about their own experiences of being listened to by their children’s therapists. One shared,

“Sometimes I find myself talking to my kid's therapist like it's my therapy... Sometimes when stuff is bothering me about the kids and I'm having a hard time making them understand, sometimes I tend to vent to the therapist about how I'm feeling, and why I feel hurt or whatever because they're not understanding what I'm trying to say...Sometimes I find myself needing to talk.”

“...I don't want my daughter to ever feel how I felt. I don't want her to go the wrong route because something didn't get expressed appropriately or because this one time she needed somebody to listen to her and no one listened. So, I probably appreciate that the most.”

This inclusion of other family members in the children’s treatment is a theme that echoed throughout the evaluation process. As another caregiver explained,

“[The therapist] always does what's in [my child's] best interest, and in her best interest is making sure that the family is good as well.”



THE DESTIGMATIZATION OF MENTAL HEALTH SERVICES

Several adult interviewees stated that they were apprehensive about having their children engage in mental health services in the past but have since overcome their uneasiness. “Before, I felt different about it,” explained one parent.

“I felt like they're trying to be nosy and all in my business and trying to brainwash my kids but it's completely different. It's not like that. They're more supportive.”

Another parent reflected on her experience when she was a young woman and juxtaposed it with how she feels now:

“When I was younger, I had a bad experience [with therapy]...and was afraid it would happen to my kids, too... I now think people need to talk to somebody. That's why I thought it was very important to get my kid to talk to somebody.”

Another caregiver who contemplated the messages she received about therapy in her youth said,



“I'm all for breaking traditions and stuff. Growing up they tell you, ‘What does he need to talk to [a therapist] about? He could just talk to me.’ It's a ‘keep it in the family’-type of situation and it really doesn't help at all...I've never wanted that for my kids...Yes, you can come and talk to me, but I want you to be able to talk to somebody unfiltered.”

And yet another explained that,

“It doesn't seem as though my son is being labeled. I think that's one of the greatest things about this therapy.”

“...Growing up they tell you, ‘What does he need to talk to [a therapist] about? He could just talk to me.’ It's a ‘keep it in the family’-type situation and it really doesn't help at all...I've never wanted that for my kids...Yes you can come and talk to me, but I want you to be able to talk to somebody unfiltered.”



THE IMPACT OF COVID-19

When asked how their child's experience with their therapist could be improved, almost every caregiver mentioned the desire to have in-person services resume. They lamented the fact that the pandemic had relegated therapy to a virtual exchange. One of the caregivers stated:

"I just wish that we could be more in person, so they can really get to sit down and really be with [my daughter] face to face. But other than that, I don't see anything else that needs to be changed."

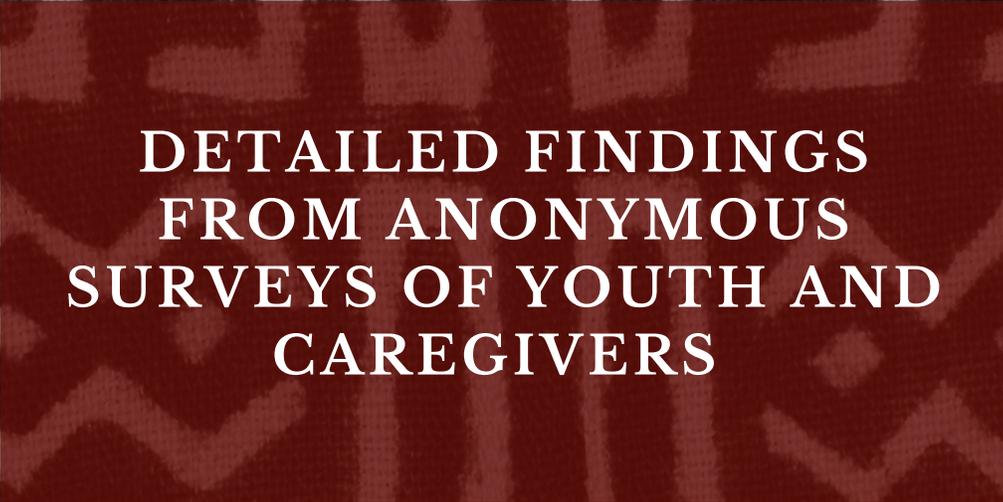
Another caregiver expressed her disappointment in this way:

"I wish it was more hands-on but right now due to the coronavirus, [the therapist] can't do one-on-one...I just wish that they had hands-on or they could try to find a way at least about once a month that they could let them see each other. They could do social distance and go to a park, and they could do things like that...A lot of [therapy] is talking on the phone and on the computer and that's a lot for a child when they're already doing that five or six hours a day for school."

And another caregiver shared that they missed the exchanges that occurred with the clinicians at the end of therapy sessions. In person, in those brief moments between clients, therapists could share information about progress in treatment, listen to caregivers' concerns, and offer advice. Telephone or video calls did not afford the same type of opportunities for connection between the caregivers and the therapists.

"I just wish that we could be more in person, so they can really get to sit down and really be with [my daughter] face to face..."





**DETAILED FINDINGS
FROM ANONYMOUS
SURVEYS OF YOUTH AND
CAREGIVERS**



Findings from anonymous surveys from children, youth, and caregivers reinforce what we discovered during our interviews and point to the strength of the Ma'at Afri-centric mental health model. Reporting that they love being Black, attending therapy and that they feel more in control, there are clear benefits to identity formation and well-being for children and youth who have had Black therapists for over six months. Their parents also observe positive benefits. Additionally, parents whose children or teenagers are attending therapy also experience--among other outcomes--heightened pride in being Black, forgive themselves more, and are comfortable receiving mental health services for themselves. We provide the detailed findings below.

WHO COMPLETED SURVEYS?

We have surveys for 32 unique children between the ages of 5 and 11.

- 16 children were assigned male at birth and 16 were assigned female at birth.
- One of the children assigned male at birth feels like a girl. Three of the girls like both boys' and girls' clothing.
- Of these, 22 started before Jan/Feb, five started in Jan/Feb, three started since Jan/Feb and we have no date for 2.

32
Ages 5-11

We have surveys for 21 unique teenagers between the ages of 12 and 18.

- 2 youth are bisexual, one is a lesbian and the rest identify as straight.
- Of these, 9 started before Jan 2021, five started in Jan/Feb, one started since Jan/Feb and we have no date for 6.

21
Ages 12-18

44
Parents/Guardians

We have surveys for 44 unique parents/guardians.

- Two parents/guardians identify as men, 40 as women, and one is nonbinary. One parent declined to respond.
- One parent is bisexual, one parent is pansexual, one parent is queer and 40 are straight. One parent declined to respond.
- Of these, 26 had children start services before January 2021, four started in Jan/Feb, five have started since Jan/Feb and we have no date for 9 parents.

These parents have a range of lived experiences:

- 12 parents have been arrested, 8 have been incarcerated, and 6 were held at some point in juvenile detention.
- 8 parents were in foster care
- 20 parents were suspended or expelled from school.
- Half of the parents have experienced one or more forms of violence.
- 1/3 of parents spend the bulk of their income on rent and 6 families either have trouble paying rent or move often.



WHAT DID THE SURVEYS SAY?

Children that have been receiving services from Ma'at for longer than six months are more likely to say that:

- talking or playing with their therapist helps them feel better;
- they love themselves;
- they like having a Black therapist;
- they love being Black; and
- they like going to therapy.

Teenagers that have been receiving services from Ma'at for more than six months are more likely to say that:

- their Blackness is good;
- nothing is wrong with them because they are Black;
- talking with their therapist makes them feel better;
- they are in control of their life;
- they are proud of being Black; and
- they can be Black and have other identities at the same time.

Parents whose children have been receiving services from Ma'at for more six months are more likely to report that their children:

- can talk to their therapist about religion/faith/spirituality;
- can talk to their therapist about sadness and fear related to being Black without being judged;
- can speak honestly about what it means to be Black with their therapist;
- feel safe as a Black person with their therapist; and
- feel seen in therapy as a Black person.

Parents/guardians whose children have been receiving services from Ma'at for more than six months are more likely to report that THEY:

- forgive themselves when they make mistakes;
- feel their Blackness is good;
- know there is nothing wrong with them because they are Black;
- have the power to help themselves feel better;
- know where to go for help with meeting their basic needs;
- love themselves;
- are patient with themselves;
- are in control of their lives;
- are proud to be Black;
- are comfortable receiving mental health services; and
- believe what they have to say is important.



**OTHER DETAILED
FINDINGS ABOUT MA'AT
CONNECTIONS TO
COMMUNITY**

COMMUNITY ENGAGEMENT

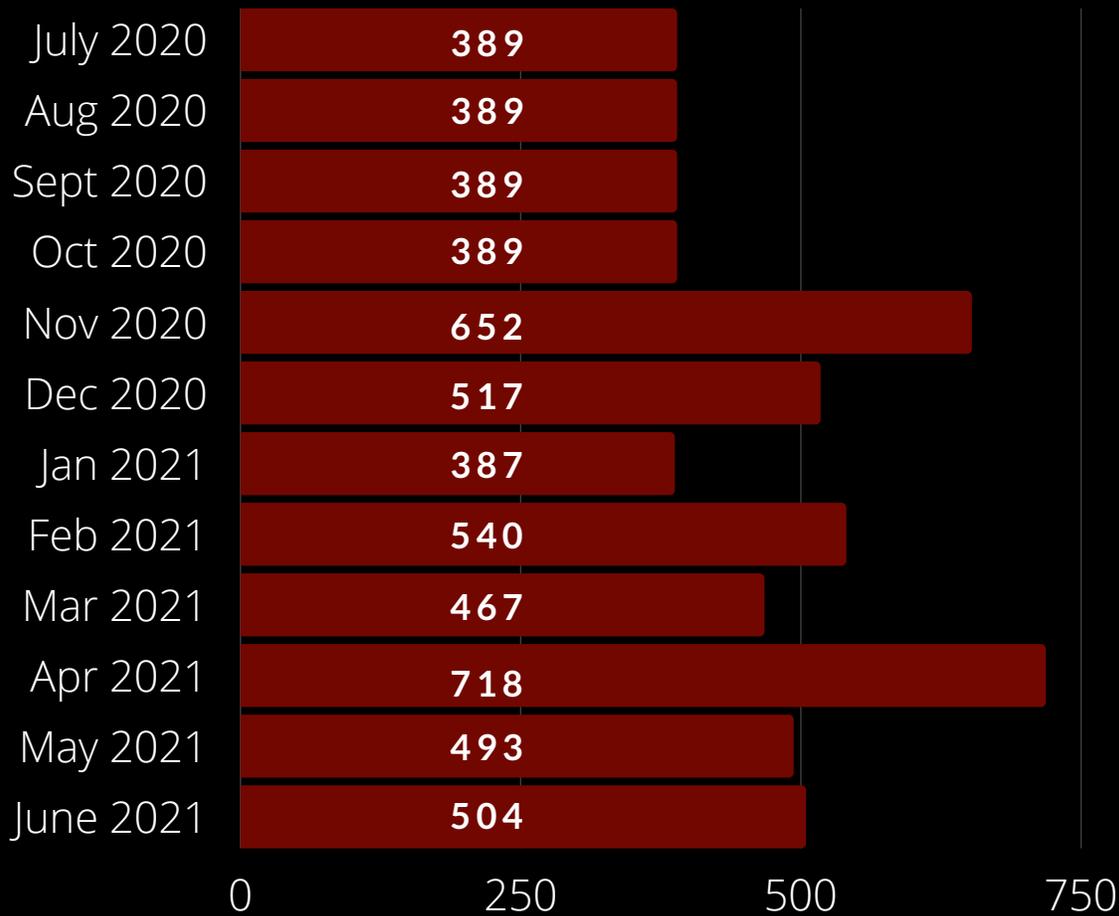
In Year Two, an average of 123 children and youth per month participated in Ma'at program services, which included one or more of the following: mental health services, case management, and group supports.

As discussed above, for every one contact with youth, Ma'at completed 9 contacts with the many different people that surround youth within their community including teachers, school support staff, and health professionals. We describe the larger engagement with community below.

Community relationships are the lifeblood of the Ma'at Program. Program staff provide an enormous amount of ongoing outreach and engagement to a wide breadth of community stakeholders and partners. Ma'at also reaps the benefits of being in partnership with more than 50 members of the Homeless Children's Network collaborative of community-based organizations throughout San Francisco.

During fiscal year 2020-21, Ma'at program staff engaged in 5,835 outreach and other community engagement activities. Please see below for graphs depicting the breakdown of activities by month and participant.

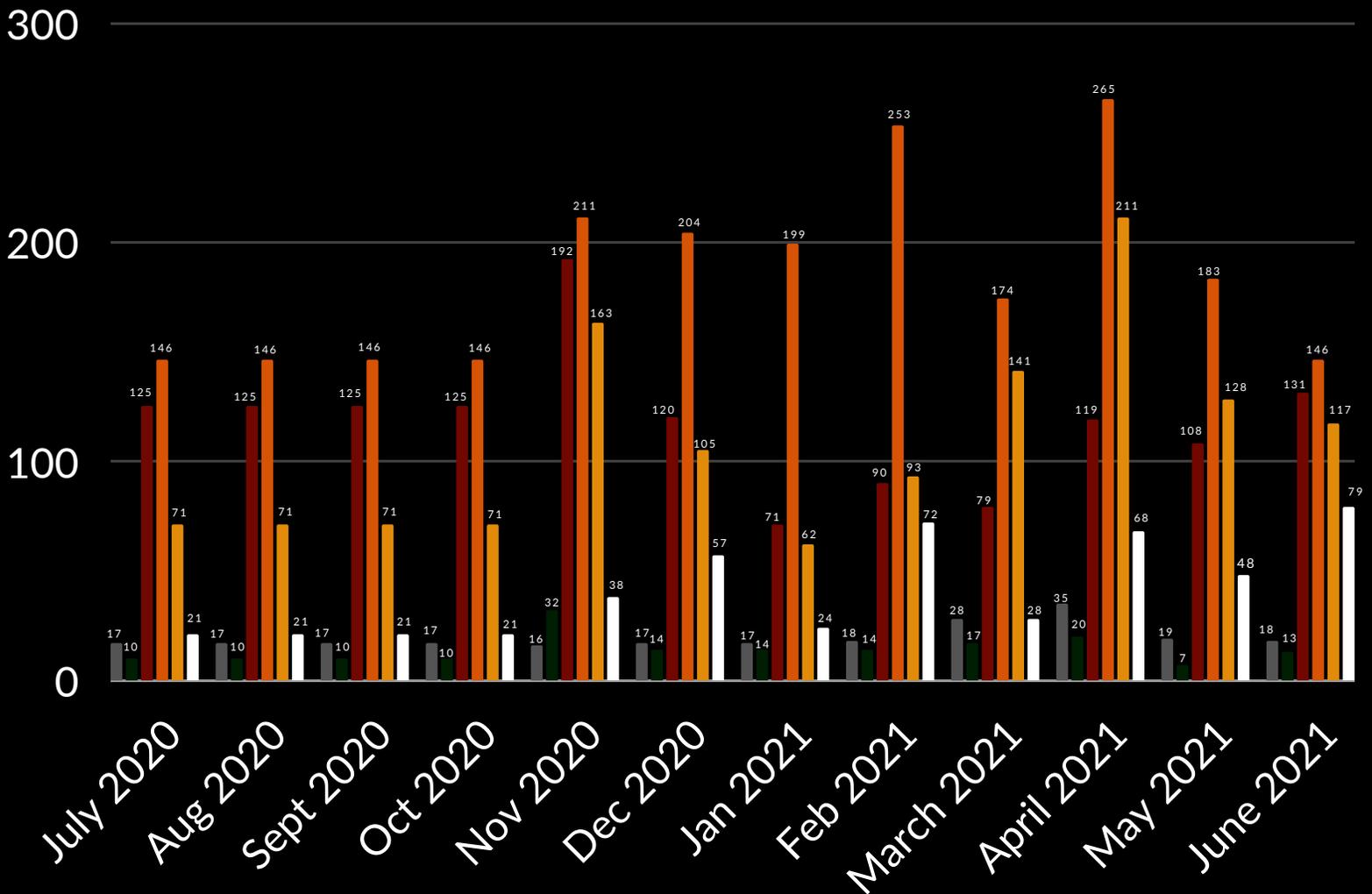
NUMBER OF OUTREACH AND COMMUNITY ENGAGEMENT ACTIVITIES ¹



¹ The data for July 2020-October 2020 are reflective of the averaged total of outreach and community engagement activities across those four months.

COMMUNITY ENGAGEMENT

OUTREACH AND COMMUNITY ENGAGEMENT ²



² The data for July 2020–October 2020 are reflective of the averaged total of outreach and community engagement from each participant across those four months.

COMMUNITY LOVE POP-UPS

Rafiki Coalition hosted 17 “Love Pop-Up” events in Year Two of the Ma’at Program, serving hundreds of Black/African American community members throughout San Francisco. We describe each of these events below.



July 2020:

- Online Healing Circle – “Call to Prayer” for families with an incarcerated parent or child and COVID-19 spreading rampantly
- In-person, socially distanced Pop-Up Drumming Circle and Prayer Circle for transition-aged youth homicide victim in Alice Griffith
- Follow-up circle and food resources in Alice Griffith

September 2020:

- Pop-up at African American Arts and Culture Complex (Fillmore) with music, resources, food, and healing circle
- Stand in Peace Pop-Up in Potrero Hill with food, resources, art table, music, and poetry

October 2020:

- Pop-up with SF Black Wall Street outside India Basin Shoreline Park (Bayview-Hunters Point), including food, massages, art, music, resources, games, and sound healing for children
- Pop-up on Sam Jordan's Way (Bayview), including massages, children's dance, Halloween candy, drumming, navigation, and resources

November 2020:

- *Día de Los Muertos* celebration at Alice Griffith with food, books, gift bags, navigation, art and games, raffles, and resources
- 2 Pop-ups on Sam Jordan's Way (Bayview), including massages, children's dance, drumming, navigation, and resources



December 2020:

- Dr. Brenda Wade’s “Healing Ancestral and Intergenerational Trauma” workshop (part 1) for youth from the southeast side of the City, focused on family relationships, including holiday gift baskets, toys, and gift cards for children and families who have experienced community violence

February 2021:

- Online Pop-up – Black Excellence Mental Health Conversation

March 2021:

- 2 Online Healing Circles with Amber McZeal

April 2021:

- Event outside India Basin Shoreline Park (Bayview-Hunters Point) with Easter baskets, art, music, and dance for kids and families, resources, and navigation

May 2021:

- Pregnancy Pop-Up Village with food, games, circle, resources, and navigation
- Dr. Brenda Wade’s “Healing Ancestral and Intergenerational Trauma” workshop (part 2) for youth from the southeast side of the City, focused on family relationships

Additionally, Rafiki provided mental health navigation services and resources two days per week at the Bayview Essential Services Hub from February 1 through June 30, 2021.



MA'AT COMMUNITY ADVISORY

Homeless Children’s Network’s executive team solicited ongoing feedback from Black/African American community leaders and elders throughout San Francisco during the second year of the Ma’at Program. Board meetings provided opportunities for discussions about Ma’at with Board members of African descent with longstanding connections to the San Francisco Black/African American community. Also, Ma’at staff participated in ongoing conversations with community partners during which they advised on issues arising in the various Black/African American neighborhoods in San Francisco. In addition, HCN’s executive team engaged individual Black/African American community leaders participating in the Dream Keeper Initiative³ in conversations pertaining to outreach and engagement efforts, as well as referrals. Black/African American LGBTQ+ leaders in the City served in an advisory capacity, providing direction on developing programming that effectively addresses Black/African American LGBTQ+ mental health needs, as well as helping create a direct referral stream for Black/African American LGBTQ+ community members.

The Ma’at Program also engaged the broader community in assessment throughout the year. At the end of November and through December of 2020, the City put out an online survey that assessed awareness and quality of Black-serving community-based programs in San Francisco. The survey included the Ma’at Program and staff used the opportunity to engage the community about their programming for Black/African American families and elicit feedback. Additionally, through participation in community events, such as the virtual Black History Month celebration put on by Ma’at staff, program staff were able to hear directly from Black/African American community members about their needs and provide information about Ma’at’s services.

³ The Dream Keeper Initiative is a citywide effort to reinvest \$120 million over fiscal years 2020-21 and 2021-22 from law enforcement into San Francisco’s Black/African-American community. For more information, see <https://sf-hrc.org/city-fund-reallocation-dream-keeper-initiative>.



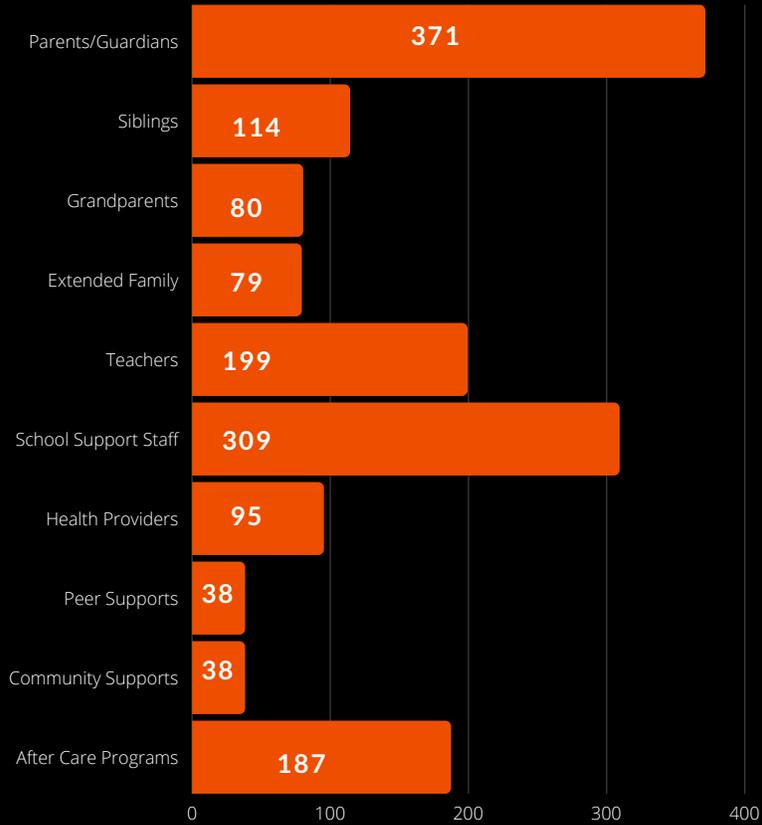
DIRECT MENTAL HEALTH SERVICES FUNDED BY MEDICAL (EPSDT)⁴

In its second year, the Ma'at Program successfully met the San Francisco Department of Public Health's Units of Service contract objective for direct mental health services for children and youth clients aged 0-18, funded by Medi-Cal. The Program provided 100% of Units of Service or 3,046.7 hours of mental health services and 629.9 hours of case management.

Ma'at staff provided EPSDT mental health services to 105 children and youth. They also provided 1,510 collateral outreach contacts on behalf of child and youth clients—an average of 14 contacts per child/youth.

In late March 2021, the San Francisco Department of Public Health increased the Ma'at contract by \$600,000 to augment EPSDT mental health services for the months of April, May, and June. The Ma'at Program has found that it typically takes 12 months to draw down that amount in EPSDT funds when working with Black/African American families. These families are understandably apprehensive about engaging in services informed by the medical model employed by Medi-Cal, which requires diagnosing children with mental disorders and deeming treatment "medically necessary." Ma'at staff work tirelessly with families in the community to dispel myths about mental health services, garner trust, and reassure families that Ma'at services are provided from a non-pathologizing lens.

NUMBER OF COLLATERAL AND OUTREACH CONTACT TYPES FOR DIRECT MENTAL HEALTH SERVICES



The program used the month of April to recruit, hire, train, and certify new staff in the billing system, and provided mental health services to additional children and youth under the new funding in May and June. Because it takes a full year to draw down \$600,000, it follows that the amount that can be drawn down in two months is 1/6, or 17%, of the total amount. However, the Ma'at Program was able to draw down an astounding 40% in EPSDT funds for the period of May 1, 2021 through June 30, 2021.

⁴The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. In California, Medicaid is referred to as Medi-Cal. For more information, see <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>.



DREAM KEEPER INITIATIVE

In April 2021, Homeless Children's Network received funding from San Francisco's Dream Keeper Initiative, which allowed for the provision of additional services, namely mental health services, mental health services for members of the Black/African American LGBTQ+ community, and early childhood mental health consultation. A brief description of each follows.

MENTAL HEALTH SERVICES

Program staff continued to develop and expand the Afri-centric behavioral health model through community work. They engaged in **152 outreach calls, meetings, and communications** to potential advisors, community partners, educational programs, referral sources and others. They also participated in community conversations highlighting the needs of Black/African American communities, including the Black/African American LGBTQ+ community and families of children aged 0-5 years. Additionally, staff engaged with the Dream Keeper Initiative and other Black-led and Black-serving San Francisco agencies to increase the efficacy of cross-referrals and community learnings.

Clinicians utilized a wide range of modalities, including individual and group therapy, case management, and healing circles, in working with Black/African American children, youth, parents, and other adults. Staff also provided services to community partners, such as educational program staff, who need assistance in better supporting and addressing the mental health needs of Black/African American youth, families, and adults. **Twenty-six clients** received services via phone, video call, email and via other COVID-safe practices.





LBGTQ+ MENTAL HEALTH SERVICES

Homeless Children's Network has been providing mental health services to members of the LGBTQ+ community for the past two decades through partnerships with San Francisco-based LGBTQ+ organizations, such as Our Family Coalition and SF Pride. With the additional funding, LGBTQ+ Black clinical staff provided mental health services for **43 of the City's Black/African American LGBTQ+ community members**. Clients included children and youth, caregivers and other adults, as well as community partners needing support in addressing the mental health needs of Black/LGBTQ+ individuals. Due to the COVID-19 pandemic, staff provided services via phone, video chat, email, and other COVID-safe practices.

Program staff also engaged in community work to continue to develop and expand the Afri-centric behavioral health model to ensure inclusivity of all members of the Black/African American LGBTQ+ community throughout San Francisco. They participated in **163 outreach calls, meetings, and other communications** to potential advisors, community partners, educational programs, referral sources, and others, as well as in community conversations emphasizing the needs of the City's Black/African American LGBTQ+ community. Program staff also took part in strategic planning and infrastructure design to elicit feedback from the Black/African American LGBTQ+ community, and in outreach to engage and introduce services within communities throughout San Francisco, as well as to generate referrals. Additionally, staff engaged with the Dream Keeper Initiative and other Black-led and Black-serving San Francisco agencies to increase the efficacy of cross-referrals and community learnings.

EARLY CHILDHOOD CONSULTATION

In addition to working with young Black/African American children and their families, clinicians worked directly with early childhood staff to offer valuable support, feedback, and advice on how to implement effective programs for their Black/African-American clients aged 0-5 years to ensure healthy development during this crucial developmental stage of life. Services included supervision and training, individual and group early intervention, and individual and group mental health services, and reached **33 individuals**.

Program staff also engaged in strategic planning and infrastructure design for Afri-centric services for Black/African families with children aged 0-5 years and their early childhood providers. In addition, they completed **61 outreach communications** with shelters, Family Resource Centers, Early Education Centers, educational programs, child care centers, the Dream Keeper Initiative and other Black-led and Black-serving San Francisco agencies to inform them of trainings, consultation, and direct mental health services to Black/African American families, including LGBTQ+ families, with children birth to five.



DISCUSSION

THE MA'AT PROGRAM IS ABSOLUTELY A REVOLUTIONARY MODEL AND A REAL TESTAMENT TO THE POWER OF CULTURALLY-AFFIRMING MENTAL HEALTH SERVICE PROVISION.

In a field that has a history of ignoring and pathologizing the Black/African American community, the Ma'at Program has found a way to create and maintain a safe space for Black people living in San Francisco with the collected evidence confirming the positive and evident impact the program has had.

With exclusively Black/African American leadership and direct service staff, Ma'at is already in a category all its own; there are very few programs that exist resembling Black infrastructure. The Afri-centric model allows for genuine self-reflection, self-improvement, and room to explore the many complex realities of living life as a Black person in today's America. The program succeeds at increasing the levels of self acceptance and love amongst their clients--two key components of the model; in a society that consistently rejects their skin color and history as relevant or valuable it is imperative that Black/African American clients are able to develop and strengthen a sense of belonging and self-assurance in a holistic way.

As a community-based therapeutic model Ma'at focuses not only on individual mental health but basic physical and socioeconomic needs, and collective social trauma as well. As part of the program components Ma'at addresses barriers to accessing resources and meeting basic needs, offers space to process collective grief and fear without judgment, and encourages clients to believe in their capability and choice to engage in their own healing. These goals are met through being rooted in the community and quite literally meeting clients where they are via mobile services. Additionally, the Ma'at program not only works with clients on an individual basis, but engages family and a whole host of community members. These approaches of the model are reflected in the outcomes of clients.



RECOMMENDATIONS

THE DATA COLLECTED IN BOTH THE SURVEYS AND INTERVIEWS WERE OVERWHELMINGLY POSITIVE.

Nonetheless, based on the findings and discussions with Ma'at Program staff, the evaluators have identified opportunities for the Program to improve its practices and strengthen its shaping of the mental health field.

1. Bolster intake forms to capture multi-identity and multi-issue data. Many of the most marginalized community members are facing multiple systems of oppression that are manifesting into complex clinical cases. It would behoove the Program to intentionally capture that information in the intake/relationship-building phase. Additionally, collecting detailed data would allow the Program to better identify gaps in services for certain communities and expand to create accessibility for more estranged groups.
2. Consider offering more groups for children, youth, and caregivers. Clients could benefit from additional opportunities to gather in affinity groups for psycho-social education and mutual support.
3. Seek additional funding that would allow for an expansion of the provision of mental health services not requiring full-scope Medi-Cal. This would mean clinicians would not need to diagnose clients with a mental illness and services could be provided in multiple modalities.
4. Grow the Dream Keeper Initiative funding to address the unique needs of Black/African American adults without children, including seniors. Although the DKI has allowed for that type of program expansion, there is still need for more.
5. Create a curriculum that teaches people in other jurisdictions about the model and seeds the idea to replicate elsewhere. The model could be shared with other cities across the country through conferences, trainings, and technical assistance projects that train other community-based organizations and government agencies how to replicate the work.



APPENDIX A:
METHODOLOGY



LOGIC MODEL

Ceres worked with Ma'at staff to revise the program's logic model. The logic model serves multiple purposes in an evaluation: It clarifies the desired goals and outcomes of the organization's efforts and provides benchmarks to measure success. It also serves as a tool for rapport and relationship building between the evaluators and the organization. Finally, the logic model is the foundation for the data collection instruments which are developed around the desired outcomes as described in the short- and long-term columns.

The logic model can be found in Appendix B.

CHILD, YOUTH, AND CAREGIVER SURVEYS

The evaluators developed survey instruments for child (5-11 years) and youth (12-17 years) clients and their caregivers. They administered the surveys to every client and caregiver in January and again in May. They also surveyed each child, youth, and caregiver upon intake.

The youth and caregiver surveys are separated into two major sections. In the first section, respondents answer demographic questions pertaining to their age, sex assigned at birth, gender identity, sexual orientation, gender expression, and race and ethnicity. They also answer questions regarding membership in various communities (e.g., immigrants, people with disabilities) and involvement in state systems (e.g., foster care, criminal/youth justice). Additionally, there are questions regarding whether they have experience with housing instability or violence. Finally, there are questions about when the respondents started receiving services from the program and how often. The second section asks youth clients and caregivers to agree or disagree with various statements that describe their experiences working with Ma'at staff and those related to self-perception and life satisfaction.

The child survey is, likewise, divided into two sections but is much shorter than the youth and caregiver surveys and asks questions in a developmentally appropriate manner. The first section asks respondents demographic questions related to age, sex assigned at birth, gender identity, gender expression, and race and ethnicity. It also inquires as to when the respondents started receiving services from the program and how often. In the second section, respondents answer whether they agree or disagree with several statements pertaining to self-image and their experiences with program staff.

Due to COVID-19 and the subsequent shelter-in-place orders, the evaluators were unable to administer the surveys in person. Instead, they uploaded the surveys onto Google forms and Survey Monkey, and Ma'at staff either filled them out with respondents by phone or video or sent them to clients and caregivers via link.

The evaluators entered survey data into a database and cleaned and analyzed it using SPSS statistical software. The survey instruments can be found in Appendix C.

CHILD, YOUTH, AND CAREGIVER INTERVIEWS

Ceres conducted interviews with 11 children and youth and 9 caregivers, for a total of 20. Ma'at staff invited current clients and caregivers to participate in the interviews. Interviews with the caregivers were approximately 40 minutes long and with the children and youth approximately 20. They were conducted over Zoom. Ceres compensated interviewees for their time.

The evaluators coded the child, youth, and caregiver interviews for major themes.



HOMELESS CHILDREN'S NETWORK EXECUTIVE DIRECTOR INTERVIEW

Ceres interviewed the Executive Director of Homeless Children's Network for approximately one hour.



APPENDIX B:
LOGIC MODEL

MA'AT'S GOALS

INPUTS

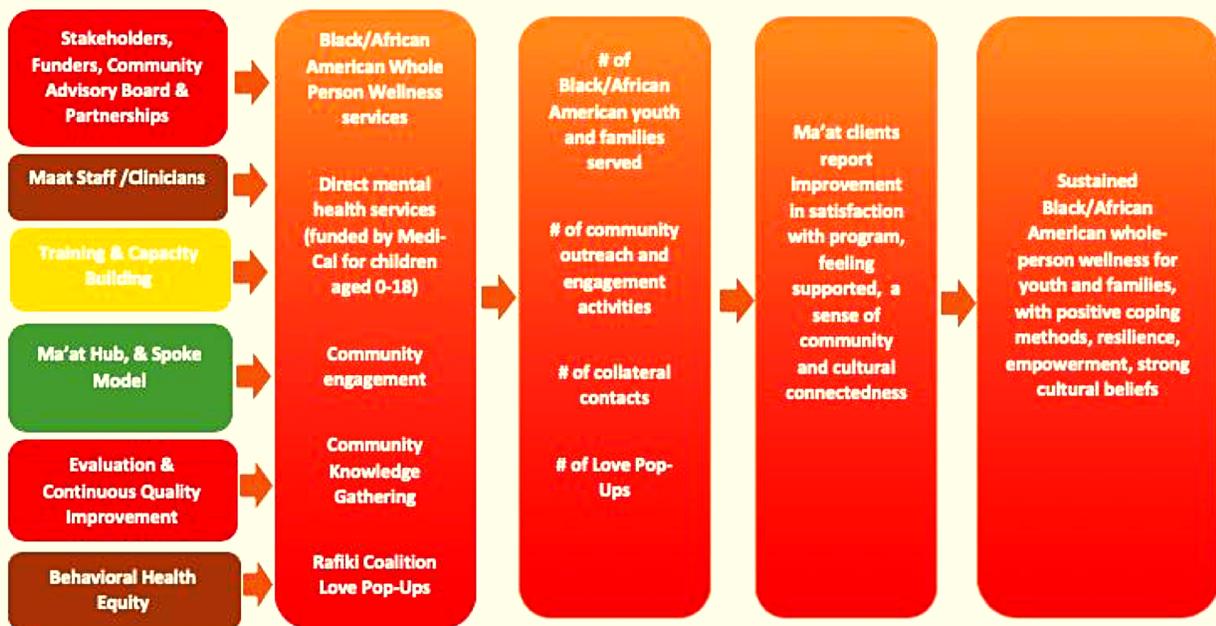
ACTIVITIES

OUTPUTS

SHORT-TERM OUTCOMES

LONG-TERM OUTCOMES

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



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

- Increased self-acceptance
- Increased love of Blackness
- Increased feelings of being humanized
- Increased resilience
- Increased feelings of empowerment
- Increased feelings of cultural pride
- Increased sense of emotional well-being
- Increased positive coping skills
- Decreased stigma re. mental health issues/services
- Realization of the power of one's voice
- Increased ability to build community
- Understanding of the connection between body, mind, and spirit
- Increased opportunity for unity
- Increased feelings of being seen
- More nuanced understanding of what it means to navigate the world as an intersectional, multi-identity Black/African American person (e.g., Black and ... queer, disabled, undocumented, etc.)
- Understanding of own mental health temperature (what factors/stressors raise and lower temperature)

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

- Increased and sustained engagement in school
- Expanded social networks within the Black community
- Increased engagement with Black-led institutions
- Increased number of past clients interested in entering mental health field
- Increased and sustained civic engagement



APPENDIX C:
SURVEY
INSTRUMENTS



“Middles” Form (Ages 5 - 11)

Please answer the following questions as honestly and completely as possible. Thank you.

A1. Client ID:	
A2. Today's date:	
A3. What is your age?	
A4. Were you born a...	Boy Girl Something else
A5. Do you feel like a...	Boy Girl Something else
A6. Do you prefer to wear boy clothes or girl clothes?	Boy clothes Girl clothes Both Depends on the day
A7. What is your race (Black, White, etc.) and/or ethnic (Mexican, Chinese, Jewish, etc.) identity?	
A8. When did you begin therapy from the Ma'at Program?	
A9. How often do you receive services?	

B6. Talking or playing with my therapist helps me feel better.	A lot	A little	No	Definitely Not
B14. I love myself	A lot	A little	No	Definitely Not
B15. I like that my therapist is Black.	A lot	A little	No	Definitely Not
C2. I love being Black.	A lot	A little	No	Definitely Not
C9. I like going to therapy.	A lot	A little	No	Definitely Not



Youth Form (Ages 12 -17)

Please answer the following questions as honestly and completely as possible. Thank you.

A1. CLIENT ID:	
A2. Today's date:	
A3. What is your age?	
A4. What sex were you assigned at birth?	Male Female Intersex
A5. What is your gender identity? (Please circle all that apply)	Boy Girl Both Neither Two Spirit Gender Queer Genderfluid Transgender
A6. What is your sexual orientation? (Please circle all that apply)	Straight Gay Asexual Lesbian Two Spirit Queer Bisexual Pansexual Questioning
A7. What is your gender expression? (Please circle all that apply)	Masculine Feminine Androgynous Two Spirit
A8. Are you a member of any of the following communities? (Please circle all that apply)	Immigrant People with disabilities Adopted
A9. Have you ever been arrested?	Yes No
A10. Have you ever been held in juvenile detention?	Yes No
A11. Are you currently or have you ever been in foster care?	Yes No
A12. Have you ever been suspended or expelled from school?	Yes No
A13. Are you experiencing housing instability? (Please circle all that apply)	Family having trouble paying rent Spending the bulk of household income on housing Living in overcrowded conditions Moving often Staying with relatives
A14. Are you impacted by violence? (Please circle all that apply)	Family Partner Community Social/Political Something else

A15. What is your race (Black, White, etc.) and/or ethnic (Mexican, Chinese, Jewish, etc.) identity?	
A16. When did you begin therapy from the Ma'at Program?	
A17. How often do you have therapy?	

B1. I forgive myself when I make mistakes.	Strongly agree	Agree	Disagree	Strongly Disagree
B2. I'm proud of being Black.	Strongly agree	Agree	Disagree	Strongly Disagree
B3. I am able to bounce back from hard experiences.	Strongly agree	Agree	Disagree	Strongly Disagree
B4. I have many strengths.	Strongly agree	Agree	Disagree	Strongly Disagree
B5. I know that there is nothing wrong with me just because I am Black.	Strongly agree	Agree	Disagree	Strongly Disagree
B6. Talking to a therapist about my problems helpful.	Strongly agree	Agree	Disagree	Strongly Disagree
B7. I know I can talk to my therapist about religion/faith/ spirituality if I want to.	Strongly agree	Agree	Disagree	Strongly Disagree
B8. I have the power to help myself feel better.	Strongly agree	Agree	Disagree	Strongly Disagree
B9. My family and community are an important part of helping me feel better.	Strongly agree	Agree	Disagree	Strongly Disagree
B10. I can talk to my therapist about my sadness and fear related to being Black without being judged.	Strongly agree	Agree	Disagree	Strongly Disagree
B11. I know where to go for help with meeting my basic needs (ex. food, housing, clothing, etc.)	Strongly agree	Agree	Disagree	Strongly Disagree
B12. I can speak honestly about what it means to me to be Black with my therapist.	Strongly agree	Agree	Disagree	Strongly Disagree
B13. I feel safe as a Black person with my therapist.	Strongly agree	Agree	Disagree	Strongly Disagree
B14. I love myself.	Strongly agree	Agree	Disagree	Strongly Disagree
B15. It's important to me that my therapist is Black.	Strongly agree	Agree	Disagree	Strongly Disagree

C1. I am patient with myself.	Strongly agree	Agree	Disagree	Strongly Disagree
C2. I love being Black.	Strongly agree	Agree	Disagree	Strongly Disagree
C3. My life is valuable.	Strongly agree	Agree	Disagree	Strongly Disagree
C4. I am able to bounce back from hard experiences.	Strongly agree	Agree	Disagree	Strongly Disagree
C5. I am in control of my life.	Strongly agree	Agree	Disagree	Strongly Disagree

C6. I am proud of being Black.	Strongly agree	Agree	Disagree	Strongly Disagree
C7. I am satisfied with my life.	Strongly agree	Agree	Disagree	Strongly Disagree
C8. I am able to handle difficult situations on my own.	Strongly agree	Agree	Disagree	Strongly Disagree
C9. I am comfortable receiving services for my mental health.	Strongly agree	Agree	Disagree	Strongly Disagree
C10. What I have to say is important.	Strongly agree	Agree	Disagree	Strongly Disagree
C11. I can form supportive relationships.	Strongly agree	Agree	Disagree	Strongly Disagree
C12. I understand it is important to take care of my physical, spiritual, and mental health.	Strongly agree	Agree	Disagree	Strongly Disagree
C13. I feel connected to my community/neighborhood/school.	Strongly agree	Agree	Disagree	Strongly Disagree
C14. I feel seen in therapy as a Black person.	Strongly agree	Agree	Disagree	Strongly Disagree
C15. I can be black and other identities at the same time. (Black and ... queer, disabled, undocumented, etc.)	Strongly agree	Agree	Disagree	Strongly Disagree
C16. I know when I'm okay and when I need extra support.	Strongly agree	Agree	Disagree	Strongly Disagree

D1. I like learning.	Strongly agree	Agree	Disagree	Strongly Disagree
D2. I have more than one mentor who is Black helping me think about my future.	Strongly agree	Agree	Disagree	Strongly Disagree
D3. I spend a lot of time at organizations led by Black people.	Strongly agree	Agree	Disagree	Strongly Disagree
D4. I want to be able to help people/support other people's mental health	Strongly agree	Agree	Disagree	Strongly Disagree
D5. I volunteer to make the Black community better.	Strongly agree	Agree	Disagree	Strongly Disagree



Parent & Guardian Form

Please answer the following questions as honestly and completely as possible. Thank you.

A1. CLIENT ID:	
A2. Today's date:	
A3. What is your age?	
A4. What sex were you assigned at birth?	Male Female intersex
A5. What is your gender identity? (Please check all that apply or describe in, "other")	Man Woman Both Neither Two Spirit Gender Queer Genderfluid Transgender
A6. What is your sexual orientation? (Please check all that apply or describe in, "other")	Straight Gay Lesbian Queer Bisexual Pansexual Asexual Two Spirit Questioning
A7. What is your gender expression? (Please check all that apply or describe in, "other")	Masculine Feminine Androgynous Two Spirit
A8. Are you a member of any of the following communities? (Please check all that apply or describe in, "other")	Immigrant People with disabilities Adopted
A9. Have you ever been arrested?	Yes No
A10. Have you ever been held in juvenile detention?	Yes No
A11. Have you ever been incarcerated?	Yes No
A12. Have you ever been in foster care?	Yes No
A13. Have you ever been suspended or expelled from school?	Yes No
A14. Are you experiencing housing instability? (Please check all that apply)	Family having trouble paying rent Spending the bulk of household income on housing Living in overcrowded conditions Moving often Staying with relatives
A15. Are you impacted by violence?	Family Partner Community Government Something else
A16. What is your race (Black, White, etc.) and/or	

ethnic (Mexican, Chinese, Jewish, etc.) identity?	
A17. When did your child begin receiving services from the Ma'at Program?	
A18. How often does your child receive services?	

B1. I forgive myself when I make mistakes.	Strongly agree	Agree	Disagree	Strongly Disagree
B3. I am able to bounce back from hard experiences.	Strongly agree	Agree	Disagree	Strongly Disagree
B4. I have many strengths.	Strongly agree	Agree	Disagree	Strongly Disagree
B5. I know that there is nothing wrong with me just because I am Black.	Strongly agree	Agree	Disagree	Strongly Disagree
B6. Having my child talk to a therapist about their problems is helpful.	Strongly agree	Agree	Disagree	Strongly Disagree
B7. My child knows they can talk to their therapist about religion/faith/ spirituality if they want to.	Strongly agree	Agree	Disagree	Strongly Disagree
B8. I have the power to help myself feel better.	Strongly agree	Agree	Disagree	Strongly Disagree
B9. My family and community are an important part of helping me feel better.	Strongly agree	Agree	Disagree	Strongly Disagree
B10. My child can talk to their therapist about their sadness and fear related to being Black without being judged.	Strongly agree	Agree	Disagree	Strongly Disagree
B11. I know where to go for help with meeting my basic needs (ex. food, housing, clothing, etc.)	Strongly agree	Agree	Disagree	Strongly Disagree
B12. My child can speak honestly about what it means to them to be Black with their therapist.	Strongly agree	Agree	Disagree	Strongly Disagree
B13. My child feels safe as a Black person with their therapist.	Strongly agree	Agree	Disagree	Strongly Disagree
B14. I love myself.	Strongly agree	Agree	Disagree	Strongly Disagree
B15. It's important to me that my child's therapist is Black.	Strongly agree	Agree	Disagree	Strongly Disagree

C1. I am patient with myself.	Strongly agree	Agree	Disagree	Strongly Disagree
C2. I love being Black.	Strongly agree	Agree	Disagree	Strongly Disagree
C3. My life is valuable.	Strongly agree	Agree	Disagree	Strongly Disagree
C5. I am in control of my life.	Strongly agree	Agree	Disagree	Strongly Di
C7. I am satisfied with my life.	Strongly agree	Agree	Disagree	Strongly Disagree
C8. I am able to handle difficult situations on my own.	Strongly agree	Agree	Disagree	Strongly Disagree
C9. I am comfortable having my child receive	Strongly agree	Agree	Disagree	Strongly Disagree

services for their mental health.	
C10. What I have to say is important.	Strongly agree Agree Disagree Strongly Disagree
C11. I can form supportive relationships.	Strongly agree Agree Disagree Strongly Disagree
C12. I understand it is important to take care of my physical, spiritual, and mental health.	Strongly agree Agree Disagree Strongly Disagree
C13. I feel connected to my community/neighborhood/school.	Strongly agree Agree Disagree Strongly Disagree
C14. My child feels seen in therapy as a Black person.	Strongly agree Agree Disagree Strongly Disagree
C15. I can be black and other identities at the same time. (Black and ... queer, disabled, undocumented, etc.)	Strongly agree Agree Disagree Strongly Disagree
C16. I know when I'm okay and when I need extra support.	Strongly agree Agree Disagree Strongly Disagree

D1. I like learning.	Strongly agree Agree Disagree Strongly Disagree
D2. I have more than one mentor who is Black helping me think about my future.	Strongly agree Agree Disagree Strongly Disagree
D3. I spend a lot of time at organizations led by Black people.	Strongly agree Agree Disagree Strongly Disagree
D4. I want to be able to help people/support other people's mental health	Strongly agree Agree Disagree Strongly Disagree
D5. I volunteer to make the Black community better.	Strongly agree Agree Disagree Strongly Disagree



"We cannot unknow what we now know clearly. We can never go back. Now that Ma'at's citywide Black community-endorsed Afri-centric service delivery model has been established, we can only move forward. Never again can systems say there is no other viable option. Never again will we fall for the myth that there are no Black therapists or wellness specialists. Never again will Black mental health professionals be isolated as tokens within systems or organizations that don't have management and support networks designed for their wellbeing. We've risen to new heights of expectation as a people. **Black mental health is central to the community's wellbeing.**"

- Dr. April Silas, Executive Director

Homeless Children's Network (HCN) staff wishes to express their appreciation and gratitude to all the Vision-holders who paved the way for what is now known as the Ma'at Program. Strengthened by those Vision-holders, including all those who came before us and all those for whom we effort, as well as our future generations, we stand rooted in the love for our community! HCN would additionally like to thank San Francisco's Department of Public Health and Department of Children, Youth, and their Families for supporting the continued funding, along with the administrative oversight and community partnership process. With the principles of Ma'at (Balance, Order, Righteousness, Harmony, Justice, Truth, and Reciprocity) leading the way, we are both humbled and empowered by our Ancestors and extraordinary leaders. In Ma'at, woven throughout the provision of mental health services and throughout the systems that support and guide those services, is the spirit of partnership with San Francisco's Black/African-American community! Ma'at is nothing short of a Mental Health Revolution. Thank you for allowing us to serve!