

GENERAL EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)

AT HOMELESS CHILDREN'S NETWORK

Findings from July 2024 to June 2025



HOMELESS CHILDREN'S
NETWORK

This report was prepared by Indigo Cultural Center as part of an independent evaluation of the General EPSDT Program. The perspectives and interpretations presented here are those of the evaluators and are not intended to represent the official views of Homeless Children's Network.

Detailed information about Indigo Cultural Center, Homeless Children's Network, the General EPSDT Program, and the literature guiding this report are available at the end of this report in the section, Background and Context.

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TABLE OF CONTENTS

1. Purpose of this Report	2
1. Collaborative Process and Participants	3
2. Evaluation Findings	4
1. Clients Utilized an Array of HCN's General EPSDT Services	4
2. Key Impacts of HCN's General EPSDT: Healing Families, Not Just Children	6
3. Distinctive Features of HCN's General EPSDT Approach	7
4. Linguistic Alignment Is Important	7
5. Individualized Supports Are Important	8
2.5 Integration With School Systems Is Important	9
3. Implications	10
4. Conclusion	11
5. Background and Context Supplementary Materials:	
Literature Guiding this Evaluation Report	13
Background about the Evaluator, Indigo Cultural Center	16
Background about Homeless Children's Network	17
HCN's General EPSDT Program Description	20
Gratitude and Acknowledgements	23



Introduction

PURPOSE OF THIS REPORT

The purpose of this report was to evaluate the General Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program at Homeless Children’s Network (HCN). General EPSDT is a citywide mental health treatment program at HCN.

For the past 20+ years, HCN has offered the General EPSDT program which provides culturally competent, strengths-based mental health services. This program targets the specific needs of underserved youth populations, including but not limited to newcomer Latine youth; immigrant youth and their families; LGBTQIA+ identified youth; youth without housing; and children and youth not attending school due to mental health disorders or emotional disturbances. HCN’s therapeutic model employs a strengths-based, culturally responsive, inclusive, whole-person approach to mitigate the long-term effects of traumatic events and intergenerational trauma.

The General EPSDT Program’s Contracted Performance Objectives for the 2024-2025 Fiscal Year

The General EPSDT Program met and exceeded its goals of serving youth and families through EPSDT services.

This year, the General EPSDT program

Objective	Actual	Status
Serve 48 clients	Served 120 clients	Objective Exceeded
Deliver 2,440 hours of General EPSDT services	Delivered 2,440 hours of General EPSDT services	Objective Exceeded

The General EPSDT program exceeded performance objectives and provided therapeutic and community services to uplift healing and resilience among youth and families in San Francisco.

For additional, detailed information about the program’s achievement of performance metrics see the table *General EPSDT Performance Objectives* on page 5.



COLLABORATIVE PROCESS AND PARTICIPANTS

Together, with HCN, Indigo Cultural Center evaluated the impact of the General EPSDT program this year. In line with a Community-Based Participatory Research (CBPR) rooted in racial equity, HCN's staff, including the HCN General EPSDT Director, collaborated with the Indigo Cultural Center team on evaluation design, survey development, data collection, and the interpretation of quantitative and qualitative findings.

The current evaluation focused on the following research questions in the 2024-2025 fiscal year:

1. What services did HCN's General EPSDT Program provide to children, youth, and families?
2. What are the experiences of clients and caregivers within the program and the impact of General EPSDT on clients and caregivers?
3. What does the General EPSDT team at HCN describe as the significant aspects of their approach for serving clients, their families, and the community and how they might tailor this for specific communities/cultures?

The HCN General EPSDT staff completed a survey in May-June 2025. Six (6) of the General EPSDT Clinicians completed the survey. In addition, five (5) HCN General EPSDT Clinicians and one (1) case manager joined a focus group in August 2025 to provide their perceptions of the client experience with the services. Finally, administrative data was included in this report.



HCN's clinical team with Lion Pride Leadership facilitators.

Evaluation Findings



CLIENTS UTILIZED AN ARRAY OF HCN'S GENERAL EPSDT SERVICES

The core focus of General EPSDT is providing mental health services to children and youth aged 0-17. In FY 2024-2025, we found that HCN's General EPSDT provided a diverse array of services. A description of those services can be found in the table below. Data provided by the HCN General EPSDT team illuminated that services provided included assessment, treatment planning, crisis intervention, engagement with collateral contacts, individual and family therapy, case management, and referrals and linkages for children and families.

In particular, we found that the case management component of the General EPSDT service was highlighted as an area of high caregiver involvement; in FY 2024-25, General EPSDT provided 6,915 minutes or 115.25 hours of case management for clients in need. General EPSDT staff identified that case management reduced overall stress for the caregiver. Specifically, caregiver stress was reduced because case management services secured caregivers' concrete needs, allowing them to have more bandwidth to provide emotional support for their child, and therefore improving their caregiver-child relationship. Further, the HCN General EPSDT staff noted that even when therapy attendance shifted, caregivers often stayed consistently involved with the HCN Case Manager which potentially extended the lasting impacts that emerged from General EPSDT.

Case Management Supports Provided

 Housing	 Furniture
 Food	 Legal Resources
 Vocational	 Caregiver physical and mental health care
 Financial	 PCP or clinic changes
 Clothing	 Summer social and academic support

Further, from our focus group conversation with staff, we found that the flexibility and accessibility supported the client's use of HCN's General EPSDT services. At HCN, services are provided in a variety of settings, supporting accessibility for clients and families served and schedules are flexible. The settings can include schools, homes, HCN offices, and other community spaces. One HCN General EPSDT staff member shared,

"Transportation is an issue for a lot of our families, and so to be able to go to their child's school or home or wherever else is a really big help for them. I think they're more apt to engage when we're able to help them meet that need."

Performance Metrics and Demographic Information for HCN's General EPSDT Program in the 2024-2025 Fiscal Year		
Metric	Expected	Achieved
Total Units of General EPSDT Service Delivered	2,439 hours	2,440 hours
Unduplicated General EPSDT Clients Served	48 clients	115 clients*
Total Units of LGBTQ+ EPSDT Service Delivered	762 hours	761.7 hours

**Note: Twenty-eight (28) children ages 0-6 were served this year within General EPSDT through HCN's new offering of Child-Parent Psychotherapy (CPP) as a modality for treatment. For more information on CPP, please see the detailed CPP report.*

Client Identified Race	
Other	64.7%
White	13.7%
Black	7.2%
Asian	4.3%
Client ethnicity	
Hispanic/Latine	72.2%

Client Primary Language	
Spanish	51.7%
English	42.1%
Cantonese	0.8%
Portuguese	0.8%
Russian	0.8%
Ukrainian	0.8%

Note: The following response options are not included in the table above: Unknown, None of the Above, and Decline to Answer.

KEY IMPACTS OF HCN'S GENERAL EPSDT: HEALING FAMILIES, NOT JUST CHILDREN

Beyond the range of services offered, General EPSDT staff described meaningful impacts on clients' and families' emotional wellbeing and relationships. Through the General EPSDT staff focus group, we learned about the numerous impacts this program had on the children and families being served.

The following themes were identified as impacts for clients and families:



Improved emotional awareness and regulation skills



Increased trust and engagement in therapy and the program



Improved communication skills



Improved self-esteem



Improved relationships, including caregiver-child relationships and peer connections



Improved adjustment and acculturation for immigrant/migrant children and youth



Increased caregiver ability to support child's emotional needs and regulation

Many of the experiences and impacts staff described are representative of the ways therapy can help interrupt intergenerational trauma and support the caregiver-child relationship, ultimately leading to a positive impact on the child's mental health and functioning.

Additionally, the theme of capacity-building with the caregivers came up at multiple points in data collection, along with supporting caregivers in accepting that they do not have to be perfect or have it all figured out to help their child. Staff reported supporting caregivers in resisting that stress and pressure to be perfect and, rather, learning to embrace that being a "good enough" caregiver is what is healthy and promotes positive outcomes for their child (Winnicott, 1953). One General EPSDT Clinician shared,

"Caregivers often gain a deeper understanding of what their child is going through, which can shift how they interact. With psychoeducation and increased insight, many develop greater capacity to respond with empathy and adapt their communication styles — leading to stronger, more trusting relationships. I also believe that our work provides space for caregivers to reflect on their own experiences, including how personal trauma and intergenerational patterns may influence their responses. When clients see their caregivers acknowledging and working through these experiences, it often deepens mutual understanding and fosters greater compassion within the family."

“

I have a kiddo who found it really difficult to connect with parents regarding her self harm. Seeing the growth and her being able to communicate that, and then the growth in the parent and coming to me and asking for interventions or providing psychoeducation and working with a family unit in that way to support her, that showed immediate growth. [I witnessed an increase in] parents' involvement and willingness to receive that help, which hadn't been done necessarily before.

– General EPSDT Clinician

”

Distinctive Features of HCN's General EPSDT Approach

Our final research question explored the significant aspects of the HCN General EPSDT team's approach in serving clients, their families, and the community. To answer this, we engaged in thematic analysis of the General EPSDT staff focus group responses. The following aspects were identified as significant to the team's approach:

- 1. Services provided in client's primary language,**
- 2. Services tailored/individualized for each client's needs, and**
- 3. Services that are interconnected with school systems.**

Linguistic Alignment is Important

Whether through HCN's General EPSDT staff's own language capacity or through the use of interpreter services, being able to provide services in the language of the family was identified as one of the most important aspects in supporting their clients. One Clinician shared, *"It brings a level of comfort for their child's therapist to be able to speak their native language."*

Importantly, over half of the HCN General EPSDT clients' primary language was Spanish (51.6%), followed by English (42.1%).

In addition, we learned that language accessibility was deeply interconnected with helping clients adjust to a new cultural context and addressing the mental health impacts of migration. In focus groups, staff discussed how acculturation needs often emerged in different ways that affected both the child's emotional well-being and their experiences at school and in daily life. Clinicians described how even differences in culturally accepted peer play could result in behavioral concerns being flagged in school, highlighting the need for culturally attuned support.

On the next page, we provide a quote from a General EPSDT Clinician that summarizes these findings.

“A few years ago, a client was referred to me due to trauma he experienced in his home country... and [was] having a hard time adjusting to the country. My client used to be very violent towards peers, he used to have a hard time communicating, showing feelings, and dealing with emotional symptoms such as anxiety, low-self esteem, guilt, and hopelessness. We worked on validating his feelings and experiences, improving his self-esteem, promoting positive behavior changes, grief, psychoeducation and validation about migrating to a new country, and learning to communicate his feelings, thoughts, wants, and needs. Now, I am in the process of closing this client due to meeting his therapeutic goals. My client communicates effectively. He is able to advocate for himself. He stopped using violence, has friends, a support system, and is adjusting adequately to the country. He was able to process all the trauma he went through and has learned to regulate himself when experiencing difficult moments in life. He looks happy and optimistic about his future.

-General EPSDT Clinician”

INDIVIDUALIZED SUPPORTS ARE IMPORTANT

The HCN General EPSDT team highlighted the importance of their individualized approach to serving clients and families. This tailored approach included personalizing their expectations for engagement, use of individual or family therapy sessions, resources offered, and interventions utilized. In addition, the tailoring of approaches also depended on the immediate concrete needs of certain clients, like housing or food. These were often essential to address first before being able to dive into deeper trauma work. Tending to these basic needs also helped to mitigate further trauma within clients and their families. The HCN General EPSDT staff shared the following quotes that highlight the importance of a tailored/individualized approach:

“Families also have differing levels of engagement, some really involved, some less responsive. (When noticing lower engagement) I try to peel back a bit, when I do call, giving positive experiences and changes with their child... to help support across distrust, giving positive stories can help shift their mindset about therapy/ helpers. (I focus on) following their lead and not overwhelming them with a ton of info.”

“During the intake and assessment process, I take time to learn about each family’s strengths, needs, values, and goals. This early work lays the foundation for building trust and developing a treatment plan that feels achievable and meaningful to them. Tailoring support isn’t a one-time task. It evolves over time. For example, some families may initially hesitate to engage in family or dyadic sessions, but as our relationship strengthens, they often become more open to trying new approaches. Flexibility and ongoing collaboration are key to making sure support remains relevant and effective.”

INTEGRATION WITH SCHOOL SYSTEMS IS IMPORTANT

The final aspect identified as important for HCN's General EPSDT services was that they are interconnected with their clients' school systems. HCN's General EPSDT staff spoke to witnessing improvements in relationships between school staff and the child; increased access to school-based supports such as Individualized Educational Plans or 504 accommodations; increased skills among caregivers to advocate on behalf of their child; improved child-peer relationships at school; and growing the supportive network of the child in their school setting. In addition, HCN's General EPSDT team spoke to ensuring that caregivers knew their and their child's rights in the school setting; the importance of putting requests in writing; and how General EPSDT Clinicians are able to utilize their professional power and influence on behalf of families to ensure that caregiver and family voices are heard and not dismissed. General EPSDT staff members also noted the importance of building trust and collaboration with school staff to support children's needs. Two staff members shared:

"This advocacy often leads to youth feeling safer and more connected in school environments that might otherwise feel unwelcoming. Helping them identify supportive adults and spaces within their schools fosters a greater sense of belonging and security."

"Teaching parents that it's okay to ask for help, because a lot of the parents, and kids too, feel kind of shy to ask for help or feel like they are not going to be heard. So being the person to go with them so that they know that they are supported, so that they can later do it on their own."





Implications

Findings from this study emphasize the importance of HCN's General EPSDT program in providing mental health services to children and youth across San Francisco. Particularly, the HCN General EPSDT program supported improvements in emotional awareness and regulation, relationships with caregivers and peers, and capacity building within the client and their family, community, and other networks. Based on the findings from this study, there are several implications for both policy and practice.

First, **clinical and funding models need to expand their understanding of time needed to establish effective, trusting mental health partnerships with youth, families, and communities – particularly when working with communities of color and immigrant communities.** Specific attention should be paid to clients coming from families and communities that may be less familiar with seeking mental health supports and the time it takes in successful models for both children and families to build trust and fully engage in services.

Second, **there remains an ongoing need and call for building a mental health workforce that can provide cultural and linguistic congruence with the communities they serve.**

For both clients and their families, this congruence can mightily support the building of trust, the lowering of defenses, and the feeling of being seen and understood – all important for the therapeutic alliance.

Finally, **case management and other supports with resources should be understood as inextricably linked to providing Medicaid-funded EPSDT mental health services.** Beyond the therapy hour exists a whole host of factors, relationships, and resources that impact the child's mental health functioning. For optimal and sustainable success, systems and programs must have a robust ability to support the psychosocial and environmental needs of their mental health clients.

“

The services tend to become holistic. We help folks where they are at and, therefore, more than a simple 50-60 minute session is needed. Many, if not all, of my clients need help with their day-to-day living and as a Clinician, I can reach out to other programs and offer my clients support in these other areas.

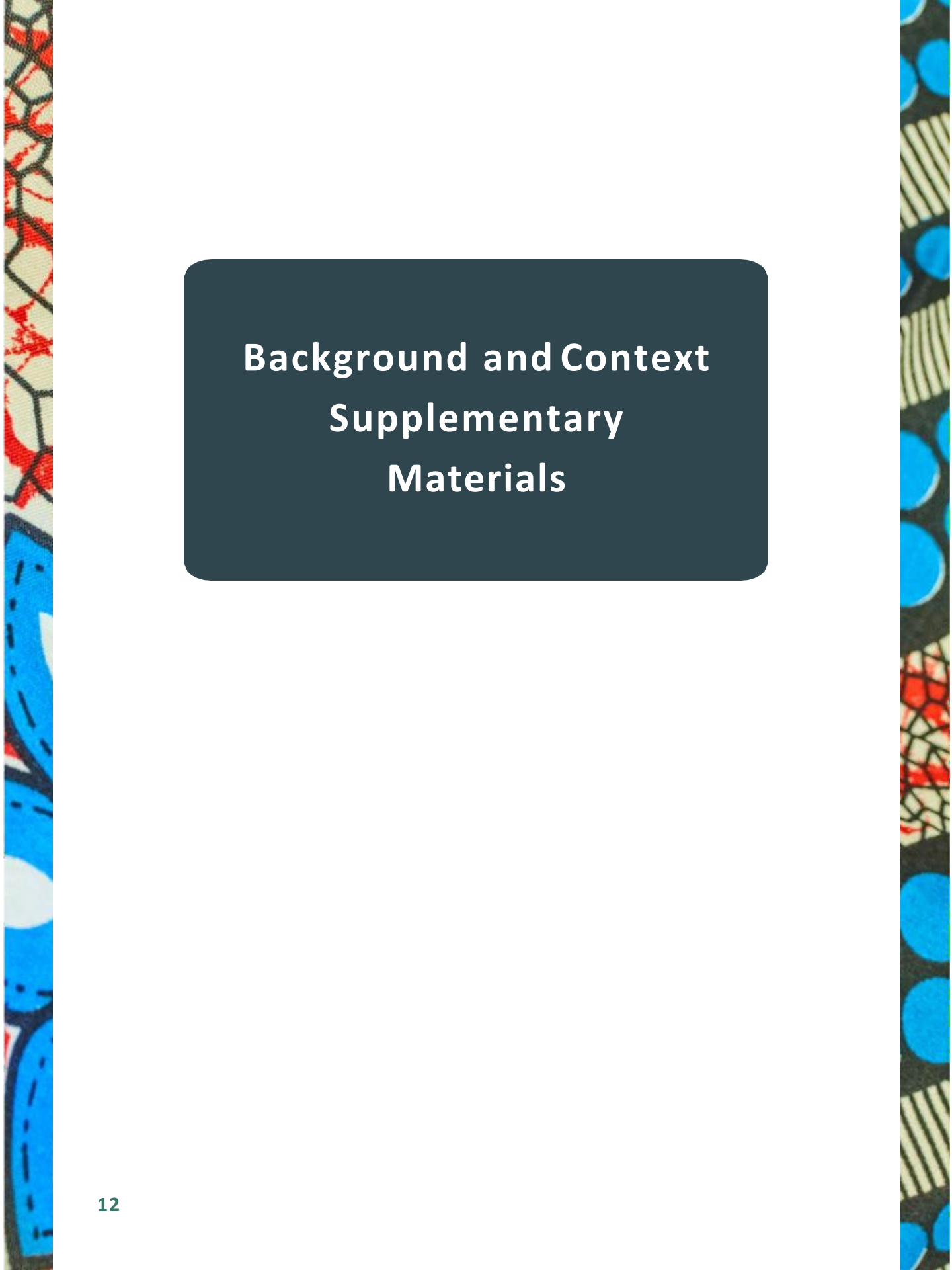
-General EPSDT Clinician

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Conclusion

General EPSDT provides important and accessible mental health services to children and families, focusing on individual therapy, family therapy, case management, and work with collaterals (additional contacts in the child's life). Currently, the HCN General EPSDT program is serving many clients who have immigrated to the United States, and more than half identify their first language as Spanish. Thus, this year, findings revealed an emphasis on the importance of establishing rapport and tailoring support to the unique needs of each client and family, addressing a wide variety of gaps that may be present. This is of particular importance when working with communities that can have higher levels of distrust in outside services, less familiarity with local resources and systems, or who are hesitant to reach out for help. To build this trust, months of consistency and presence can be needed before a client or caregiver is willing to share the deeper concerns that are going on in their lives. In addition, providing services that are interconnected with the child's whole system, including the school system, ultimately improves both formal and informal supports for the child and family.



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Background and Context Supplementary Materials



Literature Guiding this Evaluation Report

Mental Health Care for Youth and Families

Post COVID-19, the prevalence of psychological distress among youth has significantly increased, with marginalized populations (e.g., youth living with disabilities, racial and ethnic minorities, LGBTQ+ youth) being heavily affected (HHS, 2025). Also, children and adolescents with socioeconomically disadvantaged backgrounds are at a greater risk of developing mental health conditions than their peers with high socioeconomic status (HHS, 2025). Despite the steady rise in youth psychopathology, underserved populations face the greatest barriers to mental health services; parents and caregivers, who play integral roles in health-seeking behaviors, may be deterred from services due to barriers (e.g., stigma, discrimination, accessibility, finances, etc.), and lessening the likelihood of parental intervention in youth's mental well-being (Cobb, 2022). Delivering appropriate mental health interventions to underserved populations can improve adolescent well-being, lowering the risk for adverse health outcomes in adulthood (PPIC, 2021).

General EPSDT Services

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medicaid benefit, offering youth early detection and care to avert health crises; all EPSDT benefits are at no cost to youth under the age of 21 who are enrolled in Medi-Cal (Medicaid, n.d.). Via EPSDT benefits, Medi-Cal recipients are entitled to wrap-around services including mental health care, physical care, dental care, hearing and vision, and additional screenings accompanied by appropriate treatment plans (Medicaid, n.d.); benefits also include transportation, language access, and culturally appropriate services (Medicaid, 2014). General EPSDT services are part of the Medi-Cal "social safety net", protecting vulnerable populations from exacerbated negative health outcomes and financial debt due to costs of healthcare. The need for General EPSDT services can be seen state-wide with large disparities in adolescent mental health outcomes; 2018 statistics show that approximately 33% of high school students in California had symptomatology aligned with depression, and 13% of adolescents (aged 12 to 17) reported experiencing a major depressive episode within the past year (PPIC, 2021).



Literature Guiding this Evaluation Report (continued)

Culturally Relevant, Responsive, and Inclusive Therapeutic Services

State mental health services such as EPSDT, a Medi-Cal benefit, offer wrap-around care to vulnerable populations. Studies demonstrate that the provision of comprehensive health benefits, including mental health care, has the potential to reduce adult demand for mental health services (Hugunin et al., 2023). Culturally sensitive interventions (CSIs) are interventions constructed with the intent to resonate with a culture's belief systems; while little research exists on the benefits of CSIs for minority youth, a meta-analysis on the effectiveness of such interventions (largely among Latinos) revealed that CSIs may be equally impactful across outcomes (e.g., externalized behaviors, physical health, internalized symptoms), and display a modest level of effectiveness, akin to psychosocial interventions such as solution-focused therapy (Hodge et al., 2009).

Research suggests that traditional Western mental health practices often do not consider the cultural and social contextual factors that impact marginalized populations' engagement with mental health services (Sanchez et al., 2022). Culturally relevant, inclusive mental health care adopts a "person-first" approach to services which considers not only symptomology but also strengths, values, preferences, and social, emotional, and spiritual needs (Sanchez et al., 2022). Culturally relevant interventions can target ethnic group-specific barriers to mental wellness (Hatchet et al., 2009). The provision of culturally relevant mental health is important to bridging barriers to access that are fostered by cultural and social stigma, and, in practice, has demonstrated a positive impact on psychopathology (Hall et al., 2016); ethnic differences between the outcomes of minority youth and their Caucasian counterparts are stark with minority youth demonstrating poorer behavioral outcomes in the face of trauma (Hatchet et al., 2009). Inclusive mental health care acknowledges the diverse perspectives of patients and their families, thus fostering a welcoming environment for services and affirming the importance of these additional perspectives as partners in a patient's mental well-being (Okoli, 2023); inclusive mental health care "responds to the preferences, promotes the autonomy, and gives voice to the diverse views of those served", and recognizes an individual and their community's self-determination as paramount to healing (Okoli, 2023).



Literature Guiding this Evaluation Report (continued)

Key References

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Indigo Cultural Center

A Note About the Agency and People Conducting this Evaluation

Indigo Cultural Center (a predominantly BIPOC-staffed organization) is led by executive director Dr. Eva Marie Shivers, who identifies as a bi-racial African American, cisgender woman. The Institute of Child Development Research and Social Change at Indigo Cultural Center is an action-research firm that specializes in infant and early childhood research and evaluation conducted with an anti-racist lens. The Institute is led by director Dr. Jayley Janssen, who identifies as a white, cisgender woman. The evaluation of HCN's General EPSDT program was led by Natasha Pérez Byars, a bi-racial Black and Mexican American woman, and a small team that consisted of a Filipina woman, a Black bi-racial woman, a Black multi-racial woman, a Black woman, and a white woman.

Indigo Cultural Center's mission is to conduct rigorous policy-relevant research on mental health, education, and development by partnering with community agencies and public agencies that are dedicated to improving the lives of children, youth, and families in BIPOC communities. Since its inception, Indigo Cultural Center has employed the use of community-based participatory research in all our evaluations. What this means is that we use a collaborative model and working style that involves our clients – who we prefer to call 'partners' – in the planning, implementation, interpretation, and dissemination processes of evaluation. We recognize the strengths that our partners bring to each evaluation project, and we build on those assets by consulting with our partners initially and at key milestones throughout the project, integrating their input and knowledge into all aspects of the project, asking for feedback on a regular basis, and seeking consensus on key issues and outcomes.

Our Voice and Terminology used in this Report

Our evaluation team employs the use of feminist methodology and the use of first-person voice when writing reports (e.g., 'we', 'us'; Leggat-Cook, 2010; Mitchel, 2017). Throughout this report, we use the terms Black and African American interchangeably. We use LGBTQIA+ as an acronym for "lesbian, gay, bisexual, transgender, queer, intersex, and asexual" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community. We use queer to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. We use gender rather than sex as an inclusive term that acknowledges that gender is socially and contextually constructed and is a multidimensional facet of identity.

HomelessChildren's Network

HCN's trusted provider status among historically marginalized communities in San Francisco is built on 33 years of innovative, relationship-based, and culturally responsive approaches to program development, community outreach and engagement, service delivery, and evaluation. Our culturally responsive programs, citywide partnerships, and visionary leadership deliver services to 2,500+ community members annually at no cost to youth and their families. As a city leader in programming development and delivery, HCN is dedicated to advancing systemic equity and reaching the most underserved youth, families, and communities that remain overlooked and marginalized by many systems of support including mainstream philanthropic agencies. HCN offers programs and extensive services providing San Francisco's historically marginalized youth, families, adults, and communities with the tools, resources, and support needed to navigate complex systems and overcome challenges through collaborative efforts.

Three decades ago, leaders from six shelters recognized a critical gap in services for San Francisco families experiencing homelessness. These organizations provided emergency shelter, domestic violence assistance, and transitional housing, but because of their structure, they could only serve families for a short time. This limited period of care created a cycle of attachment and loss—youth and families would build relationships with staff, only to be uprooted again. This instability made it hard for families to remain open to accessing support. In 1992, the community came together to break this cycle. They founded HCN to provide SF families in crisis with a lasting source of connection and care. Over the next three decades, in close collaboration and communication with our community members, community stakeholders, and community partners, HCN has evolved into an organization that directly addresses inclusion, community empowerment, and systemic equity.

What began as a network of six shelters has now grown to a vibrant hub of an HCN Collaborative of 60+ service agencies and community-based organizations (CBOs) serving the hardest-to-reach youth and families, including those with experiences of or at risk for homelessness and violence. Our robust Collaborative network includes childcare and education centers; San Francisco Unified School District (SFUSD) schools; primary care; LGBTQIA+ services; substance use treatment; transitional and permanent supportive housing; Family Resource Centers; domestic violence and family shelters; foster care, and others.

Homeless Children's Network (continued)

HCN is positioned in every San Francisco neighborhood and has worked with SFUSD providing onsite and mobile case management and mental health and wellness services for students and their families since 1997. We provide Educationally Related Mental Health Services (ERMHS) via an MOU and currently have HCN therapists onsite in 30+ SFUSD schools.

Homeless Children's Network's Programming and Approaches

HCN welcomes and affirms everyone, while engaging an Afri-centric lens to address the historical legacy of intergenerational racism, inequity, and trauma. This approach embraces all historically marginalized communities based on community-defined evidence based practices, which include: affirmation of cultural inclusion, trauma- and love-informed practices, self-acceptance and resilience focuses, identification of clients' unique strengths and normalization of their experiences, reframing of mental health stigma, acknowledgement of a range of spiritual practices, family and community member integration into services, collective grief processing, fear without judgement, and addressing resource and basic-need access barriers.

The heart of our Afri-centric approach lies in holding space for cultural rhythm and nuance while creating a sense of home—a safe, culturally grounded space where people can fully express themselves and be seen without judgment. All of HCN's programs and services provide SF's most marginalized children, families, providers, and communities with the tools, resources, and support needed to navigate complex systems and overcome challenges through collaborative efforts. The seven cardinal values of HCN's Ma'at model are our core values: 1) Balance, 2) Order, 3) Righteousness, 4) Harmony, 5) Justice, 6) Truth, and 7) Reciprocity. Our approach is unapologetically culturally affirming, soul-inspiring, and grounded in a shared commitment to holistic wellness.

Over the past several years, there has been a call to decolonize the field of mental health. One important way to achieve this is by expanding the construct of wellness to include a more explicit focus on community mental health in historically marginalized and underserved communities, including in Black and Brown communities. It is increasingly important that we avoid reinforcing mainstream narratives that pathologize our communities by failing to recognize the broader systemic forces affecting the well-being of those who have experienced historical and ongoing marginalization and oppression.



Homeless Children's Network Programming and Approaches (continued)

Community-based programs designed to promote healing, wellness, and positive mental health do not simply unfold in isolation. Homeless Children's Network's vision embodies emergent work that always reflects the time and space in which it is happening. Indeed, African and Pan-African philosophy encourages the tenets of Ubuntu - "I am what I am because of who we all are" - and teaches us that, universally, "all things have an impact on each other, and this interconnectedness and interplay is universal" (Marumo & Chakale, 2018).



HCN's General EPSDT Program

For 20+ years, Homeless Children's Network has provided General EPSDT therapeutic services to underserved youth citywide, helping youth improve their mental wellbeing, reduce symptoms, increase youth's coping skills, and improve youth's relationships with their families, peers, and community. Populations served include: newcomer Latine youth; immigrant youth and their families; LGBTQIA+ identified youth; youth without housing; and children and youth not attending school due to mental health disorders or emotional disturbances. HCN's therapeutic model employs a strengths-based, culturally responsive, inclusive, whole-person approach to mitigate the long-term effects of traumatic events and intergenerational trauma.

When a new referral for General EPSDT services is received by the program team, HCN assigns the client a culturally and linguistically responsive clinician, who provides the initial assessment, diagnosis and treatment plan. HCN's General EPSDT clinicians are experienced Child and Family Therapists with a background in Marriage and Family Therapy, Social Work, Counseling Psychology, or Clinical Psychology; additionally, clinicians come from diverse cultural, linguistic, and social backgrounds, often mirroring the clients served. HCN also engages its clinical interns each year in implementation of the program.

Treatment plans are created in partnership with clients and their respective support systems; together, they identify unique strengths and goals to support the wellness of the client and the success of treatment services. Client treatment plans consider the "whole child" and are proactive on behalf of all the client's needs, including medical, psychosocial, behavioral, and spiritual needs; treatment plans may identify community supports (e.g., sports teams, community groups, peer groups) and referrals to supplemental services to support clients' goals. This approach facilitates a trust-based relationship between all of the stakeholders committed to the well-being of the client.

HCN's General EPSDT program employs culturally responsive, evidence-based therapeutic approaches on a case-by-case basis; depending on a client's age and skill-level, interventions may include Cognitive Behavioral Therapy, Brief Strategic Family Therapy, Trauma-Informed Treatment, and Culturally Responsive, Practice-Based Evidence. New this year, HCN engaged in an 18 month training program for Child-Parent Psychotherapy which allowed for CPP to be offered as an intervention for children 0-6 and their caregivers.



HCN's General EPSDT Program (continued)

Program Description

Clinicians utilize a mobile model to deliver General EPSDT services, ensuring accessible therapeutic services for clients and their support systems; clinicians provided services at both HCN office locations, community sites, shelter settings, and across 30 SFUSD schools (elementary, middle and high school).

As added support for school-aged children, General EPSDT clinicians provide behavioral health services to San Francisco Unified School District students with Educationally Related Mental Health Services (ERMHS); this support is provided to students with significant social, emotional, and/or behavioral needs which may impede their ability to benefit from existing special education services, supports, and placement.

General EPSDT clinicians use an inclusive approach, collaborating with a student's care team, including parents, teachers, school social workers, admin, and school psychologists; clinicians meet with this team and hold the mental health needs of the student, along with the academic struggles, and academic and personal goals. These services are at the intersection of mental health and academic achievement, and continue to support the family and care team until the student graduates from the district. For FY 24-25, General EPSDT clinicians provided therapeutic support to nine ERMHS clients.





HCN's General EPSDT Program (continued)

Program Description

General EPSDT clinicians use the Child and Adolescent Needs Assessment (CANS), a strengths assessment, to record changes in the needs and strengths and improvements in outcomes for clients and their families; this assessment is administered during the initial assessment and every six months while a client is receiving therapeutic services. Clinicians engage in ongoing Program Utilization Review and Quality Control (PURQC) meetings, where client cases are reviewed for progress of treatment, appropriateness of intervention, risk factors, transitions in level of care, and discharge planning.

When clients are discharged from the General EPSDT program, the program's Aftercare Policy ensures that the discharged client and family receive a check-in 30 days after the end of services. HCN has an "open door policy" regarding clients returning to treatment—clients and their families are welcomed back if new symptomatology arises and/or whenever additional services are required.



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