EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

AT HOMELESS CHILDREN'S NETWORK

Findings from July 2024 to June 2025

INDIGO CULTURAL CENTER

HOMELESS CHILDREN'S NETWORK

This report was prepared by Indigo Cultural Center as part of an independent evaluation of the Homeless Children's Network's Early Childhood Mental Health Consultation 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 Early Childhood Mental Health Consultation 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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Acronyms and Definitions Used in this Report

- **HCN:** Homeless Children's Network
- **ECMHC:** Early Childhood Mental Health Consultation
- **ECE**: Early Care and Education
- **FRC:** Family Resource Center
- **SFUSD:** San Francisco Unified School District
- **Site**: Specific program or organization in which ECMHC is provided
- **Setting**: Overarching category of sites served by ECMHC. The categories included in this report are Shelters, FRCs ECEs and SFUSD.
- **Staff consultees**: teachers, providers, shelter and FRC staff, SFUSD teachers
- **Site leaders**: Directors and administrators

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Introduction

PURPOSE OF THIS REPORT

The purpose of this report is to evaluate Homeless Children's Network's Early Childhood Mental Health Consultation (HCN's ECMHC) program. For 32 years, HCN has served young children ages 0-5, their families, and the people and providers who make up the system of care with the aim of improving social, emotional, and behavioral health and wellbeing of young children. HCN's goals for ECMHC, formally launched with support from the City of San Francisco in 1999, include co-creating with communities to internalize and externalize strong equitable practices to reduce disparities in communities of color and create equitable opportunities for young children and their families to heal and thrive within communities where they feel safe.

HCN has deep experience providing ECMHC services for early care and education (ECE) programs (including family child care settings), family resource centers (FRC), and in the San Francisco Unified School District (SFUSD), as well as specialty service settings such as family and domestic violence shelters and substance use disorder residential and outpatient treatment programs (referred to as shelter settings). HCN also has a long history of engaging teachers, site staff, children, and parents/caregivers from diverse backgrounds. HCN's Consultants are embedded in the

HCN's ECMHC Contracted Performance Objectives for the 2024-2025 Fiscal Year

HCN's ECMHC program achieved performance goals across an extensive list of metrics for services provided to DEC designated sites and to DPH designated sites.

This year, HCN's ECMHC served sites across the city with 8876 hours of service.

- **26 ECMHC sites**
- **448 staff members**
- **275 families**
- **927 children ages 0 - 5 including 670 which received direct consultation**

Detailed information about HCN's ECMHC program's achievement of contracted performance metrics see the tables in Appendix A and Appendix B.

Key Evaluation Findings

- ECMHC is impactful in diverse settings and is especially needed and effective in shelter settings.
- The trusting relationships between HCN Mental Health Consultants and consultees made it possible for consultees to grow not only in how they support children and families, but also in how they take care of themselves.
- A range of qualities contributed to the the consultative alliance, but two novel qualities emerged: mutual vulnerability and consistent availability

communities they serve and show up week to week, taking time to be present and build trust with children, parents, and site staff before supporting them to meet their own goals. Consultants sit face-to-face and heart-to-heart with families and site staff using family-friendly language to talk about ECMHC services and other community services for potential referrals. HCN strives to integrate every conversation, meeting, training, support group, and program partnership with a culturally affirming lens.

The Current Context Surrounding HCN's ECHC Program

HCN's ECMHC program operates within a challenging and rapidly changing landscape of political shifts, policy changes, and funding disruptions in San Francisco. For the 2024-2025 fiscal year, SF Department of Public Health (SFDPH) together with the San Francisco Department of Early Childhood (SFDEC) shifted management of City-wide ECMHC programs with SFDEC managing the majority of ECMHC programs for ECE, FRC, and SFUSD, and SFDPH continuing to manage shelter and substance use treatment settings. HCN was contracted to continue providing ECMHC to serve shelters; substance use treatment programs that HCN was serving moved to another provider, while HCN received that provider's shelter sites. In June 2025, SFDPH announced it would end ECMHC funding for shelter settings starting with the 2025-2026 fiscal year.

HCN's Director of Behavioral Health at the Children's Day Festival at the Southeast Community Center.

At the same time, SFUSD sites have also faced significant budget reduction amid the district's financial deficit which resulted in hiring freezes that impacted support staff like school social workers. We name this context as it deeply impacts not only the critical need for HCN's ECMHC services, but also likely impacts the ways in which consultees across these settings both engage and are impacted by the supports provided by their HCN Mental Health Consultant.

COLLABORATIVE PROCESS AND PARTICIPANTS

This evaluation continues our exploration of Homeless Children's Network's (HCN) Early Childhood Mental Health Consultation (ECMHC) program. As an extension to last year's evaluation (Shivers et al., 2024), this report aims to uplift the voices of consultees to understand the unique needs,

experiences, and growth of consultees in settings where HCN's ECMHC was provided. The present evaluation explores HCN's ECMHC program throughout the 2024-2025 fiscal year. This evaluation includes the experiences, perceptions, and growth/change experienced by consultees across settings where ECMHC was provided: Shelters, FRCs, ECE sites, and SFUSD sites. Specifically, this evaluation posed the following research questions to guide our exploration:

1. Did HCN's ECMHC Program Meet Performance Objectives?
2. What Motivated Consultee HCN ECMHC Participation this Year?
3. How did the HCN Consultees and Mental Health Consultants Establish Strong Consultative Alliances (Relationships)?
4. What Skills and Capacities were Increased by HCN's ECMHC Program?
5. What feedback existed for HCN's ECMHC Program?

Consultees completed a survey in April - May 2025. The survey was available online and by paper in Spanish, English, and Mandarin/Cantonese. Additional information about the consultees is presented in the findings and can be reviewed in Appendix C. Data was also collected through a focus group with the HCN Mental Health Consultants in June 2025. Administrative data tracked by the HCN ECMHC team is also included in this study.

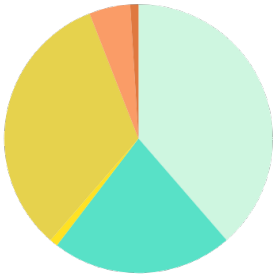
Evaluation Findings

HCN'S ECMHC EXCEEDED PROGRAM SERVICE GOALS

This year, HCN's ECMHC program exceeded service goals for the number of sites they served. HCN's ECMHC served a total of 26 ECMHC sites citywide. Within these sites, HCN's ECMHC program served a diverse group of consultees including 448 staff members, 275 families, and 927 children ages 0 to 5 at the sites with 670 children receiving direct services. The following graphs present descriptive data on the racial/ethnic and linguistic backgrounds for those served. Notably, HCN serves more Black early childhood professionals and Black children than other ECMHC grantees in the City.

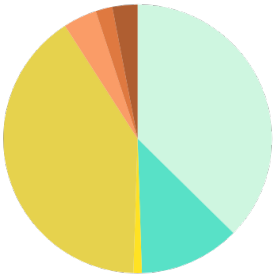
Ethnic-Racial Identities Served by HCN's ECMHC

Parent/Caregiver Ethnic-Racial Identities



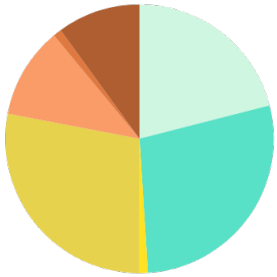
- Black/ African American (39%)
- Asian (22%)
- Native Hawaiian/ Pacific Islander (1%)
- Latine (33%)
- white (5%)
- Unknown (1%)

Children's Ethnic-Racial Identities



- Black/ African American (37%)
- Asian (12%)
- Native Hawaiian/ Pacific Islander (1%)
- Latine (40%)
- white (4%)
- Multi-Ethnic (2%)
- Unknown (3%)

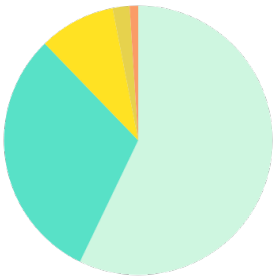
Staff Ethnic-Racial Identities



- Black/ African American (21%)
- Asian (28%)
- Native Hawaiian/ Pacific Islander (1%)
- Latine (28%)
- white (11%)
- Multi-Ethnic (1%)
- Unknown (10%)

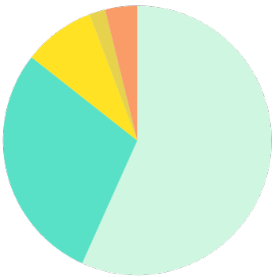
Spoken Languages of Those Served by HCN's ECMHC

Parent/Caregiver Spoken Languages



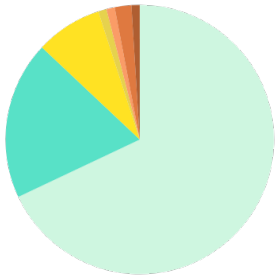
- English (56%)
- Spanish (30%)
- Cantonese (9%)
- Other Language (2%)
- Unknown (4%)

Children's Spoken Languages



- English (56%)
- Spanish (30%)
- Cantonese (9%)
- Other Language (2%)
- Unknown (4%)

Staff Spoken Languages



- English (68%)
- Spanish (19%)
- Cantonese (8%)
- Mandarin (1%)
- Korean (1%)
- Other Language (2%)
- Unknown (1%)

HCN's ECMHC program supported a wide range of sites this year, including ECE sites, FRCs, SFUSD sites, and shelter sites (see the table below). While the core values of mental health consultation stay the same across all settings, the way it looks and feels can vary based on each site's unique needs. For example, at FRCs, consultants often focus more on supporting staff who juggle many responsibilities like case management, playgroups, and family events. In classrooms at ECE and SFUSD sites, the work may center more around daily routines, transitions, and supporting children directly. Throughout this report, we share findings by site type when possible, to reflect the different ways ECMHC shows up and makes an impact across our community.

In addition, a more in-depth discussion about the key strengths and potential areas for service growth for each setting is available in Appendix C.

On average, consultees across all sites met with their HCN Mental Health Consultants once a week. However, at FRCs, consultees met with their HCN Mental Health Consultant a little less frequently, about twice a month (every other week). This is likely because FRC's provide much of their services outside of HCN's ECMHC business hours and that HCN Mental Health Consultants work in FRC settings is often focused on creating and delivering workshops directly to families and caregivers.

Sites and Consultees Served by HCN's ECMHC Across Settings in the 2024- 2025 Fiscal Year

	Shelter	FRC	ECE	SFUSD
# of sites served	7	5	8	6
# of staff served	72	53	145	178
# of parents/caregivers served	36	54	115	70
# of children served	22	65	367	216

Note. The information presented in this table comes from administrative data.

ECMHC CONSULTEES WERE MOTIVATED TO ACCESS SUPPORT AND DEVELOP SKILLS

We wanted to better understand what brought the consultees into HCN's ECMHC services. Learning what motivates staff and sites to participate can ensure HCN's ECMHC program builds strong relationships from the start. Through the consultees' open-ended responses, we found two key needs or interests that motivated consultee's initial participation in HCN's ECMHC program.

A key motivator for engaging in HCN's ECMHC program was consultees' *need for partnership and support (17 responses).* Consultees named a wide variety of areas where they were seeking support:

- children's emotional and behavioral development,
- communication and relationships with families,
- personal stress and wellbeing, navigating sociopolitical struggles,
- within organization relationships, and
- organizational climate.

The second key motivator was the *need for knowledge and skill development pertaining to mental health (15 responses).* Consultees actively named capacities, skills, and knowledge they were hoping to build. Together, these two key themes reflect that most sites being served by HCN's ECMHC program are looking for relationally driven support. This means that consultees are not just seeking solutions, but ongoing collaboration to address complex issues. This type of relational approach is at the heart of most ECMHC programs around the country (Johnston & Brinamen, 2006).

Though they did not emerge as key themes in the responses, there were additional interests or needs expressed by participants:

- Reflective spaces (6 responses)
- Relationships based approach (6 responses)
- Burnout reduction strategies (4 responses)
- Additional resources (3 responses)

When we considered all the interests and needs voiced by the consultees, the results suggest that staff are not only seeking knowledge and tools, but also spaces for emotional processing, perspective-taking, and identity-centered support. Further, these findings indicate consultees are seeking support for multiple layers of need (e.g., personal reflection, child and family supports, burnout prevention, organization climate, etc.), which underscores the value of holistic, relationship-based consultation models, especially in high-stress or under-resourced environments.

CONSULTEES UTILIZED HCN'S ECMHC RESOURCES AND SUPPORTS

In addition to what *initially* led to consultee engagement with HCN's ECMHC, we also asked consultees what services and support were the most beneficial to them this year. We wanted to understand what keeps them coming back. Sometimes the reasons people get involved stay the same, and sometimes new needs come up as trust grows and the work evolves. Consultees' open-ended responses and survey reports of supports utilized informed this section. We highlight which services and supports were most used by consultees. In addition, we discuss the differences in the supports most used by each setting served by HCN's ECMHC program. See appendix D for the specific responses from consultees.

- Consultees Used Supports for Knowledge and Skill Development. Consultees reported gaining insight into child development, mental health, and behavioral strategies. In FRC and SFUSD settings, a high percentage of consultees utilized supports that contributed to parent knowledge development. Shelter and SFUSD sites reported their HCN Mental Health Consultant supported their skills to navigate child-specific behavioral and emotional issues. In ECE sites, consultees reported that their ECMHC services focused more on skill development that supported their communication with parents.

- Consultees Used Supports to Navigate Personal Stress and Trauma. Consultees at SFUSD and shelter sites reported using this type of support the most. The HCN Mental Health Consultants further clarified that a key piece in supporting staff with personal stress was also holding space to process the trauma and stagnation they witness in their work with families. This includes helping staff recognize when client struggles are emotionally impacting them. Rather than treating these emotional responses as problems, HCN Mental Health Consultants support staff in making meaning of these reactions and learning how to hold Client stories without becoming overwhelmed by them.
- Consultees Used Site and Equity-Related Supports. Consultees from ECE, FRC, and shelter settings reported their HCN Mental Health Consultant informed their understanding and use of trauma-informed and inclusive practices, and contributed to improvements in their site culture. Additionally, shelter consultees reported using support for navigating discrimination and equity in the workplace.[1]
- Consultees Used Supports to Identify Additional Resources. This included resources for children and families and resources that supported the consultees personally. Consultees provided additional information about their HCN Mental Health Consultant's provision of resources for children, families, and for themselves. We found that the appropriate services were almost always found by HCN Mental Health Consultants and that because of the referral, problems were identified early and addressed. The percentage of consultees who found referrals and whose problems were addressed can be seen in the table below.

Percentage of Consultees who Received Resources and Referrals via HCN's ECMHC				
Resource and Referral Procurement	**Shelter**	**FRC**	**ECE**	**SFUSD**
Child and classroom				
Appropriate services and referrals found?	92%	100%	86%	67%
Problems identified early and addressed?	83%	100%	86%	67%
Parents, families, pregnant people				
Appropriate services and referrals found?	100%	80%	100%	67%
Problems identified early and addressed?	90%	80%	86%	67%
Personal				
Appropriate services and referrals found?	78%	83%	100%	100%
Problems identified early and addressed?	80%	83%	83%	75%

[1] We want to note that SFUSD consultees use of site-wide supports is not reported because these child care programs are part of a broader school system. It is likely that SFUSD programs received support for their program's practices and climate, however, this support likely did not extend to their school or district leaders.

HCN'S ECMHC INCREASED CONSULTEES' SKILLS AND CAPACITIES

Participating in HCN's ECMHC program increased the capacities and skills of site staff and site leadership across settings. Consultees reported perceptions of growth and change in their capacities and skills in their survey question responses. Sites' staff and site leaders responded to a unique set of prompts to explore the unique outcomes by consultee role. A complete list of all questions asked to consultees and the corresponding mean scores can be found in Appendix E. We present outcome areas for staff consultees and for site leader consultees.

Staff Consultees

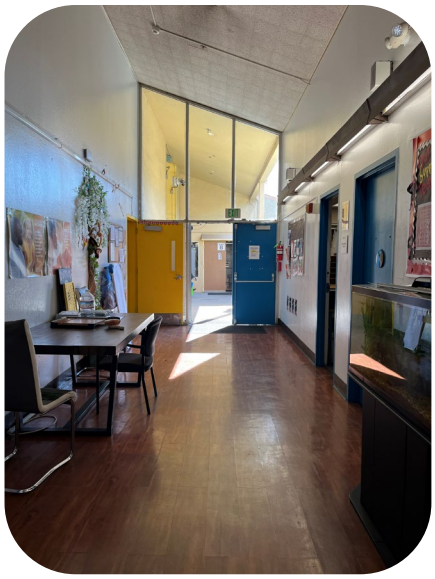
Staff consultees responded to questions that assessed if receiving HCN's ECMHC services contributed to growth in their skills and capacities. We examined mean scores for staff questions and share which capacities were perceived to increase the most for staff in each setting. Interestingly, the most agreed-with statement around growth was unique by each ECMHC setting. This may be indicative of the unique ways in which consultation is provided across settings. The list below highlights which outcome was most highly endorsed by each type of ECMHC setting:

- At shelters, the outcome that was most highly rated by staff was that ECMHC supported growth in their ability to communicate more effectively with families, parents, and pregnant people when there are concerns and in their role as a staff member.
- At FRCs, the outcome that was most highly rated by staff was that their HCN Mental Health Consultant improved their site's teamwork and communication.
- At ECE sites, the outcome that was most highly rated by staff was that mental health consultation helped my understanding of a child's experiences and how they may be affecting current behavior and helped us to co-create strategies and support for children with challenging behaviors.
- At SFUSD sites, the outcome that was most highly rated by staff was that participating in ECMHC supported collaboration on decision making about whether disenrollment or retention of a child in our program is best.

Site Leader Consultees

Site leader consultees also reported the ways that HCN's ECMHC services contributed to growth in their skills and capacities. We examined mean scores for all site leader consultee outcomes. The list below highlights which outcomes were most agreed with by site leader consultees in each setting.

- For shelters, the outcome that was most highly rated by site leader consultees was that participating in ECMHC improved site teamwork and communication. Interestingly, other outcomes were rated lower in shelters when compared to site leader consultees at other settings. This represents an area for future exploration around the ways in which site leaders in shelters engage with their HCN Mental Health Consultant.
- At both FRCs and SFUSD sites, the outcome that was most highly rated by site directors and leaders was that ECMHC increased awareness and education towards cultural issues of staff, families, or children.
- Further, FRC, SFUSD, and ECE site leaders reported that participating in ECMHC increased knowledge related to working with families and children.



SF Faces Bayview – an ECMHC consultation site.

HCN'S ECMHC STRENGTHENED THE CONSULTATIVE ALLIANCE

In line with previous research, we found that the relationship between the HCN Mental Health Consultant and the consultee was a key driver of the outcomes we found. This relationship is often called the *Consultative Alliance*, and has been highlighted as essential to the impactfulness of ECMHC because it underpins the emotional safety, trust, and collaboration necessary for ECMHC to contribute to meaningful change. Consultees across settings reported a strong relationship with their HCN Mental Health Consultant using a shortened, 10 question version of Consultative Alliance measure (Davis, 2014). We examined mean scores and found that consultees across sites had a

strong consultative alliance (mean of 4.42 out of 5.00). When we examined ratings by setting, we found that the consultative relationship was particularly high at shelters and FRCs, and ECEs (all above a mean of 4.40), but somewhat lower for consultees at SFUSD sites (mean of 3.36). We found the following contributed to these strong alliances with the HCN Mental Health Consultants:

Consultative alliances were strengthened by:

- Collaboration: This quality was the most frequently endorsed quality across all site types in their survey and open-ended responses. Consultees appreciated HCN Mental Health Consultants who acted as team members and co-created strategies. This suggests that consultees desire the partnership of ECMHC that is grounded in mutual respect, shared ownership, and ongoing dialogue.

- Cultural Attunement and Humility: Consultees also highlighted cultural attunement as a key quality in their HCN Mental Health Consultant. Cultural competence was highly valued across settings, with Shelter, FRC, and SFUSD sites all endorsing this quality especially highly. Consultees' open-ended responses shared that HCN Mental Health Consultants who demonstrated cultural competence and humility (4 responses) were more likely to be trusted, especially when they honored consultees' identities and created space for multiple voices. HCN Mental Health Consultants expanded on what cultural competence and humility look like in practice—describing ECMHC as a space where consultees can process the sociopolitical realities that shape both their professional and personal lives. This was especially evident in shelter settings, where staff expressed fears about deportation, immigration policy, and systemic violence—issues that not only affect families served, but also the staff who often share these lived experiences. HCN Mental Health Consultants emphasized the importance of holding these complexities with empathy and presence, creating room for multiple truths and perspectives within the consultative relationship.

- Availability and Consistency: Consultees frequently mentioned availability and consistency as important in their open-ended responses. Consultees deeply valued HCN Mental Health Consultants who showed up regularly, followed through, and adapted to site needs when possible. The HCN Mental Health Consultant focus groups spoke more to the way that availability and consistency contributes to deep, trusting consultative relationships. One HCN Mental Health Consultant shared that early work involved "just showing up consistently, being a fly on the wall, asking how their day was." Other HCN Mental Health Consultants further reflected that their consistency helped to "drop the boundary," allowing staff to feel safe and open.

- Mutual Vulnerability: The quality of demonstrating mutual vulnerability was highlighted by consultees' open-ended responses. This was also a notable theme discussed by the HCN Mental Health Consultants. Mutual vulnerability is when HCN Mental Health Consultants allow themselves to be seen as human, share appropriately about themselves, and create space for reciprocal trust. The HCN Mental Health Consultants frequently referred to the power of holding emotionally attuned spaces that often blurred the lines between personal and professional. Rather than separating tasks from relationships, the HCN Mental Health Consultants emphasized that allowing personal connection to be part of the consultative work was highly valued. As one shared, "We are doing embedded community work—if we want consultees to trust us and be vulnerable, we have to be willing to show vulnerability too." Another HCN Mental Health Consultant shared the importance of sharing about themselves—"being more than just a service provider," and using "humor, warmth, and small talk" to build human connection. This relational grounding was seen as critical to forming trust, especially in high-stress environments like shelters or during times of systemic disruption. Additional quotes by the HCN Mental Health Consultants highlight the importance of this theme: *"There's no bifurcation between professional and personal"* and *"We're not just showing up to do a job—we're showing up as people."*

CONSULTEES WERE SATISFIED WITH HCN'S ECMHC PROGRAM

Consultees across site settings reported high levels of satisfaction with the ECMHC services they received from HCN. The average satisfaction score across all settings was 3.61 out of 4.00, indicating strong agreement that the consultation was beneficial. Satisfaction was highest in FRC and ECE settings, closely followed by Shelters and by SFUSD sites.

Consultee satisfaction with HCN's ECMHC (Scores Ranged from 1 = Dissatisfied to 4 = Satisfied)				
	Shelter	FRC	ECE	SFUSD
Overall, how satisfied are you with the services provided by your mental health consultant?	3.6	3.67	3.67	3.4

Consultees were asked to expand on any barriers or gaps in their experiences of HCN's ECMHC. The overwhelming majority of consultees' responses reported that there were no improvements to be made or that their only request would be for the funders to increase the number of hours their HCN Mental Health Consultant could spend at their site (17 responses). However, a few consultees provided suggestions for ways that ECMHC could further support their site and fellow consultees.

Consultees at shelter sites asked about ways to increase engagement and support specifically for families (4 responses). However, consultees also noted that engaging their families is challenging given parents' schedules don't often align with HCN's ECMHC business hours and given their families sometimes hold stigmas around seeking mental health support. When we considered this recommendation, we noticed that consultees in shelter settings actually reported the highest use of supports for families (see the table titled, *Percentage of Consultee Who Utilized the Following HCN's ECMHC Services and Supports*). Thus, it may be that the need for parent

support in shelter sites is higher (when compared to other ECMHC settings) and present unique challenges than can currently be accommodated.

In addition, two consultees asked for additional support that are outside the breadth of HCN's typical ECMHC services. Consultees requested more adolescent mental health resources and for their HCN Mental Health Consultant to have more expertise in domestic violence trauma. Because ECMHC is geared towards children ages 0 to 5 and the adults who care for them, identifying resources for adolescents is beyond the scope of this program. However, this recommendation represents a potential referral to HCN's other programs that serve adolescent populations. In addition, the request for more specific HCN Mental Health Consultant Training related to experiences in shelter settings represents an exciting avenue for the continued professional development of the workforce. However, this training would require specific funding given it is beyond the scope of what is currently provided in the city-wide ECMHC training program (delivered to all ECMHC mental health consultants in San Francisco).

HCN's ECMHC consultants.

Implications

Findings from this study emphasize the importance of HCN's ECMHC services for multiple diverse settings that serve children and families. Based on the findings from this study, there are several implications for both policy and practice.

Fund ECMHC in Multiple Expanded Settings: The present findings demonstrate that ECMHC is highly needed and impactful in expanded settings like Shelters and FRCs. However, because of recent funding cuts from the SF Department of Public Health, HCN's ECMHC services in shelter settings are now terminated. Without immediate and sustained financial investment, staff and families in shelters lost access to the trusted, relationship-based mental health support they named as vital. The loss of HCN's ECMHC services threatens not just individual outcomes, but the stability and health of entire sites.

Fund Sustained, Relationship-Based Consultation: Given that Consultative Alliance, consistency, and frequent dosage were key factors in success, ECMHC design and policies should support longer-term, higher-hour consultation models. Janssen and colleagues (2022) offer further insights into the minimum effective and preferred dosage for ECMHC in San Francisco. Increased funding and infrastructure would support the enhanced capacity of the HCN workforce to meet consultees' needs and desire for more hours and more flexible, frequent HCN Mental Health Consultant presence. Though HCN has built an ECMHC workforce that could accommodate expanded caseloads, consistent and sustainable funding for this work is needed.

Expand Support for Families: Findings suggest the need for deeper and more flexible family engagement strategies, especially in shelter settings where structural barriers (e.g., schedules, stigma) may hinder participation.

Consider Specialized Training for Mental Health Consultants: Ongoing professional development for ECMHC Mental Health Consultants in trauma, domestic violence, and other topics related to community-specific needs could be particularly impactful in the provision of ECMHC services in expanded settings. Importantly, these topics are not regularly covered in the city-wide ECMHC Mental Health Consultant training. Thus, additional funding is required for the HCN ECMHC program to engage in such professional development.

Conclusion

This evaluation affirms the meaningful impact of HCN's ECMHC program for children, families, providers, and administrators across multiple, diverse settings. A key takeaway from this study is that ECMHC works in diverse settings in addition to Early Care and Education (ECE) settings. More than that, our findings suggest that ECMHC is especially needed and impactful in shelter settings. This finding is especially urgent given that SFDPH has cut funding for ECMHC services in shelter settings for the 2025–2026 fiscal year.

A second key finding is what consultees found helpful wasn't just tools and strategies, it was the relationship shared with the HCN Mental Health Consultants. By creating safe, caring spaces where staff felt truly seen, heard, and understood, these trusting relational spaces made it possible for consultees to grow not only in how they support children and families, but also in how they take care of themselves. This kind of deep, relationship-based support is a core part of ECMHC (Johnston & Brinamen, 2006) and has been shown to make a lasting difference in research on ECMHC in early childhood settings across the country.

Ultimately, findings from the present evaluation demonstrate that through alignment with unique needs and trusting consultative relationships, meaningful impacts can be experienced by those consultees in shelter, FRC, ECE, and SFUSD settings. Importantly, sustained investment in this relationship-based model across each of these site settings holds significant promise for advancing equitable, culturally responsive mental health supports in early childhood systems to improve the well-being of not only providers but also the children and families they serve.

"Every issue at the homeless shelter that has arisen, has been addressed appropriately and promptly by our MHC."

"My MHC challenges me to be a better case worker for my families, every day."

> *"Our MHC has been incredibly supportive in helping us create a positive and nurturing environment. They've provided valuable strategies and resources that have made a real difference in our day-to-day work. Their presence has been a huge asset, offering consistent guidance and encouragement, and helping us feel more confident in addressing mental health concerns. We truly appreciate their support!"*

Appendix A
DEC Performance Metrics

DEC evaluation surveys were administered by DEC and not included in this report.

Goal numbers as defined below were estimates created by HCN's ECMHC team at the beginning of the 2024-2025 year. This was the first time the SF Department of Early Childhood utilized this comprehensive list of possible performance measures, and the HCN team estimated targets. In addition, the list of services noted below was a full list of possible services that could be offered by ECMHC providers when needed and/or as requested by sites. Therefore a 0 may mean that the service was not needed or requested by contracted sites. For the 2025-2026 fiscal year, HCN will utilize the 2024-2025 actual service counts to set targets.

Service & Performance Measures	Estimated Service Counts to be Delivered	Actual Number of Services Delivered
Service: Provide citywide mental health consultation, early intervention, short-term bridging support to address social-emotional health, linkages to services, and training to early care and education staff, young children, and families at assigned ECE settings in response to identified service scenarios		
Provide consultation to ECE center staff with the tools and resources to work with children and families, leading to increased confidence in interactions involving child and family well-being	300	508.5
Provide consultation to FCC staff with the tools and resources to work with children and families, leading to increased confidence in interactions involving child and family well-being	60	17
Provide parents/caregivers with knowledge and resources to better understand and address children's social/emotional well-being	150	208
Provide Consultation - individual (caregivers, staff)	1250	696.5
Provide Consultation - group (caregivers, staff)	1253	661
Provide Consultation - observation	1427	1180.5
Conduct and support implementation of developmental screenings (including ASQ and ASQ-SE)	8	2
Deliver planned early intervention services including short-term mental health support, push-in, therapeutic shadowing *(number of hours providing EI services)*	30	5.5
Deliver planned early intervention services including short-term mental health support, push-in, therapeutic shadowing *(number of unduplicated children receiving EI services)*	3	0
Provide short-term mental health support services to parents/caregivers	0	17
Deliver trainings/workshops to increase staff knowledge *(number of workshop and training sessions provided to staff)*	9	12
Deliver trainings/workshops to increase staff knowledge *(number of unduplicated ECE staff who attended trainings/workshops)*	75	29
Deliver parent training/support groups and guidance on child development *(number of workshop and training sessions provided to parents/caregivers)*	15	24
Deliver parent training/support groups and guidance on child development *(number of unduplicated parents/caregivers who attended trainings/workshops)*	120	78
Conduct playgroups/socialization groups *(number of playgroups/socialization groups)*	10	0
Conduct playgroups/socialization groups *(number of unduplicated children who attended playgroups/socialization groups)*	6	0
Assist with referral and linkage to appropriate services, including early intervention supports *(number of linkage and referral services provided to ECE staff and/or parents/caregivers)*	40	9

Note. Exceeded goals are highlighted in green.

	Assist with referral and linkage to appropriate services, including early intervention supports *(number of linkage and referral services completed to ECE staff and/or parents/caregivers)*	40	0
Service: Provide citywide mental health consultation services to support FRC staff as a capacity builder (co-implementing service activities with staff) and as a capacity extender (implementing service activities for where clinically qualified staff are necessary)			
	Coordinate and communicate with FRC Program Coordinator	60	53
	Provide consultation to FRC staff - group	60	144.5
	Provide consultation to FRC staff - group	25	68
	Provide consultation to FRC staff - individual	75	217.5
	Provide consultation to FRC staff - individual	25	15
	Provide consultation and/or short-term support to FRC participants	5	178
	Co-implement playgroups/socialization groups with FRC staff	60	21
	Co-implement Parent Support Groups with FRC staff	34	11
	Co-implement Parent Education Groups (e.g. curriculum-based) with FRC staff	25	1
	Deliver playgroups/socialization groups - MHC only	0	0
	Deliver parent support groups - MHC only	0	1
	Deliver Parent Education Groups (e.g. curriculum-based) - MHC only	0	2
	Conduct, support implementation, and/or follow up of developmental screenings (including ASQ and ASQ-SE)	12	43
	Assist with referral and linkage to appropriate services, including Mental Health System of Care *(number of linkage and referral services provided to FRC staff and/or participants)*	70	0
	Assist with referral and linkage to appropriate services, including Mental Health System of Care *(number of linkage and referral services completed to FRC staff and/or participants)*	70	0
Service: Grantee Professional Development			
	Engage in ECMHCI capacity building activities, including training attended (with or without consultees).	330	120
	Support MHC professional development/reflective supervision in one-on-one and group	1000	602.5
Service: Systems Work			
	Collaborate with multidisciplinary teams and systems to enhance program leadership	330	172.5
	Participate in system collaboration activities to inform planning, training, and quality improvement efforts.	1000	11
	Engage in collaboration within the ECMHCI network, attending regular meetings for planning and information sharing	36	43
	Develop agreements with ECE sites that establish and outline mutual goals, responsibilities, and expectations at each site served. (completed by Q2)	85	13
	Develop agreements with FRC sites that establish and outline mutual goals, responsibilities, and expectations at each site served. (completed by Q2)	4	4

Note. Exceeded goals are highlighted in green.

Service: Evaluation and Reporting			
	Collect and report demographic and programmatic data on an annual basis (completed by Q4)	3	2
	Collect evaluations/satisfaction surveys from providers (completed by Q4)	10	0
	Utilize DEC developed data tool (Scenarios and Responses) to inform allocation of MHC hours at sites.	7	29

Note. Exceeded goals are highlighted in green.

Appendix B
DPH Performance Metrics

DPH evaluation surveys were administered in conjunction with Evaluation surveys and included a parent survey. No families completed the parent survey.

Service and Performance Measures	Goal	Achieved
* Estimates are adjusted and reported based on the 7 sites served.		
Outreach & Engagement		
Process: Engagement. Consultants will engage with an average of 10 Site Staff across all ECMHCI seven (7) sites by disseminating 100% of surveys, which will be evidenced by 70% of surveys returned	7	11
Process: Engagement. Consultants will engage 30 children's parents/caregivers across all ECMHCI seven (7) sites, which will be evidenced by the total estimated number of parent/caregiver contacts in the year-end agency contact log.	30	65
Outcome: Engagement. 70% of engaged Site Staff (across all 7 sites) will rate mental health consultant interactions as useful on their satisfaction surveys, which will be evidenced by satisfaction survey results	70%	90%
Outcome: Engagement. 60% of engaged children's parents/caregivers will report satisfaction of knowledge and understanding of child provided by consultation on their satisfaction surveys, which will be evidenced by satisfaction survey results	60%	No Parent Surveys Returned
Assessment & Screening		
Process: Assessment. Consultants will assess 30 students across all ECMHCI seven (7) sites for mental health needs through the year, evidence by year-end agency contact log.	30	26
Outcome: Assessment. 70% of students who were assessed for mental health needs will have their parents/caregivers and teachers work with ECMHCI consultants to improve students' mental health needs, evidence by year-end agency contact log.	70%	33%
Individual & Group Therapeutic Services		
Process: Individual. Consultants will work with 10 Site Staff across all seven (7) sites to meet the needs of children who have been assessed with mental health needs, evidence by year-end contact log	70	102
Process: Individual. Consultants will work with 30 children's parents/caregivers across all ECMHCI seven (7) sites to meet the needs of students who have been assess with mental health needs, evidence by year-end contact log	30	40
Outcome: Individual. 70% of Site Staff who worked with ECMHCI consultants to address assessed students' mental health needs will report satisfactory understanding of child behaviors and support needs in their program, evidence by satisfaction surveys results.	70%	90%
Outcome: Individual. 70% of students' parents/caregivers who worked with ECMHCI consultants to address assessed students' mental health needs will report satisfactory understanding and knowledge of child's needs, evidenced by satisfaction survey result	70%	No Parent Surveys Returned

Note. Exceeded goals are highlighted in green.

Appendix C
Key Strengths and Areas for Service Growth by Setting

This appendix integrates the findings from this evaluation for each setting served by HCN's ECMHC program. For each setting, we highlight the key strengths that emerged as a result of HCN's ECMHC services and also note potential areas for service growth.

ECMHC in Shelter Sites

In shelter sites, we found a number of key strengths and outcomes. Shelter sites reported strong engagement with HCN's ECMHC across multiple levels of support.

HCN ECMHC supported shelter consultees:

- With child specific behaviors and emotional needs
- With supports for families across multiple domains including identifying key resources and supporting parental knowledge development
- Navigate personal stress and trauma
- Develop trauma-informed approaches and address program culture

The use of many levels of support suggests a strong alignment between HCN's ECMHC's holistic, relationship-based model and the complex needs of shelter settings. Consultees at shelter sites also reported high consultative alliances with their HCN Mental Health Consultant, reflecting strong trust and connection, particularly when HCN Mental Health Consultants were collaborative, consistent, and culturally attuned. Finally, we found the areas of greatest perceived growth and impact were in regards to growth in staff consultees communication with families and pregnant people and in their role as staff members. These findings underscore the dangerous gap in care that will be created for families and staff with the loss of ECMHC, alongside broader funding cuts to shelters.

This evaluation points to a few areas where HCN's ECMHC services may be better able to support shelter settings. The ECMHC approach in shelter settings may require specifically aligned strategies to engage both shelter leaders and families in more meaningful ways. For example, we found lower site leader consultee reports of growth or change in outcomes (e.g., ECMHC contributing to program design improvements or contributing to knowledge of working with families), though shelter staff rated growth in these areas as high. In addition, consultees in shelter settings voiced that family engagement challenges exist as families are often unavailable to participate in ECMHC during typical hours and some have stigma about seeking mental health support. Finally, it might be beneficial to consider additional professional development for HCN Mental Health Consultants around topics like domestic violence given these topics are not covered in the city-wide ECMHC mental health consultant trainings and are particularly relevant to providing services in shelter settings.

ECMHC in Family Resource Centers

Key strengths and outcomes were also found for consultees at FRCs participating in ECMHC. Family resource centers most strongly endorsed engaging with HCN's ECMHC services to support parent/family knowledge development and staff as they navigate personal stress and trauma.

Importantly, FRC consultees reported the highest Consultative Alliance scores across all site types and emphasized that collaboration and cultural attunement were among the most important qualities in establishing a strong consultative relationship, which is one of the strongest predictors of child outcomes (Davis, 2014). HCN's ECMHC had a strong impact in FRC settings for both staff and site leader consultees with the top-rated outcomes being improving site teamwork and communication, increasing awareness and understanding of cultural issues, and increased knowledge with working with families via training.

Still, we find areas where HCN's ECMHC program can improve their services in this setting. We found that FRC consultees reported more infrequent meetings with their HCN Mental Health Consultant (twice a month as opposed to once a week). This may be the appropriate dosage for this setting, however, there may be opportunities to more regularly engage FRC staff members. However, engaging FRC consultees may involve some logistical barriers given the majority of FRC programming and services are offered outside of HCN's ECMHC business hours. Further, we found that FRC sites use some equity-related site supports less frequently than they reported using other supports. This may suggest these topics are less of a current focus. However, it may be that there is an important connection between frequency of meeting with the HCN Mental Health Consultant (which was lower for FRC consultees), trust, and discussing equity-related issues.

ECMHC in Early Care and Education Sites

For ECE sites, we also found strengths and positive outcomes. Engagement with HCN's ECMHC program in ECE settings was evenly utilized across levels of support, with the most frequently utilized being supporting staff to navigate personal stress and trauma and supporting interpersonal dynamics with staff. We find similarly high levels of Consultative Alliance scores with ECE consultees, indicating the co-creation of strong, trusting relationships. Uniquely, ECE consultees reported that the HCN Mental Health Consultant quality of being representative of all voices was important to establishing a strong consultative relationship, in addition to being collaborative and relationships-based. We found strong perceptions of HCN's ECMHC impact for both ECE staff and site leaders in domains typically aligned with ECMHC in child care settings. For example, teachers reported the greatest impacts in the areas of 1) supporting children via understanding the child experience and 2) co-creation of strategies for challenging behavior.

Findings from this evaluation also illuminate several areas of growth for HCN's ECMHC program in ECE settings. Consultees in ECE settings reported the lowest use of ECMHC supports to help them navigate personal stress and issues of race and oppression in their personal life. Further, ECE sites' use of HCN's ECMHC to support site practices like punitive discipline policies were also particularly low. Thus, HCN Mental Health Consultants could consider ways to increase their provision of these types of personal and site-level supports. It may be that in ECE settings, child and classroom-focused issues take on a greater focus and that those are addressed first before ECMHC can expand to supporting staff personally or site-level issues. This represents an area of continued research for future evaluations of the HCN ECMHC program to examine the ebb and flow of support utilized with the changing political and funding landscape.

Appendix C
Key Strengths and Areas for Service Growth by Setting (continued)

ECMHC in San Francisco Unified School District

Finally, we also found strengths and outcomes in SFUSD sites supported by HCN's ECMHC services. FRC sites reported strong engagement with HCN's ECMHC support for children and support focused specifically on the consultees.

HCN ECMHC supported FRC consultees:

- With child specific behaviors and emotional needs
- With parental knowledge development
- Navigate their personal stress, identify resources to support their personal wellbeing, and navigate issues of race, equity, and oppression in their personal life.

When it comes to a strong consultative alliance with their HCN Mental Health Consultant, SFUSD sites did have a lower score when compared to other sites. However, FRC consultees similarly endorsed that HCN Mental Health Consultant qualities of collaboration and cultural competence were important in building a strong consultative relationship. Still, we find evidence of the impact of ECMHC in SFUSD settings, particularly for site leaders. In fact, SFUSD site leaders rated perfect agreement that ECMHC increased awareness and education towards cultural issues of staff, families, or children; and increased knowledge of working with children and families. Staff reported growth and impact in regards to receiving assistance in decisions related to student disenrollment and retention. These strong outcomes underscore the importance of ECMHC services in this setting. Given SFUSD budget reduction and freezing of support staff positions district wide, mental health support and services remain important now more than ever to address increased staff stress and access to healthy coping skills.

Findings from this evaluation also highlight opportunities for HCN's ECMHC services to better align with the needs of SFUSD sites. SFUSD sites may be a setting where HCN's approach can be refined to better fit the context. SFUSD consultees reported a low Consultative Alliance scores and lower ratings across most provider outcomes (e.g., increases in knowledge, communication with families, site teamwork, etc.). Further, our findings are limited around SFUSD sites' use of programmatic supports like trauma-informed approaches, addressing program culture, and staff retention given the structure of SFUSD sites limited our exploration - SFUSD sites are embedded in larger school and district systems that are beyond the breadth of supports provided by ECMHC (Shivers et al., 2019).

Appendix D
Consultee Utilized HCN ECMHC Services and Supports

In addition to what *initially* led to engagement with HCN's ECMHC, we also asked consultees what services and supports were the most beneficial to them this year. We highlight both consultee's voices via their open-ended survey responses and their reports of the activities and supports they used. We also include HCN Mental Health Consultant focus group themes to further understand the highlighted supports and services.

Consultees at different settings reported using unique services and supports. A list of services and supports and the percent of consultees who used those supports can be seen in the table below. A "—" in the table above indicates this specific support was not asked in that particular setting. This is because the support is not relevant to the provision of ECMHC in that setting type. Where there is a "0%" it indicates that no consultees in that setting reported utilizing that specific service or support.

Percentage of Consultee Who Utilized the Following HCN's ECMHC Services and Supports					
Supports and Services		**Shelter**	**FRC**	**ECE**	**SFUSD**
ECMHC Supports for Children					
	Child-specific behavior issues	83%	44%	42%	80%
	Child-specific emotional needs	75%	44%	42%	80%
	Child-specific developmental needs	58%	44%	33%	20%
	Social interactions among children	50%	44%	25%	60%
	Empathizing with children	58%	33%	33%	40%
	The quality of the classroom environment	—	11%	17%	20%
	Navigating issues of race, equity and oppression I confront in my classroom	—	33%	17%	20%
ECMHC Supports for Families					
	Empathizing with parents	58%	33%	33%	40%
	Communicating with parents	75%	56%	50%	40%
	Encouraging parental involvement	58%	56%	42%	40%
	Supporting parental knowledge of child develop	75%	78%	33%	80%
	Supporting family stressors/traumas	83%	56%	33%	60%
	Identifying resources for children and families	83%	33%	42%	60%
	Supporting families as they navigate issues of race, equity and oppression	33%	33%	17%	60%
ECMHC Personal Supports					
	Navigating personal stress and trauma	83%	78%	67%	80%
	Identifying resources to support you personally	42%	44%	25%	80%
	Navigating issues of race, equity and oppression I confront in my personal life	50%	22%	17%	80%
ECMHC Supports for Sites					
	Trauma-informed approaches for families and children	92%	56%	58%	—
	Racial equity	42%	44%	25%	—
	Inclusive practices	67%	56%	67%	—

Appendix D
Consultee Utilized HCN ECMHC Services and Supports (continued)

Percentage of Consultee Who Utilized the Following HCN's ECMHC Services and Supports (continued()					
Supports and Services		**Shelter**	**FRC**	**ECE**	**SFUSD**
ECMHC Supports for Sites					
	Interpersonal dynamics with staff	58%	22%	42%	—
	Interpersonal dynamics between staff and leadership	58%	22%	17%	—
	Site disenrollment/punitive discipline practices and policies	—	11%	0%	—
	Addressing the program culture	75%	44%	33%	—
	Navigating issues of race, equity and oppression in my workplace	42%	33%	8%	—
	Staff retention	—	11%	17%	—

In the following sub-sections, we highlight which services and supports in the table above were most used by consultees. In addition, we discuss the differences in the supports most used by each setting served by HCN's ECMHC program.

Consultees used Supports for Knowledge and Skill Development

Consultees across settings frequently used ECMHC supports that contributed to their knowledge and skill development. Consultees reported gaining insight into child development, mental health, and behavioral strategies. In FRC and SFUSD settings, a high percentage of consultees utilized supports that contributed to parent knowledge development. Shelter and SFUSD sites reported their HCN Mental Health Consultant supported their skills to navigate child-specific behavioral and emotional issues. In ECE sites, consultees reported that their ECMHC services focused more on skill development that supported their *communication with parents*.

Consultees used Supports to Navigate Personal Stress and Trauma

Another support that was frequently used by consultees was support for their *personal stress and trauma*. Consultees at SFUSD and shelter sites reported using this type of support the most. The HCN Mental Health Consultants further clarified that a key piece in supporting staff with personal stress was also holding space to process the trauma and stagnation they witness in their work with families. This includes helping staff recognize when client struggles are emotionally impacting them. Rather than treating these emotional responses as problems, HCN Mental Health Consultants support staff in making meaning of these reactions and learning how to hold client stories without becoming overwhelmed by them.

Consultees used Site and Equity-Related Supports

Site-level and equity-related supports were also used by consultees. For example, consultees from ECE, FRC, and shelter settings reported their HCN Mental Health Consultant informed their understanding and use of trauma-informed and inclusive practices, and contributed to improvements in their site culture. Additionally, shelter and SFUSD consultees reported using support for navigating discrimination and equity in the workplace—areas that may warrant further qualitative exploration to better understand their expression and impact within the consultation relationship. We want to note that SFUSD consultees use of site-wide supports is not reported because these child care programs are part of a broader school system. It is likely that SFUSD programs received support for their program's practices and climate, however, this support likely did not extend to their school or district leaders.

Appendix D
Consultee Utilized HCN ECMHC Services and Supports (continued)

Consultees used Supports to Identify Additional Resources

Consultees across settings reported that their HCN Mental Health Consultant supported their identification of resources. This included resources for children and families and resources that supported the consultees personally. Consultees at shelter sites reported the highest use of resources for children and families, whereas consultees at SFUSD sites reported the highest use of resources to support them personally. These findings indicate that HCN's ECMHC program plays an integral role in cultivating a sense of wrap-around support for consultees. In fact, consultees provided additional information about their HCN Mental Health Consultant's provision of resources for children, families, and for themselves. We found that the appropriate services were almost always found by HCN Mental Health Consultants and that because of the referral, problems were identified early and addressed.

Appendix E
Consultee Outcomes

Participating in HCN's ECMHC program increased the capacities and skills of site staff and site leadership across settings. Consultees reported perceptions of growth and change in their capacities and skills in their survey responses. Sites' staff and site leaders responded to a unique set of prompts to explore the unique outcomes by consultee role. We present outcome areas by consultee role below – staff consultees and site leader consultees.

HCN ECMHC Increased Staff Consultees' Skills and Capacities

Staff consultees responded to questions that assessed if receiving HCN's ECMHC services contributed to growth in their skills and capacities. Some questions were asked to all staff and some questions were unique by site. For example, some questions were only asked to shelter staff members (these distinctions were based on DPH versus DEC funding; See table below titled, *HCN's ECMHC Contributes to Staff Consultee Growth in Skills and Capacities*). We examined mean scores for staff questions.

HCN's ECMHC Contributes to Staff Consultee Growth in Skills and Capacities				
Outcomes	**Shelter**	**FRC**	**ECE**	**SFUSD**
Mental health consultation has increased my knowledge of working with families and children.	3.4 of 4.00	3.5 of 4.00	3.5 of 4.00	2.75 of 4.00
Mental health consultation has helped me to improve my relationships with families when communicating with them about their infant/child's strengths and needs.	3.6 of 4.00	3.5 of 4.00	3.33 of 4.00	2.75 of 4.00
The mental health consultant helped to improve our sites teamwork and communication	3.45 of 4.00	3.57 of 4.00	3.55 of 4.00	2.8 of 4.00
Mental health consultation has helped me to communicate more effectively with families, parents, and pregnant people when there are concerns.	3.9 of 4.00	—	—	—
Mental health consultation has helped me to improve my relationships with pregnant people when communicating with them about their pregnancy.	3.4 of 4.00	—	—	—
Meeting with the consultant has helped me as a provider/staff member.	3.8 of 4.00	—	—	—
Mental health consultation has helped my understanding of a child's experiences and how they may be affecting current behavior.	—	3.5 of 4.00	3.67 of 4.00	2.75 of 4.00
Mental health consultation has helped us to co-create strategies and support for children with challenging behaviors.	—	3.5 of 4.00	3.73 of 4.00	2.8 of 4.00
The consultant helped us to collaborate on decision making about whether disenrollment or retention of a child in our program is best.	—	3.33 of 4.00	3.13 of 4.00	3.25 of 4.00

Appendix E
Consultee Outcomes (continued)

HCN ECMHC Increased in Site Leader Consultees' Skills and Capacities

Site leader consultees also reported the ways that HCN's ECMHC services contributed to growth in their skills and capacities. Site leader consultees participating in ECMHC responded to a set of questions assessing growth or change that resulted from receiving HCN's ECMHC services. Some questions were asked to all site leaders and some questions were unique by setting (these distinctions were based on DPH versus DEC funding; See table below titled, *HCN's ECMHC Contributes to Site Leader Consultee Growth in Skills and Capacities*).

HCN's ECMHC Contributes to Site Leader Consultee Growth in Skills and Capacities				
Outcomes	**Shelter**	**FRC**	**ECE**	**SFUSD**
The consultant contributed an increased awareness and education towards cultural issues of staff, families, or children	2.00 of 4.00	4.00 of 4.00	3.60 of 4.00	4.00 of 4.00
The consultant provided meaningful and knowledgeable training that increased knowledge of working with families and children	2.00 of 4.00	4.00 of 4.00	3.80 of 4.00	4.00 of 4.00
The mental health consultant helped to improve our site's teamwork and communication	3.45 of 4.00	3.57 of 4.00	3.55 of 4.00	2.80 of 4.00
The consultant is actively working with us to improve program designs to create developmentally appropriate activity offerings	2.00 of 4.00	—	—	—
The consultant provided consultation groups and trainings that felt relevant and appropriate to your work with families and children	2.00 of 4.00	—	—	—
Mental health consultation has helped my understanding of a child's experiences and how they may be affecting current behavior.	—	3.50 of 4.00	3.67 of 4.00	2.75 of 4.00
Mental health consultation has helped us to co-create strategies and support for children with challenging behaviors.	—	3.50 of 4.00	3.73 of 4.00	2.80 of 4.00
The consultant helped us to collaborate on decision making about whether disenrollment or retention of a child in our program is best.	—	3.33 of 4.00	3.13 of 4.00	3.25 of 4.00

Background and Context Supplementary Materials

Literature Guiding this Evaluation Report

What is ECMHC?

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

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

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

ECMHC in ECE Settings

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

Literature Guiding this Evaluation Report (continued)

and other protective factors) and a reduction in children's challenging behaviors (e.g., hyperactivity, defiance, aggression; Brennan et al., 2008; Conners-Burrow et al., 2012; Crusto et al., 2013; Hepburn et al., 2013; Gilliam et al., 2016; Perry et al., 2008; Shivers, 2016; Van Egeren et al., 2011; Williford et al., 2008).

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

ECMHC in Expanded, Non-ECE Settings

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

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

Our evaluation efforts from last year also begin to fill this gap in the literature. In line with research in other settings where ECMHC is provided, staff in shelters and recovery programs served by HCN's ECMHC program valued the collaborative and supportive consultative stance (Shivers et al., 2024). Our findings also spoke to outcomes experienced in shelter settings. The findings suggested that families felt the reverberations of shelter staff work

Literature Guiding this Evaluation Report (continued)

with their HCN Mental Health Consultants and demonstrated increases in their ability to understand and handle their children's challenging behaviors (Shivers et al., 2024). In addition, shelter staff reported HCN's ECMHC contributed to the development of effective strategies for supporting children and families (Shivers et al., 2024).

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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 ECMHC Program was led by Dr. Jayley Janssen, and a small team that consisted of a Black multiracial woman, two Black bi-racial women, a Black woman, a Filipina woman, a white woman, and a white man.

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.

Homeless Children's Network

Homeless Children's Network History

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. 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 20+ SFUSD schools.

Homeless Children's Network (continued)

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. 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 Early Childhood Mental Health Program Description

For 32 years, HCN has provided services supporting young children ages 0-5, their families, and the people and providers who make up the system of care with the aim of improving social, emotional, and behavioral health and wellbeing of young children. Since 1999, HCN has provided ECMHC with goals including co-creating with communities to internalize and externalize strong equitable practices to reduce disparities in communities of color and create equitable opportunities for young children and their families to heal and thrive within communities where they feel safe. HCN is known as a trusted healer and facilitator, and a centralizing hub that unifies the voices of Black/African American and BIPOC families and care providers.

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

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

HCN also provides more limited ECMHC services through other programs including the SFDPH-funded Community Mental Health program in which community-based mental health and early childhood mental health support is provided for marginalized groups such as Black unhoused/housing insecure, Black LGBTQIA+ individuals including parents/caregivers with children ages 0-5, and Black early care providers.

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

HCN's Early Childhood Mental Health Program Description (continued)

The Current Context Surrounding HCN's ECMHC Program

HCN's ECMHC program operates within a challenging and rapidly changing landscape of political shifts, policy changes, and funding disruptions in San Francisco. In 2024-2025, HCN's EMCHC program was supported by multiple funding sources; two city departments play a central role in allocating service hours to sites.

- San Francisco Department of Early Childhood (SFDEC) sets the number of ECMHC hours for Family Resource Centers (FRCs), Early Care and Education (ECE) sites, and SFUSD schools.

- San Francisco Department of Public Health (SFDPH) is responsible for allocating hours to shelter sites.

Starting for the 2025 - 2026 fiscal year, SF DPH announced it would no longer provide ECMHC funding for shelters. This decision comes during a broader wave of funding cuts already impacting shelter services. Shelters are now facing a return to models that require families to leave within tight timeframes. ECMHC was one of the last supportive services remaining in these shelters.

At the same time, SFUSD sites have also faced funding crises resulting in staffing cuts and hiring freezes. This contributed to the elimination of many positions filled by support staff including by on-site mental health providers, including social workers. HCN's ECMHC consultants have become, in many cases, the first line of mental health support for families and teachers who need HCN's support for emotional processing in the stressful environment.

HCN's ECMHC team.

Gratitude

We express deep gratitude to the San Francisco Department of Early Childhood and the San Francisco Department of Public Health and Mental Health Services Act, whose generous funding made this program possible. We are also deeply grateful for all funders and donors helping to support HCN's critical ECMHC services, including the Bella Vista Foundation and Morris Stulsaft Foundation.

Thank you to the ECMHC sites and staff who participated in this evaluation and who shared their experiences and perspectives with us to use as data.

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