CHILD-PARENT PSYCHOTHERAPY

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 Child-Parent Psychotherapy at Homeless Children's Network. 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, Child-Parent Psychotherapy, and the literature guiding this report are available at the end of this report in the section, *Background and Context.*

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HCN's Director of Behavioral Health and CPP Clinical Supervisor.

Introduction

PURPOSE OF THIS REPORT

The purpose of this report is to evaluate the Child-Parent Psychotherapy program at Homeless Children's Network (HCN). Child-Parent Psychotherapy (CPP) is a nationally recognized, trauma-informed therapeutic intervention that supports family strengths and relationships and supports healing from stressful experiences while upholding family and cultural values (Lieberman, Silverman & Pawl, 2000). The CPP modality has contributed to supporting and strengthening the caregiver-child relationship, restoring mental health in children aged 0-5 after traumatic events, and/or attachment problems, and/or behavioral problems (Shafi et al., 2019).

HCN Child-Parent Psychotherapy's Contracted Performance Objectives for the 2024-2025 Fiscal Year

HCN's CPP Program met its goals of training clinicians in CPP and serving children 0-5 and families through the CPP model.

This year,

- **6 clinicians engaged in CPP training** — **Objective Met**
- **30 families with children 0-6 served** — **Objective Met**

The HCN CPP Program met performance objectives for the 2024-2025 year.

For additional, detailed information about the program's achievement of contracted performance metrics see the table *Child-Parent Psychotherapy at HCN* on page 4.

With support from the California Department of Health Care Services' Child and Youth Behavioral Health Initiative via Heluna Health, HCN undertook training for a group of clinicians in the CPP modality. HCN recruited a cohort of clinicians to take part in an 18-month training and learning collaborative to become well-versed and experienced practitioners in the key competencies and learnings of CPP.

HCN's CPP clinicians work within HCN's Ma'at program and General EPSDT program. By engaging in the CPP clinical training, Ma'at and General EPSDT clinicians are equipped with an additional useful and effective clinical-based practice for engaging families in therapy. When clients receive CPP services, HCN's staff provide services to the parent-child dyad and/or the family dyad if more than one caregiver is available; siblings may also be incorporated into therapy services. In alignment with HCN's mobile model for wellness services, CPP clinicians prioritized offering services in locations that are easy for clients to access, including HCN's office, the client's school, the client's home, and virtual spaces. As play therapy is a significant component of this evidence-based practice, clinicians utilized mobile play-therapy kits to deliver services when away from HCN's clinic spaces. Play therapy kits were made possible through a generous contribution from the Ashbury Foundation.

COLLABORATIVE PROCESS AND PARTICIPANTS

Together, with HCN, the research team at Indigo Cultural Center evaluated the impact of the CPP modality during the 2024-2025 fiscal year. In line with a Community-Based Participatory Research (CBPR) rooted in racial equity, HCN's staff, including the HCN CPP Leadership team, collaborated with Indigo Cultural Center team on evaluation design, survey development, data collection, and the interpretation of quantitative and qualitative findings.

HCN's Clinical Supervisor in the new CPP therapy room.

The current evaluation explores the impact of the CPP Program for caregivers and their children, as well as including the clinician perspective to explore the way that features of the CPP Program promote such impacts for families. This evaluation covered program implementation from July 2024 to June 2025 and was guided by the following **research questions:**

1. Why do clinicians want to become licensed in providing Child-Parent Psychotherapy?
2. How do caregivers and children experience the impact of the CPP modality?

Caregivers participating in HCN's CPP Program completed surveys after they had reached at least 6-weeks of participation. Six (6) caregivers responded to the survey. In addition, the six (6) HCN CPP clinicians engaged in a focus group conversation to share their perspectives and experiences engaging in training and practicing CPP with their clients.

Evaluation Findings

HCN'S CHILD-PARENT PSYCHOTHERAPY MET PERFORMANCE METRICS

This fiscal year launched the inaugural Child-Parent Psychotherapy (CPP) program engaging HCN clinicians in training to become rostered in providing child-parent psychotherapy. From July 2024 to June 2025, six (6) HCN clinicians began an 18-month long training to gain skills and expertise in providing child-parent psychotherapy to the children and families they serve. While engaging in training, CPP clinicians practiced the skills learned in real time as they concurrently served families in the General EPSDT and Ma'at programs. The clinicians all identified as women. Additionally, four (4) clinicians identified as Latina, one (1) Black/African American, and one (1) white.

During this program year, CPP clinicians provided services to 30 families in San Francisco who had young children between 0 and 6 years old. On average, children engaged in the CPP program were 4.2 years old. The average length of participation in the program was 136 days. The majority of participants' primary language was Spanish (67%), followed by English (27%), and Portuguese (3%). Finally, the majority of participants identified as Hispanic or Latine (77%).

Child-Parent Psychotherapy Program Performance Metrics	
Performance Goal	**Status**
Utilize assessment tool to identify needs and strengths of HCN as it applies to Equity in Agency	Met
Recruit cohort of 6 clinicians to utilize CPP methodology	Met
Recruit 1 clinical supervisor trained in CPP	Met
Train cohort of clinicians in CPP knowledge and competencies through 18-month CPP Learning Collaborative	In progress (Complete November 2025)
Each clinician to provide CPP for 4 clients	Met
Engage with coalition partnership through calls and meetings with HCN collaborative members, referral networks, and community partners to increase awareness of CPP services	Exceeded
Collect and record HIPAA-compliant data on clients	Met

CLINICIANS ARE MOTIVATED TO ENGAGE IN CPP TRAINING

We wanted to understand the motivations behind clinicians choosing to engage in training to provide child-parent psychotherapy. Findings from the focus group with clinicians offer insight on the combination of motivations for engaging in CPP training: 1) the importance of utilizing trauma-informed and community-grounded approaches, and 2) HCN's organizational culture that emphasizes culturally and linguistically aligned services.

CPP clinicians offered insight on their motivations for engaging in the training, several citing wanting to expand their repertoire of tools and methodologies in supporting children and families who have experienced complex traumas. One clinician highlighted that HCN's CPP model stood out from traditional approaches taught in graduate programs. Specifically, they shared that CPP emphasizes community, acknowledging that healing must occur within relationships. Consistent with the central tenets of Infant and Early Childhood Mental Health approaches (Zeanah & Zeanah, 2019), CPP acknowledges that trauma is often relational and requires healing within caregiver and child dynamics. By including both the caregiver and child in therapy, CPP creates a shared space where healing can occur together and on the individual level, allowing families to rebuild trust, communication, and emotional safety.

> *I have this belief that **we need to heal in community**... going through grad school and getting our degrees, it's very individualistic, and it's the western model of healing. Even when I was doing my practicum, I saw that, yes, my client would come in, the child would come in. And a lot of the times I felt like, 'why isn't the parent here?' Like there could be so much more healing and understanding if the parent or the grandparent, the caregiver, the family, was in the room.*
>
> - CPP Clinician

HCN's CPP clinicians in a training with the contracted CPP facilitator, Vilma Reyes.

Building upon this clinician's perspectives on CPP as a modality that promotes community healing, another clinician states their desire to become rostered in providing Child-Parent Psychotherapy. They explain that CPP is an approach which can help strengthen bonds, support co-regulation, and helps caregivers and children identify how to articulate their emotions, needs, and care for one another:

> *"I've always been very touched when I see how much a parent will love their child. And the harder part is seeing that it's not always clear to the child or even to the parent, that the child loves them too. And so I really was drawn to this model, and that it just highlights, you know, just strengthening that connection between parent and child and… helping them communicate in a way that they both can sense that love and that hope." -CPP Clinician*

HCN'S CHILD-PARENT PSYCHOTHERAPY STANDS OUT FOR CULTURALLY-ATTUNED APPROACH TO HEALING

HCN is a leader in providing culturally aligned services to the community. What this means is that there is intention behind *who* clients are matched with when receiving services. While the CPP program served clients of all backgrounds, the majority of children and families engaged in the CPP program were Latine-identified and Spanish speaking. Thus, families were thoughtfully matched with clinicians who shared their cultural background and were able to speak their preferred language.

Several of the Spanish-speaking clinicians emphasized the importance of being able to provide culturally-grounded services in the language that their families preferred. Clinicians cited that the opportunity to practice Child-Parent Psychotherapy in Spanish was exciting to them. Moreover, they noted that having the opportunity to provide CPP in Spanish helped them achieve their goals of bridging access and minimizing barriers for historically excluded communities:

> *"…to be able to provide therapy in Spanish, and you know, [helps to] minimize, or you know, close the gap on getting rid of barriers that get in the way of historically excluded communities accessing mental health services." - CPP Clinician*

HCN's CPP Program is a trauma-informed, community and culturally-grounded approach that helps clinicians promote intergenerational healing among children and families, and helps bridge gaps within systems of mental health care.

HCN'S CPP PROGRAM POSITIVELY IMPACTED CHILDREN AND CAREGIVERS

Caregivers Developed Confidence in Their Abilities

To explore the impact of engaging in CPP, we surveyed caregivers on their experiences with and perceptions of services received. Findings from our exploration of caregivers' experiences echoed many of the sentiments made by clinicians, substantiating clinicians' desires to engage in training.

We found that HCN's CPP Program positively impacted caregivers' own confidence and abilities. Caregiver participants highlighted the importance of their own inclusion in therapy sessions and agreed that HCN's CPP Program encouraged them to explore their own experiences of trauma and engage in practices towards healing. In fact, we found that over 83% of caregiver participants shared that HCN's CPP Program supported them across the following domains.

HCN's CPP Program: Caregiver Outcomes

- Increased confidence in parenting
- Enhanced caregivers' ability to identify their own needs
- Enhanced caregivers' ability to navigate difficult situations
- Taught caregivers strategies for managing their own feelings and behaviors

The Caregiver-Child Relationship was Strengthened

When caregiver participants were asked to report on areas of change in their relationship with their children, we found that over 83% agreed that HCN's CPP Program provided the following relational supports.

HCN's CPP Program: Caregiver-Child Support Outcomes

- Helped caregivers build a stronger connection with their child
- Helped caregivers better *understand* their child's feelings and behaviors
- Helped caregivers better *respond* to their child's feelings and behaviors

Toys for CPP play therapy kits.

We include caregiver voices via open-ended survey responses to illuminate the nature of the positive impact that HCN's CPP Program had on caregivers themselves and in their relationship with their child:

"What I have learned about my child's development is that my daughter is independent and smart. [Participating in therapy] is one of the best things that's happened to my daughter and I. [Therapy is a] Safe place to share your story and learn to cope."

"Working with [the CPP clinician] has given me the ability to bond with my daughter and my daughter is more trusting and open."

"The connection between my daughter and I has become more open."

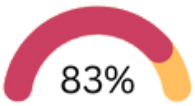
"I have been able to understand that my son does not want to misbehave but rather [he is] neurodiverse."

Culturally Aligned Relationships are Transformative

Caregivers echoed similar sentiments to CPP Clinicians' perspectives regarding how HCN's CPP program stands out for its culturally attuned approach. We found that a culturally aligned relationship between the HCN CPP therapist, the caregiver, and the child was particularly important in contributing to positive change. The majority of families receiving CPP as an intervention identified as Hispanic/Latine and were Spanish-speaking. In order to ensure services were culturally responsive to clients' needs, HCN worked diligently to provide clients with clinicians who matched clients' cultural identities and/or spoke their primary language. Because the majority of CPP clinicians identified as Latina and spoke Spanish, HCN was able to match up Latine-identified and Spanish speaking clients with clinicians whose identities and language capabilities matched.

Caregiver participants overwhelmingly affirmed the **importance of cultural alignment in therapeutic relationships:**

Caregivers said their cultural identities and values were respected and celebrated by their HCN CPP therapist.



Caregivers believed it was important for the HCN CPP therapist to share their racial/cultural background.

Caregivers emphasized the importance of having an HCN CPP therapist who speaks their preferred language.

We know from previous research that CPP outcomes rely on the strength of the relationship between caregiver, child, and therapist (Ippen & Lieberman, 2024). This evaluation finds that cultural alignment appears to support this foundational relationship:

Caregivers reported building a strong connection with their HCN CPP therapist.

Caregivers felt safe with their HCN CPP therapist.

Caregivers felt supported by their HCN CPP therapist.

Thematic analyses from caregivers' open-ended survey responses suggest that cultural alignment is not just a preference, but **a precondition to developing the trust needed to fully engage in the therapeutic process and experience the transformative impact of the CPP modality**. One caregiver further illustrated this importance.

> *"For me it's important out of comfortability and being able to feel heard and understood. I never thought its important or it mattered but being in therapy and dealing with a lot of different individuals gave me my decision."*

Another shared,

> *"It is very important to me to have a therapist who understands our language so we can communicate better."*

These reflections underscore the vital role of cultural and linguistic alignment in promoting a sense of safety and connection with their clinician. As the CPP clinicians also noted previously, providing services in a client's preferred language bridges critical gaps in care. Caregiver participants affirm this perspective by sharing how the culturally attuned clinician match made accessing and engaging in therapy significantly more seamless and effective.

Linguistically Aligned Services Delivered in Communities are Transformative

Survey responses from caregiver participants illuminated additional ways that HCN's CPP program made engaging in services easier for them. As an organization, HCN utilizes a mobile model for wellness services (e.g., community mental health). HCN's clinicians offering CPP provide the services in community spaces that are easily accessible for caregivers and their children. Thus, HCN's CPP program was delivered in a diversity of spaces including the client's school, home, and virtual settings. **100% of caregiver participants agreed that the structure of the HCN's CPP therapy sessions made it easy for them to engage in services.**

CPP Play Therapy toys.

Importantly, caregiver participants closely linked the accessibility of service delivery in community spaces to the fact that services were also offered in the languages spoken in those spaces. The following quotes demonstrate that service accessibility in terms of location and availability of services in Spanish were particularly important to facilitating therapeutic spaces that were promotive of change and transformation:

*"**Location, language, flexibility of time**. Made it easy. Our therapist is very understanding."*

*"Everything is fine because of the **language [match]** and the **schedule** is perfect, thank God everything is fine."*

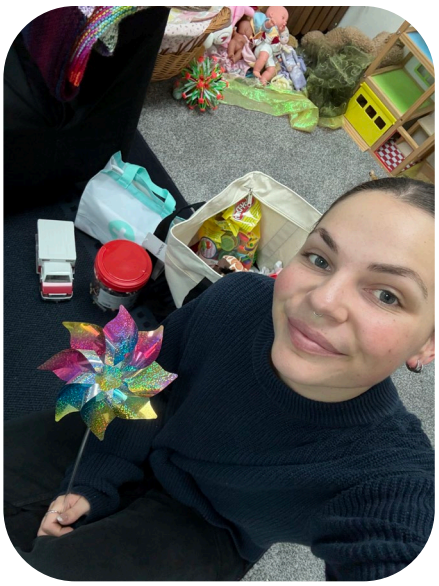
> *The therapist **speaks Spanish** and offered to have **therapy in my child's classroom.***
>
> - CPP Caregiver

Implications

Findings from this study illustrate the important motivations of HCN clinicians training in the Child-Parent Psychotherapy (CPP) modality. In addition, we find that engagement in HCN's Child-Parent Psychotherapy Program cultivates transformative shifts in caregiver-child relationships, fostering deeper emotional connections, improving co-regulation, and promoting emotional safety; these changes are vital for creating healthier, and more trusting relationships for long-term family well-being. Thus, training clinicians in CPP is not only important for professional development to deepen expertise in Infant and Early Childhood Mental Health clinical interventions, but is essential in promoting community wellness, healing, and thriving. Based on these findings, there are a number of implications for practice.

HCN's child-parent psychotherapy clinical training and implementation with clients stands out for its integration of HCN's culturally grounded framework. Child-Parent Psychotherapy, like many mainstream Infant and Early Childhood Mental Health interventions has been shaped by a Western world-view which often overlooks the cultural values and lived experiences of diverse families. This study reinforces recent findings in the literature that emphasize the importance of training clinicians to culturally adapt clinical interventions (Roller, Chen, & Volante, 2025). **Thus, a key implication of this study is that both programming and research on the CPP intervention must include a focus on families' cultural backgrounds in implementation.** This study demonstrates that alignment in the identities and lived experiences between clinicians and their clients have the potential to increase the effectiveness of CPP and contribute to client and family transformations.

In addition, a secondary implication of this study is the need for a diverse workforce of clinicians who are culturally and linguistically aligned with the families that they serve. This implication requires specific, and sustained investment to recruit, train, and retain clinicians with benefits like HCN's clinical training stipend and Spanish speaking clinical consultation group, who reflect the cultural and linguistic needs of families in San Francisco.



A CPP clinician assembling a play therapy kit.

Conclusion

The overwhelming satisfaction and positive impacts of HCN's Child-Parent Psychotherapy Program that were echoed by both caregivers and clinicians underscore the transformative and holistic impact of HCN's CPP Program on families' healing and relational well-being, as well as in promoting skills to enhance early relational health. This study emphasizes the importance of the CPP intervention when implemented in culturally aligned therapeutic relationships, where elements like lived experience, race, culture, and language, among others, are shared by the caregiver, child and clinician. Our findings suggest that when families are given access to a culturally responsive, trauma-informed, and relational clinical intervention for early relational health, they are able to engage in healing that spans across generations.

CPP clinicians in a training.

Background and Context Supplementary Materials

Literature Guiding this Evaluation Report

What is CPP?

Child-Parent Psychotherapy is an evidence-based, trauma-informed therapeutic intervention that facilitates healing from traumatic events for the caregiver-child dyad while helping the dyad move towards resolution (Lieberman et al., 2005). When traumatic events occur, a child's developmental expectations of their caregivers may shift, lessening the association of a caregiver with understandings of safety. Using play therapy, assessments of the caregiver and child, together and as individuals, and joint caregiver-child sessions, the caregiver and child are encouraged to process traumatic events and stressors together and identify triggers and maladaptive behaviors. A meta-analytic review of parent involvement in psychotherapy with their child was affiliated with additional benefits in comparison to children experiencing psychotherapy with no parental involvement (Dowell & Ogles, 2010).

CPP In Diverse Communities

Parents and children alike, regardless of socioeconomic status and racial background, can reap the benefits of CPP. A six-month follow-up on socioeconomically diverse, multiethnic children aged 3-5 who had been exposed to marital violence revealed that children who engaged in CPP treatment for at least one year had significantly fewer behavioral problems than those who did not; additionally, mothers exposed to marital violence who engaged in CPP treatment with their child reported significantly lower severity of symptoms related to distress and mental health symptom severity (Lieberman et al., 2005). CPP has also proven effective in changing attachment classifications for maltreated infants. Relationship-based interventions like CPP have facilitated significantly greater changes in attachment classification compared to results associated with standard behavioral interventions (Stronach et al., 2013).

CPP as a Trauma-Informed Practice

Adverse childhood events (ACEs) and traumatic events are very common within adult and childhood experiences, adversely affecting an individual's physical, social, emotional, and spiritual well-being, and increasing the likelihood of intergenerational transmission of trauma if traumatic cycles are not broken (Liu et al., 2024). CPP is an intervention that sits at the intersection of evidence-based practices and lived experience, supporting the healing of not only traumatized children but also traumatized caregivers. CPP embraces parents/caregivers and family partnering together in support of the child. The idea of partnering together centers love, fosters hope, and is a dynamic that sets families and children at ease. Trauma-informed care principles, such as the development of a joint trauma narrative, allow both the caregiver and child to manage the effects

Literature Guiding this Evaluation Report (continued)

of trauma and reduce trauma-related symptomatology (Lieberman et al., 2005). According to the CPP website, studies demonstrate that CPP not only improves the quality of the caregiver-child relationship, but also improves children's mood, problem behaviors, trauma symptoms, and stress responses, and improves caregivers' mood, stress levels, trauma symptoms, and their relationship to their partner.

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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 Child-Parent Psychotherapy Program was led by Ronae Matriano, a Filipina woman and a small team that consisted of a Black multiracial woman, two Black bi-racial women, 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.

Homeless Children'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. 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 Child-Parent Psychotherapy

Child-Parent Psychotherapy (CPP) is a trauma-informed therapeutic intervention that supports family strengths and relationships and supports healing from stressful experiences while upholding family and cultural values. HCN created a cohort of clinicians who are part of an 18-month traineeship and learning collaborative, becoming well-versed and experienced practitioners in the key competencies and learnings of CPP. At the end of the 18-month traineeship, in October 2025, all trainees will be rostered as licensed CPP clinicians, thus achieving the following:

1. An increase in the number of clinicians trained in Child-Parent Psychotherapy evidence-based practices.
2. An increase in HCN's capacity to provide children and families with evidence-based practices.
3. Support for HCN's ability to scale up the delivery and implementation of CPP over the next two years.
4. Assistance with the expansion of trauma-informed behavioral health services across various settings through HCN's network of community partners and service providers.

CPP clients may belong to special populations such as low-income families; migrant workers and immigrants; non-English speakers or Limited English Proficiency; people experiencing homelessness; and/or individuals in foster care or child welfare programs. Clients that participate in CPP at HCN are often experiencing one or more of the following stressors: traumatic experiences; low income status; homelessness; and/or behavioral/emotional needs.

The CPP Training Program

Since the launch of the training program in July 2024, CPP trainees participated in active learning opportunities such as bimonthly consultation calls with HCN's contracted CPP facilitator, Vilma Reyes from UCSF's Child Trauma Research Program (CTRP), to support staff in their adherence to the fidelity of the CPP model. The CPP facilitator has engaged CPP clinicians in ongoing didactic trainings, offering opportunities for CPP clinicians to immerse themselves in the theoretical knowledge required for child-parent psychotherapy implementation and engage in case-based learning. In addition, quarterly program meetings provide ongoing training opportunities for clinicians with a focus on fidelity measures, bridging the gap between research and practice. HCN staff clinicians outside of the CPP traineeship have been encouraged to engage with the CPP modality via optional staff trainings, including a three-day intensive training to kick off the 18-month traineeship in July 2024.

HCN's Child-Parent Psychotherapy (continued)

HCN's CPP Program staff met with the Children and Youth Behavioral Health Initiative (CYBHI) several times over the course of the traineeship to shape expectations for the program, specifically equitable practices and best practices for implementation. Additionally, HCN's Director of Behavioral Health Services, Clinical Training Program Manager, and Child-Parent Psychotherapy Clinical Program Manager/Supervisor, worked closely with HCN's leadership team to ensure the integration of the CPP model in HCN's approach to training, clinical supervision, and service delivery, ensuring the sustainability of HCN's implementation of the CPP modality.

CPP In Practice

HCN staff undertook outreach and marketing to inform the community that HCN was now providing CPP. This included meetings and presentations with community partners, prompting direct referrals from family child care centers, family resource centers, early childhood communities, and UCSF. HCN also received referrals for CPP services from the San Francisco Department of Public Health's Office of Centralized Care.

HCN's CPP Traineeship clinicians work within HCN's Ma'at Program and General EPSDT Program, broadening the implementation of the CPP modality among the marginalized communities HCN serves. When clients receive CPP therapeutic services, HCN's staff provide services to the parent-child dyad and/or the family dyad if more than one caregiver is available; siblings may also be incorporated into therapy services.

New caregiver-child client dyads meet with CPP clinicians one-on-one, allowing the clinician to assess the clients' history, needs, challenges, strengths, and values; these components come together to create a therapy plan for the family. Clinicians meet with clients weekly, helping children and parents understand each other, discussing difficult experiences, and facilitating developmentally appropriate responses to difficult emotions.

Clinicians monitor changes in children's mental health and well-being through the National Outcomes Measurement System (NOMS), which gathers information about clients' symptomology over time; clients' baseline data is collected at the start of services and again at the mid-point of client engagement.

HCN's Child-Parent Psychotherapy (continued)

In addition to NOMS scores, clinicians use the Child and Adolescent Needs Assessment (CANS), a strengths assessment that identifies the needs and strengths of children and their families. Similar to the NOMS, clinicians implement the CANS during the initial assessment phase and again at midyear and annual timepoints to track improvements in outcomes.

In alignment with HCN's mobile model for wellness services, CPP clinicians prioritized offering services in locations that are easy for clients to access, including HCN's office, the client's school, the client's home, and virtual spaces. As play therapy is a significant component of this evidence-based practice, clinicians utilized mobile play-therapy kits to deliver services when away from HCN's clinic spaces. Play therapy kits were made possible through a generous contribution from the Ashbury Foundation.

Gratitude

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