

BLACK BIRTHING HEALTH INITIATIVE AT HOMELESS CHILDREN'S NETWORK

Findings from July 2024 to June 2025



HOMELESS CHILDREN'S
NETWORK

This report was prepared by Indigo Cultural Center as part of an independent evaluation of Black Birthing Health Initiative. 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, Black Birthing Health Initiative, and the literature guiding this report are available at the end of this report in the section, *Background and Context*.

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Free giveaway items at BBHI's Seasons of Support event in Winter 2024.

Introduction

PURPOSE OF THIS REPORT

The purpose of this report is to share the findings of our process evaluation of the Black Birthing Health Initiative (BBHI) at Homeless Children's Network (HCN). Through partnership with the San Francisco Department of Health (DPH), HCN developed BBHI to support Black birthing people and communities. This initiative is designed to promote mental health and wellness, provide client-centered and culturally tailored care, and ensure accessibility to essential services for Black/African American birthing individuals and their families in San Francisco. This program serves individuals of all backgrounds, and brings focused expertise to uplift Black birthing people through services that are reflective of their cultural identity and lived experiences.

This report details the result of a collaborative process evaluation, designed to document the intentional development, design, and launch of the BBHI Program. This evaluation focuses on how BBHI was created, the values and experiences shaping its design, and the foundational activities and structures needed to support its success in line with HCN's contracted deliverables for this year of the program.

HCN's Black Birthing Health Initiative's Contracted Performance Objectives for the 2024-2025 Fiscal Year

HCN's BBHI Program achieved performance goals across an extensive list of metrics for services provided.

HCN's BBHI Program achieved the following:

Objective	Actual	Status
Recruit and hire 5 culturally responsive staff	5 staff hired	Objective Met
Connect with 10 community Black led/serving community organizations	40 Black led/serving organizations	Objective Exceeded
Create a training curriculum	Created culturally specific Black Birthing Village training curriculum	Objective Met
Prepare space for service delivery	Held a BBHI Open House with over 100 attendees	Objective Met

Detailed information about HCN's BBHI Program's achievement of contracted performance metrics seen in the tables on page 17.

In line with a Community-Based Participatory Research (CBPR) rooted in equity, HCN's staff, including the HCN BBHI leadership team, collaborated with the Indigo Cultural Center team on every step of this process evaluation: design, data collection, and interpretation.

This process evaluation sought to accomplish the following goals:

1. To detail a BBHI theory of change for how and why change and transformation is expected for Black/African American birthing people.
2. To create a BBHI logic model that describe the developed initiative including the relationships between initiative inputs and resources, activities, and intended outcomes
3. To demonstrate BBHI's early implementation progress and impact, which includes
 - a. Progress and adherence to funder-specified performance metrics
 - b. Community trust-building and ecosystem integration

A combination of listening sessions, surveys, and focus groups were implemented by the Indigo team to collect process evaluation data. Listening sessions were scheduled regularly between February and June 2025 with BBHI and HCN leadership to examine and understand the administrative organization of the program and implementation. Surveys were distributed to a co-creation group in June 2025 which included BBHI staff and community members who contributed to the co-creation of BBHI curriculum. A virtual focus group was conducted in June 2025 with BBHI staff members. Finally, we utilized administrative data tracked by BBHI program staff.



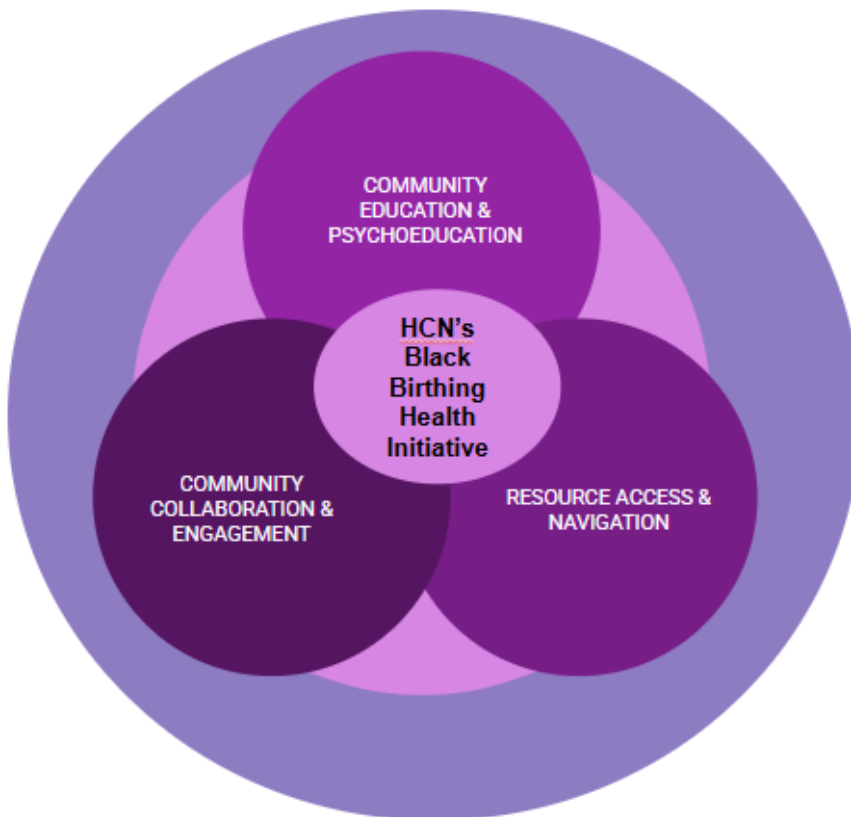
BBHI's Program Manager and Community Referral and Engagement Specialist with diaper and toy donations.

Process Evaluation Findings

THE CREATION OF BLACK BIRTHING HEALTH INITIATIVE

The emergence of Black Birthing Health Initiative was not incidental — it was a deeply intentional process grounded in the values and legacy of HCN. The vision for HCN's Black Birthing Health Initiative (BBHI) was born years ahead of the June 2024 program launch in response to local disparities in Black maternal health. The San Francisco Department of Public Health's 2019 Community Health Needs Assessment findings revealed a Black/African American maternal mental health crisis that has received insufficient attention and predated more recent compounding events, such as the COVID-19 pandemic. Research determined that 21% of Black/African American new mothers experienced pre-natal depression, and women with Medi-Cal insurance were more than 2.5 times more likely than women with private insurance to report prenatal depressive symptoms (24.1% vs. 8.9%). Through collaborative evaluation activities including staff focus groups, visioning sessions, and community conversations, we traced how BBHI was conceived, named, and structured to extend HCN's mission in service of Black birthing people.

For decades, HCN has served as a hub for both mental health and community resources for individuals experiencing homelessness, who were formerly homeless, or at-risk children, youth and families. Thus, the creation of BBHI was a natural extension of HCN's existing work and values and was created in this specific juncture in time in response to growing awareness of the urgent needs facing Black birthing people. In fact, BBHI draws on the legacy of the Ma'at Program, enforcing Afri-centric wellness approaches as a means to improve behavioral health outcomes through workshops and trainings as opposed to individual wellness services. Importantly, BBHI fits within HCN's broader offering of services and is not intended to function as a separate, siloed service. That is, BBHI is an extension of HCN's longstanding commitment to homelessness by contributing to an expanded definition of what "home" means — not just the absence of homelessness, but the creation of spaces where Black birthing people and families can feel truly safe, seen, and supported.



Visual representation of BBHI's connection to HCN's areas of focus.

HCN's founder and CEO, Dr. April Y. Silas, shared the following quote about BBHI,

"When I think about home, I think first and foremost about safety, I think about what that looks and feels like. To me, BBHI is about welcoming our potential clients, their families, and our communities to feel like this is like another home for them. It's a place of many resources. It is not just a place where people can feel safe and well, of course, but where they can move beyond survival mode to feel empowered. What we're trying to do is create a space where people feel at home, feel safe, and are able to dream, to create, and to imagine what's possible for themselves and their loved ones."

Thus, Black Birthing Health Initiative was created with the intention to support families not only in meeting immediate needs but in moving beyond survival and into empowerment, imagination, and the possibility of thriving.

BLACK BIRTHING HEALTH INITIATIVE'S THEORY OF HOW CHANGE OCCURS

Throughout our collaborative process evaluation, we worked to learn about how and why BBHI expected to lead to change and transformation. Through this information, we were able to co-develop a theory of change. A theory of change is a comprehensive roadmap that explains how and why a program is expected to lead to change for the populations served. A draft of the resulting *BBHI Theory of Change* draft can be found in Appendix A and is described in the section below.

The BBHI team shared a clear vision for their collective work. **The goal of BBHI is to improve health equity and maternal health outcomes for Black birthing people and their children up to age three by providing culturally specific, trauma-informed, and holistic support that promotes Black healing, wellness, and liberation.**

The team shared that they are able to achieve this goal through the establishment of three key conditions or pathways:

1. **Relationships cultivated with Black birthing persons emerged as a key pathway.** Important to these pathways are that the BBHI staff establish trusting and psychologically safe relationships with the clients. In addition, that as Black birthing people are served by BBHI, they too are supporting and being supported

by the community, and this positions them to bridge connections to community resources and in reciprocity benefit from these connections, advocate with clients, and be a part of the collective work and network in service to Black birthing people.

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[BBHI is] a... culturally tailored, trauma-informed care program for Black birthing persons and their families, and... really to support... to provide mental health support, and... education around breaking the barriers and stigmas of mental health in the Black community, and a resource to inform and to empower our people.

- BBHI Staff Member

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2. **Black Birthing Health Initiative's provision of care is intentionally distinct from Eurocentric medical models as a key pathway.** In fact, a staff member focus group participant shared, "[the] birthing field is very heteronormative, very CIS, cis-gender focused. [The BBHI] model is different."

BBHI's distinct model of care includes:

- a) accessible and free services,
- b) services provided in physical spaces that are designed to feel non-medical and welcoming, diligently avoiding the replication of clinical or oppressive environments,
- c) extension of services from pregnancy and throughout infancy and childhood up to the age of three,
- d) utilization of Afri-centric and community-based models of healing that are intentionally culturally congruent and affirm Black identities and lived experiences.

3. **The third key pathway is that BBHI providers hold unique capacities.** Specifically, that BBHI care providers have the capacity to deliver care that is both trauma-informed and culturally grounded; and that they are committed to healing justice, cultural humility, and anti-racist practice.

When these pathways or conditions are in place, BBHI can achieve its goal to improve health equity and maternal health outcomes for Black birthing persons by increasing awareness of and action against maternal health disparities rooted in racism and systemic oppression, strengthening a village model of care and mutual support for Black Birthing persons, and ultimately, creating a ripple effect of healing, advocacy, and system change across the community and the workforce.

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"In the beginning, we're first meeting clients and getting to know them and providing a safe space for them, and not making them feel like this is just another appointment, doctor appointment, or whatever the case may be."

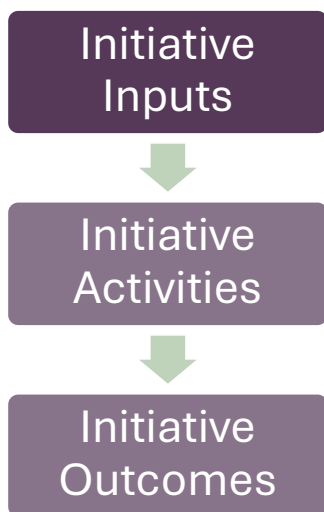
- BBHI Staff Member

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BLACK BIRTHING HEALTH INITIATIVE'S LOGIG MODEL

Throughout our collaborative process evaluation, we worked to document the specific details of the Initiative, including the inputs and resources, activities, and outcomes of BBHI. Through this information, we were able to co-develop a logic model. A Logic Model is a structured, visual framework that shows the logical flow of a program (see a sample visualization of these elements below). A draft of the resulting *BBHI Logic Model* draft can be found in Appendix B and is described in the section below.



What are BBHI Program Inputs?

In a logic model, program inputs are the resources that are put into a program that support the ability to carry out the program activities. Inputs can be thought

of as what is invested to make the work happen. Through our evaluation process, we co-construct the essential inputs for BBHI that are organized by three interrelated areas: 1) Staff characteristics and experiences, 2) BBHI's provision of ongoing support and training, and 3) the BBHI programming context.

1. Staff Characteristics and Experiences as Inputs

The first input area that emerged from the evaluation process are the characteristics and experience of the BBHI staff. These are the characteristics and experiences that the staff bring into BBHI before they begin receiving any training or supports from the initiative. Further, these factors motivate BBHI's hiring to ensure the workforce is grounded in cultural relevance, trust, and community alignment. The following characteristics were consistently identified across data collection activities:

- Identities reflective of communities served: Black Birthing Health Initiative seeks to develop a workforce whose racial, cultural, and community identities resonate with those of the participants. Cultural congruence or shared identity fosters relational trust, a sense of safety, and helps to dismantle traditional power dynamics in health and mental health systems.



HCN's CEO, Dr. Silas, addressing HCN staff and community members at BBHI's Open House.

- Lived familial experience: Black Birthing Health Initiative values staff who bring personal or familial experience supporting loved ones through pregnancy, birth, and postpartum care. This perspective helps cultivate empathy and practical understanding in client relationships.
- Critical consciousness: It is important that staff demonstrate awareness of systemic inequities — including racism, medical violence, and economic injustice — that affect Black birthing outcomes. This consciousness strengthens advocacy, builds trust, and aligns staff with BBHI's commitment to equity and justice.
- Previous experience in maternal health (mental and physical): Previous experience or training in maternal, perinatal, or infant mental health; doula or birth work; lactation support; or other related areas is important for staff to possess before being hired by BBHI. This professional background deepens the team's capacity to provide informed, holistic care.
- Clinical training/experience: While lived and community knowledge are prioritized, staff with clinical expertise contribute valuable skills to the BBHI team, particularly in supporting perinatal mental health.

- Cultural/linguistic background fluency: Black Birthing Health Initiative prioritizes staff who speak the languages and understand the cultural frameworks of the communities they serve. This fluency allows for more meaningful communication and creates a sense of cultural safety for program participants.
- Lived experience as mothers: While not required, staff who have experienced pregnancy and parenting themselves often bring deep insight into the emotional, physical, and social dimensions of the birthing journey, enhancing their ability to connect with and support clients.



2. Training and Internal Supports as Inputs

The second area that emerged from our collaborative work is the ongoing support and training BBHI provides to its workforce. This is the internal infrastructure BBHI provides to foster an aligned, culturally rooted, and continuously growing workforce. These supports are designed to cultivate a shared worldview, deepen clinical and relational capacity, and protect the emotional and professional well-being of the workforce. Black Birthing Health Initiative aims to offer the following supports and trainings:

- Training in culturally responsive care in order to honor and adapt to the cultural beliefs, practices, and needs of Black birthing people and families. This includes frameworks for culturally safe communication, advocacy, and engagement.
- Training in Afri-centric mental health care to center African worldviews in BBHI's mental health practices. Staff are supported to understand and apply Afri-centric principles that acknowledges the role of racism and other forms of oppression on Black birthing people and birth outcomes, recognizes and build upon the inherent strengths and resilience of birthing people, families, and communities, and prioritizes collective healing and care, ancestral wisdom, and liberation-oriented approaches to wellness.

- Access to clinical training to develop or deepen clinical knowledge related to perinatal mental health, trauma-informed care, infant and early childhood mental health, and related areas. These trainings support staff in navigating complex Client needs while maintaining high-quality care.
- Ongoing reflective practice so that BBHI staff can process their work, explore the emotional dimensions of care, and remain grounded in BBHI's guiding values. This support helps prevent burnout and sustains alignment with the program's holistic, healing-centered approach.

3. Community-Rooted Infrastructure as Inputs

The final input area that was emphasized across evaluation activities are the BBHI context or program specific elements that enable the delivery of services. These include the structural, logistical, and community-rooted conditions that make the initiative possible and effective. These program-specific elements represent the broader ecosystem that supports BBHI's vision and delivery model:

- Sustainable funding and infrastructure: Black Birthing Health Initiative operates through funding and organizational infrastructure that ensures services are provided at no cost, are timely, and are accessible to participants. This resourcing allows the program to prioritize community need over reimbursement models, reducing typical barriers to care.



BBHI's Therapist at the BBHI Open House.



BBHI's Program Manager interacting with a community member at the BBHI Open House.

- Established culturally aligned workforce: The initiative is designed around a team whose lived experiences, cultural identities, and professional practices reflect and resonate with the communities served. This alignment is foundational to building trust and offering affirming care.
- Safe, welcoming, and non-medicalized spaces: Black Birthing Health Initiative intentionally offers services in physical environments that are welcoming, safe, and free from the medicalized environments that have historically caused harm to Black communities. These spaces are designed to promote comfort, dignity, and openness.
- Established network of community partnerships: Black Birthing Health Initiative functions within a rich ecosystem of collaborators, including local service providers, advocacy groups, and referral networks. These partnerships extend the reach of the initiative and support holistic care coordination for families.
 - a. Community Co-Creation Group: A central feature of BBHI's model is a

community-led Co-Creation Group with individuals who predominantly identify as Black and providing services to Black birthing people. The group offers guidance, oversight, and feedback to BBHI. This body ensures that the program is accountable to the community, and that services reflect lived experience and collective wisdom.

- b. Referral partners: Black Birthing Health Initiative maintains relationships with a wide range of health, mental health, and social service organizations. These referral partnerships allow for warm handoffs and ensure that participants can access wraparound supports beyond BBHI's direct services.
- c. Advocacy groups: The initiative is connected to local and regional advocacy groups that work toward reproductive justice, maternal health equity, and systems change. These alliances allow BBHI to amplify community voice and participate in broader structural reform.



What are BBHI's Activities?

In a logic model, program activities are specific descriptions of the services provided by the program and the elements that make up programming. Though the activities detailed in this section were intended to be an exhaustive list that emerged from all of our evaluation activities, it is likely that as programming begins, there may be shifts or departures from what is drafted. Thus, this section serves only as a starting point from which BBHI can continue to revisit and revise to ensure alignment. We grouped the co-constructed BBHI activities into three overarching areas of service: 1) Direct services, 2) workforce development and systems change, and 3) community engagement and ecosystem building.

1. Direct Services for Black Birthing People and Families

- Culturally specific mental health counseling: Individual, group, and family therapy sessions led by Black clinicians who understand and reflect the lived experiences of Black birthing

people. This care affirms cultural identity, addresses trauma, and supports perinatal and family mental wellness.

- Culturally specific childbirth education: Interactive education offerings tailored for Black birthing people, support partners, and families. These sessions are co-created with Black community leaders, grounded in culturally relevant knowledge, and challenge dominant medical narratives.
 - Resource linkage and advocacy: Black Birthing Health Initiative staff offer hands-on support in navigating systems and connecting participants to essential services like housing, food, childcare, and financial assistance — recognizing that well-being is holistic and structural.
- ### 2. Workforce Development and Systems Change
- Training and professional development for the broader workforce: Educational offerings that build capacity in Afri-centric, culturally responsive, and trauma-informed perinatal mental health care. These are offered to health and social service professionals serving Black birthing families.

- a. Train-the-trainer courses: Advanced trainings that allow experienced community members or clinicians to build facilitation skills and expand the reach of BBHI principles across systems.

- c. **Peer training and workforce pipeline:** A component of BBHI dedicated to training and uplifting community-rooted peers to support birthing people, contributing to a culturally congruent and sustainable care workforce.
- d. **Peer support for providers:** Acknowledging the emotional labor of frontline workers, BBHI also provides reflective and relational support for providers serving Black birthing communities, helping them sustain their practice with integrity and care.

3. Community Engagement and Ecosystem Building

Community Wellness:

- **Psychoeducational and generational healing groups:** Groups provide education on mental health and parenting while creating space for intergenerational healing, cultural reconnection, and the deconstruction of stigma surrounding emotional well-being.
- **Black Birthing Village:** A culturally rich space (virtual or physical) that brings together birthing people, elders, clinicians, and peers to reclaim collective knowledge, build community, and support healing through connection.
- **One-on-one counseling:** Personalized therapeutic relationships that allow Black birthing people to explore their individual experiences in a culturally safe and trauma-informed setting.

- **Peer support for individuals supporting Black birthing people:** Emotional and practical support provided by community members or trained peers who have experience walking alongside birthing people. This helps deepen familial and community engagement in the birthing process.
- **Off-site programming:** Services provided outside of traditional clinical settings — including in homes, community hubs, or trusted spaces — to reduce barriers to access and increase trust.

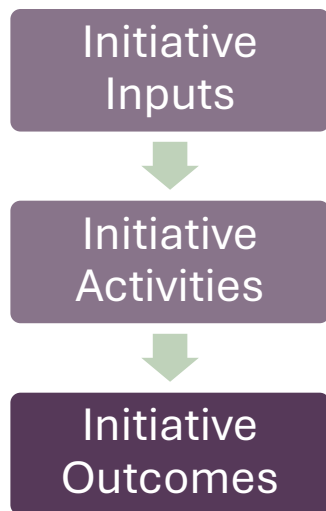
Community outreach and awareness-building:

- **Monthly newsletters** and digital outreach to keep the community informed and connected
- **Participation in partner events** to strengthen relationships and amplify shared goals
- **Community presentations** to advocate for culturally specific approaches and normalize conversations about perinatal mental health

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The visibility and the presence of Black perinatal professionals in these spaces opens the door to talk about things people normally don't talk about.

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What are the Outcomes of BBHI (What Changes or Transforms)?

Finally, we detail the outcomes expected to result from BBHI. These outcomes reflect the changes and growth that the BBHI team and their partners anticipate when Black birthing people and families engage with their programming. The outcomes detailed below reflect BBHI's vision for transformation at the individual, family, and systems levels.

Short-Term Changes We Expect

Short-term outcomes represent early, measurable changes that can occur after participating in BBHI activities. This process evaluation identified short term outcomes that fall into four overarching areas of impact: Increased knowledge and awareness, increased health access and engagement, increased social connection and support, and increased empowerment and self-advocacy. Within each of these areas, specific, measurable

outcomes were identified that could be expected from BBHI programming.

Increased Knowledge and Awareness

- Mental and physical health knowledge: Birthing people and families learn to recognize signs and symptoms of perinatal health and mental health challenges, contributing to earlier help-seeking and stronger self-awareness.
- Childbirth & parenting knowledge: Culturally relevant education empowers families with information that is affirming, practical, and tailored to Black birthing experiences.
- Cultural and critical awareness: Participants and providers deepen their awareness of how racism, history, and culture shape health outcomes — supporting more intentional, liberatory care.
- Care/provider awareness and learning: Providers who engage with BBHI trainings and communities of practice expand their ability to offer culturally responsive, trauma-informed care grounded in Afri-centric values.

Increased Health Access and Engagement

- Increased engagement in mental health services: Birthing people are more likely to seek and remain in care that feels affirming, respectful, and relevant to their lived experiences.

- Reduced stigma surrounding mental health & support seeking: Black Birthing Health Initiative's culturally grounded approach helps normalize mental health challenges and frames care as a collective act of strength and resilience.

- Improved perinatal health: Participants receive timely support and information that contribute to safer, healthier birthing experiences.

Increased Social Connection and Support

- Increased perceived sense of support: Participants feel less isolated and more connected to a community of care that understands and affirms them.
- Improved connections and actual support: Participants receive more actual support (baby supplies, advice, encouragement, spiritual support, advocacy, and other helpful actions) that helps them meet their needs, reduces their stress, and helps improve their mental health.
- Improved sense of community belonging: Through participation in BBHI spaces, birthing people and families experience belonging rooted in cultural connection, joy, and shared healing.
- Improved healthy familial relationships: Families are equipped with tools and support to strengthen communication, emotional regulation, and connected parenting practices.

- Increased partner or support person involvement: Partners and extended family are invited into the birthing process with respect and intention, enhancing holistic care.

Increased Empowerment and Self-Advocacy

- Improved maternal agency/confidence: Participants report feeling more in control of their decisions, boundaries, and birthing experiences.
- Increased empowerment for self-advocacy: Birthing people are better equipped to navigate systems, communicate needs, and demand respectful, culturally aligned care.



Long-Term Changes We Expect

The BBHI team and their partners shared their hopes for longer term impacts and outcomes that transform systems of care. These outcomes result from consistent change and growth in birthing persons, families, and providers that ultimately result in a shift at the community and systems level. These outcomes are not only indicators of success but reflect what healing justice looks like in practice. The BBHI long term outcomes include:

- Reduced Black birthing mortality rates: By addressing both immediate needs and systemic barriers, BBHI contributes to reversing preventable and racially disproportionate maternal deaths during the pregnancy up to one year postpartum.
- Reduced rates of pre-term births: Holistic support that extends from mental health care to resource navigation helps reduce stress and increase conditions for healthy, full-term births.



*Community members and HCN staff
at the BBHI Open House.*

- Increase in culturally responsive/appropriate workforce: Through training, peer development, and workforce investment, BBHI is building a pipeline of clinicians, peers, and providers who reflect and serve Black communities with integrity.
- Improved maternal & child health/service use: Families who receive timely, culturally safe care are more likely to seek care ongoing, and also to thrive during and after the perinatal period.
- Widespread cultural critical consciousness: As providers, families, and communities engage with BBHI, collective understanding of racism, trauma, and collective healing grows — seeding change far beyond individual interactions.

“My hope is to really create awareness, but not just awareness...awareness, change, action in regards to black maternal health and the disparities and disproportionate rates in the healthcare system that we deal with, and really to break those barriers and disrupt the system.”

“My hope is just to overall, like, boost the ecosystem, boost the offerings, and remind the city and ourselves that we're here and that we deserve to be here, and that, yeah, creating, like a beautiful, robust, just like [...] a place to land, that we are a place that the Black person and their family can trust.”

BLACK BIRTHING HEALTH INITIATIVE'S EARLY IMPLEMENTATION PROGRESS AND IMPACT

HCN's BBHI Successfully Met Performance Objectives

For the 2024-2025 fiscal year, BBHI successfully met all of their performance objectives. Objectives were identified alongside a corresponding outcome goal. As BBHI's inaugural year, all performance objectives focused on building a strong foundation to the program and its infrastructure, including creating community trust-building and ecosystem integration. The objectives are outlined in the table below.

Black Birthing Health Initiative Performance Objectives			
Process	Intended Outcome	Actuals	Result
<i>Develop & Implement BBHI:</i> Hire all staff, develop administrative processes, and prepare space for service delivery.	HCN will be fully staffed with 5 FTEs and ready to conduct all activities by April 1, 2025.	BBHI was fully staffed as of March 2025.	Achieved
	An open house will be held in April 2025 to present the BBHI office to community stakeholders.	The BBHI open house was held for community stakeholders in May 2025.	Achieved
<i>Ensuring a Culturally Appropriate Mental Health Practitioner Workforce:</i> Identified contractors will be hired to strengthen HCN staff capacity and knowledge in providing Afri-centric modes of healing and engagement for birthing persons to develop population-specific expertise.	HCN will hire the Black Birthing Health Consultant by November 2024.	The Black Birthing Health Consultant role was filled in June 2024.	Achieved
<i>Mental Health Prevention and Promotion Services:</i> BBHI will connect with and learn from 10 organizations to build upon opportunities for creating a strong model of engagement and services.	BBHI will connect with 10 Black led or Black serving programs and/or community organizations by June 30, 2025.	BBHI connected with a total of 57 community organizations. Of which, 40 were Black led or Black serving organizations.	Achieved
<i>Training Strategies and Peer Support:</i> Research and identify successful train-the-trainer models and curriculum for Pregnancy/Postpartum Mental Health Professionals who will train other mental health providers, who will then train their colleagues in Afri-centric whole person wellness services.	BBHI will complete a final draft of the training curriculum by June 30, 2025.	The final draft of the BBHI curriculum was completed in May 2025.	Achieved



Program Staffing

A critical component of the successful launch of the BBHI program was fully staffing the team. This included:

- Program Assistant
- Community Referral and Engagement Specialist
- BBHI Therapist
- BBHI Consultant
- Program Manager
- Program Director

Each member of the BBHI team brings their expertise in Afri-centric approaches to healing and education for Black birthing persons to the program, increasing program capacity, and offering support with the creation and implementation of the BBHI curriculum.

Open House

BBHI hosted an Open House in May 2025. Through the Open House, BBHI reached 100+ attendees, including pregnant and parenting individuals, community members, staff from partner organizations and local non-profits, healthcare providers, and staff and program participants from HCN's suite of programs. Eleven Black-led organizations and 8 Black-serving organizations were in attendance. Guests were given a tour of the space, introduced to the program and staff, and given an opportunity to provide feedback and ideas; attendees

emphasized their excitement about HCN's expansion into Black maternal health services:

"What an incredible space + program! Congratulations and thank you for all you do!"

"Congratulations on a beautiful space for Black Birthing Families <3"

Curriculum

The BBHI Program Team leveraged the expertise and knowledge of the BBHI consultant to create The Black Birthing Village program curriculum, which provides culturally specific childbirth education and training to Black birthing people. Over the course of six sessions, participants learn about how to have a thriving pregnancy and postpartum journey.

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"This brings me so much joy as a new organization and [Executive Director]. I am able to see clearly planting seeds are important and be ready cause they will reap a HARVEST!"

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Black Birthing Health Initiative's Community Trust-Building and Ecosystem Integration

One primary goal of this evaluation was to identify how BBHI has embedded itself within its ecosystems. The Indigo team explored this goal in three ways, including at the organization level (e.g., within HCN), at the community collaborator level, and at the community outreach level. HCN prides itself on the multitude of resources the organization provides to the San Francisco community through its many programs. A key component of organizational synergy, and more specifically all-around support for community members, is the communication between programs. Such communication is a vital component to successfully providing encompassing/wraparound/whole-person support to individuals within the community.

Starting at Home

Black Birthing Health Initiative leadership was intentional throughout their program development process to ensure that they built strong foundations “at home” within HCN. The prioritized HCN Client and staff voices to move BBHI from an idea to a program. Clinicians from multiple HCN programs provided insight regarding how BBHI is communicating across programs within HCN, successfully avoiding the siloing of information that can often arise in large organizations.

Black Birthing Health Initiative was introduced to HCN staff and progress toward their official deployment was continuously communicated at all-staff

meetings since the program's inception. HCN Clinicians relayed having heard about the program from not just staff meetings, but from meetings with HCN leadership, from regular online meetings, from direct conversations with BBHI staff, as well as from announcements from HCN's founder and CEO.

HCN has effectively ensured that **staff at multiple levels are able to identify BBHI, accurately describe the goals of the program and who they serve, and identify who to contact for internal referrals.** One clinician shared that “HCN aims to provide community support to San Francisco's underserved populations. Black Birthing Health Initiative addresses the mental health aspect for a group of people who often face treatment and mortality disparities in maternal health systems.” This demonstrates how BBHI is a natural extension of HCN's mission and reach.

Beyond the extended understanding of BBHI, HCN clinicians further illustrate their support, trust, and investment in the program through their own hopes for BBHI's success:

“[My] hope is for the larger SF community to learn about the great services BBHI offers and [I] hope they can access the support while on their birthing journey! I think it will make a huge difference for the Black community to have a space specifically designed to meet their needs!” - HCN Clinician

“Black Birthing Health Initiative will be a valuable resource for families to have support with mental health needs through their journey” - HCN Clinician



Community Collaboration

Within the development of the program, the BBHI team intentionally collaborated with Black/African American community leaders and perinatal care practitioners (e.g., early childhood educators and care providers, mental health and medical professionals, etc.) to design a program that works in synergy with existing birthing support programs within the city of San Francisco. Black Birthing Health Initiative held two co-creation groups to garner the wisdom of these active service providers. Some participants in these co-creation groups reported having previous experience in similar spaces. One participant reported that in their experiences:

"[We] talk about all the things that need improvement! Not only do we talk about all the disparities black women face while pregnant, and giving birth. [We] also come up with resolutions and work really hard to implement those resolutions."

- Co-Creation Participant

The inclusion of community members steeped in the City's extant work towards Black birthing health embodies how BBHI is working to ensure their program is woven into the overarching system of pre-, peri-, and post-natal support for San Francisco families.

Beyond working in concert with community leaders, BBHI's community collaboration took care to ensure that collaboration space itself bolstered trust and belonging for those participating in the program's development. Another co-creation group participant expressed:

"What I'll remember most is the feeling of being in a co-design space with people who look like me and share my cultural background and beliefs. It created a sense of belonging, understanding, and mutual respect that deeply shaped the experience."

- Co-Creation Participant

The importance of the intentionality BBHI has exercised in this development process ensures that even community practitioners understand the impact the program intends to make.

Furthermore, BBHI is successfully embedding itself into the community through the maintenance of relationships with advisory community members beyond the initial co-creation group meetings. Many of the co-creation group participants expressed interest in continuing to serve in an advisory capacity. The success of this co-creation group is exemplary and demonstrates the value of shared commitment to building strong community relationships to provide an integrated and extensive Black Birthing Village for the families they serve. Due in part to extensive community collaboration and learnings, the BBHI team has successfully created a program curriculum around childbirth, infant care, and postpartum education; services were successfully launched in July 2025.

Reaching the Community At-Large

The program cannot be complete without the birthing people and families HCN serves. Black Birthing Health Initiative makes every effort to effectively



reach and engage the San Francisco community. Outreach and engagement is accomplished through multiple outlets:

- **Monthly newsletter** - The BBHI team members each contribute to a monthly newsletter distributed throughout the community
- **HCN social media** - Regularly scheduled posts about BBHI events and developments are crafted and shared via the HCN Blog, Instagram, Facebook, and LinkedIn
- **Community presentations** - BBHI develops and hosts ways to share out their mission, services, and support through community conversations, trainings, webinars, and more.
- **Community partner event tabling** - Opportunities at small- and large-scale events where potential birthing persons and their families may attend
- **Passive opportunities** - Organic opportunities such as word of mouth during conversations, walk-ins, casual community partner referrals, or other ways of earned awareness

The BBHI team is constantly seeking ways to share the program and services with potential, current, and previous clients. Additionally, the BBHI team conducted outreach with 50+ organizations in San Francisco, and successfully identified opportunities for partnership, potential for event collaboration, and thought-partners with target population knowledge and expertise. By combining planned interactions, promotional campaigns, and organic conversation, BBHI embraces the value of leaving no rock unturned.

Through these multifaceted, nested, and intentional efforts, BBHI has paved the way for their work by embedding themselves into the community at multiple levels and building trust with collaborators and clients along the way.

IMPACT STORY: From First Connection to Full Engagement – The Power of Consistent Outreach

In December 2024, BBHI hosted a powerful community-facing event designed to connect with Black birthing people and their families in an environment of joy, cultural pride, and community building. The event brought together birth workers, mental health professionals, and wellness practitioners, creating a space where attendees could ask questions, learn about our services, and feel seen. The BBHI interacted with potential participants who were curious about our counseling services and group workshops.

Over the months that followed, our team followed up consistently through phone calls, email check-ins, and personalized outreach. We weren't just offering services; we were building trust. In July, seven months after the event, BBHI officially launched services and our outreach paid off!

BBHI is proud that from the first interaction we have sustained connection and welcomed those participants to engage in our emotional support counseling and perinatal mental health support group. Through this, BBHI is reminded that community engagement isn't a one-time event, it's a sustained relationship built on patience, follow through and consistency- which leads to trust.

Conclusion

The present findings from this process evaluation demonstrate the development of BBHI's African-centered maternal mental health intervention, highlighting the centrality of ongoing community engagement to continue to build and expand the village, the programs, consistent messaging, and robust data systems. The initiative has laid a strong foundation — grounded in cultural care, trust, and healing — that positions it to address disparities and have a meaningful impact as it continues to grow. The learnings from this process evaluation serves as both a reflection tool and a launchpad for a successful implementation and preparation for evaluation and continuous improvement.

“

“My hope is to really create awareness, but not just awareness...awareness, change, action in regard to Black maternal health and the disparities.”

- BBHI Staff Member

”



BBHI's Program Director at the BBHI Open House.

Appendix A

Black Birthing Health Initiative Theory of Change

A theory of change is a comprehensive roadmap that explains how and why a program is expected to lead to change for the populations served. The co-development of BBHI's theory of change emerged through ongoing, iterative conversations with the BBHI team. We facilitated a series of collaborative sessions to explore program intentions, community needs, and the assumptions underlying BBHI's approach. After which, a theory of change was drafted by the Indigo Cultural Center Team and shared back with the BBHI team. Together, we held space for reflection, iteration, and the emergence of new insights, all of which contributed to the present *BBHI Theory of Change* draft. Importantly, the resulting theory of change is not fixed and should be seen as a working roadmap that will evolve as the program continues to grow and deepen.

Black Birthing Health Initiative Theory of Change

HCN's Black Birthing Health Initiative (BBHI) addresses the unique needs of Black/African American birthing individuals and their families by promoting mental health and wellness, providing Client-centered and culturally tailored care, and ensuring accessibility to essential services.

HCN's BBHI is grounded in the belief that equitable maternal health outcomes for Black birthing people and their children are achieved through culturally specific, trauma-informed, and holistic support that promotes Black healing, wellness, and liberation.

HCN's BBHI addresses the root causes of Black birthing health when...

- Staff and birthing people establish trust and psychological safety
- Care is culturally congruent and affirms Black identities and lived experiences
- Staff are committed to healing justice, cultural humility, and anti-racist practice
- Services are continuously co-created with the community
- Services are accessible and free via stable and sufficient funding
- Providers have the capacity to deliver care that is both trauma-informed and culturally grounded; and are committed to healing justice, cultural humility, and anti-racist practice
- Physical spaces are designed to feel non-medical and welcoming and diligently avoid the replication of westernized clinical or oppressive environments
- Services and supports extend the cap of services to serve families with infants and children up to the age of three
- Support is mutual and encourages the bridging of connections to community resources, advocacy, and collective networks in service to Black birthing people
- Afri-centric and community-based models of healing/traditions are emphasized, rather than a Eurocentric medical model.

When these conditions are in place, HCN's BBHI:

- Increases awareness of and action against maternal health disparities rooted in racism and systemic oppression.
- Strengthens a village model of care and mutual support for Black Birthing persons
- Creates a ripple effect of healing, advocacy, and system change across the community and the workforce.

Appendix B

Black Birthing Health Initiative Logic Model

Inputs	Activities	Mediators & Moderators	Outcomes
Staff • Lived familial experience • Lived experience as mothers • Cultural/linguistic background fluency • Critical consciousness • Previous experience in maternal health (mental & physical) • Identities reflective of communities served • Clinical training/experience Support & Training • Trainings • Culturally responsive training on Afri-centric mental health care • Strengths based approach to care/service • Clinical trainings • Reflective practice BBHI Context • Program funding and infrastructure that enables no-cost, timely, accessible services • Established culturally aligned workforce • Safe, welcoming, non-medical physical spaces • Established network of community partnerships • Co-Creation Group • Referral partners • Advocacy groups	• Culturally specific mental health counseling for individual birthing persons, family members, and groups • Culturally specific childbirth education for birthing persons and their families • Community wellness workshops • Culturally relevant psychoeducational groups • Generational healing • Community empowerment • Black Birthing Village • Off-site programming • Peer support (for individuals supporting Black birthing people) • Broader workforce trainings • Training the trainer courses • Peer training component/pipeline • Peer support (for providers supporting Black birthing people) • Community outreach and awareness-building • Monthly newsletter • Participating in partner events/tabling • Community presentations • Resource and service linkages and advocacy	Moderators (can control) • Relationship/alliance between BBHI staff & clients • Staff congruence with Client identities • Perception of culturally affirming safe space Mediators (extant/can't control) • Social determinants of health (housing, poverty, carceral experiences, education, etc.) • Generational trauma • Past experiences with birthing care providers and health care systems (hospitals, doctors, doulas, etc.) • Quality, availability, and accessibility of resources/external supports	Intermediate/Short term • Increased birthing person/family knowledge about mental and physical health (signs & symptoms) • Increased engagement in mental health services for birthing people • Reduced stigma surrounding mental health & support seeking • Increased perinatal health • Increased perceived sense of support for birthing people • Increased sense of safety and trust • Improved sense of community belonging for birthing people and providers • Improved maternal agency and confidence • Increased empowerment for birthing person self-advocacy • Increased knowledge about childbirth & parenting • Increased cultural and critical awareness for birthing people and providers • Improved healthy familial relationships among birthing people • Increased support partner involvement for birthing people • Increase care/provider awareness and learning Long term • Decrease in Black birthing mortality rates and racial disparities in maternal health outcomes • Increase in culturally responsive/appropriate workforce • Improved maternal & child health/service use • Widespread cultural critical consciousness • Decrease in pre-term births • Strengthened local care ecosystem



Background and Context Supplementary Materials

Literature Guiding this Evaluation Report

Maternal Mortality

In the United States, there are alarming rates of maternal deaths during pregnancy and up to a year postpartum. In fact, four out of five of the maternal deaths are preventable (Hoyert 2022). And, yet, unfortunately due to systemic racism and other forms of oppression, Black mothers are 3 to 4 times more likely to experience maternal death from pregnancy to 1 year after birth. Maternal mental health concerns are a leading cause of maternal deaths, more specifically, suicide, drug overdose, and homicide lead to 1 in 4 maternal deaths (Cambell, Matoff-Stepp, Velez, Cox, & Laughon, 202; McKee et al., 2020). A cross-cutting underlying risk factor for mental health-related maternal mortality is a history of mental health disorders or mental health concerns (Wisner, Murphy, & Thomas, 2024); therefore there is an urgent need to better address the physical and mental health needs of perinatal people. Perinatal women who experience more trauma and exposures to negative social determinants of health (SDOH) are at an increased risk of experiencing maternal mental health concerns, and experiencing issues of access to services and supports. Experiencing cumulative adversities creates health disparities that disadvantage Black mothers by leading to them experience more chronic, severe, and debilitating mental health concerns, and also adverse infant outcomes (e.g., prematurity, low birth weight, infant mortality) than mothers of other racial groups (Tabb et al., 2023).

Maternal Mental Health

Birthing and caring for babies and young children while Black and in the United States is a unique experience. Given the history and the contexts Black mothers are operating in, it is essential to facilitate access to accessible, acceptable, culturally responsive services and supports that acknowledge their unique experiences with discrimination and oppression, and collective healing.

Studies have well documented the underutilization of formal mental health services among Black women and mothers of young children. Among those for whom mental health services were acceptable, several barriers to access services have been noted (e.g. financial concerns, transportation, childcare, stigma, and discrimination). On the other hand, few studies have captured culturally rooted interventions or helping mechanisms, such as natural helping, mutual-aid or peer/group support, spirituality, and self-help, which may be mental health promoting, more accessible, safer, and culturally acceptable alternatives to formal mental health services (Parker, 2021). An Afrocentric approach that supports the whole birthing person, body, mind, and spirit, is an antidote to the historic and present maternal mortality and mental health crisis (Matthews et al., 2021).

Importance of African Centered Birthing Interventions

Afrocentric or African centered birthing interventions embody the values, beliefs, norms, traditions, history of people of African ancestry, who have survived in far from optimal conditions within the United States. From an African centered perspective, the maternal

Literature Guiding this Evaluation Report (continued)

mortality crisis is caused by racial oppression and isolation, and the remedy for that is connection to creator (high power, spirituality), culture, and community (Schiele, 2000). Further, acknowledging root causes of health inequities, namely structural racism and other forms of oppression, is essential. Several studies have outlined the number of systemic and structural factors contributing to the maternal mortality crisis, and in particular the centrality of provider bias and inadequate care (Chambers et al., 2021; Crear-Perry et al., 2021). Given this, the solutions for addressing these systemic issues must emerge from those most impacted, Black birthing people and their families and communities. Improving the delivery of care by co-constructing community-based interventions centering the needs and recommendations Black birthing people and Black providers is a pathway that will enhance services for all (Crear-Perry et al., 2021; Matthews et al., 2021).

Black mothers have shared their lived experiences and many recommendations to enhance care, and here we share a few:

- Address the patient provider communication and/or health literacy (Alio et al., 2022; Brailey & Statton, 2024),
- Improve provider education on culturally responsive and respectful care (Crear-Perry et al., 2021; Estriplet et al., 2022;)
- Enhance coordination across a continuum of services and supports (Parker, 2021; Brailey and Slatton, 2024), and
- Facilitate access to culturally congruent whole person care (Matthews et al, 2021).

Aligned with the literature and community assessment, BBHI is well positioned to be an amazing resource as a result of being responsive to the needs, experiences, and recommendations of Black birthing people, their families, and their communities.

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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 Black Birthing Health Initiative Program was led by Dr. Amittia Parker, a Black woman and a small team that consisted of a Filipina woman, 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

Homeless Children's Network History

Homeless Children's Network'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. Its 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. Currently, 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 San Francisco families in crisis with a lasting source of connection and care. Over the next three decades, in close collaboration and communication with community members, community stakeholders, and community partners, HCN has evolved into an organization that directly addresses inclusion, community empowerment, and systemic equity.

Our robust Collaborative network of 60+ providers 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 Community Mental Health Model

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 underserved and historically marginalized 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 approach embodies emergent work that always reflects the time and space in which it is happening. Indeed, a more universal philosophy encourages the tenets of Ubuntu - "I am what I am because of who we all are" - and teaches us that "all things have an impact on each other, and this interconnectedness and interplay is universal" (Marumo & Chakale, 2018).

HCN welcomes and affirms everyone, while engaging an Afri-centric lens to address the historical legacy of intergenerational racism, inequity, and trauma. HCN's Afri-centric approach is a way of embracing all historically marginalized communities based on community-defined evidence-based practices. "Afri-centricity" refers to both intellectual and sociocultural values, perspectives, and behaviors which can be used to understand the world and moderate the impact of stressful life experiences (Neblett Jr. et al., 2010). An Afri-centric lens strengthens the capacity of HCN's staff and providers to deliver more empathetic, equitable, and contextually grounded care. Thereby, Afri-centricity enhances services for all people by promoting a deeper understanding of the historical and systemic forces shaping individuals' lives. HCN's Afri-centric framework is presented below:

- Affirmation of cultural inclusion
- Is trauma-informed
- Is love-informed
- Focuses on self-acceptance
- Focuses on resilience
- Identifies unique areas of strength
- Normalizes clients' experiences
- Reframes the stigma of mental health
- Acknowledges a range of spiritual practices
- Encourages clients to believe in their capability and choice to engage in their own healing
- Integrates family and community members into services
- Offers space to process collective grief and fear without judgment
- Addresses barriers to accessing resources and basic needs
- Facilitates difficult conversations

HCN's Black Birthing Health Initiative Description

Program Description

HCN is proud to have launched the Black Birthing Health Initiative (BBHI), a community wellness program supporting Black birthing persons, their children, and partners. BBHI offers prevention, health promotion, and training. BBHI is composed of the following community-facing services:

- Mental health prevention and promotion services;
- Innovative, Client-centered, trauma-informed, and culturally tailored approaches to pregnancy, perinatal, and postpartum mental health care as it applies to Black/African American clients (up to at least a year after birth);
- Develop linkages with existing Mental Health Service Providers to refer clients for mental health support services;
- Timely and accessible Client services;
- Strategies to ensure a culturally appropriate mental health practitioner workforce; and
- Training strategies and peer support.

The BBHI team is comprised of five staff members whose expertise brings the program to life: a Program Director, a Program Manager, a Black Birthing Health Consultant, a Therapist, Community Referral and Engagement Specialist, and a Program Assistant.

BBHI's launch year prioritized the implementation of systems and processes that will support program objectives in preparation for offering a full suite of services to the public. In the 2024-2025 year, BBHI program staff have diligently collaborated on the program design, internal and external Client referral processes, intake processes, and documentation protocol. The team adopted the framework of Emotional Emancipation Circles, self-help groups designed to empower and end traumatic cycles, as the center of program design.



BBHI's Community Referral and Engagement Specialist tabling at a Juneteenth community event.



Free giveaway items at BBHI's Seasons of Support event.

HCN's Black Birthing Health Initiative Description (continued)

From the outset, the BBHI team grounded themselves in specific programmatic principles: decentering whiteness, acknowledging trauma, and reclaiming the collective healing and wellbeing of Black Birthing Persons experiencing childbirth. In January 2025, BBHI staff underwent trainings with BBHI's Lactation Consultant, gaining invaluable information on best practices for facilitating workshops with Black Birthing Persons.

BBHI Program Staff participated in cross-agency community conversations to learn from entities that have lived experience, have implemented a similar program, or are in the process of implementing a program similar to HCN's Black Birthing Health Initiative Program. Additionally, the BBHI team hosted a codesign group which invited providers and community members to contribute their experiences and strengthen BBHI's community-informed approach to services.

Via connections with HCN staff and local networks, BBHI Program Staff have collaborated on the establishment of a strong network of local organizations who are connected with the program's target demographic. Program staff facilitated community presentations at family resource centers, sharing resources and information about BBHI and HCN's suite of programs. Program staff also leveraged connections established at Seasons of Support, the BBHI team's first event; attendees received access to community resources, free giveaway items, and expressed interest in staying connected with BBHI and HCN to receive connections to BBHI's mental wellness services and HCN's community resources.

Throughout the year, the BBHI team have intentionally designed an accessible and culturally appropriate office space to welcome community members that will receive services, including therapy rooms, office spaces, communal space, and a lactation room.

In May 2025, the BBHI team hosted BBHI's Open House, inviting community partners and community members to tour the new BBHI office space, meet the BBHI team, and learn more about the services that will be offered in the coming months.

Gratitude

We express deep gratitude to the San Francisco Department of Public Health whose generous funding made this program possible.

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Thank you to the HCN staff, including Dr. April Y. Silas, Dr. Kenneth Kim, Maya Rodgers, Iesha Brooks, Briana Grogan, Dr. Danielle Kolen, Jyn Rose Mata Aguas, and Kaiayo Shatten for their contributions to this program and evaluation, and to Sarah Griffiths, Daniella Severs, and Sara Ferree who supported the design, implementation, and interpretation of this evaluation. Your thoughtful insights, dedication to the process, and genuine belief in our approach have been deeply appreciated.

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.

