

INNOVATION PROJECT STAFF ANALYSIS:

Latine/a/o/x and Indigenous Healing-Centered Systems Transformation Project

San Francisco County

Total INN Funding Requested: \$1,800,000

Duration of INN Project: 3 years

Review History

Public Comment Period: December 3, 2025 to January 2, 2026

Behavioral Health Board Hearing: January 15, 2026

Board of Supervisors Approval: Tentatively May 2026

Project Introduction

San Francisco County Department of Public Health (SFDPH/County) is requesting up to \$1,800,000 of Innovation spending authority over a period of three (3) years to assess if a community-defined Indigenous- and Latine-rooted healing framework can be effectively integrated into a public behavioral health system to improve client outcomes, increase cultural responsiveness, and reduce workforce burnout.

BHSA Alignment and Sustainability

This project aligns with the Behavioral Health Services Act (BHSA) by advancing early intervention, equity-driven systems change, and community-defined innovation within a public behavioral health infrastructure. It also complements Full-Service Partnerships (FSP) through culturally congruent practices and community-based healing that prioritize individuals with the most complex needs and strengthens continuity of care. Populations served include, but are not limited to, BHSA priority populations such as individuals who are justice-involved or re-entering from incarceration; unhoused or at risk of becoming unhoused; system-involved youth and transition-aged youth (TAY), and families at risk of institutionalization or conservatorship. If found successful, this project may be sustained through non-Innovation workforce development funding, Medi-Cal billing where appropriate, and partial integration of culturally aligned curricula into clinic workflows.

Statutory Requirements

WIC Section 5830(a)(1)-(4): This project seeks to increase access to mental health services to underserved groups and increase the quality of services, including measurable outcomes.

WIC Section 5830(b)(2)(A)-(D): This project meets Innovation criteria by introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention and by introducing a promising community-driven practice that has been successful in nonmental health contexts or settings.

Background

According to literature reviews, Latine/a/o/x and Indigenous populations in the United States face unique challenges stemming from intergenerational and historical trauma, linguistic barriers, discrimination, and cultural incongruence with Western models of behavioral health that lead to decreased engagement in behavioral health services and increased likelihood of involuntary crisis care. Very little integration of culturally and linguistically appropriate practices have been fully operationalized or evaluated in a county-operated public behavioral health system. This adds unnecessary strain on the behavioral health workforce, with burnout, moral distress, and staff turnover becoming more common.

Many subject matter experts argue the importance of community-defined evidence practices and culturally rooted interventions that embody different world views. The National Compadres Network (NCN) La Cultura Cura curricula is a nationally recognized, community-defined, Latine- and Indigenous-rooted healing framework that has demonstrated sustained impact in education systems, juvenile justice settings, and prevention contexts; however, this culturally responsive approach has not been deliberately integrated into a civil service behavioral health system and is often excluded or requires referrals to other providers. Through the NCN framework, SFDPH aims to implement and examine this trauma-informed approach rooted in community, integrated health, dignity, and respect.

How this Innovative Project Addresses the Problem

The Latine/a/o/x and Indigenous Healing-Centered Systems Transformation Project aims to shift intervention and treatment practices from a refer-out model to one that embeds cultural alignment and accountability directly into the fabric of the behavioral health care system and changes the focus away from individual symptom treatment and toward collective healing. This project will also test workforce readiness, administrative and billing feasibility, and integration of community-defined evidence practices.

Peer-reviewed literature indicates that Western behavioral health models fail to adequately serve the Latine/a/o/x and Indigenous populations in the United States. In response, this transformational project will implement the NCN La Cultura Cura curricula across all pilot clinics through collaboration between NCN-trained facilitators, local cultural leaders, and county staff through services that include, but are not limited to, healing circles and community ceremonies, culturally informed group interventions, family strengthening and parent leadership programs, and workforce training and technical assistance. In other non-

behavioral health contexts, the NCN curricula has shown to improve engagement and retention, reduce behavioral health crises, and strengthen family relationships.

Community Planning Process

SFDPH completed a robust community planning process that has included direct engagement with the target population, individuals with lived experience, and community stakeholders. They have also consulted with NCN cultural leaders and received input from the Behavioral Health Services Division clinical leadership, frontline staff, the peer workforce, and the Office of Justice, Equity, Diversity, and Inclusion (JEDI).

The public comment period for this Innovative project proposal occurred between December 3, 2025 and January 2, 2026. It was presented at a local behavioral health board hearing on January 15, 2026, and is tentatively scheduled for Board of Supervisors review in May 2026.

Learning Objectives and Evaluation

The Latine/a/o/x and Indigenous Healing-Centered Systems Transformation Project seeks to learn about client engagement and retention; client and family care experience; workforce transformation, sustainability, and retention; and system feasibility and implementation. Evaluation will be structured around the following learning questions:

Client Engagement and Retention

Does the integration of NCN curricula within behavioral health clinics improve engagement and retention among Latine/a/o/x and Indigenous clients? How do engagement patterns compare before and after implementation at pilot sites?

Care Experience and Cultural Congruence

How do clients and families describe their experience of care when healing-centered, culturally grounded practices are embedded in clinical settings? What aspects of NCN-informed practice are perceived as most helpful?

Workforce Experience and Readiness

How does participation in NCN-informed practice affect provider cultural responsiveness, role clarity, and burnout? What supports are required for sustained workforce adoption?

System Feasibility and Sustainability

What operational, administrative, and documentation practices support or hinder integration of community-defined evidence into public behavioral health clinics? Which elements appear most viable for continued funding beyond Innovation funding?

Qualitative and quantitative data sources will be collected from the client, workforce, and systems levels. These will include, but are not limited to, retention indicators such as

attendance, interviews, focus groups, pre- and post-participation surveys, and documentation reviews on quarterly and annual bases.

Budget

San Francisco County is requesting authorization to spend up to \$1,800,000 of MHSIA Innovation funding for this project over a period of three (3) years. One hundred percent (100%) of the project will be supported by Innovation funding. The breakdown by fiscal year and expenditure category is as follows:

Category	Year 1 (6/1/26 - 5/31/27)	Year 2 (6/1/27 - 5/31/28)	Year 3 (6/1/28 - 5/31/29)	Total
Personnel	\$ 220,000	\$ 220,000	\$ 220,000	\$ 660,000
Operations	\$ 50,000	\$ 50,000	\$ 50,000	\$ 150,000
Training & TA	\$ 180,000	\$ 180,000	\$ 180,000	\$ 540,000
Contracts	\$ 90,000	\$ 90,000	\$ 90,000	\$ 270,000
Evaluation	\$ 60,000	\$ 60,000	\$ 60,000	\$ 180,000
Total	\$ 600,000	\$ 600,000	\$ 600,000	\$ 1,800,000

Thirty-seven percent (37%) of total projected expenditures are allocated for personnel costs. This includes a project manager, who will oversee program implementation, clinic coordination, compliance, and reporting; and an evaluation and quality improvement support person, who will be dedicated to data coordination and documentation of learnings. These individuals are essential for ensuring fidelity to project goals.

Eight percent (8%) of requested Innovation funds are intended for operational expenditures, such as materials for group meetings and trainings, interpretation and translation services, and space-related costs. This ensures that all appropriate materials and services will be accessible to diverse groups of people. Additionally, training and technical assistance (TA) expenditures, which make up thirty percent (30%) of estimated costs, also reinforce culturally grounded work by supporting licensing and delivery of the NCN curricula, train-the-trainer and facilitator development, cultural consultations, and ongoing technical assistance for participating clinics.

Fifteen percent (15%) of the requested Innovation funds are reserved for contracts and stipends, which are set aside for community cultural practitioners and peer facilitators with lived experience. This includes compensation for participation in training and group facilitation.

The remaining ten percent (10%) of project funds will go toward evaluation and learning activities. This encompasses qualitative data collection from interviews and focus groups, survey administration and analysis, documentation and reporting of learnings, and capacity building.

Conclusion

San Francisco County's proposed Latine/a/o/x and Indigenous Healing-Centered Systems Transformation Project appears to meet the minimum requirements listed under MHSA Innovation regulations and aligns with the goals of the BHSA.