Housing, Expungement and Recovery through Treatment & Support Services Program (HEARTTSS) Local Evaluation Plan

San Francisco Department of Homelessness & Supportive Housing (SFHSH), City and County of San Francisco

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Project Background

In San Francisco, a significant sub-segment of justice-involved individuals are at particularly acute risk of homelessness, poor health outcomes, and recidivism. UC Berkeley California Policy Lab (CPL) and the UCSF Benioff Homelessness and Housing Initiative issued a report establishing that the vast majority (80-90%) of San Francisco's (SF's) high users in the jail and emergency health systems have substance use disorders (SUD), often have co-occurring mental and physical health disorders, and overall have a high risk of death within 10 years (26%) (Cawley, Henderson, et al., 2022). Furthermore, a 2019 SF Health Commission resolution cited data showing approximately 22% of individuals in SF County Jail have a diagnosis of serious mental illness (SMI), and 80% of bookings involve individuals who report substance use (Kagan, 2019). Since that time, the situation in San Francisco has become more dire in terms of homelessness, substance abuse, and the number of people incarcerated in jail.

The SFHSH HEARTTSS program is focused on serving a priority population of criminal justice-involved adults with substance abuse disorder and/or mental health issues, with a particular emphasis on Latine and Spanish monolingual members of this target population. In addition to providing culturally-responsive treatment to individuals in their preferred language, the overall goal of the program is to reduce incarceration and recidivism and advance stability through housing & recovery. The project will achieve its goals by connecting individuals with culturally and linguistically competent, trauma-informed housing assistance, treatment, diversion, expungement services & peer navigation support delivered by city agencies/ departments & CBOs rooted in the community.

The target population for this project is 100 justice-involved individuals per year in San Francisco who have mental health (MH) disorders and/or substance use disorders (SUD), with a particular emphasis on those who are Latine and monolingual Spanish speakers.

The proposed program will provide housing navigation & assistance, expungement services, substance abuse treatment, bridge housing, mental health care, and other case management services to defendants during both the pretrial and reentry phases to support positive diversion outcomes. The project will leverage existing resources such as SF's Collaborative Courts and San Francisco Pretrial Diversion Project, and programs operated by community-based organizations (CBOs) in partnership with the Department of Homelessness and Supportive Housing (HSH), the Sheriff's Department, Adult Probation, Behavioral Health providers, and the Department of Public Health (SFDPH) including Jail Health Services. The project will build the capacity of these programs to deliver trauma-informed, linguistically responsive, and culturally congruent services to the target population. *Please see Appendix A for a full description of program goals and objectives.*
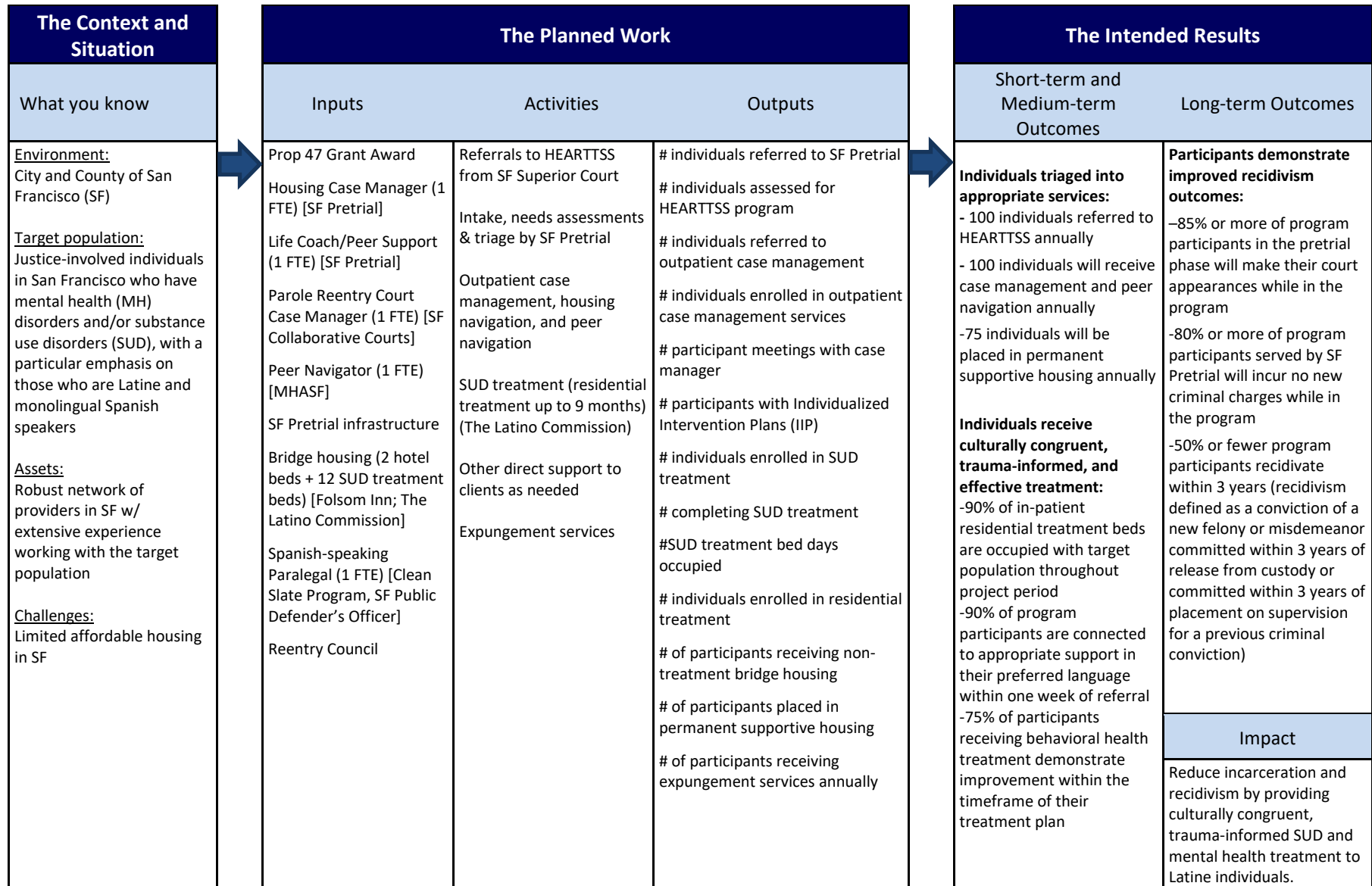
SF Pretrial will be the project's front door, providing a hub for supportive services that reduce recidivism and eliminate barriers to permanent housing. SF Pretrial serves as SFHSH's "Coordinated Entry Access Point" for the justice-involved population and works to provide housing assistance to those who lack stable housing.
- Individuals are referred to Pretrial Diversion by the SF Superior Court and are released to their supervision directly from the County Jail. SF Superior Courts operate 7 collaborative adult courts, designed to minimize incarceration and provide support to avoid re-offending.
- SF Pretrial's case managers and peer navigators will provide bilingual case management. They will enroll project clients into appropriate housing programs and will provide bridge housing while they wait for long term placement.

- SF Pretrial's peer navigators will support clients as they move through the steps to acquire housing, engage in treatment, and secure other forms of support designed to prevent further justice involvement and homelessness.
- After move-in to permanent supportive housing, SF Pretrial peer navigators provide continued support for an additional 3 months as an individual transitions to on-site services funded by HSH.
- SUD treatment will be delivered by The Latino Commission, a culturally-specific organization with which SFDPH partners. The Latino Commission will provide 12 residential treatment beds for up to nine month stays and also offers outpatient addiction treatment which uses evidence-based approaches such as cognitive-behavioral therapy, Seeking Safety, and Motivational Interviewing.
- Additional outpatient mental health clinical services will be delivered through SF Pretrial by Instituto Familiar de la Raza, which also offers psychiatric/medication management care.
- Culturally-specific CBOs, (E.g., Central American Resource Center (CARECEN) and Instituto Familiar de la Raza), will provide culturally-congruent and linguistically competent case management services to Latine adults in the target population, linked through SF Pretrial.

The Reentry Council has been working successfully with local external evaluation firm, HTA Consulting (HTA), for the implementation and evaluation of Prop 47 Cohorts 1, 2, and 3. They will continue to serve in that capacity due in large part to their exemplary rating from BSCC evaluations of those previous projects. During the start-up period HSH leadership will meet with HTA to establish contractual agreements and review and renew data sharing agreements and other data access and reporting expectations. HTA will provide HSH with an evaluation plan that details deliverables and timelines through the life of the grant and in alignment with BSCC reporting requirements and deadlines. During program implementation, HTA will provide quarterly progress reports on both process and outcome measures (as available).

Logic Model

The Context and Situation	The Planned Work			The Intended Results	
What you know	Inputs	Activities	Outputs	Short-term and Medium-term Outcomes	Long-term Outcomes
Environment: City and County of San Francisco (SF)

Target population: Justice-involved individuals in San Francisco who have mental health (MH) disorders and/or substance use disorders (SUD), with a particular emphasis on those who are Latine and monolingual Spanish speakers

Assets: Robust network of providers in SF w/ extensive experience working with the target population

Challenges: Limited affordable housing in SF | Prop 47 Grant Award

Housing Case Manager (1 FTE) [SF Pretrial]

Life Coach/Peer Support (1 FTE) [SF Pretrial]

Parole Reentry Court Case Manager (1 FTE) [SF Collaborative Courts]

Peer Navigator (1 FTE) [MHASF]

SF Pretrial infrastructure

Bridge housing (2 hotel beds + 12 SUD treatment beds) [Folsom Inn; The Latino Commission]

Spanish-speaking Paralegal (1 FTE) [Clean Slate Program, SF Public Defender's Officer]

Reentry Council | Referrals to HEARTTSS from SF Superior Court

Intake, needs assessments & triage by SF Pretrial

Outpatient case management, housing navigation, and peer navigation

SUD treatment (residential treatment up to 9 months) (The Latino Commission)

Other direct support to clients as needed

Expungement services | # individuals referred to SF Pretrial

individuals assessed for HEARTTSS program

individuals referred to outpatient case management

individuals enrolled in outpatient case management services

participant meetings with case manager

participants with Individualized Intervention Plans (IIP)

individuals enrolled in SUD treatment

completing SUD treatment

#SUD treatment bed days occupied

individuals enrolled in residential treatment

of participants receiving non-treatment bridge housing

# of participants placed in permanent supportive housing

# of participants receiving expungement services annually | **Individuals triaged into appropriate services:**
- 100 individuals referred to HEARTTSS annually
- 100 individuals will receive case management and peer navigation annually
-75 individuals will be placed in permanent supportive housing annually

Individuals receive culturally congruent, trauma-informed, and effective treatment:
-90% of in-patient residential treatment beds are occupied with target population throughout project period
-90% of program participants are connected to appropriate support in their preferred language within one week of referral
-75% of participants receiving behavioral health treatment demonstrate improvement within the timeframe of their treatment plan | **Participants demonstrate improved recidivism outcomes:**

–85% or more of program participants in the pretrial phase will make their court appearances while in the program

-80% or more of program participants served by SF Pretrial will incur no new criminal charges while in the program

-50% or fewer program participants recidivate within 3 years (recidivism defined as a conviction of a new felony or misdemeanor committed within 3 years of release from custody or committed within 3 years of placement on supervision for a previous criminal conviction) |

					Impact
					Reduce incarceration and recidivism by providing culturally congruent, trauma-informed SUD and mental health treatment to Latine individuals.

Process Evaluation Method and Design

HTA's process evaluation will monitor fidelity to the program plan and measure the extent to which specific program goals are met (i.e., number assessed, number referred, services received, etc.). Process data will include:

1) Start-up activity monitoring (e.g., hires made, systems set up, initiation of collaborative processes, timely subcontract awards);
2) Service utilization records (e.g., intake forms, assessments, treatment plans, services, referrals, exits);
3) Minutes from meetings and check-in calls with project staff;
4) Interviews/focus groups with key staff from Reentry Council partners and funded community-based organizations, as well as program participants.

To fully track the breadth of services being offered, HTA will use a database that they created to collect case management, treatment, and other supplemental data related to Cohorts 1-3. HTA will also leverage data systems operated by public agency partners where clinical, service and billing information are tracked. On a quarterly basis, HTA will assemble data on the amount/types of service, engagement, progress toward treatment goals, and retention in treatment. Data sharing across agencies is made possible through existing agreements among Reentry Council agencies and their community-based provider partners. HTA will also develop focus group and interview protocols for collecting annual feedback from program participants, program leadership, and community partners. Additionally, the evaluation will utilize informed consent procedures established during earlier Prop 47 Cohorts.

To monitor fidelity to the program plan, HTA will participate in quarterly Reentry Council meetings, and conduct regular check-ins with project staff and interviews/focus groups with staff and partners to discuss program developments. Data collected through these activities will be used to document implementation activities, program successes/challenges; program coordination; client recruitment, engagement, and progress; areas for program improvement, and sustainable practices. This regular review of process data will also ensure that any challenges or areas for improvement in program implementation can be addressed promptly by program leadership.

Process evaluation questions are as follows:

1) Is the target population being reached? What are the characteristics of individuals being referred to program services?
2) How equitably are services being delivered?
3) What is the experience of a program participant? What standard of care do they receive?
4) What is the experience of a peer navigator? A case manager?
5) Do Pretrial Diversion staff have professional development needs that should be addressed?
6) What services are being delivered in the program?
7) How much of each service type is being delivered (e.g., outpatient case management, outpatient MH treatment, outpatient SUD treatment, in-patient detox, residential treatment, housing services)?
8) How are transitions between engagement levels going?
9) Do program participants experience housing assistance and other services as a single intervention? How holistic is the experience for them?
10) How is inter-agency collaboration managed? If problems arise, how are they addressed?

11) What are the successes and challenges that emerge throughout the implementation of the program?
12) Are there any barriers encountered throughout the continuum of the program, from referral to assessment, to program delivery, to program retention, to program exit? If so, how are they addressed?

Quantitative data will primarily be analyzed using Microsoft Excel and SPSS IBM statistical software, which will allow for both descriptive and comparative analyses; quantitative data will be coded inductively for themes using NVivo qualitative software.

Outcome Evaluation Method and Design

The outcome evaluation will utilize a mixed methods evaluation design to study whether the program achieved its stated aims. At a minimum, data sources will include:

1) Staff-administered assessments of client need and goals (e.g., housing, behavioral health assessment, education and employment status);
2) Staff and participant focus groups; and
3) Annual recidivism data (defined as a conviction of a new felony or misdemeanor committed within 3 years of release from custody or committed within 3 years of placement on supervision for a previous criminal conviction) for three years prior to participation and up to three years after (dates, arrests, convictions, prior or new offenses).

Outcome Evaluation questions are as follows:

1) What are the baseline characteristics of individuals on key outcomes when they start the program? Do these characteristics differ by level of engagement?
2) What proportion of clients achieve positive program outcomes, such as improvements in housing stability, behavioral health indicators, safety rates, and avoiding new criminal charges (recidivism)?
3) How equitably are these outcomes experienced?
4) Do positive program outcomes differ according to client characteristics?

The estimated number of participants to be served by the program is as follows:

Type of Intervention/Service	Number of Individuals Annually	Service Provider
Assessment and referral (2 FTE)	100	San Francisco Pretrial Diversion Project (aka SF Pretrial)
Case management & peer navigation (2 FTE)	100	Parole Reentry Court (SF Collaborative Courts, Superior Court of California, County of San Francisco) Mental Health Association of San Francisco Culturally-specific CBOs (TBD) via SF Pretrial
Housing & peer navigation (2 FTE)	75	SF Pretrial
Bridge housing for individuals going into permanent supportive housing (2 beds) Bridge housing & substance use disorder treatment for monolingual Spanish speakers (12 beds)	25-50	Inn at Folsom The Latino Commission
Expungement services for monolingual Spanish speakers (1 FTE)	50	Public Defender

Most client outcome data will be stored in and pulled from secure Reentry Council partner databases. HTA will also use its own database to track demographics (e.g., age, gender, race/ethnicity) and data on criminogenic factors known to impact recidivism (e.g., education, employment, substance use). Recidivism data will be sourced from the District Attorney's Office, with whom HTA has a current working relationship.

Metrics for participant and program success are outlined in Appendix A, Goal 2 and are as follows:
- 85% or more of program participants in the pretrial phase will make their court appearances while in the program
- 80% or more of program participants served by SF Pretrial will incur no new criminal charges while in the program
- 50% or fewer program participants recidivate within 3 years (recidivism defined as a conviction of a new felony or misdemeanor committed within 3 years of release from custody or committed within 3 years of placement on supervision for a previous criminal conviction)

HTA and SFHSH will collaboratively build on assessments and databases built in Cohorts 1-3 to measure client-level outcomes on a quarterly basis. Recidivism outcomes will be tracked and measured annually using data provided by the District Attorney's Office, with whom HTA has an ongoing memorandum of understanding.

Quantitative data will primarily be analyzed using Microsoft Excel and SPSS IBM statistical software, which will allow for both descriptive and comparative analyses; quantitative data will be coded inductively for themes using NVivo qualitative software.

HTA will be tracking fidelity to implementation procedures over time, and to the extent possible will measure any differences in outcomes based on fidelity to treatment and engagement in services (ex. Comparing recidivism outcomes of those who successfully completed the program versus those who did not successfully complete the program).

Appendix A: Project Goals and Objectives

Goal 1: Reduce recidivism through access to housing and barrier removal.

Objectives:

1) Assess at least 300 people through Coordinated Entry via San Francisco Pretrial Diversion Project (SF Pretrial – a community-based organization))
2) Support 75 people who are justice-involved and have a history with or are currently struggling with substance use disorder, mental health issues, and/or homelessness to obtain and retain stable housing each year
3) Provide bridge housing to the target population as needed (estimated 25-50 per year)
4) Support 100 people with culturally-congruent peer support to navigate and succeed in housing

Goal 2 Successfully triage individuals into appropriate treatment services (SUD Treatment, Outpatient/Case Management services).

Objectives:

1) At least 60% of individuals connected to grant-funded outpatient case management services will engage with a case manager at least one time.
2) At least 50% of participants who meet three times with a grant-funded case manager will receive an Individualized Intervention Plan (IIP).
3) Maintain at least 90% occupancy rate for withdrawal management/residential treatment beds.
4) 50% of individuals enrolled in withdrawal management will successfully complete their treatment by meeting their individualized treatment goals.

Goal 3: Program participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in the program.

Objectives:

1) Fewer than 30% of individuals who enroll in STARR programming will recidivate within three years
2) There will be 50% fewer arrests for STARR enrollees one year after enrollment compared to one year prior

Appendix B: Project Work Plan

(See next page for the attachment.)

Attachment H: San Francisco's Proposition 47 Project Work Plan

Required Attachment: Applicants will be prompted to upload this document from the BSCC [Proposition 47 webpage](#) to the BSCC Submittable Application Portal.

Instructions: Applicants must complete a Project Work Plan, using the format below, that identifies measurable goals and objectives, process and outcome measures, activities and services, responsible parties for those activities and services, data sources and estimated timelines. Completed plans should (1) identify the project's top goals and objectives; (2) identify how the goal(s) will be achieved in terms of the activities, responsible staff/partners, and start and end dates, process, and outcome measures; and (3) provide goals and objectives with a clear relationship to the need and intent of the grant. The Project Work Plan must attempt to identify activities/services and estimate timelines for the entire grant term. A minimum of one goal and corresponding objectives, process measures, etc. must be identified.

(1) Goal:	Reduce recidivism through access to housing and barrier removal.
Objectives (A., B., etc.)	A. Assess at least 300 people through Coordinated Entry via San Francisco Pretrial Diversion Project (SF Pretrial – a community-based organization) B. Support 75 people who are justice-involved and have a history with or are currently struggling with substance use disorder, mental health issues, and/or homelessness to obtain and retain stable housing each year C. Provide bridge housing to the target population as needed (estimated 25-50 per year) D. Support 100 people with culturally-congruent peer support to navigate and succeed in housing programs E. File expungement motions for 150 Latine adults served through the Clean Slate program
Process Measures and Outcome Measures:	Process Measures: The evaluation will look at indicators such as hires made, systems set up, initiation of collaborative processes, timely subcontract awards, etc. to determine if: - Subcontracts are executed within the first 40 days after funding is received; - Case manager and peer navigator positions are filled to ensure SF Pretrial and Public Defender's office are sufficiently staffed to deliver culturally congruent and linguistically competent services as listed in objectives; - Referral processes are effective in directing members of the target population to services and supports listed in objectives; - Reentry Council meetings and agendas reflect inter-agency collaboration to advance the project. Outcome Measures: 80% of people reached enroll in housing programs; 70% of expungement motions are granted;

Project activities that support the identified goal and objectives:	Responsible staff/partners:	Timeline	
		Start Date	End Date
Individuals in the target population are assessed for housing program eligibility and assisted in navigating program enrollment. While awaiting housing program acceptance, participants are offered bridge housing and receive peer-based navigation support. Post-conviction individuals are supported to achieve record expungement, which helps remove barriers to housing and employment and reduces likelihood of recidivism.	San Francisco Pretrial Diversion Project for housing and peer navigation; San Francisco Public Defender for Clean Slate record expungement	October 1, 2024 April 1, 2025 for activities requiring new hires (peer navigation, housing case management, Spanish Speaking Clean Slate paralegal)	June 30, 2028

List data and sources to be used to measure outcomes:

Data Sources for Process Measures: Job posting and hiring records, program records for number assessed, number referred, services received, subcontract awards, minutes from Reentry Council meetings, interviews/focus groups with key staff from Reentry Council and funded community-based organizations regarding effectiveness of processes and barriers encountered.

Data Sources for Outcome Measures: Program records including needs assessments and housing program enrollments, court records of expungement petitions and decisions.

(2) Goal:	Successfully divert individuals away from jail and enable them to access community-based treatment
Objectives (A., B., etc.)	A. Develop pre-trial release plans and facilitate pre-trial jail release for at least 75 adults in the target population B. Develop treatment plans for at least 20 justice involved adults in the target population through the Collaborative Courts
Process Measures and Outcome Measures:	Process Measures: The evaluation will look at indicators such as hires made, systems set up, initiation of collaborative processes, timely subcontract awards, etc. to determine if: • Subcontracts are executed within the first 40 days after funding is received; • Referral processes are effective in directing members of the target population to services and supports listed in objectives; • Reentry Council meetings and agendas reflect inter-agency collaboration to advance the project (e.g., coordination of courts, probation, and sheriff department with community-based partners) Outcome Measures: • 85% or more of program participants in the pretrial phase will make their court appearances while in the program • 80% or more of program participants served by SF Pretrial will incur no new criminal charges while in the program • 50% or fewer program participants recidivate within 3 years (recidivism defined as a conviction of a new felony or misdemeanor committed within 3 years of release from custody or committed within 3 years of placement on supervision for a previous criminal conviction)

Project activities that support the identified goal and objectives:	Responsible staff/partners:	Timeline	
		Start Date	End Date
Prospective participants are assessed for program eligibility and if possible released from jail into pretrial supervision with accompanying supports (SF Pretrial) where pretrial release plans are developed in collaboration with clients and based on an assessment of needs and strengths; Collaborative Courts refer individuals in the target population for treatment plan development conducted by SF Pretrial.	SF Pretrial	October 1, 2024	June 30, 2028

List data and sources to be used to measure outcomes:

Data Sources for Process Measures: Job posting and hiring records, program records for number assessed, number referred, services received, subcontract awards, minutes from Reentry Council meetings, interviews/focus groups with key staff from Reentry Council and funded community-based organizations regarding effectiveness of processes and barriers encountered.

Data Sources for Outcome Measures: SF Pretrial data system tracking court appearance rates and client safety rates (new charges during program); For recidivism: criminal justice data records for participants including arrests (with dates), charges and charge level (misdemeanor or felony), and convictions.

(3) Goal:	Deliver culturally congruent, trauma-informed, and effective treatment for mental health issues and substance abuse disorder

Objectives (A., B., etc.)	A. Place at least 40 individuals in need of in-patient residential treatment for substance abuse disorder in culturally congruent treatment beds B. Provide 50 individuals with culturally congruent community-based outpatient mental health treatment that meets the client's specific needs and strengths C. Provide 50 individuals culturally congruent community-based outpatient addiction treatment that meets the client's specific needs and strengths
Process Measures and Outcome Measures:	Process Measures: The evaluation will look at indicators such as hires made, systems set up, initiation of collaborative processes, timely subcontract awards, etc. to determine if: • Subcontracts are executed within the first 40 days after funding is received; • Referral processes are effective in directing members of the target population to services and supports listed in objectives; • Reentry Council meetings and agendas reflect inter-agency collaboration to advance the project (e.g., coordination of courts, probation, and sheriff department with community-based partners) Outcome Measures: • 90% of in-patient residential treatment beds are occupied with target population throughout project period • 90% of program participants are connected to appropriate support in their preferred language within one week of referral • 75% of participants receiving behavioral health treatment demonstrate improvement within the timeframe of their treatment plan

Project activities that support the identified goal and objectives:	Responsible staff/partners:	Timeline	
		Start Date	End Date
After needs and strengths assessments, program participants are connected with appropriate in-patient or outpatient behavioral health treatment that is culturally congruent, client-centered, trauma-informed, and delivered in their preferred language.	SF Pretrial, The Latino Commission, CARECEN, Instituto Familiar de la Raza	November 1, 2024 (Once subcontracts are in place)	June 30, 2028
List data and sources to be used to measure outcomes: Data Sources for Process Measures: Program records for number assessed, number referred, services received, subcontract awards, minutes from Reentry Council meetings, interviews/focus groups with key staff from Reentry Council and funded community-based organizations regarding effectiveness of processes and barriers encountered. Data Sources for Outcome Measures: The Latino Commission records of enrollments, stays, and symptom abatement; SF Pretrial, CARECEN, and Instituto Familiar de la Raza records for referral data and first service delivery contact; Behavioral health provider assessments of clients regarding improvements in behavioral health indicators.			