

*Supporting Treatment and Reducing  
Recidivism (STARR)*

# Two Year Preliminary Evaluation Report

San Francisco Department of Public Health

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## Executive Summary

In June 2019, the San Francisco Department of Public Health (SFDPH) was awarded a three-year Proposition 47 grant from the Board of State and Community Corrections (BSCC) to implement the **Supporting Treatment and Reducing Recidivism (STARR)** program. This grant is funded for \$6 million dollars for 43 months (Oct 1, 2019-May 15 2023). STARR is designed to meet one of the most critical community care needs in San Francisco – providing additional residential treatment beds, low threshold outpatient case management, and wraparound support services for adults with co-occurring substance use disorder and mental health needs who have had contact with the criminal justice system. Over the course of the program, this grant funds 32 residential SUD treatment beds (3-6 months stay), as well as 10 social detox beds, at Salvation Army Harbor Light Center. The grant also provides funding for outpatient case management with a Harm Reduction approach through Felton Institute and wraparound support services and referrals through the Community Assessment and Services Center (CASC), a one-stop reentry center.

### Progress toward intended goals: January 2020 through March 2021

A set of goals and objectives were written into the grant by which the STARR program would be evaluated. The following table describes the goals, measurable objectives, and progress in reaching these goals to date.

Goal 1: Successfully triage individuals into appropriate referral services.	
Objective	Status
1.1: At least 200 individuals will be referred to the CASC for needs assessment and triage annually.	<b>Target not yet achieved</b> As the CASC was closed for COVID-19 safety precautions over the reporting period, the main source of referrals has been Jail Behavioral Health Services referring individuals being released from jail. As of March 31, 2021, 58 total individuals had been referred to STARR for assessment.
1.2: 40% of referred individuals will receive some resources (e.g., employment services, benefits assessments, support groups, housing assessments, etc.) through the CASC.	<b>On target to achieve goal</b> Of the 58 individuals referred to STARR over the reporting period, 33 (57%) have received some resources. However, CASC was not the source of resources (as stated in the objective) because of the closure. All resources were provided by one of the partners along with outpatient case management or detox services.

<b>Goal 2: Successfully triage individuals into appropriate treatment services (SUD Treatment, Outpatient/Case Management services).</b>	
<b>Objective</b>	<b>Status</b>
<b>2.1:</b> At least 40% of individuals coming into the CASC for needs assessment/triage will be referred to outpatient case management services annually.	<b>On target to achieve goal</b> Again, the CASC has been closed. However, of the 58 individuals referred to STARR over the reporting period, 40 (69%) were referred for case management services. From April 1, 2020 to March 31, 2021, 36 out of 52 (69%) individuals assessed for STARR were referred for case management services. The others were referred just to residential treatment.
<b>2.2:</b> At least 60% of individuals connected to grant-funded outpatient case management services will engage with a case manager at least one time.	<b>Target not yet achieved</b> Of the 40 individuals referred to outpatient case management services over the reporting period, 22 (55%) have met with a case manager at least once.
<b>2.3:</b> 100% of participants who engage with a grant-funded case manager will receive an Individualized Intervention Plan (IIP).	<b>Target not yet achieved</b> Of the 22 individuals who have had contact with a case manager at least once, 14 (64%) received an Individualized Intervention Plan.
<b>2.4:</b> Maintain at least 90% occupancy rate for social detox/residential treatment beds.	<b>Target not yet achieved</b> From January 1, 2020 – March 31, 2021, the average social detox treatment bed occupancy rate was 4.5%. The occupancy rate was highest in Q4 July 1 <sup>st</sup> , 2020 – September 30 <sup>th</sup> , 2020 at 7%. While the occupancy rates have been well below target, we hope that as the CASC re-opens and the pandemic becomes more manageable, enrollment into detox will increase. Over the reporting period, Salvation Army also had detox beds for Prop 47 Cohort 1, which often filled first; with this older program ending soon, we anticipate that STARR occupancy rates will improve over Phase 2 of the program.  The occupancy rate for residential treatment is not yet reported, as Phase 2 of the program which includes residential treatment started after the reporting period on July 1 <sup>st</sup> , 2021.
<b>2.5:</b> 50% of individuals enrolled in social detox will successfully complete their treatment by meeting their individualized treatment goals.	<b>Target not yet achieved</b> From January 1, 2020 – March 31, 2021, 10 individuals were enrolled in and exited social detox. Of those 10 individuals, 3 (30%) successfully completed treatment.

<b>Goal 3:</b> Program participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in the program.	
<b>Objective</b>	<b>Status</b>
<b>3.1:</b> As a cohort, 33% of individuals who have been assessed by this project will demonstrate lower recidivism rates than in a comparable period prior to admission.	<b>On target to achieve goal</b> HTA submitted the first semi-annual recidivism report to BSCC by the March 31 <sup>st</sup> deadline. There were 13 active or exited participants in our dataset. Of those, none had recidivated. While this finding is encouraging, it is still very early in programming. More time needs to pass for meaningful conclusions to be drawn from this data.
<b>3.2:</b> As a cohort, individuals assessed by this project will utilize 50% fewer jail bed days per year than they did prior to program participation.	<b>Not yet reported</b> This objective will be reported on following Year 3 of the grant.

## Project Accomplishments

While outside factors (namely the COVID-19 pandemic) have caused challenges with getting the STARR program off the ground over the first two years, the program has so far met several of its original objectives and already demonstrated to have a positive impact on participants:

- **Participants successfully completing detox.** Over the reporting period, 3 participants successfully completed detox. While this number is lower than STARR had hoped for at this point in the program, it is no small achievement, especially in light of all the pandemic-related challenges.
- **High level of referral to and engagement with case management services.** STARR has far exceeded its goal to refer 40% of assessed individuals to case management services. Over the reporting period, 69% of individuals have been referred for case management, and by Quarter 6, 86% of all referrals were referred to case management. The program is also close to reaching its goal that at least 60% of those referred to case management meet with a case manager at least once: over the reporting period, 55% of individuals referred to case management engaged with a Felton case manager at least once.
- **Many participants receiving wrap-around care and connection to support services.** Of the 58 individuals referred to STARR over the first two years, 33 (57%) have received some resources—well above the initial target of 40% of referrals. The most frequently cited support services accessed by participants are case management, housing services, and food assistance.
- **Partners have demonstrated adaptability, flexibility, and responsiveness to program challenges.** Since its inception, STARR has benefited from the strong foundation that many of the core STARR partners built prior to the program—particularly during the PRSPR program that also brought together SFDPH, Salvation Army, and Felton Institute. This foundation has facilitated flexibility and open lines of communication among program staff as challenges arise. The pandemic upended many of the plans that had been made for STARR, but program partners quickly adapted and found ways to continue to serve program participants. For example, when the CASC closed for COVID-19 precautions, the team

quickly pivoted to ensure that STARR referrals could still be made through Jail Behavioral Health Services.

## Project Challenges

Among the growing pains and challenges that have surfaced during these first two years of programming:

- **By far, the COVID-19 pandemic posed the greatest challenge to program implementation.**
  - **The CASC has remained closed throughout the pandemic.** Just as STARR was gearing up to begin intakes and referrals, the CASC closed due to COVID precautions. This forced program partners to pivot to a new referral system, relying primarily on referrals from Jail Behavioral Health Services. This in turn presented an additional challenge with the successful enrollment STARR referrals, as it was difficult to ensure that folks who were still in custody while they were referred made it to programming once they were released. During normal times, Felton case managers would be able to go into the jail and meet with clients before their release to start building relationships. Because of COVID restrictions, those visits and connections weren't possible.
  - **Narrowed pool of potential clients.** With most referrals coming from JBHS, this also narrowed the pool for intakes and referrals for STARR.
  - **Salvation Army Harbor Light Center.** Salvation Army faced considerable pandemic-related challenges as well. During Quarter 6 of the program, SA experienced a COVID outbreak at their detox facility, which left them unable to enroll referrals made between January 27<sup>th</sup> and March 16<sup>th</sup>. Within this time, Salvation Army also experienced a loss among their senior management responsible for STARR, which impacted their overall capacity. SA-HLC was additionally constrained by quarantine requirements: limited dedicated quarantine space for participants entering social detox created a bottleneck. Lastly, there was no on-site COVID-19 testing available at SA-HLC. This presented an additional opportunity for participant drop-off, as individuals referred to the program had to leave for COVID testing and then return to SA-HLC.
  - **Difficult to implementing warm hand-offs.** Warm hand-offs were reported for only 15% (6 of 40) of individuals referred to case management. With pandemic restrictions in place, it has been difficult for case managers to meet with clients where they are—whether that be as they are leaving jail or while they are at Harbor Light Center. When pandemic restrictions loosen and the CASC reopens for triage, case managers are hopeful they will have more success with ensuring warm hand-offs.

Implementation Team workgroup meetings have served as a place for STARR partners to come together and strategize solutions to each of these challenges along the way. Implementation Team meetings have occurred at least quarterly since the start of the grant, with all core program partners present. If it is found that programming is not being delivered as planned, issues are identified and solutions are strategized as a group. Partners also regularly schedule smaller meetings outside of workgroup meetings to troubleshoot any challenges with program implementation.

## Conclusion

### Is the project working as intended?

While the reach of the STARR program to date has not been as great as originally hoped for, it is still largely working as intended:

- STARR clients have been able to access social detox, case management, and wrap-around support services
- Three of nine original program objectives have been met, with another one close to being met
- To date, no program participants enrolled in the first two years of STARR have recidivated
- STARR continues to serve as an opportunity to strengthen partnerships between direct service providers working at the intersection of criminal justice, behavioral health, and substance use in San Francisco County

### Next Steps

As the STARR program enters Year 3 and Phase 2 of programming, there is a lot to look forward to. The CASC is well-positioned to reopen soon, which should provide a boost to referrals and enrollments. As part of Phase 2, SA-HLC will now also have 32 STARR-funded residential treatment beds and 5 additional social detox beds (bringing the total to 10 STARR-funded social detox beds).

Additionally, SA-HLC is looking into securing on-site rapid COVID tests, which should help with the successful enrollment of referrals into social detox and residential treatment.

Lastly, while there is still uncertainty surrounding the pandemic and the impact of new COVID strains, STARR personnel are looking forward to emerging from the pandemic and increasing program outreach and enrollment.

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*COVID-19 has had a tremendous impact on the entire world, [and] our team is no exception. Since the start of the pandemic, we have had to continuously adjust our working style to fit within the limited operational parameters of the city, our collaborators, and our own organization. Over the last few months, this has been seen in short term organizational shutdowns, scarce resources, limited staffing, modified working hours, and limited face-to-face contact whenever possible. Unfortunately, none of this adjustment has been without consequence. As a team, we have had to build rapport with clients via technology, witness clients wait months to find housing, still to no avail, and work with collaborators we have never had the privilege of meeting, to ask for resources that just aren't available. Relationships with clients, communication overall, and even some paperwork has suffered during this time. So far, we have maneuvered this pandemic pretty well. We have continued to reach out to our clients, making sure to carry extra PPE and social distance when in person so, all parties are safe. We have also made new connections with other social service organizations that are working to achieve similar goals. And most importantly we have remained persistent in our efforts. – Felton Case Manager*

# Overview of Funded Program

## Program Background and Description

The 2019 Proposition 47 Supporting Treatment & Reducing Recidivism program (STARR) is designed to meet one of the most critical community care needs in San Francisco – providing additional residential treatment beds, low threshold outpatient case management, and wraparound support services for adults with co-occurring substance use disorder and mental health needs who have had contact with the criminal justice system. The program was designed to centralize intake, assessment, and triage at the Community Assessment Service Center (CASC), enabling individuals who are diverted or discharged from jail to immediately access SUD/MH treatment options, with multiple levels of engagement– a crucial and missing piece in serving this population, particularly for those who have high needs but are not yet “ready to engage” in traditional services.

The overall goal of STARR is to reduce incarceration and recidivism by strengthening city-wide initiatives focused on jail diversion, recovery, and community reentry for high-risk individuals with co-occurring disorders. Over the course of the grant, STARR will support: (1) 10 SUD social detox and 32 residential treatment beds; (2) outpatient case management with a Harm Reduction approach; and, (3) wraparound support services and referrals through the Community Assessment and Services Center (CASC), a one-stop reentry center. SFDPH partners with SF Adult Probation Department (APD) and Felton Institute to offer intake, assessment, and triage at the CASC during regular and extended evening hours.

The STARR program was designed with two distinct phases in mind. During Phase 1 (January 2020-June 2021), the STARR program builds on the 2017 Promoting Recovery and Services for the Prevention of Recidivism (PRSPR) program. Funding for STARR providing 5 SUD social detox beds in Years 1 and 2, in addition to the 5 provided in Years 1 and 2 by the 2017 PRSPR grant.

Phase 2 (July 2021 – December 2022) includes an expansion of social detox and the start of STARR residential treatment. Year 3 funding provides 10 social detox beds and 32 residential treatment beds, in addition to the 32 provided in Years 1 and 2 by the 2017 PRSPR grant. Grant funds also provide direct support to clients, including emergency funds for short-term housing stays, document fees, or other as-needed one-time financial supports.

The STARR program design is based on the following evidence-based strategies: (1) Meet people where they are by providing extensive outreach to individuals on the street and flexible entries to engagement/treatment for those diverted/discharged from jail; (2) High touch, Harm Reduction case management increases the likelihood of stabilization and successful engagement; (3) Engagement focused on participants’ own strengths, treatment goals and future plans allows for respectful and client-centered support; (4) Strengthening relationships between agencies and organizations throughout the system of care allows for information and resource sharing, and enhances service provision; and, (5) Collaboration throughout the system of care allows for the provision of individualized care and services and increases the likelihood of successful engagement (Harder & Co., 2018). In addition, all San Francisco Department of Public Health (DPH) programs and services are trauma-informed, client-centered, and based in principles of recovery and wellness.

DPH serves as the lead agency and is responsible for project coordination, grant administration, and facilitating connections to the DPH system of care. Grant-funded staff include a Behavioral Health Clinician (1.0 FTE) to oversee service utilization, client intake/assessment, and triage/placements, and 2 SF Adult Probation Officers (1.4 FTE) to staff the CASC in extended evening hours.

## **Logic Model**

HTA grounded the evaluation by working with the project manager and community-based partners to develop a logic model specifying STARR activities and how these additional activities are expected to lead to the outcomes specified in the grant application. The logic model is presented below.<sup>1</sup>

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<sup>1</sup> It is worth noting that while the attached Logic Model does still capture the inputs/resources, activities, outputs, outcomes and impacts of the program, it was not adapted to include the impact of COVID-19 on programming (which has been tremendous). For example, the CASC was closed for the duration of the reporting period, which changed how referrals and intakes were conducted. The Logic Model reflects how the program will be implemented when the CASC soon reopens.

The Context and Situation	
What you Know	What You Think
<p><u>Environment:</u> City and County of San Francisco (SF)</p> <p><u>Target population:</u> Adults with co-occurring substance use disorder (SUD) and mental health (MH) needs who have had contact with the criminal justice system</p> <p><u>Assets:</u> Robust network of providers in SF w/ extensive experience working with the target population</p> <p>Existing 2017 PRSPR Program infrastructure</p> <p><u>Challenges:</u> Limited affordable housing in SF</p> <p>Average of 6-week wait for residential SUD treatment (tx); shortage of SUD beds</p>	<p>Formerly incarcerated individuals with SUD and/or co-occurring disorders are best served by comprehensive residential SUD tx and outpatient MH services</p> <p>Lack of timely access to tx leads to SUD relapse and MH decline which can lead to homelessness and repeated incarceration</p> <p>High touch, harm reduction approach increases likelihood of stabilization and successful engagement</p> <p>Meeting clients where they are, conducting extensive outreach, and providing varying levels of care strengthens engagement and likelihood for success</p> <p>Strengths-based, future focused engagement and treatment allows for respectful and client-centered support</p> <p>Collaboration throughout the system of care allows for the provision of individualized care and services and increases the likelihood of successful engagement</p>

The Planned Work		
Inputs	Activities	Outputs
<p>Prop 47 Grant Award \$3,00,000 in-kind staff and resources, including from SF Department of Public Health (DPH), Offender Treatment Program (OTP), Treatment Access Program (TAP), Citywide, SF Adult Probation Dept. (APD)</p> <p>Existing 2017 PRSPR Program infrastructure</p> <p>Community Assessment and Services Center (CASC) (intake/ assessment staff, milieu support services)</p> <p>Salvation Army Harbor Lights facility and staff (10 social detox beds &amp; 32 residential treatment beds)</p> <p>DPH Behavioral Health Clinician (1.0 FTE)</p> <p>2 SF Adult Probation Officers (1.4 FTE)</p> <p>Felton Case Managers (4.0 FTE)</p> <p>Flexible Funds and Fiscal Intermediary (SF Public Health Foundation)</p>	<p>Expansion of CASC operating hours</p> <p>Referrals to CASC from jail staff and law enforcement</p> <p>Intake, needs assessments &amp; triage at CASC</p> <p>Wraparound support services and referrals through CASC</p> <p>Outpatient case management with a Harm Reduction approach (Felton)</p> <p>SUD treatment (social detox up to 2 weeks, residential treatment up to 6 months) (Salvation Army)</p> <p>Other direct support to clients as needed</p>	<p># individuals referred to CASC</p> <p># individuals receiving referral services from CASC</p> <p># and types of resources/referrals received at CASC</p> <p># individuals referred to outpatient case management</p> <p># individuals enrolled in outpatient case management services</p> <p># participant meetings with case manager</p> <p># participants with Individualized Intervention Plans (IIP)</p> <p># individuals enrolled in social detox</p> <p># completing detox</p> <p># social detox bed days occupied</p> <p># individuals enrolled in residential treatment (FY21-22)</p> <p># residential treatment bed days occupied (FY21-22)</p> <p># participants completing residential treatment (FY21-22)</p>

The Intended Results	
Short-term Outcomes	Long-term Outcomes
<p><b>Individuals triaged into appropriate referral services</b></p> <ul style="list-style-type: none"> <li>- 200 individuals referred to CASC for needs assessment and triage annually</li> <li>- 40% of referred individuals receive some resources through CASC</li> </ul> <p><b>Individuals triaged into appropriate treatment services</b></p> <ul style="list-style-type: none"> <li>- 40% of individuals coming into CASC for needs assessment/triage referred to outpatient case management services annually</li> <li>- 60% of individuals connected to grant-funded outpatient case management services engage with a case manager at least once</li> <li>- 100% of participants who engage with a case manager receive an IIP</li> <li>- 90% occupancy rate for social detox/residential treatment beds</li> <li>- 50% of individuals enrolled in social detox successfully complete their treatment by meeting their individualized goals</li> </ul>	<p><b>Participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in STARR</b></p> <ul style="list-style-type: none"> <li>- 33% of individuals assessed by this project will demonstrate lower recidivism rates than in a comparable period prior to admission.</li> <li>- Individuals assessed will utilize 50% fewer jail bed days per year than they did prior to program participation.</li> </ul>
<b>Impact</b>	
<p>Reduce incarceration and recidivism by strengthening city-wide initiatives focused on jail diversion, recovery, and community reentry for high-risk individuals with co-occurring disorders</p>	

## Program Goals & Objectives

As stated in the grant application:

**Goal 1:** Successfully triage individuals into appropriate referral services.

- 1.1: At least 200 individuals will be referred to the CASC for needs assessment and triage annually.
- 1.2: 40% of referred individuals will receive some resources (e.g., employment services, benefits assessments, support groups, housing assessments, etc.) through the CASC.

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

- 2.1: At least 40% of individuals coming into the CASC for needs assessment/triage will be referred to outpatient case management services annually.
- 2.2: At least 60% of individuals connected to grant-funded outpatient case management services will engage with a case manager at least one time.
- 2.3: 100% of participants who engage with a grant-funded case manager will receive an Individualized Intervention Plan (IIP).
- 2.4: Maintain at least 90% occupancy rate for social detox/residential treatment beds.
- 2.5: 50% of individuals enrolled in social detox 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.

- 3.1: As a cohort, 33% of individuals who have been assessed by this project will demonstrate lower recidivism rates than in a comparable period prior to admission.
- 3.2: As a cohort, individuals assessed by this project will utilize 50% fewer jail bed days per year than they did prior to program participation.

## Evaluation Methodology

Hatchuel Tabernik & Associates (HTA) is conducting an independent evaluation of the Supporting Treatment and Reducing Recidivism (STARR) program. HTA is using a **utilization-focused approach** combining mixed methods of program data, interviews, focus groups, and surveys to address the impact of the Proposition 47 grant funds on STARR clients. Utilization-based evaluation is an approach whereby the evaluation activities *from beginning to end* are focused on the *intended use by the intended users*.<sup>2</sup> Additionally, the evaluation focuses on both process and outcome elements. The process evaluation is oriented towards providing information on how to continuously revise and improve the program, as needed. The outcome evaluation is focused on describing the program's outcomes cumulatively over the three-year period.

**Process Evaluation.** The process evaluation includes a continuous improvement model to program implementation by addressing fidelity to the program plan and monitoring specific program goals (i.e., number assessed, number referred, services received, etc.). Process data include: (1) Service utilization records (e.g., intake forms, assessments, IIPs, services, referrals, exits); (2) Minutes from meetings and check-in calls with project staff; (3) Annual interviews/focus groups

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<sup>2</sup>Patton, M.Q. (2012). *Essentials of Utilization-Focused Evaluation*. Thousand Oaks, CA: SAGE Publications, Inc.

with key staff and partners including SA, Felton, UCSF/ Citywide and Adult Probation (CASC staff). Data is pulled through coordinated efforts from multiple sources, including Avatar (the SFDPH electronic health records system), current partner instruments, validated assessments, and case logs. Additionally, to monitor fidelity to the program model, HTA participates in quarterly Implementation Team meetings, and conducts periodic check-ins and interviews with program leadership and partners to discuss program developments. Topics of discussion include successes/challenges in recruitment and engagement, client progress, areas for improvement, evidence-based best practices utilized.

**The following evaluation questions were designed to guide our process evaluation:**

1. Is the target population being reached? What is the profile of individuals being referred to STARR program services (SUD treatment beds, outpatient case management, and referral services)?
2. What services are provided as a part of social detox and/or residential treatment?
3. What services are provided as a part of outpatient case management?
4. What do transitions look like between engagement level?
5. What are the successes and challenges that emerge throughout the implementation of the program?
6. Do any barriers emerge to program entry, connecting clients with services, and retention? If so, how are they overcome?

Process data is collected from program partners on a quarterly basis. Sources include:

- STARR SFDPH Intake and Referral Forms
- Salvation Army Case Log
- Felton Case Log
- Quarterly Implementation Team Meeting Minutes
- Partner Interviews
- Participant Focus Groups

**Outcome Evaluation.** The outcome evaluation utilizes a pre-post design to study whether the program achieved its stated outcomes (i.e., engagement with services, successful completion of individualized treatment plan goals, lower recidivism rates, etc.). Information is collected from program participants during two time periods: once before participants receive treatment at their time of enrollment (baseline) and once to measure outcomes immediately after treatment has concluded. For the first two years of the grant, outcome data was collected only on those participants who engaged in social detox and outpatient case management. In year three, data will also be collected on individuals engaged in residential treatment.

Client outcome data is stored in and pulled from secure and long-established DPH and partner databases including Avatar and CIRCE. HTA uses partner databases and tracking spreadsheets to collect baseline demographics (e.g., age, gender, race/ethnicity) and outcome data. Additionally, data sources include client assessments, intakes, referral forms, and program completion forms. Recidivism data is sourced from the District Attorney's Office, with whom HTA has a current MOU. Analysis of these data include the exploration of differences in outcomes by populations of interest.

In Year 3 of the program, HTA will facilitate focus groups with participants to explore changes in mental health, substance use, and sense of well-being, as well as perceived program impact and satisfaction.

Because recidivism is of particular interest for this grant, this outcome is a highlight of the evaluation. For this study, only the BSSC definition of recidivism is used: 1) the conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction. We will be exploring recidivism within the SF Jail system specifically for each individual for up to three years prior and up to three years after enrollment in the STARR program. Because admission to the program is rolling, it will be most useful to conduct this study using a cohort model, taking into account the length of time an individual is involved with the STARR program. For example, an individual who enrolls at the start of the first year of programming cannot be compared equally to an individual who enrolls toward the end of the third year. More time will have passed for the first individual since discharge from treatment, allowing for more time to recidivate. Therefore, recidivism for this study will be calculated as if they were follow-up rates, calculating pre-post recidivism rates for each individual at 6-month intervals following their enrollment in STARR.

We plan to analyze convictions and bookings for clients pre- and post- enrollment in STARR in order to determine whether the program had an effect on recidivism, though causation will not be able to be inferred. Given that the San Francisco District Attorney's office recently underwent a change in leadership that likely affected prosecution in the City and County, it may be challenging to truly disengage the recidivism outcomes seen among STARR participants from outside factors. In addition, this program is considered to be part of a collaborative system of care and collection of programs in San Francisco that are aimed at reducing recidivism, especially among residents with SUD and MH needs. Therefore, we are looking at the contribution of this program to that wider system, rather than individual attribution. If appropriate, and with available data, we will do our best to compare the recidivism rates seen among participants to City and County-wide rates to compare trends over time.

The following evaluation questions that were designed to guide our outcome evaluation of recidivism and all other outcome measures:

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 is the profile of clients who successfully complete detox/residential SUD treatment?
3. What is the profile of clients who successfully complete outpatient case management?
4. Do clients recidivate?

As with the process evaluation, data is collected from partners on a quarterly basis, the sources of which include:

- STARR SFDPH Intake and Referral Forms
- Salvation Army Case Log
- Felton Case Log
- Quarterly Implementation Team Minutes
- Partner Interviews
- Participant Focus Groups
- SF Jail Arrest Data

# Evaluation Findings: Process

## Target Population and Population Reached

**As planned.** As outlined in the original grant, the target population for STARR is adults living in San Francisco County with co-occurring substance use disorder and mental health needs who have had contact with the criminal justice system. Underserved populations—including individuals experiencing homelessness, low-income folks, and Black individuals—are disproportionately represented in the San Francisco County Jail (SFCJ) population. At the start of the program, 38% of individuals booked at SFCJ were Black, despite only 5% of the San Francisco population identifying as Black. Based on Behavioral Health Services data on substance use residential treatment, STARR also anticipated that the target population would be largely people of color and male.

**Progress to date.** STARR has been successful in ensuring that clients served by the program fall within the target population by assessing at intake to ensure they meet the criteria for program participation. Overall, individuals referred to and enrolled in social detox have followed the demographic trends expected (see Table 1 below). Both referrals and participants enrolled have been disproportionately male, and the most commonly reported race/ethnicities were White (37% of referrals and 36% of enrollees) and Black (33% of referrals and 27% of enrollees). The average age for both referrals and enrollees to social detox is 38 years old. Due to small sample sizes, it is currently too soon to identify any significant demographic differences between individuals referred to, enrolled in, and successfully completing detox.

Similarly for case management services, both referrals and individuals who have engaged with case management have been disproportionately male, and the most commonly reported race/ethnicities were Black (40% of referrals and 41% of enrollees) and White (30% of referrals and 36% of enrollees). The average age for case management referrals is 40, and for individuals engaged in case management the average age is 39 (see Table 2 below).

**Table 1. Demographics of Social Detox Referrals, Jan 2020 - Mar 2021**

	Referred to Social Detox (N=30)	Enrolled in Social Detox (N=11)
Gender (%)		
Female	40% (12)	36% (4)
Male	57% (17)	64% (7)
Other	3% (1)	0% (0)
Race/Ethnicity (%)		
African-American/Black	33% (10)	27% (3)
Asian	7% (2)	18% (2)
Hispanic/Latinx	17% (5)	9% 1
Native American	0% (0)	0% (0)
Pacific Islander	3% (1)	0% (0)
Multi-Ethnic	0% (0)	0% (0)
White	37% (11)	36% (4)
Other/Not Stated	3% (1)	9% (1)
Age		
Years (mean)	38	38
Years (range)	22-61	23-58

**Source: HLC-Salvation Army admission records; Felton Institute Case Log.** Demographics of STARR participants completing social detox are not reported due to small sample size to ensure patient confidentiality.

**Table 2. Demographics of Case Management Referrals, Jan 2020 - Mar 2021**

	Referred to Case Management (N=40)	Engaged in Case Management (N=22)
Gender (%)		
Female	38% (15)	41% (9)
Male	60% (24)	59% (13)
Other	3% (1)	0% (0)
Race/Ethnicity (%)		
African-American/Black	40% (16)	41% (9)
Asian	5% (2)	9% (2)
Hispanic/Latinx	8% (3)	5% (1)
Native American	0% (0)	0% (0)
Pacific Islander	0% (0)	0% (0)
Multi-Ethnic	5% (2)	0% (0)
White	30% (12)	36% (8)
Other/Not Stated	13% (5)	9% (2)
Age		
Years (mean)	40	39
Years (range)	22-62	22-60

**Source: HLC-Salvation Army admission records; Felton Institute Case Log.** Demographics of STARR participants completing social detox are not reported due to small sample size to ensure patient confidentiality.

## Referrals/Intakes

**As planned.** Originally, it was planned that all STARR referrals would be received at the CASC for triage and intake before being referred for case management or SUD services. The goal was for the CASC to receive 200 referrals annually for STARR, bringing the total number of referrals to 600 individuals over the course of the program. When the CASC closed due to COVID-19, the STARR team pivoted and leveraged existing partnerships—in particular, Jail Behavioral Health Services—to source referrals to the program. Referral targets have not been met, but are anticipated to improve over Phase 2 of the program.

**Progress to date.** The primary source for referrals during the reporting period was Jail Behavioral Health Services, with 52 of 58 (90%) of referrals coming from JBHS (see Table 3 below). This was a deviation from the original plan to have all referrals triaged, assessed, and referred to services through the CASC. At the onset of the pandemic, the CASC closed for COVID-19 precautions and the main source of referrals became JBHS making referrals for individuals being released from jail.

Since the start of the program (January 1, 2020) through the end of Quarter 6 (March 31, 2021), there have been a total of 30 referrals to Salvation Army – Harbor Light Center at Salvation Army (see Table 4 below). Of these referrals, there were 11 enrollments into social detox. To date, three individuals have successfully completed social detox. STARR has also received 40 referrals to Felton case management, and 22 of these referrals have been enrolled in the program and engaged with case management at least once (see Table 5 below).

Table 3. STARR Referral Sources by Quarter, Jan 2020 - Mar 2021

Quarter	Felton	JBHS	SFPD, Sheriff	Salvation Army	Other	TOTAL
Q1 (Oct – Dec '19)	Planning Period					
Q2 (Jan – Mar '20)	Planning Period					
Q3 (Apr – Jun '20)	0	2	0	0	0	2
Q4 (Jul – Sept '20)	1	16	1	0	0	18
Q5 (Oct – Dec '20)	0	22	0	0	1	23
Q6 (Jan – Mar '21)	0	13	0	0	2	15
<b>Total</b>	<b>1</b>	<b>53</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>58</b>

Source: SFDPH STARR referral records. "Other" indicates a variety of sources (e.g. self-referrals).

Table 4. STARR Social Detox Referrals and SA-HLC Admits by Quarter, Jan 2020 - Mar 2021

Quarter	Referrals	Enrollments
Q1 (Oct – Dec '19)	Planning Period	
Q2 (Jan – Mar '20)	Planning Period	
Q3 (Apr – Jun '20)	2	1
Q4 (Jul – Sept '20)	12	2
Q5 (Oct – Dec '20)	11	5
Q6 (Jan – Mar '21)	5	3
<b>Total</b>	<b>30</b>	<b>11</b>

Source: SFDPH STARR referral records; HLC-Salvation Army admission records

Table 5. STARR Case Management Referrals and Participants by Quarter, Jan 2020 - Mar 2021

Quarter	Referrals	Enrollments
Q1 (Oct – Dec '19)	Planning Period	
Q2 (Jan – Mar '20)	Planning Period	
Q3 (Apr – Jun '20)	1	0
Q4 (Jul – Sept '20)	12	5
Q5 (Oct – Dec '20)	15	5
Q6 (Jan – Mar '21)	12	12
<b>Total</b>	<b>40</b>	<b>22</b>

**Source: Felton Institute Case Log.** Referrals refer to referrals made within the specified quarter, while Participant tallies refer to individuals first engaging with case management within the specified quarter. Some participants were referred in an earlier quarter, but did not connect with case management until a subsequent quarter.

## Services Provided

### SUD Services

**As planned.** During Phase 1 of the program, the Salvation Army – Harbor Light Center (SA-HLC) facility was contracted to provide 5 social detox beds. Participants are able to stay in detox for up to two weeks for stabilization. At the start of the program, a goal was set for SA-HLC STARR-funded beds to maintain an occupancy rate of 90%.

**Progress to date.** Over the reporting period, the average occupancy rate for the 5 social detox beds at SA-HLC was 5% (see Table 6 below). STARR program partners are positive that these rates will improve as pandemic restrictions loosen. Additionally, steps are being taken to increase capacity at SA-HLC and shorten the time between detox intake and enrollment. These strategies include building capacity for on-site COVID testing and securing additional space for referrals to safely quarantine while individuals wait to be enrolled into detox.

Table 6. Social Detox Occupancy Rates by Quarter, Jan 2020 - Mar 2021

Quarter	Social Detox
Q1 (Oct – Dec '19)	Planning Period
Q2 (Jan – Mar '20)	Planning Period
Q3 (Apr – Jun '20)	2%
Q4 (Jul – Sept '20)	7%
Q5 (Oct – Dec '20)	3%
Q6 (Jan – Mar '21)	6%
<b>Overall</b>	<b>5%</b>

**Source: SFDPH Database (Avatar)**

Table 7. STARR Social Detox Length of Stay (Days), Jan 2020 - Mar 2021

	Mean	Std. Dev.	Range
All Admits <sup>3</sup> (N=11)	7.3	6.0	1 - 16

**Source: SFDPH Database (Avatar)**

<sup>3</sup> Only admits with an exit date during the reporting period were included in the analysis.

## Outpatient Case Management Services

**As planned. SFDPH contracted** with Felton Institute to provide low to moderate threshold outpatient case management services—including linkage to medication assisted treatment, transportation and support to appointments, flexible funds, connection to shelters, and street outreach. As written in the grant, Felton would assign four case managers to provide a total of 70 client slots. Two case managers would work part time at the CASC to receive warm-handoffs from the DPH Clinician. Case Managers would co-develop an Individualized Intervention Plan (IIP) with each client they meet. IIPs are based on Harm Reduction principles and connect clients to the city’s extensive network of services, such as physical health services, transitional housing, employment, public benefits, and other services. An objective was set at the start of STARR that 100% of individuals engaged in case management would receive an IIP.

**Progress to date.** To date, 69% (40 of 58) of STARR referrals have been referred for outpatient case management, exceeding the original objective for 40% of all referrals to be referred to case management. Of the 22 individuals who have had contact with a case manager at least once, 14 (64%) received an Individualized Intervention Plan (see Table 8 below).

Through case management, STARR participants have been connected to a range of additional support services including housing support, food assistance, and support with basic necessities (see the follow section “Referral Services” for more detail).

**Table 8. STARR Individualized Intervention Plans by Quarter, Jan 2020 - Mar 2021**

<b>Quarter</b>	<b>% of Case Management Clients Receiving an IIP</b>
Q1 (Oct – Dec '19)	Planning Period
Q2 (Jan – Mar '20)	Planning Period
Q3 (Apr – Jun '20)	N/A (0 of 0)
Q4 (Jul – Sept '20)	100% ( 5 of 5)
Q5 (Oct – Dec '20)	20% (1 of 5)
Q6 (Jan – Mar '21)	67% (8 of 12)
<b>Total</b>	<b>64% (14 of 22)</b>

Source: Felton Institute Case Log

## Additional Support Services

**As planned.** STARR was designed with the intention of providing wraparound support for individuals referred to the program. Individuals could be connected to additional support services through Felton, Salvation Army, or directly through the CASC which would include a wide range of assistance—from help applying for food assistance, to housing support, to legal resources.

**Progress to date.** Of the 58 individuals referred to STARR over the first two years, 33 (57%) have received some additional support services—well above the initial target of 40% of referrals. Overall, the most commonly reported support services were case management, housing support, and food assistance (see Table 9 below).

Table 9. Primary Services Provided by Quarter, Jan 2020 - Mar 2021

Most Frequently Provided Support Services						
Q1	Q2	Q3	Q4	Q5	Q6	Overall
Planning Period	Planning Period	Case Mgmt (1) Housing (1) Food assistance (1) Basic needs (1) Legal (1)	Case Mgmt (8) Housing (6) Food assistance (5)	Case Mgmt (13) Housing (11) Food assistance (9) Basic needs (9)	Case Mgmt (24) Housing (16) Basic needs (11)	Case Mgmt (46) Housing (34) Food assistance (25)

## Additional Low Engagement Services

**As planned.** As it was originally written, all individuals who are assessed and triaged for STARR by the DPH Clinician are to be informed of and/or linked to support services at the CASC. For clients who are not ready to enroll in case management, detox, or residential treatment services, these linkages and referrals to milieu support services are the only STARR activity that they engage in. Support services at the CASC were to include support groups conducted by UCSF Citywide Case Managers, vocational and employment skill development, educational classes, housing assessments, and benefits assistance. Individuals receiving these services are not considered enrolled in STARR, but are to be reported as assessed/engaged.

**Progress to date.** The CASC remained closed over the reporting period, considerably limiting the capacity of STARR to connect referrals to milieu support services. This is anticipated to change soon as the CASC re-opens.

## Implementation Challenges and Barriers

Many STARR program procedures could not be implemented as planned for Phase 1 of the program. The CASC, which was intended to be a central hub for triage/assessment, as well as connecting referrals to milieu support services, remained closed through Quarter 6 of the program. JBHS became the main source of referrals, and unpredictable release times made it difficult for program partners to connect with some potential clients as they exited custody. Salvation Army – Harbor Light Center faced capacity constraints that were largely due to the pandemic—from staffing shortages, to a COVID outbreak, to securing the resources to allow for on-site quarantine and

COVID testing to ensure that clients were not lost before detox enrollment. COVID-19 restrictions also made warm handoffs infeasible much of the time, as facilities placed strict limits on visitation.

## Implementation Successes

Despite all the challenges that COVID-19 presented to program implementation, STARR has had successes as well during this time. STARR exceeded its goal to refer 40% of individuals assessed for the program to case management services, with 69% of individuals assessed being referred. By the end of the reporting period, 86% of all new referrals were being referred for case management. Of those referred, 55% have engaged with case management at least once. Thus far, STARR has also exceeded its goal to provide wraparound support to clients: 57% of all referrals have been connected to some resources, compared to the initial program target of 40%. And while progress is still to be made to increase utilization of STARR SUD services, several participants have already successfully completed social detox through the program.

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*“One of the goals that I had for the STARR program this year was growth. So, I am particularly proud of the fact that there has been a steady stream of client referrals over the last few months. While we have a ways to go in getting the process streamlined, we are off to a good start. Another goal that the team had was to effectively assist clients in the changes that they wanted to make. Those clients who choose to actively participate in the resources we are able to offer are regularly meeting their goals. Two clients that we’re most proud of have made great strides in becoming closer to living a more stable life; including attending to their mental health needs regularly and reconnecting with their families.” – Felton Case Manager*

## Evaluation Findings: Outcomes

### Preliminary Recidivism Outcomes

Because BSCC requires annual reporting on recidivism, STARR has processed and analyzed data for Year 1 of the program. To report on recidivism, arrest data from the San Francisco City and County District Attorney’s records was secured. Data spanning from January 2019 (one year prior to the start of STARR) through December 2020 (the end of year one of the program) was analyzed. There were 13 individuals enrolled in the program within Year 1 of STARR. Of these 13 individuals, none had recidivated by December 2020.<sup>4</sup> While this finding is encouraging, it is still very early in programming; more time needs to pass for meaningful conclusions to be drawn from this data.

The arrest records used are only of arrests occurring in San Francisco City and County, and do not include warrants for arrests in other cities or counties.

Among those in the recidivism dataset, there were 52 arrests in the year prior to enrollment (though over half of these were one individual) and 4 convictions. At the end of STARR Year 1, there were 9 arrests on record, but no convictions.

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<sup>4</sup> Not all 13 individuals within our dataset had arrest data in the San Francisco City and County DA’s records.