

*Supporting Treatment and Reducing
Recidivism (STARR)*

Final 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 was funded for \$6 million dollars for 43 months (Oct 1, 2019-May 15 2023). STARR was 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 funded 40 residential SUD treatment beds (3-6 months stay), as well as 10 withdrawal management (social detox) beds, at Salvation Army Harbor Light Center. The grant also provided funding for outpatient case management with a Harm Reduction approach through Felton Institute.

Progress toward intended goals: January 2020 through February 2023

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.	Target achieved As of February 15, 2023, 681 total individuals had been referred to STARR for assessment. However, due to COVID policies, these referrals were processed from a wide range of SFDPH partners rather than through the CASC.
1.2: 40% of referred individuals will receive some resources (e.g., employment services, benefits assessments, support groups, housing assessments, etc.) through the CASC.	Target achieved Of the 681 individuals referred to STARR over the reporting period, 487 (71%) received some resources. However, the 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 withdrawal management services.

Goal 2: Successfully triage individuals into appropriate treatment services (SUD Treatment, Outpatient/Case Management services).	
Objective	Status
2.1: At least 40% of individuals coming into the CASC for needs assessment/triage will be referred to outpatient case management services annually.	Target not achieved Of the 681 individuals referred to STARR throughout the grant period, 198 (29%) were referred for case management services. The others were referred only to withdrawal management and/or residential treatment.
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.	Target achieved Of the 198 individuals referred to outpatient case management services over the reporting period, 126 (64%) met with a case manager at least once.
2.3: 100% of participants who engage with a grant-funded case manager will receive an Individualized Intervention Plan (IIP).	Target not achieved Of the 126 individuals who have had contact with a case manager at least once, 90 (71%) received an Individualized Intervention Plan.
2.4: Maintain at least 90% occupancy rate for withdrawal management (social detox)/residential treatment beds.	Target not achieved Over the full grant period, the withdrawal management/residential treatment bed occupancy rate was 47%. The occupancy rate was highest in Q14 (January 1 st , 2023 – February 15 th , 2023) at 73%.
2.5: 50% of individuals enrolled in withdrawal management will successfully complete their treatment by meeting their individualized treatment goals.	Target achieved Over the full grant period, 319 individuals were enrolled in and exited withdrawal management. Of those 319 individuals, 166 (52%) successfully completed treatment.
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.	
Objective	Status
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.	Target achieved Of 624 individuals in the recidivism dataset, only 11 recidivated after engaging in STARR services over the reporting period.
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.	Not reported Data was not available for this objective.

Project Accomplishments

While outside factors (namely the COVID-19 pandemic) caused challenges with getting the STARR program off the ground over Phase 1, the program eventually met several of its original objectives and was demonstrated to have a positive impact on participants:

- **STARR achieved its overall and annual referral goals.** After a slow start due to pandemic restrictions, referrals to STARR picked up during the second half of the grant period. By the end of the program, 681 individuals had been referred for services.
- **Many participants received wrap-around care and connection to support services.** STARR exceeded its goal to refer 200 individuals per year, with the program processing 681 referrals overall. STARR also far exceeded its goal to refer 40% of assessed individuals to services, with 71% of individuals referred receiving some form of services through the program. The most frequently cited support services accessed by participants are case management, basic necessities, and food assistance.
- **Participants successfully completing withdrawal management.** Over the reporting period, 52% of participants successfully completed withdrawal management, meeting the grant goal of a 50% success rate.
- **High level of engagement with case management services.** The program also exceeded its goal that at least 60% of those referred to case management meet with a case manager at least once: over the reporting period, 64% of individuals referred to case management engaged with a Felton case manager at least once.
- **Low recidivism rates among individuals engaged with STARR.** By the end of Year 3 of the program, only 11 of 624 individuals had recidivated after enrolling in the program for a recidivism rate of 1.8%. While it is still too soon to determine the long-term impacts of STARR on recidivism among the target population, these initial results indicate that recidivism rates have been low among individuals engaged with the program.
- **Partners have demonstrated adaptability, flexibility, and responsiveness to program challenges.** Since its inception, STARR 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 facilitated flexibility and open lines of communication among program staff as challenges arose. 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 was closed for the half of the grant period and was gradually reopened throughout the second half.** 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 when 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 for a large portion of the grant period.

- **Narrowed pool of potential clients.** With most referrals coming from JBHS for the first two years of the grant, 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 withdrawal management facility, which left them unable to enroll referrals made between January 27th and March 16th. 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 withdrawal management created a bottleneck. Lastly, during the first half of the grant period, 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.** With pandemic restrictions in place to varying degrees over the course of the program, it was difficult for case managers to meet with clients where they were—whether that be as they are leaving jail or while they are at Harbor Light Center. This also contributed to difficulty with developing Individualized Intervention Plans (IIPs) upon case managers' initial meetings with clients.

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

Conclusion

Did the project work as intended?

While the pandemic initially posed myriad challenges to the reach of the STARR program, it still largely worked as intended:

- STARR clients were able to access withdrawal management, residential treatment, case management, and wrap-around support services
- Five of nine original program objectives were met, with another one nearly met
- By the end of Year 3 of the program, only 1.8% of individuals referred to STARR had recidivated after enrollment to the program

- STARR served 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

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) was 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 complex needs but are not yet “ready to engage” in traditional services.

The overall goal of STARR was 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 supported: (1) 10 SUD social withdrawal management and 40 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 would build on the 2017 Promoting Recovery and Services for the Prevention of Recidivism (PRSPR) program. Funding for STARR providing 5 SUD withdrawal management 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) would include an expansion of withdrawal management and the start of STARR residential treatment. Year 3 funding provided 10 withdrawal management beds and 40 residential treatment beds, in addition to the 32 provided in Years 1 and 2 by the 2017 PRSPR grant. Grant funds would also provide direct support to clients, including emergency funds for short-term housing stays, document fees, or other as-needed one-time financial supports.

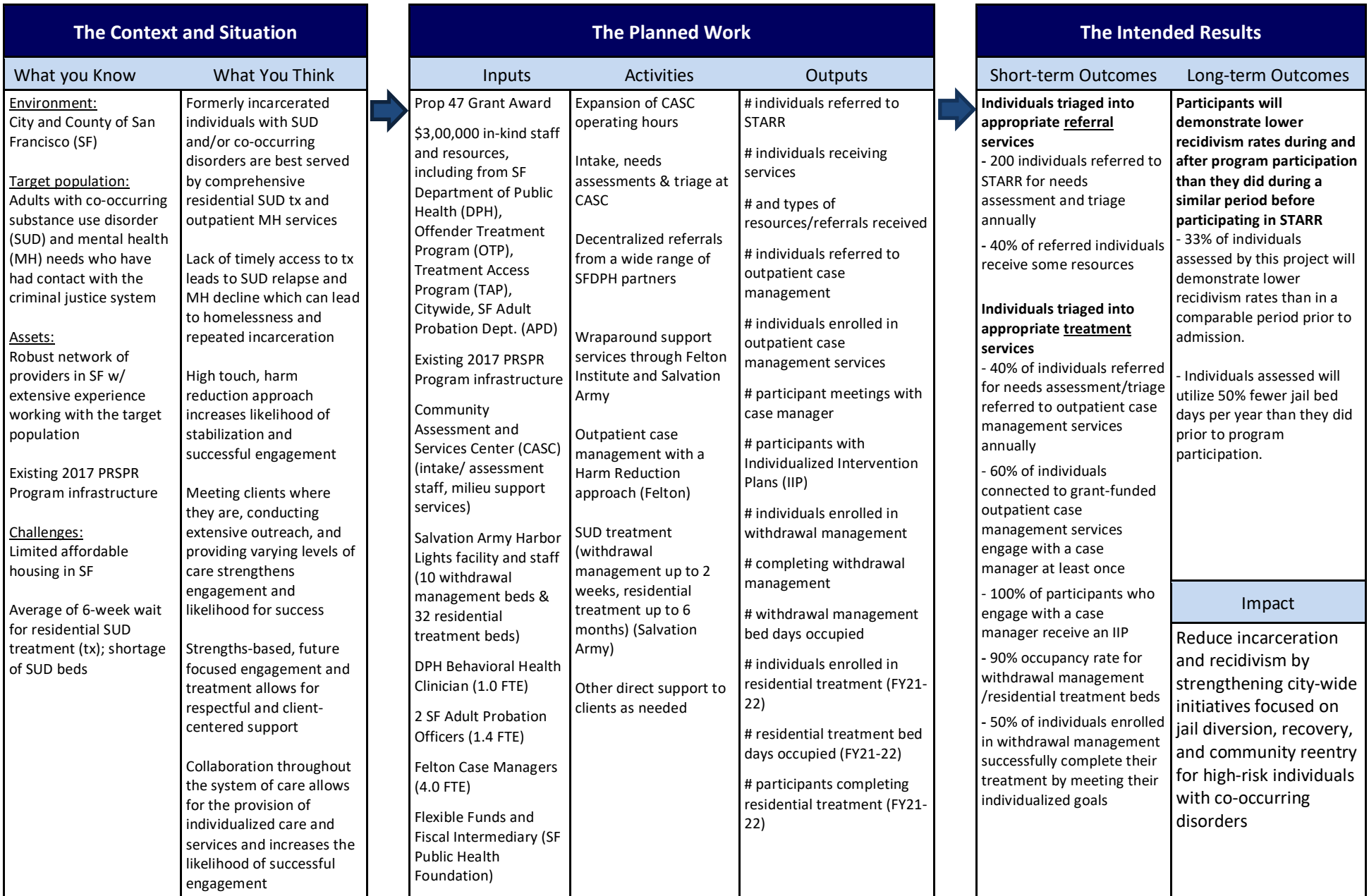
The STARR program design was based on the following evidence-based strategies: (1) Meet people where they are by providing extensive outreach to individuals on the street and flexible entries to engagement/treatment for those diverted/discharged from jail; (2) High touch, Harm Reduction case management 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 served as the lead agency and was responsible for project coordination, grant administration, and facilitating connections to the DPH system of care. Grant-funded staff included a Behavioral Health Clinician (1.0 FTE) to oversee service utilization, client intake/assessment, and triage/placements, four Felton Institute Case Managers (4.0 FTE), 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.¹

¹ 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 fully adapted to include the impact of COVID-19 on programming (which has been tremendous). For example, the CASC was closed for the first half of the grant, which changed how referrals and intakes were conducted. The Logic Model reflects how the program was implemented as the CASC gradually reopened during the second half of the grant. While the CASC reopened, the program maintained a decentralized referral system, and the CASC was not the primary location for triage as originally anticipated in the grant.



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 withdrawal management/residential treatment beds.
- 2.5: 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.

- 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) conducted an independent evaluation of the Supporting Treatment and Reducing Recidivism (STARR) program. HTA used 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*.² Additionally, the evaluation focused on both process and outcome elements. The process evaluation was oriented towards providing information on how to continuously revise and improve the program, as needed. The outcome evaluation was focused on describing the program's outcomes cumulatively over the three-year period.

Process Evaluation. The process evaluation included 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)

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

Minutes from meetings and check-in calls with project staff; (3) Interviews/focus groups with key staff and partners including SA, Felton, UCSF/ Citywide and Adult Probation (CASC staff). Data was 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 participated in quarterly Implementation Team meetings, and conducts periodic check-ins and interviews with program leadership and partners to discuss program developments. Topics of discussion included 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 withdrawal management 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 was 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 & Surveys
- 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 was 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 withdrawal management and outpatient case management. In year three, data was also collected on individuals engaged in residential treatment.

Client outcome data was stored in and pulled from secure and long-established DPH and partner databases including Avatar and CIRCE. HTA used partner databases and tracking spreadsheets to collect baseline demographics (e.g., age, gender, race/ethnicity) and outcome data. Additionally, data sources included client assessments, intakes, referral forms, and program completion forms. Recidivism data was 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 also facilitated a focus group 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.

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.

The following evaluation questions 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 withdrawal management/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 was 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 withdrawal management 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 Black (36% of referrals and 38% of enrollees) and White (28% of referrals and 24% of enrollees). The average age for both referrals and enrollees to withdrawal management is 40 years old. No significant demographic differences were identified between individuals enrolled in withdrawal management and those referred to withdrawal management who were not enrolled.

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 (34% of referrals and 37% of enrollees) and White (30% of referrals and 28% of enrollees). The average age for both case management referrals and enrollees is 39 (see Table 2 below). There were not significant demographic differences between individuals enrolled in case management and those who were referred but did not enroll in case management.

Table 1. Demographics of Withdrawal Management Referrals, Jan 2020 – Feb 2023

	Referred to Withdrawal Management (N=434)	Enrolled in Withdrawal Management (N=319)
Gender (%)		
Female	17% (74)	17% (54)
Male	77% (334)	76% (243)
Other	6% (26)	7% (22)
Race/Ethnicity (%)		
African-American/Black	36% (155)	38% (120)
Asian	4% (19)	5% (16)
Hispanic/Latinx	17% (72)	16% (51)
Native American	4% (17)	3% (11)
Pacific Islander	1% (5)	1% (4)
White	28% (123)	24% (77)
Other/Not Stated	12% (50)	13% (40)
Age		
Years (mean)	40	40
Years (range)	19-71	19-71

Source: HLC-Salvation Army admission records; Felton Institute Case Log.

Table 2. Demographics of Case Management Referrals, Jan 2020 – Feb 2023

	Referred to Case Management (N=198)	Engaged in Case Management (N=126)
Gender (%)		
Female	23% (46)	27% (34)
Male	67% (132)	63% (79)
Other	9% (17)	10% (13)
Race/Ethnicity (%)		
African-American/Black	34% (67)	37% (47)
Asian	2% (4)	3% (4)
Hispanic/Latinx	18% (35)	13% (16)
Native American	0% (0)	0% (0)
Pacific Islander	1% (2)	1% (1)
White	39% (57)	28% (35)
Other/Not Stated	15% (30)	12% (23)
Age		
Years (mean)	39	39
Years (range)	19-75	20-72

Source: HLC-Salvation Army admission records; Felton Institute Case Log.

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. As pandemic restrictions loosened, SFDPH continued to leverage partnerships and utilize a decentralized referral approach, and referral targets were eventually met during Phase 2 of the program.

Progress to date. Over the course of the program, referrals were received from a wider range of SFDPH partners than originally anticipated (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. As the CASC gradually reopened, STARR continued its decentralized referral approach adopted during lockdown.

Over the course of the program (January 1, 2020 – February 15, 2023), there were a total of 434 referrals for withdrawal management to Salvation Army – Harbor Light Center at Salvation Army (see Table 4 below). Of these referrals, there were 319 enrollments into withdrawal management. STARR also received 198 referrals to Felton case management, and 126 of these referrals were 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 - Feb 2023

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	15	1	0	1	18
Q5 (Oct – Dec '20)	0	22	0	0	1	23
Q6 (Jan – Mar '21)	0	13	0	0	2	15
Q7 (Apr – Jun '21)	0	10	0	0	0	10
Q8 (Jul – Sept '21)	0	10	0	0	54	64
Q9 (Oct – Dec '21)	0	14	1	0	62	77
Q10 (Jan – Mar '22)	0	20	3	3	87	113
Q11 (Apr – Jun '22)	0	17	1	8	83	109
Q12 (Jul – Sept '22)	1	2	3	27	65	98
Q13 (Oct – Dec '22)	0	3	2	27	66	98
Q14 (Jan – Feb 15, 2023)	0	3	2	18	31	54
Total	2	131	13	83	452	681

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

Table 4. STARR Withdrawal Management Referrals and SA-HLC Admits by Quarter, Jan 2020 - Feb 2023

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)	14	6
Q5 (Oct – Dec '20)	11	6
Q6 (Jan – Mar '21)	5	4
Q7 (Apr – Jun '21)	4	3
Q8 (Jul – Sept '21)	42	28
Q9 (Oct – Dec '21)	36	29
Q10 (Jan – Mar '22)	55	41
Q11 (Apr – Jun '22)	61	43
Q12 (Jul – Sept '22)	89	58
Q13 (Oct – Dec '22)	81	75
Q14 (Jan – Feb 15, 2023)	34	25
Total	434	319

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	1
Q4 (Jul – Sept '20)	12	10
Q5 (Oct – Dec '20)	15	14
Q6 (Jan – Mar '21)	12	9
Q7 (Apr – Jun '21)	9	5
Q8 (Jul – Sept '21)	14	12
Q9 (Oct – Dec '21)	22	10
Q10 (Jan – Mar '22)	48	31
Q11 (Apr – Jun '22)	39	24
Q12 (Jul – Sept '22)	9	4
Q13 (Oct – Dec '22)	9	5
Q14 (Jan – Feb 15, 2023)	8	1
Total	198	126

Source: Felton Institute Case Log. Referrals were made within the specified quarter, while Enrollments 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 withdrawal management beds. During Phase 2 of the program, the program expanded to 10 withdrawal management beds as well as 40 residential treatment beds. Participants were able to stay in withdrawal management for up to two weeks for stabilization and in residential treatment for up to six months. 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 overall occupancy rate for withdrawal management and residential treatment at SA-HLC was 47% (see Table 6 below). While STARR did not achieve the original target of 90% occupancy for the program, occupancy rates dramatically improved during the second half of the grant period. These improvements were attributed in part to loosening pandemic restrictions over time—which allowed SA-HLC to increase their capacity—as well as the establishment of on-site COVID testing at SA-HLC—which shortened the time between withdrawal management intake and enrollment.

Table 6. Withdrawal Management Occupancy Rates by Quarter, Jan 2020 - Feb 2023

Quarter	Withdrawal Management and Residential Treatment
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%
Q7 (Apr – Jun '21)	8%
Q8 (Jul – Sept '21)	29%
Q9 (Oct – Dec '21)	48%
Q10 (Jan – Mar '22)	50%
Q11 (Apr – Jun '22)	54%
Q12 (Jul – Sept '22)	66%
Q13 (Oct – Dec '22)	38%
Q14 (Jan – Feb 15, 2023)	73%
Overall	47%

Source: SFDPH Database (Avatar)

Table 7. STARR Withdrawal Management Length of Stay (Days), Jan 2020 - Feb 2023

	Mean	Std. Dev.	Range
All Admits (N=341)	8.3	7.4	0-71

Source: SFDPH Database (Avatar)

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. Of the 681 individuals referred to STARR throughout the grant period, 198 (29%) were referred for case management services, below the original objective for 40% of all referrals to be referred to case management. Of the 126 individuals who had contact with a case manager at least once, 90 (71%) received an Individualized Intervention Plan (see Table 8 below).

Through case management, STARR participants were 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 – Feb 2023

Quarter	% of Case Management Clients Receiving an IIP
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)	17% (1 of 6)
Q6 (Jan – Mar '21)	86% (6 of 7)
Q7 (Apr – Jun '21)	43% (3 of 7)
Q8 (Jul – Sept '21)	43% (3 of 7)
Q9 (Oct – Dec '21)	50% (3 of 6)
Q10 (Jan – Mar '22)	46% (18 of 39)
Q11 (Apr – Jun '22)	83% (10 of 12)
Q12 (Jul – Sept '22)	50% (2 of 4)
Q13 (Oct – Dec '22)	83% (5 of 6)
Q14 (Jan – Feb 15, 2023)	100% (1 of 1)
Later Engagement Referrals ³	100% (33 of 33)
Total	46% (90 of 126)

Source: Felton Institute Case Log

³ While SFDPH reported quarterly on the percentage of new case management enrollees who received an IIP plan within the quarter they were referred, a large portion of individuals referred for case management engaged with Felton Institute and created an IIP after the initial quarter they were referred. Exact dates of IIP development were not tracked.

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 681 individuals referred to STARR over the reporting period, 487 (71%) have received some resources. However, CASC was not the source of resources (as stated in the objective) because of pandemic restrictions. All resources were provided by one of the partners along with outpatient case management or withdrawal management services.

Overall, the most commonly reported support services were case management, basic needs, and food assistance (see Table 9 below).

Table 9. Primary Services Provided by Quarter, Jan 2020 - Feb 2023

Most Frequently Provided Support Services							
Q1	Q2	Q3	Q4	Q5	Q6	Q7	Overall
Planning Period	Planning Period	Case Mgmt (1)	Case Mgmt (8)	Case Mgmt (13)	Case Mgmt (24)	Case Mgmt (28)	Case Mgmt (1420) Basic needs (1137) Food assistance (1110)
		Housing (1)	Housing (6)	Housing (11)	Housing (16)	Housing (21)	
		Food assistance (1)	Food assistance (5)	Food assistance (9)	Basic needs (11)	Basic needs (17)	
		Basic needs (1)		Basic needs (9)			
		Legal (1)					
Q8	Q9	Q10	Q11	Q12	Q13	Q14	
Case Mgmt (62)	Case Mgmt (90)	Case Mgmt (127)	Case Mgmt (118)	Case Mgmt (276)	Case Mgmt (290)	Case Mgmt (383)	
Basic Needs (51)	Basic Needs (73)	Basic Needs (95)	Basic Needs (88)	Basic Needs (224)	Basic Needs (237)	Basic Needs (328)	
Food assistance (49)	Food assistance (70)	Food assistance (90)	Food assistance (85)	Food assistance (213)	Food assistance (237)	Food assistance (327)	

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, withdrawal management, or residential treatment services, these linkages and referrals to milieu support services would be 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. While STARR referrals received access to wraparound support and connection to additional services (ex. Housing and food assistance), the CASC was not the main source of these supports. The CASC was closed for the first half of the grant period, considerably limiting the capacity of STARR to connect referrals to milieu support services. The CASC slowly reopened during Phase 2 of the grant, and STARR case managers from Felton Institute gradually increased their hours of availability at the CASC. However, STARR maintained the decentralized triage model that was adapted during pandemic-related closures throughout the remainder of the grant period.

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 during Phase 1, 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 withdrawal management 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 during Phase 1 of STARR, the program gradually gained traction and achieved several implementation-related grant objectives by the end of the grant period. By the end of the program, there were 681 referrals to STARR, exceeding the original goal of 600 total referrals. STARR also exceeded its goal to provide wraparound services to at least 40% of referred individuals: 71% of referrals received services. Of those referred, 64% engaged with case management at least once.

“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

Demographics by Level of Engagement and Treatment Outcomes

Individuals referred to the STARR program were triaged and referred either for low-threshold outpatient case management services through Felton Institute or for inpatient withdrawal management and/or residential treatment through Salvation Army Harbor Light Center (SA-HLC). A small proportion of individuals were referred to both outpatient and inpatient services.

To address whether there were any demographic differences by level of engagement, comparative analyses were run to test for any significant differences in demographics between individuals referred for low-threshold services (Felton Institute only) and individuals referred to higher-threshold care (SA-HLC and dual-referrals to both SA-HLC and Felton Institute). There were no significant differences in age, race/ethnicity, or gender by level of engagement.

Table 100. Demographics of STARR Referrals by Level of Engagement, Jan 2020 – Feb 2023

	Referred to Outpatient Case Management (N=156)	Referred to Withdrawal Management and/or Residential Treatment ⁴ (N = 523)
Gender (%)		
Female	23% (36)	56% (85)
Male	68% (106)	78% (410)
Other	9% (14)	5% (28)
Race/Ethnicity (%)		
African-American/Black	36% (56)	34% (179)
Asian	1% (2)	5% (26)
Hispanic/Latinx	19% (29)	17% (87)
Native American	0% (0)	4% (22)
Pacific Islander	1% (2)	1% (4)

⁴ This total includes individuals who referred to both inpatient treatment at SA-HLC and outpatient treatment through Felton Institute.

White	32% (50)	29% (150)
Other/Not Stated	13% (21)	11% (59)
Age		
Years (mean)	38	40
Years (range)	19-71	19-71

Source: HLC-Salvation Army admission records; Felton Institute Case Log.

To address whether there were any demographic differences by successful completion of withdrawal management, comparative analyses were run to test for any significant differences in demographics between individuals who successfully completed withdrawal management, and individuals who enrolled in withdrawal management but did not successfully complete their course of treatment. There were no significant differences in age, race/ethnicity, or gender by successful completion of withdrawal management.

Table 111. Demographics of Withdrawal Management Referrals, Jan 2020 – Feb 2023

	Referred to Withdrawal Management (N=434)	Enrolled in Withdrawal Management (N=319)	Successfully Completed Withdrawal Management (N=166)
Gender (%)			
Female	17% (74)	17% (54)	15% (25)
Male	77% (334)	76% (243)	77% (127)
Other	6% (26)	7% (22)	8% (14)
Race/Ethnicity (%)			
African- American/Black	36% (155)	38% (120)	34% (56)
Asian	4% (19)	5% (16)	4% (6)
Hispanic/Latinx	17% (72)	16% (51)	17% (29)
Native American	4% (17)	3% (11)	5% (8)
Pacific Islander	1% (5)	1% (4)	1% (1)
White	28% (123)	24% (77)	23% (39)
Other/Not Stated	12% (50)	13% (40)	16% (27)
Age			
Years (mean)	40	40	40
Years (range)	19-71	19-71	20-67

Source: HLC-Salvation Army admission records; Felton Institute Case Log.

Recidivism Outcomes

Because BSCC requires annual reporting on recidivism, STARR has processed and analyzed data for Years 1, 2 and 3 of the program. To report on recidivism, arrest data from the San Francisco City and County District Attorney's records was secured. 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. BSCC's definition of recidivism was used.

Year 1 (January 1, 2020 – December 31, 2020)

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 2020.⁵ 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.

Year 2 (January 1, 2021 – December 31, 2021)

At the end of STARR Year 2, there were 104 individuals in the recidivism dataset. Over the reporting period (January – December 2021), there had been 55 arrests and 11 convictions. Only 4 of the 11 convictions for 4 individuals had taken place after enrollment into STARR, meaning 4 total individuals had recidivated by the end of Year 2 of the program.

Year 3 (January 1, 2022 – December 31, 2022)

At the end of STARR Year 3, there were 624 individuals in the recidivism dataset. Over the reporting period (January – December 2021), there had been 215 arrests and 56 convictions. Only 8 of the 56 convictions for 7 individuals had taken place after enrollment into STARR, meaning 7 total individuals recidivated in Year 3 of the program for a recidivism rate of 1.1%.

STARR Cumulative Recidivism Results (January 1, 2020 – December 31, 2022)

A total number of 11 STARR enrollees recidivated by the end of Year 3 of the program out of 624 referred individuals. This brought the cumulative recidivism rate among STARR referrals to 1.8%. While these results are promising and suggest that recidivism was low amongst STARR participants, the vast majority of clients were enrolled during Year 3 of recidivism reporting, meaning that analysis of recidivism rates over a substantial period of time was not possible for a large majority of the program participants. More time will be needed to determine the long-term impacts of the program on recidivism rates among the target population.

⁵ Not all 13 individuals within our dataset had arrest data in the San Francisco City and County DA's records.

Table 12. STARR Arrests and Convictions by Year, December 2020 - December 2023

Reporting Period	# of Individuals in Dataset	Arrests	Convictions	# Individuals Who Recidivated	Recidivism Rate
Jan – December 2019 (Baseline)	13	52	4	NA	NA
Jan – Dec 2020	13	9	0	0	0%
Jan – Dec 2021	104	55	11	4	3.8%
Jan – Dec 2022	624	215	56	7	1.1%
STARR Cumulative	624	279	67	11	1.8%

Source: San Francisco District Attorney's Office

Grantee Highlight

In 2019, the San Francisco Department of Public Health (SFDPH) received three years of funding to initiate its Supporting Treatment and Reducing Recidivism (STARR) Program. The program provided case management, withdrawal management, and residential treatment services to San Francisco County residents with prior justice-system involvement and co-occurring substance use disorder (SUD). Felton Institute (FI) provided outpatient case management, while Salvation Army Harbor Light Center (SA-HLC) provided inpatient withdrawal management and residential treatment. While the program was initially greatly impacted by the pandemic, STARR eventually achieved a majority of the original objectives outlined in the grant.



126 individuals met with a case manager once or more

“One of the most significant changes I have noticed is that clients start to take care of their mental health, stay focused, and stay sober. They begin to believe in themselves and have faith in the program.” – Felton Institute Case Manager



52% success rate for withdrawal management



1.8% recidivism rate across three years of programming

*“My quality of life is so much better now, I’m sober and clear-headed.”
– STARR Residential Treatment Participant*

“My life is improving from the life I once had. I’m learning new stuff I can use in the future, I’m thankful that this program is in my life, that I can live and look forward to the future.” – STARR Residential Treatment Participant

*“On the outside it is better, getting better, on the inside it is slowly getting better.”
– STARR SA-HLC Participant*

*“What keeps me here is the idea of going back to the same madness. A lot of things that keep me here besides the court, ankle monitor; the idea of going back to same lifestyle, I don’t want to do it. I want to recreate my life.”
– STARR Residential Treatment Participant*

*“I’m glad I got into the program, because it’s helping me get back my life again, make me back to a good citizen again, functioning in society not homeless on drugs.”
– STARR Residential Treatment Participant*

STARR CASE MANAGEMENT TESTIMONIAL

“My client since 2021 was released on parole with several strict requirements that he needed to meet on a weekly, monthly, and quarterly basis. When he was released, he had very little resources and support; he was homeless, unemployed, and had less than a couple hundred dollars to his name. We were able to secure temporary housing with the help of his parole officer for up to 12 months which gives him time to find and secure long-term housing. He enrolled in a two-year union work-study program to be an iron worker and has made outstanding progress towards completing all the requirements, both in the field work and in the classroom... He has been working with a counselor to manage his finances and learn personal finances, which includes that he saves 30% of each paycheck (which is being held in a trust account for him that he’ll be able to access once he is ready to move on from the temporary housing). He also has attended every group meeting that he is required to attend and meets with his parole officer regularly and maintains good standing with her.” – STARR Felton Institute Case Manager