

CJ EVALUATION

San Diego County's Successful Treatment and Reentry (STAR)

Evaluation Report

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Project Background

In the past decade, California has passed several legislative bills (i.e., AB 109, Proposition 47, Proposition 57) to decrease overcrowding in prisons and better serve individuals in their own community. These changes shifted the responsibility of community, supervision, and service provision to local jurisdictions. In response, San Diego County implemented a system of care rooted in Evidence-Based Practices (EBP) for AB 109 high-risk individuals' reentry into the community. However, the same EBP approach was not available for non-AB 109 individuals on high-risk probation supervision who also had similar needs (e.g., substance use, mental health), and faced similar challenges upon reentry (e.g., unemployment, housing barriers).

In response to this gap in services, the San Diego County Probation Department (SDP) partnered with the San Diego Association of Governments (SANDAG) Applied Research Division (ARD) that applied for and obtained the "*Smart Supervision: Reducing Prison Populations, Saving Money, and Creating Safer Communities*," grant from the Office of Justice Programs in 2017. Grant funds were used to develop and implement the Successful Treatment and Reentry (STAR) program. The primary goal of STAR was to increase the success of individuals on high-risk supervision with Substance Use Disorders (SUD) and/or mental health issues. The program employed a combined public health and public safety model to enhance Probation's EBP supervision strategy. SDP collaborated with the non-profit Neighborhood House Association (NHA), San Diego County Sheriff's Department, San Diego County Health and Human Services Agency (HHSA) and Behavioral Health Services (BHS).

SANDAG was the evaluation partner and conducted a process and outcome evaluation to determine if STAR was implemented as planned and what effect these efforts had on clients, the community, and recidivism. Research staff worked closely with the STAR partners from the project's inception to finalize the research design, provide monthly data to inform the implementation, and analyzed the final results.

Key STAR program components

- Reentry services started in-custody at a minimum of 30 days prior to release
- Assessment and strength-based case planning
- Single case plan used by all agencies to coordinate services
- Multi-Disciplinary Team (MDT) meetings in- and out-of-custody
- Treatment on demand to eliminate any waitlist for SUD outpatient or residential treatment space
- Transportation/warm handoff from jail release to the community (e.g., treatment or housing)

Program description

The STAR program design was informed by the National Institute of Corrections and Urban Institute's Transition from Jail to Community initiative which integrated systems from incarceration to the community. STAR was also guided by the success of the New York City Probation Department's effort to revamp their service model to offer smaller locations in closer proximity to where clients live and work (National Institute of Corrections, 2021). NHA staff, along with the Reentry Probation Officer (RPO), Sheriff correctional staff, HHSA and/or BHS staff, and the client participated in Multi-Disciplinary Team (MDT) meetings while the client was in and then out-of-custody to coordinate his/her/their care. To facilitate the coordinated care, the client had only one case plan, which was a unique feature of the program model. NHA began service planning and referrals while a client was in-custody (a minimum of 30 days prior to release) and continued for a minimum of 90 days post release.

STAR was originally designed to co-locate all partners in San Diego County's East Region's Family Resource Center (FRC). This co-location was intended to support communication between Probation and the NHA, and also facilitate easy access to HHSA resources (e.g., public benefits, housing assistance). However, due to construction delays and the COVID-19 stay-home order (issued in March 2020 by the Governor of California), this aspect of the design did not come to fruition. While the RPO and NHA staff did move into the FRC in October 2020, the supervising Probation Officer was never co-located in the same facility.

COVID-19 impact on STAR Program model

A major event that altered how STAR was implemented and the scope of its impact was the global pandemic. In March 2020, when California issued a stay-home order, Probation and NHA shifted contacts and protocols to adhere to all public health guidelines. In San Diego County, the Superior Court closed for in person arraignments and providers, and Probation staff were prohibited from entering the jails. In addition, the Chief Justice implemented an emergency bail schedule (i.e., zero-bail for misdemeanor or low-level felonies) thereby reducing then number of bookings, and as appropriate individuals received early releases from detention. These public health measures permeated every aspect of the STAR project and resulted in several programmatic changes and ultimately prohibited STAR from reaching its target numbers and implementing the program planned. These limitations and changes included:

- In response to the decrease in jail population, RPOs increased their outreach to eligible in-custody clients.
- The San Diego County jail population dropped by 43% in 2020 (compared to 2019).
- The zero-bail policy resulted in a change in the risk level of individuals detained, with a greater proportion of inmates classified as level 5 housing, exceeding the housing risk level eligible for STAR. In response, STAR partners decided to assess eligible individuals housed at level 5, to determine if they were safe and appropriate for the program.
- In person visits from NHA and RPO were prohibited with the cancellation of all professional visits and were shifted to video and phone contacts.
- NHA shifted programming to telehealth for pre-release services; however, face-to-face visits continued for all post-release clients by using strict public health protocols.

The stay-home orders further delayed the completion of the FRC and co-location of STAR partners. In addition, all collateral services (e.g., SUD treatment, mental health) available to STAR clients were limited due to the public health guidelines, which reduced access to services in community.

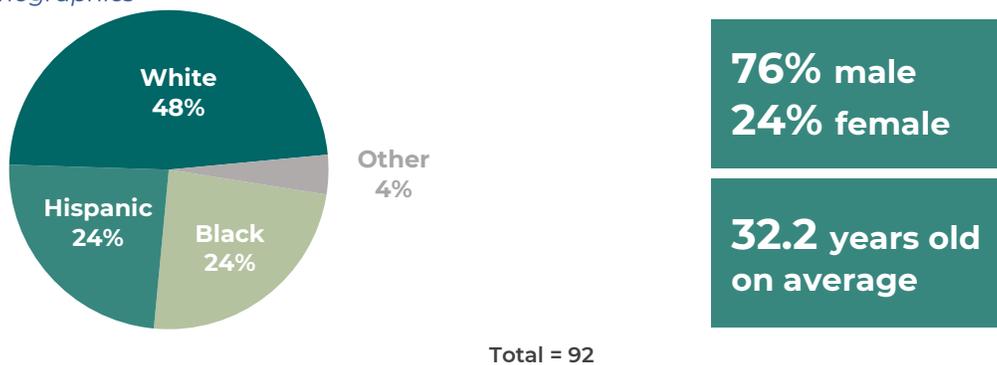
Key findings from the process evaluation

The process evaluation documented to what extent and how well the STAR program model was implemented. Staff gathered data to describe the clients served, services referred and connected to (i.e., attended the first appointment), the type and dosage of services received, and the level of fidelity STAR provided. While STAR ended June 30, 2021, the program evaluation numbers were limited to September 1, 2017, through March 31, 2021, to allow enough time to pass to measure recidivism at 12- and 24-months.

STAR reached its intended target population:

Descriptive data gathered from intake forms, assessments, and prior criminal justice involvement records showed that STAR served individuals who had multiple and complex needs. A review of the data showed a racially/ethnically diverse and young population (32 years old, on average) with substantial prior criminal justice involvement, SUD, physical, and mental health issues, as well as socio-economic challenges to overcome in order to obtain self-sufficiency (ES Figures 1 and 2).

ES Figure 1
STAR demographics



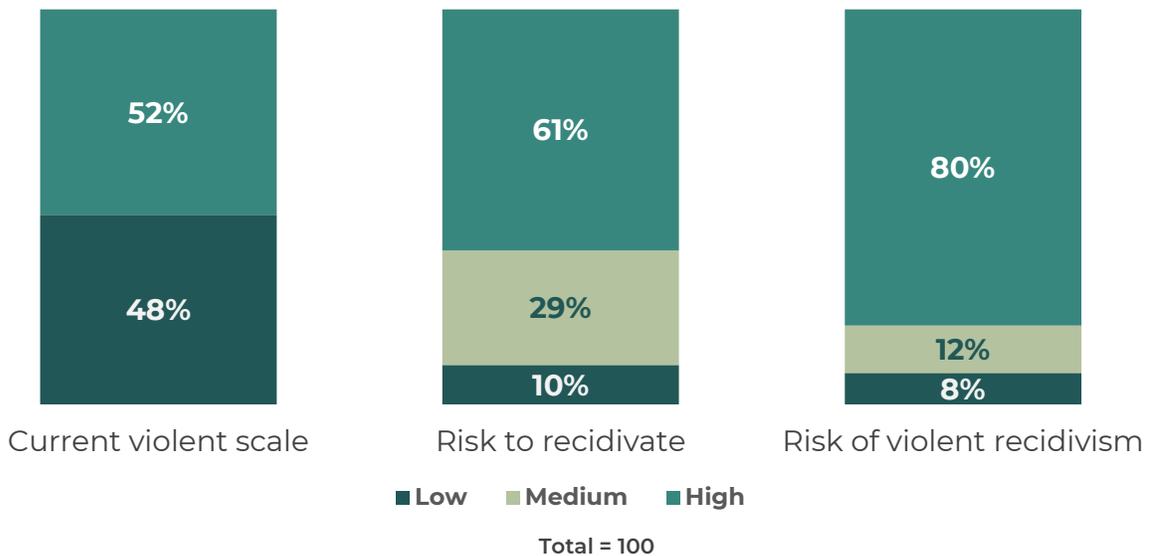
ES Figure 2
STAR clients' needs upon intake

83% were unemployed	45% did not graduate high school	62% had a housing need
90% had a SUD need	90% had a physical health need	63% had a mental health need

STAR clients had lengthy prior criminal justice involvement

Results from the intake Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment and data gathered on local criminal history up to 36 months prior to STAR enrollment indicated the program served its intended population. The majority of STAR clients scored high on scales measuring risk for recidivating and had substantial prior involvement in the justice system (ES Figures 3 and 4).

ES Figure 3
STAR clients' COMPAS risk to recidivate



Source: STAR Final Report Evaluation Report September 2021

ES Figure 4
STAR clients' prior criminal history

Average number of prior arrests 6.7 (SD=4.8)	Average number of prior bookings 5.9 (SD=3)	Average number of prior convictions 3.4 (SD=2.1)
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STAR focused on care coordination and connection to services

Feedback from stakeholders and data on treatment contacts, referrals, and connection to services showed that the STAR program attained its goal of coordinating care for its clients and connecting them to services.

ES Figure 5
STAR program successes



The top strengths of STAR reported by stakeholders included:

- Collaboration across agencies
- Care coordination
- Case management to identify services and connect clients to them (rather than just refer them)



STAR clients had frequent contact with probation and NHA

- 84% of clients had a pre-release MDT meeting
- 3.0 average number of NHA pre-release meetings
- 2.4 average number of RPO pre-release meetings
- 45% of clients had a post-release MDT meetings
- 9.9 average number of NHA post-release meetings



Connection to needed services varied by type of service

- 81% to 100% of connections were for housing, public benefits, documentation, transportation, and clothing
- 73% to 76% of referrals for mental and/or physical health had a connection to a service

Source: STAR Program Final Evaluation Report, 2021

Engagement in programming and SUD was a challenge for many STAR clients

Program success was measured by client engagement with NHA pre-and post-release from detention and completing their case management goals, which occurred for 37% of STAR clients. Of those clients who did not complete STAR successfully, 70% lost touch with the program and 30% were rearrested. Similarly, while almost all clients presented with a substance use issue at intake, only 47% followed through with engaging in SUD treatment.

San Diego County's July 2017 launch of the Drug Medi-Cal Organized Delivery System (DMC-ODS) impacted STAR SUD treatment referrals. The DMC-ODS increased access to treatment beds and instituted the use of the American Society of Addiction Medicine (ASAM) to determine the level of care (e.g., out-patient, residential), thereby removing the court's

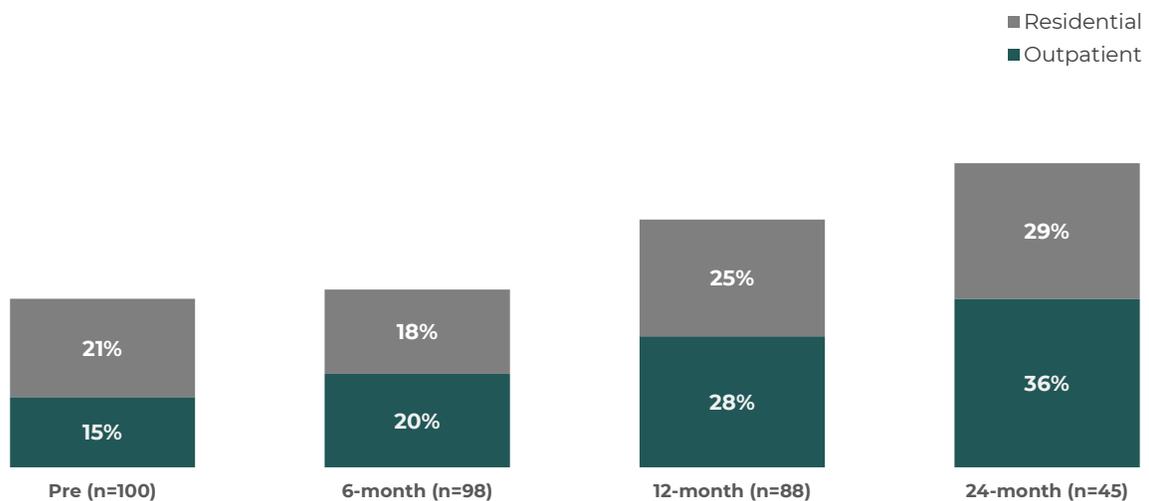
Relapse is part of recovery

Addiction science has shown that addiction alters the brain, decreases the function of dopamine, and reduces the ability of an individual to resist urges to use. Unfortunately, the chemical changes and associated behaviors contributes to chronic relapse (Koob & Volkow, 2016; Roberts & Koob, 1997).

discretion to determine which level of care an individual could be ordered to participate. In addition, the ASAM gauges a client’s engagement in services (i.e., what level of care they want). As a result, if a client is unwilling to go to a specific level of care, they may be linked to a lower level of care that isn’t clinically indicated. This transition from a model of “coerced” treatment, based on a court order, to a voluntary model likely impacted client completion rates.

Recovery is a lifelong process and can involve multiple treatment episodes and is reflected in the SUD treatment data gathered on outpatient and residential participation at program intake through 24-months post STAR participation. Specifically, 38% to 65% of STAR clients either continued or reenrolled in SUD treatment. Of note, the total number clients available for analysis decreased the more time that passed from the initial STAR participation.

*ES Figure 6
STAR client’s enrollment in SUD treatment 6-, 12-, and 24-months post-STAR participation*



Note: The totals represent treatment episodes, and not unduplicated clients. Only cases with enough time lapsed from the first release from jail are included in each time period, resulting in a decrease at each subsequent point in time.

Source: STAR Final Report Evaluation Report September 2021

Key findings from the outcome evaluation

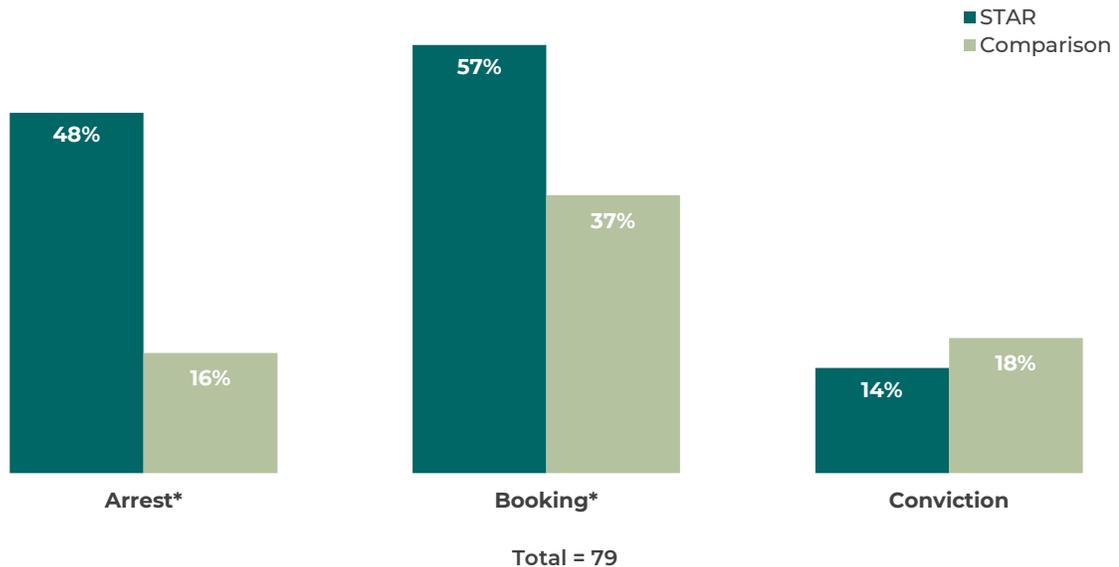
A quasi-experimental design comparing the STAR treatment group to a similar prospective comparison group was used to measure justice outcomes at three points in time (6-, 12-, and 24-months post-release from jail). A comparison group was created from a pool of individuals who met the same STAR eligibility criteria but were supervised in the South region of San Diego County. Propensity score matching technique was used to create the final comparison group entries balancing on demographic, COMPAS recidivism scales, and criminal history covariates distributions to best match the STAR treatment group.¹

¹ Multivariate analysis at each time period with each recidivism point confirmed the matching technique with no statistically significant differences found between the two study groups.

STAR clients, when compared to a matched comparison group, had a large proportion of arrests and booking, but a similar percentage of convictions at 6-, 12-, and 24-months post-release.

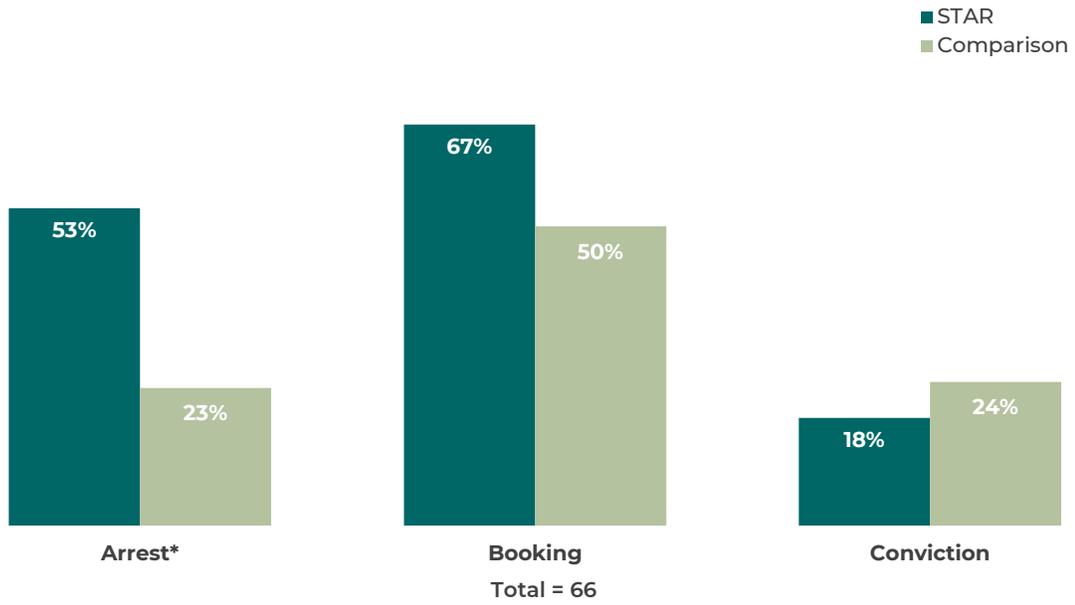
Recidivism analysis of the STAR treatment group and the comparison group showed the STAR group to have statistically significant higher rates of arrests showed the STAR group to have statistically significant higher rates of arrests at 6-, 12-, and 24-months than the comparison group and bookings at 6-months. However, at the point of conviction this difference dissipated. The differences at arrest and booking could either signify a true difference in the STAR population from the comparison group, a difference in policing, or arrest and booking practices across the region.

*ES Figure 7
STAR treatment group and comparison group 6 months post-release recidivism*



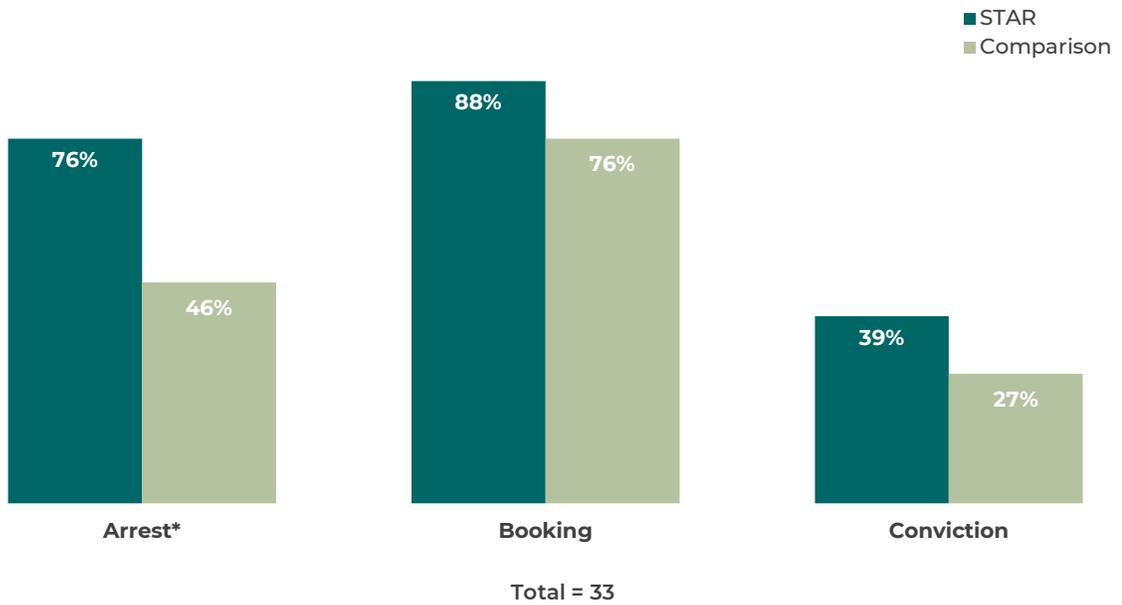
**Statistically significant at $p < .05$.
Source: STAR Program Final Evaluation Report, 2021*

ES Figure 8
 STAR treatment group and comparison group 12-month post-release recidivism



*Statistically significant at $p < .05$.
 Source: STAR Program Final Evaluation Report, 2021

ES Figure 9
 STAR treatment group and comparison group 24-month post-release recidivism



*Statistically significant at $p < .05$.
 Source: STAR Program Final Evaluation Report, 2021

Study limitations

While the most rigorous design possible was employed for this evaluation, it would be remiss to not acknowledge the limitations of the study design. Although, using propensity score matching technique to create a matched-comparison group is considered a rigorous design, it cannot provide evidence of causation or account for all confounding variables that could affect outcomes as possible when using an experimental design with random assignment (Coalition for Evidence-Based Policy, 2014; Michalopoulos, Bloom, & Hill, 2004). In addition, the propensity score matching for this study was limited to variables available in the local criminal justice data base system and did not have the detailed data to account for all observational variables (i.e., individual characteristics, socioeconomics) and non-observational variables (e.g., psychological assessments, internal motivation). Further, because the comparison group was selected from another region in the County, geographic factors such as neighborhood policing practice or economic difference could not be controlled for. Finally, participation in other reentry programs or interventions on the part of the individuals in either study group post-program was unknown, and could have influenced the outcomes.

Lessons learned/recommendations

Extend period of case management: The proportion of clients who were discharged due to no contact for 30 days and feedback from both RPO and NHA provider suggest a longer period for case management could be beneficial. Additional time could help address the engagement lag (e.g., not returning calls, hesitancy to participate), increase awareness of needs, and address some of the longer-term needs (e.g., employment and education).

Utilize telehealth and video conferences to improve contact: Both NHA and Probation noted the increased client attendance at telehealth appointments. This improved contact encourages continued use of telehealth as a method to interact with clients.

Promote single case plans and collaboration: Feedback from partners was positive regarding the collaborative nature of the program and the enhanced coordination of services by using one case plan. This structure reduced any triangulation or miscommunication between community providers and Probation.

Promote linkage to criminogenic needs when developing case plan goals: It is imperative that when developing collaborative case plans the client's respective criminogenic needs be incorporated into the process to positively impact recidivism

Employ a random control trial (RCT) experimental design to evaluate reentry programs: With increased emphasis on having individuals return to the community and receive services where they live, it is vital to understand which reentry interventions are effective. With the numerous programs offered to incarcerated individuals, the diversity of the population, and the climate calling for change in the justice system, it is good governance and ethical to know what works best. RCTs provide a method to better understand what is effective for each population.

STAR project description

Project background

With the passage of AB 109 (Public Safety Realignment) in 2011, California has made strides to decrease its prison population and expand the use of community supervision to hold individuals in the system accountable and support reentry.² The legislative reform shifted responsibility for the detainment and supervision of thousands of offenders from the state level to the local level. This shift has fueled local communities to identify and implement evidence-based practices (EBP) to support the successful reentry of individuals back into the community. Prior to AB 109 and Prop 47, the SDP made a commitment to EBP through a system-wide review of its practices with the goal of implementing sustainable EBP into its services. In 2010, SDP began aligning their supervision practices with the National Institute of Corrections' Eight Principles for EBP (Crime and Justice Institute at Community Resources for Justice, 2009). The result was the creation of the SDP Supervision Model (Appendix A), which incorporates all the EBP strategies, including the risk-need-responsivity (RNR)³ approach to supervision, motivational interviewing, and individual case plans. This effort provided the foundation to address the changes associated with the passage of AB 109.

This shift of attention and resources to the AB 109 population, highlighted the need for comparable supports for non-AB 109 individuals on formal probation supervision, who also had similar risks and needs. Specifically, local data showed that individuals assessed as medium- and high-risk of recidivating had a complexity of needs and lacked adequate services in the community. In San Diego County, two-thirds of arrestees test positive at the time of arrest for one or more substances . Additionally, through SDP's assessment process, 78% of formal probationers in 2016 were assessed as "highly probable" or "probable" having a SUD and would benefit from treatment (personal conversation, E. Herberman, SDP, March 3, 2016). This information is supported by research that has shown the odds of criminal involvement are nearly three times higher among active substance users. However, evidence shows treatment can mitigate these odds. Identification and engagement in treatment, in-and out-of-custody, can reduce recidivism (Bennett, et al., 2008; Marlow, 2003).

In addition, SUD when combined with the presence of a mental illness, increases the risk of not completing treatment and the risk of recidivism (Balyakina, et al., 2014; Baillargeon, et al., 2009). In the County of San Diego HHS, BHS division, over 50% of referrals are from the criminal justice system and 28% of these adults are assessed with co-occurring mental health needs (BHS, 2017). Furthermore, 32% of recent arrestees reported ever being diagnosed with a mental/psychiatric disorder (SANDAG, 2021). Despite the prevalence of these issues among the justice involved population, at the time of the grant there was a dearth in SUD and co-occurring treatment in the community, and a poor engagement rate of offenders accessing those treatment services. In addition, when the grant was written, waiting lists in San Diego County varied based on the type of service, needs of the client, and availability throughout the system for residential treatment programs, sober living homes, outpatient mental health clinics, and regional recovery centers. Typically, there was an approximate three to five weeks wait for medical detoxification services.

² AB 109 was a response to a federal lawsuit regarding California's ability to meet the medical and mental health needs of inmates and aimed to reduce prison overcrowding and Prop 47 reduced certain property- and narcotic-related crimes from felonies to misdemeanors.

³ The RNR model is an approach supported by researchers to address an individual's criminogenic factors. The three principles of RNR include assessing both static (e.g., prior arrest) and dynamic (e.g., substance use) risk factors; assessing needs and matching with appropriate services; and tailoring interventions to the individuals unique learning style and needs (National Institute of Corrections, 2021).

The waiting list for residential treatment programs ranged from one to six weeks based on the specialty of service offered. In San Diego County, only about 50% of SDP high-risk formal probationers received referrals to community-based services. According to BHS, in 2017 only one-fifth of 932 offenders assessed with mental health conditions met their enhanced and Full-Service Partnership (FSP)⁴ goals (20% each); 30% of those with a SUD diagnosis completed their outpatient treatment; and 37% with a SUD diagnosis completed their inpatient SUD goals (BHS, 2017).

To address this gap in service treatment for individuals on formal probation, SDP teamed with HHSA, BHS, San Diego Sheriff's Department, and SANDAG to pursue a Bureau of Justice 2017 SMART Supervision Initiative Competitive Grant to implement the STAR program. STAR was an enhanced, collaborative, public health and safety probation supervision strategy based on the latest EBP research. The ultimate goal of STAR was to increase the success of supervising high-risk offenders, especially those who exhibit SUD and/or mental health issues, in order to reduce revocations and recidivism.

The target population for the project were individuals detained (pre/post sentencing) in San Diego County jails on a felony-level conviction, who resided in the East region of the County and were assessed as having a mental health, substance use, and/or criminogenic need. Participation was voluntary, with the only legal incentive being the possibility of converting formal probation to "probation to the court" upon successful completion of STAR. There were several criteria that could exclude an individual from eligibility and the full list of eligibility and exclusion criteria are listed in Appendix C.

Program description

The STAR program was a collaborative model that integrated HHSA-BHS, Probation's formal supervision division, the Sheriff's in-custody counseling services, and SANDAG as the research partner, under one integrated service umbrella. The model utilized the non-profit Neighborhood House Association (NHA), which is experienced in providing case managed reentry supports to this population. NHA provided in-reach services (i.e., services provided to individuals while still in-custody) to clients while detained and case management for 90 days when back in the community. The unique feature of STAR was the co-location of the STAR collaborative team at the County of San Diego HHSA Family Resource Center (FRC). This latter element was intended to facilitate client connection to services in his/her/their community.

Clients were identified during plea/pre-sentencing from the Public Defender and/or the investigative Probation Officer. However, this approach was quickly deemed not very effective (i.e., it was not a seamless communication system resulting in too many eligible clients not being contacted), and the program shifted to identification occurring while a potential client was in jail and being approached by the RPO stationed in the Las Colinas Women's Facility or George Bailey for the men. The Sheriff counselor screened the list of inmates for eligibility, including being

Key STAR program components

- Reentry starts in-custody
- Assessment-driven reentry case plan
- Multi-Disciplinary Team (MDT) meetings in- and out-of-custody
- Single case plan used by all agencies to coordinate services
- Transportation/warm handoff from jail release to the community (e.g., treatment or housing)
- Co-location of partners in one location (this did not come to fruition)

⁴ FSP is one of San Diego County's integrated delivery systems of care for mental health services to Seriously Emotionally Disturbed (SED) children and youth, and adults with serious mental illness (SMI). FSP provides wraparound services to these populations.

housed in the lower-risk units (level 4 or below),⁵ and having a minimum of 30 days custody time to allow for pre-release planning. Once a client expressed interest in the program the RPO secured the program consent, administered the COMPAS, and notified NHA of a new client. At this point the NHA case manager assumed the lead for care coordination and services implementation. The different steps in the intake process are described below.

Step 1: Sheriff's Correction Counselor scanned a daily list for eligible clients and provided the list to the RPO stationed in the facility.

Step 2: RPO approached the potential client to educate them about the program, screened him/her/them for eligibility and then made an offer, consents were signed, COMPAS risk assessment tool was completed, and a referral to NHA was made.

Step 3: NHA contacted the client at least 30 days prior to release, established a relationship, and administered the American Society of Addiction Medicine (ASAM).

Step 4: Care Coordination occurred with the RPO, NHA case manager, and the Sheriff Correction Counselor to review assessment results and pre-release plan.

Step 5: First in-custody Multi-Disciplinary Team (MDT) meeting was held to finalize the reentry plan. NHA started identifying services in the community (e.g., treatment space, housing), RPO flagged the case as a STAR client and contacted the community supervising probation officer.

Step 6: RPO collaborated with NHA case managers to make referrals through Community Resource Directory (CRD)⁶ as outlined in client's pre-release case plan and a date was sent for first post-release MDT meeting.

Step 7: STAR case manager picked up client from custody and transported him/her/them to treatment or housing.

Step 8: NHA met with the client in the community (e.g., treatment center, house, community) and/or at the Probation office to support him/her/them in connecting with services. This shifted in March 2020 to primarily telehealth when COVID-19 stay-home orders were implemented in California.

Service delivery

The STAR program design was guided by National Institute of Corrections and Urban Institute's *Transition from Jail to Community* initiative, as well as the New York City Probation Department's effort to revamp its service model (Neighborhood Opportunity Network – NeON) to offer smaller locations in closer proximity to where clients live and work (National Institute of Corrections, 2021; Hassoun, Tallon, Picard, & Ramdath, 2020). NHA staff along with the above-mentioned partners convened MDT meetings while the client was in- and then out-of-custody to coordinate his/her/their care. To facilitate the coordination of care, the client had only one case plan, which was a unique feature of the program model. Prior to STAR, the supervising Probation Officer and program provider would each have their own case plan, which could be confusing and result in each entity working at cross-purposes.

⁵ If a client met all other eligibility criteria, including a desire to participate, but was housed in a level 5 unit, the Sheriff counselor and the RPO would meet to discuss if it was appropriate to lower the housing level to a 4 and enroll the client in STAR.

⁶ The CRD is administered by San Diego County Probation Department and contains a list of approved (by probation) public and private providers who offer services to adults and youth.

In addition to the reentry collaboration, STAR was originally designed to co-locate all partners in the San Diego County East Region FRC. This co-location was intended to support communication between Probation and the NHA. In addition, it was intended to facilitate easy access to HHSA and BHS resources (e.g., public benefits, housing assistance), with agency staff physically available and participating on the MDT as needed. However, as will be discussed in the process evaluation section, this aspect of the design did not come to fruition. HHSA and BHS staff did participate in the MDT as needed and were an integral part of the project throughout.

Core EBP service components

The following is a descriptive list of the primary EBP components of the program.

Reentry starts prior to release: To establish a relationship with the client and begin the case planning prior to release, the NHA case manager met with the client at least 30 days prior to release. This early engagement also allowed processes to be put in place prior to release to expedite linkages to community services.

Assessment- and strength-based case planning: STAR utilized two standardized assessments, the ASAM and the COMPAS, to determine level of care. Clients were involved in the development of their case plan and were responsible for actualizing it (with supports from NHA).

Collaborative reentry case plan: To facilitate care coordination and reduce duplicative efforts, NHA and Probation had one case plan for each client. NHA was responsible for communicating any updates to Probation and Probation was responsible for using their CRD to make the referrals to services in the community.

Treatment on demand: The majority of STAR grant funds were set aside to purchase treatment spots, ranging from outpatient to residential, depending on the assessed level of care (e.g., outpatient, residential).

MDT Meetings: The MDT included the client's team (RPO, NHA case manager, Sheriff's counselor and other providers as needed) to address any unique needs of the client (e.g., Veterans Administration, Child Welfare Services). The intent of integrating these systems was to build a relationship with the client by initiating contact early, streamlining access to services, reducing wait times, and increasing the opportunity for successful engagement in services upon release. Clients were to receive a minimum of two MDT meetings over the course of participation. The first MDT meeting was to occur within 30 days of release to finalize the initial reentry plan and set in motion linkages needed upon release. The second was scheduled to occur within 14 days after release, to share client progress, address any barriers, and adjust the reentry plan as needed.

Coordinated case managed reentry: NHA provided 90 days of case management services post-release, with the option to extend an additional 90 days if needed. NHA case management included coordinating with the supervising Probation Officer (so the client had only one case plan), drawing on the collaborative partners to access services, providing transportation to appointments, and being a source of support for the client. The plan was to have NHA, BHS, and Probation all be located at the FRC to facilitate communication and easy access to services. However, as will be detailed later in the report, this co-location did not come to fruition.

Project goals and objectives

The project goals and objectives all aimed to increase the opportunity for reentry success by addressing the clients' precipitating needs within a collaborative, EBP framework. The four primary goals and objectives are noted below.

Goal 1: Improve the community supervision outcomes of 250 individuals placed on formal probation upon release by implementing STAR.

- Sheriff, SDP, and BHS integration of reentry services from custody to community
- Pre-release planning while in local custody
- Form an MDT to include the supervising Probation Officer, the RPO, BHS staff (if needed), the case manager from NHA, and other professionals as needed
- Co-locate Probation, NHA staff, and BHS at the FRC

Goal 2: Improve the Risk-Needs-Responsivity process to better identify and serve medium- and high-risk probationers struggling with mental health, substance abuse, or co-occurring issues.

- Administer the ASAM assessment while in custody
- Use the COMPAS and information obtained from the Sheriff's counseling services to create a pre-release plan
- Utilize an MDT to inform transition plan and secure linkages to services

Goal 3: Improve medium- and high-risk probationers' treatment engagement and participation in community treatment and services.

- SDP and NHA staff initiates contact pre-release to begin relationship building
- Integrate systems (FRC) to reduce wait times.
- NHA staff to match needs with resources and facilitate enrollment in eligible services.
- Purchase SUD and mental health treatment spots for clients

Goal 4: Objectively document the process and measure the impact of the pilot project to assess feasibility of scaling countywide through a quasi-experimental mix method design using a matched comparison group.

- Include an outside evaluator on the STAR team to guide implementation and evaluate the project
- Incorporate a matched comparison into the quasi-experimental design to increase rigor of the research

Methodology

Research design

To assess the STAR project's implementation and what effect these efforts had on the clients, SANDAG conducted a process and outcome evaluation. Because an experimental, random assignment design was not possible, a quasi-experimental design, using a matched comparison was employed. SANDAG research staff met regularly with project staff to refine the initial evaluation design, including identifying consistent data elements to be collected by all partners, how all data elements would be collected and on which data platforms, how success would be defined, and how the final comparison group would be selected. Additional qualitative methods, including observational participation in program meetings, as well as surveys with stakeholders were used to describe the program and assess implementation.

To measure legal outcomes, STAR clients were compared to a matched comparison group of individuals with similar traits (e.g., high risk, similar COMPAS scores, number of prior bookings, convictions, ethnicity, age, gender) who were supervised in the South region of the County (where STAR was not implemented). SANDAG worked with the research division of SDP to select the comparison pool and propensity score matching was utilized to create a comparable study group. Specifically, the STAR prospective comparison group was drawn from a pool of eligible individuals under Probation supervision who would be released to the County of San Diego South region. Probation provided a list of individuals who fulfilled the same eligibility criteria of STAR treatment with supervision entries ranging from November 1, 2008, to August 15, 2019.

The STAR treatment groups included all intakes into STAR with release dates from jail up to November 15, 2020, to allow for a minimum of six months of eligibility to recidivate for each entry (last date of data collection as May 15, 2021). If a client entered STAR more than once they were included in the study multiple times. This selection criteria resulted in 79 eligible entries into the study treatment group, the 79 entries included 73 unique individuals and 6 individuals who entered more than once. The actual number served was larger, with STAR serving a total of 100 unique for a total of 124 episodes as of April 2021. Overall, because of the COVID-19 and the subsequent public health guidelines the treatment sample was smaller than planned.

Propensity score matching to determine the average treatment effect on the treated (i.e., STAR clients) was used to create the final comparison group entries balancing demographic, COMPAS, and criminal history covariates distributions to best match the treatment group entries. The covariates used in the matching process included age, gender, ethnicity, violence (as measured by the COMPAS), and prior recidivism (bookings and convictions). The matching process employed (greedy) (each match was selected without considering subsequent matches that may occur) nearest neighbor matching minimizing the distance between calculated propensity scores of treatment and matched comparison entries.

Analysis plan

Analyses were both qualitative and quantitative in nature. SANDAG staff gathered, coded, and cleaned all data and entered them into SPSS Statistics 22.0 for analysis or Excel for analysis using R Script. Process analyses were accomplished using frequencies, Chi-Square statistics for categorical data (e.g., indicators of prior criminal history, race/ethnicity), and differences of means tests for numerical data (e.g., age, number of prior convictions). Because individuals could enter the program multiple times, the first program entry was used, and all subsequent entries were discarded

except where indicated. Quality control measures including proofing 20% of data entered and a two-tiered review of coded data (i.e., two different research staff reviewed open-ended codes by the primary research member and any discrepancies were discussed as a group). Process measures provided a framework for the results for the outcome evaluation and informed the predictive analysis. In addition, data dashboards were presented at monthly partner meetings which allowed for timely cleaning of the data along the way.

Process evaluation

To determine if STAR was implemented as planned and what effect these efforts had on clients, the community, and crime SANDAG conducted a process and outcome evaluation. The process evaluation documented to what extent and how well the STAR program model was implemented. Research staff gathered data to describe the clients served, services referred and connected to, the type and dosage of services received, and the level of fidelity of the EBP programs provided. The process evaluation addressed the following questions:

1. How many clients were identified as eligible for the program and how many agreed to participate?
2. What were the characteristics of program clients (including needs and risks)?
3. What services (including housing, SUD, and mental health) were clients referred to and engaged in?
4. Was the program implemented as planned (pre- and post-MDT meetings, completed case plan upon release, connected to services within 90 days of release) and if not, what changes were made and why?
5. How many clients successfully completed the STAR program and what factors were related to success?
6. What did program staff and partners perceive as the greatest strengths and weaknesses of the program?
7. What were lessons learned?

Outcome evaluation

Most of the outcome measures were individual in nature and focused on answering the question of how effective the model was in comparison to a match group. The outcome evaluation addressed the following questions:

1. Did successful completion of STAR program improve recidivism outcomes (new arrests, bookings, and convictions 12- and 24-months post-STAR) compared to a matched comparison group?
2. Did successful completion of STAR program improve probation supervision status (i.e., successful termination) compared to a matched comparison group?

Data collection and sources

Below is a more detailed description of each of the data sources.

Probation tracking log: RPOs created and maintained a referral tracking form documenting all individuals who were included in the evaluation for STAR. Elements captured in this tracking form included screening and offer outcomes (to track attrition), in-custody risk level, and program release dates. In addition, the RPO tracked pre-release contacts (MDT and care coordination) and basic

demographic information. The data were entered into an Excel form and transferred to SANDAG on a monthly basis.

Probation case plan: For medium- and high-risk probationers, the supervising PO documented the needs and referrals in the Probation Case Management System (PCMS). The probation case plan was created in collaboration with the NHA, but Probation was responsible for ensuring the case plan was documented in PCMS and that referrals were entered into the CRD. These data informed the needs and referrals to services. For the medium-risk probationers, because the supervising Probation Officer would normally only meet with individual once every three months, the STAR RPO was responsible for populating the case plan.

NHA tracking log: Building on the NHA's existing data collection system, SANDAG created an Excel form to document all contacts, including in-custody care coordination, ASAM assessment completion (including assessed level of care), and services referred and connected to, as well as STAR program discharge status. These data informed client's needs and linkages to services. The data were entered into an Excel form and transferred to SANDAG staff on a monthly basis. These data were critical to tracking the level and type of services received.

Substance use treatment: Information on a client's substance use treatment was extracted from the County's San Diego Web Infrastructure for Treatment Services (SANWITS). Level of SUD care and completion status were gathered for those individuals who engaged in a substance use treatment.

COMPAS: COMPAS is an instrument administered to every individual in-custody and is used to document prior criminal history and risk of recidivism to inform the probation supervision level an individual will be assigned to. These data were used to inform the needs of a client, in addition to consistently establishing selection criteria for high-risk, high-need individuals that were considered as a potential client or comparison group candidate. COMPAS data were also used as an element in the propensity score matching process. COMPAS data were gathered for both the treatment and comparison group.

Archival data collection: Prior criminal history (i.e., bookings, and convictions) were gathered three years prior to the instant offense from the City Attorney, District Attorney, and Sheriff's systems to measure recidivism, (new convictions or revocation to local or state prison) 12- and 24-months post-release. Arrest data were gathered from ARJIS (Automated Regional Justice Information System). Recidivism data were gathered for both the treatment and comparison groups.

Staff survey: To solicit information about program implementation, what worked, and what could be improved, two surveys of key program staff was administered to stakeholders. The survey was administered electronically using Qualtrics. The first survey was distributed during a two-week period in July 2019 and the second one in November 2020. Each time the survey was quickly cleaned, analyzed, summarized, and shared with STAR partner to inform them on program progress and allow for any adjustments.

Results

Process results

The following sections describe the STAR project results from September 1, 2017, through March 31, 2021. To allow for enough time to measure recidivism at 12- and 24-months, the outcome data were limited to those clients who exited STAR by December 31, 2020; however, all clients served up until March 31, 2021, were included in the process analysis.

How many clients were identified as eligible for the program and how many agreed to participate? What were the characteristics of program clients (including needs and risks)?

STAR intended to serve 250 individuals on a voluntary basis. However, a combination of fewer than expected enrollments at the beginning of the program and COVID-19 stay-home order enacted in California in March 2020 prevented the project from reaching this goal. The stay-home order resulted in the reduction in jail population for public health reasons, zero-bail policies that limited bookings to only the most serious offenses, and an overall reduction in arrests. These changes reduced the number of eligible clients and made it impossible to meet the projected goal of 250. More specifically, through March 2020 STAR enrollments were on an upward trajectory, averaging 11.25 referrals a quarter. However, from April 2020 onward the average dropped to just 4.25. In the end, STAR enrolled 100 unique clients, for a total of 124 treatment episodes (i.e., individuals could enroll more than one time). The engagement of these 100 clients were the result of 162 offers being extended (Figure 1). There were many reasons why individuals who were offered a place in the program chose not to accept. These reasons included leaving the County of San Diego or the East region upon release, early release from jail⁷ ending the window for starting services while in-custody, a client changing his/her/their mind about the program, and acceptance into another supportive program (i.e., Work Furlough, PROGRESS, CPAC). Those individuals who did enroll, did so voluntarily and were also not participating in any of the supportive programs offered at the time. Referrals for clients came from six different detention centers throughout the region, however only clients with a release address to the target regions of the county were eligible for enrollment.

Figure 1
STAR enrollment summary

162 offers extended	124 accepted	100 unique clients enrolled	9 multiple entries
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Source: STAR Program Final Evaluation Report, 2021

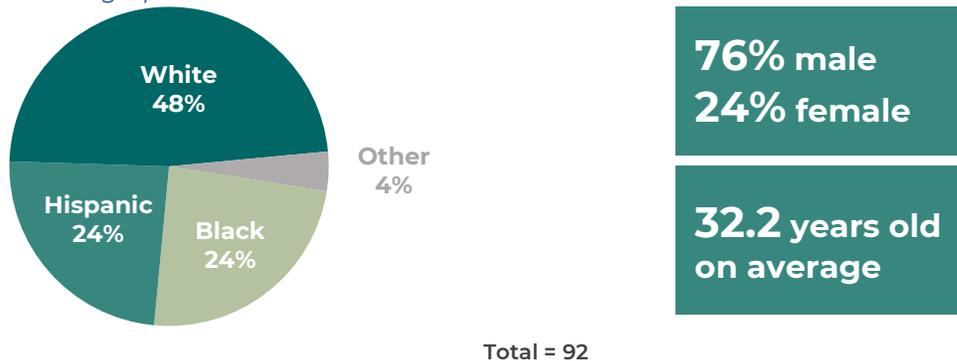
⁷ As a standard practice, the detention facilities would occasionally do a 10% early release of appropriate inmates. This occurred without any early notification and therefore prohibited the STAR program from engaging with the potential client.

System changes that impacted STAR

- Construction delays in the remodel of the FRC, preventing the co-location of BHS, NHA, and Probation
- July 2017 launch of San Diego County's Drug Medi-Cal Organized Delivery System (DMC-ODS) increasing treatment capacity for all eligible individuals and implementing a mandatory level of care assessment
- COVID-19 stay-home order in March 2020, resulting in early releases from local detention facilities, reduced bookings, and court closures. As a result of these actions the referral pool for STAR was significantly reduced

A review of the client characteristics showed that the project reached the intended population as expected. The majority of clients were male (76%) and were an average age of 32.2 years (SD=9.9). Around half (48%) identified as White, with a similar proportion identifying as Hispanic (24%) or Black (24%), and 4% as other (Figure 2).

Figure 2
STAR client demographics



Note: Cases with missing information not included.
Source: STAR Program Final Evaluation Report, 2021

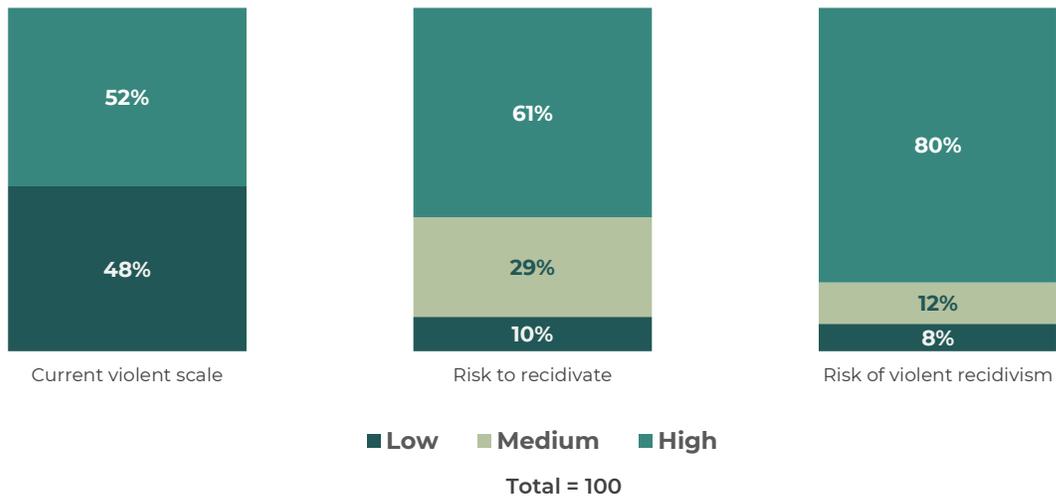
At time of conviction, the majority of STAR clients were unemployed (83%). Adding to the challenge of obtaining economic stability upon release was that just 55% had obtained a high school degree and only 2% had either an Associates or a Bachelor’s degree.

As standard practice, individuals under probation supervision receive a COMPAS assessment to understand their needs, risk of recidivism, and inform their supervision level. It was the COMPAS score that determined the level of probation supervision and ultimately the eligibility for STAR. Examination of the three COMPAS risk scales used to provide the most complete recidivism profile showed that around six out of ten (61%) STAR clients were rated at high risk of recidivating,⁸ 80% were rated as high risk to recidivate on a violent offense, and half were rated as high risk on the current risk of violence scale (Figure 3). These results also reflect the expansion of eligibility that did occur (upon approval from BJA) to include medium-high risk clients as well. This modification was justified because the clients, while having a lower recidivism scale, had the same level of needs (as assessed by the COMPAS) as clients supervised on high-risk probation caseloads.⁹

⁸ COMPAS recidivism is defined as a new misdemeanor or felony arrest within two years of the COMPAS administration data.

⁹ This modification was also reflected in the comparison group during the matching process.

Figure 3
STAR clients' COMPAS risk scores



Source: STAR Program Final Evaluation Report, 2021

Client's criminal history

To understand the level of involvement in the criminal justice system, arrests, bookings, and conviction data were gathered for the 36-month period prior to program intake. Criminal history data did include the instant offense (the most recent offense resulting in eligibility for STAR). Data showed almost all clients had at least one prior arrest (97%), booking (100%), and conviction (99%) and that they averaged around seven prior arrests, six prior bookings and three prior convictions (Figure 4).

Figure 4
STAR clients' prior criminal history

Average number of prior arrests 6.7 (SD=4.8)	Average number of prior bookings 5.9 (SD=3)	Average number of prior convictions 3.4 (SD=2.1)
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Source: STAR Program Final Evaluation Report, 2021

Because a conviction is the strictest measure of criminal involvement (i.e., formal judgement of guilt) analysis of the level and type of prior convictions is presented. Almost all the clients had a prior felony-level conviction (99%), with around half having one for a property (50%) or "other" offense (50%), 45% for a drug, 40% for a violent and 17% for a weapons offense (Figure 5 & 6). Given the average age of clients was in their thirties, these data show the population engaged in significant criminal activity in their adult lives.

Figure 5
Level of prior convictions

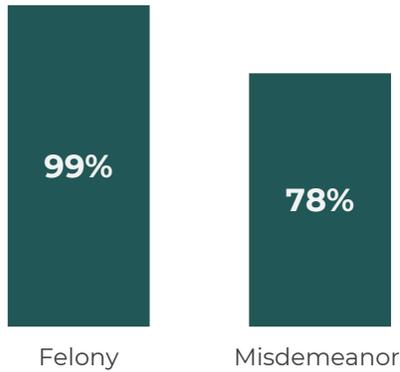
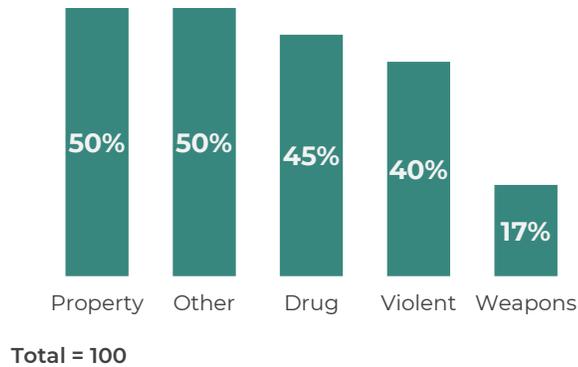


Figure 6
Type of prior convictions



Source: STAR Program Final Evaluation Report, 2021

A review of the self-reported needs at intake illustrates the complex challenges clients must address on their journey towards self-sufficiency. Clients entered STAR reporting an average of 8.8 (SD=1.9) needs, most of which reflected the essential needs required for basic survival. The needs that nearly all clients presented with (81% - 90%) call for medical intervention (i.e., SUD treatment and physical health) and basic tools necessary to function in society (i.e., transportation, income, and documentation). In addition, more than six out of ten clients had a mental health (63%) concern and were in need of housing (62%) (Table 1).

Table 1
STAR clients' self-reported needs at intake

Need (n=89)	Percentage
Substance use	90%
Physical health	90%
Transportation	85%
Public benefits	83%
Employment	81%
Documentation	81%
Self-help mtg	69%
Clothing	65%
Mental health	63%
Housing	62%
Educational	46%
Legal aid	21%
Family counseling	16%
Faith based	11%
Cognitive Based Therapy (CBT)	6%
Vocational services	4%
Anger management	3%

Note: Percentages based on multiple responses. Cases with missing information note included. These needs are specific to client's case management needs.
Source: STAR Program Final Evaluation Report, 2021

Summary of top needs

- 8.8 average needs
- 90% substance use and physical health need
- 63% mental health need
- 62% housing stability

The characteristics of STAR clients indicates that the program did reach the intended population. STAR was designed to assist those individuals who had significant involvement in the local justice system, but not to the level resulting in prison time. STAR clients were young adults, who already had numerous contacts with the justice system and assessed as high-risk (and later medium-high risk) on the COMPAS. Clients reflected the socio-economic disparity evident among the justice-involved, along with the presence of those precipitating elements that contribute to the risk of justice contact (i.e., substance use, unstable housing, poverty, co-occurring disorders) (Jacobs & Gottlieb, 2020).

What services were clients referred to and engaged in?

A core component of the program design was to assess a client's needs and support them in obtaining the appropriate services when in the community. However, while STAR sought to shore up the transition from re-entry to the community through in-reach while in-custody and a minimum of 90 days post-release case management, it was not uncommon for clients to not stay in contact with NHA, which prohibited referrals and subsequent connections. Analysis of the referrals showed that transportation (i.e., through transit vouchers provided by NHA) topped all referrals, but more importantly as it relates to the program's goals, three-quarters (75%) of STAR participants received referrals for SUD treatment, which 9 out of 10 clients needed. In addition, over half of clients received referrals for physical health (54%) and housing (52%) needs. However, a clear picture of success in linking individuals arises through a review of the connection rates (i.e., total connections by total referrals made). The highest rate of connections (81% to 100%) occurred for those essential needs (i.e., transportation, clothing, housing, documentation, and public benefits). The next most frequently connected services (73% to 77%) were for those needs that often require longer term interventions (e.g., mental and physical health, CBT, and self-help meetings) (Table 2). Though identified through the COMPAS assessment, criminogenic needs were not addressed within the case planning process.

Possible reason for referrals and connection rates

“90 days post-release is not usually enough time to take care of all the needs a client may have....and it's often not possible to complete all referrals within the short 90-day window. Additionally, client's needs often change. When they are incarcerated, they usually give us a whole list of things they want to do/take care of post-release; however, once they are in the community, their thoughts about what they actually need change, usually resulting in deteriorating commitment to goals set pre-release.”

NHA feedback on client referrals and needs

Table 2
 STAR clients' needs, referrals, and connections to services

	Need	Referred	Connected
Public benefits	83%	24%	100%
Vocational services	4%	5%	100%
Clothing	65%	47%	96%
Transportation	85%	82%	93%
Documentation	81%	39%	85%
Housing	62%	52%	81%
Self-help management	69%	14%	77%
Mental health	63%	22%	76%
Cognitive Based Treatment (CBT)	6%	5%	75%
Physical health	90%	54%	73%
Legal aid	21%	4%	67%
Substance use	90%	75%	47%
Employment	81%	33%	33%
Anger management	3%	10%	30%
Family counseling	16%	1%	0%
Educational	46%	0%	0%
Faith based	11%	0%	0%

Note: Percentages based on multiple responses. Connected percentages is based on the percent referrals, which could have included multiple referrals within the same category of need.

Source: STAR Program Final Evaluation Report, 2021

Feedback from the RPOs, the NHA Program Director, and NHA Case Manager explained why all identified client's needs did not receive a referral for a service. The primary reason was related to urgency of need, with the most pressing ones (e.g., SUD treatment, housing, medical attention) often prioritized. However, some of the referrals prohibited others from being made during the time in the program, especially if a client was enrolled in SUD treatment which resulted in other referrals (e.g., employment) being delayed until SUD treatment was completed. The issue of clients disengaging with NHA once in the community also contributed to lower rates of referrals as their needs were identified at intake, but they were not present to receive a referral.

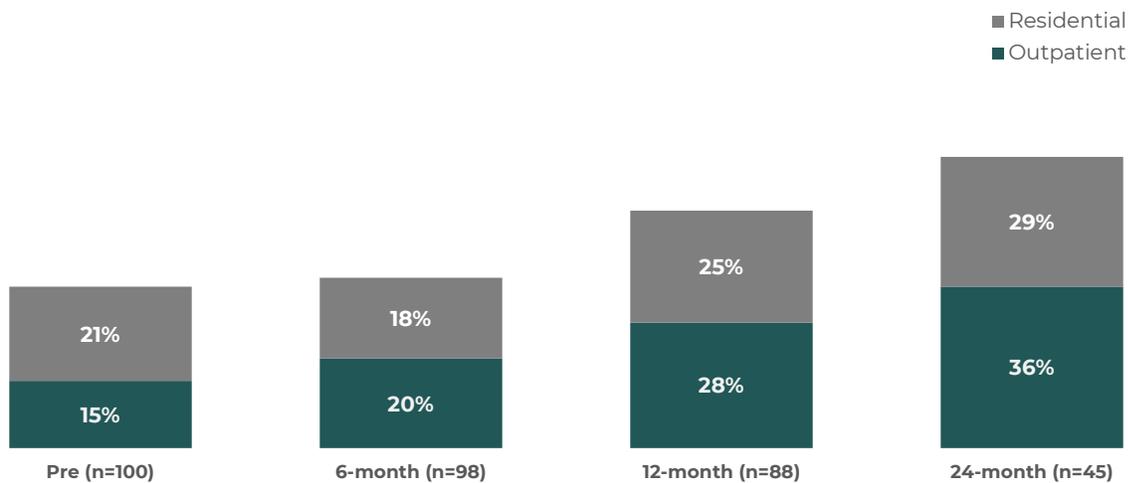
As for connections, it was noted that a client's readiness to change factored into a client choosing to engage in the referred services. STAR took several steps to try and increase the likelihood of engagement by reducing barriers and employing motivational techniques. These efforts included frequent contacts with the RPO and NHA Case Manager prior to release to establish a relationship, picking up clients at release and taking them to treatment or housing, involving clients in their treatment plans, and keeping in contact post-release. In addition, when the COVID-19 stay-home orders took effect in March 2020, many services ceased to be available or were harder to obtain.

To better understand the role of SUD and clients' engagement, data were also available to track what proportion of STAR clients either remained in SUD treatment and/or reengaged after discharge from STAR. These data were only available for the treatment group, but they show that clients continued to be involved in SUD treatment even after exiting STAR. Specifically, data were gathered from the San Diego County SANWITS system at several points in time (intake, 6-, 12-, and 24-months) post-release from jail to track enrollment in either outpatient or residential SUD treatment. While the numbers of cases at each time point decreased over-time (100 at 6-months to 45 at 24-months), the proportion of the STAR clients who continued to engage in SUD treatment, either outpatient or residential, increased over time (36% to 65%) (Figure 7).

Action to engage clients in services

- Frequent contacts prior to release
- Warm hand off at the point of release (transportation directly to placement or service)
- Client involvement in his/her/their MDT meetings
- Contact within 14 days of release
- Transportation to appointments

*Figure 7
STAR clients' enrollment in SUD treatment intake, 6-, 12-, and 24-months post-STAR participation*



*Note: Only those cases with a full 6-, 12-, and 24-month post-period were included in the analysis at each time point.
Source: STAR Program Final Evaluation Report, 2021*

This SUD treatment information supports what is known in the addiction recovery field, that recovery is a lifelong process, and that relapse and multiple treatment episodes are part of this process. Addiction science has shown that addiction alters the brain, decreases the function of dopamine, and reduces the ability of an individual to resist urges to use substances. Unfortunately, the chemical changes and associated behaviors contributes to chronic relapse (Koob & Volkow, 2016; Roberts & Koob, 1997). The data showing continued engagement in treatment post-STAR participation is an encouraging finding.

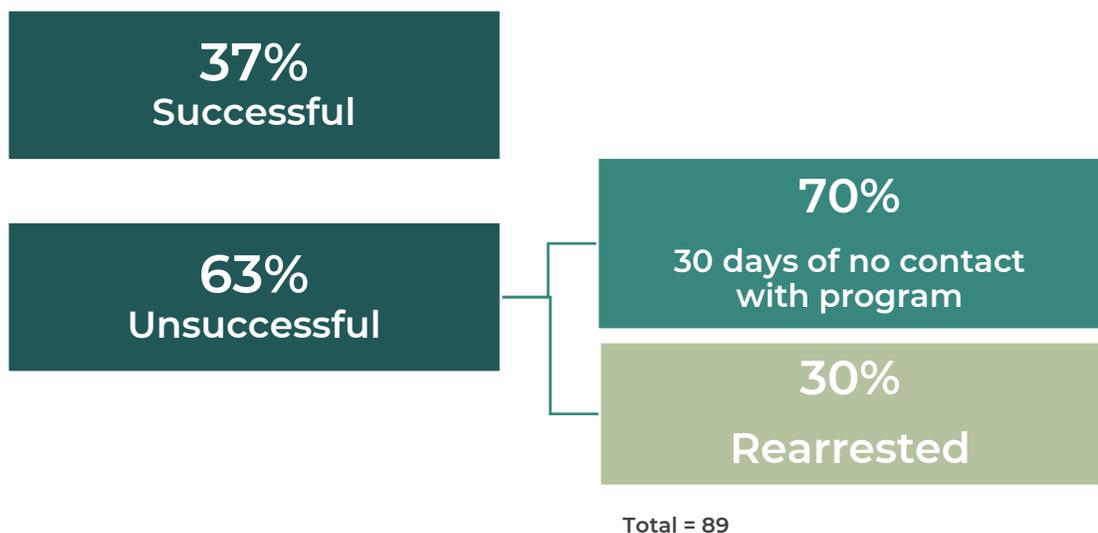
How many clients successfully completed the program (NHA portion) and what factors were related to success?

Clients entered STAR while incarcerated and exited when their time and goals with NHA were complete. The average length of time in the program was 110.6 days (SD=48.3; range 14-252 days). Success for this project was defined as a client's participation in NHA services and completing his/her/their goals, rather than overall completion of the terms of their Probation supervision. As noted earlier, not all clients who expressed a desire to engage in the program while detained followed through with this intention once released. Furthermore, in July 2017 San Diego County launched the Drug Medi-Cal Organized Delivery System (DMC-ODS) and it impacted STAR SUD treatment referrals. The DMC-ODS increased access to treatment beds and instituted the use of the ASAM to determine the level of care (e.g., out-patient, residential), thereby removing the court's discretion to determine which level of care an individual could be ordered to participate. In addition, the ASAM gauges a client's engagement in services. As a result, if a client was unwilling to go to a specific level of care, they could be linked to a lower level of care that was not clinically indicated. This transition from a model of "coerced" treatment, based on a court order, to a voluntary model could have impacted client completion rates. While all efforts were made to increase the odds of engaging once back in the community, 18% withdrew from the program prior to release. These individuals are not included in the reentry analysis, as they never received service post-incarceration. Of the remaining 81 individuals, 9 enrolled twice in the program, resulting in 89 exit episodes. Nearly two in five clients (37%) exited STAR with a successful status and 63% had an unsuccessful completion status. Of those exiting unsuccessfully, the reasons included having no contact for 30 days (70%) or being re-arrested (30%) (Figure 8).

"I think over a third of clients completing the program is a significant achievement. We have to keep in mind that completing the program means completing 90 days post-release follow through with goals as outlined in the case plan."

NHA professional, 2021

Figure 8
Exit status of STAR clients



Source: STAR Program Final Evaluation Report, 2021

Was the program implemented as planned and if not, what changes were made and why?

There were several metrics used to assess how the program was implemented, including length in program, MDT involvement, and number of contacts, as well as information gathered from surveys with program partners and stakeholders.

At minimum, clients were to receive two MDT meetings, one prior to release and one after release from jail. Of the 81 clients who chose to continue with STAR post-release, 84% had a pre-MDT meeting, and averaged 3.0 (SD=1.6) contacts with NHA staff while incarcerated. These contacts not only focused on creating the case plan, but they also intended to build a relationship between the NHA case manager and client. Upon release, 45% of clients participated in at least one post-MDT meeting and had an average of 9.9 contacts (SD=9.3; range 0-38) post-release contacts (Figure 9).

Figure 9
MDT meetings and contacts Pre- and Post-release from custody

84% Pre-MDTs	3.0 (SD=1.6) average number of NHA pre-release contacts 2.4 (SD=1.5) average number of RPO pre-release contacts
45% Post-MDTs	9.9 (SD=9.3) average number of NHA post-release contacts

Source: STAR Program Final Evaluation Report, 2021

COVID-19 impact on STAR implementation

A major event that altered how STAR was implemented and the scope of its impact was the global pandemic. In March 2020, when California issued a stay-home order, Probation and NHA shifted contacts and protocols to adhere to all public health guidelines. In San Diego County the Superior Court closed for in person arraignments, providers and Probation staff were prohibited from entering the jails, the Chief Justice implemented an Emergency Bail schedule thereby reducing bookings, and when appropriate individuals received early releases from detention. These public health measures permeated every aspect of the STAR project and resulted in several programmatic changes and ultimately prohibited STAR from reaching its target numbers and implementing the program planned. These limitations and changes included:

- In response to the decrease in jail population, RPOs increased their outreach to eligible in-custody clients.
- Once bookings increased (starting July 2020) the risk level of inmates also changed, with a greater proportion of inmates classified as level 5 housing, exceeding the housing risk level eligible for STAR. In response, STAR partners began to assess eligible individuals housed at level 5, to determine if they were safe and appropriate for the program.
- In person professional visits from NHA and RPO were not permitted and were shifted to video and phone contacts.
- NHA shifted programming to telehealth for pre-release services; however, face-to-face visits continued for all post-release clients by using strict public health protocols.

The stay-home orders further delayed the completion of the FRC and co-location of STAR partners. In addition, all collateral services (e.g., SUD treatment, mental health) available to STAR clients were also limited due to the public health guidelines, which reduced access to needed supports.

Program modifications

STAR partners used data and regular program meetings to discuss challenges and make adjustments as needed. One of the first hurdles that became apparent to all partners was the lower than anticipated enrollment numbers during the first year of the grant. Several reasons were identified as contributing to these low numbers including the voluntary nature of the program, new programming that siphoned eligible clients or granted them early release, and the eligibility criteria that limited access to inmates who had the need, but who were either not high-risk or were housed in level 5 housing. Another program modification pertained to the need for continued support past 90 days. NHA discussed this need, mostly due to individuals who either relapsed, did not immediately engage in the case management services upon release, and/or active clients who needed continued support to strengthen their connections with the community providers. The solution was to allow for extensions of time up to an additional 90 days on a case-by-case basis (Table 3).

The issue of engagement was not as easily addressed and elevates the question of when is voluntary versus involuntary enrollment in programming warranted. The research on this question is mixed, with strong evidence showing the effectiveness of completing treatment through mandated programming. Specifically, research has shown that even though individuals mandated to treatment may enter with lower internal motivation, they are more likely to complete than those who enter voluntarily (Coviello, et al., 2013; Peters & Murrin, 2000). However, there also is research that shows no difference in outcomes between programs that mandate treatment compared to those that do not (Werb, et al., 2016; McLellan, Lewis, O'Brien, & Kleber, 2000; Marlowe, 2003).

Table 3
Challenges and program modifications

Challenge	Program modification
Low enrollment numbers	<ul style="list-style-type: none"> Expanded eligibility to include clients in County Parole and Alternatives to Custody (CPAC), Work Furlough (WF), and Residential Reentry Center (RRC) clients Expanded services to probationers with no substance use or mental health needs as long as there was a criminogenic need Expanded the service area to the Central region of the county Inclusion of inmates housed in level 5 classified housing on a case-by-case basis Inclusion of individuals on medium-high caseloads in STAR as these individuals presented with the same level of need as high-risk clients
90-day program too short for some clients	<ul style="list-style-type: none"> Approval of up to three, 30-day extensions if needed to support the client's stabilization in treatment and community services
COVID-19 state and federal public health guidelines implemented: <ul style="list-style-type: none"> Stay-home order was implemented March 15, 2020 Jails closed to outside professional and personal visits Zero bail policy eliminated bookings for misdemeanors and some felonies Courts closed from March – November 2020, with limited re-opening reducing the eligibility pool Sheriff's early release of appropriate individuals to reduce the jail population Sheriff limit access to jail for the RPO to one day a week 	<ul style="list-style-type: none"> Services shifted to telehealth. All pre- and post-release MDT meetings were held via telehealth NHA adhered to all social distancing and wore personal protective equipment to transport clients RPO sought alternative outreach efforts in the jail, by reviewing all rosters for possible clients and increasing presentation on the program to inmates Individuals assessed to level 5 housing were reviewed on a case-by-case basis for eligibility
Delay of FRC construction and no co-location of partners	<ul style="list-style-type: none"> While the physical co-location was not feasible, partners maintained close contact throughout the grant. The fact that there was very little turnover in the RPOs (one was promoted and left the program in the last few months), and the same NHA program director helped bridge this gap of not being co-located.

What did program staff and partners perceive as the greatest strengths and weaknesses of the program?

To ascertain how the program was implemented the evaluation team attended the monthly program meetings where progress and challenges were discussed, and collaborative relationships were built. This close involvement provided valuable insights into real bumps, barriers, and challenges of implementing the project. This level of involvement then helped shape the second method for measuring implementation; two surveys that were distributed to the stakeholders to document the project progress, successes, and areas of growths. The surveys were administered in July 2019 and November 2020 with a 61% (20) and a 53% (19) response rate, respectively. The results for both surveys were summarized in reports and shared with the partners for reflection, discussion, and action if needed. These summaries are included in Appendix B and the strengths and challenges are noted below.

The top strengths of STAR reported in the surveys was the collaboration across agencies, the care coordination, and the case management that identified and actively worked to connect clients to services (rather than just refer them). It was clear from the results that the greatest strengths of STAR grew from the integration of services and resources, even without the co-location at the FRC. These findings suggest that STAR cultivated a service delivery model of collaboration, coordination, and relationship building (Table 4). More specifically, the MDTs, team meetings, and shared responsibility for the client was viewed by program and probation staff as an effective means to understand the clients' needs and progress, and to avoid any triangulation between provider and probation on the part of the client because of the consistent communication.

Table 4
Top strengths

	2019 (n=16)	2020 (n =15)
Case management/linkages/connection to services	75%	27%
Teamwork and collaborations	56%	73%
Care coordination	44%	40%
Client/team member rapport and relationship	NA	33%

Note: Cases with missing information not included. Percentages based on multiple responses.
Source: STAR Program Final Evaluation Report, 2021

In addition, all (100%) of the 2019 respondents and 94% of those who completed the 2020 survey agreed that STAR had been effective in connecting clients to mental health and medical/health services (not shown).

Partners view of greatest strengths

“The line of communication and collaboration [between the Probation Officer and case manager] to know what a person needed and getting them hooked up with those services.”

“STAR created a Project In-Reach on steroids because of the amount and level of need this population has. STAR allowed for smaller caseload which allowed for more communication.”

“Case managers consistently follow-up with and advocate for clients/help to mitigate the consequences of clients not following through right away.”

Survey 2020 respondents

The same respondents provided insights to areas where changes or adjustments could be made. The top opportunities for growth were similar at both points in time, with the eligibility criteria seen as the number one weakness for around eight out of ten respondents (81% and 100%, respectively) each year, followed by client engagement or compliance noted by 31% (2019) and 40% (2020) of respondents. The third most frequently identified improvement area was the opinion that the program could be longer than 90 days (44%), which was not noted in 2020 (Table 5).

*Table 5
Areas of improvement*

	2019 (n=16)	2020 (n=15)
Eligibility criteria too restrictive/inappropriate enrollments	81%	100%
Program duration too short	44%	NA
Client engagement/rapport/compliance	31%	40%
Other	19%	27%

*Note: Cases with missing information not included. Percentages based on multiple responses.
Source: STAR Program Final Evaluation Report, 2021*

Another program change that arose pertained to system changes that occurred after the grant was awarded. As noted early, in 2017 the County of San Diego DMC-ODS increased access to treatment resources and instituted the use of the ASAM to determine the level of care (e.g., outpatient, residential). This change allowed funds that would have gone toward treatment to be reallocated to emergency housing for clients (i.e., the program was able to pay for more days in hotels for those clients in need).

Another challenge was the significant construction delays for the new FRC building. The extended time to remodel the building combined with COVID-19 and the associated stay-home orders instituted in March 2020, delayed co-location of the partners. This latter challenge was mitigated by the strong relationships built through frequent meetings, little to no staff turnover during the project on the part of probation and NHA, and shared case planning. Despite these efforts, the co-location was a key program component and likely had an impact on the project, which unfortunately could not be measured.

Insights to a client's journey

Client 1:

Rob* was a male in his 60s with a 46-year history of mental health and substance use challenges. At intake his pre- and post-release goals were to establish and maintain total abstinence while increasing knowledge of his mental health diagnoses, the disease of addiction, and the process of recovery. During the program Rob was linked to a primary care provider, domestic violence counseling, mental health provider, and to the social security administration to obtain needed documents.

Upon his release from jail, Rob was negative towards his probation officer and had no respect for the criminal justice system. However, by the time he completed the program, he spoke positively about his probation officer and expressed a new respect for the justice system. He also stayed engaged with the services he was linked to and he periodically checked in with NHA and his case manager for continued support and encouragement.

Rob was rearrested for another case in 2020 and reached out to his case manager as soon as he was released to share about what he had done and to apologize for his mistake. The case manager reassured him that he was always welcomed at NHA and reminded him to attend the support group and encouraged him to stay clean and mentally stable. When he left, Rob thanked the case manager for the unconditional support.

Client 2:

Marco* was a male in his 40s with a 22-year history of substance use and behavioral challenges. Marco's pre- and post-release goals were to accept the powerlessness and unmanageability of substance use and to commit to a recovery-based program. During the program he was successfully linked to a primary care provider, an individual therapist, and housing. Marco received a program extension and participated in the program 120 days post-release, resulting in successful completion of his goals and the program.

Following Marco's completion of the program, he stayed in contact with his primary case manager and the NHA team. He has slipped up in his recovery on multiple occasions; however, he continues to reach out to the team for support and guidance with past and current challenges.

STAR Case Manager correspondence July 2021.

**Names are fictional to protect the identity of the client*

Outcome results

Did successful completion of STAR improve recidivism outcomes (new arrests, bookings, and convictions 6-, 12-, and 24-months post STAR) compared to a matched comparison group?

The primary outcome for STAR was recidivism as measured by any new arrest, booking, or conviction at the 6-, 12-, and 24-month period in comparison to a matched comparison group. As specified in the analysis plan, propensity score matching created a comparison group that was similar in age, gender, race/ethnicity, COMPAS scores, and criminal history.¹⁰ All of the individuals in the STAR treatment group had at least six months in the community post-release and were not pre-release discharges to be included in the six-month recidivism analysis (n=79), 66 cases were eligible for 12-month recidivism, and 33 cases had enough time in the community to be included in the 24-month recidivism analysis.

The comparison analysis showed that across all time periods, a significantly larger percentage of STAR clients had a new arrest, but this difference dissipated at the point of conviction (Figures 10-13). This variance at the point of arrest (and booking at 6-months) could be a product of the limitation of the research design which could not account for any geographic effects and possible differences in policing practices. Specifically, because the treatment and comparison group resided in different parts of the region, they are subject to different jurisdictional policing and Probation supervision practices. The finding of no statistical difference in the percentage of convictions, the point in the justice process when there is further evidentiary and judicial intervention, could be considered a more appropriate comparison between the two groups. Overall, less than one in five STAR clients had a new conviction at 6- and 12-months, (14% and 18%, respectively). This proportion doubled at the 24-month period (39%); however, caution is warranted due to the limited sample of less than half of the STAR group. With no statistical difference found between the two groups, it is not possible to conclude participation in STAR resulted in reduced convictions in comparison to similar individuals (Figures 10, 11, and 12).

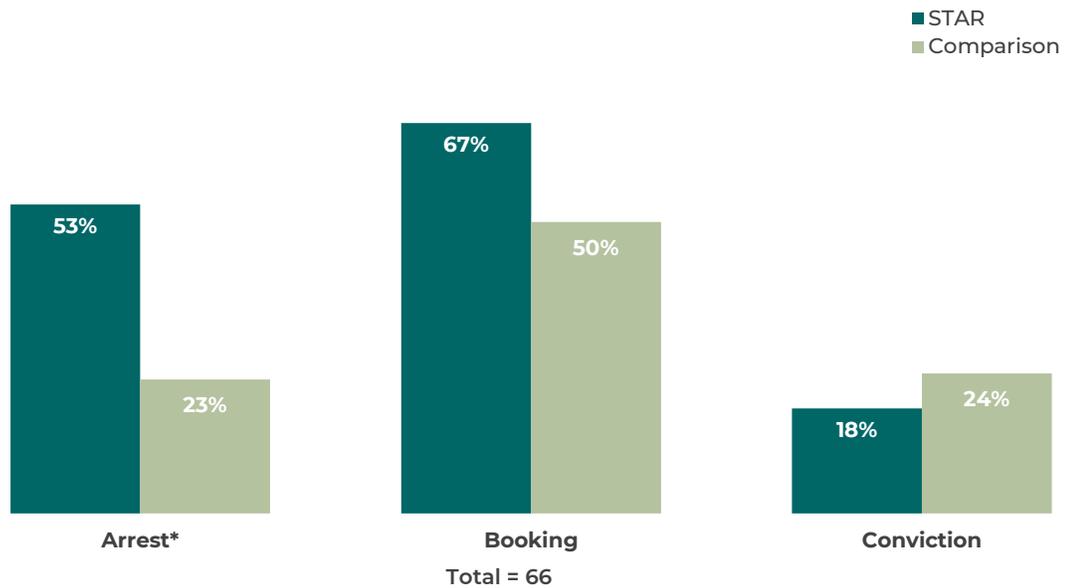
Figure 10
STAR treatment group and comparison group 6-month post-release recidivism



*Statistically significant at $p < .05$.
Source: STAR Program Final Evaluation Report, 2021

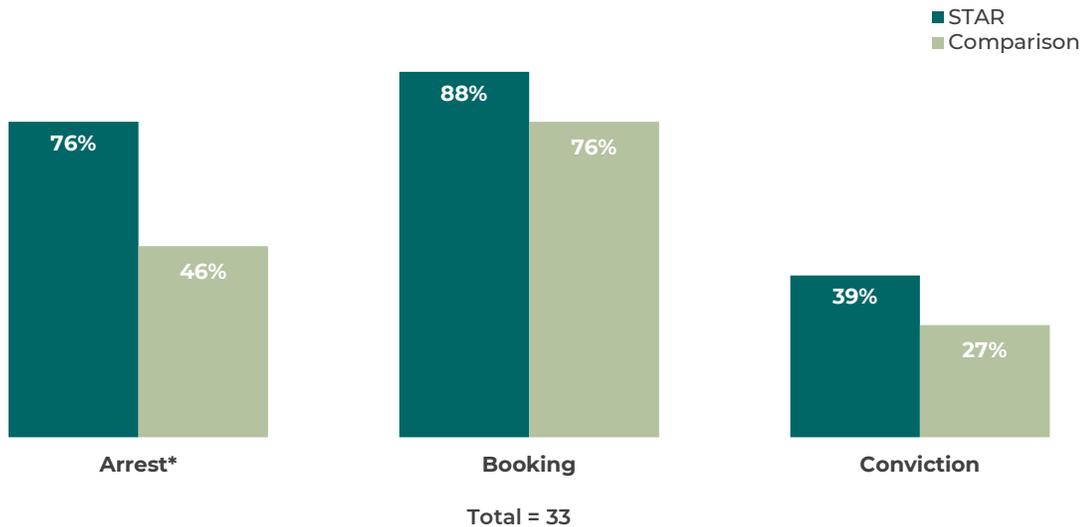
¹⁰ Additionally, logistic regression models were fitted to each of the recidivism indicators (arrest, booking, conviction) forcing covariates used in the propensity score weighting process into the models along with the treatment and comparison indicators. The results showed no significant difference between the two groups.

Figure 11
STAR treatment group and comparison group 12-month post-release recidivism



*Statistically significant at $p < .05$.
Source: STAR Program Final Evaluation Report, 2021

Figure 12
STAR treatment group and comparison group 24-month post-release recidivism

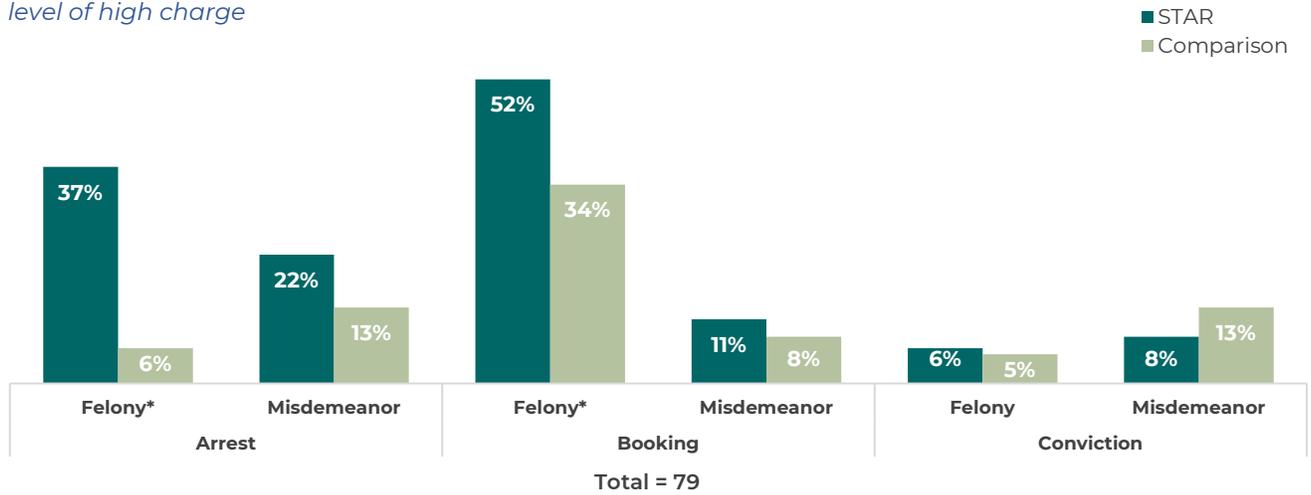


*Statistically significant at $p < .05$.
Source: STAR Program Final Evaluation Report, 2021

These differences between the STAR and comparison groups continued when examining the level of offense. Specifically, the STAR group had more felony-level arrests and bookings, but this difference was not evident at the point of conviction. Fewer than one in ten from both groups had a felony-level conviction within 6- and 12- months from release (6% and 8% of STAR and 5% and 6% of comparison group). This proportion was larger for both groups at 24-months (24% and 12%, respectively) but only represented eight and four individuals due to the small number eligible for this analysis (Figure 13).

Figure 13

STAR treatment group and comparison group 6-month post-release recidivism by level of high charge

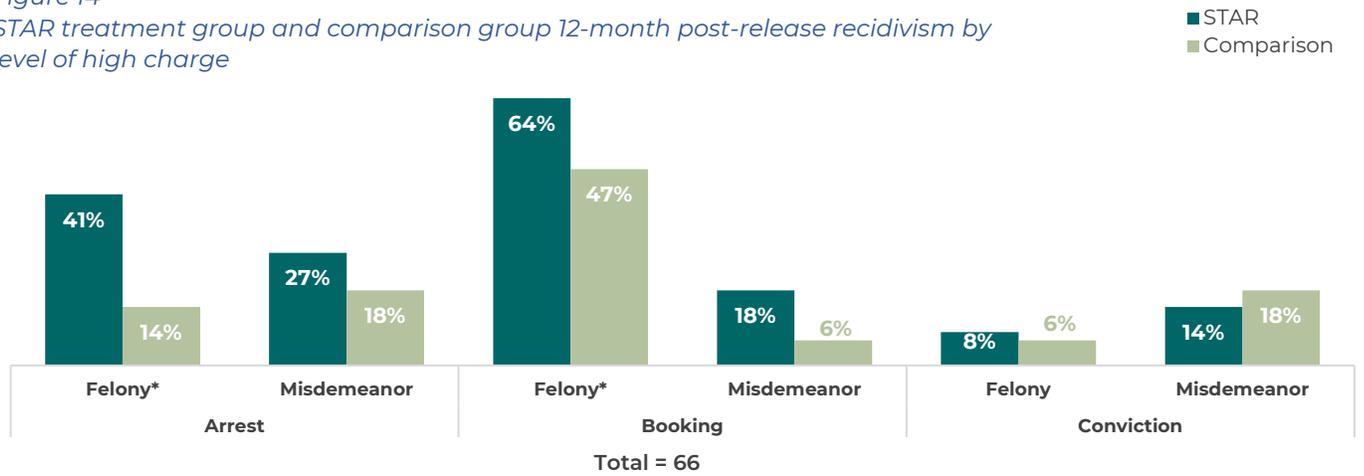


*Statistically significant at $p < .05$.

Source: STAR Program Final Evaluation Report, 2021

Figure 14

STAR treatment group and comparison group 12-month post-release recidivism by level of high charge

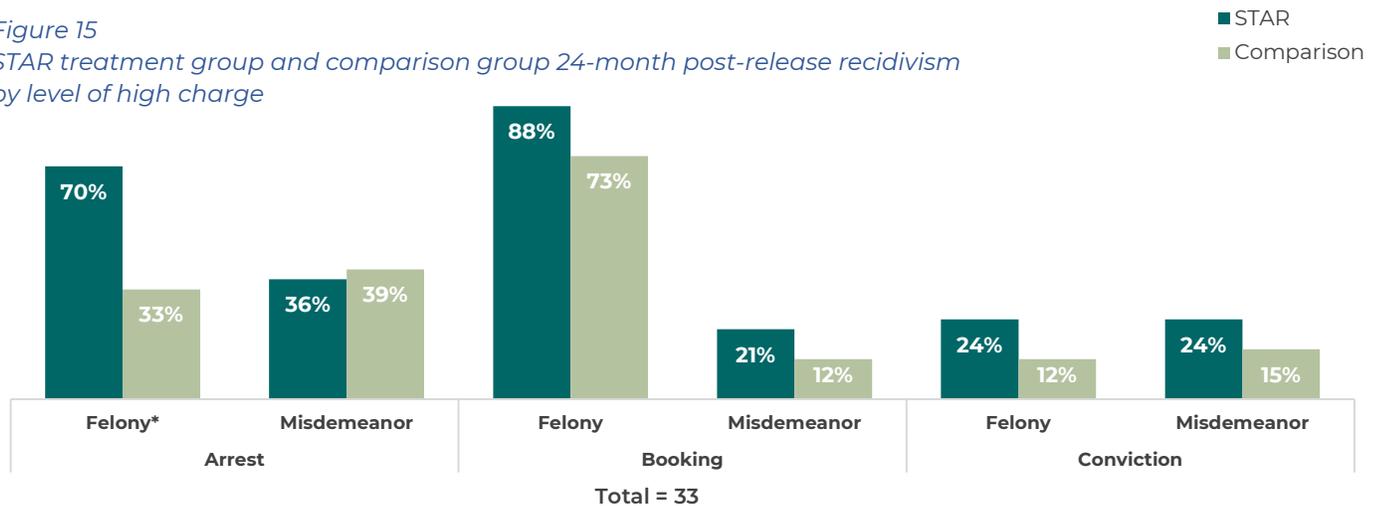


*Statistically significant at $p < .05$.

Source: STAR Program Final Evaluation Report, 2021

Figure 15

STAR treatment group and comparison group 24-month post-release recidivism by level of high charge



*Statistically significant at $p < .05$.

Source: STAR Program Final Evaluation Report, 2021

Data on the type of arrest, booking, and conviction again showed differences between the STAR and the comparison group at the point of arrest and booking, but not at the point of conviction. In addition, a smaller proportion of justice contacts occurred at 6- and 12-months following booking release and increased at the 24-month mark; however, given the small number of cases available for this analysis, these results may not be reflective of the larger sample.

A review of the type of convictions (the strictest definition of recidivism) suggests the persistence of addiction and substance use in the lives of STAR clients and possibly the comparison group. Specifically, at each point in time post-release from custody drug offenses (3%, 5%, and 12% respectively) and property crimes (8%, 9%, and 12%, respectively) were the most common high charge.

Overall, the recidivism results showed that while the STAR group was arrested and booked at a higher rate, there were no statistical differences between the two study groups at the point of conviction. Larger proportions of the STAR (and comparison group) clients recidivated at the misdemeanor level, with property and drug offenses being the most common. These findings do not indicate participation in the STAR program to be any more effective in reducing recidivism than individuals in comparison group.

*Table 6
STAR treatment group and comparison group post-release recidivism by type of high charge*

		STAR	Comparison
6-month (n=79)			
Arrest	Violent*	9%	0%
	Property	6%	4%
	Drug*	20%	8%
	Other*	29%	9%
Bookings	Violent	19%	14%
	Property*	16%	5%
	Drug	19%	10%
	Other	10%	3%
Conviction	Violent	3%	3%
	Property	8%	6%
	Drug	3%	6%
	Other	1%	2%
12-month (n=66)			
Arrest	Violent*	12%	0%
	Property	8%	9%
	Drug	18%	14%
	Other*	39%	14%
Bookings	Violent	18%	24%
	Property*	26%	8%
	Drug	24%	17%
	Other	15%	5%
Conviction	Violent	2%	5%
	Property	9%	8%
	Drug	5%	8%
	Other	3%	5%
24-months (n=33)			
Arrest	Violent*	33%	6%
	Property	27%	18%
	Drug	33%	24%
	Other*	61%	30%
Bookings	Violent	36%	42%
	Property	36%	15%
	Drug*	48%	18%
	Other	33%	24%
Conviction	Violent	9%	6%
	Property	12%	12%
	Drug	12%	6%
	Other	9%	6%

*Statistically significant at $p < .05$.

Source: STAR Program Final Evaluation Report, 2021

Did successful completion of STAR improve probation supervision status (successful termination) compared to a matched comparison group?

The initial design intended to compare termination status between the two study groups. However, few individuals in either group completed their probation status during the study period which limited analysis. Specifically, a total of 4 STAR clients terminated their probation six months post release, 3 of which were classified as unsuccessful and none of the comparison group completed probation. At the 12-month mark, a total of nine STAR clients had completed probation, with all but one doing so unsuccessfully and five individuals in the comparison group completing with an unsuccessful status. At the 24-month period seven STAR clients terminated probation, two doing so successfully. Further, six of the comparison group completed their probation, with two doing so successfully.

Study limitations

While the most rigorous design possible was employed for this evaluation, it would be remiss to not acknowledge the limitations of the study design. Although, using propensity score matching technique to create a matched-comparison group is considered a rigorous design, it cannot provide evidence of causation or account for all confounding variables that could affect outcomes as possible when using an experimental design with random assignment (Coalition for Evidence-Based Policy, 2014; Michalopoulos, Bloom, & Hill, 2004). In addition, the propensity score matching for this study was limited to variables available in the local criminal justice data base system and did not have the detailed data to account for all observational variables (i.e., individual characteristics, socioeconomic) and non-observational ones (e.g., psychological assessments, internal motivation). Further, because the comparison group was selected from another region in the county, geographic factors such as neighborhood policing practice or economic difference were not controlled for. Finally, participation in other reentry programs or interventions on the part of the individuals in either study group post-program was unknown and could have influenced outcomes.

Lesson learned/recommendations

Extend period of case management: The proportion of clients who were discharged due to no contact and feedback from both RPP and NHA provider suggest a longer period for case management could be beneficial. Additional time could help account for the engagement lag (e.g., not returning calls, hesitancy to participate), increase awareness of needs, and address some of the longer-term needs (e.g., employment and education).

Telehealth and video conferences improved contacts: Both the program provider and Probation noted the increased attendance with connecting with clients and telehealth should be examined as a continued method to increase responsiveness of clients.

Promote single case plans and collaboration: Feedback from partners was positive regarding the collaborative nature of the program and coordinating services using one case plan. This structure reduced any triangulation or miscommunication between community provider and Probation on the part of the client and among the services providers.

Promote linkage to criminogenic needs when developing case plan goals: When developing collaborative case plans the client's respective criminogenic needs be incorporated into the process to positively impact recidivism.

Employ a random control trial (RCT) experimental design to evaluate reentry programs:

With increased emphasis on having individuals return to the community and receive services where they live, it is vital to understand which reentry interventions are effective. With the numerous programs offered to incarcerated individuals, the diversity of the population, and the climate calling for change in the justice system, it is good governance and ethical to know what works best. RCTs provide a method to better understand what is effective and with what population.

Summary

Over the past ten years California has implemented numerous criminal justice reforms which have significantly increased the number of offenders being supervised by local probation departments. The local population resulting from these reforms presents a complex set of issues, as many probationers show evidence of either SUDs, mental health issues, and/or the effects of years of disenfranchisement. This increase in the probation population has escalated the demand for EBP to improve supervision outcomes and recidivism. Consequently, in 2017 the San Diego County Probation Department was awarded the SMART Supervision Grant to implement the STAR Program.

STAR was designed to create a wholistic, collaborative, and integrated approach to support reentry to the community for individuals released from jail and under probation's supervisions. The target population were individuals released to either high or medium-high risk probation supervision and had an SUD and/or mental health issue which demanded treatment. To measure if STAR was implemented as designed and to what effect, SANDAG conducted a process and outcome evaluation, utilizing a matched comparison group to track recidivism up to 24-months post release from jail.

Factors beyond the partners limited the implementation of STAR as designed. The two key differences were the inability to co-locate all partners due to construction delays and issues related to the COVID-19 pandemic and COVID-19 public health restrictions that reduced the eligibility pool and available services in the community. Evaluation results showed STAR engaged 92 unique clients in a variety of services from 2017 to 2021 in the East and the Central regions of San Diego. Clients were ethnically and racially diverse, in their early 30s on average, had a lengthy history of contact with the justice system, and an average of eight needs, including but not limited to, substance use, mental health, and housing. As planned, most clients had several contacts with the NHA case manager and RPO and left the facility with a coordinated case plan.

Attrition was evident, with a substantial proportion of the clients deciding not to engage with NHA services once in the community. Two out of five clients (37%) completed the program successfully and 63% exited unsuccessfully. Of those who exited unsuccessfully, 70% lost touch with the program and 30% of clients were re-arrested. However, this rate of engagement was viewed positively by staff given the level and intensity of SUD among the population. The reality that recovery is a process, not an endpoint was reflected in the finding that over half of clients continued to engage in SUD treatment over time.

When STAR clients were matched to the comparison group, they had a statistically significant higher rate of arrests and bookings at 6-, 12-, and 24-month follow ups than the comparison group. However, at the point of conviction this significant difference dissipated. This could signify a true difference in the STAR population from the comparison group, or just a difference in policing, arrest and booking polices across the region. While the outcome evaluation did not display any statistically significant outcomes, program coordinators noted that the intensive cooperation, clear communication, and unified strategy for clients provided a more successful

program environment which connected clients to services more efficiently.

In the absence of a random control treatment design, quasi-experimental designs introduce limitations that even the most rigorous statistical methods cannot mitigate. While this study employed propensity score matching to create a similar comparison group, not all observable and non-observable variables could be accounted for, leaving many questions unanswered. Given the increased emphasis on supervising individuals in the community to support their healing and reintegration into society, it is clear that policy makers would benefit from an investment in random control treatment designs to increase the understanding of which programs best support the successful reentry of probationers into communities.

Appendices

Appendix A: SDP Supervision Model

Appendix B: STAR Staff Surveys 2019 and 2020

Appendix C: Eligibility Criteria

Appendix A: SDP Supervision Model

Recommended Supervision Level Matrix

		Violent Recidivism Risk Decile Score									
		1	2	3	4	5	6	7	8	9	10
General Recidivism Risk Decile Score	1	<div style="display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Minimum Supervision Recommendation</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Medium Supervision Recommendation</div> <div style="border: 1px solid black; padding: 5px;">High Supervision Recommendation</div> </div>									
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

Appendix B: STAR Staff Surveys 2019 and 2020

CJ SUMMARY

Research findings from
the Criminal Justice
Clearinghouse



2019 S.T.A.R. Staff Survey Summary

Background

As part of the STAR pilot program evaluation, SANDAG is administering two staff surveys over the course of the grant period to both inform S.T.A.R. program implementation and to measure change over time. This summary report provides the results of the first of the two surveys. The survey inquired about trainings, perceptions of program implementation, and program effectiveness.

The survey was administered electronically over a period of two weeks in July 2019. SANDAG emailed the survey to 31 individuals who were identified as being key staff personnel for the S.T.A.R. grant-funded program through their participation as either a service provider or a staff member of a partner agency. The email contained a cover letter explaining the intent of the survey along with a link to the survey. Participation was voluntary and responses were anonymous. A reminder email was sent out two days prior to the survey being closed. Out of the 31 surveys emailed, 20 staff members responded, resulting in a 65% response rate. Respondents represented all the key partner agencies, including 50% from the Probation Department, 25% from the Sheriff's Department, 15% from HHSA, and 10% from Neighborhood House Association (NHA) (not shown).

Results

Respondents and training

As S.T.A.R. was a new program model, it was important to know the level of training received on the project and program model. Most respondents (70%) indicated they had received S.T.A.R. specific training to understand program goals and components, although 45% stated that additional program-specific training would have been helpful. Additional training topics suggested by respondents included cycles of recovery and addiction (3), general program structure and the value of post-release case management (2), Multi-disciplinary Team (MDT) member roles (1), strategies on community engagement (1), risk assessment and Probation screening processes (1), and strategies on engaging female participants (1) (not shown).

Program implementation

Although most of the respondents (70%) were not directly involved with the original grant application, all respondents (100%) felt there was some level of need for this type of program in San Diego County. To understand how well S.T.A.R. was being implemented, with the goal of informing any need for midcourse adjustments, respondents were asked a series of questions about the implementation of core components and processes, as well as the target population. Nearly all of the respondents (90%) felt the S.T.A.R. program has been implemented "very well" or "somewhat well" to date, with 5% feeling "neutral" and 5% feeling the program was implemented "not very well".

Key takeaways

- Survey responses indicate S.T.A.R. was implemented well and meeting its core goals.
- Communication, collaboration, and trust among partners were rated positively.
- S.T.A.R. was seen as effective in connecting clients to needed services in the community.
- Program recruitment and expanded eligibility stood out as areas needing improvement.
- Due to the level of client need, additional time to work with clients post-release was also noted as an area of improvement.
- Staff had varied opinions if S.T.A.R. was more effective than traditional probation, supporting the value of documenting outcomes.

**65% survey
response rate**

31 surveys sent out
20 surveys returned

To gather more specific information about implementation, participants were asked their opinion on statements related to program eligibility criteria, program meetings, and partnerships (Figure 1). Most respondents agreed that the eligibility criteria are being applied consistently (89%), however about one in five disagreed that the eligibility criteria are entirely appropriate (21%). In addition, 68% of respondents felt the appropriate clients are being referred to S.T.A.R., while 16% each disagreed or had no opinion (Figure 1a). Part of this disagreement pertains to the limitation of the pilot to East County and not including medium-risk clients.

90%
S.T.A.R. was being implemented "very" or "somewhat well"

A key element of S.T.A.R. is the early (i.e., prior to release) and collaborative coordination of care for participants to support a smooth transition back into the community. When asked about this component, the majority of respondents agreed that program partners were doing well in regard to care coordination both in- and out-of-custody (79% to 95%) (Figure 1b).

Similar to care coordination statements, respondents largely felt like partners were included and invested in the program (74% to 95%). Consistent with program design, 74% of respondents agreed that Probation staff are responsive to NHA's suggestions for client care, with the remaining 26% stating they had no opinion (Figure 1c).

Figure 1

Opinions on statements related to program eligibility criteria, program meetings, and partnerships (n=19)

Figure 1a: Eligibility criteria



Figure 1b: Care coordination



Figure 1c: Partnerships



Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Agree" category is a combination of "Agree" and "Strongly agree" ratings and the "Disagree" category is combination of "Disagree" and "Strongly disagree" ratings.

Source: 2019 S.T.A.R. Staff Survey

Program management

As to how S.T.A.R. is being managed, all respondents (100%) agreed that S.T.A.R. program staff communicate effectively between agencies and limit duplication of services provided to the client. Except for one individual who had no opinion, all respondents agreed with positive statements related to information sharing, trust, alignment of goals, and understanding of roles and responsibilities among agencies (84% to 100%). Staff training and the sharing of case management information in a timely manner were identified as areas of possible improvement by 5% of respondents (Figure 2).

Figure 2

"S.T.A.R. program staff..." (n=19)



Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Agree" category is a combination of "Agree" and "Strongly agree" ratings and the "Disagree" category is combination of "Disagree" and "Strongly disagree" ratings.

Source: 2019 S.T.A.R. Staff Survey

Perception of program effectiveness

Survey participants were also asked the degree to which they agree or disagree with a series of statements related to service delivery, client engagement, and client outcomes (Figures 3a to 3c). The majority of respondents agreed with statements that suggest the S.T.A.R. program provides clients with meaningful services that are distinct from the experience they would have on traditional probation and prepares them to be successful in the community (74% to 95%) (Figure 3a). Although 95% agreed that S.T.A.R. does a good job of connecting clients to needed services in the community, about 1 in 5 respondents (21%) indicated there could still be improvement (Figure 3a).

When considering S.T.A.R. clients compared to traditional probationers, over half (53%) of respondents agreed that there is a difference in the interactions between Probation Officers (PO) and clients in the S.T.A.R. program compared to traditional probationers (16% disagreed) (Figure 3b). Further, 37% agreed that that S.T.A.R. clients trust their POs more than traditional POs, and 58% agreed that S.T.A.R. clients are more motivated to participate in programming. A number of respondents reported no opinion on these statements (32% to 42%), suggesting there might be room for improving communication on these elements amongst key staff (Figure 3b).

Respondents were also asked their perspectives on S.T.A.R. client outcomes compared to traditional probationers (Figure 3c). Nearly 3 in 4 survey respondents (74%) believe that S.T.A.R. clients will have better probation outcomes than those on traditional probation, while 5% disagreed and 21% had no opinion. Over half of respondents (63%) agreed that S.T.A.R. POs believe this program truly helps probationers, with 5% disagreeing and 32% having no opinion (Figure 3c). These results, while mostly supportive, lend credit to the value of monitoring and evaluating the outcomes to support changes in practice.

Figure 3

S.T.A.R. service delivery, client engagement, and client outcomes (n=19)

Figure 3a: Service delivery

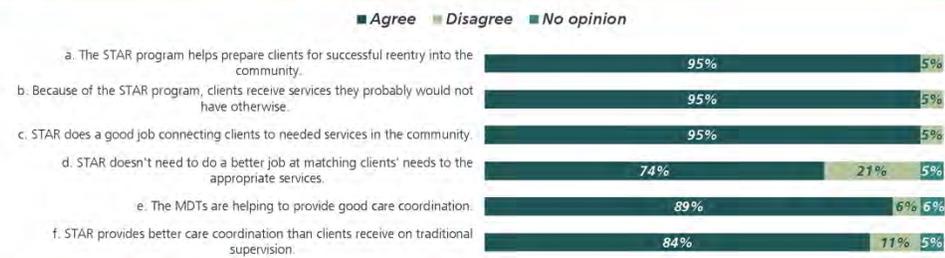


Figure 3b: S.T.A.R. clients versus traditional probation

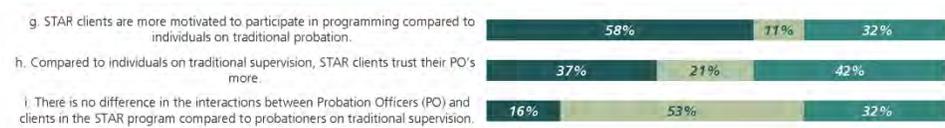


Figure 3c: Outcomes



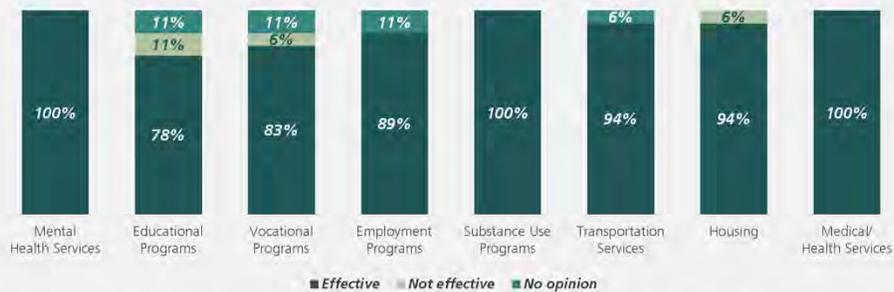
Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Agree" category includes responses of "Agree" and "Strongly agree", and the "Disagree" category includes responses of "Disagree" and "Strongly disagree".

Source: 2019 S.T.A.R. Staff Survey

According to survey responses, S.T.A.R. is meeting its goal to help link individuals to needed services when back in the community. A series of questions asked respondents if they felt S.T.A.R. was effective in connecting clients to a variety of community services and all respondents (100%) agreed that the S.T.A.R. program has been effective in connecting clients to mental health, substance use, and medical/health services. Most respondents also agreed that the program has been effective in connecting clients to education, vocational programs, employment programs, transportation, and housing (78% to 94%), although a few respondents believe there is room for improvement in connecting clients to education (11%), vocational programs (6%), and housing (6%) (Figure 4).

100%
 agreed that the S.T.A.R. program has been effective in connecting clients to mental health, substance use, and medical/health services

Figure 4
Connection to services (n=18)



Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Effective" category includes responses of "Very effective" and "Effective", and the "Not effective" category includes responses of "Not very effective" and "Not at all effective".

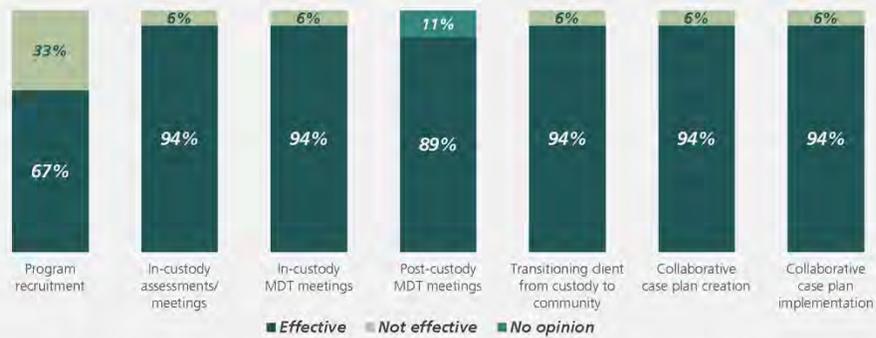
Source: 2019 S.T.A.R. Staff Survey

To better understand the dynamics of teamwork among the staff, a series of questions regarding communication between agencies were asked. Overall, about two-thirds (65%) of respondents agreed that communication about client care between HHSA and Probation has improved, with one individual disagreeing and about a third (29%) having no opinion. Nearly all (88%) respondents agreed that communication about client care between Probation and NHA has improved, with the remaining 12% having no opinion. Further, all respondents (100%) agreed that Probation and NHA communicate effectively about the care of clients, and 82% agreed that communication between the supervising PO and NHA about client care is also effective. Regarding the relationship between law enforcement partners, three-quarters of respondents (76%) agreed the pre-release partnership between Probation and the Sheriff has improved client care coordination, with the remaining one-quarter (24%) indicating no opinion (not shown).

In addition to service delivery and team communication, respondents were asked whether they found specific program activities to be effective (Figure 5). Client centered activities such as in- and out-of-custody meetings, collaborative case plan creation, and implementation were seen as effective by almost all survey respondents (89% to 94%). Program recruitment was identified by over one third of respondents (33%) as being not effective, suggesting efforts in this area could be improved (Figure 5).

Figure 5

Program activities (n=18)



Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Effective" category includes responses of "Very effective" and "Effective", and the "Not effective" category includes responses of "Not very effective" and "Not at all effective".

Source: 2019 S.T.A.R. Staff Survey

Strengths and areas of improvement

"Case Managers consistently follow up with and advocate for clients/help to mitigate the consequences of clients not following through right away."

"I think the STAR program is a wonderful concept... There are several inmates who mention interest who aren't eligible. I wish this program could be available to a wider variety of individuals who are interested in voluntary assistance."

"90 days post-release services are often not enough. It takes time to stabilize clients in the community. They are known to not follow through right away. Typically, a lot of encouragement and follow-up is needed to help them stay engaged with the STAR program and treatment."

- Respondent, 2019

Program strengths and improvement areas

Respondents were also asked what they felt were the top three strengths and challenges of the S.T.A.R. program to date (Table 1). The most common strength identified by respondents was the case management/linkage component of the program (75%), followed by teamwork/ collaboration between partners (56%) and care coordination activities (44%) (Table 1). These strengths all reflect core components of the project, suggesting that the model design is being perceived as effective by the staff.

Respondents also reported a number of challenges the program is facing, with the top three most noted as the eligibility criteria being too restrictive (81%), program duration (in and/or out of custody) being too short to achieve all client goals (44%), and client engagement (including rapport and compliance) (31%). These challenges are consistent with concerns raised at a number of previous team meetings throughout initial program implementation. Several efforts to address these challenges have been recently adopted (i.e., expansion to include “medium-high risk” clients in addition to “high risk”, option to extend case management services by 30 days on a case-by-case basis, etc.), with additional modifications planned to be implemented in the coming months.

Table 1
Strengths and challenges of the S.T.A.R. program

Strengths		Challenges	
Case management/ linkage/connection	75%	Eligibility criteria too restrictive/inappropriate enrollments	81%
Teamwork/collaboration	56%	Program duration too short	44%
Care coordination	44%	Client engagement/ rapport/compliance	31%
Beginning in custody/transition from custody to community	25%	“Other” ¹	19%
Satisfying client needs	13%	Active involvement of team members	13%
Transportation	13%	Housing	13%
Other	6%	Mental health of clients	13%
		Communication/ understanding within the team	6%
Total	16	Total	16

Note: Cases with missing information are not included. Percentages based on multiple responses.

¹ “Other” includes voluntary nature of the program, untimely logistical changes, premature data analysis, competing with other programs, clients enrolling in the program for early release (not help), and ensuring appropriate level of service.

Summary

To gather information to inform implementation and measure change over time SANDAG administered the first of two staff surveys in July 2019. A total of 20 respondents, representing each of the partners participated. Results indicate partners and staff feel positively about how the program is being implemented, is serving the right population, and improving the coordination of care from in custody to release. S.T.A.R. was also seen as improving communication among partners when coordinating the care of clients, a key goal of the project. Overall the data from the survey suggests the program is in route to achieving its goals to improve reentry for clients.

The program is not without challenges and barriers, with lower than anticipated enrollment numbers based on limited eligibility criteria and the program duration being noted as restricting program growth and ability to connect clients to the full gamut of services in the community. As with most reentry programs, client engagement and compliance are also notable challenges. Future program activities will continue efforts to address challenges identified in these survey results.

"I believe this program can really help individuals on high-risk supervision to be successful in the long run...A linkage to a treatment program may not be enough for someone to be successful...It is the continued and on-going advocacy for and engagement of clients that makes the difference."
- Respondent, 2019

100%

felt that the progress made to date with the S.T.A.R. program will result in sustainable, long-term changes

CJ SUMMARY

Research findings from
the Criminal Justice
Clearinghouse



SANDAG

February 2021

2020 S.T.A.R. Staff Survey Summary

Background

As part of the STAR pilot program evaluation, SANDAG is administering two staff surveys over the course of the grant period to both inform S.T.A.R. program implementation and to measure change over time. This summary report provides the results of the second of the two surveys. The survey inquired about trainings, perceptions of program implementation, and program effectiveness.

The survey was administered electronically over a period of two weeks during late October and early November 2020. SANDAG emailed the survey to 36 individuals who were identified as being key staff personnel for the S.T.A.R. grant-funded program through their participation as either a service provider or a staff member of a partner agency. The email contained a cover letter explaining the intent of the survey along with a link to the survey. Participation was voluntary and responses were anonymous. A reminder email was sent out one week prior to the survey being closed. Out of the 36 surveys emailed, 19 staff members responded, resulting in a 53% response rate. Respondents represented all the key partner agencies, including 58% from the Probation Department, 16% from the Sheriff's Department, 16% from HHSA, and 11% from Neighborhood House Association (NHA) (not shown).

Results

Respondents and training

As S.T.A.R. was a new program model, it was important to know the level of training received on the project and program model. Most respondents (76%) indicated they had received S.T.A.R. specific training to understand program goals and components, although 29% stated that additional program-specific training would have been helpful. Additional suggestions by respondents include: general information regarding program processes (2); information about what happens while in custody (1); sharing training/presentation materials with staff (1); Q&A sessions during staff meetings (1); and incorporating a S.T.A.R. criterion screening element (1) (not shown).

Program implementation

Although most of the respondents (68%) were not directly involved with the original grant application, all respondents (100%) felt there was some level of need for this type of program in San Diego County. To understand how well S.T.A.R. was being implemented, with the goal of informing any need for midcourse adjustments, respondents were asked a series of questions about the implementation of core components and processes, as well as the target population. Nearly all respondents (94%) felt the S.T.A.R. program has been implemented "very well" or "somewhat well" to date; with 6% feeling "neutral."

Key takeaways

- Survey responses indicate S.T.A.R. was implemented well and meeting its core goals.
- Communication, collaboration, timely information sharing, client tracking, and trust among partners were rated positively.
- S.T.A.R. is seen as effective in connecting clients to needed services in the community. However, improvement could be made among job, vocational, and educational services.
- Restrictive eligibility criterion and client rapport were identified as top program challenges.
- Staff reported that the program adjusted well to serving participants during COVID-19.

53% survey
response rate

36 surveys sent out
19 surveys returned

To gather more specific information about implementation, participants were asked their opinion on statements related to program eligibility criteria, program meetings, and partnerships (Figure 1). Most respondents agreed that the eligibility criteria are being applied consistently (82%), however, about one in four (24%) disagreed that the eligibility criteria are entirely appropriate. In addition, 82% of respondents felt the appropriate clients are being referred to S.T.A.R., while 6% disagreed and 12% had no opinion (Figure 1a). It should be noted that program eligibility in 2020 expanded to include the Central region using feedback from the 2019 key partner survey.

94%
S.T.A.R. was being implemented "very" or "somewhat well"

A key element of S.T.A.R. is the early (i.e., prior to release) and collaborative coordination of care for participants to support a smooth transition back into the community. When asked about this component, the majority of respondents agreed that program partners were doing well in regard to care coordination both in- and out-of-custody (81% to 94%) (Figure 1b).

Similar to care coordination statements, respondents largely felt like partners were included and invested in the program (71% to 82%). Consistent with program design, 76% of respondents agreed that Probation staff are responsive to NHA's suggestions for client care, with 6% disagreeing and 18% stating they had no opinion (Figure 1c).

Figure 1
Opinions on statements related to program eligibility criteria, program meetings, and partnerships (n=19)

Figure 1a: Eligibility criteria

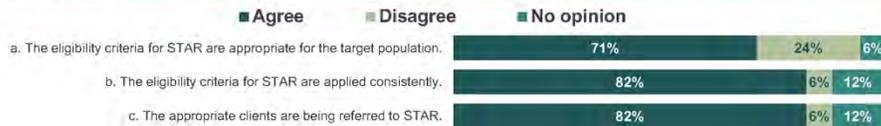


Figure 1b: Care coordination

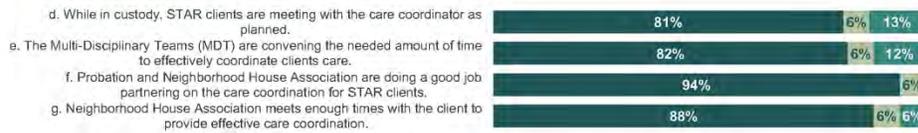
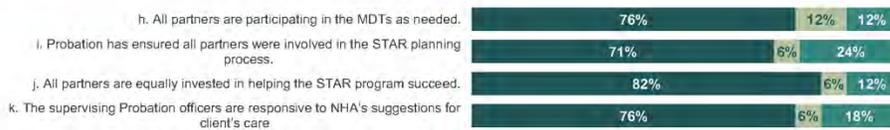


Figure 1c: Partnerships



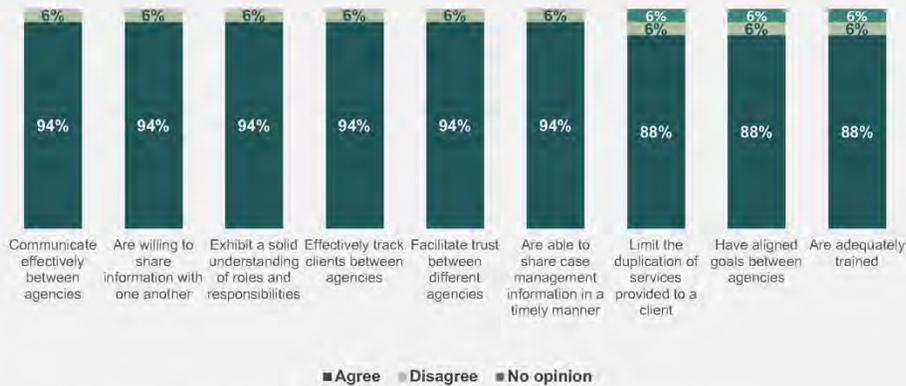
Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Agree" category is a combination of "Agree" and "Strongly agree" ratings and the "Disagree" category is combination of "Disagree" and "Strongly disagree" ratings.

Source: 2020 S.T.A.R. Staff Survey

Program management

As to how S.T.A.R is being managed, around nine out of ten (88% to 94%) of survey respondents agreed with nine positive statements of overall program management. One respondent to each item did disagreed across each of the survey items (Figure 2).

Figure 2
 "S.T.A.R. program respondents..." (n=19)



Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Agree" category is a combination of "Agree" and "Strongly agree" ratings and the "Disagree" category is combination of "Disagree" and "Strongly disagree" ratings.
 Source: 2020 S.T.A.R. Staff Survey

Perception of program effectiveness

Survey participants were also asked the degree to which they agree or disagree with a series of statements related to service delivery, client engagement, and client outcomes (Figures 3a to 3c). All respondents (100%) agreed with statements that suggest the S.T.A.R. program connects clients to needed services in the community, clients receive services they probably would not have otherwise, and helps prepare clients for re-entry into the community (Figure 3a). Although all participants (100%) agreed that S.T.A.R. does a good job of connecting clients to needed services in the community, about 1 in 5 respondents (19%) indicated there could still be improvement, and 38% reported no opinion (Figure 3a).

When considering S.T.A.R. clients compared to traditional probationers, over half (56%) of respondents reported a difference in the interactions between Probation Officers (PO) and clients in the S.T.A.R. program compared to traditional probationers (6% disagreed and 38% reported no opinion) (Figure 3b). Further, 44% agreed that that S.T.A.R. clients trust their POs more than traditional POs (19% disagreed and 38% reported no opinion). Moreover, three-fourths (75%) agreed that S.T.A.R. clients are more motivated to participate in programming (none disagreed and 25% had no opinion) (Figure 3b).

Respondents were also asked their perspectives on S.T.A.R. client outcomes compared to traditional probationers (Figure 3c). Nearly 9 in 10 survey respondents (88%) believe that S.T.A.R. clients will have better probation outcomes than those on traditional probation, while 13% had no opinion. Similarly, 88% of respondents agreed that S.T.A.R. POs believe this program truly helps probationers, with 13% having no opinion (Figure 3c). Findings suggest stakeholders are optimistic about the potential benefits of the program.

Figure 3

S.T.A.R. service delivery, client engagement, and client outcomes (n=19)

Figure 3a: Service delivery

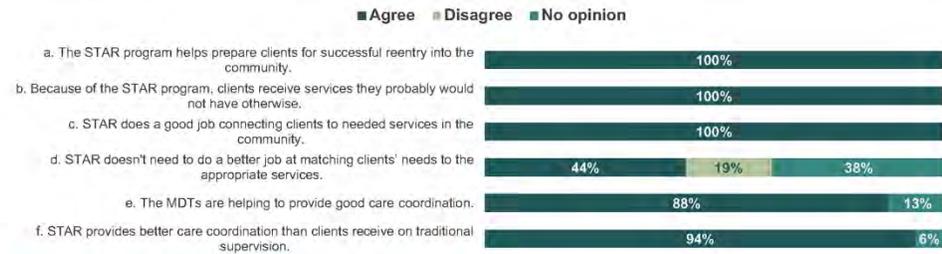


Figure 3b: S.T.A.R. clients versus traditional probation

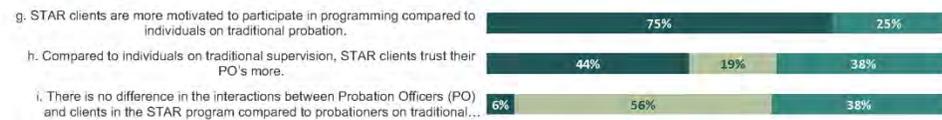


Figure 3c: Outcomes



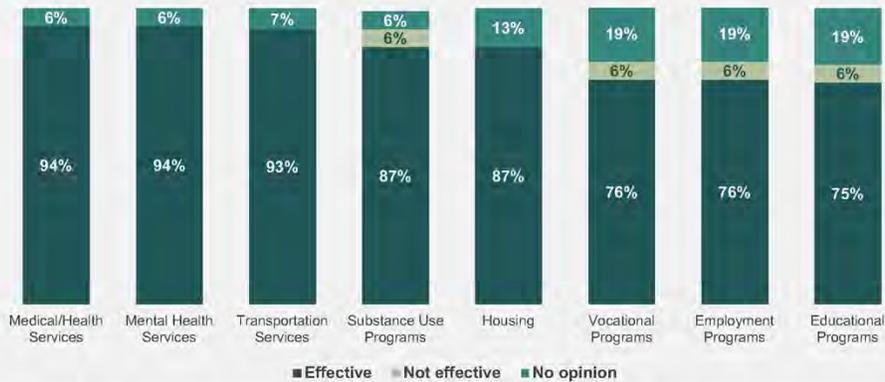
Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Agree" category includes responses of "Agree" and "Strongly agree", and the "Disagree" category includes responses of "Disagree" and "Strongly disagree".

Source: 2020 S.T.A.R. Staff Survey

According to survey responses, S.T.A.R. is meeting its goal to help link individuals to needed services when back in the community. A series of questions asked respondents if they felt S.T.A.R. was effective in connecting clients to a variety of community services and all respondents (94%) agreed that the S.T.A.R. program has been effective in connecting clients to mental health and medical/health services. Most respondents also agreed that the program has been effective in connecting clients to education, vocational programs, employment programs, transportation, and housing (75% to 94%). One respondent indicated there was room for furthered effectiveness in connecting clients to education, vocational, employment, and substance use services (Figure 4).

94%
 agreed that the S.T.A.R. program has been effective in connecting clients to mental health and medical/health services.

Figure 4
Respondents' perception on the effectiveness of program's connection to services (n=19)

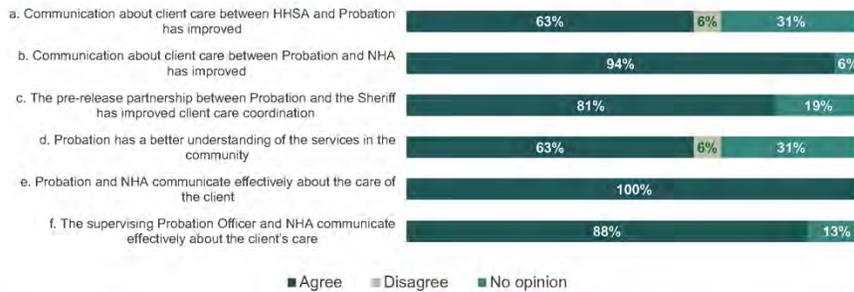


Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Effective" category includes responses of "Very effective" and "Effective", and the "Not effective" category includes responses of "Not very effective" and "Not at all effective".

Source: 2020 S.T.A.R. Staff Survey

To better understand the dynamics of teamwork among the staff, a series of questions regarding communication between agencies were asked. Overall, about two-thirds (63%) of respondents agreed that communication about client care between HHSA and Probation has improved, with one individual disagreeing and about a third (31%) having no opinion. Nearly all (94%) respondents agreed that communication about client care between Probation and NHA has improved. Further, all respondents (100%) agreed that Probation and NHA communicate effectively about the care of clients, and 88% agreed that communication between the supervising PO and NHA about client care is also effective. Regarding the relationship between law enforcement partners, four out of five respondents (81%) agreed the pre-release partnership between Probation and the Sheriff has improved client care coordination, with the remaining one-fifth (19%) indicating no opinion (Figure 5).

Figure 5: Respondents' Perception of Communication Among Partners (n=19)

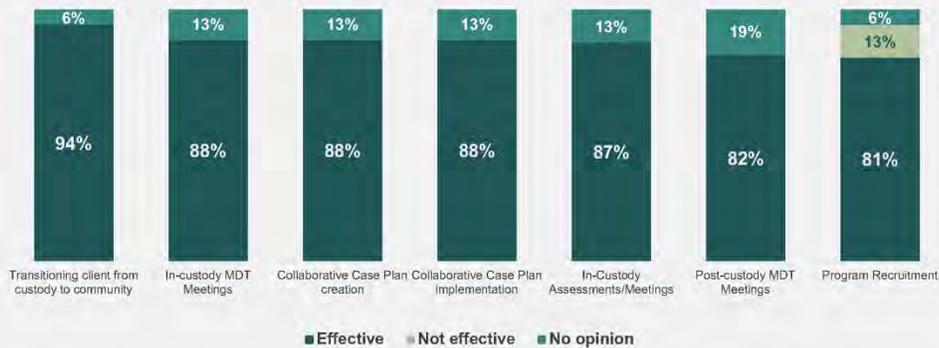


Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Agree" category includes responses of "Agree" and "Strongly agree", and the "Disagree" category includes responses of "Disagree" and "Strongly disagree".

Source: 2020 S.T.A.R. Staff Survey

In addition to service delivery and team communication, respondents were asked whether they found specific program activities to be effective (Figure 6). Client centered activities such as transitioning to community, in- and out-of-custody meetings, collaborative case plan creation, and implementation were rated as effective by almost all survey respondents (82% to 94%). Program recruitment, however, was identified by two respondents as being not effective (Figure 6).

Figure 6 Respondents' perception on the effectiveness of program activities (n=19)



Note: Cases with missing information are not included. Percentages may not equal 100 due to rounding. The "Effective" category includes responses of "Very effective" and "Effective", and the "Not effective" category includes responses of "Not very effective" and "Not at all effective".

Source: 2020 S.T.A.R. Staff Survey

Program strengths and improvement areas

Respondents were asked what they felt were the top three strengths and challenges of the S.T.A.R. program to date (Table 1). The most common strength identified by respondents was teamwork/collaboration between partners (11), followed by care coordination activities (6), and client/team member rapport and relationships (5) (Table 1). These strengths all reflect core components of the project, suggesting that the model design is being perceived as effective by the staff.

Respondents also reported a number of challenges the program is facing, with the top three most noted as the eligibility criteria being too restrictive (15), client engagement/rapport and compliance (6), and some “other” type of challenge (4). Challenges categorized as “other” are as follows: lack of sanctions for clients refusing to participate (1); funding (1); program expansion (1); and COVID-19 (1).

Table 1

Strengths and challenges of the S.T.A.R. program

Strengths		Challenges	
Teamwork/Collaboration	11	Eligibility criteria too restrictive/inappropriate enrollments	15
Care coordination	6	Client engagement/rapport/compliance	6
Client/team member rapport/relationship	5	“Other”	4
Beginning in custody/transition from custody to community	4	Mental health of clients	2
Case management/linkage/connection	4	Last minute logistical changes	1
Satisfying client needs	4	Program duration too short	1
Transportation	3		
Other	3		

Note: Cases with missing information are not included. Counts based on multiple responses.

STAR program adjustments to date:

- Expansion to include medium-high risk and high-risk clients
- County Parole and Alternatives to Custody (CPAC), Work Furlough (WF), and Residential Reentry Center (RRC) clients eligible on a case by case basis
- Services expanded to Probationers with no substance use or mental health needs as long as there is a criminogenic need
- Expansion to the Central Region
- Allowing the option to extend case management services by 30 days
- Inclusion of level 5 classifications on a case-by-case basis
- Transition to virtual care during COVID-19

Program adjustment during COVID-19

Supplemental questions were added in the 2020 survey to assess the impact of the COVID-19 pandemic on program service delivery. Survey respondents rated how they felt the program adjusted to serving clients during COVID-19 using a five-point scale (1 being “very well” and 5 being “not very well”). About one-third (5) felt the program adjusted very well; one-half (8) felt the program adjusted well; and nearly one-fifth (3) reported feeling neutral.

Additionally, a number of survey respondents (38%) felt that the program could make further adjustments to serve participants during COVID-19. Suggestions for further improvements included: ensuring strong transition plans for housing and community support (1); internet access for clients (1); increasing referrals (1); opening in-person meetings with proper precautions (1); and increasing bed availability (1).

Summary

To gather information to inform implementation and measure change over time SANDAG administered the second of two staff surveys during late October and early November 2020. A total of 19 individuals responded, representing each of the program partners. Results indicate partners and staff feel positively about how the program is being implemented, is serving the right population, and is improving the coordination of care from in custody to release. S.T.A.R. was also seen as improving communication among partners when coordinating the care of clients, a key goal of the project. Overall, the data from the survey suggests the program is in route to achieving its goals to improve reentry for clients.

The program is not without challenges, with lower than anticipated enrollment numbers based on limited eligibility criteria and difficulty connecting clients to services in the community. As with most reentry programs, client engagement and compliance are also notable challenges.

Lastly, while most survey respondents felt that S.T.A.R. adjusted “very well” or “well” to serving clients during COVID-19, over one-third felt the program could make further adjustments to better service participants during COVID-19. Each respondent made a distinct recommendation for program adjustments, suggesting that there are many different approaches to service clients during the pandemic.

94%

felt that the progress made to date with the S.T.A.R. program will result in sustainable, long-term changes.

Appendix C: Eligibility Criteria

July 20, 2020

SUCCESSFUL TREATMENT AND REENTRY (STAR) PROGRAM TARGET CHECKLIST

STAR Eligibility Criteria

- Point of entry at Post Plea/Pre-sentence during Probation Investigations, Probation violation/revocation, or client self-referrals while in custody
- Formal felony probationer COMPAS assessed High Risk or Medium Risk, with COMPAS risk of recidivism or risk of violence score in high range (8, 9 or 10)
- Client must volunteer to participate and be willing to sign-off a Release of Information (for Sheriffs, Probation, Neighborhood House Association NHA clinician/Behavior Health Services BHS contracted provider) and Informed Consent (for SANDAG data collection)
- Resides in East County or transient in East County
- Resides in Central San Diego or is transient in Central San Diego (only Medium Risk, with COMPAS risk of recidivism or risk of violence score in high range 8, 9 or 10)
- Client and/or family would benefit from eligibility benefits and support from social services such as Medi-Cal, CalFresh, CalWORKs, housing, child care, education, treatment programs, and other benefits
- Client would benefit from linkages and warm hand-offs to other County services based on needs assessment
- Client not less than 30 actual days in local custody
- Presents with any of the following: mental health, substance use or a criminogenic need.

STAR Exclusion Criteria

- Instant Offense or prior criminal history of sex crimes, or PC290 registrant
- Pending Jurisdictional Transfers or Interstate Compact
- Severely Mentally Ill on a case-by-case basis
- Granted Home Detention, County Parole or PROGRESS (Programming for Reentry Support and Stability)
- Court ordered early release programs on a case-by-case basis i.e., Work Furlough (WF) or Residential Reentry (RRC)
- ICE holds/pending immigration matters
- Dual supervision status (under supervision for Formal Probation and PRCS or under supervision for Formal Probation and MS)
- Resides outside of East County
- Protective custody on a case-by-case basis
- High classification level (5+) in custody; L5 can be reviewed by SDSO for level reduction. If level reduction is not possible, L5 may be enrolled on a case by case basis.
- Collaborative Courts eligible (i.e., Drug Court, Reentry Court, Veteran's Court, Behavioral Health Court) & client agrees to participate; if client refuses, client could be considered for STAR
- Client court ordered local custody with early release to RTP when bed becomes available