COMMUNITY HOLISTIC OVERDOSE PREVENTION PROGRAM (CHOPP)

AT HOMELESS CHILDREN'S NETWORK

Findings from July 2024 to June 2025

INDIGO CULTURAL CENTER

HOMELESS CHILDREN'S NETWORK

This report was prepared by Indigo Cultural Center as part of an independent evaluation of the Community Holistic Overdose Prevention Program. The perspectives and interpretations presented here are those of the evaluators and are not intended to represent the official views of Homeless Children's Network.

Detailed information about Indigo Cultural Center, Homeless Children's Network, the Community Holistic Overdose Prevention Program, and the literature guiding this report are available at the end of this report in the section, Background and Context.

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Introduction

PURPOSE OF THIS REPORT

The purpose of this report was to share the findings of our process evaluation of the Community Holistic Overdose Prevention Program (CHOPP) at Homeless Children's Network (HCN). Through partnership with the San Francisco Department of Public Health, HCN developed CHOPP to address the root causes of substance use in San Francisco, utilizing its specific expertise to meet the needs of Black/African American residents. This initiative is designed to integrate outreach and awareness, education and training, and peer-based and direct treatment activities to prevent substance use disorder (SUD) and save lives in San Francisco.

This report details the result of a collaborative process evaluation, designed to document the intentional development and design of CHOPP. This evaluation focuses on how CHOPP was created, the values and experiences shaping its design, and the foundational activities and structures needed to support its success in line with HCN's contracted deliverables for this year of the program. In line with a Community-Based Participatory Research (CBPR) rooted in racial equity, HCN's staff, including the HCN CHOPP Leadership team, collaborated with the Indigo Cultural Center team on every step of this process evaluation: design, data collection, and interpretation.

HCN's CHOPP Contracted Performance Objectives for the 2024-2025 Fiscal Year

HCN's CHOPP achieved performance goals of developing a peer-based program to address the substance use crisis in San Francisco.

Objective	Actual	Status
Develop proficiency in continuum of care/substance use services through attendance of trainings and development of policies	Developed proficiency in continuum of care/substance use services through attendance of trainings and development of policies	Objective Met
Develop proficiency in data collection, reporting, and evaluation	Developed proficiency in data collection, reporting, and evaluation	Objective Met
Hire a Program Director, Program Manager, Program Coordinator, and 2 Peer Support Specialists	Hired a Program Director, Program Manager, Program Coordinator, and 2 Peer Support Specialists who can provide culturally congruent, community focused, and anti-stigma services to PWUD and priority populations	Objective Met
Develop a tailored plan for naloxone distribution and community overdose prevention trainings	Developed a tailored plan for naloxone distribution and community overdose prevention trainings	Objective Met
Conduct a Community Needs Assessment	Conducted a Community Needs Assessment survey with priority populations resulting in gaps identified for low-barrier access to overdose prevention services	Objective Met

More information about HCN's CHOPP contracted performance metrics can be seen in the tables on page 5.

This process evaluation sought to accomplish the following goals:

1. To demonstrate CHOPP's early implementation progress and impact, including progress and adherence to funder-specified performance metrics.
2. To detail findings of CHOPP's Community Needs Assessment.
3. To detail a CHOPP theory of change for how and why change and transformation is expected for Black/African American people affected by SUD.
4. To create a CHOPP logic model that describes the developed initiative including the relationships between initiative inputs and resources, activities, and intended outcomes.

A series of focus groups were implemented by the Indigo team to collect process evaluation data. Focus groups were scheduled regularly between February and June 2025 with CHOPP and HCN leadership to examine and understand the administrative organization of the program and implementation. Finally, we utilized administrative data tracked by the CHOPP team.

HCN's SUD Program Coordinator presenting on SUD in SF.

Process Evaluation Findings

COMMUNITY HOLISTIC OVERDOSE PREVENTION PROGRAM'S EARLY IMPLEMENTATION PROGRESS AND IMPACT

The Need For CHOPP In The San Francisco Community

The development of HCN's Community Holistic Overdose Prevention Program (CHOPP) was a direct response to community needs. Namely, CHOPP was developed in partnership with San Francisco's Department of Public Health to reduce overdose risks and enhance support for People Who Use Drugs (PWUD) in San Francisco. What is special about CHOPP is its design, as it emphasizes the need for community-embedded support through trained Peer Support Specialists versed in overdose prevention practices and who have lived experiences and expertise in the communities served.

Through a series of focus groups with the CHOPP team, we explored how CHOPP was conceived, developed, and structured to extend HCN's mission in service of marginalized communities in San Francisco, bridging equitable access to holistic, empowering, community care.

HCN's CHOPP Successfully Met Performance Objectives

For the 2024-2025 fiscal year, CHOPP successfully met all of their performance goals. As CHOPP's inaugural year, performance objectives focused on building strong foundations for the program, infrastructure, and garnering community insight to understand needs and strategies. The objectives are outlined in the table on the following page.

HCN's Director of Africentric Programming.

Community Holistic Overdose Prevention Program Performance Objectives			
Process	**Outcome**	**Actuals**	**Result**
Develop proficiency in continuum of care/substance use services	Staff must complete annual DPH Overdose Response and Recognition training module	Program staff attended and completed training module	Achieved
	Staff must complete Anti-Stigma training	Program staff attended and completed training	Achieved
	Establish standards of care regarding treatment referrals	Achieved through a series of DPH trainings	Achieved
	Comply with Good Neighbor Policy where applicable	Achieved through a series of DPH trainings	Achieved
Develop proficiency in Data Collection, Reporting, and Evaluation	Establish key metrics and reporting cadence	Key metrics and reporting cadence established with DPH	Achieved
Hire and/or develop capacity of staff to provide culturally congruent, community focused, and anti-stigma services to PWUD and their respective priority populations	HCN will hire a Program Director, Program Manager, Program Coordinator, and Peer Support Specialists	HCN hired a Program Director, Program Manager, Program Coordinator, and two Peer Support Specialists	Achieved
Develop a tailored plan for naloxone distribution and community overdose prevention trainings	Identify education, distribution, and training strategies and processes	Program staff identified Black-led and Black-serving local organizations that are interested in training and receipt of Naloxone	Achieved
Conduct community needs assessment	Engage priority populations, such as Black/African American PWUD through surveys, focus groups, and direct outreach to identify gaps in low-barrier access to overdose prevention services	Engaged 19 individuals from priority populations in a Community Needs Assessment survey from May to June 2025	Achieved
	Identify gaps in low-barrier access to overdose prevention services	Utilized information from conversations with community members and data from Community Needs Assessment to map out areas needing connection to SUD intervention and prevention resources	Achieved

Program Staffing

A critical component of the successful development of CHOPP was staffing the team prior to the program's launch. This included hiring a Program Director, Program Manager, and Program Coordinator to provide guidance for the program structure and flow. The Program Director, Program Manager, and Program Coordinator have extensive experience and expertise working with the priority populations, including the Black/African American community and PWUD. Additionally, two Peer Specialists were hired, bringing lived experience and knowledge about San Francisco's substance use landscape (resources and gaps in low-barrier care).

Hiring Peer Support Specialists

The CHOPP team released a call to hire Peer Specialists to provide culturally congruent, community focused, and anti-stigma services to PWUD in San Francisco. The Program Director and Program Coordinator carefully identified Peer Specialists who have experiences with SUD and the priority populations. Specifically, they sought out Peer Specialists who have personally dealt with chronic substance use and homelessness, recognizing that Peer Support Specialists who come from the communities they seek to serve are most likely to successfully engage with PWUD from those communities. Moreover, the personal experience of dealing with SUD provides Peer Support Specialists with a unique lens to demonstrate compassion, understanding, and work to destigmatize accessing resources and treatment support. Peer Specialists may serve as a successful example to community members of individuals who have been able to access treatment and work towards healing and recovery.

Site Compliance and Proficiency in Continuum of Care/Substance Use Services

Throughout the fiscal year, the CHOPP program team participated in several funder-led training modules on harm reduction and overdose prevention. Topics included, but were not limited to:

- Foundational Skills for Substance Use Disorder Navigators
- Anti-Stigma and the Stages of Change
- Naloxone Distribution Tracking

Additionally, the program team got accustomed with DPH's standards of care, including treatment referral processes, and the Good Neighbor Policy. On a monthly basis, the program team connected with DPH's Community Contracts Manager. This was a space to receive support with operationalizing the program and ensuring the successful launch of services.

In anticipation of providing multi-tiered substance use treatment services and community workshops and trainings, HCN secured additional office space that will be devoted to substance use services.

Understanding Community Needs

The CHOPP Program Director and Program Coordinator engaged in a multitude of activities in order to understand the needs of the San Francisco community in addressing SUD and supporting PWUD.

First, the Program Director and Coordinator began regularly attending DPH Stakeholder Meetings in September. Through these meetings, the team heard from various community partners on different perspectives and community needs surrounding SUD treatment and prevention.

HCN's SUD Program Coordinator.

In January, the team attended the DPH Summit. During the Summit, the team engaged in workshops, listened to panelists, and engaged with presentations from medical providers to discuss a variety of perspectives on addressing SUD and on intervention services related to harm reduction and abstinence. Through this experience, they learned of the need for an approach that acknowledges the importance of combining abstinence from drugs and harm reduction.

From September 2024 to June 2025, the Program Director and Program Coordinator continuously engaged in conversations with community members to understand their perspectives on SUD in San Francisco and gain insight on their experiences and needs. Additionally, to build community connections, the CHOPP team reached out to a number of harm reduction services around the City in order to learn more about how they engage in harm reduction services, understand what their work looks like, and identify HCN's alignment with their work. By doing so, the team has continuously been up-to-date on what is going on in the community and the changes that need to be made in order to properly address the SUD crisis.

Community Needs Assessment

A final step of understanding the full spectrum of community needs that could be addressed through the CHOPP program involved implementing a Community Needs Assessment. In May 2025, the CHOPP team implemented a survey to identify service areas of focus and inform training needs and service development for the program throughout the year. The team surveyed 19 community members from community organizations, HCN staff, and participants in HCN's SUD Youth Advocacy Committee.

Overall, survey participants identified and recommended the following next steps for the program to take in order to successfully engage priority populations:

- Community engagement through community workshops offering Naloxone distribution and training
- Best practices for engaging with PWUD
- Building a public presence through tabling and community events

Detailed findings about participants and survey responses of the Community Needs Assessment can be found in the following section.

Training of Peer Specialists

CHOPP Peer Specialists are participating in DPH's Overdose Response and Recognition training modules and ongoing monthly SUD trainings. Moreover, Peer Specialists are developing active listening skills, motivational interviewing skills, knowledge of methods and language for reducing stigma towards PWUD, and substance use services (e.g., residential treatment, contingency management, harm reduction, etc.). Competency in these skills support Peer Specialists' ability to offer essential programmatic services such as warm hand-offs and peer-support.

COMMUNITY HOLISTIC OVERDOSE PREVENTION PROGRAM'S COMMUNITY NEEDS ASSESSMENT

From May-June 2025, the CHOPP team engaged community members in a Community Needs Assessment survey. Nineteen (19) community members responded including HCN staff, individuals from partner community organizations, and participants in the Jabali SUD Youth Advocacy Program. The majority of respondents were 25-34 years old (42.1%), and participants' ages ranged from 18-64. The majority of participants identified as Black/African American (58%), followed by white (32%), Hispanic/Latine (11%), and Asian/Pacific Islander (11%). Most respondents identified as women (62%), 19% were men, and 14% identified as non-binary/gender non-conforming. Participants shared that they were located across a number of San Francisco neighborhoods, and several reported living in Bayview (10.5%) or Fillmore (10.5%) neighborhoods.

Participant Experiences and Proximity with Substance Use

Many of the Needs Assessment survey participants shared personal experience or close proximity to someone who has been affected by SUD. Over 63% of respondents shared that they have personally experienced or know someone close to them who has experienced an opioid overdose. Moreover, nearly 60% reported that they are currently using or know someone who is currently using opioids or other substances. Over 90% of respondents reported having experience working with someone who has lived experience with substance use. Finally, almost 60% of respondents reported receiving or being offered life-saving Narcan to carry in the past.

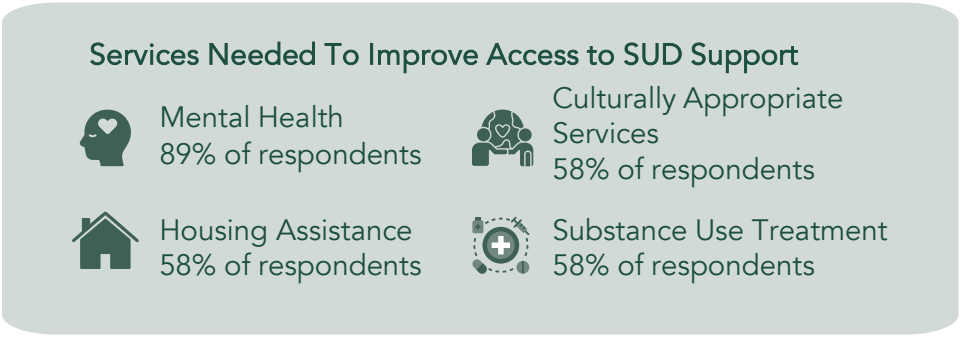
Understanding The Current Context of Substance Use Disorder

Utilizing participants' open-ended responses, we identified participants' personal concerns surrounding drug use and overdose in their communities. A number of respondents shared concern about the significant number of overdoses they see in their communities and the magnitude of overdoses in neighborhoods with high populations of marginalized groups, including the Black/African American community and communities with high rates of housing insecurity and low-income.

Another concern that arose among survey participants revolved around lack of knowledge about the realities of substance abuse and access to resources for utilizing substances in a manner that minimizes risk of overdose. Namely, they noted that many PWUD are not aware of the risks of utilizing certain drugs such as fentanyl, and in their respective communities, lack access to harm reduction services that can mitigate the risk of overdose.

> *"We don't talk about opiate use in particular but drug use in general so no one really has that robust community around them if something happens to them. I'm worried about stigma, perceptions of harm reduction in the community, and implicit bias from providers (mandated reporting, not giving proper pain management, etc.)"*
>
> *-Survey Participant*

In order to understand the context behind *why* people may use drugs, the CHOPP team asked survey questions about the contexts that may serve as precursors to drug use. Specifically, the CHOPP team wanted to understand what kept PWUD from accessing support. Survey participants identified a number of services that needed improvement for access.



Respondents noted that due to lack of knowledge of resources available, stigma surrounding SUD, having poor experiences accessing services in the past, and a lack of culturally relevant care, people may likely be detered from seeking and engaging in services.

Understanding the Contexts Behind Drug Use

Open-ended responses from participants provided insight on possible solutions to minimizing barriers to accessing harm reduction services. A number of participants agreed that there needs to be increased information sharing throughout the City and among organizations serving PWUD. Additionally, many suggested that service providers need to demonstrate compassion in order to help PWUD feel comfortable with seeking and accessing care.

The need for compassion goes hand-in-hand with mitigating stigma that keeps PWUD from accessing services. Survey respondents shared that stigma surrounding PWUD often contributes to feelings of isolation and judgment. Respondents shared that this stigma often comes from a lack of community understanding for the mental and physical conditions that may facilitate SUD, particularly in marginalized communities, forgetting that behind drug use, there is a human being.

> *Everyone matters whether you use drugs or you don't. We're all human. We all deserve respect. We're all at different parts in [our] life so you shouldn't cast judgement on another person. Inspire and lift them up instead.*
>
> *-Survey Participant*

The need for compassion goes hand-in-hand with mitigating stigma that keeps PWUD from accessing services. Survey respondents shared that stigma surrounding PWUD often contributes to feelings of isolation and judgment. Respondents shared that this stigma often comes from a lack of community understanding for the mental and physical conditions that may facilitate SUD, particularly in marginalized communities, forgetting that behind drug use, there is a human being.

Participants also named systemic issues that impact PWUD, including high prevalence of incarceration and lack of affordable and accessible treatment options that make it difficult for PWUD to seek support. Finally, survey participants noted prominent needs that should be addressed in their communities in order to promote engagement in treatment including needing mental health support, access to affordable housing, financial assistance, nutritional assistance, and the need for preventative community measures. One survey respondent shared,

> *"What I have seen the most is how punishing/carceral access to sober living or Suboxone can be. People have such a hard time following…strict rules. For example, I once worked with an elder who had to take the bus at 6 in the morning to get her suboxone because the clinic closed at 8. And isolation…I don't think there are enough support groups or outreach for folks with dual [diagnoses]."*

Building Solutions and Addressing Stigma In Accessing Services

In order to address the contexts and barriers behind substance use and harm reduction services, survey participants named a number of solutions that should be considered as the CHOPP program works towards active programming. Over 63% of respondents agreed that the following approaches to engaging in harm reduction services need to be taken to promote engagement in services:

1. Utilize **person-first language** to reduce stigma around drug use, and
2. Education should be **peer-led** and should focus on bringing awareness to the community on harm reduction practices and the risk factors and the psychology behind SUD

By engaging in these practices, participants believe that the CHOPP program can address the need for compassion, empathy, and reduce stigma in accessing services. Namely, survey participants identify the importance of services being **peer-led**. In fact, the majority (70%) of survey respondents shared that they would feel **more comfortable receiving support from a peer** who shares similar experiences surrounding SUD. Two survey respondents share,

> *"[We need] more peers speaking out about positive experiences, no pressure services."*

> *"[We need] more folks reflective of my experience providing services."*

Becoming Active Participants in Harm Reduction

Survey respondents were asked to help identify methods of teaching and sharing information with the community about harm reduction services. Survey responses identified that they would be motivated to become more engaged in harm reduction practices if information were shared in a variety of methodologies.

Nearly 95% of respondents shared that they would prefer to engage in a free workshop or training to learn more about overdose prevention. Additionally, participants highlighted that they would like to receive information about overdose prevention through trusted community organizations and/or peers. Third, respondents noted that receiving information through community events would be helpful in bridging engagement in harm reduction knowledge building and practices. Finally, survey participants named a plethora of organizations and trusted leaders in the community that CHOPP could seek partnership with, building upon the program's network of support to offer participants. These responses from surveyed community members are incredibly useful in informing the types of activities CHOPP provides to the community and partnerships that should be made in order to bring awareness to services.

Care packages, including community resources, substance use service resources, and snacks.

DEVELOPMENT OF THEORY OF CHANGE AND LOGIC MODEL

For decades, HCN has been a leader in providing mental health and community resources for marginalized communities in San Francisco, including those experiencing homelessness, those who were formerly homeless, and at-risk children, youth, and families. HCN's programming is deeply embedded within the San Francisco community, working closely with individuals and organizations who strive to bridge equity within mental health systems and for community healing.

At this time, HCN has engaged in a monumental undertaking in an effort to serve PWUD in San Francisco. Currently, HCN is engaged in a number of activities serving to bridge awareness of substance use disorder (SUD) in San Francisco such as the SUD Community-Based Prevention & Education Initiative (see this year's programmatic report). Moreover, HCN is currently developing a series of intervention and outpatient services for youth at risk of or actively using substances (see this year's programmatic report). Therefore, the creation of CHOPP is a natural extension of HCN's existing and developing work. Through this series of SUD prevention and intervention-focused programs, HCN serves PWUD at various levels of their journey towards healing. Specifically, the CHOPP program serves to meet PWUD within the communities they are in daily, and bring awareness to resources available to them, humanize the experience of SUD, and increase the number of PWUD seeking, accessing, and receiving treatment.

Developing CHOPP's Theory of Change

Throughout our collaborative process evaluation, Indigo engaged in listening sessions with the CHOPP team to learn about how and why the program envisions leading transformation for communities dealing with SUD. Through this information, we co-developed a theory of change. A theory of change describes a comprehensive roadmap that explains how and why a program expects to lead change for the population(s) it serves. A draft of the resulting CHOPP Theory of Change can be found on the following page.

CHOPP's Theory of Change

Homeless Children's Network's Community Holistic Overdose Prevention Program (CHOPP) addresses the root causes of substance use disorder (SUD) of community members in San Francisco with particular expertise to meet the needs of the Black/African American community.

HCN's CHOPP is grounded in the belief that communities most affected by SUD have the **capacity to heal and protect themselves** when equipped with knowledge, resources, and support from trusted and trained peer support specialists.

HCN's CHOPP addresses the root causes of SUD when....

- Support is available from trained peer specialists who are 1) from the community, 2) have lived with substance use, and 3) have previously used drugs.
- Support is provided in places like neighborhoods, parks, schools, or shelters, and is provided without the expectation for people to already be ready for change.
- A network of culturally relevant community organizations that are interconnected is easily accessible.
- All individuals are approached with inherent dignity and viewed as deserving of healing, hope, and compassionate support.
- Non-Western and Afri-centric frameworks of care are honored, uplifted, and recognized for their cultural relevance and healing power within communities.
- A critical awareness of the interconnectedness of oppression (e.g., structural racism, housing instability, underfunded services, intergenerational trauma, and systemic inequities) in contributing to SUD is embodied at all levels of the program.

When these conditions are in place, HCN's CHOPP:

- Stops preventable deaths: Confronting the overdose crisis head-on by saving lives through education, connection, and harm reduction.
- Disrupts systems of inequity: Dismantling the structural barriers—like racism, poverty, and neglect—that perpetuate substance use and block recovery.
- Breaks the cycle: Replacing stigma, shame, and misinformation with truth, compassion, and clarity.
- Cultivates recovery and resilience: Building paths to healing through peer support, self-determination, and culturally grounded care.
- Fosters thriving communities: Moving beyond survival to empower communities rooted in safety, healing, and collective prosperity.

COMMUNITY HOLISTIC OVERDOSE PREVENTION PROGRAM'S LOGIC MODEL

Through our collaborative process evaluation, we worked to document the details of the program, including inputs and resources, activities, and outcomes of CHOPP. Through this information, we co-developed a logic model. A Logic Model is a structured, visual framework that shows the logical flow of a program (see a sample visualization of these elements below). A draft of the resulting CHOPP Logic Model can be found in Appendix A and is described in this section.

*What are the CHOPP **inputs**?* *(i.e., Peer Support Specialists, organizational investments, frameworks, contexts)*		
Peer Support Specialists Background	**Supports and Training**	**Programming Context**

• Lived experience in the community
• Lived experience with SUD
• Cultural/linguistic background fluency
• Critical reflection
• Previous experience working with related populations/supports
	Training in:
	• Motivational interviewing
	• Active listening
	• Stigma reduction
	• Substance use services at the intersection of mental health
	• Afri-centric and non-Western approaches to healing
	• Overdose recognition and prevention
	
	Ongoing supports:
	• Reflective practice (biases, interconnectedness of oppression)
	• Clinical trainings
		• Program funding and infrastructure (HCN)
		• Established web/network of community partnerships and resources
		• Trained, high quality peer support specialists who can
		  • Connect
		  • Educate
		  • Reflect
		  • Honor and uplift non-Western and Afri-centric frameworks
		• Educational and harm reduction materials (e.g., naloxone, flyers)
		• Understanding of neighborhoods and communities with highest needs

*What are the CHOPP **program activities**?*
(i.e., what the program does; how they do it; populations served)

- Peer Support Specialists conduct **community outreach**
  - Connecting with PWUD individually and in groups
  - Connecting with organizations and providers
  - Becoming a known source of support in the community
  - Offering of continued support
- Facilitate SUD **stigma reduction through peer-led conversations** and groups
- Conduct **community education** through peer-led conversations, groups, and trainings that may cover a number of topics related to SUD including:
  - Identifying an overdose
  - Overdose prevention (e.g., how to administer naloxone)
  - Available services and supports
  - Destigmatization
  - Intergenerational trauma
- **Peer Support Specialists engage in warm handoffs** to resources and various pathways of support for PWUD
  - Naloxone
  - Housing
  - Substance use, mental health, and health care services
  - Harm reduction services
  - Referral sources

*What are the CHOPP **program outcomes**?*
(i.e., short- and long-term outcomes at the individual and community levels)

Immediate/Short term

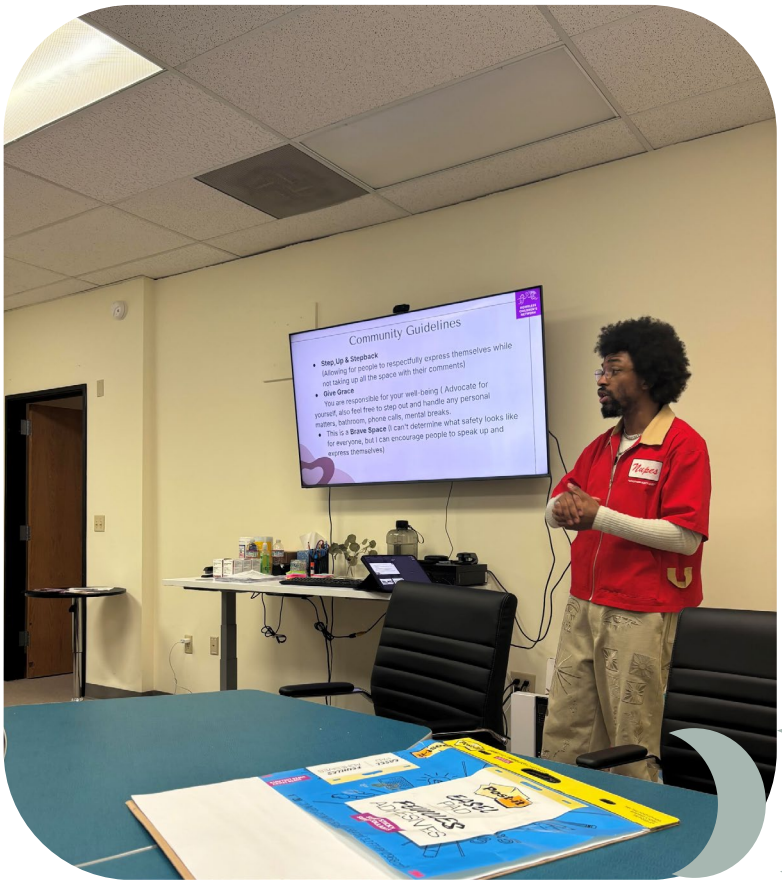
- Reduction in overdoses
- Increased access and engagement with treatment and recovery services
- Increased knowledge for people who use drugs (PWUD) and community members on SUD including:
  - Awareness of SUD
  - Overdose risk and identifying an overdose
  - Understanding of intergenerational trauma surrounding SUD
  - Prevention strategies including administering naloxone
  - Available services, supports, and resources
- Reduced stigma surrounding substance use and help-seeking
- Increased trust in peers and service systems
- Strengthened community connections and peer networks
- Greater willingness to seek help or intervene in crises
- Increased use of harm reduction tools (e.g., naloxone)

Long term

- Increased community engagement in recovery and healing
- Reduction in stigma
- Community (including family)
- Reduction in preventable substance use-related deaths
- Reduction in disparities across race, age, class, and geography
- Increased community capacity to respond to SUD
- Communities thriving with more safety, healing, and equity

Conclusion

The present findings from this process evaluation demonstrate the development of HCN's Community Holistic Overdose Prevention Program (CHOPP) as a community-based, peer-led program that addresses the substance use crisis in San Francisco. Namely, CHOPP will promote access to treatment and resources for people who use drugs. Through the leveraging of Peer Support Specialists who have lived experiences in the communities served and personal understanding of the experience of people who use drugs, CHOPP will be able to reduce the stigma surrounding substance use and help-seeking, reduce the number of overdoses, increase access to services and treatment, and establish a community network of individuals and organizations prepared to support the community with harm reduction education and resources. Through CHOPP, HCN will increase overall community engagement and capacities to engage in recovery and healing; thus, promoting resilient and thriving communities in San Francisco.



HCN's SUD Program Coordinator facilitating a community conversation.

Appendix A
CHOPP Logic Model

Inputs	Activities	Outcomes

Peer Support Specialists Background
• Lived experience in the community
• Lived experience with SUD
• Cultural/linguistic background fluency
• Critical reflection
• Previous experience working with related populations/supports
 	
CHOPP Supports and Training
Training in
• Motivational interviewing
• Active listening
• Stigma reduction
• Substance use services at the intersection of mental health
• Afri-centric and non-western approaches to healing
• Overdose recognition and prevention
Ongoing supports
• Reflective practice (biases, interconnectedness of oppression)
• Clinical trainings
 	
CHOPP Context
• Program funding and infrastructure (HCN)
• Established web/network of community partnerships and resources
• Trained, high quality peer support specialists who can
  • Connect
  • Educate
  • Reflect
  • Honor and uplift Non-Western and Afri-centric frameworks
• Educational and harm reduction materials (e.g., naloxone, flyers)
• Understanding of neighborhoods and communities with highest needs
	Peer Support Specialists conduct community outreach
	• Connecting with PWUD individually and in groups
	• Connecting with organizations and providers
	• Becoming a known source of support in the community
	
	Facilitate SUD stigma reduction through peer-led conversations and groups
	
	Conduct community education through peer-led conversations, groups, and trainings that may cover:
	• Identifying an overdose
	• Overdose prevention (e.g., how to administer naloxone)
	• Available services and supports
	• Destigmatization
	• Intergenerational trauma
	
	Offering of continued support
	
	Administer naloxone
	
	Peer Support Specialists engage in warm handoffs to resources and various pathways of support for PWUD such as:
	• Naloxone
	• Housing
	• Substance use, mental health, and health care services
	• Harm reduction services
	• Referral sources
		Immediate/Short term
		• Reduction in overdoses
		• Increased access and engagement with treatment and recovery services
		• Increased knowledge for people who use drugs (PWUD) and community members on SUD including:
		  • Awareness of SUD
		  • Overdose risk and identifying an overdose
		  • Understanding of intergenerational trauma surrounding SUD
		  • Prevention strategies including administering naloxone
		  • Available services, supports, and resources
		• Reduced stigma surrounding substance use and help-seeking
		• Increased trust in peers and service systems
		• Strengthened community connections and peer networks
		• Greater willingness to seek help or intervene in crises
		• Increased use of harm reduction tools (e.g., naloxone)
		
		Long term
		• Increased community engagement in recovery and healing
		• Reduction in stigma
		  • Community (including family)
		• Reduction in preventable substance use-related deaths
		• Reduction in disparities across race, age, class, and geography
		• Increased community capacity to respond to SUD
		• Communities thriving with more safety, healing, and equity

Background and Context Supplementary Materials

Supplementary Materials

Literature Guiding this Evaluation Report

Research comparing the completion of substance use treatment interventions between White and Black older adults indicates a significant disparity; Black older adults were 37% less likely to complete a substance use treatment program (Suntai et al., 2020). Evidence suggests that minority groups, such as Black and Latino individuals, are at a greater risk of experiencing problems affiliated with alcohol and drug use (e.g., negative social consequences, re-occurring dependence) than their White counterparts and have a lower prevalence of reporting SUD (Pinedo, 2019). Nationwide, lack of engagement can be attributed to multiple factors, including, but not limited to, poor access to treatment services, lack of health insurance, and stigma; for example, 2012 data revealed that Black adults in Oklahoma were less likely than their White counterparts to meet the intake criteria for a publicly funded treatment program (Acevedo et al., 2014). These disparities in treatment facilitate barriers to evidence-based treatments that can ameliorate severe mental illness or substance use disorder (SUD), leading to greater odds of premature mortality (Iturralde et al., 2021).

Peer-support as an intervention for substance use treatment often follows a participatory, empowerment approach, and may be effective in reducing a person's number of alcohol and other drug relapses (Boisvert et al., 2008). Peer-support often establishes a recovery community which sustains recovery for at-risk clients by providing social supports that are not often available among the larger populace (Boisvert et al., 2008). A study evaluating the effect of a peer-support community program among adults in need of alcohol and other drug (AOD) support demonstrated the success of peer-support models, highlighting its acceptance among the community, and its ability to not only empower oneself but empower peers whose path to recovery is non-linear (Boisvert et al., 2008). Additionally, research on community-based, peer-support services for Medicaid-enrolled individuals living with SUD in Pennsylvania has demonstrated its effectiveness in supporting individuals with navigating the behavioral health system, and reducing hospitalizations, and thus reducing systemic medical costs (Hutchison et al., 2022).

Supplementary Materials

Key References:

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Supplementary Materials

Indigo Cultural Center

A Note About the Agency and People Conducting this Evaluation

Indigo Cultural Center (a predominantly BIPOC- staffed organization) is led by executive director Dr. Eva Marie Shivers, who identifies as a bi-racial African American, cisgender woman. The Institute of Child Development Research and Social Change at Indigo Cultural Center is an action-research firm that specializes in infant and early childhood research and evaluation conducted with an anti-racist lens. The Institute is led by director Dr. Jayley Janssen, who identifies as a white, cisgender woman. The evaluation of HCN's CHOPP Program was led by Dr. Jayley Janssen and a small team that consisted of a Filipina woman, a Black multiracial woman, two Black bi-racial women, a Black woman, and a white woman.

Indigo Cultural Center's mission is to conduct rigorous policy-relevant research on mental health, education, and development by partnering with community agencies and public agencies that are dedicated to improving the lives of children, youth, and families in BIPOC communities. Since its inception, Indigo Cultural Center has employed the use of community-based participatory research in all our evaluations. What this means is that we use a collaborative model and working style that involves our clients – who we prefer to call 'partners' – in the planning, implementation, interpretation, and dissemination processes of evaluation. We recognize the strengths that our partners bring to each evaluation project, and we build on those assets by consulting with our partners initially and at key milestones throughout the project, integrating their input and knowledge into all aspects of the project, asking for feedback on a regular basis, and seeking consensus on key issues and outcomes.

Our Voice and Terminology used in this Report

Our evaluation team employs the use of feminist methodology and the use of first-person voice when writing reports (e.g., 'we', 'us'; Leggat-Cook, 2010; Mitchel, 2017). Throughout this report, we use the terms Black and African American interchangeably. We use LGBTQIA+ as an acronym for "lesbian, gay, bisexual, transgender, queer, intersex, and asexual" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community. We use queer to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. We use gender rather than sex as an inclusive term that acknowledges that gender is socially and contextually constructed and is a multidimensional facet of identity.

Homeless Children's Network

HCN's trusted provider status among historically marginalized communities in San Francisco is built on 33 years of innovative, relationship-based, and culturally responsive approaches to program development, community outreach and engagement, service delivery, and evaluation. Our culturally responsive programs, citywide partnerships, and visionary leadership deliver services to 2,500+ community members annually at no cost to youth and their families. As a city leader in programming development and delivery, HCN is dedicated to advancing systemic equity and reaching the most underserved youth, families, and communities that remain overlooked and marginalized by many systems of support including mainstream philanthropic agencies. HCN offers programs and extensive services providing San Francisco's historically marginalized youth, families, adults, and communities with the tools, resources, and support needed to navigate complex systems and overcome challenges through collaborative efforts.

Three decades ago, leaders from six shelters recognized a critical gap in services for San Francisco families experiencing homelessness. These organizations provided emergency shelter, domestic violence assistance, and transitional housing, but because of their structure, they could only serve families for a short time. This limited period of care created a cycle of attachment and loss—youth and families would build relationships with staff, only to be uprooted again. This instability made it hard for families to remain open to accessing support. In 1992, the community came together to break this cycle. They founded HCN to provide SF families in crisis with a lasting source of connection and care. Over the next three decades, in close collaboration and communication with our community members, community stakeholders, and community partners, HCN has evolved into an organization that directly addresses inclusion, community empowerment, and systemic equity.

What began as a network of six shelters has now grown to a vibrant hub of an HCN Collaborative of 60+ service agencies and community-based organizations (CBOs) serving the hardest-to-reach youth and families, including those with experiences of or at risk for homelessness and violence. Our robust Collaborative network includes childcare and education centers; San Francisco Unified School District (SFUSD) schools; primary care; LGBTQIA+ services; substance use treatment; transitional and permanent supportive housing; Family Resource Centers; domestic violence and family shelters; foster care, and others. HCN is positioned in every San Francisco neighborhood and has worked with SFUSD providing onsite and mobile case management and mental health and wellness services for students and their families since 1997.

Homeless Children's Network (continued)

Homeless Children's Network's Programming and Approaches

HCN welcomes and affirms everyone, while engaging an Afri-centric lens to address the historical legacy of intergenerational racism, inequity, and trauma. This approach embraces all historically marginalized communities based on community-defined evidence based practices, which include: affirmation of cultural inclusion, trauma- and love-informed practices, self-acceptance and resilience focuses, identification of clients' unique strengths and normalization of their experiences, reframing of mental health stigma, acknowledgement of a range of spiritual practices, family and community member integration into services, collective grief processing, fear without judgement, and addressing resource and basic-need access barriers.

The heart of our Afri-centric approach lies in holding space for cultural rhythm and nuance while creating a sense of home—a safe, culturally grounded space where people can fully express themselves and be seen without judgment. All of HCN's programs and services provide SF's most marginalized children, families, providers, and communities with the tools, resources, and support needed to navigate complex systems and overcome challenges through collaborative efforts. The seven cardinal values of HCN's Ma'at model are our core values: 1) Balance, 2) Order, 3) Righteousness, 4) Harmony, 5) Justice, 6) Truth, and 7) Reciprocity. Our approach is unapologetically culturally affirming, soul-inspiring, and grounded in a shared commitment to holistic wellness.

Over the past several years, there has been a call to decolonize the field of mental health. One important way to achieve this is by expanding the construct of wellness to include a more explicit focus on community mental health in historically marginalized and underserved communities, including in Black and Brown communities. It is increasingly important that we avoid reinforcing mainstream narratives that pathologize our communities by failing to recognize the broader systemic forces affecting the well-being of those who have experienced historical and ongoing marginalization and oppression. Community-based programs designed to promote healing, wellness, and positive mental health do not simply unfold in isolation. Homeless Children's Network's vision embodies emergent work that always reflects the time and space in which it is happening. Indeed, African and Pan-African philosophy encourages the tenets of Ubuntu - "I am what I am because of who we all are" - and teaches us that, universally, "all things have an impact on each other, and this interconnectedness and interplay is universal" (Marumo & Chakale, 2018).

HCN's Community Holistic Health Overdose Prevention Program (CHOPP)

In 2024, Homeless Children's Network launched a set of comprehensive programs that provide education and awareness, prevention, and treatment, centering community-based and community-led strategies in response to the wide racial disparity in fentanyl use and overdose deaths in San Francisco; these disparities are further widened by the lack of community input from the populations most affected by the local substance use and fentanyl crisis. By working at the intersections of substance use, mental health, and spiritual well-being of individuals, families, and communities, HCN's Community Holistic Health Overdose Prevention Program (CHOPP) is providing the culturally responsive, tailored tools and resources needed to holistically combat fentanyl and polysubstance use and address underlying risk factors.

The CHOPP program, which is closely connected with HCN's suite of substance use programs (see Jabali Youth Advocacy, Kupona Early Intervention, Kupona Outpatient, Kupona Intensive Outpatient, and Black/African American Community-Based Use Prevention and Education Initiative) utilizes population health methodologies such as multi-sector collaboration and community-based data to address service gaps. Historically, drug epidemics have run through Black communities, including those in San Francisco, with little to no harm reduction solutions. The current opioid epidemic presents an opportunity for creative solutions that are inclusive of the perspectives that marginalized communities bring to the table.

Upon hire of the Program Director for CHOPP, operationalizing this program has been a priority. The CHOPP Coordinator was identified, which further prepared the program for implementation. Over the months, CHOPP staff have attended community stakeholder meetings and funder meetings to learn more about harm reduction strategies and funder expectations and requirements for overdose prevention (e.g., needle deposit spaces, provision of fentanyl test strips, access to condoms, written materials to facilitate knowledge about overdose prevention techniques, etc.). Additionally, the CHOPP team attended the San Francisco Department of Public Health's Substance Use Disorder Summit in January 2025, gaining vital community insight from workshops and panels, learning from testimonials, and connecting with potential community partners.

CHOPP Program Description (continued)

In anticipation of providing preventative overdose tools and resources such as naloxone, overdose prevention training, and connection to local resources, HCN sought community voices and perspectives to inform services – the voices of people that have either lived and come through the other side of substance use journeys with a testimony and/or the voices of providers and community members that have witnessed substance use and substance use recovery journeys. Utilizing HCN's historical trust and acceptance among high-risk San Francisco communities and neighborhoods, which has been fostered through decades of service, a Community Needs Assessment designed to identify service areas of focus, including specific locations in the City where community members may lack low-barrier access to preventative services, was used to uplift community voices as a method to inform service implementation. Input from a variety of sources ensures that community needs are understood and addressed comprehensively. HCN gathered input from experts and clinicians who understand therapeutic needs and overdose reversal medications, SUD therapists, physicians, mental health and wellness practitioners, and people with lived experience from target demographic groups. In addition, HCN has undertaken the following capacity-building and development activities to prepare for full-scale service implementation:

1. Development of a tailored plan for naloxone distribution and community overdose prevention trainings.
2. Development of program and staff proficiency in continuum of care/substance use services.
3. Development of staff proficiency in Data Collection, Reporting, and Evaluation.
4. Hire Peer Support Specialists to provide culturally congruent, community-focused, and anti-stigma services to people who use drugs (PWUD) and other priority populations. Train the Peer Support Specialists in competencies, such as: active listening; motivational interviewing; methods and language for reducing stigma towards PWUD; and substance use services (e.g., withdrawal management, residential treatment, medications for opioid use disorder, harm reduction, contingency management).
5. Conduct the Community Needs Assessment.

CHOPP Program Description (continued)

A distinct aspect of the program is the implementation of a Peer Support model, recognizing that individuals with lived experience hold respect and credibility among their peers. For those considering substance use services, engaging with peers who have faced similar challenges helps reduce stress, fosters a sense of understanding and camaraderie, and establishes a community of support with individuals who can not only sympathize with the struggles of SUD, but also empathize. There is evidence supporting peer-based and peer-led overdose prevention programming. For example, the study referenced in the DPH Overdose Prevention Policy on the Tenant Overdose Response Organizers (TORO) program implemented in ten SROs showed that the program's overdose response interventions, including peer-led overdose prevention and response trainings and support groups, demonstrated success in addressing overdose risk in SROs (Bardwell, 2019).

Peer support ties in with a model of community accountability, allowing for full circle reflection. It also allows HCN to serve people at the intersection of mental health and substance use; for instance, some program participants will come to our program through our mental health model of support. The key to our strategy is uplifting the day-to-day lived experience of all those affected, with a particular focus on the most marginalized including Black/African American people and engaging them in supportive services.

Key References:

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Supplementary Materials

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