MHSF IWG Drug Sobering Center Recommendations (Approved July 27, 2021)

Foundational Resources for Recommendation Development

- ***Mental Health SF Administrative code:***

Mental Health San Francisco (MHSF), created through legislation (File No. 191148), identifies a Drug Sobering Center on Page 12, lines 19-23: (vi) Drug Sobering Center.

Mental Health SF shall include at least one Drug Sobering Center that shall offer clinical support and beds at a clinically appropriate level of care for individuals who are experiencing psychosis due to drug use. The Drug Sobering Center shall coordinate with the Mental Health Service Center to provide clinically trained psychiatric services for patients with dual mental health and drug use diagnoses.

- ***Drug Sobering Center Issue Brief:*** See issue paper on IWG website

The IWG recommends the following:

Section 1 - DPH Questions of the IWG

The Drug Sobering Center issue brief indicates the DSC will partially measure its success by its contribution to other MHSF global outcomes and strategies including: # of target population using services, reduce recidivism in PES, reduce recidivism in Criminal Justice system.

1. Recommend that DSC include information/data related to addressing and combating the Opioid pandemic and better tie the evaluation of success to its overall impact the program has on reducing overdose deaths.
    a. Data sets collected should include #ODs reversed on-site, # of Harm Reduction supplies distributed (Narcan/Fentanyl test strips), # offered/accepted SUD Tx)
2. Evaluation criteria for “Success” of DSC is not clearly defined. Current data collected (e.g. # admits and what service provisions were accessed) focuses on short term goals. To better inform expansion of the DSC pilot, data should also include:
    a. How many clients were offered and linked to services such as ICM/CM, Housing Supports, SUD Treatment? How long do people stay?
    b. How are pre-mature exits measured? # of clients redirected because they did not meet the minimum admission criteria of “Directable, non-violent, and medically stable” – where did they go?
3. A mapping of all current Sobering Center programs must be undertaken, for example people under the influence from Alcohol can be taken to a Sobering Center, Medical Detox, Social Detox, people experiencing Mental Health crises can be taken to PES or diverted programs such as DUCC and ADUs., and any other programs unknown to the IWG members. No new MHSF Drug Sobering Centers (outside of the currently planned center to open in Fall) should be planned, implemented, expanded until after the mapping is completed, and proposed programs shall be brought to the MHSF IWG for review prior to launch.
    a. A. The strategic vision for each program should be clearly defined, including: problem/s the program targets for change, target population, goals and objectives. Including visual representation of the mapping, with all program components, and their relationship to

each other within the system of care. Clearly defining programs is a necessary measure to improve utilization of BHS funding, accountability and accessibility to San Franciscans.

b. Data on each program should be collected to answer: How many requests for service does each program currently receive per month? How many requests for services do they have the capacity to respond to per month? Provide data on how many total individuals served, including unduplicated individuals.
c. An assessment of the collection of programs as a whole should be conducted to identify any redundancies and/or contradictions between these programs.
d. The evaluation should undertake an analysis of current gaps in Drug Sobering Center type services and the adequacy of funding levels for services across the continuum of crisis services.
e. The evaluation of current service gaps must also include input from those most impacted to determine the current unmet needs in our crisis services. Specifically, the evaluation should include the voices of consumers of substance use disorder and mental health services, their loved ones, and service providers across the spectrum of mental health care.

Section 2 – Services Provided

1. Recommend individual and peer support and counseling should include adjunctive/non-traditional therapies and activities such as Yoga, Meditation, Books, and other gentle activities to engage clients while coming down.
2. Recommend that harm reductions supplies such as Narcan and Fentanyl test strips are generously distributed.
3. The proposed services list indicates that the DSC will provide clients with "**referrals** to community based providers for primary medical care, outpatient mental health and substance use services…" The IWG recommends the DSC should also have immediate on-site access to resources such as Office of Coordinated Care for connections to Housing Supports, Psychiatry services to prescribe and/or re-fill client Rx., and any County Placement team authorizations necessary to access treatment beds (e.g. Detox, TAP, MH Transitions/Placement teams)
4. Recommend that DSC have storage space for client belongings
5. Recommend that DSC develop protocols for support, including referral to appropriate services or other sites of care, for clients with families and/or those who have pets
6. Recommend a warm hand off for those under age 18 and/or any who cannot currently be served by the DSC
7. Recommend that all clients receive an offer to have staff assist in developing a wellness/safety plan that includes phone numbers and contact information for access to 24-hour community programs and resources
8. Recommend that there be policies and protocols in place that the DSC provide a warm-handoff to access points to support such as Case Management and/or residential/outpatient treatment

Section 3 – Community Engagement

1. Recommend DSC better define "Community" to ensure participants themselves are included feedback gathering process.
2. Recommend DSC broaden Community Outreach efforts to engage varying and diverse cultural and non-English speaking communities that have been historically under-represented.

    a. African American radio and news
    b. AAPI communities
    c. Outreach efforts utilizing Social Media platforms (FB/IG/Twitter) can be targeted and provided in different languages
3. Recommend partnering with other community service providers that work directly with high risk SUD such as DOPE Project and SF AIDS Foundation for outreach efforts
    a. Education on Harm Reduction philosophy
4. Outreach to CBOs and DPH outpatient service centers to understand how to get a client into the center

Section 4 – What is Set by the program (Location and Contractor)

1. Recommend DSC explore alternative locations that are not geographically tied to high-use areas.
2. Address pay discrepancy between DPH and CBOs in implementing programs and promote DPH and CBO workforce stability.