

## Discussion Item #3 MHSF Drug Sobering Center Recommendations (DRAFT for June 22, 2021 meeting)

**First Discussion Group participants (6/7/21):** Scott Arai, Andrea Salinas

### 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.*

- **April 27 IWG Drug Sobering Center meeting discussion:** see [recording on IWG website](#)
- **Issue Brief, Drug Sobering Center:** See [issue paper on IWG website](#)
- **May 25 IWG Drug Sobering Center recommendation brainstorm:** During the May meeting, the IWG brainstormed potential recommendations for the Drug Sobering Center (see [appendix of May 2021 meeting notes](#))
- **Principles group applied to all recommendations (from the draft IWG principles)**

For each recommendation, ask, “does this recommendation...”

1. Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment.
2. Prioritize mental health and/or substance use services for people in crisis.
3. Provide timely and easy access to mental health and substance use treatment (low barriers to services).
4. Create welcoming, nonjudgmental, and equity- driven treatment programs/spaces where all individuals are treated with dignity and respect.
5. Utilize a harm reduction approach in all services. (*Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Mental Health SF shall treat all consumers with dignity and compassion, and shall provide care without judgment, coercion, discrimination, or a requirement that clients consumers stop engaging in specific behaviors as a precondition to receiving care.*)
6. Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.

7. Facilitate the integration of mental health and substance use services to ensure that individuals experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.

**The IWG recommends the following (NOTE: Discussion group additions to the May IWG meeting white board are indicated in RED font)**

Section 1 - DPH Questions of the IWG

The Drug Sobering Center(DCS) 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 are pre-mature exits measured?, # of clients redirected because they did not meet the minimum admission criteria of “Directable, non-violent, and medically stable”

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 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 have ability to provide equal support for clients that may have families and/or pets and Placement team authorization,

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. SkyLink News and KTSF to reach 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 such as DOPE Project for outreach efforts

#### 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.