

# DRUG SOBERING CENTER ISSUE BRIEF

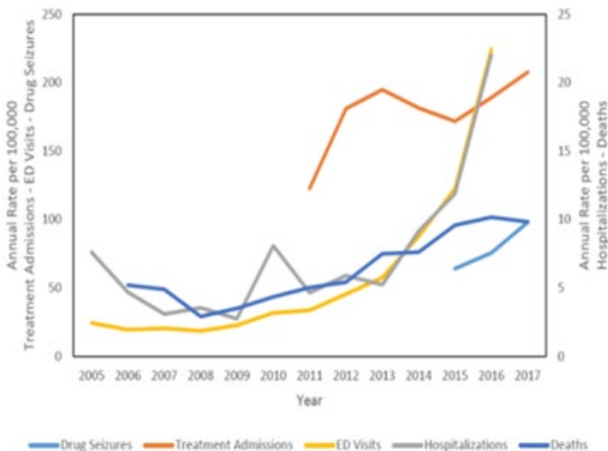
## Mental Health San Francisco Implementation Working Group

### I. BACKGROUND

The Drug Sobering Center is part of San Francisco's response to the overall increase in street drug use and specifically the spike in methamphetamine use in recent years.

Methamphetamine has been directly linked with increases in user death due to overdose, which has tripled in San Francisco since 2008. Methamphetamine use in the city is also associated with additional harms such as violent encounters, property damage, thefts, and hazardous waste. As illustrated in Figure 1, these behaviors have led to a mental health crisis related to stimulant use, overutilization of psychiatric emergency services, and law enforcement resources.

**Figure 1: San Francisco Methamphetamine Indicators, 2005-2017**



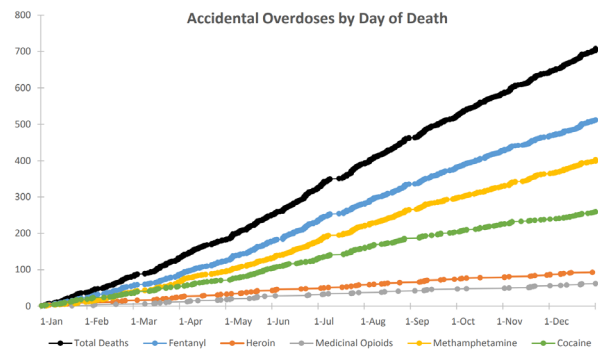
Mental Health San Francisco (MHSF), created through legislation ([File No. 191148](#)), identifies a Drug Sobering Center on Page 12, lines 19-23:

*(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.*

Establishment of a sobering center for people who use methamphetamine, a stimulant that can induce psychosis and erratic behavior, was also the top recommendation of San Francisco's Methamphetamine Task Force in 2019: "to create a trauma-informed sobering site with integrated harm reduction services for individuals who are under the influence of methamphetamine."

The proposed Drug Sobering Center is one of the first of its kind in San Francisco and in the nation. Since 2003, San Francisco has operated a 12-bed Sobering Center primarily serving people with chronic alcohol use disorder who are intoxicated with alcohol. While the existing Sobering Center can accommodate individuals intoxicated on other substances, the needs of those sobering from drugs are different from alcohol. In addition, the needs of clients experiencing opioid dependence may also be different, warranting a broader definition of "drug sobering" and requiring the proposed Drug Sobering Center to address opioid and methamphetamine use. Figure 2 demonstrates the rising methamphetamine and opioid overdose deaths corresponding to increased use of both these drugs.

**Figure 2: Accidental Overdoses by Day of Death, 2020**



\*"Acc. Overdoses Open" cases do not have a final cause and manner of death classification. "Acc. Overdoses Closed" cases have a final cause and manner of death classification. "No fixed address" denotes community members who may be experiencing homelessness. "Residence" denotes address where decedent lived. "Location of Death" denotes the location where death was declared. For "Residence" and "Location of Death", the 4 most affected neighborhoods are represented, the "Others" category refers to all other zip codes within the City and County of San Francisco and any of out county residences. "Gender" refers to gender at time of death.

"Total Deaths" denotes Accidental Overdoses where one or more drugs contribute to the cause of death; however, every point for each drug series is inclusive, but not necessarily exclusive, of that drug. "Total deaths" represents all accidental overdoses including ones for drugs not specified above.  
Office of the Medical Examiner, Jan-Dec 2020 Overdoses (all drugs, including methamphetamine and opioids) San Francisco County (accessed at <https://sf.gov/resource/2020/ocme-accidental-overdose-reports>; 4/14/2021)

## II. DRUG SOBERING CENTER OVERVIEW

The Drug Sobering Center is an opportunity to address the unique needs of individuals using drugs. Through targeted engagement, the Center will promote substance use services and social supports. The proposed Drug Sobering Center is a non-medical, social model program staffed by health workers focused on harm reduction, safety, and low-threshold engagement. The existing alcohol sobering center is a medical-model program staffed 24/7 by nurses who provide continuous medical assessment.

The Drug Sobering Center will provide:

- A safe, welcoming, and trauma-informed space for individuals, especially those experiencing homelessness, to move through drug-induced altered states and reduce harms
- An opportunity for low-threshold engagement to discuss less self-destructive coping strategies and move clients towards wellness recovery
- A response to the needs of the neighborhood, surrounding hospitals, outreach teams and other community providers serving these individuals

The Drug Sobering Center will be an accessible destination for transporting clients engaged by the Street Crisis Response Team, Street Medicine, Homeless Outreach Teams, Emergency Medical Services, and other first responders; and as an alternative destination to the hospital or jail for other community agencies.

The Center was originally scheduled for operation as a pilot program to be housed in temporary structure on Jones at Turk Street in early 2020. However, due to the COVID-19 emergency, this implementation was delayed. In early 2021, the San Francisco Department of Public Health (DPH) embarked upon a renewed effort to identify a more appropriate brick-and-mortar site for the Drug Sobering Center to take advantage of commercial lease opportunities; it concluded the building at 1076 Howard Street is well-suited for the design needs of this program and in an optimal geographic location.

### PROGRAM DESIGN

Building on efforts during the 2020 design process, DPH recalibrated the current design to adapt to operations in a brick-and-mortar facility. The program planning is informed by the 2019 Methamphetamine

Task Force recommendations.

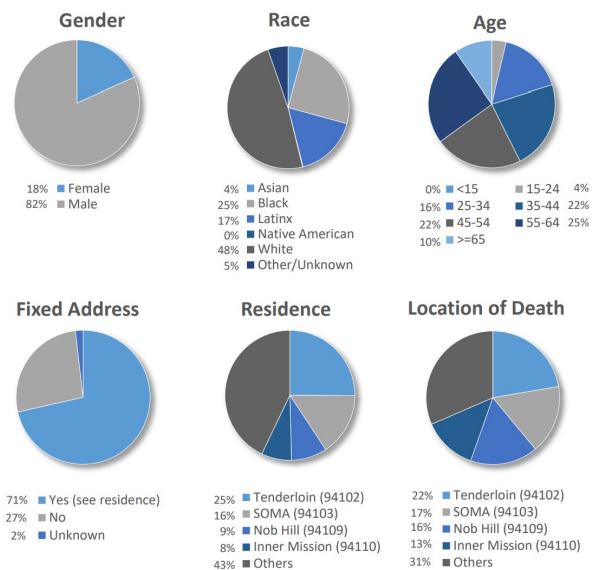
The proposed services include:

- Hospitality and support services
- Snacks and beverages
- Provision of materials to support activities of daily living (i.e., clothing, showering, hygiene supplies)
- On-site security for safety monitoring
- On-site EMT to provide health assessments and first aid
- Referral to primary care medical, outpatient mental health and substance use services, and other community resources
- Linkage to social services including housing supports
- Access to harm reduction supplies and education
- Individualized peer support and counseling using motivational interviewing to move clients towards harm reduction

### SITE IDENTIFICATION

After an exhaustive search of available properties in District 6, which has one of the highest concentrations of overdose mortality in San Francisco (see Figure 3), DPH identified a site at 1076 Howard Street.

**Figure 3: Overdose Mortality Characteristics**



Office of the Medical Examiner, Jan-Dec 2020 Overdoses (all drugs, including methamphetamine and opioids) San Francisco County

It is a two-floor, 17,000 square foot space that was scored by DPH clinical and operational leads to have the best fit of the available properties within the city. The site is a recently remodeled commercial space that is ready to accommodate tenant improvement. The Drug Sobering Center is expected to utilize the first floor. The second floor will be utilized by other DPH and MHSF programs that interface with Drug Sobering Center clients and staff (e.g., Street Medicine, Office of Coordinated Care, Street Crisis Response Team).

The San Francisco Department of Real Estate has initiated the procurement process by issuing a non-binding letter of intent to the landlord. The building is expected to be delivered turnkey with the landlord performing the required tenant improvements. The final cost will be determined once the interior program design and space fit study are finalized. These improvements include having sufficient restroom facilities for staff and clients, client consultation space, a medical exam room, sleeping areas for clients, quiet client activity space, and staff workspaces.

**IDENTIFYING A PROGRAM OPERATOR**

DPH designed the Drug Sobering Center to expedite implementation. HealthRIGHT 360 has been engaged to operate the program under a Professional Services Contract. This contract is an 18-month agreement that will allow DPH time to evaluate the new model and review best practices for this new innovative service. This contract will need approval by the Health Commission after fulfillment of community notification requirements, which is expected to be completed in April 2021. Additionally, during this 18-month period, DPH shall initiate a separate, competitive Request for Proposal (RFP) process to identify a long-term operator for the service who will manage the Center during the lease term at this location.

**KEY PROJECT MILESTONES AND TIMELINE**

The Drug Sobering Center is on an expedited timeline to begin construction, staff hiring and training, and development of clinical and operational protocols for a projected Fall 2021 opening.

Timeline	Milestone
April 2021	<ul style="list-style-type: none"> <li>Submission of lease package to Board of Supervisors</li> <li>Proposition I community notification meetings</li> <li>Presentation of program to MHSF Implementation Working Group</li> </ul>
May 2021	<ul style="list-style-type: none"> <li>Board of Supervisors hearing</li> </ul>
June 2021	<ul style="list-style-type: none"> <li>Mayor approval</li> <li>Presentation to Health Commission</li> <li>Begin construction</li> <li>Finalize operator contract</li> </ul>
July 2021	<ul style="list-style-type: none"> <li>Develop protocols</li> </ul>
Fall 2021	<ul style="list-style-type: none"> <li>Opening</li> </ul>
Early 2022	<ul style="list-style-type: none"> <li>Post-opening Community Feedback Meeting</li> </ul>

**PROJECTED ANNUAL BUDGET**

DPH is negotiating the final operational costs with HealthRIGHT 360 for the Drug Sobering Center pilot. The current estimated annual budget is approximately \$4.2M. This figure includes an annual lease at approximately \$590,902 per year, which includes the 2nd floor space to be allocated for other DPH offices.

**ALIGNMENT WITH OTHER MHSF AND DPH INITIATIVES AND PRINCIPLES**

The Drug Sobering Center will be a key partner and will enhance the resources available to clients served in the other areas of MHSF, such as the Street Crisis Response Team (SCRT), Mental Health Service Center, and the Office of Coordinated Care. By providing a safe, welcoming place for persons who do not require emergency services, SCRT will have access to a safe and reliable place for clients to “come-down” from their intoxication. Similarly, the Mental Health Service Center, in its current location five blocks away, will also be able to inform and refer clients to the Drug Sobering Center who may present in an intoxicated state and need a safe place.

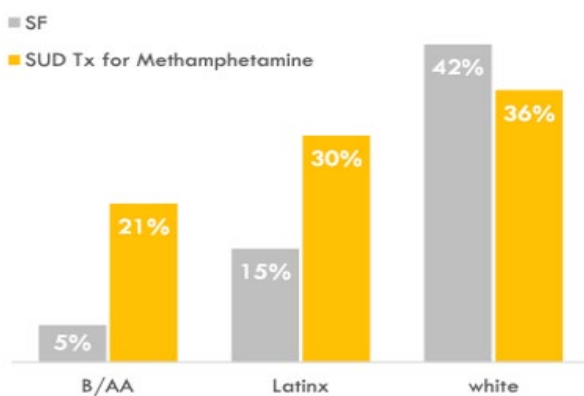
Once operational, the Office of Coordinated Care staff may be able to assess participants who visit the Drug Sobering Center and help identify treatment needs and substance use service placements. Similarly, the Center may be able to facilitate referral of participants needing services at the expanded Mental Health Service Center. These practices will avoid missed opportunities for early treatment engagement as well as reduce unnecessary use of emergency services by participants experiencing a drug-related crisis.

The Drug Sobering Center is a tangible asset that propels MHSF principles forward. By design, the Center expands the scope of services and opportunities for care to persons who are in crisis and are experiencing homelessness. By removing barriers to admission, providing supports to ensure safety, and delivering trauma-informed harm reduction services, the program provides an alternative to using emergency services.

### III. ADDRESSING RACIAL EQUITY

The [2019 Methamphetamine Task Force Report](#) demonstrated that people of color were disproportionately served by substance use services in comparison to the general population in San Francisco (see Figure 4). The report also referenced 2017 data indicating that nearly two-thirds of people admitted for methamphetamine treatment were people of color.

**Figure 4: Percent of Population Admitted for Treatment**



As drugs are increasingly consumed in public spaces, individuals who encounter intoxicated persons exhibiting harmful behaviors on the street have few options aside from contacting law enforcement and/or

emergency services. When police engage intoxicated individuals in these scenarios, their interventions are limited, as they have few options beyond arrest or transport of the individual to the hospital, emergency room, or an urgent care center.

The Drug Sobering Center is an important alternative that will allow responders to divert individuals to a safe shelter-oriented setting rather than being viewed by some as a safety threat resulting in police intervention. The Center will also be an accessible tool for non-law enforcement responders, allowing them to be a more effective alternative to police intervention. Together with the Street Crisis Response Team, which are now operational in the Tenderloin and SOMA neighborhoods, the Drug Sobering Center will leverage the effectiveness of policing alternatives in these neighborhoods.

In addition, the Drug Sobering Center will provide early prevention and respite for individual at risk for methamphetamine or opioid (particularly fentanyl) overdose, both of which occur disproportionately in African Americans and in persons who reside in the Tenderloin and SOMA neighborhoods (see Figure 3). When individuals using drugs are indoors, they use less and are more likely to engage services.

Future expansion of this service to other disproportionately-impacted neighborhoods will be based upon evaluation of the success of this new model.

### IV. COMMUNITY ENGAGEMENT

The recommendation for a Drug Sobering Center is based on the Methamphetamine Task Force’s 2019 efforts. The task force was a diverse, multidisciplinary, and multi-sector appointed body that included medical and public health professionals, researchers, substance use disorder treatment providers, community advocates, emergency responders, criminal justice and law enforcement officials, drug policy experts, and current and/or former substance users. The Drug Sobering Center is one of three major recommendations put forth by the task force. The other recommendations are:

1. Strengthen the city’s interdisciplinary behavioral health crisis response.
2. Prioritize and protect housing for people seeking treatment.

While these additional recommendations fall outside the scope of the Drug Sobering Center, they are embedded in the efforts of MHSF in its entirety, and specifically within the programmatic intent of the Office of Coordinated Care, Street Crisis Resolution Team, and establishment of new residential beds and facilities.

### **FUTURE PLANS FOR COMMUNITY ENGAGEMENT**

Community feedback is a key component in the future implementation plans of the Drug Sobering Center. DPH and its partner HealthRight360 will engage the community through community forums.

HealthRight360 will hold quarterly feedback meetings to provide program updates and hear direct feedback from the community and consumers about the program. Feedback will be documented and collected to identify best practices and evaluate program outcomes and success. DPH will also track demographic information to inform program modifications to ensure that the communities most adversely impacted by street drug use are able to access this new service.

Additional customer research may include using InterEthnica to better understand the needs of populations difficult to reach, avenues for reaching them, and the services changes which would optimize their engagement.

## **VI. DATA AND EVALUATION**

According to the latest homeless count completed for San Francisco on January 2019, there are a total of 8,011 homeless individuals, an increase of 17% from the previous count in 2017 (See data from the [Homeless Count & Survey Comprehensive Report 2019](#)). Of these individuals experiencing homelessness, 42% self-report alcohol and drug abuse, and 39% report psychiatric/emotional conditions. Over a third (37%) are chronically homeless and very likely to receive services by DPH.

The homelessness presence is nowhere more evident than in District 6, where 3,659 (46%) individuals were counted. Although many resources, ranging from shelters and clinics to meal sites, are available in this district, many individuals are not able to use these services because of substance use and

mental health issues, instead relying on care through emergency settings.

The Drug Sobering Center will measure its success by its contribution to other MHSF global outcomes and strategies including:

- **Utilization of the service by the MHSF target population: people experiencing homelessness with behavioral health needs.** Measure the number and duration of encounters to the Drug Sobering Center by housing status, race and ethnicity, and other key demographic indicators. Track the number of referrals to other MHSF programs.
- **Reduce recidivism (repeat encounters) within Psychiatric Emergency Services.** Provide an alternative, voluntary service to persons managing drug-induced inebriation. Measure the change in recidivism and use of these services.
- **Reduce recidivism (repeat encounters) within the criminal justice system.** Provide a safe space and controlled environment to prevent risky behavior that leads to engagement with law enforcement. Measure the change in recidivism and encounters within the justice system.

Additional pilot measures will track outcomes in three domains: 1) services and utilization, 2) quality, and 3) satisfaction. Examples of these domain indicators include:

- number of unique participants
- source of referral
- duration and extent of services provided
- measures of quality and safety including critical incidents and concerns received from clients or the community
- number of harm reduction supplies distributed
- number of referrals made or accepted to other mental health or substance use disorder services
- client and community satisfaction

## VI. EVIDENCE-BASED MODELS

Other jurisdictions operate drug sobering programs that are comingled with alcohol sobering. This proposed Drug Sobering Center builds off the modeling of such programs, such as Exodus Recovery in Los Angeles, but it is the first sobering center dedicated exclusively to drug use. While there is considerable data supporting the use of sobering centers to alleviate jail overcrowding and overuse of emergency room services, sobering centers specifically for drug use is still a new public health concept.

Evidence suggests that sobering programs are beneficial to consumers and communities. For example, the Houston Recovery Center is a polysubstance sobering program that has found considerable benefits since its implementation in 2013. After the opening of the sobering center, public intoxication jail admissions in Houston decreased by 95% over the period 2012 to 2017, from 15,357 to 835.<sup>1</sup> While it is not believed that the center is responsible for all decreases in arrests, as Houston also implemented additional diversion policies for people with substance use disorder, the Center was an added resource to facilitate the practice. Additionally, the service model is credited as a valuable resource for people with frequent encounters with emergency services.

## VII. KEY CONSIDERATIONS FOR THE IWG

The Drug Sobering Center pilot will launch in Fall 2021 as one of the first of its kind. The initial scope and program have been designed by staff and experts with the best data and research available. The following questions are critical areas of input for the MHSF Implementation Working Group (IWG):

1. **The Drug Sobering Center is a pilot which will be evaluated along four dimensions: 1) contribution to MHSF global outcomes, 2) Drug Sobering Center services and utilization, 3) quality; and 4) satisfaction. What other outcome measures would the IWG deem important or essential in evaluation of this program as pilot?**

Data from the Drug Sobering Center will supplement global MHSF datasets and performance measures, but the actual impact may be difficult to discern during the 18-month pilot. Much more attainable are service utilization and process measures like the number of unique visits, harm reduction services received, or actual social service or treatment referrals. Similarly, quality, complaint, and satisfaction will be routine program implementation measures. Looking ahead, DPH must determine if the Drug Sobering Center is an effective model which should be renewed or replicated.

2. **How should the Drug Sobering Center be evaluated in the context of rapidly changing patterns of community drug use?**

Patterns of community drug use evolve quickly. It is influenced by changing demographics and the economics of drug supply and demand. During COVID, San Francisco has witnessed a rapid rise in opioid drug use, particularly fentanyl. At the same time, methamphetamine use remained high. The relationship between methamphetamine and opioid drug use is complex, as the majority of current drug users are poly-substance users. The Drug Sobering Center's programming will respond to these emerging drug use patterns as the Center staff strive to reduce the impact of drugs on participants. Quite possibly, however, drug use patterns will change as the city emerges from the COVID pandemic, and housing options for persons experiencing homelessness remain uncertain.

<sup>1</sup> Jarvis et al. [Public Intoxication: Sobering Centers as an Alternative to Incarceration, Houston, 2010-2017](#). American Public Health Association, 2019.