



# **T2020 Evaluation Case Study: Mission Street Recovery Station**

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### **Introduction**

Launched in early 2018, as part of California's current Section 1115 Medicaid waiver (Medi-Cal 2020), the Transformation 2020 (T2020) is a multi-year, initiative that supports county-level transformation and coordination of physical health, behavioral health, and social services targeted to Medi-Cal beneficiaries with complex issues. T2020 has supported the implementation of innovative programs and activities to address critical gaps and shift care from high-cost inpatient/ED to affordable, coordinated, value-based outpatient care. One of these programs is the Mission Street Recovery Station (formerly Mission Street Sobering Center), which opened in October 2017. The program has a 20-chair capacity and provides a safe and welcoming sobering environment to individuals served by the center for up to 23.59 hours. Participants are then connected to medical, mental health, and housing resources. It is safe alternative for reducing harm and promoting sobriety. This initiative is described in more detail in this Issue Brief, including the resources required to plan and operate the initiative, important partnerships, and achievements to date.

### **Problem Being Addressed**

Recovery management and achieving a clean and sober lifestyle is a challenge for many people struggling with alcohol and other drug (AOD) problems.<sup>1</sup> One challenge is individuals may be arrested under penal code 647(f) and prosecuted for being drunk in public. Many of these individuals also have mental health issues and, likely, they will be released with no follow-up

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<sup>1</sup> Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Source: <https://www.samhsa.gov/find-help/recovery>

care. For example, an estimated 65 percent of the US prison population have an active substance use disorders (SUD)<sup>2</sup>, and 37 percent of prisoners and 44 percent of jail inmates had been told they had a mental disorder—rates that greatly exceed those found in the general population.<sup>3</sup> Moreover, they take up law enforcement, paramedic trips, and emergency department resources when they could divert to less expensive treatment and put on the path to recovery. Upwards of 4,320 individuals brought to the county jail annually could be safely diverted and avoid incarceration and 652 people from the Emergency Psychiatric Services (EPS) could be safely diverted. Similarly, individuals use more expensive health care resources when they could be seen in safe place to sober up. Based on data collected from 2013-2016, it was estimated that every year, 2,920 people patients in the Santa Clara Valley Medical Center (SCVMC) ED present with acute alcohol intoxication without any medical issues. Many (60% or 1,752) of these people could be diverted.

### **Promising Solution: Mission Street Recovery Station**

The Mission Street Recovery Station is a model that is based on successful sobering centers that have been established in San Francisco, San Diego, Alameda, and Portland. It is a safe place to sober up for up to 24 hours, as well as way to connect individual to a variety of services, including housing resources. Individuals receive a medical and mental health assessment and are referred to appropriate services. It is a partnership with law enforcement, which drops off individuals at the Center, steering people away from jail, as well as providing a safe alternative to more intensive medical care for the County of Santa Clara Health System (Health System) and community providers.

### **Program Planning and Implementation**

The Mission Street Recovery Station is one of the projects of the Care Coordination Domain, which was established under the Transformation 2020 initiative. In early 2018, the Domain was established to implement Whole Person Care (WPC) enrollment and care coordination throughout the County of Santa Clara Health System (Health System). The Domain supports projects that will improve care coordination and care transition efforts for high-risk patients. There is high interest in the System in supporting referrals and creating a seamless system of care for patients that encounter barriers to care, such as linking primary care and behavioral health. Diverting individuals away from emergency care and jail settings is an opportunity to connect individuals to primary care, behavioral health, and housing services.

The county has some experience with diversion programs. In December of 1995, the County of Santa Clara and the City of San Jose created an alternative to booking individuals arrested for public inebriation or the Sobering Station Program. The Department of Correction discontinued the Program in 2003 as part of its budget reduction plan though there were other efforts. There was a pilot with Emergency Medical Services in Gilroy to bring patients to alternative services

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<sup>2</sup> National Institute of Drug Abuse. Drug Facts: Criminal Justice. June 2020.

<sup>3</sup> U.S. Department of Justice. "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12". June 2017.

instead of the emergency room. In September of 2016, the Board of Supervisors approved a new Sobering Center as a pilot jail diversion program located at 151 W. Mission St., San Jose, next to the Santa Clara County Reentry Resource Center. The new pilot, initially called the Sobering Station, was going to provide a 4-12 hour stay and was intended to be a safe environment to recover from inebriation.

Planning for the Sobering Station started in 2017 as part of the Whole Person Care Waiver and was undertaken by a team from the Behavioral Department and Re-Entry Service, as well as Health and Hospital Administration and Emergency Medical Services. It was part of a Strategic Plan is to create a jail diversion program. The team visited the centers in Alameda and Santa Cruz counties. Sobering Centers exist throughout the state and the country. Different models exist, characterized by the policies of the Law Enforcement community; the staffing to support higher acuity referrals; acceptance of referrals for those using other substances without alcohol intoxication; community outreach efforts to bring people into the center; length of visit to allow for transitional care opportunities; the acceptance of self- referrals; and accepting referrals from all community hospitals and service areas.

All the Center staffing and procedures were done through the Behavioral Health Department. The county reached out to Horizon Services, Inc., a nonprofit that provides recovery services in Alameda, San Mateo, and Santa Clara County, for the pilot project. Policies and procedures had to be developed in terms of the inclusion and exclusion criteria or what requires medical input, as well as warm hand-offs. Three law enforcement agencies were engaged - Campbell, the Santa Clara County's Office of the Sheriff, and Mountain View. A leadership team met regularly to improve services, increase the referral base, and update policies and procedures.

The Sobering Station was renamed the Mission Street Sobering Center. In 2021, Mission Street Sobering Center services were expanded to support those who are experiencing a mental health crisis or needing service referrals. Consequently, the center was renamed Mission Street Recovery Station.

The opening was delayed from July 1, 2017 to October 4, 2017 due to difficulties in hiring staff, developing the Policy and Procedures, and standing up the facility more generally, such as ordering supplies. Ultimately, sufficient staff was hired to expand services and the number of chairs available increased from 5 to 20 chairs as of January 1, 2018.

In 2018, MSRC staff focused on marketing and engaging law enforcement throughout Santa Clara County. Additionally, there was enough staff to go out to meet law enforcement in the field and transport individuals to the Center. A training video was developed for law enforcement to be able to drop off individuals. In addition, care coordination services were enriched, including:

- The Whole Person Care (WPC) Behavioral Health team provides on-site visits and follow-up are with clients who agree to receive additional support;

- MSRC staff are trained to assist clients in their Medi-Cal applications and completing the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) with clients who identify themselves as homeless or at risk of being homeless; and
- The 'Alternate Destination' pilot was launched whereby Gilroy Fire Department and paramedics were trained to assess patients' conditions and eligibility for transport to MSRC.

The program has proactively assessed its processes. Three Plan-Do-Study-Act (PDSAs) were conducted to increase referrals by law enforcement agencies, including a survey of officers' experiences utilizing the service at MSRC. Of the 65 individuals brought by Law Enforcement to MSRC, thirteen officers brought in 2 or more individuals. The second PDSA focused on supporting enrollment of eligible individuals, particularly HUMS or high users of medical services in Medi-Cal and providing access to health care services as well as WPC care coordination services. While the application can be completed when a participant is sober there may still be some reluctance to enrolling. There can also be issues in completing the application, such as lack of a data of birth and/or SSN # and connecting with WPC services. Staff were trained to complete the application correctly and engage in follow-up. Referrals from the SCVMC Department began in May 2018, providing an opportunity to strengthen engagement with high utilizers as well as support follow-up with individuals after they leave the Center. The third one focused on results when the ED sent individuals over in a taxi versus when the MSRC picked them up. The program saw initially better results with those who came over on the taxi, which was very surprising.

In 2019, the program continued to refine its activities to support connecting individuals to a wide range of services, including follow-up after discharge, referrals from more providers, and ease of use by law enforcement. For example, a MOU was signed with the San Jose Police Department, the largest contributing department and the number of participants rose quickly. In the 2<sup>nd</sup> quarter of 2019, the Center started taking referrals from the Emergency Rooms.

In 2020, there was increased follow-up with individuals using the Center and connecting them to additional resources/services. Also, staff used the tool of reverse enrollment and individuals who had Medi-Cal at the time of their stay and signed the Consent Form were automatically enrolled. Last, the Center opened to referrals from Emergency Psychiatric Services (EPS) in the 1<sup>st</sup> quarter. The expansion of the Center to include a mental health triage component allows for individuals experiencing a mental health crisis (e.g., crisis does not meet the criteria for an involuntary mental health hold) and/or under the influence of alcohol or other drugs the opportunity to stabilize and be connected to services and treatment.

## **Clients**

Participation is voluntary and individuals are assessed for existing medical issues that might preclude treatment, such as elevated blood pressure. Additionally, individuals must meet the following criteria to be treated:

- Is currently intoxicated;

- Must be an adult 18 years of age or older;
- Has not been previously convicted of a sexual-related crime or arson;
- Must be physically able to walk, and use the restroom and shower facilities without assistance;
- Does not have a serious medical condition that requires hospitalization when withdrawing from illicit substances of abuse, including alcohol; and
- Must not be displaying any violent/abusive behavior.

High Utilizers of Multiple Systems (HUMS) individuals are a high priority since this group has a high prevalence of substance use disorders (SUD) and accesses emergency services more than other participants. Many are homeless and they are also more likely to then be discharged back to the streets or admitted to acute care environments without medical necessity because of lack of psychosocial supports. Program planners estimated that participants would visit the Center on average four times per year, based on the experiences of other sobering centers.

### **Program Activities**

The MSRC is open 24/7, 365 days a year and is a place where people can get sober and be connected to a wide range of services they may need. Staff use motivational interviewing techniques to engage individuals and offer direct access to treatment. Individuals complete an initial screening and a Medical Assessment with a Health Tech or Nurse Coordinator, which includes Blood Alcohol Content (BAC), blood pressure, fully body scan, and gathering of health information. Individuals must be inebriated and have a detectable level of alcohol. Having other substances in their bloodstream, such as methamphetamine or heroin, does not preclude admission. Once they do an intake, which can be verbal consent they are monitored every 30 minutes until they come to. People needing a higher level of care than is available at MSSC, such as high blood pressure or respiratory distress, are referred to an appropriate facility. In addition to assessing a person's mental status, the Nurse Coordinator or Health Tech also screens individuals for psychiatric needs. All individuals have their vitals re-checked during their stay.

Individuals arrive at the Center a few ways, facilitating access. They may be dropped off by law enforcement officials and emergency medical personnel or referred by 'approved referring providers.' These providers include law enforcement within Santa Clara County (18 entities), mental health providers (17), SUTS providers (14 entities, county and contracted), Valley Health Centers (Behavioral Health) (9 entities), Santa Clara County Valley Medical Center Hospitals and Clinics (SCVMC, O'Connor Hospital, and Saint Louise Hospital), and Others (e.g., Blackbird House, Gilroy Fire). Approved referring providers are encouraged to contact Mission Street staff to ensure availability, during which MSRC staff will conduct a brief telephone screen to assess an individual's medical and psychiatric risk factors. Staff will determine eligibility and the referring provider will transport the individual to the Center. It took approximately one year for each of the partner agencies to build up their optimal referral volume.

Also, the Center has a van and provides pick-up and drop-off transportation and will meet the individual at the approved referring provider or a safe location. Most often, the Emergency

Department referrals include a pick-up by MSRC. Warm hand-offs to Withdrawal Management services often include transportation drop-off. Pick-ups include hospitals, outpatient providers, clinics, etc.

Care coordination staff may meet with individuals toward the end of their stay to determine needs and the next steps, which may include enrollment in care coordination bundles of services, supporting recovery and wellness. This includes contacting the receiving service provider, to schedule an appointment and provide any background information.

Other MSRC services include checking Medi-Cal insurance status for participants and assistance with new or updating applications; providing a housing assessment which is entered into the County's Coordinated Housing Referral System; enrollment into Whole Person Care; and, if available, immediate Whole Person Care engagement and coordination.

Individuals are encouraged to stay at the Center for up to 23 hours and fifty-nine minutes or be able to leave without residual effects of the substance that brought them to the center. MSRC staff consider a person's unique physical, social, medical, and psychiatric needs before proceeding with discharge. If someone fails to cooperate with the MSSC staff or is a risk to staff, they are discharged immediately. Should a person refuse to leave, staff will call the Santa Clara Sheriff Dispatch, not the local police agencies that dropped off the person.

Individuals aren't at the Center all at once, for the whole 24 hours. Some people are there for 25 minutes while others are there for almost 24 hours. There is usually an individual at MSRC every day, with upwards of eight people at the Center during the day. The program is a place to sober up from acute alcohol intoxication and is NOT treatment or to be used as a shelter.

## **Staffing**

MSRC staff are an interdisciplinary team that includes Licensed Vocational Nurses (LVNs), Emergency Medical Technicians (EMTs), and Sobering Assistants. At least two people must be on duty at all times, including at least one medical staff, either a LVN or an EMT. Usually there are 3-4 staff members on site at any one time. A Medical Director provides clinical oversight, and a Program Director provides operational oversight. Sobering Specialists help with referrals and care coordination and aren't required to have certification as substance use counselors. Sobering Specialist just have to be compassionate. They may have their own lived experience or have worked with this population in the past. It helps that they know the system. They receive training on boundaries, de-escalation, Motivational Interviewing, and blood-borne pathogens. There are also administrative staff for data collection.

## **Resources**

Funding for the Mission Street Recovery Station comes primarily from Whole Person Care (WPC). Revenue is obtained through reporting outcomes and distinct activities to the state. This covers the costs of the facility site, staffing, office equipment, and space improvements. The county provides the site for the Center at the Reentry Resource Center.

## **Important Partnerships**

One of the strengths of MSRC has been the collaboration of partners in the Santa Clara Health and Hospital System, supporting an integrative model. Key partners include Santa Clara Valley Medical Center Hospital and Clinics (SCVMC), Santa Clara County Reentry Resource Center (RRC), Emergency Medical Services (EMS), Substance Use Treatment Services (SUTS), as well as community partners. The Center now accept referrals from all their community health partners. Critical to the success of the MSRC was the development of clinical protocols between the Behavioral Health Department, SCVMC Emergency Department, and Emergency Medical Services. The EMS protocol for treat and release in the field allows EMS to provide 'field medical clearance' so that a person can go to the Center via non-medical transport that can include van outreach services staffed by MSRC personnel. Additionally, it is Important to include someone at SCVMC who works with these individuals and can address issues that may arise. SCVMC is a training center, so the Center lets new doctors know about their services.

A key partner has been Horizon Services, Inc., which operates detox and substance use services, like residential treatment. It is based in Alameda County where it operates a sober center. Santa Clara has contracted with the agency for over 20 years, providing the county with a process of getting people into treatment. Horizon was involved with the pilot and onward. Horizon staffs the Center and provides services. It oversees hiring, firing, making sure they have the data for the county request, overseeing the scheduling of staff, having needed supplies, and addressing the day-to-day operational issues.

Another partner is the County of Santa Clara Reentry Resource Centers in San Jose and Gilroy (RRC), which supports the reentry of individuals from the jails to the community. At the Reentry Resource Centers, the Valley Homeless Health Care Program hosts a medical bus known as the Medical Mobile Unit (MMU). The MMU provides medical and mental health services and collaborates with the Center. For example, the Center works with RRC medical team while some RRC homeless clients will use Center showers.

Referring providers are key and law enforcement has been an essential partner in bringing individuals to the Center, representing most referrals between 2017-2019. In 2020, with launch of Mental Health Drug and Mental Health Triage, Behavioral Health Services Department (BHSD) became the largest referring provider (see Figure 2 below).

## **Facilitating Factors**

The MSRC has had a lot of support from many sectors, facilitating the planning and implementation of Center activities. Ranging from support by the Board of Supervisors to a pro-active leadership team with good ideas, the Center has greatly benefitted from a partnership-based, integrated approach to recovery. The Center has also enjoyed leadership buy-in among the partners, as well as among providers who can communicate and champion the Center's services. Leadership at the County of Santa Clara Behavioral Health Services Department and at Substance Use Services, as well as Valley Medical Center was key. Also,



staff buy-in is essential and having everybody be on board. Center staff really want to see individuals to get to that next level of care and celebrate when this happens.

The Center makes it easy for people to use its services, greatly facilitating utilization. The Center's location is ideal because there are no NIMBY issues. It is not a residential neighborhood and is close to the police department and jail. And, Horizon, the provider, has experience in detox residential services and can connect clients to other services in the community.

There is high commitment to improving the Center and making it sustainable, including the three PDSA cycles conducted during the implementation process and evidence from other agencies that demonstrate the impact of providing these services.

MSRC has had sufficient resources, including enough staff. The Center is managed well, and staff are very proactive, which is critical when working with non-county partners and a new program.

## **Challenges**

Despite efforts to expand referral services, MSRC enrollment has not expanded as expected. It was initially estimated that the Center would provide 14,600 episodes of care annually to 3,650 unique individuals. However, estimating the anticipated demand for MSRC services was challenging from the beginning: 1) data across the EDs, EMS, EPS, and jail systems were not centrally stored; 2) there was limited understanding of who could potentially diversity from the emergency or jail settings. Program designers anticipated periods of vacancy when individual's discharge and others haven't yet been admitted, estimating that spaces may be unoccupied on average 4-hours/day. The Center has broadened its outreach, including college campuses and community agencies.

A key aim is to increase participant enrollment in Whole Person Care. Since the opening of the Center, 396 (32 percent) the 1,233 individuals served were WPC eligible, with 295 of these clients enrolling during the pandemic. However, the population being currently served by the program has had lower than expected volume of WPC eligible participants. This low enrollment may have been due in large part to the time it took to partner with law enforcement. The approvals required by multiple agencies and procedures to drop off individuals at MSSC by EMS services, law enforcement, and SCVMC ED required significant buy-in and effort and was not without its challenges. Additionally, it was necessary to develop procedures to pick-up individuals when MSSC staff called 911. Now, the law enforcement official does not have to come back to pick up someone they dropped off.

Engaging Law Enforcement agencies (LEA) took longer than expected. Each LEA has an individualized approach to public intoxication and tracking arrests. Interested LEAs were oriented to MSRC through meetings and roll-call briefings. Some LEAs declined participation. However, a few officers of LEAs that had declined participation brought individuals to the

program any way. This process resulted in the leadership of the LEAs agreeing to support participation with their teams.

Despite the cost savings to CCVHS and law enforcement, the costs of MSSC have exceeded the reimbursements by about 100 percent. The data on total MSRC costs (\$3,073,533) and revenue (\$1,569,320) through 9/30/2019, suggesting the potential to fully utilize the center was not being met.

Because the Reentry Resource Center provides substance abuse treatment services at the Rancheria Center there was the issue with mixing people under the influence of alcohol with folks who are in recovery from other substances. These people usually require 3-4 days for detoxing. In 2020, the Center commenced its mental health pilot to work with these individuals as well.

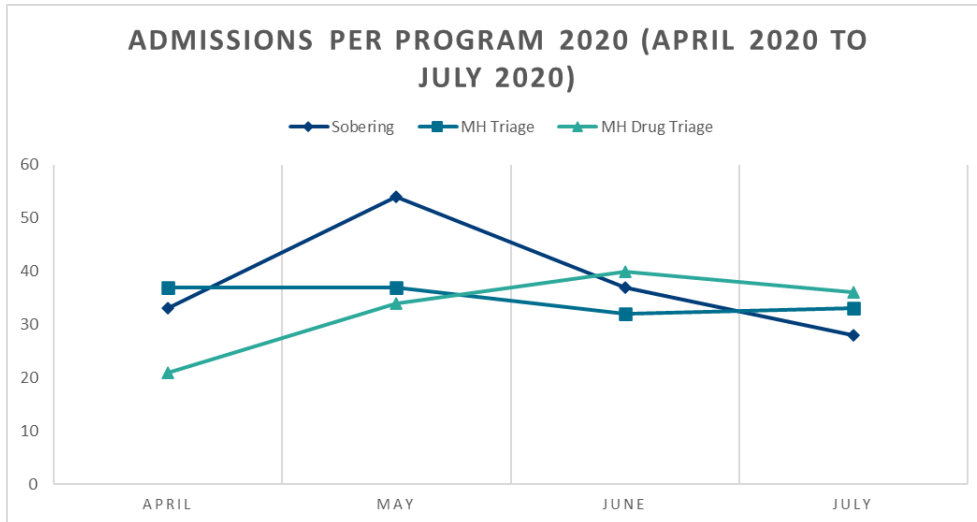
### **Accomplishments**

The Mission Street Recovery Station is making a positive impact in the community and the data indicate that it is doing what program planners hoped it would do; patients have a safe place to sober up and are getting connected to follow-up services and housing. Additionally, the Center has been successful in getting people enrolled in Whole Person Care and its services. Key Center benefits include:

#### **Benefits to Patients:**

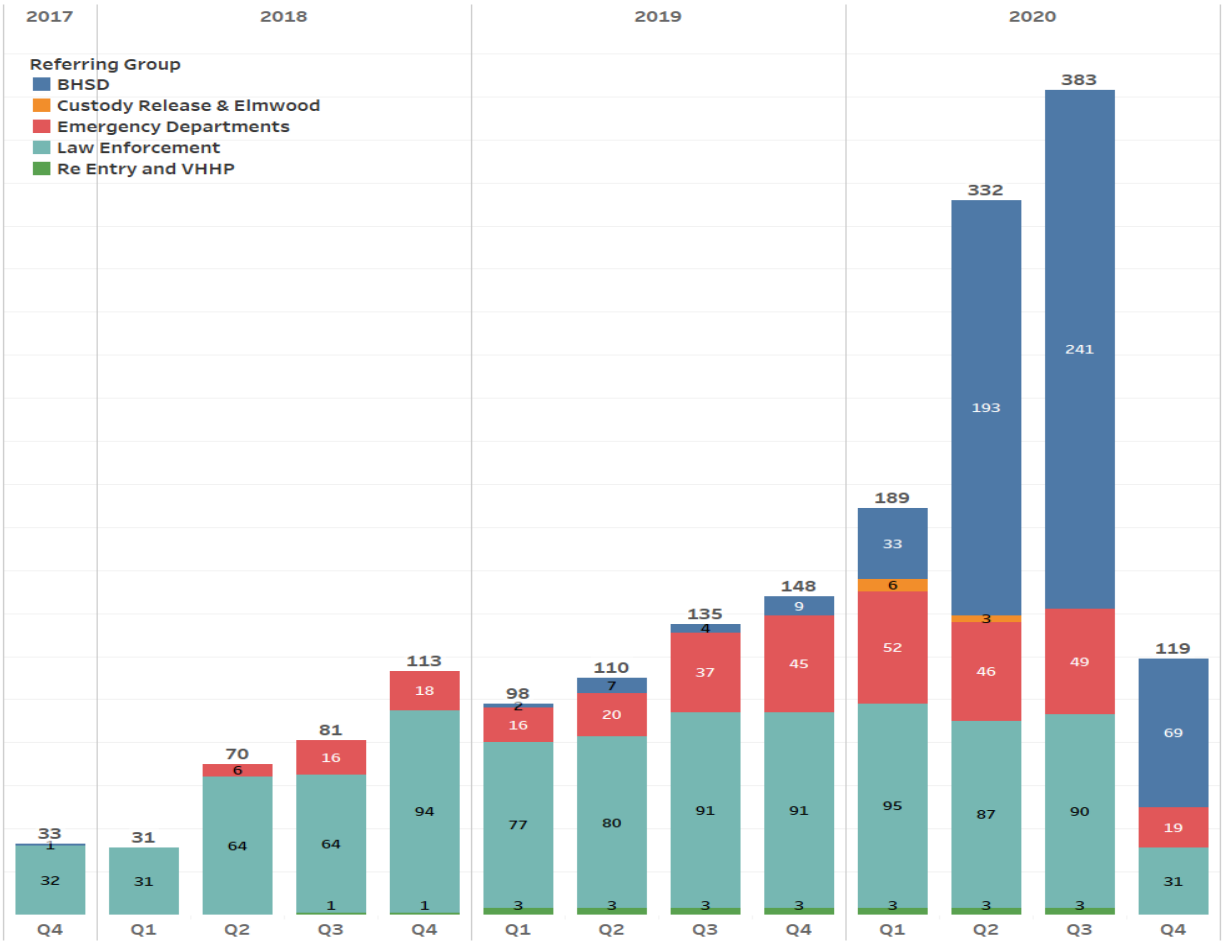
At the end of October 2020, 1,233 individuals had received services at MSRC with an almost twofold increase starting March 2020 and coinciding with the start of the pandemic. Most individuals are 21 – 39 years old (50.76 percent), are male (81.53 percent). The majority are either White (39.36 percent) or Hispanic (3807 percent). Until 2020, were brought to the Center by law enforcement and emergency departments for alcohol-related services. In 2020, there was a significant increase in clients being referred by BHSA to be seen for Mental Health Drug and Mental Health Triage, like those being seen for Sobering or approximately 30 clients per program per month. See **Figure 1** below.

#### **Figure 1: Admissions Per Program, April 2020 – July 2020**



There has been a gradual upward trend and then sharp increase in the number of referrals, with a total number of 1,233 patients referred through the MSRC from October 2017 – October 2020. Law Enforcement typically represents most referrals and has remained steady, about 90 clients per month. It has been responsible for a total of 927 referrals since 2017. The number of referrals from BHSD greatly increased in 2020, representing most referrals or 559 clients. The Emergency Department referrals have increased over time and have been responsible for 324 referrals since 2018. ReEntry and VHHP and Custody Release & Elmwood represent fewer referrals or 23 and 9 clients respectively. (See **Figure 2** below)

**Figure 2: Referrals (Total Clients - Duplicated) by Referring Group – 2020 Q4 includes only till end of Oct**



Center clients appreciate the program and are receiving assistance beyond a safe place to sober up. Staff assist people to get into the housing queue, with some individuals getting into housing through a partnership with the Office of Supportive Housing (OSH). Individuals are getting the medical and mental health care they need. For instance, out of the 1,233 individuals referred to the MSRC, 13,799 total BHS visits were conducted after the client’s first stay. Staff are developing relationships with individuals, supporting follow-up. They're not involved in law enforcement, which goes a long way in developing a relationship with individuals, some of whom have come back to the Center.

Benefits to Providers:

The Center is another service for providers to use. It has fewer barriers and is broadening in referring parties, including referrals from CHCs, Behavioral Health programs, Peer Respite, etc. Also, the Center grows in value to providers as more and more providers see it as a resource. For example, the ER at O’Conner hospital uses Center services for intoxicated individuals who get picked up.

Benefits to County of Santa Clara Health System:

There are multiple benefits to the Health System, including: better health of the populace; a decrease in the number of people being seen in the ER who don't need to be there; and having another linkage point to get people into Substance Use Treatment Services. As described in the **Figure 3** below, out of 580 distinct clients, 397 participants were identified with Santa Clara Valley Medical Record Numbers. The chart below represents the utilization data regarding post-MSSC participation of these individuals.

**Figure 3: Utilization Post-MSRC Stay, 2017-2019**

Participants with SCVMC Medical Record Number *	Mental Health Admissions	Withdrawal Management Admissions	Other SUTS Admissions	Whole Person Care Enrollments
397 (68%)	28%	13%	9%	14%

Also, the Center is making progress in reducing the costs to Santa Clara Valley Medical Center. Each stay at the Center represents a cost-effective alternative. The data up to October 2019 show a notable reduction in ED utilization or 178 less visits, inpatient hospital days (101 less days), psychiatric inpatient hospital days (50 less days) within a one-year period after the first center encounter. Clinical outcomes data on Inpatient (IP) Days and ED Visits indicate a Net Cost Decrease of \$694,000.

Additionally, alcohol and drug addiction are diseases, and the Center can provide appropriate care and compassion, which is not the role of the ER, which focuses on trauma. As described in the **Figure 4** below, Santa Clara County Valley Medical Center’s Emergency Department provided the majority (83 percent) of referrals. Ongoing meetings with doctors and other staff have occurred to improve the workflow and to increase the referrals. O’Connor and Saint Louise Hospitals began referring individuals in June 2019, after the County’ acquisition. And the number of EDs referring individuals is likely to increase; other hospitals have requested participation.

**Figure 4: Number of Referrals by Emergency Services, 2017-2019**

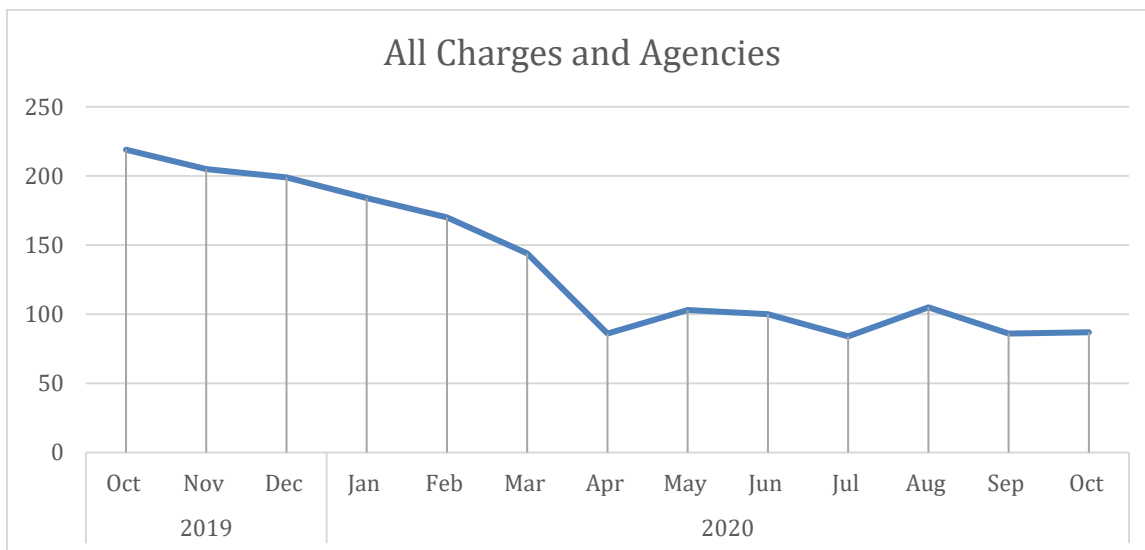
Emergency Services	# of Referrals
Valley Medical Center ED	96
O’Connor Hospital ED	16
Saint Louise ED	2
Emergency Psychiatric Services	1
<b>TOTAL</b>	<b>115</b>

Benefits to Community Partners:

Data from the initial PDSA indicate police departments appreciate the program. All law enforcement agencies are on board and are referring clients to the Center. Thirty-seven surveys were completed with officers being strongly satisfied (>80%) with their experience at MSSC, such as ease in bringing in participants, competency of MSSC staff, and communications with staff.

The Center is being used as an alternative to incarceration and data on bookings on charges related to alcohol/drug intoxication (647F booking) indicate a declining trend, from 109 people in October 2019 to 29 people in October 2020. Similarly, the data on charges at all agencies shows a significant decrease, from 219 to 87 charges. (See Figure 5 below)

**Figure 5: All Charges and Agencies, 2019 - 2020**



Additionally, the Center is saving the county time and money. The projected savings from law enforcement bookings through October 2020 were \$240,352 if an individual had been booked one night or \$480,704<sup>4</sup> if they had been booked two nights. A law enforcement officer brings individuals to the Center and it takes 5 minutes to drop them off. There is no paperwork except for a short survey. Officers get back out into the community to meet the needs of the community instead of spending an hour at booking an individual.

The community more broadly benefits since inebriates can be brought to the Center quickly and get connected to services instead of being on the streets. Community partners now have another resource.

<sup>4</sup> Estimated cost per booking: \$259; Referrals: 928 clients.

## **Lessons Learned—What Works, What Does Not**

It is important to engage the stakeholders who will use the services in the planning stage, particularly the law enforcement agencies and jurisdictions that support jail diversion. Issues will be worked out earlier and it will make for a stronger program. For example, in the beginning, local law enforcement wasn't using the Center because of concerns with liability, such as damages from the intoxicated individual.

It is important to make sure that there are accurate estimates of individuals who are likely to use the Center. In the beginning twenty recliners was too many and there was wasted time at the front end. Also, planners should look at the bigger picture early on and determine whether there are other services that can be included in the space, such as including the behavioral health piece. Also, it helps to open the Center up to more people or other types of inebriation, e.g., students sleeping off, grandpa being inebriated. Last, securing the referring providers early on facilitates use of services.

The data on total Center costs and revenues suggest MSRC is a project that requires a commitment to the process and a community that supports the progressive approach on treating public intoxication as a chronic health condition. This process is lengthy and requires leaders to use their influence to advocate for policies to support the utilization of a Sobering Center.

## **The Future—Sustainability**

The Center is a Pilot is for three years and is scheduled to end June 30, 2021, when Whole Person Care funding ends. For January 1, 2021 through June 30, 2021, the County will use AB 109 funding to support the MSRC. Conversations are underway to continue the program under the new Waiver, CalAIM and identify resources such as AB 109 to sustain operations post June 30, 2021.

The Center is considered effective as is but there are still some gaps. For example, people with a history of seizures and withdrawals can't go to the Center unless they've not had one in the last few hours. For people coming from medical services, it is recommended that they come with their medications. Co-locating the model in the ED would help with these gaps.

The Center is in a temporary location and is supposed to move to a permanent site, possibly another wing of the Reentry center. Expanding Center amenities, such as having laundry services would be extremely helpful. Also, the Center has only portable showers and bathrooms, which is not ideal. Another issue is that clients want to smoke cigarettes, which is restricted in county building. Other types of space might provide more opportunities here. For example, the Santa Cruz county model is in a home and has a backyard, bathroom, kitchen, etc.

There are opportunities to increase utilization by expanding the referring partners. Non-county hospitals, such as Good Samaritan, Regional, Stanford, have reached out to the Center about

partnering with them. The Center costs a lot less than if these hospitals were taking on these individuals who are experiencing a mental health crisis.

The Mission Street Recovery Station is a flexible model and in March 2020 it opened to help those under the influence of methamphetamine or 'mental health triage'. They took 10 of the recliners and are using them for people who are in crisis but are not 5150 qualified. The police department reports more than 60% of citations and arrests involve meth use or possession. The Center also started taking referrals from Emergency Psychiatric Services (EPS discharges).

Last, the Center has seen a surge of individuals under Covid-19 during March 2020 and saw over 100 clients in May and June of 2020 for a total of 798 unique clients in 2020. Prior to March, there were approximately 50 unique clients per month. Staff have added new protocols, such as doing health screenings outside in parking lot and other protocols to keep staff and clients safe. For example, they temporarily reduced the capacity to 6-8 chairs but now it is at 10 chairs and the chairs were moved to six feet apart.

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In conclusion, the Mission Street Recovery Station is a model that works but it relies on engagement of law enforcement and participation by other referring providers to achieve sufficient utilization. It has resulted in increased diversion of individuals from jails and connected people to services, helping them to manage their recovery. The program is considered a valuable resource and is an effective team-based approach that can be adopted in other health care settings. But it requires leadership by multiple Health System agencies and dedicated project planning and coordination. The prospects are good for sustaining the Center in the near future, providing law enforcement, County of Santa Clara Health System, community partners, and County residents with an invaluable resource.