

# Tenderloin Center (TLC) Preliminary Evaluation Findings

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# TLC Services

## **Basic Needs**

- Breakfast, Lunch, Dinner, Coffee/Water
- Bathrooms
- Showers & laundry

## **Clinical Needs**

- Emergency Medical Technician
- HIV, STI, Hepatitis testing & Covid vaccinations
- Wound Care

## **Substance Use**

- Enrollment in treatment programs including methadone and buprenorphine access
- Onsite low barrier substance use treatment

## **Mental Health**

- Psychotherapy
- Counseling

## **Supplies**

- Wound care supplies
- Safer use & overdose prevention supplies

## **Other Services**

- Reentry services (detox, case management, housing)
- Housing and shelter assessments
- CAAP, Food Stamps (CalFresh), Medi-Cal application assistance
- Employment services
- DMV ID vouchers
- Art activities
- Living Room, a place to relax, use a computer, explore sobriety
- Transportation to other services including respite care

# TLC Referrals to Other Services

- Primary care and medical treatment
- Substance use treatment
- Mental health support
- Housing/Shelter
- Social services
- Employment services
- Food
- Veteran support
- Case management
- Reentry housing and services
- Animal care

# Research Questions

Will people come?

Will people feel comfortable spending time there?

Will people use TLC services?

Will people overdose?

Will people who overdose die there?

Will TLC bring people from other neighborhoods to the area?

Will there be an increase in public drug use and improperly discarded drug use equipment in the area?

In what ways can the TLC model be improved?

# Evaluation Components

- These are preliminary findings as the project ends December 31, 2022
- Quantifying guest use of TLC and overdose data onsite
- Ethnography and qualitative interviews of staff, guests and community
- Systematic observations of streets around TLC and comparison neighborhood
- Secondary analysis of crime data around TLC and comparison neighborhood



Will people come?

Will people feel comfortable  
spending time at TLC?

Will people use TLC services?

# Guest Use of TLC

114,044  
visits

Total visits  
1/18/22 to  
11/10/22

1.7  
hrs/visit

Median time  
spent by all  
TLC guests  
(per visit)

2.8  
hrs/visit

Median time  
spent by guests  
in overdose  
prevention area  
(per visit)

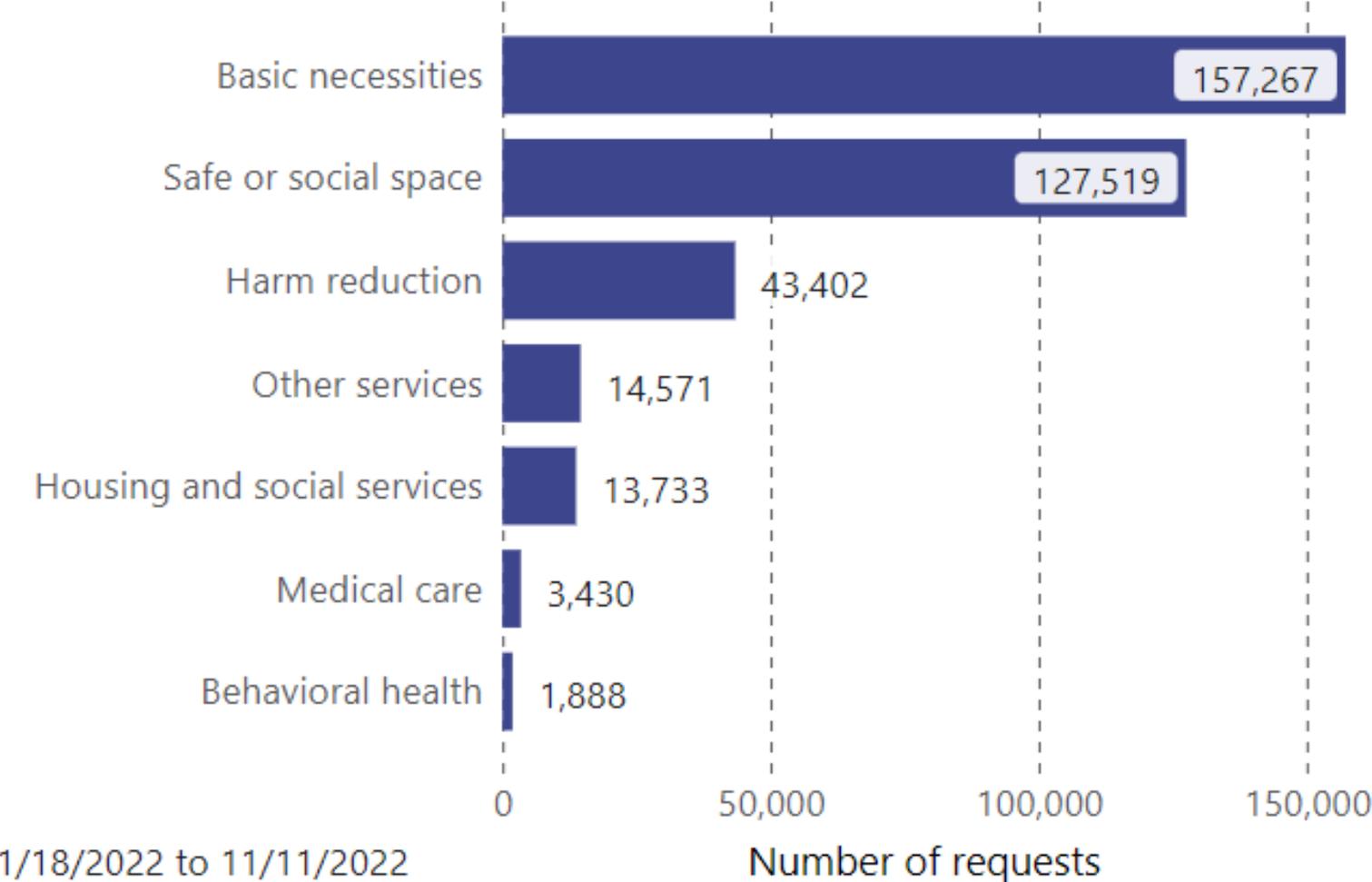
18,291  
hrs/mo

Estimated time  
spent by TLC  
guests  
(per month)

## Caveats:

- Guests can use TLC & privacy area more than once per day
- Technological difficulties with scanners led to missing timestamps for some entries & exits

# Services requested at the Tenderloin Center



Cumulative meals  
provided

**94,990**

1/18/2022 - 11/9/2022

Cumulative showers  
provided

**8,758**

1/18/2022 - 11/9/2022

Cumulative loads of  
laundry provided

**3,347**

1/18/2022 - 11/9/2022

Total on-site activities

**27,482**

1/10/2022 - 11/13/2022

Total referrals to services

**5,808**

1/10/2022 - 11/13/2022

Total linkages to services

**2,871**

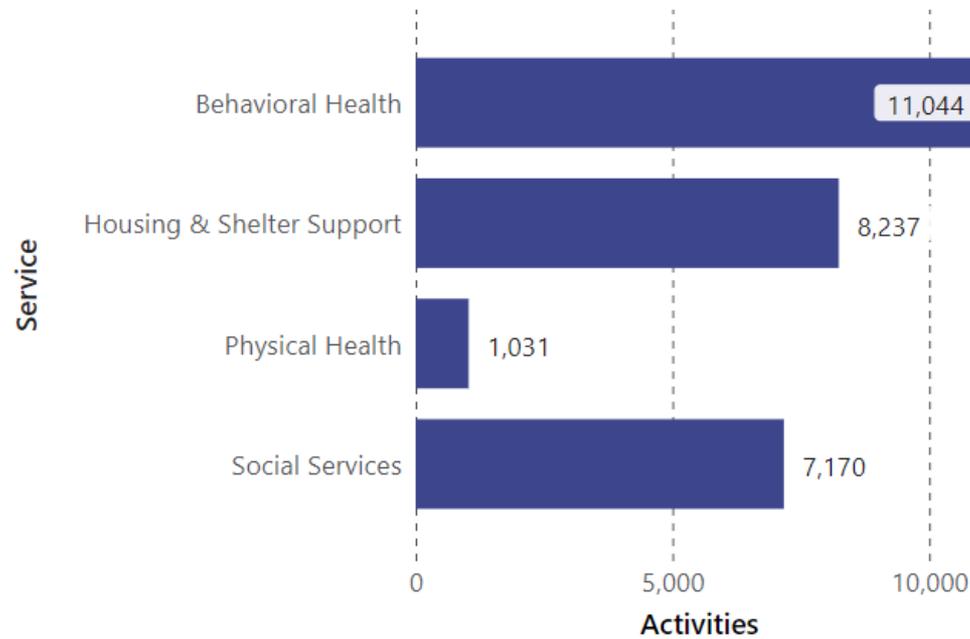
1/10/2022 - 11/13/2022

Activities

Referrals

Linkages

### Number of on-site activities at the Tenderloin Center



City & County of San Francisco  
Data through 11/13/2022  
Updated weekly

### CalFresh Applications

# 705

2/1/2022 to 11/4/2022

### Medi-Cal Applications

# 607

2/1/2022 to 11/4/2022

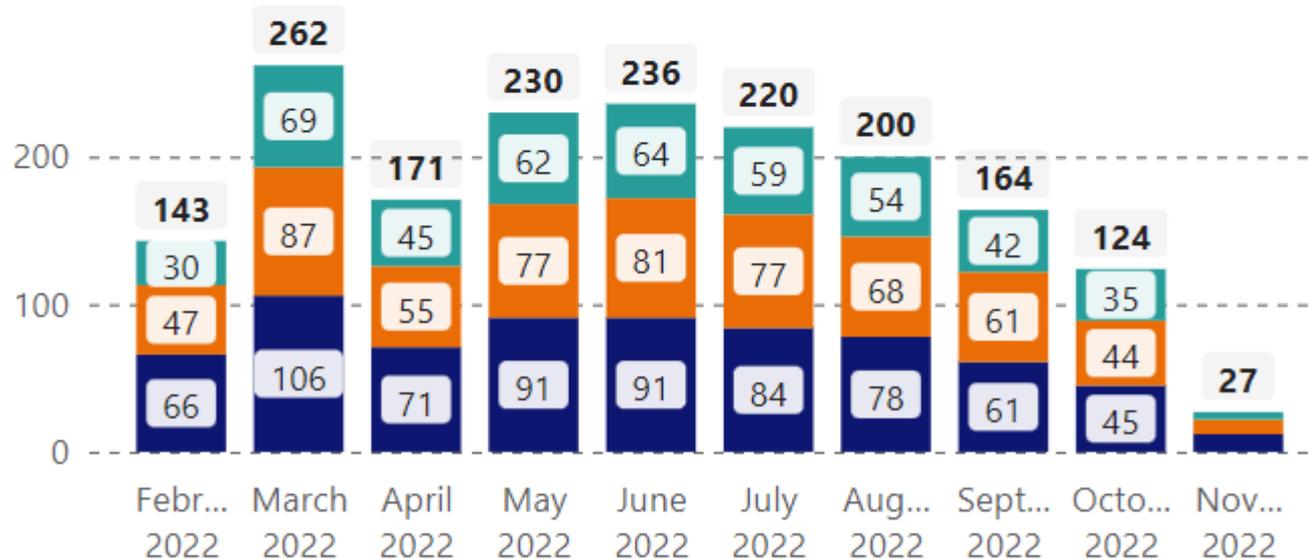
### CAAP Applications

# 465

2/1/2022 to 11/4/2022

#### Number of applications submitted by program and month

● CalFresh ● Medi-Cal ● CAAP



Will people overdose?

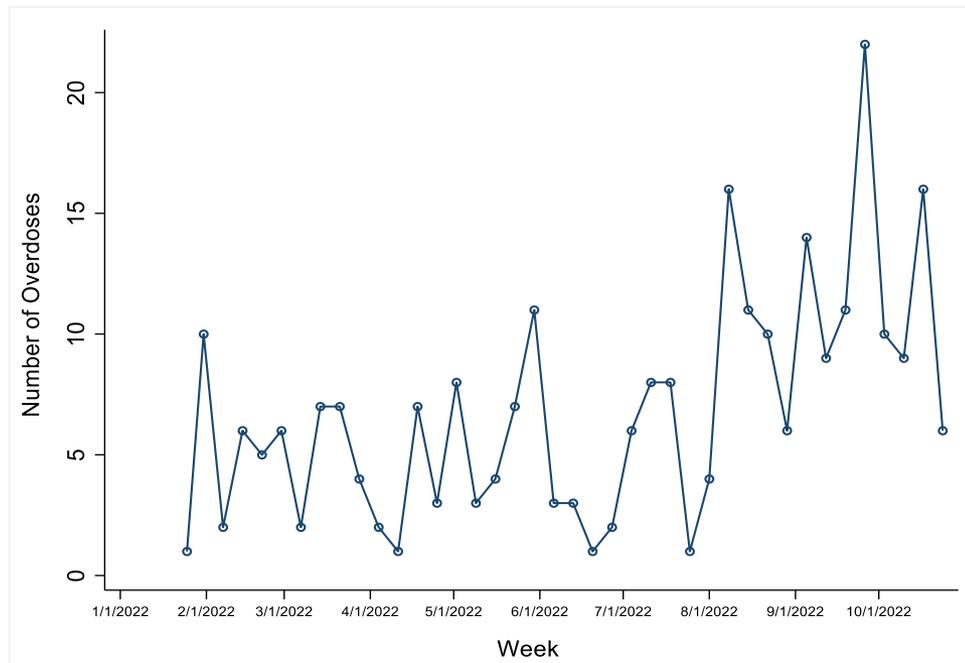
Will people who overdose die  
there?

# Overdose Data On-Site

**272** overdoses, **0** people have died at TLC  
**79%** involved calling 911 due to SFDPH regulations

Summary of Overdoses per Week

N	Mean	SD	Median	Min	Max
40	6.8	4.7	6	1	22



# Location of Overdoses Intervened Upon by TLC Staff

	N	%
TLC-courtyard	228	83.82
TLC-other open floor area (accessible)	4	1.47
TLC-shower	1	0.37
TLC-treatment rooms	8	2.94
Public/street nearby (not part of TLC)	28	10.29
Data missing	3	1.1
<b>Total</b>	<b>272</b>	<b>100</b>

# Comparing overdose survival with and without TLC in 2022

Venue	Number Overdoses	Percent Died
TLC	272	0/272 = 0%
The Rest of San Francisco	2,329 EMT reversals + 4,025 DOPE project reversals + 450 overdose deaths = 6,804 overdoses	450/6804 = 7%

During the time that TLC has been open, an estimated 7% of overdoses in San Francisco has led to death, whereas none of the overdoses at TLC led to death.

Will TLC bring people from other neighborhoods to the area?

Will there be an increase in public drug use and improperly discarded drug use equipment in the area?

# TLC guest data

From February 28 to May 17, all guests were asked from what neighborhood they were coming

**93.9%** came from the Tenderloin

**1.7%** came from South of Market

# Systematic Observations of Streets around TLC and Comparison Neighborhood

500-meter radius around TLC & Mission Neighborhood Resource Center (comparison)

2 research assistants walked each side of all blocks  
Recorded all drug & homelessness related activities & artifacts

Data was collected from July-September in 2018, 2019 & 2022  
(skipped shelter-in-place COVID years)

# Systematic Observations: Data Collected

- Which of the following are present on this block [check all that apply]

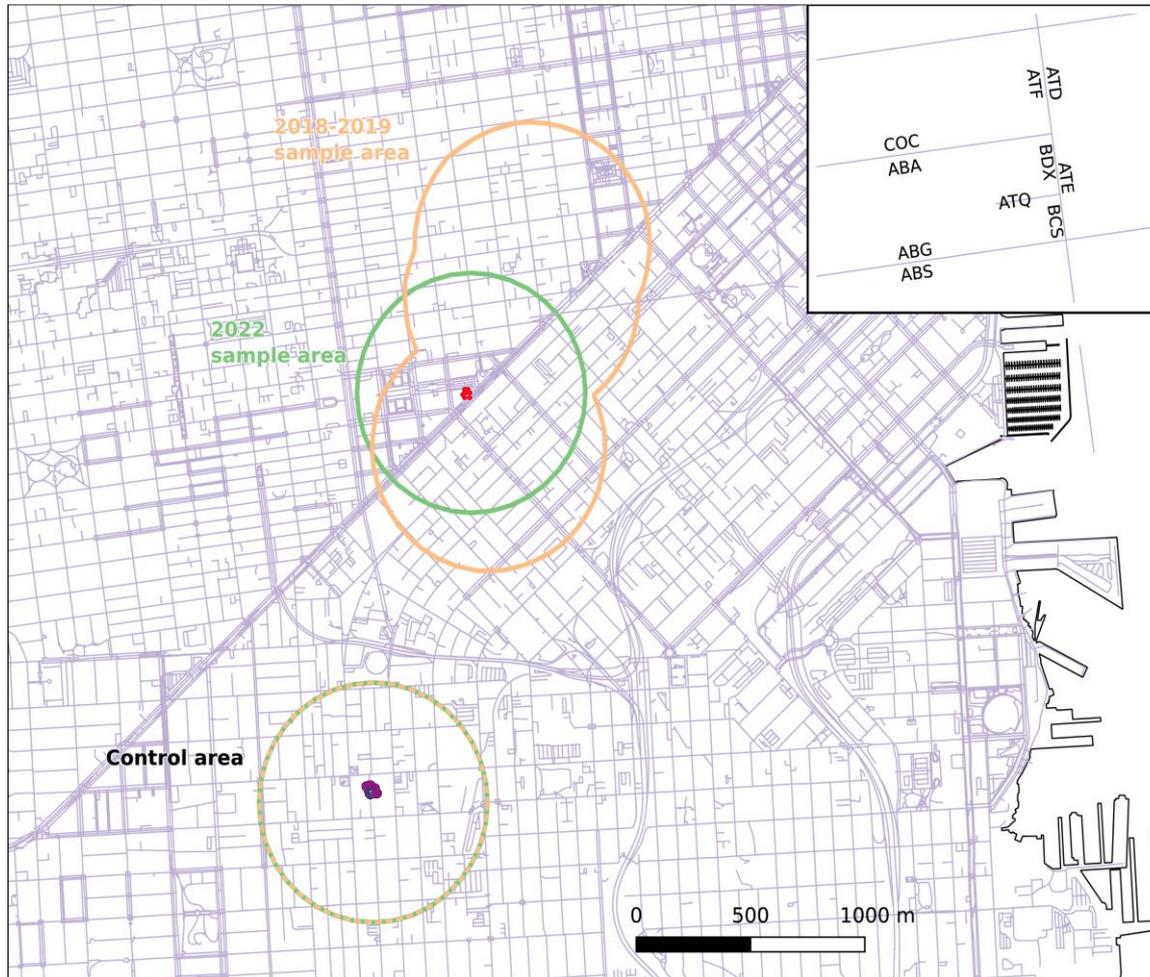
## Drug-related issues

- People smoking drugs?
- People injecting drugs?
- People selling drugs?
- Discarded needle caps?
- Discarded full syringes?
- Discarded baggies, cookers, pipes?

## Homeless-related issues

- Visible human excrement?
- People sleeping or laying on the ground?
- Tents or other sleeping structures?
- Shopping trolleys and other property?

# Systematic Observations: Sample & Control Areas



Green is 500 meters around TLC in 2022

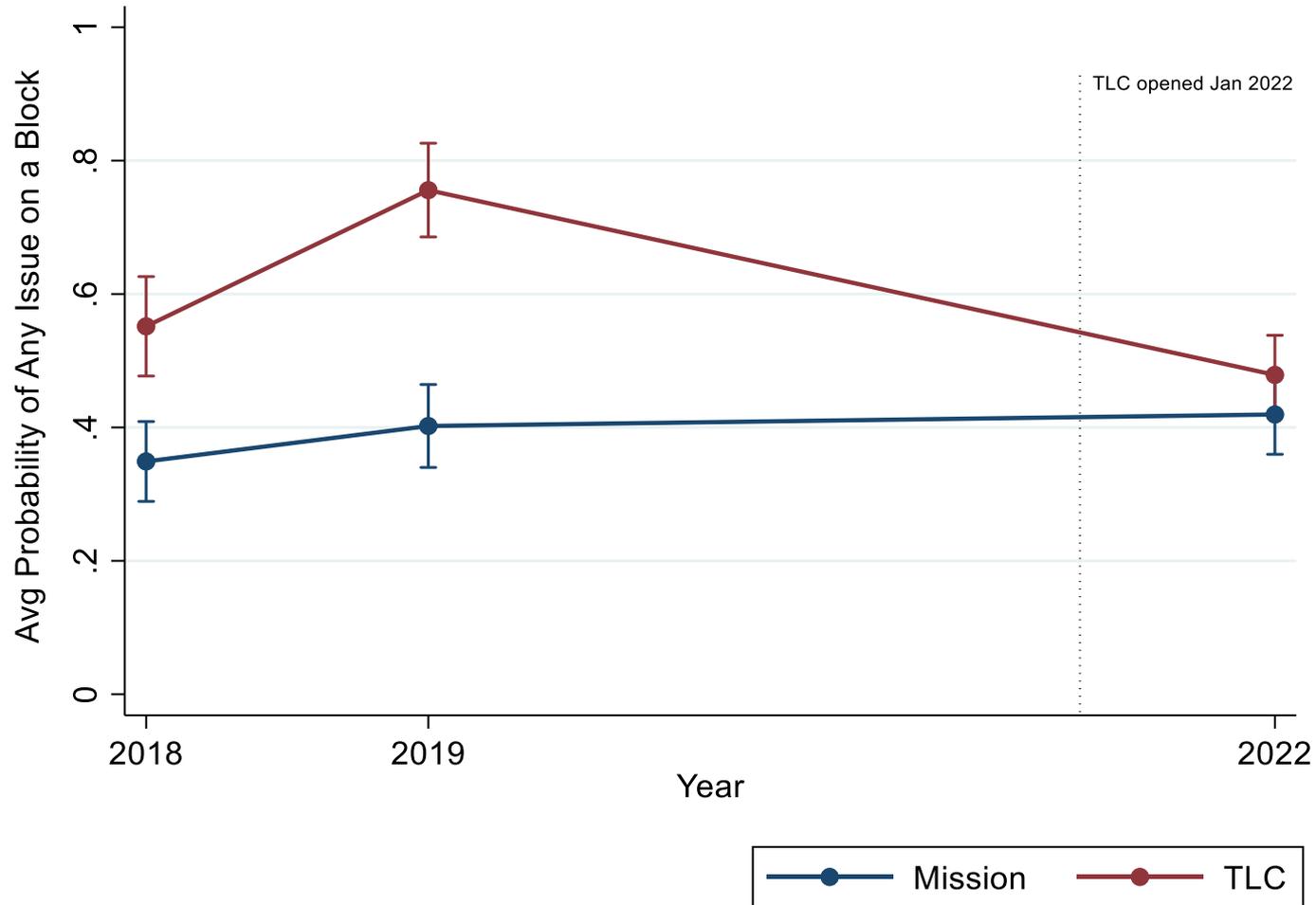
Orange is data from 2018 & 2019 used to construct data within 500 meters of TLC

Mixed Orange and Green is 500 meters around MNRC (Control area)

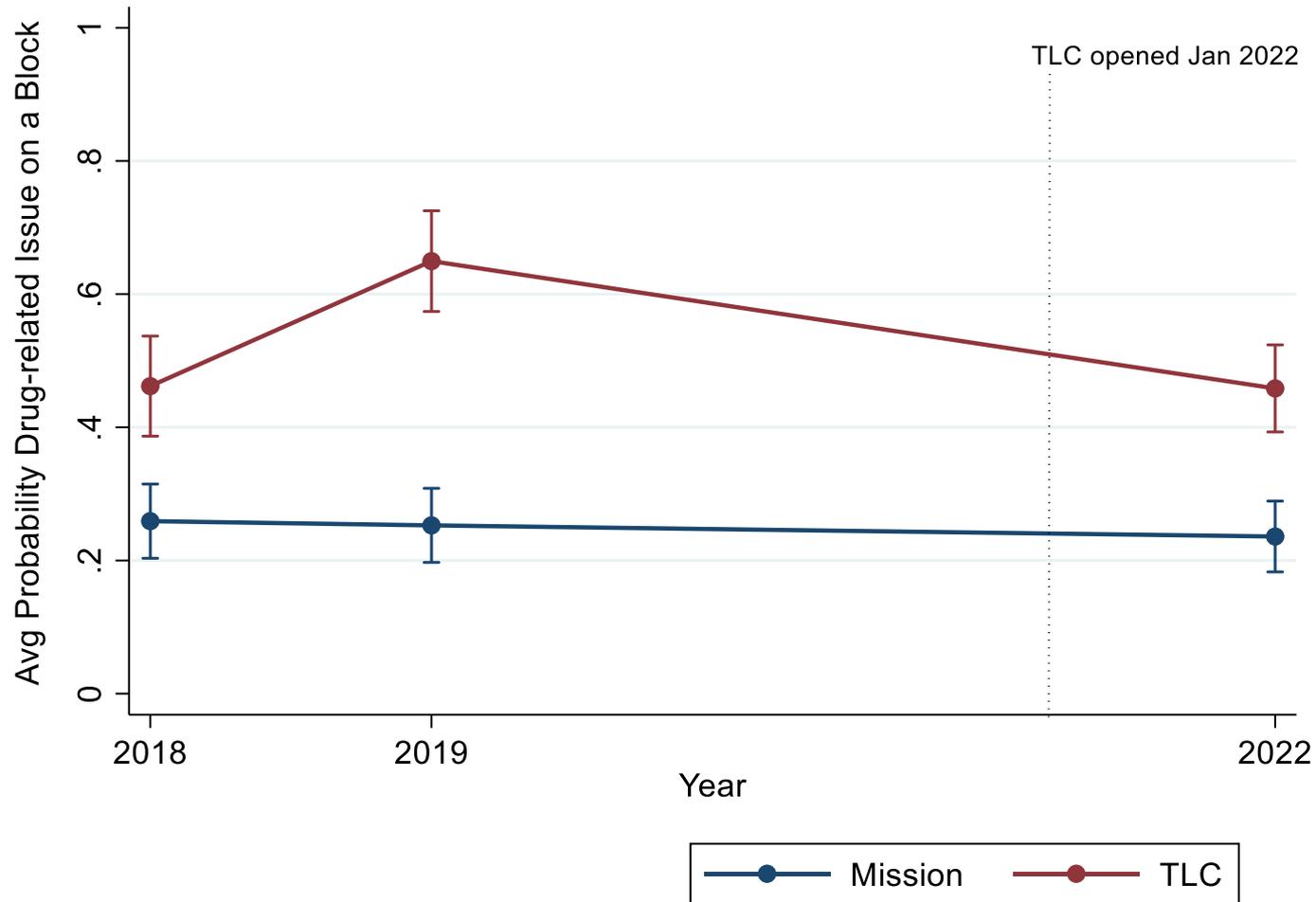
Red Dot is TLC location

Purple Dot is MNRC location (control)

# Estimated Average Probability of Any Issue Noted Around TLC vs. Comparison Neighborhood



# Estimated Average Probability of Any Drug-Related Issue\* Noted Around TLC vs. Comparison Neighborhood



\*Drug-related issues: people smoking drugs, injecting drugs, selling drugs; discarded needle caps; discarded full needles; discarded baggies, cookers, pipes

# Preliminary Themes: Ethnography & Qualitative Interviews

## Radical Hospitality

- Welcoming guests to create a safe & hospitable place
- Safety from police, violence & fatal overdose
- Program design conducive to community building

## One-Stop Shopping

- Low-threshold entry leads to opportunities to access services
- Serves basic needs - food, showers, bathroom & laundry
- Once comfortable, refer to wound care, therapy, housing & SUD treatment

## Finding Balance

- Multiple organizations in same space
- Opportunity to provide diversity of needed services
- Teams come from different backgrounds; need ongoing de-escalation & harm reduction training

## Overdose Response

- EMT Team works together like clockwork – saving lives every day
- Multiple overdoses per day & lack of staff is emotionally draining for team
- Unnecessary to call 911 for all overdoses since EMT are on-site

# Preliminary Themes: Ethnography & Qualitative Interviews

## Engaging people in SUD treatment

- Offering onsite treatment services in a place where guests use drugs is pragmatic.
- Methadone clinic staff onsite invite people to ask questions about methadone treatment and walk folks over who want to enroll.
- POET engagements and initiating suboxone microdosing, suboxone treatment navigation, ongoing deeper relationship and care navigation.

## Mental Health treatment onsite

- Onsite psychotherapy increased their hours and staff to meet the need.

# Summary of Findings To Date (11/15/22)

## The Numbers



272 overdoses,  
0 deaths



On average, guests spent **18,921 hours** at TLC each month, which is time they were **not on the street**

## Utilization



The TLC **model** is **appealing** to guests



If located close to areas of drug use, with low threshold access & trained staff, **people will use overdose prevention sites** in San Francisco

# Summary of Findings To Date (11/15/22)

## Needs



There is **sizeable need** for overdose prevention sites in San Francisco



Ongoing support, daily briefings & trainings would **improve staff wellness** & their ability to conduct this difficult work

## Outcomes



Amount of public **drug use** & improperly **discarded equipment** in the area was the same post-implementation as in 2018 & **19% lower** than in 2019

# Preliminary Recommendations

1

Open more overdose prevention sites and more hours in San Francisco

2

Increase staffing & capacity to reduce time spent waiting in line

3

Provide ongoing de-escalation training for all employees

4

Implement same-day debriefs for staff about overdoses & other incidents

# Preliminary Recommendations

5

Improve inventory/ordering of harm reduction supplies & oxygen

6

Host listening sessions with guests for their feedback

7

Change overdose protocol such that 911 is not required to be called for every overdose

8

Create opportunities for guests to participate as volunteers or paid workers

# Next Steps

Manuscripts are being submitted to medical peer-reviewed journals

Conduct analysis of crime data

# Questions?

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