BOAND OF SUPERVISORS
County of Santa Cruz
701 Ocean St.
Santa Cruz, CA 95060

SUBJECT: REPORT BACK ON SERIAL INEBRIATE PROGRAM

Dear Members of the Board:

Background:

During the last two years, your Board has focused on a number of issues related to the Emergency Medical System. Your Board asked the Health Services Agency (HSA) and the Sheriffs Department to work together to improve impacts on the emergency medical system, related to public inebriates. Some of the activities and analysis related to public inebriates were presented to your Board on May 20 and September 9, 2003. One of the key recommendations from the Sheriffs Department and the Health Services Agency was to investigate the Serial Inebriate Program (SIP) operated by San Diego County. This program had dramatically reduced Emergency Department impacts and also had positive impacts on ambulance, police, and fire emergency services. The program also shows positive clinical outcomes with the individuals who entered treatment as part of their court-ordered diversion program.

Serial Inebriate Program:

The Sheriffs Department and Health Services Agency (HSA) worked with other key agencies to put a team together to visit San Diego and learn about the program. The visit occurred on December 10, 2003 and included Dr. Terry Lapid (EMCC Chair and Director of the Dominican Emergency Department), Rama Khalsa (HSA Director), Bill Manov (Alcohol and Drug Administrator), Judge Jeff Almquist, Sheriffs representatives Lieutenant Len Lofano and Sergeant Greg Lansdowne, Deputy Public Defender Bill Weigel, Deputy District Attorney Jean Jordan, Manny Solano from the Watsonville Police Department, Colleen McMahon from the Santa Cruz Police Department, Terry Pohle from the Probation Department, and Dave Zenker from American Medical Response-West. This visit included a site visit to the San Diego County Inebriate Reception Center, which included a sobering center, a detoxification and outpatient program. Individuals who had been at the sobering center six times in one month or more were taken to jail and detained. This booking began the process for entering the Serial Inebriate Program.
After visiting the Reception Center, the Santa Cruz team then went to the Court building for presentations by the San Diego team which designed and implemented the Serial Inebriate Program. Individual time for each Santa Cruz member to team up with their counterparts from San Diego was set aside in the afternoon and we were able to ask detailed questions about the program, its implementation, legal issues, funding structure, etc.

The San Diego team included their Chief of Police, William Lansdowne, Greg Cox, County Board of Supervisors, Patty Kay Danon, Deputy Chief of Staff for Supervisor Cox, Judge Robert Coates, Sandra Berry, Commission San Diego Superior Court, Dr. James Dunford, Director of Emergency Services for the UC San Diego Medical Center, Sharon Cornish of the Alcohol and Drug Program, William Stearns, County Public Defender, Patricia Herian, City Attorney Head of Screening and Arraignment, Judy Ellis, City Attorney Neighborhood Prosecution Unit, Denise Shannon, Volunteers of American Inebriate Reception Director, Sergeant Rick Schnell and Officer John Liening of the San Diego Police Department. We are very grateful for the generous amount of time and resources San Diego provided to make this visit as productive as it was.

The visit was extremely helpful for the Santa Cruz team and a follow-up meeting is being scheduled in January to discuss the next steps in designing a possible pilot of this model for Santa Cruz County. The San Diego team had identified a problem, similar to Santa Cruz, but on a larger scale and worked together to design SIP (Serial Inebriate Program). The Courts and City Police Departments were an integral part of the design. Their stated goal was to maximize positive impacts without creating lots of new paperwork and complex processes. They began with a pilot program and then expanded to a larger populations and area of the City and County. The program includes identifying repeat public inebriates who do not take advantage of voluntary options for improving their addiction and associated homelessness. They consider individuals who had reached the level of six public drunkenness encounters in a single month as serial inebriates who may be appropriate for this program. Attached you will find a program summary and slides with additional information on the model and its impacts.

One of the most helpful components of the visit was to find out how the program was integrated into the legal system. The City Attorney provided the court policies and procedures and guidance documents which were jointly developed and refined to make the program as effective as possible. This document is used by the legal teams in the City Attorney’s and Public Defender’s office, and in the Courts. Additionally, the Judge and Public Defender discussed the “progressive” nature of the sentencing practices. Initially a convicted SIP individual would get a 30-day sentence but be given the option of treatment, then 60, 90, etc. up to 180 days or until the individual was successfully participating in a treatment program. They could do their sentence in a minimum security or choose treatment. In many cases, the individual did not choose treatment until they had 90 or more days as a conviction.

On the treatment site, the program was operated by a non-profit contract agency with a contract through the County Alcohol and Drug program. The program received $200,000 in one time funds for dedicated bed and counselor services for this population. They are currently looking at both fund raising and redirection to maintain their current system. For Santa Cruz, it will be important in developing a pilot to identify a means to get speedy access for treatment slots for volunteers who choose treatment instead.
Also, it is important to get access to treatment in a timely manner when the individual chooses treatment over incarceration. We also need to get additional information on our bookings to identify more clearly who our target population would be.

It is, therefore, RECOMMENDED that your Board:

1. Accept and file the Serial Inebriate Program report; and
2. Direct the Sheriffs Department and the Health Services Agency to report back on February 24, 2004 with a progress report.

Sincerely,

Rama Khalsa, Ph.D.
Health Services Agency Director

Sheriff Mark Tracy

RECOMMENDED:

Susan A. Mauriello
County Administrative Officer

RK:pb

cc: County Administrative Officer
Auditor-Controller
County Counsel
HSA Administration
Public Health Commission
Alcohol and Drug Commission
EMCC
CJC
Superior Court
District Attorney
Public Defender
Probation Department
Santa Cruz Police Department
Watsonville Police Department
SERIAL INEBRIATE PROGRAM

I. What is it?

The Serial Inebriate Program (S.I.P.) is a collaborative effort between:

City and County Agencies
  City of San Diego Emergency Medical Services
  City of San Diego Homeless Services
  City of San Diego Police Department
  County of San Diego Alcohol and Drug Services
  County of San Diego Public Defender
  Office of the San Diego City Attorney, Neighborhood Prosecution Unit
  San Diego County Hospitals-UCSD, Mercy, Sharpe
  San Diego County Sheriffs Department
  San Diego County Superior Court

Goals

Stop the revolving door syndrome.
Get offenders into County funded treatment programs and back into society.

Strategy

Arrest offender for drunk in public.
Obtain guilty verdict in court.
Offer treatment at County funded program in lieu of custody time.
Keep client in recovery with continuum of care and wrap around services.

11. Why do we need a Serial Inebriate Program?

To stop a revolving door syndrome of offenders going in and out of Detox, jail, and County emergency rooms.

The County and City of San Diego spend millions of dollars processing chronic alcoholics in both the criminal justice system and the hospital emergency rooms. Rarely are they able to get the offender into treatment.

Two times during the last 30 years the City of San Diego has acknowledged difficulty with getting the chronic homeless alcoholic off the street and into treatment programs. They developed task forces to study the problem. They both broke down due to political and monetary constraints.
The chronic inebriate is resistant to traditional methods of moving into treatment.

Alcohol and Drug Services are frustrated with their inability to get this population into treatment.

The community is frustrated with current systems inability to get the chronic inebriate off the street and out of doorways into appropriate treatment programs.

The current system does not work.

**III. Who is the chronic inebriate?**

Homeless usually white male 40-55 years.

On the street usually more than 10 years.

Permanent refusal at Detox. (5 or more times in a month)

Numerous visits to area emergency rooms because of alcoholic overdoses and injuries related to being inebriated. It is not uncommon for the chronic inebriate to be transported to local emergency rooms several times in one day!

Not receptive to traditional outreach offers of treatment or has continuously refused treatment when offered.

History of arrests for disorder related crimes.

**IV. The way it was. (revolving door)**

Offender gets arrested by police and goes to the Inebriate Reception Center (IRC).

IRC rejects offender for chronic abuse of their facility.

Offender goes to jail.

Offender is released in 4 to 8 hours without a future court date.

Cycle starts again.

or

Offender goes to hospital with alcohol overdose.

Stays in hospital for 2 to 12 hours.

Released from hospital to the streets.
Gets intoxicated and cycle begins again with arrest or ambulance to hospital.

(The hospital revolving door is extremely expensive. In 1998, UCSD Hospital studied 15 chronic inebriates who visited their emergency room almost daily. These individuals were transported, by ambulance, to UCSD emergency room 299 times, costing $967,000.)

V. The Serial Inebriate Program

The offender is arrested by police for drunk in public. The police transport the offender to the IRC.

The IRC screens the offender. If their records indicate a history of intakes, usually five or more times in a month, they will reject the offender for chronic abuse of the facility. The offender is returned to the custody of the police.

The police book the offender into County Jail.

If offender cannot post bail they will be held in custody until arraignment. The offender is not released from jail without a future court date.

At arraignment the offender enters plea of guilty or not guilty.

Guilty plea means probation or custody depending on past criminal convictions.

With probation the client is released without any further program involvement.

With any “in custody” time the City Attorney will offer the client an option of attending a treatment program in lieu of custody time.

If the client is willing to enter a treatment program a County Alcohol Assessor will arrange a jail interview to determine their willingness to enter into a treatment program.

If the client is willing to try treatment the assessor prepares a written notice of program acceptance. The City Attorney and Public Defender are notified of the client’s willingness to enter treatment. The City Attorney will prepare a Court Release Order. The custody court judge will sign this order and the client will be released to the custody of the San Diego Police Department.

The police will transport the client to a treatment program.

If client walks away from treatment the court is notified via negative reporting from the treatment provider and a warrant is issued.

If unwilling to attend a treatment program the client will finish his or her sentence in jail.
The assessor prepares a written reason for denial. The City Attorney and Public Defender are notified of the denial. The public defender can now change the guilty plea and go to trial.

VI. Benefits to Client

They have an opportunity to get out of jail and into a treatment program.

The City Attorney will not violate past probations with guilty plea in arraignment.

The treatment programs are County funded with continuum of care past the initial 6-month program.

The City Attorney will drop probation with completion of a 6-month program.

At the end of one year the IRC will take the person off their permanent rejection list.

VII. Program Results

Pilot year 2000

- 278 total arrests
- 144 people arrested
- 72% were assessed for treatment (104 of the 144 people arrested)
- 46% were accepted for treatment (48 of the 104 people)
- 46% stayed in treatment (22 of the 48 people accepted for treatment)
- 54% did not stay in treatment (26 of the 48 people accepted for treatment)
- Of the 144 people arrested 58% were not contacted by the police or utilized a local emergency room for over one year. Some are on their own, working at jobs or getting job training.

At the end of the year the San Diego City Council voted unanimously to support the Serial Inebriate Program and incorporated it in their Special Needs to the Homeless Program.

Emergency Medical Services calls and hospital emergency room admits decreased during the year for individual offenders. One visited the emergency room via ambulance 16 times in 1999 costing about $24,000 and one time in 2000 saving the County about $22,500. Another visited the emergency room 21 times 1999 and 4 times in 2000 saving the County about $25,500. Interviews with paramedics’ revealed unanimous support for the program with San Diego City Medical Director of Emergency Medical Services Dr. Dunford saying, “The Serial Inebriate Program has proven effective in reducing the amount of times certain homeless chronic alcoholics are admitted into the hospital.”
Prior to S.I.P., one individual was abusing the hospital emergency room daily. According to Dr. James Dunford, UCSD Hospital, it was not uncommon to see this individual 8 to 10 times in one weekend. As a result of S.I.P., this person has been enrolled and participating in a residential program for the last 3 months. This is a prime example of the frustration with the revolving door cycle. All resources had been exhausted and hope for the individual had all but perished.

The calendar year started and we had one treatment provider (Mental Health Systems, Inc.) willing to help out. By years end there were 10 active providers and currently we have 22 county funded providers assisting with residential treatment services. We have been able to successfully find housing for every client choosing to enter treatment.

Calendar year 2001

The Serial Inebriate Program, expanded to include Central Division, which includes the downtown area, and Northern Division. The program results for the calendar year 2001 are as follows:

- 573 total arrests
- 241 people arrested
- 65% were assessed for treatment (157 of the 241 people arrested)
- 45% were accepted for treatment (71 of the 157 people)
- 55% stayed in treatment (39 of the 71 people accepted for treatment)
- 45% did not stay in treatment (32 of the 71 people accepted for treatment)

During the two-year period of 2000-2001, 63% of the clients accepted into treatment completed the VOA 10-Day Detox program.

Calendar Year 2002

The Serial Inebriate Program expanded throughout the City of San Diego and into East County and South Bay. Program results for the calendar year 2002 are as follows:

- 506 total arrests (12% decrease due to less multiple arrests)
- 249 people arrested
- 55% were sentenced to addition custody time ranging between 30 and 180 days. (277 sentences out of 506 arrests)
- 76% were assessed for treatment (190 of the 249 people receiving in custody sentences)
  - 36% were accepted for treatment (68 of 190)
  - 36% refused treatment in court (67 of 190)
  - Assessor denied 7% (7 of 190)
  - 22% refused treatment to assessor (41 of 190)
  - 56% did not complete 6 month program (38 of 68 accepted)
  - 43% completed or are still in 6 month program (29 of 68 accepted)
The treatment results are very difficult to calculate. Is an individual who has been living on the streets for 10 years, as many of the S.I.P. clients have been, a failure because they did not complete a 6-month program? For program purposes, every client that completes the Court ordered program is a success, even when the person was arrested multiple times before that happened.

The substance abuse recovery process includes relapses. Generally the length of time the person goes without relapse increases with the increasing time periods of sobriety. They begin to like how it feels to be sober again. Homeless alcoholics are generally re-arrested shortly after relapse and are able to continue treatment. We have even seen clients seek treatment without being arrested, because they have learned that San Diego is no longer enabling their alcoholism through the Revolving Door Syndrome. If found drunk in public and unable to care for themselves there will be consequences. The years of being taken to a safe place to sleep it off and then walk out to drink again are over.

S.I.P. is an intervention program. Treatment and recovery is a process and not an event. Treatment providers believe that every client, who chooses treatment over jail and stays with the program through even the initial 10-day post release each client, is taken to after release from custody is a success.

**Program Contacts**

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John Liening, San Diego Police Officer (619) 692-4823