

# Responses to the 2013-2014 Grand Jury Report

Every year, when the annual Santa Cruz County Grand Jury Report is published, designated agencies are requested to respond to the findings and recommendations of the report. These responses may agree, partially disagree, or disagree with the findings, and may indicate that recommendations have already been implemented, will be in the future, or will not be implemented, or that further analysis is required.

Comments may also be added to the responses. When a response agrees with a recommendation, further comments are optional. In case of complete or partial disagreement, or in response to recommendations for action, comments should be provided as part of the response.

For each report, the collected responses are published in a separate file on the [grand jury's section of the county's public website](#). Note: The responses are provided as received, and have not been edited, except for minimal formatting to make them appear correctly on this web page.

## Report: [Evaluation of the Serial Inebriate Program: Why is it at risk?](#)

This report requested responses from the following:

1. Santa Cruz County Sheriff-Coroner: Findings 1, 2, 7; Recommendations 1-5
2. Santa Cruz County Health Services Agency: Findings 3-7; Recommendations 1-4, 6-8
3. SIP Steering Committee Chair: Findings 2, 6, 7; Recommendations 1, 3, 4
4. Santa Cruz County District Attorney: Findings 1, 2, 6, 7; Recommendations 1, 3, 4
5. Santa Cruz County Board of Supervisors: Findings 2, 4, 5, 7; Recommendations 1,3,4

## Findings

- **Finding 1: Lack of Main Jail capacity for 647(f) violators often leads to release without booking, arraignment, adjudication into SIP, or admission into treatment.**
  - Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Partially Disagree**

The lack of jail capacity does not affect the number of bookings for public intoxication (647f). All public intoxication arrestees are booked into the Main Jail unless their intoxication level is such that requires immediate hospital care or clearance. Lack of jail capacity does affect the ability to retain public intoxication arrestees in custody beyond the standard 5 hour detention period. Jail capacity

does not affect adjudication into SIP, as case adjudication is accomplished through the court system. Main jail capacity does have some affect on admission into treatment, as it has been proven that a person is much more amenable to treatment once they have detoxed. Remaining in jail for multiple days allows a person to detox..

- Response from Santa Cruz County District Attorney's Office: **Partially Disagree**

The lack of jail capacity does not affect the booking of 647(f) violators. 647 (f) violators that arrive at the County jail are technically booked into the County Jail and then may be released. The booking process includes photographing, fingerprinting and documentation. A release from custody makes it impossible to do an "in-custody" evaluation. It is the lack of these evaluations that hinders adjudication into the SIP Program.

- **Finding 2: No Sobering Center is available to provide an alternative to the Main Jail for offenders.**

- Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Agree**
- Response from SIP Steering Committee Chair (Bill Manov, Ph.D): **Agree**

Sufficient funding is not available to open a sobering center at this time.

- Response from Santa Cruz County District Attorney's Office: **Agree**
- Response from the Santa Cruz County Board of Supervisors: **Approves the responses of the Sheriff-Coroner, SIP Steering Committee Chair, and District Attorney without further comment.**

- **Finding 3: The current half-time SIP case manager cannot initiate contact with those in custody in a timely manner.**

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Partially Disagree**

Provided that the SIP Service Coordinator receives timely notification that a potential SIP client is housed in jail, he is almost always able to schedule an assessment shortly after the individual becomes sufficiently clear from alcohol to be able to participate in a coherent interview (which typically takes at least 2-3 days). No effort is made to interview individuals who have been booked but not yet housed at the jail because they are typically too intoxicated to participate in an interview.

- **Finding 4: The present low rate that the county pays for treatment beds has caused delays in SIP clients being placed into recovery programs.**

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Disagree**

Follow-up conversations with the two major providers of residential treatment for SIP clients indicates that the County's residential treatment reimbursement rate (which ranges from \$104 to \$152 per day) does not present a barrier to admission of SIP clients.

- Response from the Santa Cruz County Board of Supervisors: **Approves the response of the Health Services Agency without further comment.**

- **Finding 5: There is insufficient funding for SLE programs for SIP clients.**

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Agree**

The Health Services Agency is finalizing the County wide Strategic Plan for Substance Use Disorders and is planning to present the recommendations to the Board of Supervisors in September 2014.

- Response from the Santa Cruz County Board of Supervisors: **Approves the response of the Health Services Agency without further comment.**

- **Finding 6: The current SIP 30-60-90 day treatment schedule is not long enough to adequately treat alcoholism.**

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Partially Disagree**

Although it is correct that many people require more treatment than is mandated by the SIP treatment schedule, each person's path to recovery is unique and the current treatment schedule is appropriate for some. The mandated treatment schedule for SIP is a negotiated compromise between SIP stakeholders related to the seriousness of the crime, the defendant's prior criminal history, and clinical treatment needs. The mandated treatment schedule is not driven solely by clinical treatment needs. While the program mandates only a fixed length of stay in treatment dependent on the number times the person has been through SIP, within budgetary limitations HSA makes every effort to accommodate the needs

of clients who voluntarily want to extend their length of stay in treatment or sober living environment (SLE) housing in order to promote the maximum likelihood of stable recovery. Additional budget resources would permit extension of voluntary lengths of stay in treatment and/or SLE where clinically appropriate.

- Response from SIP Steering Committee Chair (Bill Manov, Ph.D): **Partially Disagree**

Although it is correct that many people require more treatment than is mandated by the SIP treatment schedule, each person's path to recovery is unique and the current treatment schedule is appropriate for some. The mandated treatment schedule for SIP is a negotiated compromise between SIP stakeholders related to the seriousness of the crime, the defendant's prior criminal history, and clinical treatment needs. The mandated treatment schedule is not driven solely by clinical treatment needs. While the program mandates only a fixed length of stay in treatment dependent on the number times the person has been through SIP, within budgetary limitations HSA makes every effort to accommodate the needs of clients who voluntarily want to extend their length of stay in treatment or sober living environment (SLE) housing in order to promote the maximum likelihood of stable recovery. Additional budget resources would permit extension of voluntary lengths of stay in treatment and/or SLE where clinically appropriate. In reviewing the Grand Jury report, the SIP Steering Committee offers two clarifications to the SIP sentencing guidelines: 1) The amounts of jail time described in the report are reflective of actual time served in jail (30, 60 or 90 days for Phases I, II and III respectively). Because of state laws governing "good time" credits, the jail sentence is twice as long (e.g., 60 days for Phase I), which becomes 30 days of time actually served when "good time" credit is factored in. 2) The Grand Jury report (p. 4) states that "the Santa Cruz SIP sentencing choices are set at 30, 60, or 90 days in a residential treatment facility." In fact, some SIP participants are stepped down from residential treatment to a combination of outpatient plus SLE after they have stabilized in residential treatment.

- Response from Santa Cruz County District Attorney's Office: **Partially Disagree**

The District Attorney's Office believes that experts in the field of treatment should be consulted in making any determinations regarding the length of treatment times. The current time frames may be long enough to ensure sobriety with certain individuals, but not with others.

- **Finding 7: All parties to the SIP agreement (Board of Supervisors, HSA, Sheriff's Office, Public Defender's Office, District Attorney's Office, Corrections Department, Capitola Police Department, Scotts Valley Police Department, Santa Cruz City Police Department) have not**

**implemented any solutions to address the impact of jail overcrowding on SIP.**

- Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Partially Disagree**

The Downtown Accountability Program (DAP) was created to manage identified clients that may also qualify for the SIP program. The direct transport of some DAP clients to Janus for treatment reduces continued overcrowding at the jail, and allows evaluations of clients outside the jail. DAP has used diversion to jail incarceration as one of their strategies.

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Partially Disagree**

The lack of jail bed space to house SIP offenders continues to be a significant barrier to effective implementation of SIP. However, the recent integration of SIP with the new Downtown Accountability Program has resulted in the developing the capacity for the Santa Cruz Police Department to transport some SIP clients directly to Janus detox and bypass the jail. In addition, closer collaboration between the District Attorney's office, the City of Santa Cruz, and the Sheriff's Department has resulted in additional SIP clients being housed at the jail long enough to facilitate assessment and entry into treatment.

- Response from SIP Steering Committee Chair (Bill Manov, Ph.D): **Partially Disagree**

The lack of jail bed space to house SIP offenders continues to be a significant barrier to effective implementation of SIP. However, the recent integration of SIP with the new Downtown Accountability Program has resulted in the developing the capacity for the Santa Cruz Police Department to transport some SIP clients directly to Janus detox and bypass the jail. In addition, closer collaboration between the District Attorney's office, the City of Santa Cruz, and the Sheriff's Department has resulted in additional SIP clients being housed at the jail long enough to facilitate assessment and entry into treatment.

- Response from Santa Cruz County District Attorney's Office: **Disagree**

The Downtown Accountability Program (DAP), spearheaded by the District Attorney's Office, has identified DAP participants that also qualify for the SIP Program and has set-up a process for 647 (f) violators to go directly into the JANUS treatment program for detox and evaluation by SIP Evaluators. This process avoids the necessity for in-custody evaluations at the County Jail. This new process appears to be a step in the right direction, but is by no means a

comprehensive solution.

- Response from the Santa Cruz County Board of Supervisors: **Approves the responses of the Sheriff-Coroner, Health Services Agency, SIP Steering Committee Chair, and District Attorney without further comment.**

## Recommendations

- **Recommendation 1: All parties to the SIP agreement should create a plan with measurable steps to ensure that SIP can function effectively by the end of 2014. (F7)**

- Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Has not been implemented but will be implemented in the future**

All parties to the SIP agreement meet periodically to discuss program goals and steps to ensure functionality. A strategic plan with measurable steps has yet to be implemented but should be completed by the end of 2014.

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Has not been implemented but will be implemented in the future**

Has not yet been implemented but will be implemented by the end of 2014.

- Response from SIP Steering Committee Chair (Bill Manov, Ph.D): **Has not been implemented but will be implemented in the future**

Has not yet been implemented but will be implemented by the end of 2014.

- Response from Santa Cruz County District Attorney's Office: **Requires further analysis**

The District Attorney's Office believes that all interested parties should meet and attempt to develop a comprehensive plan that addresses the current jail overcrowding issue that is affecting SIP enrollment. The plan and implementation should take place as soon as practical.

- Response from the Santa Cruz County Board of Supervisors: **Approves the responses of the Sheriff-Coroner, Health Services Agency, SIP Steering Committee Chair, and District Attorney without further comment.**

- **Recommendation 2: The Sheriff should ensure that the Main Jail reserves 3 to 6 beds for the booking and assessment of SIP-eligible 647(f) violators. (F1)**

- Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Will not be implemented**

The average daily population in the Main Jail was 369 during 2013. The Main Jail is rated to house 311 inmates, therefore bed space cannot be reserved. In 2011, Governor Edmund G. Brown Jr. signed Assembly Bill (AB) 109 and AB 117, legislation that reduced the number of low-level inmates housed in State Prison. Those lower level inmates are now remaining in county jails, further reducing available bed space. The Custody Alternative Program (CAP) was developed in response to AB109. The CAP program has reduced the population within the Main Jail, but has not reduced the population to a level that would allow for the reservation of available bed space.

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Will not be implemented**

The Health Services Agency agrees with this recommendation. However, because the Sheriff is an independent elected official, the Health Services Agency does not have the legal authority to implement this recommendation.

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- **Recommendation 3: The SIP Steering Committee should modify SIP to extend treatment times. (F6)**

- Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Will not be implemented**

The Sheriff's Office is not involved with implementation or management of treatment duration.

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Requires further analysis**

The Health Services Agency will work with the SIP Steering Committee to review current sentencing/treatment guidelines to examine the appropriate balance between the criminal justice factors related to the seriousness of the crime, the defendant's prior criminal history and public safety needs, and clinical factors related to appropriate dosage of treatment and incentivizing participation in treatment services. HSA anticipates that the SIP Steering Committee will complete this review by the end of 2014.

- Response from SIP Steering Committee Chair (Bill Manov, Ph.D): **Requires further analysis**

The SIP Steering Committee will review current sentencing/treatment guidelines to examine the appropriate balance between the criminal justice factors related to the seriousness of the crime, the defendant's prior criminal history and public safety needs, and clinical factors related to appropriate dosage of treatment and incentivizing participation in treatment services. The SIP Steering Committee will also consider options for additional funding needed to extend treatment lengths of stay. The SIP Steering Committee anticipates completing this review by the end of 2014.

- Response from Santa Cruz County District Attorney's Office: **Requires further analysis**

The District Attorney's Office believes that many factors need to be taken into consideration before decisions are made about extending treatment times. For example, most offenders will compare the amount of jail time versus treatment time in making their decision about whether or not to enter treatment. If treatment time is increased, it stands to reason that jail time should also be increased in order to maintain an incentive to enter treatment. However, increasing jail time may not be realistic based on the jail census. Furthermore, experts in the field of treatment should be consulted in making any determinations regarding the extension of treatment times. This should be done as soon as practical.

- Response from the Santa Cruz County Board of Supervisors: **Approves the responses of the Sheriff-Coroner, Health Services Agency, SIP Steering Committee Chair, and District Attorney without further comment.**

- **Recommendation 4: The SIP Steering Committee should modify SIP to include mandatory SLE placement after treatment. (F5, F6)**

- Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Will not be implemented**

The Sheriff's Office is not involved with SIP client placement into SLEs, although we agree that placement of SIP clients into a structured living environment provides them necessary tools to succeed.

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D): **Requires further analysis**

The Health Services Agency will work with the SIP Steering Committee to review current sentencing/treatment guidelines to examine the appropriate balance between the criminal justice factors related to the seriousness of the



crime, the defendant's prior criminal history and public safety needs, and clinical factors related to appropriate dosage of treatment and incentivizing participation in treatment services. HSA anticipates that the SIP Steering Committee will complete this review by the end of 2014.

- Response from SIP Steering Committee Chair (Bill Manov, Ph.D): **Requires further analysis**

The SIP Steering Committee will review current sentencing/treatment guidelines to examine the appropriate balance between the criminal justice factors related to the seriousness of the crime, the defendant's prior criminal history and public safety needs, and clinical factors related to appropriate dosage of treatment and incentivizing participation in treatment services. The SIP Steering Committee will also consider options for additional funding needed to extend SLE lengths of stay, and the extent to which mandatory SLE placement may or may not be appropriate for all SIP participants. The SIP Steering Committee anticipates completing this review by the end of 2014.

- Response from Santa Cruz County District Attorney's Office: **Requires further analysis**

The District Attorney's Office believes that many factors need to be taken into consideration before decisions are made about ordering SLE placement and treatment. Although an SLE may be an important part of maintaining sobriety, someone needs to ensure there are sufficient SLEs available for this approach. If sufficient SLE's are not currently available, a mechanism to create availability could also be examined. This should be done as soon as practical.

- Response from the Santa Cruz County Board of Supervisors: **Approves the responses of the Sheriff-Coroner, Health Services Agency, SIP Steering Committee Chair, and District Attorney without further comment.**

- **Recommendation 5: The Sheriff should explore jail space alternatives using Rountree beds or modular buildings either at the Main Jail or Rountree to satisfy the in-custody requirements for inclusion in SIP. (F1, F2)**

- Response from Santa Cruz County Sheriff-Coroner (Lt. Steve Carney): **Will not be implemented**

The Santa Cruz County Sheriff's Office has received a \$24.6 million grant award to overhaul the county's Rountree Detention Center. The grant was sought to revamp an underutilized minimum security facility in South County into a

campus with classrooms and added counseling space to help inmates lead more productive lives on the outside. The grant funds will support the work of the county to achieve the goals of justice realignment and improve public safety as a result. The grant funds are being utilized to help offset the impacts of a statewide prison realignment, which has many nonviolent, nonsexual and non-serious offenders serving sentences in the Main Jail.

Construction at Rountree will begin in 2016 therefore the existing facility is not available for SIP clients.

By 2017, the county hopes to have completed the Rountree makeover, which includes 30,000 square feet of new treatment and educational space and a security upgrade, allowing some inmates to shift from the downtown Santa Cruz Main Jail and freeing up space there.

- **Recommendation 6: HSA should fund a full-time SIP case manager. (F1, F3)**

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D):  
**Will not be implemented**

Until the SIP caseload can be increased and additional funding can be obtained for treatment services as well as case management services, there is not sufficient demand for services or available funding to justify increasing the current .5 FTE SIP case manager position to full time.

- **Recommendation 7: HSA should fund treatment beds at a more competitive rate. (F4)**

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D):  
**Will not be implemented**

Based on discussions with contracted residential treatment providers, the current bed day rate has not been determined to be a barrier to treatment access for SIP clients.

- **Recommendation 8: HSA should fund more SLE space for SIP clients. (F5)**

- Response from Santa Cruz County Health Services Agency (Bill Manov, Ph.D):  
**Requires further analysis**

HSA agrees with the need for more SLE resources for SIP clients, and

recognizes the impact of funding constraints on the overall SIP program. HSA is analyzing the impact of the recent integration of SIP and the Downtown Accountability Program on the SIP census, and will be determining if more SIP funds can be allocated to SLE beds for SIP clients. This analysis is expected to be completed by the end of 2014.