

Evaluation of the Serial Inebriate Program

Why is it at risk?

2013-2014 Santa Cruz County Grand Jury

June 2014

Summary

Public drunkenness is a serious public safety, health, and nuisance problem in Santa Cruz County. It puts a substantial drain on police, ambulance, and emergency room services. Treatment as an alternative to incarceration has been proven to be an effective method of addressing these issues. Three of the key goals of the Santa Cruz County Serial Inebriate Program (SIP) are to:

1. Reduce the revolving door of arrest and release of serial inebriates.
2. Reduce the public cost of police, jail, ambulance, and emergency room services for these offenders.
3. Identify chronic inebriates and ensure that they are provided an opportunity to get treatment for alcoholism as an alternative to incarceration.

The Grand Jury finds that SIP has proven cost-effective in providing treatment alternatives for serial inebriates. Unfortunately the SIP in Santa Cruz County is threatened, primarily by the lack of jail capacity at the Santa Cruz County Main Jail. At present, the Main Jail does not have enough room to hold SIP-eligible offenders (SIP clients) for assessment and adjudication into the program. Because of this, the County is returning to the practice of arresting and releasing chronic public inebriates.

The Grand Jury recognizes SIP's success here and elsewhere in addressing the serious safety and health problems of public inebriation. However, we think there are improvements that would directly address the challenge of jail capacity and also continue and expand the program.

Background

The Problem

Serial inebriates are a significant and disproportionate drain on public resources. The Santa Cruz community's ongoing concern about increases in crime and homelessness and a deterioration in the overall quality of life led to the establishment in 2013 of the Public Safety Citizen Task Force. Its report^[1] noted many common features also found by this Grand Jury investigation. Serial inebriates are responsible for an excessive number of arrests, and the SIP is a successful model for treatment. In Santa Cruz, however, SIP remains underfunded, yielding mixed results.

In Anchorage, Alaska, a 2005 study showed that a mere 155 individuals accounted for nearly 60% of the more than 15,000 average per year visits to the Public Inebriate Transfer Station.^[2] A study in San Diego, California, showed similar results.^[3] Episodic emergency care demands from a small number of chronic inebriates had a significant impact on the community's safety-response system. This was due to emergency room overcrowding, ambulance diversion, and a shortage of available bed space.

Santa Cruz County data also reveal the disproportionate impact of chronic inebriates. In 2007-2008, there were 4,105 arrests for public drunkenness, an average of 342 per month,

or 85 per week. In all, only 118 individuals accounted for 1,170 or 29% of those arrests. Each of these 118 individuals was arrested an average of nearly 10 times over the course of the year. Serial inebriates, with 5 or more 647(f) (drunk in public) arrests in 6 months, are the target group of the Santa Cruz County SIP effort.

Santa Cruz County SIP

A SIP pilot project was initiated in Santa Cruz County in 2004. Although successful, it was suspended during a fiscal cutback in 2008. It was reinstated in 2010. According to county officials, "The earlier program worked... During its first year, the 31 people who went through it had far fewer arrests for public drunkenness, down from a total 338 a year earlier to 125, records show."⁴¹

Offenders become eligible for SIP after being arrested five or more times within a six month period for a California Penal Code 647(f) violation. The program requires that SIP-eligible offenders be retained in jail on a no-release basis until the District Attorney files charges for multiple 647(f) violations. After charges are filed and an assessment is made by SIP staff, the serial inebriate is brought before a judge. Usually he or she is offered an alternative between a set number of days in a residential substance abuse treatment facility or an equal number of days in jail.

There are three phases of SIP:

- Phase I. Once adjudicated into SIP, the offender is offered a choice of 30 days of treatment or 30 days in jail.
- Phase II. If the offender is arrested again for a 647(f) violation, the mandatory sentence is 60 days of treatment plus 30 days of optional clean and sober housing, or 60 days in jail.
- Phase III. If the offender is arrested once again, the sentence is increased to 90 days of treatment plus an optional 30 days of clean and sober housing, or 90 days in jail.

A half-time case manager assesses SIP-eligible clients while in custody. The case manager explains the terms of the program, arranges for treatment services, and monitors and supports the progress of SIP clients in treatment. The Alcohol and Drug Program within the Health Services Agency (HSA) of the County of Santa Cruz serves as the lead agency for SIP. It provides assessment, referral, and case management services to clients. It also administers funds for the contracted community-based treatment services and coordinates the SIP Steering Committee. The committee is made up of representatives from law enforcement, HSA program staff, Janus (a drug and alcohol rehabilitation center), a Board of Supervisors representative, and County officials who meet regularly to oversee and make recommendations for SIP.

Comparison with SIP in Other Locales

Studies in professional journals and evaluations of SIP programs in other jurisdictions frequently highlight an article by Malcolm Gladwell published in the *The New Yorker*

magazine on February 13, 2006 entitled “*Million Dollar Murray*.”^[5] The article profiles a chronic inebriate in Reno, Nevada, named Murray Barr. Over the course of more than ten years of homelessness and chronic public drunkenness, requiring repeated hospitalizations, it was estimated that Mr. Barr cost Reno taxpayers in excess of one million dollars.

San Diego SIP

The City of San Diego found that 15 randomly selected chronic inebriates cost that city a total of \$1.5 million for ambulance service and emergency room care over an 18-month period.^[6] In 2000, San Diego instituted a Serial Inebriate Program which gained national attention as a model for programs aimed at reducing public inebriation. Public inebriates are initially transported to a sobering center, usually without being placed under arrest for a 647(f) violation, provided the public inebriate is medically stable and can stand up without assistance. If these conditions are not met, the inebriate is transported to a medical facility. The sobering center is operated by a nonprofit service organization, is not a locked-down facility, and is not staffed with medical professionals. After five transports to the sobering center within 30 days, the inebriate is considered chronic, and he or she is rejected for further admission to the sobering center and is taken to jail for entry into SIP.

The sentencing requirements of the San Diego SIP differ from the Santa Cruz SIP in a significant way. In San Diego, judges issue progressively lengthy sentences based on the number of convictions for 647(f) violations. They are as follows:

“Upon each successive conviction, custody is imposed in increments, beginning with credit for time served for a first offense, 30 days custody for a second offense, 60 days for a third offense, and so on up to the maximum of 180 days of custody with no probation, the maximum allowable custody imposition for this offense.”^[7]

In San Diego, judges can exercise an option of offering an intense 180 day outpatient clinical intervention program in lieu of incarceration. The chronic inebriate is housed in a Sober Living Environment (SLE), a group residential treatment facility participating in SIP. In contrast, the Santa Cruz SIP sentencing choices are set at 30, 60, or 90 days in a residential treatment facility, depending on the number of arrests.

An analysis of 155 chronic inebriates who chose the 180 day treatment program in San Diego revealed a 50% decline in the use of ambulance, emergency room, and inpatient services compared to a control group of 112 chronic inebriates who elected not to enter treatment. This reduction in the use of medical resources for emergency room, ambulance and inpatient services had an estimated savings of \$73,352 per month for these 155 individuals. This does not include the cost savings for police services, booking fees, and incarceration.^[7]^[8]

Sacramento SIP

In Sacramento, SIP was initiated in 2006, and is part of a city and county funded Comprehensive Alcohol Treatment Center (CATC). This center combines a mandatory locked-down short-term detox center with a SIP for chronic inebriates. Referred to as the Detox Program, CATC is an 80-bed facility that includes in-house medical staff, operated by the Volunteers of America (VOA), a nonprofit organization. Offenders are detained in the Detox Program for a minimum of 72 hours. They are released before the mandatory 72 hour holding period only if it is verified that they have a job or a residence. Serial inebriates who have been booked into Sacramento County Jail or the Detox Program 25 times within the previous twelve months are court-ordered into a 90 day treatment program at the CATC facility, which reserves ten beds for SIP.

The results of Sacramento's SIP are impressive. A sample of 153 men and women who graduated from its SIP treatment show 647(f) arrests of those individuals dropped by 94%, saving the county an estimated \$38,401 per inebriate per year in arrest and ER costs.

The key differences with Santa Cruz are Sacramento's stand-alone drug and alcohol detention facility and treatment center, and the active involvement of a business owners program called the Downtown Sacramento Partnership (DSP). The emphasis by the Sacramento DSP on helping SIP graduates find permanent housing plays a big part in this reduction of arrests for public drunkenness.^[9]

Scope

The Grand Jury evaluated obstacles to SIP effectiveness, the relationship with homelessness, and the availability of placements in residential substance abuse treatment centers in Santa Cruz County. We also investigated funding and cost effectiveness.

Investigation

SIP Data

We began with an analysis of currently available SIP enrollment data. The Santa Cruz County Sheriff's Corrections Bureau shows that in 2013 there were 2,794 arrests and bookings for 647(f) violations. These arrests involved 1,668 individuals, with 82 people making up fully 30% of the arrests. Of the 82 who were eligible to enter SIP, only 23 were adjudicated into SIP. The others were turned away due to overcrowding at the Main Jail. Many were released from custody before charges could be filed by the District Attorney for a court hearing or before a SIP assessment was completed.

SIP records show 24 of 91 chronic inebriates (26%) who entered SIP between July 2010 and March 2014 had not been re-arrested for a 647(f) violation by March 2014. SIP-affiliated residential treatment facilities reported that approximately 25% to 30% of SIP clients who complete the treatment programs seemed to be able to sustain sobriety after treatment.

SIP enrollment and outcome data between July 2010 and March 2014 are summarized as follows:

1. Of 91 enrolled SIP clients
 - a. 65 (71%) opted for treatment
 - b. 26 (29%) declined treatment and went to jail
2. 24 (26%) had no new bookings into jail since enrollment
3. SIP clients by most recent phase assigned (as of March 2014)
 - a. Phase I: 39 (43%)
 - b. Phase II: 19 (21%)
 - c. Phase III: 33 (36%)

Due to privacy reasons, the above percentages do not distinguish between those who completed treatment and those who did not. The Grand Jury noted the high rate of re-arrest (74%) of SIP clients after entry into SIP. We also found that there was a high number of SIP clients who cycled upward with continued arrests to Phase III of the program. As was made clear to us from interviews and published research, the Santa Cruz program has relatively short treatment times compared to more successful SIP programs in other cities.

Relationship of Jail Capacity to SIP

To meet the requirements of SIP, a person arrested for five or more 647(f) violations must be booked and held in custody until sober. The half-time SIP case manager must then meet with him or her for assessment. The arrestee is brought before a judge and is offered the choice of treatment as an alternative to jail sentencing. When jail space is unavailable, this sequence of events becomes impossible and the offender is either not arrested or merely brought to the jail long enough to sober up and then sent back out into the community.

Since the passage of AB 109 (Public Safety Realignment), incarceration of non-violent, non-serious, and non-sex offenders has moved from state prisons to the county jails. This has contributed to constant overcrowding in the Main Jail and has left virtually no space for serial inebriates. Beds are rarely available to retain 647(f) offenders for inclusion in SIP.^[10]

Typical inmate population figures were detailed in a Santa Cruz Sentinel article on 10/8/13. The rated capacity for the Santa Cruz Main Jail is 311. However, between January and July 2013 the average daily population was 352, and on 10/7/13, the population was 420. As the article pointed out: "The county's main jail on Water Street consistently has housed more inmates than its rated capacity even before California's state prison overhaul in 2011."^[11]

Grand jurors were told that with the current overcrowding at the Main Jail, only a call from the arresting officer begging for jail space for an egregious 647(f) violator could have the person retained long enough to be assessed for SIP. Jail overcrowding is the primary hindrance to SIP entry and has been for more than three years. Data made available at SIP

Steering Committee meetings shows that only four SIP clients were entered from the 45 eligible 647(f) violators in the 13 months from 9/1/12 to 11/15/13.

There is a plan to expand the Santa Cruz County jail capacity using its Rountree facility, but the start date is at least three years away. SIP requires jail bed space for in-custody assessment of all potential SIP clients. Without Main Jail beds or non-jail housing such as modular buildings, it is impossible to adjudicate offenders into SIP, and thus provide the legal option of mandatory jail or treatment alternatives.

Furthermore, since the SIP Case Manager is only half-time, it is difficult for him to make the assessment in the short time after an offender becomes sober and before being released from jail. The Grand Jury was told that until the individual is sober, “you are talking to the alcohol, not the person.” Even if the Main Jail has an initial space for the inebriate, subsequent overcrowding can lead to release without proper SIP assessment.

The SIP Steering Committee is charged with cooperative implementation of the SIP agreement. Committee discussions about the lack of jail space, particularly since AB 109, have not resulted in solutions sufficient to allow all SIP-eligible violators to be entered into SIP.

SIP and Homelessness

Public inebriation often overlaps with homelessness, drug abuse, and untreated mental illness. SIP data from October 2011 reported that 90% of SIP clients were homeless. One treatment professional reported that as many as 90% of SIP clients also suffered from serious to severe mental health issues.

Seattle, Washington has a program called “Housing First” that provides housing and support services for homeless alcoholics. A study finds that this type of support costs taxpayers less than leaving them on the streets where they can incur huge bills for police and emergency health care.^[12]

Throughout our investigation, we were repeatedly informed by treatment professionals that 30, 60, and even 90 day residential treatment will not work alone. Without long-term residential support and outpatient therapy, residential treatment will not reverse the effects of chronic alcohol abuse coupled with homelessness.^[13] We were told that relapses back into the disease of alcoholism are the norm rather than the exception. This is true even after extended periods of sobriety, and even with stable living environments and family support, both of which SIP clients usually lack.

Several service providers indicated that two or three cycles through residential treatment facilities is not at all uncommon before a chronic alcoholic will be able to maintain relatively long periods of sobriety. One county professional suggested that six months between relapses may be considered a reasonable measure of success and indicated there is no known cure for the disease of alcoholism, only continual treatment.

Alcoholism is a chronic and progressive disease that is difficult to treat. Studies of best practices for treating chronic alcoholism indicate that long-term support for stable housing is critical to preventing a return to substance abuse and homelessness.^[14] Given this information, we reached the conclusion that longer treatment programs in Santa Cruz County and longer residential support in SLE would produce better outcomes.

SIP Funding

SIP provides \$200 per person per day for residential treatment. However, these same treatment beds are paid for at a higher rate by insurance companies and by private pay individuals. This places SIP at a disadvantage in finding treatment spaces since the treatment centers prefer higher reimbursement. SIP clients face longer wait times for placement in part because of this price disadvantage.

The SIP budget of \$230,000 per year funds all treatment and SLE housing. In the past, when jail space was not an issue, these funds ran out in less than 12 months. With jail space now reduced, there are fewer opportunities for enrollment of serial inebriates into SIP. Since fewer chronic inebriates can be reached for initial placement, a higher percentage of the funding has been used for extended SLE housing. If jail space is increased (as it should be in three years), SIP will need additional funding because more clients will be able to enter the program. If the length of treatment is also increased, even more money will be required.

Cost-benefit Analysis

A client outcome study of 25 people adjudicated into SIP between February 28, 2012 and July 29, 2013 provides a rough estimate of the money saved. It compares the public cost of these clients six months prior to entering the program and six months after entering the program. The data and estimated costs on key events such as jail bookings, jailed days, ambulance runs, and visits to the Dominican Hospital Emergency Room are as follows:

Outcome Study for 25 Clients Adjudicated* into SIP 2/28/12-7/29/13**

<i>Pre SIP</i>	<i>Total Events</i>	<i>Average per person</i>	<i>Average cost per event</i>	<i>Total Cost</i>
Bookings	210	8.4	\$348.06*	\$73,093
Jail days	732	29.3	\$77.17	\$56,488
Ambulance runs	72	2.9	\$500.00	\$36,000
ER visits	71	2.8	\$1,000.00	\$71,000
Totals	1085			\$236,581
<i>Post SIP</i>				
<i>Post SIP</i>	<i>Total Events</i>	<i>Average per person</i>	<i>Average cost per event</i>	<i>Total Cost</i>
Bookings	50	2	\$348.06	\$17,403
Jail days	241	9.6	\$77.17	\$18,598
Ambulance runs	44	1.8	\$500.00	\$22,000
ER visits	43	1.7	\$1,000.00	\$43,000
Totals	378			\$101,001
<i>Pre SIP vs Post SIP</i>				
<i>Pre SIP vs Post SIP</i>	<i>Event % Change</i>			<i>Event Cost Savings</i>
Bookings	-76.2%			\$55,690
Jail days	-67.1%			\$37,890
Ambulance runs	-38.9%			\$14,000
ER visits	-39.4%			\$28,000
Totals	-65.2%			\$135,580

* Cost includes \$251.48 Sheriff Jail Access Fee and \$96.58 S.C.P.D. officer time per arrest/booking.

**Based on fact that 98.5% of ambulance runs for SIP clients result in Emergency Room visit; est. ER visit cost of \$1,000 is conservative.

*** Adjudicated clients have been legally entered into the SIP process by the judge, with the sentencing options defined by the SIP agreement.

The Grand Jury found the estimated cost savings was \$135,580 for the 25 SIP clients studied. The 25 studied may or may not have accepted the choice of treatment, so the savings could be higher if more clients were to choose and complete treatment. We also were informed that 7 of the 25 SIP clients (28%) studied above had **no** bookings, jail days or ambulance runs in the 6 months post-SIP.

In an attempt to complete a current cost-benefit analysis, the Grand Jury made multiple requests for the latest costs for ER and ambulance services for SIP clients. However, such data was not provided. The Grand Jury's conclusion is that improved, ongoing communication is needed between the County and service providers for useful cost-benefit analyses.

Investigation Summary

SIP in Santa Cruz County has been successful in the past. However, as currently implemented it is no longer effective. Jail overcrowding has severely limited entry to SIP. SIP could once again become effective if jail space, longer treatment times and longer SLE options were available.

Findings

F1. Lack of Main Jail capacity for 647(f) violators often leads to release without booking, arraignment, adjudication into SIP, or admission into treatment.

F2. No Sobering Center is available to provide an alternative to the Main Jail for offenders.

F3. The current half-time SIP case manager cannot initiate contact with those in custody in a timely manner.

F4. The present low rate that the county pays for treatment beds has caused delays in SIP clients being placed into recovery programs.

F5. There is insufficient funding for SLE programs for SIP clients.

F6. The current SIP 30-60-90 day treatment schedule is not long enough to adequately treat alcoholism.

F7. 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.

Recommendations

R1. 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)

R2. 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)

R3. The SIP Steering Committee should modify SIP to extend treatment times. (F6)

R4. The SIP Steering Committee should modify SIP to include mandatory SLE placement after treatment. (F5, F6)

R5. 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)

R6. HSA should fund a full-time SIP case manager. (F1, F3)

R7. HSA should fund treatment beds at a more competitive rate. (F4)

R8. HSA should fund more SLE space for SIP clients. (F5)

Responses Required

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Sheriff-Coroner	F1, F2, F7	R1-R5	60 Days 8/18/14
Santa Cruz County Health Services Agency	F3-F7	R1-R4, R6-R8	90 Days 9/15/14
Santa Cruz County Board of Supervisors	F2, F4, F5, F7	R1, R3, R4	90 Days 9/15/14
SIP Steering Committee Chair	F2, F6, F7	R1, R3, R4	90 Days 9/15/14
Santa Cruz County District Attorney	F1, F2, F6, F7	R1, R3, R4	60 Days 8/18/14

Definitions

- *Adjudication*: A judicial decision or sentence. The 647(f) arrestee, after booking, is legally entered into the SIP process by the judge, with the sentencing options defined by the SIP agreement.
- *Janus*: A drug and alcohol rehabilitation center that contracts with Santa Cruz County to provide a 28 day residential treatment program and counseling services.
- *SIP*: Serial Inebriate Program. The agreement formed to define the arrest and treatment alternatives for chronic alcoholics as implemented in Santa Cruz County.
- *SLE*: Sober Living Environment. Facilities used by addicts recovering from substance abuse, which serve as an interim environment between treatment and return to their former lives.
- *647(f)*: California Penal Code violation which states that anyone who is found in any public place under the influence of intoxicating liquor, any drug, or controlled substance, in a condition that he or she is unable to exercise care for his or her own safety, or by reason of his or her being under the influence of intoxicating liquor, any drug, or controlled substance, interferes with or obstructs or prevents the free use of any street, sidewalk, or other public way.

Sources

References

1. City of Santa Cruz. 2013. "Public Safety Citizen Task Force: Research, Findings and Recommendations." Santa Cruz City Public Safety Citizen Task Force, December 2013. Accessed 4/24/14.
<http://www.cityofsantacruz.com/index.aspx?page=1924>
2. University of Alaska Anchorage, Behavioral Health Research & Services. 2005. "Evaluation of the Pathways to Sobriety Project: Exploratory Analysis of the Municipality of Anchorage Community Transfer Station Database." *BHRS Pathways-Related Technical Report No. 3*. Anchorage, Alaska: University of Alaska. Accessed 4/24/14.
<http://www.muni.org/Departments/health/services/SafePubs/FullReport3rev.pdf>
3. Castillo, Edward, et al. 2008. "An Evaluation of the Impact of San Diego's Serial Inebriate Program (SIP)." *Report to the California Program on Access to Care, California Policy Research Center, University of California*. San Diego: Institute for Public Health, Graduate School of Public Health, San Diego State University. Accessed 4/24/14. http://cpac.berkeley.edu/documents/castillo_findings.pdf
4. Alexander, Kurtis. 2010. "Santa Cruz County Renews Commitment to Getting Drunks Off The Street." *Santa Cruz Sentinel*, April 18. Accessed 4/24/14.
http://www.santacruzsentinel.com/ci_14908413

5. Gladwell, Malcolm. 2006. "Million Dollar Murray: Why Problems Like Homelessness May Be Easier to Solve Than to Manage." *The New Yorker* Feb. 13 & 20. pg. 96-107.
6. JV Dunford et al. 2006. "Impact of the San Diego Serial Inebriate Program on Use of Emergency Medical Resources." *Annals of Emergency Medicine*. Vol 47. Issue 4.
7. City of San Diego. "The San Diego Serial Inebriate Program: Participating Agencies, Misdemeanor Court". Sandra Berry. Accessed 4/25/14.
<http://www.sandiego.gov/sip/agencies-sdsc.htm>
8. City of San Diego. "The History of the City of San Diego's Serial Inebriate Program (SIP)." Accessed 4/17/14. <http://www.sandiego.gov/sip/history.htm>
9. Madison, Liz. 2013. "Sutter Wins National Award for Program to Help Homeless Substance Abusers." *Sutter Health Sacramento Sierra Region*. Accessed 4/24/14.
<http://news.checksutterfirst.org/2013/02/14/sutter-wins-national-award-for-program-to-help-homeless-substance-abusers/>
10. APS Healthcare. 2013. "Final Report - CAEQRO Report, FY12-13 Santa Cruz, Conducted on November 28-29, 2012". pg 7.
11. Baxter, Steven. 2013. "Grant Could Ease Crowding At Santa Cruz County Jail." *Santa Cruz Sentinel*, October 8. Accessed 4/24/14
http://www.santacruzsentinel.com/santacruz/ci_24268552/grant-could-ease-crowding-at-santa-cruz-county
12. Larimer, Mary E., PhD. et al., 2009. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems." *JAMA*. April 1, 2009. Vol 301, No. 13. Accessed 4/24/14.
<http://jama.jamanetwork.com/article.aspx?articleid=183666>
13. Pate, Mathew. "The Problem of Public Inebriation." *Chronic Public Inebriation Guide No. 68 (2012) Center for Problem-Oriented Policing. Chronic Public Inebriation*. Accessed 4/24/14.
http://www.popcenter.org/problems/chronic_public_inebriation/
14. Collins, SE, et al. "Project-based Housing First for chronically homeless individuals with alcohol problems: within-subjects analyses of 2-year alcohol trajectories." *Am J Public Health*. 2012 Mar;102(3):511-9.
<http://www.ncbi.nlm.nih.gov/pubmed/22390516>