

# The Herman Goldstein Excellence r Award Nominee



SAN DIEGO POLICE DEPARTMENT  
Forming Community Partnerships

# **PROGRAM SUMMARY**

## THE SERIAL INEBRIATE PROGRAM

**SCANNING:** Emergency medical services call them "frequent fliers," the police call them "chronics," the courts call them "serial inebriates." They are constantly drunk, urinate and defecate on themselves, vomit, stumble along sidewalks looking disgusting, shout, rave and fight, rummage in garbage cans, lie down in doorways, pee in the alley, and fall in front of traffic. They go in and out of jail and area hospitals with increasing frequency never being held accountable for their actions. They create frustration and outrage among police, emergency medical services, courts, and the community. The community and the police believed change was necessary.

**ANALYSIS:** During the past 30 years the City of San Diego has documented a revolving door syndrome with the criminal processing of homeless chronic inebriates. Each year the serial inebriate costs the community hundreds of thousands of dollars going in and out of jail, Detox and area hospitals. Rarely were they diverted to treatment providers and eventually off the streets.

Stakeholders agreed there was a revolving door syndrome and something needed to be done to slow it down. Each partner understood to effect a change would not be possible without a serious commitment from his or her respective agencies. Stakeholders worked together establishing program goals and individual responsibilities. By the end of one year they were committed to a response called the Serial Inebriate Program.

**RESPONSE:** The program was limited to the Police Department's Western Division. At the end of one-year the City agreed to evaluate the program for feasibility of expansion throughout the rest of the city.

Prior to the Serial Inebriate Program offenders arrested for drunk in public were not held in jail long enough to go to court. The program held individuals in jail until

arraignment. Defendant's found guilty of drunk in public are offered non-custodial residential treatment in lieu of custody time. To assess an offender's willingness to enter treatment, a medical professional goes into jail and interviews the offender. If eligible for treatment, the court releases the offender to a treatment provider. Failure to qualify or refusal to enter into treatment results in the defendant spending their custody time in jail.

ASSESSMENT: Stakeholders claim the program is successful. S.X.P. treatment providers showed a 46% success rate. Emergency medical services reported a 50% reduction in services. Community groups were pleased with the reduction in disorder issues. Some offenders electing treatment said, " It saved my life!" S.I.P. was approved by the City of San Diego for expansion throughout the rest of the city and the County of San Diego Alcohol and Drug Services agreed to take over the program's case management services.

# **PROGRAM**

## **THE SERIAL INEBRIATE PROGRAM**

### **SCANNING**

Each year police respond to thousands of radio calls and write thousand of citations relating to community disorder issues associated with the chronic public inebriate. The community continually expresses frustration to the police, about the inability of the current system to effectively deal with this population. The police express this same frustration to the community!

Chronic alcoholism is the common denominator to most all the disorder complaints. Officers cite or take to jail/Detox the same offenders numerous times a month for alcohol related offenses. Offenders who went to jail or Detox were released in 4 to 24 hours with no criminal prosecution pending. The citations resulted in warrants. What does all this accomplish? Nothing that anyone can detect. The alcoholics are not really helped. The public is not protected. The business community continues to be outraged. However, this pointless revolving door syndrome goes on and on and on!

The drug court model holds offenders accountable for their actions and offers rehabilitation in lieu of custody time. Why couldn't we do the same thing with people arrested for drunk in public? Officers believed if the core problem of chronic alcoholism was addressed, the disorder issues and community frustration associated with the public inebriate would decrease. With this drug court model in mind, they decided to analyze how chronic inebriates are processed and create a program aimed at forcing the chronic inebriate into rehabilitation and off the street.

## ANALYSIS

In August 1998, two patrol officers and one sergeant began researching crime analysis, County and City records, community groups, and other police agencies. They discovered the "Revolving Door Syndrome" had been documented as a problem in San Diego for the past thirty years. The City had previously assembled two public task forces at ten-year intervals to deal with this problem. Due to changing political climates, limited jail space, and county and city government budget crisis, each was disbanded after a year or two. A 1993 issue of the Social Service Review reported other cities were being negatively impacted with an increasing problem of chronic public inebriates and a "Revolving Door Syndrome."

Officers attended County and City Homeless agency meetings and determined there were between 180 and 250 chronic homeless alcoholics that annually cost the City and County about \$3,000,000 with little or no effect on getting the offender off the street and into treatment. Officers argued that this money should at least slow down the "revolving door syndrome." City and County officials were open to any cost effective program that could divert the alcoholic off the street and into treatment.

Project officers compiled a list of agencies and people who would be affected if a new program for processing the chronic inebriate was developed. The stakeholders were: the Fire Department/Emergency Medical Services (EMS), Police Department, San Diego Sheriffs Department Detention Facilities, Inebriate Reception Center (Detox), the Office of the City Attorney and of the Public Defender, the San Diego County Superior Court, San Diego County Drug and Alcohol Services, communities of Western Division and the homeless chronic alcoholic.

Officers began talking with all the stakeholders to determine if a drug court model would be feasible or if another idea should be developed. In early 1999, stakeholders tentatively agreed to process drunk in public arrests using a drug court model. They developed the following program goals:

- Create a model offering alcohol abuse rehabilitation in lieu of custody time.
- + Utilize existing court proceedings to process drunk in public arrests.
- Introduce chronic inebriates into the treatment community.
- Reduce community disorder calls for service.
- Reduce overall costs associated with homeless chronic inebriates.

To gain a serious commitment from stakeholders, the police needed to educate themselves and others on the costs and issues the chronic inebriate creates. During 1999, monthly stakeholder meetings were held to "hash out" issues related to the creation of a new program. It was during a July meeting with Superior Court Judge Wellington the name "Serial Inebriate Program (S.I.P.)" was developed.

The police spend approximately \$3,000,000 a year for alcohol related arrests. About \$300,000 is spent on arresting chronic alcoholics each on the average of seven times a month. In 1999, the police processed 3,413 arrests for drunk in public with an estimated 40% being chronic homeless alcoholics. Police out of service cost is \$54 per hour with the average drunk in public arrest taking two hours. Detox averages about 10,000 intakes a year at a cost of \$30 per visit. 43% are repeat offenders averaging 30-40 intakes a year.

Interviews with police officers revealed they were familiar with the repeat offenders in their service area. Because of the disease, stench of human excrement, and physical injuries associated with the chronic alcoholic, nobody wanted them in their



vehicles. Often officers would spend hours processing the inebriate only to have them released back to the street in a matter of hours. Arrests seemed pointless and officers sometimes worked harder on finding alternatives to jail instead of just arresting the individual.

After speaking with patrol officers, and researching crime analysis and Detox statistics, project officers estimated Western Division had about 30 to 40 chronic alcoholics. It was believed these individuals were responsible for a large portion of community disorder issues within the Division. If a program could be developed to get this group off the street and into treatment these disorder calls for service would decrease.

For S.I.P. to be successful, the support of the communities within Western Division was crucial. We found many citizens held genuine concern for the chronic inebriate. Many of the inebriates had been living on the streets in the same community for years and people had developed feelings for them. Community members said they would be supportive of a program only if a significant number of inebriates were actually diverted into rehabilitation. In other words, the community didn't want the inebriates thrown into jail without an offer of rehabilitation.

Three Community Relations Officers and project officers regularly briefed community members at public meetings in Ocean Beach, Linda Vista, Mission Hills, Hillcrest, and North Park. Everyone expressed frustration with the current system and wanted to know what they could do to help. We explained how our plan was a collaborative effort between the City and County needing political support to continue. All the groups agreed to tell their elected officials to support our program.

Emergency Medical Services was very familiar with the "revolving door syndrome." Homeless chronic inebriates often drink themselves to unconsciousness or

so drunk they injure themselves falling, requiring the fire department, paramedics, and police be dispatched to evaluate the medical condition of the patient. It is not uncommon for the same chronic inebriate to require paramedic transport to an area hospital several times a month. Paramedics have become so frustrated with this situation they have coined the phrase "frequent fliers" for repeat offenders. Because of this "frequent flier" situation Emergency Medical Services (EMS) could benefit greatly from this program.

Examples of some average medical costs associated with individual "frequent fliers", obtained from City of San Diego Medical Director of Emergency Services Dr. James Dunford are: Paramedic transports cost \$500.00, hospital cost is \$500.00 to \$1000.00 per visit excluding any major trauma, and length of stay in the emergency room is 6 to 8 hours. One inebriate for the fiscal year 1998 accounted for 51 paramedic runs, 28 hospital admits, and 23 other area hospital admits costing \$91,000! Between July 1997 and December 1998, 15 inebriates were admitted to the hospital 299 times for a cost of \$967,005!

Dr. Dunford tells us that homeless chronic inebriate intakes are increasing. He says, "The detoxification of the chronic homeless inebriate in the hospital emergency room has created an overflow crises. The inebriates are taking up so much bed space that the UCSD emergency room often diverts incoming patients to other area hospitals."

Dr. Dunford was supportive of any program, which would help alleviate the "frequent flier", and agreed to be our spokesperson to County officials on a need for the program.

The Inebriate Reception Center (IRC/Detox) is a County funded, short-term voluntary detoxification facility. Police place individuals into Detox for a four-hour period in lieu of jail. Alcohol treatment services are offered on a voluntary basis.

Detox's current policy rejects individuals from their facility who had been through intake five times within a one-month period. Individuals rejected for chronic abuse of the facility would then be booked into jail only to be released 4 to 24 hours later with no pending criminal charges. Project officers needed to find out why no criminal proceedings occurred.

The Office of the City Attorney said they did not prosecute drunk in public arrests because the offender was released from jail with no future court date. Without this date there was no prosecution because nobody was scheduled to return to court. If an offender was held in custody and the police supplied an arrest report, they agreed to prosecute individuals who were rejected by Detox for chronic abuse of the facility. With criminal prosecution, the "revolving door syndrome" would be slowed down and the offender could be properly assessed for a County funded alcohol rehabilitation program. In May 1999, the City Attorney agreed to investigate the legal implications of prosecuting and sentencing offenders in a drunk in public case.

In July 1999, the police, City Attorney, Public Defender and Superior Court Presiding Judge Wellington met to discuss the program's concepts. The public defender wanted their client assessed for treatment eligibility within two working days and if not eligible they could rescind their plea of guilty and go to trial. The judge did not want to create another specialty court (i.e. drug court, DUI court), assurance an offender released from custody to attend treatment actually got there, and a system of negative reporting was in place.

The City Attorney committed to making sure the negative reporting was in place. The police committed to making sure the assessments took place within two days and transporting offenders from jail to treatment. With these assurances the City Attorney,

Public Defender, and the Superior Court agreed offenders would go to court. In court, the City Attorney and Public Defender would present the cases, which were then "sentenced to court" and the judge would determine sentence. It was agreed the first two convictions would be sentenced to time served or probation. The third and subsequent conviction would result in jail time between 30 and 180 days. All assessments were completed after a guilty plea with custody time ordered. Offenders sentenced to probation would be required to provide proof of attendance at forty Alcoholics Anonymous (AA) meetings in three months.

The San Diego County Sheriff's current system was to release people booked into jail charged only with drunk in public when they were able to care for their own welfare with no future court date. This could be anywhere between 4 and 24 hours and could happen over and over. The Sheriff's Department expressed concern about the potential for enormous medical expenses the incarcerated public inebriate could accrue if held in jail for arraignment and eventually sentenced to custody.

The police department was sympathetic to this situation and said they would limit the program to one division. Western Division was picked because project officers worked there and the homeless alcoholic problem was more manageable than other divisions within the city. If serious medical bills began to accrue the Sheriff could stop the program. In November 1999, the Sheriff's Department agreed to participate in a one-year pilot program. Offenders booked into jail would not be released without posting the \$108 bail or given a future court date.

County Drug and Alcohol and Drug Services Director Al Medina invited project officers to the July 1999 County Alcohol and Drug Providers meeting. Mid-Coast Counseling Services expressed a willingness to assist with the program. They agreed to

send an assessor into jail and interview offenders for eligibility into a residential treatment program. Current county guidelines of no serious violent criminal convictions, no sex offender convictions, no arson convictions, and a willingness to enter treatment were to be used for admittance into a program.

Many treatment providers expressed skepticism of the program believing the homeless chronic alcoholic would not be receptive or even make an attempt to attend any treatment. With fewer than 500 available beds in the downtown and surrounding area, treatment resources for S.I.P. clients was limited. Even with this resource limitation County Alcohol Services committed to finding some available beds.

In December 1999, the Sheriff, City Attorney and treatment providers still expressed concerns on the impact S.I.P. would have on their respective agencies. Stakeholders believed if the program was to expand, questions such as excessive medical costs in jail, courtroom legal challenges, and offender response to treatment needed answers. They agreed with the original five goals for a program operating countywide but to get there the three above questions needed a more thorough analysis. To obtain this analysis everybody committed to run the program, as a pilot, for one year. At the end of the year a decision could be made as to the feasibility of continuing on a larger scale.

## **RESPONSE**

In December 1999, two project officers educated 150 uniformed personnel on department procedural changes related to the offender rejected from Detox for chronic abuse and booked into jail. This included education on project goals, stakeholder responsibilities, and proper report writing. To ensure accountability for the arrest reports getting to the Office of the City Attorney on time the police department's report routing process was

changed. All in custody arrest reports were sent to the City Attorney with the letters "SIP" stamped on the front.

Project officers were responsible for tracking offenders through the courts and insuring all convicted offenders were assessed within two working days. If offenders were deemed acceptable for treatment, project officers would contact a County provider for placement. Project officers transported offenders from jail to treatment providers and ensured the negative reporting process was in place.

The Office of the City Attorney assigned one issuing Deputy Attorney to train trial deputies on program goals and how to process the cases in court. All cases meeting the elements of drunk in public would be brought to trial. This deputy was the program liaison to the court and Office of the Public Defender.

The Sheriff assigned their Lieutenant of Special Operations as program liaison. She educated jail personnel on the change in booking procedures (no longer releasing after four hours) and documented in custody offender medical costs.

Mid-Coast Counseling Services assigned one counselor to do in-custody assessments. He was responsible for running treatment sessions and case management of offenders electing to enter treatment.

The communities agreed to inform the area political constituents of their support for the program. Community Relations Officers kept them informed on the program.

Monthly stakeholder meetings, chaired by the police department were scheduled to address operational issues.

In January 2000, the Serial Inebriate Program formally started and ran as follows:

Individuals found to be drunk in public were arrested and transported to Detox. If their records indicate chronic abuse of the facility the offender will be rejected and booked into jail. If not, Detox will accept the offender.

At jail the offender is held for arraignment. Upon conviction, the offender's past criminal history will determine the severity of sentence. In lieu of custody time the court will offer an option of rehabilitation. The offender must volunteer to be assessed by counselors who will determine eligibility into a county funded rehabilitation program.

If accepted, the court will release the offender to a rehabilitation facility to complete the court ordered custody time. Failure to complete the court order will result in the issuance of a warrant. Should the offender refuse or is determined ineligible for a treatment program, they will remain in jail and ordered to attend an in-custody alcohol treatment program.

### ASSESSMENT

S.I.P. accounted for 36% of Western Division's 764 drunk in public arrests. 144 offenders were arrested 278 times. The community and police department were satisfied with the reduction in community disorder. Illegal lodging tickets decreased 68% in the Ocean Beach Community and 29% in the Hillcrest Community. Many officers were impressed with the program saying the absence of chronic drunks in their service area was noticeable.

A liquor store selling affordable alcoholic beverages to chronic alcoholics reported their sales of alcohol have decreased since the implementation of S.I.P. In 1999, they averaged a shipment of two cases a week of pint bottles of Vodka. Since S.I.P. the sales have steadily declined to one case every two to three weeks.

Field and jail interviews of S.I.P. offenders revealed they were usually homeless for more than 5 years with 10 years of untreated alcoholism and psychological problems. Most went to Detox 10-30 times per year and all had a past criminal history of narcotic and alcohol offenses. 72% of offenders arrested were offered treatment. 46% accepted the treatment and 46% completed the treatment. Some of them said the program, "Saved my life" Many stayed in treatment beyond the court order and four have reached one-year sobriety.

The program began with one treatment provider. By year end there were 10 active providers. County Alcohol and Drug Services was satisfied with the initial treatment success and presented the City of San Diego with a \$1.5 million proposal to take over case management services.

Emergency medical services calls and hospital emergency room admits decreased during the year for individual "frequent fliers." One went to 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 went 21 times 1999 and four times in 2000 saving the County about \$25,500. Interviews with paramedics revealed unanimous support for the program with 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."

During the year the City Attorney did not issue notify warrants *for* drunk in public arrests when the offender was admitted into the emergency room. Because of this, some S.I.P. offenders continued to go in and out of area hospitals with alarming frequency. One offender was admitted into the emergency room six times in one weekend with no criminal follow-up! Another was displaced to another division and went to the



emergency room 29 times in calendar year 2000. In February 2001, to address this loophole, notify warrants were issued on S.T.P. offenders being admitted to area hospitals.

The Sheriffs Department processed 278 bookings with the medical costs for the year being \$53,186. At medical intake they were started on a "Librium kit pack." They remained on Librium until the threat of delirium tremors ended. With the exception of one or two, all offenders were mainstreamed into jail population with minimal problems reported. The Sheriff remains concerned about medical costs but agreed to a program expansion into downtown San Diego.

The Office of the City Attorney did not experience any serious legal challenges. Of the 278 arraignments only two went to jury trial. Nine percent were dismissed because of poor report writing (no elements of crime) or the police did not get the report to the City Attorney's office in time for arraignment. Forty-one percent received probation/time served, 44% were sentenced to between 30 and 180 days and the remaining 6% went to warrant after a court release on their own recognizance.

Initially the City Attorney became overwhelmed with paperwork associated with the tracking of offenders through assessment and treatment. The police assigned a project officer to assist with this tracking. Once this took place everything ran remarkably smooth.

Unless sick or off because of a special assignment one Commissioner heard all the cases in Superior Court. Repeat offenders accounted for 47% of the cases with some offenders being arrested three times within two weeks! With repeat offenses occurring so quickly and our inability to educate all the commissioners, judges, and attorneys in the Superior Court, sentencing was not consistent. If the regular scheduled commissioner was not hearing cases on the day a S.I.P. offender was in court, the sentence was usually

time served/probation. Often during the first six months offenders who should have been sentenced to custody time were released on probation. Eventually the court became familiar with S.I.P. and sentencing became more consistent. By year's end the court would occasionally call program coordinators asking for placement of non-program offenders in treatment.

Community groups and City Officials were satisfied with program results. Through community meetings, people living in areas affected by alcohol disorder issues were continually educated on S.I.P. There was unanimous agreement the program should be continued. During one meeting the Association's President turned to the City Council Representative's Aide and said, "I hope your office is in total support of this program?" The City was in support and in November 2000, recommended expansion into the downtown area. S.I.P. became part of the City of San Diego's Special Needs for the Homeless Policy. City officials stated that San Diego was awarded a \$10.5 million State of California grant to address homeless issues in part because of S.I.P.

At this time we are unable to prove the recidivism arrest rate of all S.I.P. offenders. We did select five offenders who elected to take treatment in lieu of jail. They averaged a 74% reduction in police/emergency medical services contacts between 1998 and 2000 (161 arrests in 1998 and 43 arrests in 2000). With an average drunk in public arrest booked into jail taking an officer about two hours (at \$54 per hour) the program saved the police about 236 personnel hours or \$12,744 for just these five offenders! To determine a more accurate recidivism rate we plan to track all 144 offenders through 2001. If the program incorporates the entire city we believe their recidivism rate will decrease.

Since arresting officers and the Public Defender were telling the offender S.I.P. was a program only in Western Division we thought displacement would occur. However, displacement was not widespread. Interviews with offenders revealed many were very territorial. They felt comfortable in the area they were being arrested and would immediately return upon release from jail. During one arrest a S.I.P. offender asked the arresting officer, "Am I going to Detox or to jail for the rest of my life!" This offender was eventually diverted into treatment and no longer somebody's daily arrest.

For 20 years, instead of rejecting chronic offenders, Detox has been accepting them into their facility because everybody believed the offender belonged in treatment instead of jail. S.I.P. asked Detox to change this 20-year-old system and that proved more difficult than originally expected. Detox is a large organization with 10,000 intakes in 2000. SIP was a small project, initially getting lost amongst all the other projects, which Detox is involved. Because of this Detox sometimes accepted offenders into their facility, which should have been rejected as part of S.I.P. This stopped after about six months when project officers developed an alpha roster of S.I.P. offenders which Detox intake personnel and police could use it as a reference. In addition, Detox staff began hearing some of the treatment success stories and became believers in the program.

The program proved to be a hard sell to the Western Division rank and file. Most officers understood this program would eventually make their job easier and spent many hours processing homeless alcoholics. Without their help the program never would have been a success. But there were others who believed picking up drunks and taking them to jail was a waste of time or "not police work." Even with line-up training, written commendations for program participation, and one on one discussion some officers did not participate with the program. Project officers would talk with these officers as peers

but they continued not wanting to be involved with drunks. By February 2001 everybody in the division had received formal training and the command staff agreed non-participation in the program could result with negative investigative skills comments in an officers yearly evaluation.

S.I.P. initially started at the patrol level with two officers and one sergeant spearheading the project. Before the project began they had received formal Department problem solving training. Other than the officers sincere commitment and belief S.I.P. could work there were no incentives to start the project. Initially there were no staffing commitments by the Department to work the project. Officers worked their regular patrol function and coordinated the project "on the side." After about six months the City began to seriously look into the project and the Police Department assigned one full time officer and one light duty investigator to the project. The supervisor continued to have dual duties of managing a squad of 6 and the project. As of March 2001, the Department was committed at the command level and was actively working with County and City officials towards finding State and Local funding to continue the program.

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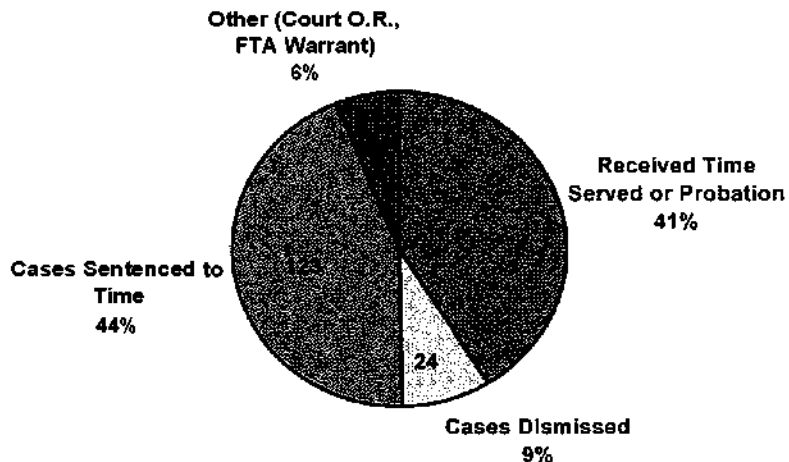
(619) 692-4853

Fax: (619) 692-4867

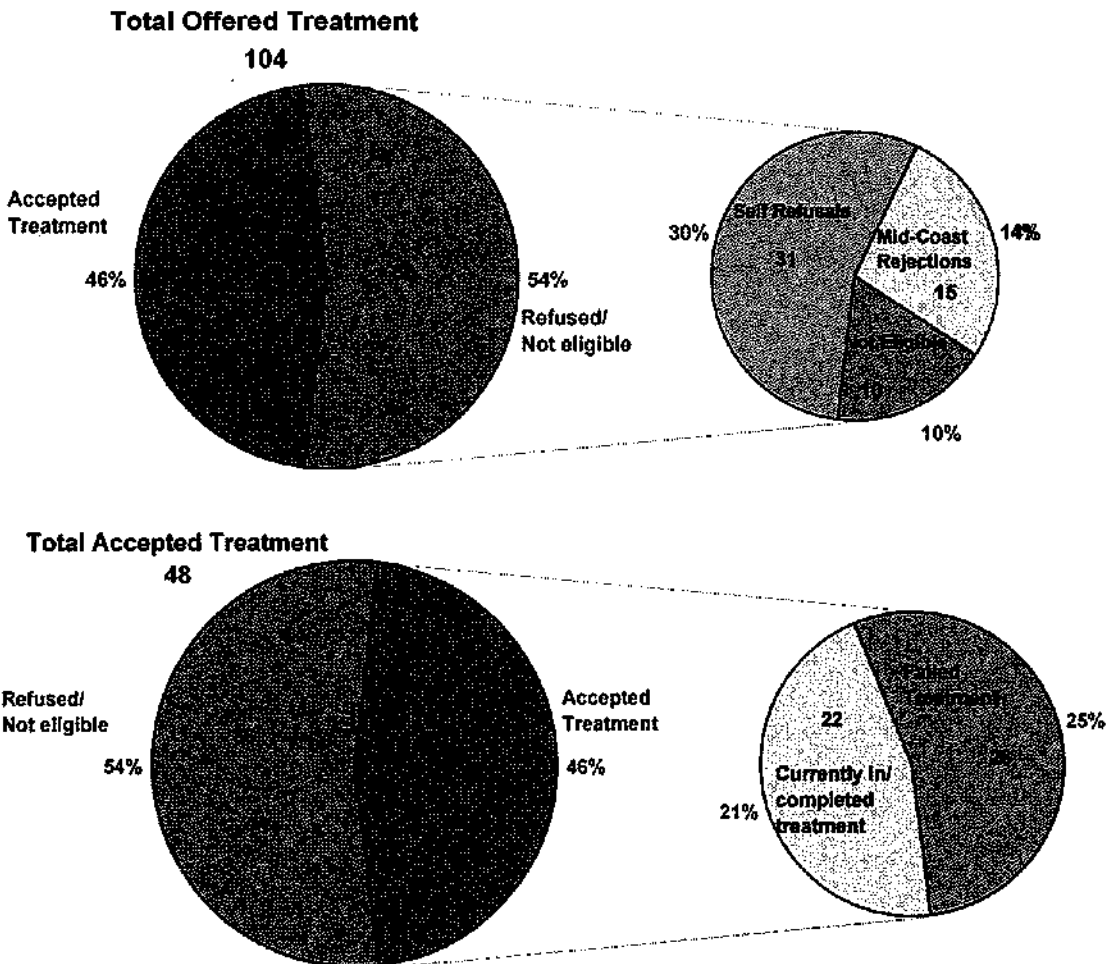
Email, RES@PD.SANNET.GOV

**CHARTS  
AND  
MAPS**

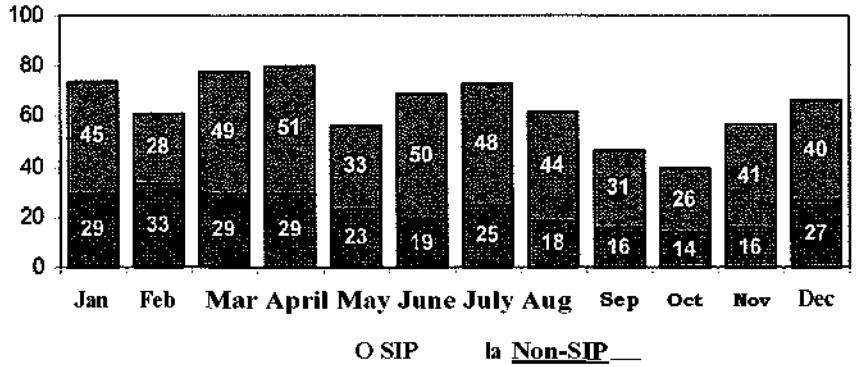
Total Arrests 278  
 Total People 144



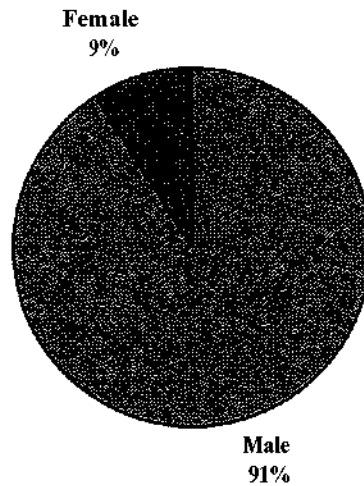
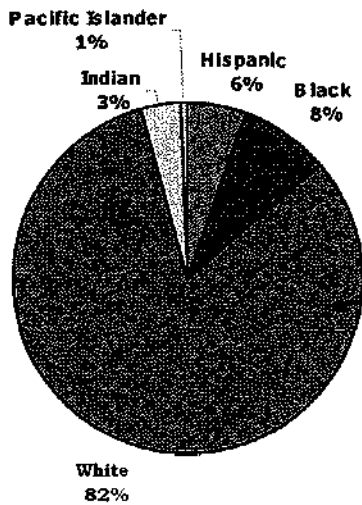
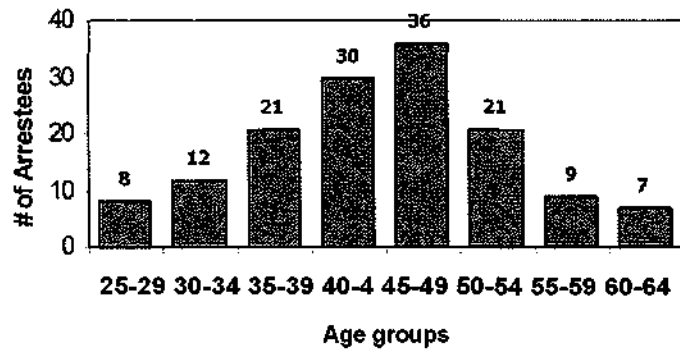
Number Of People arrested: 144 (75 people were arrested once, 69 had two or more arrests). 40 people either did not qualify or refused the option in court.



**All 647 (F) Arrests in Western Division  
January - December, 2000**









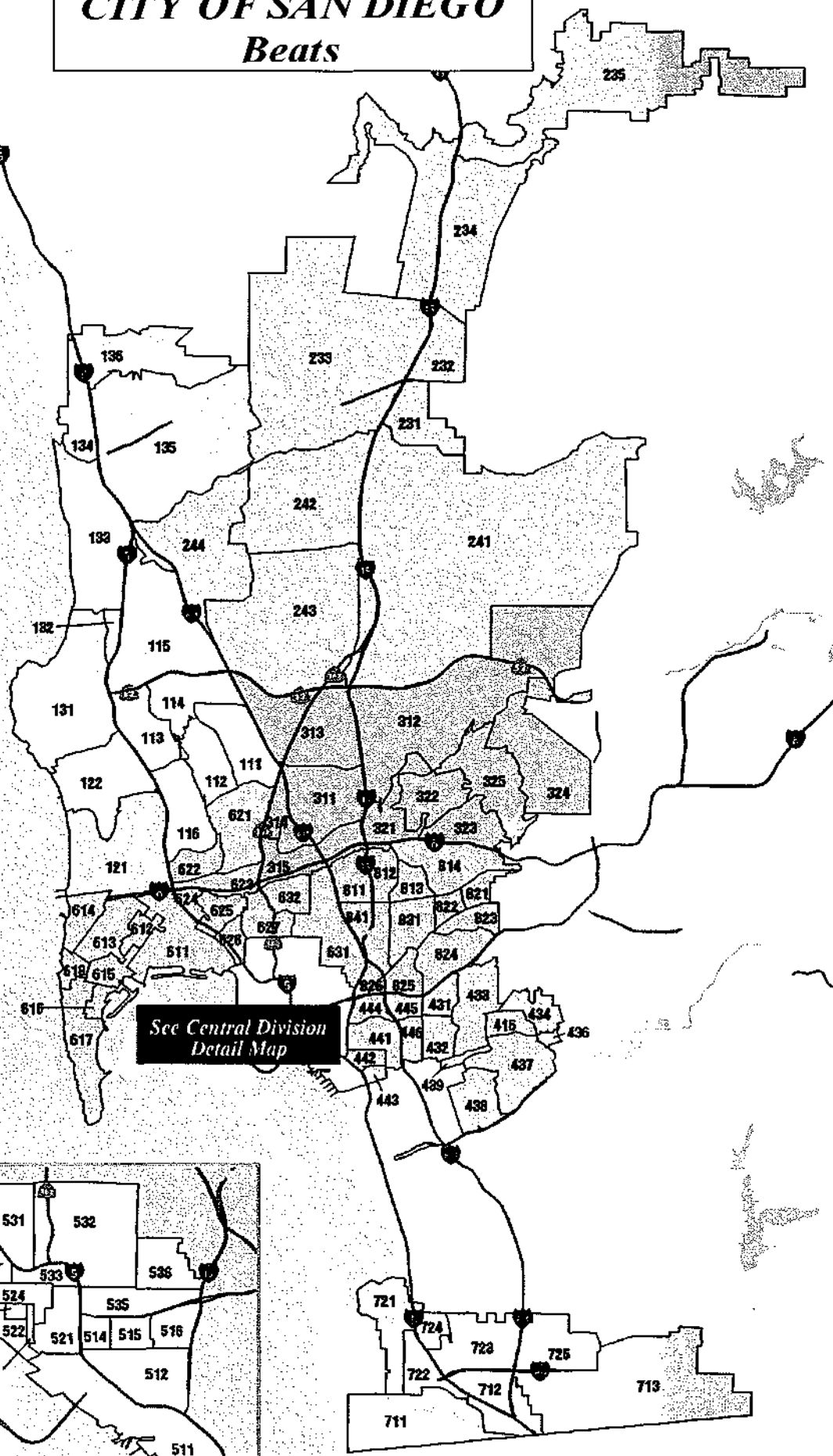
**Serial Inebriate Program Arrestees  
January - December, 2000**



# CITY OF SAN DIEGO Beats

## KEY

-  Northern Division  
Beats 111 - 136
-  Northeastern Division  
Beats 231 - 244
-  Eastern Division  
Beats 311 - 326
-  Southeastern Division  
Beats 416 - 446
-  Central Division  
Beats 511 - 537
-  Western Division  
Beats 611 - 632
-  Southern Division  
Beats 711 - 725
-  Mid City Division  
Beats 811 - 841



San Diego Police Department  
Crime Analysis Unit  
July 18, 2000



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