The Effectiveness and Efficiency of the Serial Inebriate Program

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About the Sage Project

The Sage Project is a partnership between San Diego State University (SDSU) and a local government in the San Diego region. Students, through their course work, engage in meaningful real-world projects and contribute to pressing social needs in a community in SDSU’s service area. Students from across the University assist local governments with partner-directed projects that address their livability and sustainability goals. SDSU students and faculty connect with high-priority, high-need, highly interdisciplinary community projects, thereby generating interest and fresh ideas that create momentum and provide real service to the community. Each year, the Sage Project at SDSU engages hundreds of students from diverse disciplines who invest thousands of hours assisting communities in our region as they seek to build a more equitable and sustainable future. The Sage Project is part of the Educational Partnerships for Innovation in Communities (EPIC) Network, and is based on the highly successful and award winning Sustainable City Year Program at the University of Oregon.

About San Diego

San Diego is the eighth largest city in the United States and the second largest in California. With its many beaches and some of the most temperate year-round climate in the country, the city is a popular destination for tourists as well as permanent transplants from other regions. This magnetic quality has also resulted in a composition of many culturally and socioeconomically diverse communities. Home to five public and dozens of private colleges and universities, San Diego is also renowned for education and cutting-edge advances in medical, technological, and other sciences. As a very large and influential municipality that continues to expand and change, the city presents with unique challenges of scope that make innovative and sustainable approaches to growth and livability essential to its continued success.
Executive Summary

The Serial Inebriate Program (SIP) was created 16 years ago as a new and forward thinking pilot program for the City of San Diego. Its purpose has always been to help the population of homeless who are so often incapable of finding help for themselves—chronic homeless individuals who are serial inebriates. This report provides a snapshot of the progress SIP has made with the target population in conjunction with an analysis of its economic benefits.

To accomplish these goals, political science students partnered with the City of San Diego and the Sage Project at San Diego State University to prepare an objective analysis of the program. Data was gathered from the San Diego Police Department, Mental Health Systems, and other agencies in order to present a snapshot of the effectiveness and efficiency of SIP. All comparisons were made between what SIP offers, in terms of treatments and costs, to the alternative of letting the target population continue without assistance. At the end of the project, we found evidence that SIP has been effective in reducing the number of homeless individuals who suffer from serial inebriation and also offers substantial cost savings to local governments.

The apparent effectiveness and efficiency of SIP prompted us to recommend an expansion of this model to other homeless populations. In addition, we recommend ways to make SIP more effective at its own goals. In short, we recommend that SIP expand its eligibility classifications, aim for better communication among and between agencies, and create an avenue for post-treatment tracking of those who complete the program. As a part of the cost-benefit analysis, we also recommend that a separate report be completed singularly on the costs and benefits of SIP. Without the concerted effort of all those involved, this report would not have been possible. For that, we are grateful and hope this report shows the progress and impact that the Serial Inebriate Program has and will continue to have in San Diego.

Introduction

This report is the result of a collaboration between students and faculty in Political Science 603 at San Diego State University (SDSU), the Sage Project, and the City of San Diego to provide an objective analysis of San Diego’s Serial Inebriate Program. To gather information about SIP and the objectives of the project, students met with representatives from the San Diego Police Department (SDPD), Mental Health Systems, Inc. (MHS), and the City of San Diego. Data was gathered from these organizations as well as other outside sources to create a complete picture of the costs associated with homeless serial inebriates.
Introduction to the Serial Inebriate Program

The City of San Diego’s Serial Inebriate Program started in January 2000. It was initiated as a problem-solving effort to reduce the revolving door wherein chronic homeless individuals suffering from alcoholism go in and out of detoxification centers, county jails, and local hospital emergency rooms. San Diego was the first American city to incorporate such a program to assist this target population and now serves as a model for similar programs across the nation.

SIP addresses a significant confound to the issue of homelessness, which is the incapability of the target population to seek help. Unable to enter treatment of their own accord, their illness persists, and they consistently follow the homeless revolving-door cycle. The causes of their chronic inebriation are individual, which may include many factors, such as personal failures and mental illnesses. The solution, however, is a multidisciplinary approach to enforce treatment for these individuals who cannot or will not help themselves.

Socially, the program is based on the fact that these chronic homeless individuals disproportionately consume community resources. Ten percent of the nation’s homeless consume 50% of its resources. In San Diego, a 2006 study by James Dunford and colleagues identified that, from 2000 to 2003, only 450 individuals (85% of the chronic inebriates) used healthcare resources of $17.7 million, with an overall reimbursement of 18.6%.1 The end result was that the community’s emergency services and hospitals lost many millions of dollars per year and little, if any, benefit went to the target population. The status quo was a very expensive and non-productive approach.

Juridically, the program is based on California Penal Code 647 (f),2 which considers public intoxication to be a form of disorderly conduct and, under certain circumstances, can result in incarceration for periods of up 180 days as a misdemeanor. Since the law does not punish the mere condition of being homeless or having chronic alcoholism but rather the associated conduct that poses a public safety hazard, California judges have the option of offering completion of an alcoholism treatment program, such as SIP, in lieu of custody.

In this way, SIP brings together the justice system, police and sheriff’s departments, emergency medical services, health and human services, and treatment providers with a unified and wraparound strategy to reduce the use of costly public resources. They do

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2 (f) Who is found in any public place under the influence of intoxicating liquor, any drug, controlled substance, toluene, or any combination of any intoxicating liquor, drug, controlled substance, or toluene, in a condition that he or she is unable to exercise care for his or her own safety or the safety of others, or by reason of his or her being under the influence of intoxicating liquor, any drug, controlled substance, toluene, or any combination of any intoxicating liquor, drug, or toluene, interferes with or obstructs or prevents the free use of any street, sidewalk, or other public way.
this by providing homeless serial inebriates a diversion away from the streets and incarceration into housing and treatment programs with intensive case management. The goals of the program are (1) to end or at least to slow down the revolving-door cycle; (2) to significantly reduce the costs, time constraints, and manpower burdens to San Diego County’s healthcare, law enforcement, and judicial infrastructure; and (3) to give an opportunity to the target population to live off the streets and reestablish their lives.

How SIP Works

First, individuals must be arrested for a 647 (f), being “intoxicated in public,” and meet the definition of a “chronic inebriate,” which means being transported to the Inebriate Reception Center (IRC) five times within a 30-day period. Second, they need to be considered guilty by the judge. When a guilty verdict is rendered and mandatory custody time imposed to a maximum of 180 days, judges may offer alcohol and drug treatment instead of incarceration.

If the offenders accept treatment, they are transported by a San Diego Police Department officer to the University of California, San Diego (UCSD), Medical Center for their medical and psychiatric evaluation. After their medical visit, they are transported to initiate the intake process in the substance abuse treatment program at Mental Health Systems, Inc. (MHS), Mid-Coast Recovery Center in San Diego. Convicted inebriates who decide to participate in SIP must then complete a focused, six-month clinical intervention program and abstain from using alcohol or face re-incarceration at a county jail.

Once in treatment, clients are provided with wraparound services designed to help them recover from alcoholism and take steps toward reentering society. During their six months of substance abuse treatment, clients work with their case manager to plan the next stages of recovery after they move out of the treatment program. In this way, graduates must have attained self-sufficiency, employment, and housing to renew their lives. Although only those who complete the required six-month rehabilitation are considered successful SIP graduates, individuals who complete at least 30 days are identified as making significant progress in their treatment.

It should be noted that serial inebriates do not always take advantage of treatment. Initially, chronic inebriates tend to refuse treatment and choose incarceration. However, as their sentences grow longer, they become more likely to elect treatment. Therefore, the program strategy is to continuously offer treatment, in lieu of custody time, until the target population realizes that it is the most viable alternative. Besides alcoholism, most SIP clients have other issues, which may include addictions to multiple substances, mental and physical health issues, and cognitive and behavioral issues. On average, SIP participants have spent nearly 16 years living on the street, and their primary drug of choice is alcohol followed by methamphetamine and marijuana.

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3 Individuals with a criminal history of felony violence, arson, or sex offences, however, are not eligible for the program.
Is the Serial Inebriate Program Effective?

The effectiveness of SIP will be discussed in answer to a series of questions arranged in a chronological fashion, roughly tracking how a serial inebriate (SI) would progress from initial identification and then into and through the program.

1) Are all SI properly identified?
   Evidence suggests that some SI are slipping through the cracks of the system.

2) Are those who are identified as SI “screened” for SIP?
   Some are excluded for reasons that would make them inadmissible to the program, but others are not screened despite being individuals who might benefit greatly from SIP.

3) Is every SI that is accepted into SIP enrolled into SIP?
   The enrollment rate for accepted individuals is over 90%.

4) How many individuals complete the program?
   More than 50% complete the program, though that rate has been decreasing. Approximately 20% “graduate,” meeting a higher standard than completion, and that rate has been increasing.

5) Has SIP made a difference in the target population in San Diego?
   SI arrests and the number of unique individuals arrested is decreasing, as are drunk-in-public arrests overall. During the same period, homelessness has remained consistent throughout the county. While there is no direct causal evidence, this suggests SIP is having a positive impact by decreasing the number of homeless serial inebriates within San Diego, or by reducing those who are in a position to be arrested.

Answers to each of these questions are based on available data and are discussed below in greater detail.

4 Source: Serial Inebriate Project Annual Reports 2000-2015, Mental Health Systems Inc.
Identification of serial inebriates

Per year, there were an average of 3,452 drunk-in-public arrests between the years 2010 and 2015 in San Diego. During that same time period, there was an overall decrease of almost 50% (from 4,536 in 2010 to 2,241 in 2015). Among these arrests, only a portion were qualified for admittance into SIP because they needed to be categorized by the IRC staff as a "serial inebriate." To reiterate, someone is classified as a serial inebriate after being transported to their facility five times within 30 days for public intoxication. The average number of arrests for SIP during this time period was 475, and the decrease during those five years was almost 40%. There is, however, a difference in variance between the number of total drunk-in-public arrests and SIP arrests. The number of drunk-in-public arrests showed a constant decrease, and the number of SIP arrests showed a particularly sharp decrease in 2010 and 2011, returning to a consistent reduction between 2012 and 2015.

The number of drunk-in-public arrests does not, however, reflect the actual number of distinct individuals being arrested because some people were arrested multiple times. Based on the total number of people being arrested for drunk-in-public, an average of 207 individuals met the criteria for serial inebriate per year from January 2000 through December 2015. There was also an almost 80% decrease in the number of people arrested for SI between the same period—down from 282 in 2010 to 157 in 2015. Not only has the number of arrests decreased significantly, but the number of chronic inebriates, those arrested for being drunk in public multiple times, showed an even stronger decrease.

This evidence suggests that SIP is effective at combating the revolving-door cycle of serial inebriation. This finding could be stronger if all serial inebriate cases were identified by the program. According to the IPH report (2005), the IRC is not staffed with nurses or physicians, and clients must be medically stable and ambulatory (without need of medical assistance) to be accepted for observation. Publicly intoxicated individuals judged by paramedics or law enforcement to be non-ambulatory are therefore transported to area hospitals instead. Heavy users may try harder to avoid arrest because they are so intoxicated that they will not qualify for IRC transport. Since an individual must be delivered to the IRC in order to be considered as a chronic inebriate, those who are transported to area hospitals may be omitted and never assessed for admission to SIP. Because the IRC is not involved, individuals can take much longer (if ever) to accrue the requisite five IRC visits in a 30-day period required to enter SIP.

5 Source: Officer John H. Liening, San Diego Police Department
Identification of SI and screening for SIP

Of the 207 people, on average, arrested for serial inebriation between 2010 and 2015, an average of 125 were considered for SIP treatment. This represents a difference of 40%. Recall that there are many requirements and exclusionary criteria that remove individuals from the pool of possible SIP participants. Offenders must be convicted and sentenced to additional custody more than once for treatment to be offered. Additionally, treatment is not offered if there are other criminal charges or violent behavior. As such, only a portion of the total number of individuals arrested for serial inebriation are deemed eligible and then screened for SIP treatment.

![Sentences and sentencing outcomes](image)

*Figure 1:* The total number of SI seen by a judge versus their respective sentences. Source: SIP provided statistics

It is important to distinguish between the inebriates who were refused SIP treatment because of criminal charges and/or violent behavior and the ones who self-refused. For 2007 and 2008, for example, among the 184 offenders screened for SIP, 81 were eligible, 46 were denied, and 57 self-refused. This phenomenon is correlated to the extent of the sentence, since treatment acceptance rose to 50% for sentences of greater than 150 days and when there was a higher sum of prior sentences (IPH report 2005). The level of acceptance, however, is practically stable during the entire time period.
As seen in Figure 1, the number of ineligible individuals decreased at nearly the same rate between 2010 and 2013 to the number of those sentenced to additional custody and, therefore, reduced the number of those who become eligible for SIP screening. A similar situation is seen in Figure 2 and the blue line (the total number of homeless who were assessed), which indicates that, between 2013 and 2014, there was a slight decrease in the number of individuals assessed. It is presumed that this is because they were deemed ineligible, were released, or refused treatment.

In addition, the number of offenders who were released remained essentially stable during the same time period, which may show that even though inebriates were progressing to higher sentences, there are also new people entering the system. This can be assumed because SIP is usually only offered after a person’s first arrest. The number of cases listed as “no complaint filed” and “no report” remained high during the years they were reported; this may suggest that some within the city’s judicial system do not yet consider the program the best alternative for the target population.

Acceptance vs. enrollment

According to SIP reported demographics, most of the individuals who accepted SIP were male (92%), Caucasian (78%), and single (on average, less than three percent were married). These individuals ranged from 20 to 69 years of age, with the group between 40 and 59 years old being predominant (78%). On average, these individuals have lived in San Diego for 16 years. All of them were eligible for public assistance, but only an
average of 30% of the clients declared that they were receiving public assistance at admittance. The dominant level of education among SIP clients also changed over SIP’s 16 years of operation. The percentage of high school graduates decreased (from 60% to 27%), the percentage of clients with less than a high school diploma increased (from 19% to 38%), and those with college degrees also increased (from 6% to 20%).

Since SIP is usually only offered after a person’s first arrest, those who accepted treatment were significantly more likely to have more arrests. Among individuals who entered treatment, 72% had four or more SI arrests, which totals a minimum of 20 arrests over the time period.

In contrast, of those who refused or were not offered treatment, only 17% had four or more SI arrests. There was also an increase in the proportion who accepted treatment among those who received a higher jail sentence. For sentences of greater than 150 days, treatment acceptance rose to 50%.

In sum, the number of arrests and the number of days sentenced to jail appear to be the main factors impacting SIP acceptance. Additionally, SIP clients were also largely composed of readmitted SI rather than clients who were in their first time through the program. This rate was so high that in most years almost 70% of the clients were readmissions, amounting to nearly twice as many

Figure 3: Number of first-time enrollments and readmissions. Source: SIP provided statistics.

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6 Source: Deni McLagan, Mental Health Systems Annual Reports
7 Source: IPH Report, 2005
readmissions as new clients. There was, however, a sharp increase in the number of new clients in 2008 and a decrease in the number of both new and readmitted clients in 2012. The reason for the sharp increase in new clients in 2008 is unreported, however.

![Image of bar chart showing ratio of first-time to readmitted individuals from 2005 to 2012.]

*Figure 4: Stacked representation of data from Figure 3. Source: SIP provided statistics.*

The number of individuals who accept entrance into SIP and subsequently enroll (i.e. those who actually begin to receive benefits) is relatively high. Since 2009, with the exception of one year, enrollment rates were above 90%. In 2013 and 2014, the enrollment rate reached 100%, though it decreased slightly in 2015. Refer to Figures 5 and 6.

It is perhaps unsurprising that most individuals who agree to enter SIP end up enrolling, but it remains an area to monitor as a sudden decrease in the acceptance/enrollment numbers could be an indication of process problems that discourage participation.
Figure 5: Comparison of those accepted into SIP to those who enroll in the program, by year. Source: SIP provided statistics.

Figure 6: Number of SIP enrollees as a percentage of the total number who were accepted by year. Source: SIP provided statistics.
Program completion

Completion of SIP must be distinguished from graduation from SIP. Each tells a different story. Completion of the program is obtained by participating in four 90-minute treatment sessions per week for the required six months and staying sober throughout the program. In addition, clients must show consistent effort to obtain housing and employment. Graduation requirements are more rigorous as they include those of completion, but clients normally continue therapy past the required six months and are required to be financially stable (through either employment or obtaining of benefits) and procure drug-free housing.

Completion rates from 2008 to 2011 were relatively stable at 70 percent with a jump up to 80%. Completion rates since 2011 have been gradually decreasing from nearly 80% down to 50%. Data for the time between 2002 and 2007 was not available for further analysis.

Graduation rates, on the other hand, have data reported for nearly every year since 2000. Since the first year of SIP in 2000, the graduation rate has, on average, been increasing from around 10% to above 20%. In contrast to highly fluctuating completion rates, graduation rates have remained relatively stable with an overall steady increase, driven especially by three years of graduation rates 10% above the average.

Figure 7: SIP Graduation and Completion rates by year. Source: SIP provided statistics.
It is unclear why completion rates have decreased. However, the increase in graduation rates over time suggests that the program is succeeding overall. Specifically, more enrolled clients are demonstrating financial stability and acquiring drug-free housing. The reduced completion rate may suggest those individuals who are not on track to fully realize the program’s goals are not completing the six-month requirement. Without further research, such as results from exit interviews, inferences based on these completion rates are only speculative.

These rates are nonetheless encouraging, however. In general, other alcohol treatment programs have only a 25% success rate in creating continuous abstinence. This 25%, however, applies to the entire population of alcohol abusers and cannot accurately represent those with the additional and significant complications that homeless serial inebriates face. SIP’s success rates are therefore higher than one would expect in treating this population.

**Reduction of serial inebriates**

As seen in Figure 8, the number of arrests and bookings for serial inebriation, as well as the overall number of drunk in public arrests, has decreased since 2010 by more than 50%. While this cannot be directly linked to SIP, it suggests that the problem of serial inebriates causing sufficient social disorder to warrant police intervention is decreasing.

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*Figure 8*: Total number of individuals arrested for drunk-in-public (purple line) and serial inebriate arrests (blue line) as compared to the larger number of drunk-in-public arrests (orange line). Source: SIP provided statistics.

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8 Source: NY Times Health, “Alcohol Use Disorder Treatment for Alcoholism - Alcohol Use Disorder Health Information.” 2016
Over the same time period, unsheltered homeless counts have decreased, while total homeless counts have changed little. This suggests more housing for homeless individuals, which may contribute to the reduction in number of arrests. However, it may also be partially attributable to SIP successes and its increasing graduation rates, which remove individuals from the homeless population entirely. Even when only partially successful, the program may also help homeless individuals find other forms of housing, like that of homeless housing facilities.

Unfortunately, in the past four years, chronic homelessness has been on the rise. A chronic homeless person refers to someone who has a disabling condition and has been homeless for a year or more or who has had four or more bouts of homelessness in the past three years. These individuals experience additional difficulties in finding and retaining housing. As this population grows, it may impact SIP and its success rates as more and more of its participants may be chronically homeless. Therefore, a general decrease in homelessness cannot explain the observed decrease in serial inebriate arrests.

Figure 9: Left Y-axis is the total homeless population in San Diego County. Right Y-axis is the percentage of the homeless population classified as “unsheltered” or “chronic.” Source: 2009 - 2015 Regional Task Force on the Homeless reports.

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Does the Serial Inebriate Program Save Money?

Our second analysis evaluates the cost-effectiveness of SIP. In order to do this, we estimated the average total cost for a serial inebriate participating in SIP and compared it to the estimated total cost of a serial inebriate not participating in SIP. Over the last 15 years, SIP has had a completion rate of approximately 65%. Considering this information, we added 35% (65% plus 35% equals the total, 100%) of the costs incurred by serial inebriates not participating in SIP to the costs incurred by the participants of SIP. In this way, we were able to capture the total cost of individuals who initially enrolled in SIP but did not complete the program.

Table 1 includes the estimated average annual cost per serial inebriate not participating in SIP in the left column and the estimated average annual cost per serial inebriate who is enrolled in SIP in the right column. Table 2 demonstrates a cost-benefit analysis of operating SIP to determine the efficiency of SIP and whether the program saves money for local governments and the healthcare system.

It is important to remember that these data are extremely rough estimates of the expenses related to SIP and serial inebriates in general. This analysis should serve as a guide to future research, analyses, and policy decisions, not as a definitive statement regarding cost savings. With more accurate data, a more credible cost-benefit analysis could be completed to determine actual savings for the City of San Diego.

<table>
<thead>
<tr>
<th>Type of expense</th>
<th>Average SI cost per year - not enrolled in SIP*</th>
<th>Average SI cost per year - enrolled in SIP</th>
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<tr>
<td>SIP Costs</td>
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<td>Police Department fees</td>
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<td>Booking Fee - Jail</td>
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<td>Medical Transport fees</td>
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<td>Court fees</td>
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<tr>
<td>Inmate Housing fees</td>
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<tr>
<td>Total Costs</td>
<td>$67,012 (SI not in SIP)</td>
<td>$16,179 (SI in SIP)</td>
</tr>
</tbody>
</table>

*All data were adjusted for inflation to represent 2015 dollars.

Table 1: Average costs for serial inebriates

Source: Serial Inebriate Project Annual Reports 2000-2015, Mental Health Systems Inc.
Methods

**SIP costs.** On average, a SIP participant accrues roughly $450 in treatment costs and $450 in housing costs per month.\(^{11}\) This equates to about $900 a month per participant. After multiplying this monthly rate by 12, we calculated an average yearly cost per SIP participant of about $10,800.

**Police Department fees.** On average, a drunk-in-public call requires two officers for two hours at a cost of $407.56.\(^ {12}\) In 2015, there were 157 serial inebriates that amassed 402 serial inebriate arrests.\(^ {13}\) Recall, a person is classified as a serial inebriate during an arrest if he/she has been arrested at least four times in the last 30 days for a 647(f) – “drunk in public.”\(^ {14}\) After multiplying 157 by 4 (the minimum previous arrests necessary to be considered a serial inebriate) and adding 402 serial inebriate arrests (the fifth 647(f) arrest), we obtained a total average cost per year of $2,674 per serial inebriate.

**Booking fee.** The San Diego County jail has an approximate booking fee of $150 per individual.\(^ {15}\) The average serial inebriate was arrested 6.56 times in 2015.\(^ {16}\) Therefore, after multiplying $150 by 6.56, we determined that a serial inebriate’s booking fees per year equate to approximately $984.

**Court fees.** After being booked, an individual must go to court to determine his/her legal status. While in court, an individual accrues fees for various resources to assist him/her in legal matters. Generally, there is about a $50 cost for counseling, a $100 sentencing fee, a $377 fee for substance abuse assessment, and a probation, revocation, or restitution fine of $150.\(^ {17}\) Therefore, each arrest costs about $677. On average, a serial inebriate is arrested and must go to court about 6.5 times a year. Therefore, we multiplied $677 by 6.5 to obtain a total annual court cost of about $4,440.

**Inmate housing fees.** The average reported cost to house an inmate in county jails in California is $115 per day.\(^ {18}\) On a first drunk-in-public offence, there is a minimum sentence of 30 days in county jail. Therefore, using the minimum sentence, we multiplied $115 by 30, arriving at a cost to house a serial inebriate in county jail of at least $3,450. This is an incredibly modest estimate considering a serial inebriate must be arrested four times prior for a 647(f) in order to be classified as a serial inebriate. Each consecutive arrest after the first adds an additional 30 days to a person’s sentence.

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\(^{11}\) Source: Deni McLagan, SIP Manager
\(^{12}\) Source: Officer John H. Liening, San Diego Police Department
\(^{13}\) Source: San Diego Police Department
\(^{15}\) Source: Officer John H. Liening, San Diego Police Department
\(^{16}\) Source: Statistics gained by calculations done during course
\(^{18}\) Source: 2012 Survey on Average Daily Cost to House Inmates: Board of State and Community Corrections (BSCC)
Medical transport. Emergency medical transport is one of the most commonly used health services by serial inebriates. The average cost per medical transport is $1,968.\(^{19}\) Using data from Dunford et al. (2006), we found that the median number of times a serial inebriate uses medical transport in any given year is four times.\(^{20}\) We used the median because the large range of transports skewed the average value. Therefore, after multiplying $1,968 by four, we arrived at a total cost of $7,932 per serial inebriate per year.

Emergency room. Serial inebriates use the emergency room at the same rate as medical transports. The national average cost for an emergency room visit is $1,414.\(^{21}\) A serial inebriate uses the emergency room four times\(^{22}\) (four emergency room visits per year is also a median value, not an average) every year at an annual cost of $5,657.

Inpatient. The highest healthcare costs associated with serial inebriates are inpatient hospital services. In 2015, the average daily cost of inpatient care at a hospital in the County of San Diego was $13,968 per day.\(^{23}\) The average serial inebriate spends three days in inpatient care every year.\(^{24}\) After multiplying $13,968 by three, we arrived at a total annual inpatient care cost of $41,904 per serial inebriate.

Analysis
In order to simplify our analysis, we will examine the cost of 100 serial inebriates who enrolled in SIP and compare them to the cost of 100 serial inebriates who did not enter SIP. Previous cost-benefit analyses of SIP assumed that all individuals who enrolled in SIP actually completed the program and no longer used other government-paid resources. However, SIP had an average completion rate of 65% from 2008 to 2015, which means 35 out of every 100 SIP enrollees do not share in the reduced costs of treatment. We believe it is a reasonable assumption that those individuals who enroll in SIP but do not complete it continue to utilize resources at the same rate as those who never entered SIP in the first place. The table below demonstrates a comparison between the total cost of 100 serial inebriates not in SIP and the total cost of SIP for 100 participants plus the total cost of the 35 (on average) serial inebriates who would likely not complete the program. We add the two together because, for those serial inebriates who initially enrolled in SIP, program costs still persist even if they do not complete the program.

\(^{19}\) Source: Report compiled by the Public Policy Institute of California, published on the California Senate Budget and Fiscal Review Committee web page, http://sbud.senate.ca.gov/sites/sbud.senate.ca.gov/files/FullC/PPIC%20JTF_CountyJails_final.pdf
\(^{21}\) Source: Office of Statewide Health Planning and Development web page, http://gis.oshpd.ca.gov/atlas/topics/use/
\(^{23}\) Source: Office of Statewide Health Planning and Development web page, http://gis.oshpd.ca.gov/atlas/topics/use/
Table 2: Annual Cost-Benefit Analysis of SIP

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost of 100 SIs not in SIP:</td>
<td>$6,701,225</td>
</tr>
<tr>
<td>Total cost of SIP for 100 participants ($1,617,929)</td>
<td></td>
</tr>
<tr>
<td>+ Total cost of 35 SIs who did not complete SIP</td>
<td></td>
</tr>
<tr>
<td>($2,345,429):</td>
<td>$3,963,357</td>
</tr>
<tr>
<td>Total cost savings of SIP:</td>
<td>$2,737,868</td>
</tr>
</tbody>
</table>

Our findings indicate that SIP does, in fact, save money. SIP results in a cost savings to the government of just over $2.7 million annually. This analysis takes into account the fact that the completion rate of SIP participants is roughly 65% in any given year. For the purposes of this analysis, 35% of the costs for SIs not in SIP were added to the total cost for SIP to account for the 35% of SIP participants who do not complete the program. This 35% additional cost counts the continued cost to healthcare services and law enforcement at the previous rates prior to treatment, including the SIP resources already spent. Therefore, we would expect the actual cost savings of SIP to be higher than the $2.7 million figure if SIP were to have any lasting positive effects on those who enrolled in the program but did not complete it. However, more accurate data are needed to conduct a more precise cost-benefit analysis on SIP to legitimize such findings as well as follow-up surveys with those who complete the program.

**Recommendations**

According to the data available to us, SIP saves local governments around $2.7 million annually. The program has also demonstrated success in meeting its goals of getting serial inebriates into treatment and reducing the costs associated with homeless serial inebriates. To improve on these successes, we make recommendations based on the following: eligibility expansion, better communication among and between agencies, and post-treatment tracking of those who complete the program (if possible). In addition we provide recommendations for a more accurate and representative follow-up cost-benefit analysis.

**Expanding eligibility**

SIP only becomes an option when individuals are repeatedly delivered to the IRC by police. However, the IRC is not staffed with nurses or physicians and clients must be medically stable and ambulatory (without need of medical assistance) to be accepted for observation. Publicly intoxicated individuals judged by paramedics or law enforcement to be non-ambulatory are therefore transported by paramedics to area hospitals. Thus, some egregious Emergency Medical Services and Emergency Department users are so intoxicated that they only occasionally qualify for IRC transport. These
individuals take much longer (if ever) to accrue the requisite five IRC visits to enter the program. Hospital personnel are reluctant to notify police for fear of violating patient privacy rights, and therefore SIP can sometimes still fail to reach the greatest users of emergency department resources.

We recommend a few possible solutions to this problem. A police officer could be present whenever a report of an inebriate is made prior to their transport to a hospital (often the emergency medical personnel take the inebriate to the hospital before a police officer arrives). Another option could be to expand the 30-day period (to 60 days, for example), so that even when the inebriate does require a hospital stay, an expanded period would make it more likely that they are eventually classified as a serial inebriate, and therefore become eligible for SIP. Finally, because the IRC is tasked with keeping track of the number of times an inebriate is brought into their facility, we recommend the IRC be notified of all homeless inebriates who get drunk-in-public calls, regardless of whether they end up in their facility, so they will be more likely to obtain the requisite five arrests in a 30-day period. If this occurs, many inebriates who need SIP treatment but do not fall under the current eligibility standards would have a higher chance of getting the help they need.

Another way to expand the program that might be beneficial to the target population as well as further the savings to local governments is expansion of the types of drug abuse that can be treated under SIP. The reports we received showed that the majority of inebriates in the program do or have used drugs other than alcohol. Expanding eligibility to include other drugs would not only allow for faster classification of serial inebriates, but it would also allow for other substance abusers to get the necessary treatment. This option appears to already be primed for implementation due to the fact that MHS (the facility where SIP operates) already treats many types of drug addiction outside the current jurisdiction of SIP.

**Improved communication**

SIP is still operated and monitored for the most part by the two officers and MHS’s program manager who started the program 16 years ago. While the program has functioned well through their coordination, there seems to be a lack of communication about the progress of the program outside of its inner circle. We recommend better communication of progress, results, and any other important information regarding SIP to those within the San Diego Police Department, MHS, area hospitals, and all other supporting agencies as well as within each agency.

With better communication of the positive impact that SIP provides, those in the judiciary may be more inclined to change the relatively high number of cases where there was no complaint filed. Once judiciary officers realize the help they can offer to inebriates, SIP will begin to further the help it provides to the larger population of homeless serial inebriates.
Post-treatment tracking

Although we were able to identify significant cost savings associated with SIP, the true benefits and savings to treated individuals have not been highlighted because there is currently no avenue of post-treatment tracking. Whether through a survey, a registry of those who finish SIP, or some other means, tracking of these individuals would better identify the true benefit that SIP provides. By tracking those who complete/graduate from SIP, the program could learn if it is effective in providing lasting effects beyond 30 days, three months, or longer after program completion. It is important for those who operate and fund SIP to know of both the economic benefits and the benefits that long-term sobriety bring to each SIP client. Post-treatment tracking might provide this manner of impactful data that would justify program expansion.

Cost-benefit analysis

A preliminary cost-benefit analysis was performed as a portion of this report. In the future, we recommend a thorough and stand-alone cost-benefit analysis be completed. A focused cost-benefit report would benefit SIP and all interested parties by furthering the understanding each agency has regarding what the program does and is capable of achieving in economic terms. In the cost-benefit analysis completed here, we encountered conflicting numbers from different sources regarding the same data. As such, we are only able to provide rough estimates that will need to be validated in a follow-up analysis.

With these last two recommendations, we emphasize that improvements to data collection and tracking are vital to establishing the benefits and impact of SIP.

Recent updates

At the time of publication, the City of San Diego and SDPD have implemented or are in the process of implementing a number of improvements, including those related to our recommendations.

SDPD is now working closely with the Sobering Center and area hospitals to access and place individuals who are seeking treatment voluntarily and ideally before any arrest is made. With the closer relationship between the SDPD and related agencies, the number of individuals that can and will be treated can be expected to expand.

It was noted that many serial inebriates are being transported to hospitals before police have the opportunity to arrive and log the individual’s status as an inebriate. Currently, SDPD is in the process of implementing a system in which these types of individuals are made known to police and then diverted to SIP and offered proper treatment. This system should also increase the number of SIP participants and broaden the scope of assistance to the community.
Lastly, SIP operators, city staff, and police personnel are working diligently to train new individuals in order to ensure the long-term success and viability of SIP after those who started it pass the torch to the next generation of civil servants. For a program such as SIP, long term success is vital to its impact.

**Conclusion**

The City of San Diego is an exemplary model for homeless assistance programs across the country. SIP, in particular, assists a particularly high-cost subgroup of homeless, serial inebriates. Given the data presented here, SIP has been largely successful in its goals and is potentially saving millions of dollars in public funds by providing resources and treatment to costly repeat offenders. Improvements to the program might include expansion of eligibility, improved communication across departments and programs, more rigorous data tracking, and further cost-benefit analyses.
Additional References


