



An Evaluation of the Impact of San Diego's Serial Inebriate Program (SIP)

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Individuals become chronic public inebriates due to many factors, including personal difficulties and mental illness. They persist in their behavior in part because of public policies that do not address the root causes of their problem. Many of these individuals are homeless and disproportionately consume community resources, especially law enforcement, emergency, and hospital services. Although treatment is available and may repeatedly be offered, these individuals rarely voluntarily enroll in and complete current programs. Unable to enter treatment of their own accord, they follow a consistent, revolving door cycle, in and out of local emergency rooms, jails, and detoxification centers. Often the police are the first responders to the next episode.

In 1999 the San Diego Police Department undertook a pilot program (Homeless Outreach Team, or HOT) to address a growing problem of homeless individuals, and chronic public inebriates in particular. An audit of 15 homeless inebriates, conducted from July 1, 1997, through December 31, 1998, in cooperation with two regional hospitals and the city's ambulance provider demonstrated that these individuals amassed 417 emergency department visits and generated hospital and emergency medical service charges of \$1,476,113—nearly \$100,000 each on average.

In response, HOT officers developed a pilot program, the Serial Inebriate Program (SIP), in partnership with key community stakeholders: Mental Health Systems, Inc. (a treatment provider), the City Attorney, the Public Defender, the Volunteers of America (who managed the only county-funded “sobering center” in the region), the San Diego County Drug and Alcohol Services, the City EMS Medical Director, the County Sheriff, and the Superior Court. SIP began in January 2000 and was expanded throughout the city in 2002.

SIP was devised to stop the revolving door—and reduce

the drain on community resources—by providing an alternative program to help public inebriates who fail to enter treatment on their own. SIP clients must be repeatedly arrested for being intoxicated in public, meet the definition of chronic inebriate (five police transports to the detoxification center within 30 days), and receive a guilty verdict with custody time. This provides the opportunity for judges to offer these inebriates the option to complete a treatment program in lieu of custody. This alignment of the judicial system with treatment is intended to provide an incentive to participate in an intensive outpatient recovery program tailored to their needs. The goal is to maintain the client in recovery (defined as more than 30 consecutive days of sobriety) and achieve a continuum of care through comprehensive recovery services. San Diego is the first American city to incorporate such a process to assist this very difficult patient population.

OBJECTIVES, POPULATION, AND METHODS

We examined the following questions about SIP so as to provide initial direction for further policy decisions regarding the health of chronic public inebriates.

- What factors are associated with an individual accepting SIP services?
- For those who agreed to enter SIP: (1) Was there a decrease in the number of *their own* subsequent arrests, paramedic transports, emergency department visits and inpatient admissions, and (2) when compared to those who did not agree to enter SIP?
- If there was a decrease in paramedic transports, emergency department visits, or inpatient admissions, how much was saved in the average monthly charges associated with these services among those who participated in SIP compared to the eligible inebriates who did not?
- What factors are associated with successful completion of SIP?

We used a retrospective design to evaluate the effectiveness of SIP and to provide an estimate of its potential cost savings. The study population was 529 individuals identified as chronic inebriates by the San Diego Police Department and the Volunteers of America Inebriates Reception Center from January

1, 2000, through December 31, 2003. The study used existing data from law enforcement records, emergency medical services (EMS) records, emergency department records, inpatient admission records, and alcohol recovery program records.

The analysis of the data was approached in three distinct steps. First, descriptive and univariate analyses were performed on the entire study population to provide data on chronic inebriates in San Diego. Univariate analysis was used to provide information regarding the differences among comparison groups of interest. Second, the impact of SIP was investigated by comparing health-care utilization among chronic inebriates who accepted treatment with those who did not for any reason, using a before/after analysis. For the final part of the analysis, multivariate analyses were utilized to identify the factors independently associated with various treatment outcomes.

FINDINGS

Of the 529 chronic inebriates identified, 280 (53%) were offered treatment at least once by the court. Of them, 155 (55%) entered treatment at least once. Of them, 64 (41%) did not complete 30 or more days, 52 (36%) completed at least 30 days (but not the program), and 39 (25%) completed treatment goals. Those who entered treatment were similar to the overall chronic inebriate population and those who were offered treatment but declined. The majority were over 50 years old (65%), male (96%), and Caucasian (83%).

A longer jail sentence correlated directly with acceptance of treatment, which rose to 50% for those sentenced to 150 or more days. There were no significant age, gender, or race/ethnicity differences between those who accepted treatment at least once and those who did not. However, those who accepted treatment had significantly more arrests, a higher number of days sentenced to jail, and were more likely to have used emergency and inpatient services prior to accepting treatment compared with those who didn't accept treatment. Chronic inebriates whose previous sentences totaled 200 days or more were 16 times more likely to accept treatment than those whose total was 0-60 days.

Of the 155 who entered alcohol recovery treatment, 91 (59%) completed at least 30 days. Compared to those who did not complete 30 days, these people were significantly more likely to be Caucasian, to have a longer current jail sentence, to have had more days

sentenced to jail before enrollment, to not have (or not be sure of having) a chronic mental illness, and to have used EMS services before entering treatment. Logistic regression analysis suggests that a lack of monthly income, chronic mental illness, and prior EMS transports were independently associated with completing at least 30 days of treatment. Although not statistically significant, those who were older and those who were never married were more likely to complete at least 30 days of treatment.

Relative to those who did not complete the program, those who did were significantly more likely to be Caucasian, to not have had (or were uncertain of having) a chronic mental illness, and to have used EMS before entering treatment. There were no significant age or gender differences between the two groups. Two factors were found to be independently associated with completing treatment goals in the logistic regression analysis: being older and having a history of EMS transports. Although they didn't reach statistical significance, not having a monthly income and having a higher prior sum of sentence days were associated with greater likelihood of completing treatment.

The total charges accrued over these four years by the 450 individuals who used health-care resources were \$17.7 million with an overall reimbursement of 18.6%. Before entering SIP, the 155 who accepted treatment had median average monthly use and charges that were about two times higher than for those who refused services or were not offered them. After enrollment, however, regardless of treatment outcomes, the median average monthly use for all services and associated charges decreased by at least 50%, whereas for those who refused or were never offered treatment the median average monthly use for all services and associated charges stayed the same or increased.

In summary, the results suggest that older chronic inebriates, males, those with prior EMS transports, and those with a higher sum of prior sentence days were more likely to accept treatment. The results also suggest that several factors contribute to better program outcomes: older age, a higher sum of prior days sentenced, no monthly income, having chronic mental illness, and having a prior EMS transport.

POLICY IMPLICATIONS

Chronic, or serial, inebriates create a huge drain on public resources of California cities and counties. Unfortunately, these individuals rarely seek treatment

on their own and continue revolving between the emergency department, jail, and detoxification centers until serious personal health consequences arise and further community resources are consumed.

Although additional research will be needed to clarify our findings, **our study provisionally demonstrates the importance and value of a community-wide intervention program to address the underlying causes of emergency department overcrowding currently threatening the stability of the emergency services system statewide.** In San Diego, until SIP's creation—a community-supported treatment and cost-saving strategy incorporating a law enforcement component—there were no programs willing to treat this recidivist population. By coordinating resources and aims across agencies, SIP not only appears able to end the cycle for 25% of its enrollees; this strategy appears also to reduce the consumption of emergency health-care resources—in part by enrolling some of the highest users of health-care resources—while increasing enrollment in alcohol recovery programs.

Police presence is the cornerstone of SIP's case management strategy. **SIP's success may provide a model for other law enforcement agencies to collaborate with county health and social services in an effort to improve outreach to and engagement of chronic public inebriates.** Strengthened collaborative programs delivering improved results among this population can have impacts in other directions as well: alcohol recovery programs could be enhanced through similar partnerships among law enforcement, the judicial system, and other health-care service providers.

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