

TURNING LIVES AROUND

The Serial Inebriate Program, a joint effort of the city attorney's office, the police department, the courts and a private alcohol treatment program, has succeeded in taking homeless alcoholics off the street and launching them into productive lives.



IN MANY CITIES, THE HOMELESS CHRONIC ALCOHOLICS who roam the city streets present a frustrating and expensive problem. Though their numbers are generally not large, they cost millions of dollars in repeat police and emergency medical calls, and few ever stay sober for more than a few hours at a time.

In San Diego, a two-and-a-half-year-old program has brought hope to this problem—not only in reducing taxpayer costs but also in turning around lives. The Serial Inebriate Program, a joint effort of the city attorney's office, the police department, the courts and a private alcohol treatment program, has succeeded in taking homeless alcoholics off the street and launching them into productive lives.

"It's amazing to see what happens to these guys," said San Diego Police Officer John Liening, who helped create the program and now works on it full time. "There was

one guy I used to arrest all the time who lived in an alley with a shopping cart. He went through the program and came back recently to take me out to dinner. He has a job and a brand new car, and he was beaming."

Liening didn't always feel such satisfaction in his work. As a patrol officer, he was frustrated to answer repeated calls to the same locations to pick up the same people.

"Typically, I'd get a call to pick up a person who was down, and when they gave me the description, I'd know exactly who it was," Liening said. "We'd take him to detox [the Volunteers of America detoxification facility downtown], and he'd stay an hour and walk away and do it again."

Often the people Liening picked up were so drunk, he had to call paramedics. The paramedics were as frustrated as he was at dealing with the same people over and over again, Liening said.

The numbers associated with the problem were staggering. One chronic offender had been taken to detox 212 times in one year. Another had racked up a \$187,000 hospital bill in two years from repeated trips to the emergency room.

A local study showed that 227 inebriates had cost about \$6 million in health care costs over an 18-month period. They had made 2,358 hospital visits and had been transported in ambulances 1,745 times.

In 1999, Liening and police sergeant Richard Schnell approached the county Alcohol and Drug Services division with an idea for a program. The program would operate in much the same way as the county's drug courts. Every time one of the chronic alcoholic offenders was taken off the streets, he or she would face a choice—jail time or treatment.

Prior to that, most of these offenders had spent only short periods of time in custody because their offenses were minor. Being drunk in public, vandalizing and fighting often meant a trip to detox rather than jail time. When they did go to jail, it was like a revolving door—in and out.



Under the new program, first-time offenders faced 30 days in jail. Second-time offenders faced 60 days in jail, and chronic offenders faced 180 days.

"They didn't mind a weekend in jail because they could get right out and start over," Liening said. "But this was going to be longer, and they hated that."

Not only did they dislike being in custody, they couldn't drink while in jail, and that made a difference in their thinking.

"For some of them, it was the first time in years they had been sober for 30 days," Liening said. "When they were sober, they became more willing to accept treatment."

To sweeten the idea of treatment, participants were told that if they stuck to the program, any tickets they had would be dismissed. Many offenders had accumulated tickets for repeat minor offenses, and they wanted to be rid of them.

Mental Health Systems, Inc., a treatment facility, won the bid to pilot the program in January 2000. Initially, it was set to be a 30-day program, but that was soon changed to a six-month program.

"These people have a lot of needs," Liening said. "Not only have they not washed their hair, showered or brushed their

teeth in years, many of them have mental health problems. You need more than 30 days to get to their core issues."

Liening said it took a while to educate some chronic offenders that this was no longer going to be an in-and-out legal situation. They weren't going to be able to breeze through detox or jail and go back to the way things had been.

"This is a very resistant population," he said. "At first they didn't want to do it [accept treatment]. But as the jail time increased, they became willing."

Mental Health Systems, Inc., assigned the case management of the program to its Mid-Coast Regional Recovery Center. There, clients are assessed and receive treatment not only for their alcoholism but also for medical and mental health issues. They also receive assistance in finding housing and employment.

"This was a problem that was never going to go away the way it was being handled [previously]," said Deni McLagan, program manager for Mid-Coast Regional Recovery Center. "These are people who have multiple needs. A short trip to detox or to jail doesn't address those needs."

McLagan said that when an offender agrees to accept treatment from SIP, one of her counselors goes to interview him or her in jail. Offenders are not eligible if they have a history of arson, violence or sex offenses. To be accepted, they must show a willingness to follow treatment guidelines.

Each offender is assessed individually to determine the level of care needed. Some require a period of inpatient care; others participate in outpatient treatment programs.

Once in the program, participants receive a County Medical Services card and are assigned to a primary care physician at a local clinic. This helps them deal with problems such as cirrhosis, pancreatitis and depression and eliminates their need to use emergency medical services.

Many have not worked in years, so they receive vocational counseling and help in finding employment.

McLagan has compiled some interesting statistics about participants in the program; 96 percent are male, 60 percent are white and 36 percent are in their 40s. More than half have high school diplomas and a quarter of them have attended some college.

"We're talking about white guys in their 40s," she said. "We have a few women, but it's mostly men."

The first five graduates of the program are still sober and working, though others have had to go through the program more than once.

"A lot of the guys are repeats—that's how it often works when you are dealing with alcoholism," she said. "We have guys who have been treated four or five times who now have a successful outcome."

Program participants are considered a success if they have 90 days of continuous sobriety and are employed or training for employment. In the past year, the success rate has been 26 percent.

The police department also measures success according to how much police contact the program participants have after graduation. Records on 144 people who participated in the first year of the program show that 58 percent had no police contact in 2001 and 53 percent had no police contact in 2002. Emergency room visits have also decreased sharply.

"Every one of these guys has told me that he expected to die on the streets," said Liening. "They tell me that spending time in jail saved their lives."

Liening has been invited to speak about SIP in San Francisco, Los Angeles and St. Louis. The city of San Francisco is now starting a similar program.

"The police and paramedics no longer have to spend so much time on these people," Liening said. "But the thing that is really amazing is seeing these people turn their lives around. These are guys who were being picked up off the streets every day, and now I call their bosses, and they tell me what great employees they are. It's incredible." □