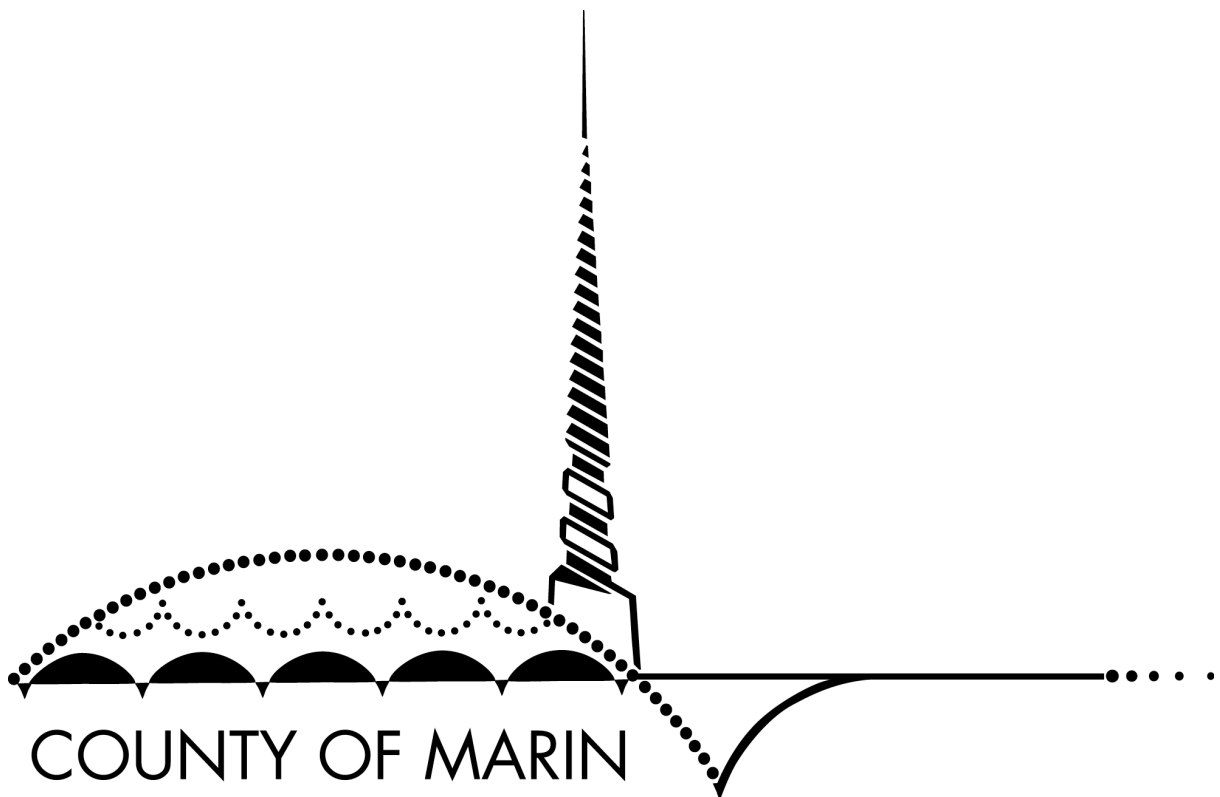
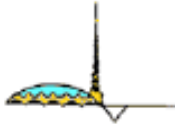


2012/2013 MARIN COUNTY CIVIL GRAND JURY

A Sobering Center In Marin- One Small Step In Solving A Big Problem

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A SOBERING CENTER IN MARIN – ONE SMALL STEP IN SOLVING A BIG PROBLEM

SUMMARY

A sobering center is a legal alternative holding facility for people detained for public intoxication. The primary purpose of a sobering center is to provide clients with a safe place to sleep off the effects of alcohol. In a sobering center, they have the opportunity to sober up, receive individual rehabilitation counseling if desired, and leave four to six hours later without a criminal citation. In the absence of a sobering center, such individuals are picked up by law enforcement for petty public intoxication or end up in a hospital emergency department (ED).

At present, Marin County does not have a stand-alone sobering center, but instead has access to a non-medical detoxification center called The Vine (also known as the Helen Vine Detox Center), located in San Rafael. The Vine has historically set aside a number of “sobering beds”, but the number of such sobering beds has declined substantially since 2008 due to a decrease in funding. As a result, in 2012 The Vine served less than two clients per week. By contrast, in the same period 4 – 5 chronic inebriates occupied beds in Marin’s hospital EDs daily and an average of 21 public inebriates were arrested and taken to jail every week.

The Grand Jury believes that establishing a sobering center for Marin County can provide a more humane alternative to jail or to a hospital emergency room for public inebriates. A sobering center can generate cost savings and improved efficiency for both county law enforcement agencies as well as for local hospital EDs, and it can also assist other County organizations in addressing the much larger societal challenge of public inebriation. Specifically, we believe the proposed center would provide the following benefits:

- Free up needed beds in County EDs.
- Eliminate unnecessary paramedic trips.
- Return law enforcement officers more quickly to patrol duties and reduce officer overtime costs.
- Provide a safe place for recovery from alcohol intoxication.

- Free up additional space for jail inmates.
- Generate savings from a decrease in County Jail booking fees.
- Allow County Social Services to more efficiently intervene with chronic inebriates.

The Grand Jury therefore recommends that the Health and Human Services Department work with the County hospital EDs, the County Jail and the various County law enforcement agencies to confirm the Grand Jury's findings via appropriate follow-up studies including a cost-benefit analysis. Once these findings are confirmed, the Grand Jury then recommends that the County take the necessary next steps to establish a stand-alone sobering center in Marin.

BACKGROUND

Marin, like most California counties, has a major problem of public inebriation, particularly with regard to chronic inebriates who are often homeless, unemployed and continuously recycled through various rehabilitation programs.

In an attempt to address the often intertwined problems of homelessness and public inebriation, Marin County recently established an interdivisional task force ("Chronic Alcohol Use with Justice Involvement Project") that consists of the Public Guardian, the San Rafael Economic Development Department, the District Attorney, the Public Defender, the County Administrator's Office, the San Rafael Police department, and the County Department of Health and Human Services (HHS). This task force is exploring more effective interventions to engage Marin's chronic inebriates in more long-term behavioral changes. The Grand Jury applauds this effort and believes that chronic inebriation can best be dealt with through such a comprehensive and inter-agency effort. Although rehab services and treatment referrals are currently recommended and generally provided, they are insufficient. Longer term positive results for chronic inebriates can best be achieved by finding them permanent housing in the community, providing mental health services as needed, and by assisting them in resolving legal issues.

The Grand Jury recognized the complexity of this issue, and studied only one aspect: whether a sobering center would help address some of the ancillary problems of the much larger issue of homelessness and chronic alcoholism. We chose to focus this report on one aspect: whether a sobering center would help mitigate needless visits to the emergency room and relieve law enforcement of unnecessary involvement.

Early in our investigation, we learned that County hospital EDs as well as the County Jail are often crowded, particularly on weekends, with public inebriates. County hospital personnel told us that public inebriates place substantial strains on the emergency system in Marin because they occupy beds which otherwise would be available for medical emergencies. Likewise, booking public inebriates into the County Jail results in jail

overcrowding costs taxpayers additional money for booking and other jail related costs, and diverts police officers from more important patrol duties.

The Civil Grand Jury believes that a stand-alone sobering center in Marin will help minimize these problems.

Definition of a Sobering Center

A sobering center is an alternative holding facility for people detained for public intoxication. The primary purpose is to provide clients with a safe place to sleep off the effects of alcohol. Individuals picked up solely for petty public intoxication are taken to a sobering center where they sober up, receive individual rehabilitation counseling if desired and leave four to six hours later without a criminal citation.

Sobering centers usually consist of one or two sparsely furnished rooms with floor mats rather than beds. Since they are short-term facilities, food generally is not available. Some sobering center clients arrive after first being taken to a hospital ED where they have been screened for and cleared from other medical issues. Others are dropped off at the center by the police, by ambulance or by center-sponsored transportation.

We believe that most Marin residents would agree with the Grand Jury that a sobering center is a more humane alternative to a jail holding cell, with the added benefit of being less costly than a stay in a hospital emergency room. A sobering center is often a “front door” through which chronic inebriates can not only obtain alcoholic rehabilitation services but also receive advice on obtaining more stable living arrangements and information about programs that assist in developing greater self-care.

The requirements for a Sobering Center are described in California Welfare and Institutions Code Sections 5170 – 5176, a copy of which is attached as Appendix A.

Some Examples of Sobering Centers

Many sobering centers provide an alternative to emergency room care and therefore are often associated with, and financially supported by local hospitals. Both San Francisco County and Alameda County have such medically oriented sobering facilities and both have registered nurses and medical assistants on call for client assessment and subsequent monitoring for medical and psychiatric complications throughout each client’s stay.

The Alameda County center, known as the Cherry Hill Detox and Safe House, has a capacity of 50 clients, both men and women, and is open 24 hours a day, seven days a week. Most clients are provided with mats to sleep on, and there are four rooms with beds set aside for the elderly and disabled. The sponsoring agency is the Alameda County Behavioral Health Care Service. Alta Bates, Summit and Highland Hospitals as well as various Alameda County police departments refer clients. As is often the case with sobering centers associated with hospitals, the center has transport vans owned by

the county and used by the center to pick up or deliver clients. The annual budget is estimated to be approximately \$1 million.

Although exact numbers are not available, Alameda County health officials as well as the hospitals claim that substantial savings are generated by the facility. As an example of possible savings, The Shelter for Public Inebriates in Grand Rapids, Michigan claimed in a 2008 study that it cost \$146 per occurrence to care for a public inebriate at their shelter while the average local ED cost for treating a public inebriate was \$738. A later study in 2010 indicated that the shelter saved the local emergency facilities and Grand Rapids taxpayers more than \$280,000 per year.

Other sobering centers are either stand-alone or are associated with a police or sheriff's department to provide a humane alternative to jail. Such facilities generally do not have 24/7 access to medical care and therefore are less flexible in admitting public inebriates requiring medical care. The stand-alone Santa Barbara Community Sobering Center, for example, was established more than 18 years ago and is located in a storefront in downtown Santa Barbara. It has nine beds and is managed by a staff of six, all recovering alcoholics. The center deals with a cross-section of Santa Barbara citizens including college students, tourists, professionals and a large re-occurring group of homeless public inebriates. Financial support comes primarily from the local police department, with additional funding provided by other county agencies and local not-for-profit organizations. In 2011, admissions totaled 734. This represented 38% of the 1,944 clients picked up by the police department for public inebriation. The current annual budget for the sobering center is \$200,000. An officer of the Santa Barbara Police Department stated that the sobering center "provides a relief valve for jail overcrowding, especially [important] in light of AB109's realignment of state prisoners," and generates "savings on gasoline, wear and tear on police vehicles, and police officer overtime savings." In addition, he indicated that "transporting alcohol related arrestees to the jail [rather than the sobering center] takes valuable [police] time away from the city and protecting our citizens."

Public Inebriates' Impact on Local Emergency Care System

A February 13, 2006 New Yorker Magazine article by Malcolm Gladwell described the case of one homeless public inebriate, Murray Barr, who cost the city of Reno, Nevada, more than \$1 million when all his ambulance charges, emergency room and other hospital bills for the ten years he had lived on the streets of the city were added up. Taxpayers bore the major portion of those costs.

In a 1998 study of 15 chronic inebriates, The University of California San Diego (UCSD) Medical Center found that they were transported by ambulance to the UCSD ED 290 times in one year at a cost of \$967,000 to the public health system, approximately \$64,500 per client. One was transported 51 times by paramedics to the ED for treatment at a total cost that year of \$91,000. In 2008, according to statistics from the San Diego Police Department, the City of San Diego estimated that it spent more than \$20 million to

care for chronic inebriates, including over 3800 hospital visits, 2700 paramedic transports and 760 hospital admissions.

A similar study in 2003 carried out by a San Francisco City Hall task force found the following:

- Nearly one-third of the ambulances arriving at the EDs of city hospitals were transporting chronic public inebriates.
- An intoxicated patient admitted to the EDs stayed an average of 6 hours while the other admitted patients on average spent 3.5 hours in the ED.
- 20% of weekend patients in the EDs were public inebriates.
- Rarely were the underlying alcohol dependency problems addressed when public inebriates were admitted to EDs.

The conclusion of the San Francisco task force was that public inebriates not only contribute to ED overcrowding by needlessly occupying beds, but also compound the problem by occupying ED beds for almost twice the time of more traditional emergency room visits with no assurance that repeat visits would not occur. The use of EDs by public inebriates thus increases the cost of medical care, extends waiting time for other patients, and diverts ambulances from other possibly more serious types of emergencies.

Although not as extreme as the San Francisco numbers, the comparable statistics from Marin County EDs tell the same story. Typically, 4 – 5 beds are occupied by public inebriates every day in our hospital EDs. By law, Marin's emergency facilities must serve public inebriates, resulting in an inability of County hospitals to treat other waiting patients on a timely basis, increasing the cost of medical care, and diverting paramedic vehicles and ambulances from other emergencies.

Grand Jury interviews of hospital personnel disclosed that hospitals in Marin County are supportive of developing non-Emergency-Department-based programs to either eliminate or at least shorten the initial visit to the EDs by public inebriates while possibly preventing subsequent visits.

Public Inebriates' Impact on the County Criminal Justice System

According to our survey of the various law-enforcement jurisdictions in Marin, the police picked up 1,198 people in 2011 for public inebriation. The law enforcement departments transporting the largest number of public inebriates to the County Jail last year were San Rafael (456 bookings), Novato (205 bookings), Sausalito (124 bookings) and the Sheriff's office serving the unincorporated area (123 bookings). During this same period, 97 of the public inebriates were admitted to The Vine rather than booked into the jail (see next page).

Marin Law Enforcement Inebriation Drop-Offs in 2011					
Jurisdiction	County Jail	The Vine	Total	The Vine%	
San Rafael	456	11	467	2%	
Novato	205	21	226	9%	
Sausalito	124	5	129	4%	
Sheriff	123	13	136	10%	
Fairfax	95	18	113	16%	
Mill Valley	34	7	41	17%	
San Anselmo	26	6	32	19%	
Twin Cities	25	7	32	22%	
Tiburon	12	8	20	40%	
Ross	1	0	1	0%	
Belvedere	0	1	1	100%	
Total	1,101	97	1,198	8%	

Figure 1- Marin Law Enforcement Drop-Offs in 2011. Mill Valley statistics are 3-year averages. “Twin Cities” includes Larkspur and Corte Madera.

Each time a law enforcement officer transports a public inebriate to the County Jail, time is taken away from the officer’s primary duty to fight more serious crime. The law enforcement officer must spend time overseeing the booking process, which can be lengthy, particularly on weekends when the greatest number of public inebriation arrests tends to occur. Although the Sheriff’s Office reports that, at present, the County Jail is able to handle the flow of arrestees, the implementation of AB109¹ and the resultant transfer of prisoners from state to local control may cause overcrowding of the County Jail. Marin County Sheriff’s Captain Doug Endy was quoted in the Marin Independent Journal on November 18, 2012 stating that “the population at the County Jail is already up due to a new state program that houses inmates in county jails who formerly would have been sent to state prisons.”

In addition, law enforcement officers often are required to accompany public inebriates with possible injuries (or those so inebriated that they can’t walk and therefore need to be medically examined) to a hospital ED for screening and possible treatment before booking can occur at the County Jail. Once at the ED, the officers may be asked to stay to prevent possible altercations between the public inebriate and ED staff.

During a discussion of the particular problem of non-ambulatory public inebriates, one member from the Sheriff’s Office on the Marin County Chronic Alcohol Use Task Force indicated in a meeting of the task force on October 31, 2012 that if no local ED beds are available, “police cars are the current sobering centers because there’s no facility that will take them.”

¹ California Assembly Bill 109 redefined crime and punishment in California, resulting in fewer prison sentences and more jail sentences. The law became effective on October 1, 2011. It shifted responsibility for many, but not all, adult felony offenders and parolees from the state to the counties. The shift applies to three distinct groups: (1) low level offenders, (2) parolees released from state prisons and (3) parole violators.

The Role Played by The Vine Residential Detoxification Center

The Sheriff's Office, the various Marin police departments and local EDs use The Vine as a sobering facility for inebriates who are eligible for admission (see earlier table). As its name implies, The Vine's primary mission is to detox admitted inebriates. As such, the majority of its 24 beds are dedicated to that process, which usually means a stay of three to five days and nights before clients are released or transferred to an appropriate longer-term rehabilitation program. The Vine historically has set aside two beds, supported by County HHS funding, for sobering purposes.

The Vine records indicate that during fiscal years 2006-2008, 295 clients, on average, were admitted annually to the center for sobering. However, budget cuts starting in fiscal year 2008 have reduced the availability of these beds. As a result, of the 1198 individuals picked up by law enforcement for public inebriation in 2011, only 97 were transferred from police department custody or hospital EDs to The Vine.

In July, the Marin County Health and Human Services Department announced that it had resumed funding for two beds to "serve as a sobering center for police and emergency referrals" (See Marin County Director of Health and Human Services Director Dr. Larry Meredith's July 20, 2012 letter in Appendix B).

For comparison, last year the City of Santa Barbara's sobering center, serving a city with a population of approximately 90,000 -- one third the population of Marin County -- had admissions of 734 clients. These admissions to the sobering center represent 38% of the total number of public inebriates picked up by the Santa Barbara police in 2011. The comparable statistic in 2011 for Marin County is 8% (see earlier table).

The Grand Jury has concluded that the concept of sobering beds is, in general, favorably regarded by Marin law enforcement and other county agencies. Yet the facts show low numbers of public inebriates assigned to sobering beds, primarily due to the limited numbers of beds available.

The Role of a Sobering Center in Marin

The Grand Jury contends that a sobering center in Marin County will assist the County in dealing with the two basic issues described in the earlier sections of this report:

- a) The need for an alternative to EDs in providing public inebriates with a safe place to recuperate while simultaneously presenting them with options to begin the rehabilitation process, and
- b) A humane alternative to the County Jail for public inebriates who have no other outstanding charges against them as they regain sobriety.

APPROACH

The Grand Jury initiated its investigation by interviewing personnel from the County Health and Human Services Department (HHS) to establish the history, if any, of sobering centers in Marin, to determine the present situation of “sobering beds” in the County, to explore possible resources for financing these beds, and to assess the overall attitude of the HHS to the creation of a sobering center in Marin.

We interviewed staff members of The Vine, to explore what role that facility plays in alcoholic rehabilitation of public inebriates in the County.

We also interviewed several officers of the Marin County Sheriff’s Office to obtain statistics on the number of public inebriates booked into County Jail as well as to determine their views on the issue of homelessness and public inebriation and the department’s attitude towards the possible creation of a sobering center.

In addition, the Grand Jury interviewed representatives from the three Marin hospitals on the same subject. These are Marin General Hospital in Greenbrae, Novato Community Hospital in Novato, and Kaiser Foundation Hospital in San Rafael.

We surveyed 11 law enforcement entities in the County to determine the number of public inebriates each has transferred last year to County Jail or to The Vine detox center. The survey also established the criteria used by each law enforcement department to send an inebriate to The Vine rather than the County Jail.

The Grand Jury researched the history and present existence of sobering centers both in California and elsewhere in the Western States, including a review of a 2004 Santa Barbara Grand Jury report on the Santa Barbara sobering center, a 2005 Santa Cruz Grand Jury report on the relation between the county hospital and the local jail, as well as newspaper reports on the various sobering centers. We also surveyed sobering centers within the state (Santa Barbara, San Francisco, Alameda, and Escondido) to determine their organizational structure, their client base, their budgets and funding sources as well as their staffing levels.

We also communicated with the Santa Barbara Police Department and researched their public inebriate statistics. Our research included the criteria they used to send a client to a sobering center rather than to jail, and what cost savings and other benefits accrued after the establishment of a sobering center.

DISCUSSION

Marin needs a more forward-looking approach for dealing with non-violent public inebriates. Our research indicates that establishing a stand-alone sobering center would provide a safe and supportive environment for those who are publicly intoxicated but who are not serious lawbreakers. In addition, the Grand Jury believes that establishing a

sobering facility in Marin County will help address a number of ancillary issues associated with the public inebriation problem in the county.

The proposed center would provide the following benefits:

- Free up needed beds in the EDs of our local hospitals and help alleviate overcrowding and decrease waiting time for other patients.
- Eliminate unnecessary paramedic trips and allow ambulances to answer calls for other emergency situations.
- Allow law enforcement officers to return more quickly to patrol duties in their assigned neighborhoods.
- Provide a safe, clean place for recovery from alcohol intoxication.
- Reduce the number of public intoxication- related calls requiring police intervention by establishing a linkage at the sobering center between chronic inebriates and social service agencies.
- Free up additional space for jail inmates, which is particularly important once the full effects of AB109 are felt by the County Jail.
- Generate savings from a decrease in booking fees, other jail related costs and officer overtime.²

Characteristics of the Proposed Sobering Center

Using the successful Alameda County sobering center as a template, the Grand Jury has concluded that a Marin County sobering center would function most effectively as an independent stand-alone facility rather than as part of a detox center or other rehab facility. At Alameda's Cherry Hill Detox and Safe House facility, the two units operate independently, but the Safe House sobering facility staff has access to the detox staff and the option of referring its clients to the detox center when appropriate.

The parallel but separate organizational structure recognizes that the missions and the daily operations of a sobering center and a detox facility are quite different and that a combined operation may lead to conflicts of interest and operational inefficiencies. As a result of these structural differences, the costs to support a bed in a sobering center are substantially less than in a detox facility. Our research indicates that a bed at The Vine detox center costs \$300 per day for private clients, while the County is charged \$160 per day or \$58,400 per year. Using statistics from both the Santa Barbara and Alameda centers, the cost for a sobering bed is closer to \$20,000 per year.

The Grand Jury believes that an association with The Vine might be a useful first step in creating a sobering center in Marin. The Vine has a successful record in working with

² Internal records from the Sheriff's Office indicate that it costs taxpayers \$174.50 for each public inebriate booking for a total cost of \$192,125 for the 1,101 such bookings in 2011.

public inebriates, already has operational and financial experience with the concept of sobering beds, and is sited in a location that allows for expansion.

If a new sobering center is to receive both operational and financial support from the Marin medical community, it is imperative that the sobering center has access 24/7 to medical oversight via the on-site presence of either a registered nurse or an emergency medical technician.

Although further research is required to determine the optimum number of beds, the Grand Jury believes that the number is substantially greater than the present capacity of two sobering beds at The Vine. Some County police chiefs complained to us that they were often unable, even during the period when The Vine sobering beds were fully funded, to drop off public inebriates because “the beds were full.” As a point of comparison, the city of Santa Barbara, with a substantially smaller population than Marin County, has nine beds.

Funding for a Sobering Center

The Grand Jury recommends that the initial steps toward establishing a stand-alone sobering center should include the Chronic Alcohol Use with Justice Involvement Project, a recently established countywide advisory group. We invite them to conduct further research and analysis of our proposal, as well as to investigate possible funding sources. Given all the other financial demands presently being imposed on Marin County taxpayers, we believe that funding for a sobering center should come from sources other than a tax increase. The Grand Jury does not believe that the annual operating budget for the center would be particularly onerous. The Santa Barbara sobering center operates on a yearly budget of approximately \$22,000 per bed, and the Alameda center estimated, in its original 2008 RFP an annual cost per bed of approximately \$20,000.

The local hospitals should be willing to provide financial support since use of their EDs would be curtailed, emergency room beds freed, and patient waiting time reduced, thus generating cost savings and increases in efficiency. Our interviews with County hospital personnel show that the hospitals are supportive of developing a separate sobering center.

In addition, the Grand Jury believes that the Marin criminal justice system should be willing to make an ongoing financial contribution. Although the Sheriff’s Office believes that cost savings would be difficult to achieve, we think the Office should see lower costs due to a reduction in staff hours dedicated to nonviolent public intoxication.

The Sheriff’s Office would also be able to focus on more pressing public safety priorities. A decrease in associated jail operating costs should be evident as a substantial number of public inebriates are diverted from the jail to the sobering center. At the same time, Marin taxpayers should see reductions in Marin police officers’ overtime as well as less wear and tear on police vehicles.

We would also expect the County to pursue possible funding from the various State and Federal programs dealing with public inebriation and homelessness. Another possible source is private sector donors, specifically the various merchants complaining about public intoxication problems in their neighborhoods, including San Rafael, a recent locus of such complaints.

Concluding Remarks

The Grand Jury believes that a sobering center in Marin County would assist in addressing the issue of overcrowding in the County's EDs and an over-reliance on the County Jail for housing inebriates. We recommend that the Chronic Alcohol Use with Justice Involvement Project advisory group use our report to undertake a study on the possible role of a sobering center in Marin. We encourage the advisory group together with representatives from County hospitals and law enforcement departments to perform a detailed cost-benefit analysis to confirm that a sobering center ultimately would generate a net savings for the County, as well as to determine the extent to which the local hospitals as well as law enforcement departments in Marin would be willing to provide operational and financial support. Once the advisory group confirms the findings of the Grand Jury, we then recommend that the County take the necessary next steps to create a stand-alone sobering center.

FINDINGS

- F1. On average, public inebriates occupy 4 – 5 beds every day in County Hospitals' EDs for up to six hours at a time and more than 20 public inebriates are incarcerated in the County Jail every week. And yet the number of public inebriates accommodated at The Vine has decreased from 6 per week in the 2006 – 2008 period to less than 2 per week in 2011. We conclude that our County hospitals as well as our County Jail are disproportionately bearing the burden of a chronic societal issue that could be better addressed by a stand-alone sobering center.
- F2. In 2011, only 8% of public inebriates were transported to sobering beds located at The Vine, compared to 38% of inebriates in Santa Barbara using that city's sobering center. Marin's hospital emergency rooms and County Jail are handling a societal problem that should better be handled by a stand-alone facility with more sobering bed capacity than The Vine.
- F3. The all-in cost of providing a sobering bed is substantially less than the cost of a stay in a hospital ED.
- F4. Using a sobering bed also reduces the bookings cost at our County Jail, frees up space for additional jail inmates, and may lower the operating costs of the various Marin County law enforcement agencies now using the County Jail to book public inebriates.
- F5. The best vehicle for carrying the sobering center project forward is the Chronic Alcohol Use with Justice Involvement Project. The members include the Director of the Marin County Health and Human Services Department (the HHS Director)

and the Chief of Police in San Rafael. The Project often expands to include representatives of the Sheriff and County Offices. The Project is interested in reducing recidivism and improving outcomes for the chronic public inebriate population.

RECOMMENDATIONS

- R1. We recommend that the HHS Director distribute this report to the Chronic Alcohol Use with Justice Involvement Project, to the Sheriff, to local police chiefs and to Marin County Hospitals for their review.
- R2. We recommend that the HHS Director work with the Chronic Alcohol Use with Justice Involvement Project with input from the Sheriff, Marin police departments, and Marin County Hospitals to prepare a cost benefit analysis of a stand-alone sobering center in Marin County that would be in lieu of jail or the use of hospital EDs.
- R3. We recommend that the HHS Director work with the Chronic Alcohol Use with Justice Involvement Project, the Sheriff's Office, Marin Police Departments and Marin County Hospitals to secure funding from the primary beneficiaries identified in this cost benefit analysis to develop a stand-alone sobering center in Marin County.
- R4. We recommend that the Sheriff's Office and each Marin County police department research and report on the possible cost savings and other benefits achieved from making greater use of a sobering center.

REQUEST FOR RESPONSES

Pursuant to Penal code section 933.05, the grand jury requests responses as follows:

From the following individuals:

- The Director of the Health and Human Services Department, Marin County, on behalf of Chronic Alcohol Use with Justice Involvement Project, regarding findings F1, F2, F3 and F5, and recommendations R1, R2, and R3.
- The Sheriff of Marin County regarding finding F4 and recommendation R4.
- The Police Chief of the Belvedere Police regarding finding F4 and recommendation R4.
- The Police Chief of the Fairfax Police regarding finding F4 and recommendation R4.
- The Police Chief of the Mill Valley Police regarding finding F4 and recommendation R4.

- The Police Chief of the Novato Police regarding finding F4 and recommendation R4.
- The Police Chief of the Ross Police regarding finding F4 and recommendation R4.
- The Police Chief of the San Rafael Police regarding finding F4 and recommendation R4.
- The Police Chief of the Sausalito Police regarding finding F4 and recommendation R4.
- The Police Chief of the Central Marin Police Authority (formerly the Twin Cities Police Authority) regarding finding F4 and recommendation R4.
- The Police Chief of the Tiburon Police regarding finding F4 and recommendation R4.

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Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.
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APPENDIX A

WELFARE AND INSTITUTIONS CODE

SECTION 5170-5176

5170. When any person is a danger to others, or to himself, or gravely disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, or other person designated by the county may, upon reasonable cause, take, or cause to be taken, the person into civil protective custody and place him in a facility designated by the county and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates.

5170.1. A 72-hour treatment and evaluation facility shall include one or more of the following:

- (1) A screening, evaluation, and referral facility which may be accomplished by a mobile crisis unit, first aid station or ambulatory detoxification unit;
- (2) A detoxification facility for alcoholic and acutely intoxicated persons.
- (3) An alcohol recovery house.

5170.3. Such evaluation facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or other designated person, and stating that the officer, member of the attending staff, or other designated person believes as a result of his personal observations that the person is, as a result of inebriation, a danger to others, or to himself, or gravely disabled or has violated subdivision (f) of Section 647 of the Penal Code.

5170.5. Any person placed in an evaluation facility has, immediately after he is taken to an evaluation facility and except where physically impossible, no later than three hours after he is placed in such facility or taken to such unit, the right to make, at his own expense, at least two completed telephone calls. If the person placed in the evaluation facility does not have money upon him with which to make such calls, he shall be allowed free at least two completed local toll free or collect telephone calls.

5170.7. A person who requests to be released from the facility before 72 hours have elapsed shall be released only if the psychiatrist directly responsible for the person's treatment believes, as a result of his or her personal observations, that the person is not a danger to others, or to himself or herself. If any other professional person who is authorized to release the person,

believes the person should be released before 72 hours have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 72 hours have elapsed only if the psychiatrist making the final decision believes, as a result of his or her personal observations, that the person is not a danger to others, or to himself or herself.

5171. If the facility for 72-hour treatment and evaluation of inebriates admits the person, it may detain him for evaluation and detoxification treatment, and such other treatment as may be indicated, for a period not to exceed 72 hours. Saturdays, Sundays and holidays shall be included for the purpose of calculating the 72-hour period. However, a person may voluntarily remain in such facility for more than 72 hours if the professional person in charge of the facility determines the person is in need of and may benefit from further treatment and care, provided any person who is taken or caused to be taken to the facility shall have priority for available treatment and care over a person who has voluntarily remained in a facility for more than 72 hours.

If in the judgment of the professional person in charge of the facility providing evaluation and treatment, the person can be properly served without being detained, he shall be provided evaluation, detoxification treatment or other treatment, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

5172. Each person admitted to a facility for 72-hour treatment and evaluation under the provisions of this article shall receive an evaluation as soon after he or she is admitted as possible and shall receive whatever treatment and care his or her condition requires for the full period that he or she is held. The person shall be released before 72 hours have elapsed only if, the psychiatrist directly responsible for the person's treatment believes, as a result of his or her personal observations, that the person no longer requires evaluation or treatment. If any other professional person who is authorized to release the person, believes the person should be released before 72 hours have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 72 hours have elapsed only if the psychiatrist making the final decision believes, as a result of his or her personal observations, that the person no longer requires evaluation or treatment.

Persons who have been detained for evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or, if the person, as a result of impairment by chronic alcoholism, is a danger to others or to himself or herself, or gravely disabled, he or she may be certified for intensive treatment,

or a conservator or temporary conservator shall be appointed for him or her pursuant to this part as required.

5172.1. Any person who is a danger to others, or to himself, or gravely disabled as a result of inebriation, may voluntarily apply for admission to a 72-hour evaluation and detoxification treatment facility for inebriates.

5173. (a) Notwithstanding Section 5113, if the provisions of Section 5170.7 or 5172 have been met, the professional person in charge of the facility providing 72-hour treatment and evaluation, the medical director of the facility or his or her designee described in Sections 5170.7 and 5172, and the psychiatrist directly responsible for the person's treatment shall not be held civilly or criminally liable for any action by a person released before the end of 72 hours pursuant to this article.

(b) The professional person in charge of the facility providing 72-hour treatment and evaluation, the medical director of the facility or his or her designee described in Sections 5170.7 and 5172, and the psychiatrist directly responsible for the person's treatment shall not be held civilly or criminally liable for any action by a person released at the end of the 72 hours pursuant to this article.

(c) The peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of the 72 hours pursuant to this article.

5174. It is the intent of the Legislature (a) that facilities for 72-hour treatment and evaluation of inebriates be subject to state funding under Part 2 (commencing with Section 5600) of this division only if they provide screening, evaluation and referral services and have available medical services in the facility or by referral agreement with an appropriate medical facility, and would normally be considered an integral part of a community health program; (b) that state reimbursement under Part 2 (commencing with Section 5600) for such 72-hour facilities and intensive treatment facilities, under this article shall not be included as priority funding as are reimbursements for other county expenditures under this part for involuntary treatment services, but may be provided on the basis of new and expanded services if funds for new and expanded services are available; that while facilities receiving funds from other sources may, if eligible for funding under this division, be designated as 72-hour facilities, or intensive treatment facilities for the purposes of this article, funding of such facilities under this division shall not be substituted for such previous funding.

No 72-hour facility, or intensive treatment facility for the purposes of this article shall be eligible for funding under Part 2 (commencing with Section 5600) of this division until approved by the Director of Alcohol and Drug Abuse in accordance with standards established by the State Department of Alcohol and Drug Abuse in regulations adopted pursuant to this part. To the maximum extent possible, each county shall utilize services provided for inebriates

and persons impaired by chronic alcoholism by federal and other funds presently used for such services, including federal and other funds made available to the State Department of Rehabilitation and the State Department of Alcohol and Drug Abuse. McAteer funds shall not be utilized for the purposes of the 72-hour involuntary holding program as outlined in this chapter.

5175. Nothing in this article shall be construed to prevent a facility designated as a facility for 72-hour evaluation and treatment of inebriates from also being designated as a facility for 72-hour evaluation and treatment of other persons subject to this part, including persons impaired by chronic alcoholism.

5176. This article shall apply only to those counties wherein the board of supervisors has adopted a resolution stating that suitable facilities exist within the county for the care and treatment of inebriates and persons impaired by chronic alcoholism, designating the facilities to be used as facilities for 72-hour treatment and evaluation of inebriates and for the extensive treatment of persons impaired by chronic alcoholism, and otherwise adopting the provisions of this article.

Each county Short-Doyle plan for a county to which this article is made applicable shall designate the specific facility or facilities for 72-hour evaluation and detoxification treatment of inebriates and for intensive treatment of persons impaired by chronic alcoholism and for the treatment of such persons on a voluntary basis under this article, and shall specify the maximum number of patients that can be served at any one time by each such facility.

APPENDIX B



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



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DATE: July 20, 2012

TO: Robert Doyle, Marin County Sheriff
Marin County Police Chiefs

SUBJECT: The Vine Detoxification Program - **NEW** Bed Capacity for Police Referrals

This letter is to inform you that, in coordination with the Board of Supervisors and the County Administrators' Office, the Department of Health and Human Services will be expanding the bed capacity at The Vine by 2 beds, specifically designed to serve as a sobering center for police and emergency referrals.

As you are aware, revenue to The Vine has decreased over the past several years resulting in fewer individuals being able to access these vital services. In FY 2011/12, the publicly supported capacity was down to 6 beds. This spring, the Community Corrections Partnership, under the leadership of Probation Chief, Mike Daly, approved funding for one additional bed to serve the increased number of medium and high-risk probationers receiving local services resulting from the 2011 Public Safety Realignment.

Since the Detox program's inception in 1999, the Vine has provided immediate access to thousands of individuals with acute substance-related problems, many of whom are otherwise impacting more costly areas of our system – our hospital emergency rooms, psychiatric emergency services and the Marin County jail. Review of referrals from police departments over the past decade, demonstrates that ensuring a two-bed capacity for public inebriates, who are also often homeless, for sobering services, will lessen the impact not only on these services but on the cities and towns within our community.

We have worked with The Vine to ensure expedited procedures for police referrals and entry into the detoxification program (Attached). Specifically, **Officers are asked to contact The Vine (415.492.0818) to ensure bed capacity exists for the individual. Officers may bring the individual directly to The Vine and will not be expected to obtain a medical clearance prior to admission.** The sobering period for public inebriates is 4-6 hours and every effort will be made to encourage these individuals to remain for a full 3-5 day detoxification period. Should the individual require medical assessment during or following the sobering period, detoxification staff will make these arrangements. **NOTE:** The only exception to this policy is if the individual has a clear medical need resulting from an accident or incident (ie. need for stitches, head injury, etc.).

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We sincerely hope that the addition of these services will reduce some of the impact public intoxication has had on our communities and assist individuals in taking the first steps toward achieving a safer and healthier lifestyle.

Should you have any questions please feel free to contact me (415.473-6924) or DJ Pierce, Alcohol & Drug Administrator (415.473.6652).

Sincerely,



Larry Meredith, Ph.D.
Director, Health & Human Services