



SANTA CRUZ COUNTY SHERIFF'S OFFICE

Recovery Center

2018 FINAL PROGRAM EVALUATION REPORT



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A Message from the Sheriff

The Santa Cruz County Sheriff's Office Recovery Center was born from an idea I had when I ran the jail system from 2011 through 2013. I observed hundreds of bookings each month for public intoxication that came into our jail. These bookings utilized vast resources and brought a large amount of medical exposure to the county for an offense that is not typically treated as a crime in our justice system. I thought if we could view public intoxication arrests as a medical issue rather than a criminal justice issue we could save time, money and jail space, while also better serving the people who were experiencing an alcohol related crisis.

In early 2015 the Sheriff's Office applied for a Justice Assistance Grant to fund the Recovery Center. We were awarded 100% of the funding for two and a half years. We partnered with Janus of Santa Cruz and we opened the Sheriff's Office Recovery Center in June of 2015. The Recovery Center is now being used about 175 times a month and has expanded the client base to both drugs and alcohol.

The Justice Assistance Grant expired in December of 2017 and the county is committed to fully funding the Recovery Center with some much-appreciated help from the City of Santa Cruz. The Recovery Center is providing assistance and treatment options to clients and some are taking advantage of those opportunities. Additionally, by using the Recovery Center police officers and deputy sheriffs are saving time. The typical drop-off time at the center is about seven minutes, while booking a person into county jail takes about 50 minutes. This has resulted in more police officers and deputy sheriffs on the street to respond to calls and deter crime.

I am extremely proud of the Sheriff's Office Recovery Center and I am pleased to have such a great working relationship with Janus of Santa Cruz.

Jim Hart, Sheriff-Coroner



Acknowledgments

The Santa Cruz County Sheriff's Office and Janus of Santa Cruz wish to thank the following stakeholders and experts for their outstanding participation on the Recovery Center Steering Committee from 2015 to 2017. The committee convenes quarterly to assess progress, address programmatic challenges, and inform decision-making.

Committee Members	Organization
Steve Carney, Chief Deputy	Santa Cruz County Sheriff's Office
Craig Wilson, Chief Deputy	
Jeff Marsh, Chief Deputy	
Roy Morales, Lieutenant	
Rick Martinez, Deputy Chief	City of Santa Cruz Police Department
The late Bill Manov, Former Director	Santa Cruz County Alcohol and Drug Program
Deborah Elston	Santa Cruz County Neighbors
Jessica Nichols	Encompass Community Services
Carla Vencill	
Susie O'Hara	SIP / PACT Programs
David Corboy	Dominican Hospital
Rod Libbey, Former CEO	Janus of Santa Cruz
Rudy Escalante, CEO	
Lisa Russell, Director of Research and Evaluation	
Jaime Campos, Director of Operations	
Sam Price, Recovery Center Program Manager	

Headline Findings

	Data Highlights Reporting Period: June 2015 – December 2017
Service Episodes	<ul style="list-style-type: none"> The Recovery Center served 984 individuals in 1,729 total episodes of intoxication.
Client Demographics	<ul style="list-style-type: none"> Race/Ethnicity: 65% White (Non-Hispanic), 27% Hispanic/Latino (any race). Gender: 77% male, 23% female. Age: 20% were 18-24, 22% were 25-34, 17% were 35-44, 38% were 45-64, and 5% were 65 or older.
Referral Source	<ul style="list-style-type: none"> 90% of referrals to the Recovery Center were made by law enforcement; 10% were made by Dominican Hospital. Most diversions made by law enforcement agencies came from the City of Santa Cruz Police Department (51%) and the Santa Cruz County Sheriff's Office (32%), followed by the Watsonville (6%) and Capitola (4%) police departments. Referrals from law enforcement agencies increased 52% between 2016 and 2017.
Service Completions	<ul style="list-style-type: none"> 88% of episodes were completed successfully, while 12% of episodes ended before completion.
Outcomes: <i>Progress Towards Grant Objectives</i>	<ul style="list-style-type: none"> The number of average monthly jail bookings of 647 (f) (public intoxication) cases declined 53%, from 221 bookings in 2014, the baseline year, to 103 bookings in 2017. This exceeds the grant objective of a 20% decline. On average, officers spent 7.1 minutes processing simple 647(f) cases at the Recovery Center in 2017, versus 50 minutes on average at the jail. This represents an 86% reduction in time spent processing cases, allowing officers to more quickly return to the field and tend to more dangerous crimes. The Recovery Center saved law enforcement agencies across the county an estimated 38 hours per month of officer time. This estimate is the net time saved from all officers referring 647(f) cases to the Recovery Center rather than booking them at the jail (1,188 total hours over 31 months). Utilization of the Recovery Center by law enforcement agencies generated a combined cost savings of \$83,290 over the duration of the grant from the reduction in officer time associated with processing simple 647(f) cases without additional charges during the reporting period. If recent trends continue, the Recovery Center is projected to serve nearly 2,000 people a year, saving law enforcement \$91,887 annually, and freeing up 109 hours of officer time each month.

Overview of the Recovery Center

What are Recovery Centers?

In recent decades, a growing number of cities and counties across the U.S. have decided to change how they address the problem of public intoxication. By shifting the focus away from criminalization and focusing more resources on safety, treatment and access to services, these communities aim to produce better public health outcomes while reducing the burden on law enforcement and hospitals. A critical resource for many communities making this shift is a facility called a recovery center (also known as a sobering center).

Recovery centers provide a safe environment for non-violent intoxicated individuals to rest and recover until they are sober. Though they vary in size and capacity, recovery centers are typically staffed with medical professionals and provide guidance and referrals to help clients access services in areas such as substance abuse and dependence, mental health, and housing.

Recovery centers are also designed to relieve pressure on local law enforcement agencies and hospitals. In many cities and counties, chronically intoxicated individuals create a disproportionate drain on public resources. By diverting non-violent intoxicated individuals away from jail, law enforcement officers can avoid the often lengthy booking process and focus more of their attention on more serious crimes. The reduction in jail bookings also lowers the cost of operating the jail. Hospitals, too, can benefit from recovery centers by reducing the number of inappropriate emergency department (ED) visits and ambulance trips for acutely intoxicated individuals.

While recovery centers have opened in many areas across the U.S., they are most prevalent in the West. In addition to Santa Cruz County, California has recovery centers in San Francisco, Los Angeles, San Diego, Santa Barbara, and San Leandro. Other centers outside of California exist in Houston, Dallas, Little Rock, Portland, Seattle and Anchorage. Though they all share the purpose of providing a safe place for individuals to become sober, recovery centers vary with respect to capacity, staffing qualifications, and eligibility requirements.

About the Santa Cruz County Sheriff's Office Recovery Center

As the first and only program of its kind in the county, the Santa Cruz County Sheriff's Office Recovery Center opened June 1, 2015, providing non-violent individuals 18 and older a safe place to rest and recover while sobering from alcohol. The Recovery Center is a 10-bed facility with separate spaces for men and women. It is open 24 hours, 7 days per week, and staffed with trained referral specialists and medical professionals. The Recovery Center's clients are typically identified, referred, and transported to the Recovery Center by local law enforcement officers. Dominican Hospital also occasionally refers patients to the Recovery Center. As of July 2017, the Santa Cruz County Sheriff's Office required all 647(f) (public intoxication) and DUI first offender arrestees to be taken to the Recovery Center to be assessed for diversion eligibility. Over the reporting period, however, all law enforcement referrals were related to 647(f) violations.

After arriving at the Recovery Center, clients participate in an intake and screening process with a staff member. Staff continue to monitor vital signs and observe behaviors during the client's stay, and authorize them for release once they are assessed to be able to care for themselves and others. Before leaving the facility, clients complete a discharge interview and speak with a referral specialist who can

guide them to resources in the community based on their needs. The Recovery Center also offers SCOPE¹ opioid overdose prevention kits, drug and alcohol treatment referrals and human services information to clients who request it. The Recovery Center is operated by Janus of Santa Cruz, an addiction treatment center and independent contractor with the Santa Cruz County Sheriff's Office.

Evaluation Methodology

The Sheriff's Office contracted with Applied Survey Research (ASR) to provide evaluation services for the duration of the three-year JAG Award from 2015 to 2017. ASR developed the Recovery Center Evaluation Plan and data collection processes, participated in quarterly Steering Committee meetings, processed and analyzed data received from program partners, and provided guidance and review of quarterly progress reports as well as the Final Program Evaluation Report (see Appendix for an example of a dashboard progress report). Data collection and analysis were designed to provide reliable information concerning the following grant objectives, as outlined in the Evaluation Plan:

Grant Objectives

- 1) A 20% reduction in the number of jail bookings of public inebriates without additional charges.
- 2) A 5% reduction in the number of calls for emergency medical service related to public inebriates.
- 3) A 5% reduction in the number of emergency room visits by public inebriates.
- 4) A 65% reduction in the average time law enforcement officers spend on public inebriates without additional charges who are diverted to the Recovery Center rather than booked into jail.
- 5) A reduction in public costs (e.g., officer time, jail, emergency department) associated with public inebriates (without additional charges) being diverted to the Recovery Center.

Process Measures

ASR gathered the following process data to monitor implementation of the Recovery Center:

- Number of unduplicated program participants
- Number of visits
- Frequency of use of Recovery Center
- Length of stay
- Client demographic and other background characteristics
- Referrals offered at discharge
- Client intake and discharge status
- Referrals from law enforcement and hospitals
- Number of available beds

¹ SCOPE: Santa Cruz Overdose Prevention & Education, a program of Janus of Santa Cruz.

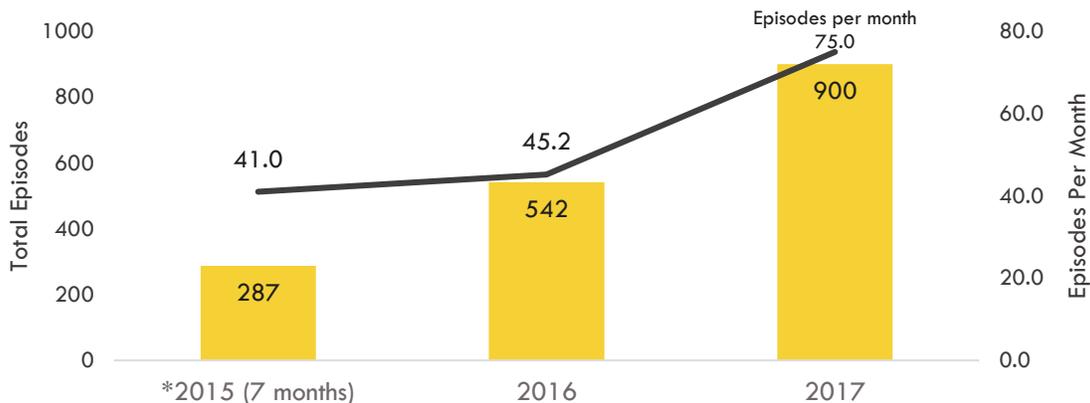
- Number of program staff recruited and trained, by roles
- Written operational procedures (or protocols)

Progress towards the grant objectives was evaluated quarterly, annually and cumulatively at the end of the grant period. Whenever possible, outcome data were compared to baseline data from 2014.

Total Service Episodes

Between June 1, 2015 and December 31, 2017, the Santa Cruz County Sheriff’s Office Recovery Center served 1,729 total episodes of alcohol intoxication (984 unique individuals). The volume of clients increased considerably each year, most notably in 2017, after a policy change started in July 2017 by the Sheriff’s Office required all 647(f) and DUI first offender arrestees to stop at the Recovery Center to be assessed for diversion eligibility (the figure below shows the increase in 647(f)-only service episodes).

Fig. 1. SERVICE EPISODES: ANNUAL TOTALS & MONTHLY AVERAGES OF 647(F) CASES



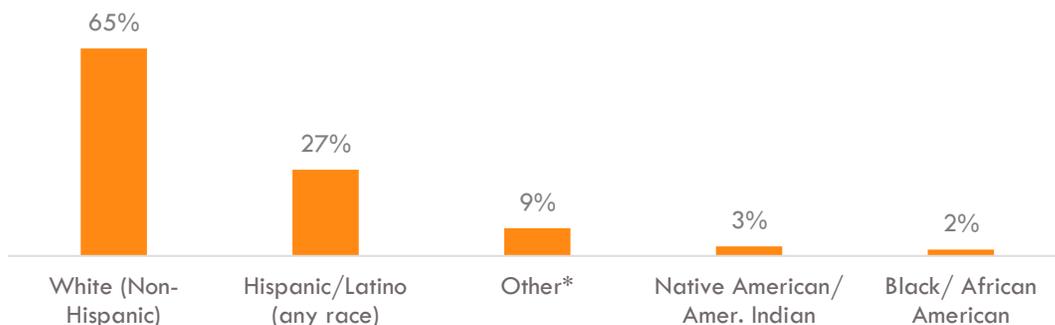
Source: Discharge and Detailed Client Information, Janus Forms Statistics Reports, (2015-2017). N=1,729 Episodes. Note: 2015 data were from June to December 2015.

Client Demographics

Race/Ethnicity, Gender, and Age of Clients

The following figures depict the demographic profile of the Recovery Center clients served from June 2015 to December 2017. Nearly two-thirds of clients were White (Non-Hispanic) (65%), followed by Hispanic/Latinos (of any race) who comprised 27% of the client population. Figure 2 (below) excludes the 12% of clients who did not indicate a race or ethnicity.

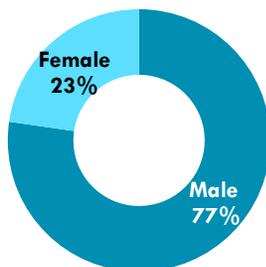
Fig. 2. RACE/ETHNICITY OF CLIENTS



Source: Discharge and Detailed Client Information (V2), Janus Forms Results Report (2015-2017).
 N=879 unique clients who marked at least one race/ethnicity category. Categories are not mutually exclusive; 6% of clients marked more than one category. Clients who indicated no category (N=112) or marked "Decline to Answer" (N=5) were removed from the analysis.
 *"Other" includes clients who specifically marked "Other" race or ethnicity without further specification, plus clients who marked Asian or Hawaiian/Pacific Islander (each represented less than 2% of clients).

Over three-fourths (77%) of clients were male.

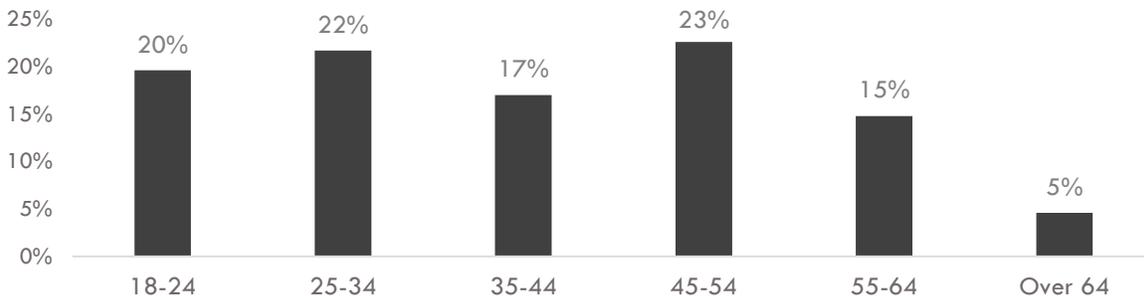
Fig. 3. GENDER OF CLIENTS



Source: Discharge and Detailed Client Information, Janus Forms Results Report (2015-2017).
 N=903 unique clients.

Clients represented a wide range of adult age groups; none of the six age groups accounted for more than 23% of the total.

Fig. 4. AGE OF CLIENTS

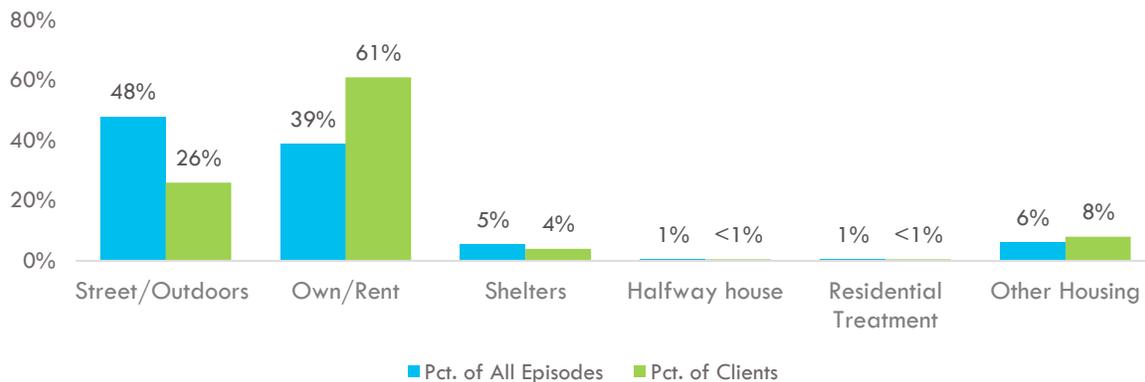


Source: Discharge and Detailed Client Information, Janus Forms Results Report (2015-2017). N=967 unique clients.

Housing Status in the Past 30 Days

A little over half of all episodes involved clients who had been living on the streets or outdoors (48%), or in a shelter (5%), for most of the 30 days prior to entering the Recovery Center. Though such clients represented just 30% of the client population, they were more likely than others to make multiple visits, and thus represented a disproportionate share of total episodes. Clients who owned or rented their homes were less likely to make multiple visits. They accounted for 61% of the client population but only 39% of all episodes.

Fig. 5. HOUSING STATUS IN THE PAST 30 DAYS



Source: Discharge and Detailed Client Information, Janus Forms Statistics Report (2015-2017). N=1,504 episodes; 862 clients. Non-responses were removed from the analysis. Note: Five percent of clients indicated different housing statuses at different intakes. Their housing status as of their first visit to the Recovery Center is what is represented by the “Pct. of Clients.”

Key Process Measures

This section summarizes a series of key process measures related to the operation of the Recovery Center. The subsections indicate who referred clients to the Recovery Center, how often clients visited the Recovery Center, how many completed their stays or were discharged prematurely (by themselves and/or staff), how long clients stayed, how many were referred to related services, and the types of protocols used at the Recovery Center.

Referrals to the Recovery Center

Law Enforcement Referrals

From June 1, 2015 to December 31, 2017, 90% of all referrals to the Recovery Center were made by law enforcement. About half came from the City of Santa Cruz Police Department (51%) and nearly a third were from the Santa Cruz County Sheriff's Office (31.9%), followed by the police departments of Watsonville (5.8%) and Capitola (4.4%).

Fig. 6. LAW ENFORCEMENT REFERRAL SOURCE

Law Enforcement Agency	Percentage of Law Enforcement Referrals
Santa Cruz PD	51.0%
Santa Cruz County SO	31.9%
Watsonville PD	5.8%
Capitola PD	4.4%
Other	2.7%
Scotts Valley PD	2.6%
CA Highway Patrol	1.6%

Source: 647(f) PC Diversion, Janus Forms Statistics Reports, (2015-2017). N=1,744.

Dominican Hospital Referrals

A total of 176 referrals were made to the Recovery Center from Dominican Hospital during the grant period, representing 10% of client episodes.

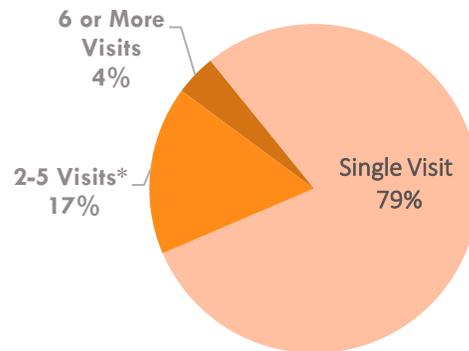
Frequency of Recovery Center Visits

From 2015 to 2017, 8 out of every 10 Recovery Center clients (79%) made a single visit and did not return; 17% of clients made 2-5 visits; and 4% of clients visited the Recovery Center six or more times.

The most frequent visitors account for a substantial portion of all episodes. The 4% of clients who visited the Recovery Center at least six times collectively account for 28% of all episodes (n=480 episodes). Within that group, the 10 most frequent clients (1% of the client population) account for 15% of all episodes. A 2017 research study involving a different recovery center found that high frequency users of the center had a significantly greater prevalence of chronic disorders, service utilization, and homelessness. These findings indicate that a recovery center can have a prominent role in the care for

those with acute alcohol intoxication, particularly those individuals with chronic public intoxication who are also homeless.²

Fig. 7. FREQUENCY OF RECOVERY CENTER VISITS



Source: Client Data, Janus Report, (2015-2017). N=984 unique clients.

Completions & Discharges

Completions: 88% of clients (N=1,499) completed their stays and left the Recovery Center according to protocol, indicating they were discharged to either self-care or one of a variety of referral sources.

Discharges Before Completion: 12% of clients (N=197) were discharged before completion of their service episode. Clients discharged prematurely include both medically unstable clients that require ambulance transport to Dominican as well as those that choose to leave the Recovery Center against staff advice, which requires law enforcement notification. Below are additional findings related to discharges prior to completion.

- Individuals in 103 episodes (6% of all episodes) left the Recovery Center prematurely and against protocol, prompting law enforcement notification.
- Individuals in 58 episodes (3% of all episodes) were re-arrested and removed from the Recovery Center.
- Individuals in 54 episodes (3% of all episodes) were medically removed from the center and discharged by ambulance or EMS services.

Average Length of Stay

Across all episodes (successful completions and early discharges), the average stay at the Recover Center lasted 5 hours and 40 minutes.

² Shannon Smith-Bernardin PhD RN, Adam Carrico PhD, Wendy Max PhD, and Susan Chapman PhD RN FAAN. "Utilization of a Sobering Center for Acute Alcohol Intoxication." *Society for Academic Emergency Medicine*. Volume 24, Issue 9 (2017): 1060–1071. Print.

Connecting Clients to Other Programs

- **Service Referrals at Discharge:** All clients completing a stay are offered referrals. During the reporting period, 289 clients accepted referrals to other services (e.g., alcohol treatment, housing assistance), and 84% of these referrals (N=243) were for substance abuse treatment. Overall, 99 confirmed successful connections were made to a community service.
- **SIP/PACT Interface:** The Recovery Center staff actively collaborate with SIP/PACT staff to coordinate care delivered to individuals on the SIP/PACT caseloads.

Operational Protocols

A series of operational protocols have been developed and implemented since the Recovery Center opened in June 2015. These protocols address functions such as: proper screening, intake, length of stay, safety, referral to community resources, re-admittance eligibility, discharge, and proper use of emergency services. Staff are continuously trained on protocols and receive a step-by-step workflow for how and when to complete certain tasks.

Program Outcomes

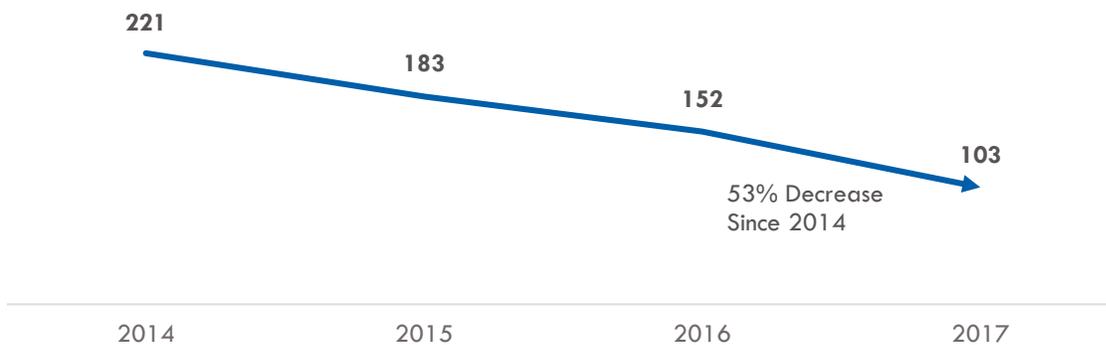
This section provides an assessment of the progress achieved toward each of the five grant objectives and a supplemental analysis.

Grant Objectives

Grant Objective 1: A 20% reduction in the number of jail bookings of public inebriates without additional charges.

The figure below shows that the number of average monthly jail bookings of public inebriates declined from 221 bookings in 2014, the baseline year, to 103 bookings in 2017, representing a 53% decline, *exceeding* the grant objective of 20% by 33 percentage points.

Fig. 8. AVERAGE MONTHLY JAIL BOOKINGS OF PUBLIC INEBRIATES



Source: Santa Cruz County Sheriff's Office.

Grant Objective 2: A 5% reduction in the number of calls for emergency medical service related to public inebriates.

Emergency call data could not be obtained to assess progress on this grant objective.

Grant Objective 3: A 5% reduction in the number of emergency room visits by public inebriates.

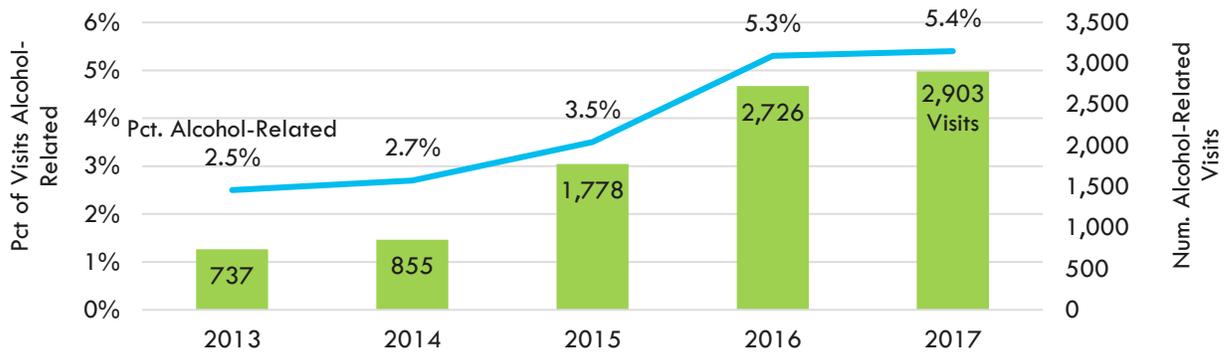
Research studies indicate that between one and five percent of emergency department (ED) visits are alcohol related,³ and that such visits have been on the rise nationally for at least a decade. A recent NIH study found that from 2006 to 2014 the total number of alcohol-related ED visits in the U.S. rose 62% and the number of *acute* alcohol-related ED visits rose 52%.⁴

³ "Alcohol -Related Emergency Department Visits And Hospitalizations And Their Co-Occurring Drug-Related, Mental Health, And Injury Conditions In The United States." National Institutes of Health, September 2013. URL: <https://pubs.niaaa.nih.gov/publications/NEDS&NIS-DRM9/NEDS&NIS-DRM9.pdf>

⁴ "Trends in Alcohol-Related Emergency Department Visits in the United States: Results from the Nationwide Emergency Department Sample, 2006 to 2014." Alcoholism: Clinical and Experimental Research. Vol 42, Issue 2, Feb 2018. URL: <http://onlinelibrary.wiley.com/doi/10.1111/acer.13559/abstract>

Santa Cruz County has not been immune from this trend. Figures reported from Dominican Hospital since 2013 (Fig. 9, below) mark a steady increase in the number and percentage of emergency room visits coded as primarily alcohol-related disorders. However, according to Dominican Hospital, an internal modification in how alcohol-related visits were coded beginning in 2015 accounts for some of the increase after 2014.

Fig. 9. NUMBER AND PERCENTAGE OF ALCOHOL-RELATED ED VISITS



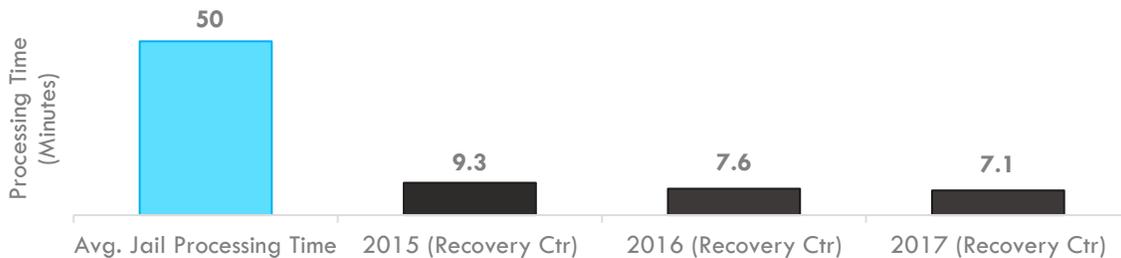
Source: Dominican Hospital.

Grant Objective 4: A 65% reduction in the average time law enforcement officers spend on public inebriates without additional charges who are diverted to the Recovery Center rather than booked into jail.

On average, officers spent 7.1 minutes processing simple 647(f) cases at the Recovery Center in 2017. In the absence of the Recovery Center, the average time to process such cases at the jail is estimated to be 50 minutes.⁵ This 43-minute difference represents approximately an **86% reduction** in time spent processing cases, allowing officers to more quickly return to the field and tend to more dangerous crimes. The Recovery Center has trended towards increased efficiency in processing cases as average officer time decreased by two minutes from 2015 to 2017 (9.3 minutes to 7.1 minutes).

⁵ This estimate is based on a range of averages cited by multiple officers that have processed 647(f) bookings at the jail since 2015. The processing time is the period that begins when the officer arrives at the jail with the arrestee, and ends when the officer leaves the jail after the booking is complete. Officers noted that booking times vary widely depending on the month, day of the week, time of day, whether the arrestee requires medical treatment, and the compliance of the arrestee during booking. Times generally range from a low of 15 minutes to a high of 90 minutes. The baseline used for this report (50 minutes) represents the midpoint of the range and lies within a set of general averages cited by multiple officers. A precise mean or median processing time for 647(f) cases cannot be calculated because the Sheriff's Office does not regularly monitor such times.

Fig. 10. AVERAGE OFFICER TIME (IN MINUTES) TO PROCESS SIMPLE 647(F) CASES AT THE JAIL & RECOVERY CENTER



Source: Average Jail Processing time is an estimate based on discussions with Sheriff's Office. 647(f) PC Diversion, Janus Forms Statistics Reports, (2015-2017).
 Note: 2015 data were from June to December 2015.

By diverting over 1,700 individuals to the Recovery Center, law enforcement officers across the county were collectively freed of an estimated 1,188 hours processing jail bookings from June 2015 through December 2017 (equivalent to 38 hours per month).

Grant Objective 5: A reduction in public costs (e.g., officer time, jail, emergency department) associated with public inebriates (without additional charges) being diverted to the Recovery Center.

Reduced Officer Costs:

Utilization of the Recovery Center by law enforcement agencies generated an estimated savings of \$83,290 in officer costs (i.e., salary). This is based on the collective reduction in officers' time associated with processing simple 647(f) cases without additional charges during the reporting period (June 2015 - December 2017).⁶

Reduced Hospital Costs:

Because the Recovery Center is not a licensed medical facility it has limited capacity to reduce the burden on the hospital's emergency department. For example, ambulances cannot transport persons to the Recovery Center for detoxification.

⁶ To calculate total salary cost savings, the 0.7 hours (42 minutes) saved per case from 2015-2017 was multiplied by the number of diversions from each law enforcement agency (e.g., SCPD, Sheriff, Capitola PD) to estimate total hours saved by each agency. Then each agency's hours were multiplied by the average officer hourly salary rate for that agency. \$83,290 is the sum of all agencies' savings.

It is possible, however, that the Recovery Center is contributing to reduced lengths of stay for alcohol intoxication in the ED by accepting law enforcement transfers of intoxicated adults who have been medically cleared by the ED. According to a 2017 study, the average length of stay at an ED for alcohol-related visits in the U.S. in 2010-2011 was 5 hours and 45 minutes.⁷ At Dominican Hospital in Santa Cruz County, a recent sample of 17 ED patients referred to the Recovery Center in 2017 spent an average of 3 hours and 29 minutes in the ED before going to the Recovery Center—40 percent less time than the national estimated average for alcohol-related visits. (Dominican Hospital is unable to estimate the average length of stay for all alcohol-related visits.) Though these two groups likely differed in ways that would impact their average lengths of stay (e.g., severity of diagnosis, other symptoms presented), the shorter length of stay for Recovery Center clients is consistent with observations from ED staff who believe the referrals have provided necessary relief.

Supplemental Analysis

Recovery Center Costs per Episode Have Declined Dramatically

Data reported by Janus indicate a 70% decline in the cost per episode by the third year of the Recovery Center. During the start-up year of 2015-2016, initial costs of setting up the facility consumed much of the budget. In that year, costs were high relative to the number of episodes due to expenses such as required building renovations, obtaining and installing new equipment, developing operational procedures and a client record system, and outreach to law enforcement agencies and referral agencies. In addition, Janus oversaw the hiring of a team of certified Medical Assistants, EMTs and Referral Specialists with knowledge of local resources to operate the facility.

After the start-up activities were completed, further cost reductions were brought about by a policy change initiated by the Sheriff's Office. In July 2017, the Sheriff's Office began requiring that all 647(f) (public intoxication) and DUI first offender arrestees be routed through the Recovery Center before being brought to the jail. This contributed to a precipitous increase in 647(f) referrals, driving the cost down to \$346.73 per episode from an earlier high of \$1,215.01.

Fig. 11. COST PER RECOVERY EPISODE

Date Range	Costs	Combined Episodes*	Cost per Sobering Episode
06/01/2015 – 06/30/2016 (13 months)	\$735,081.48	605	\$1,215.01
07/01/2016 – 06/30/2017 (12 months)	\$703,910.55	623	\$1,129.87
07/01/2017 – 12/31/2017 (6 months)	\$333,547.98	962**	\$346.73

Source: Janus of Santa Cruz. Note: 2015 data were from June to December 2015.

*Episode counts include both 647F & DUI first offenders;

**Beginning of new Sheriff's Office policy on 647(f) cases and DUI first offenders.

⁷ Peter M. Mullins, Maryann Mazer-Amirshahi, Jesse M. Pines; Alcohol-Related Visits to US Emergency Departments, 2001–2011, *Alcohol and Alcoholism*, Volume 52, Issue 1, 1 January 2017, Pages 119–125. URL: <https://doi.org/10.1093/alcalc/aggw074>

Extrapolation of Cost and Time Savings if Current Trends and Policies Persist

As noted above, the Recovery Center's service population increased substantially in the last half of 2017. With start-up activities completed and the new diversion policy now in effect, it is possible to extrapolate the total cost and time savings achieved by these developments over a full year. To extrapolate the savings, the number of clients served over the most recent six month period (July 2017 to December 2017) was doubled and the cost and time savings were estimated accordingly. The table below displays the findings. If current trends continue, the Recovery Center would serve nearly 2,000 people a year, saving law enforcement agencies \$91,887, and freeing up 109 hours of officer time each month.

Fig. 12. EXTRAPOLATED CLIENT VOLUME AND COST SAVINGS OVER ONE YEAR*

	Extrapolation (Estimate)
Total Annual Episodes	1,924
Episodes/Month	160
Annual Officer Salary Savings	\$91,887
Annual Officer Hours Saved	1,310
Officer Hours Saved per Month	109

*Assuming client volume and policies observed between July 2017 and December 2017 persists over an entire year.

Testimonials

The accounts below provide first-hand testimony about the benefits of the Recovery Center for its clients as well as law enforcement officers.

Client Success Stories

- Story 1:

We received a 62-year-old client, who had recently been evicted from her Sober Living House. She had been assaulted on the streets and had a wide range of health issues. After coming to the Recovery Center and speaking with a referral specialist, the client realized she was tired of drinking and wanted to re-enter treatment. Our team housed her for almost 22 hours while we coordinated her care at our main facility. We were able to taxi her to our main facility that day and check her into detox. After completing detox after 4 days, she was admitted into our residential facility as well. The client completed treatment at Janus almost 30 days later and reports that she feels great and is looking forward to her new lease on life.

- Story 2:

A client was brought to us, who was without housing and in need of many different services in our county. He lived under a bridge, was often robbed by other people in the community because of his weakened state and inability to defend himself. After several arrests and visits to our center, we were able to help him establish a much needed re-connection to his case worker. This connection

has led the client to receiving proper medical treatment and has obtained semi-permanent housing with a local shelter. The case worker reported that "he is happier and looks healthier than he has in years."

- Story 3:

As a follow-up to one of our previous success stories, we decided to connect with our former client three months later to measure the potential for continuing recovery. This particular client started coming into the Recovery Center soon after our opening, and when he first arrived he was suffering from a significant head injury on top of battling substance abuse issues. He was always kind and willing to give our referrals a try. This individual is now a vital part of his graduating treatment program, supervises 50 employees, lives in a sober living residence and is working on getting a vehicle. He enjoys riding his bike, going to church and enjoys checking in with staff at the Recovery Center frequently. He allows us to share his story and hopes that it will make a difference in helping others, and he credits the Recovery Center for saving his life.

Law Enforcement Testimonial

- Deputy Steve Ryan, Santa Cruz County Sheriff's Office:

I have been actively using the Recovery Center since its inception. Efficiency is a quality that I value highly and I cannot say enough about the Recovery Center's ability to provide a quick turnaround time when bringing in people detained for alcohol related crimes. A trip to the jail with an individual who is being arrested for a trivial crime that will result in no criminal prosecution used to take 45-90 minutes depending on the region of the county the individual was arrested from, and on busy nights with a backlog of bookings that number could balloon to as much as three hours. I have never had to wait more than 10-15 minutes at the Recovery Center. The difference is staggering.

Beyond the obvious benefit of keeping a patrol unit out of the field for a significantly less amount of time, I have seen tangible improvements in areas concerning officer safety. Due to the sometimes erratic and emotional nature of intoxicated people, it is rarely but sometimes necessary to use force to affect the arrest of a person for public intoxication. I have found that I gain significant amounts of compliance in the field when I explain to individuals I intend to arrest what my intentions are regarding the Recovery Center and brief explanation of the benefits of going to the Recovery Center versus the County Jail. This has a direct effect on decreasing my potential for injury or potential of injury to the arrested subject.

I commend the work the staff are accomplishing at the Recovery Center, which has resulted in a direct and measurable improvement to the way we as Law Enforcement can conduct our business. I have never seen any of the staff behave in a way that can be described as anything less than professional and compassionate. I am excited about the program going forward and will continue to rely on their services to make my day more efficient and the community safer.

Conclusion

The purpose of Santa Cruz County Sheriff's Office Recovery Center has been to provide a safe, supportive place for non-violent intoxicated individuals to regain sobriety. By providing an alternative solution to arrests and bookings for public inebriation, and reducing the burden on hospital emergency departments, the Recovery Center frees up time for officers and EDs to focus on more severe public safety and medical needs. The need for this service prior to the Recovery Center's opening was acute, as evidenced by high numbers of individuals arrested for public intoxication and steady annual increases in alcohol-related ED visits.

From its opening in June 2015 through December 2017, the Recovery Center served 1,729 episodes of intoxication, from a total client population of 984 people. Seventy-nine percent of clients made a single visit, while 21% of clients made multiple visits.

Over the 31-month period, as the Recovery Center's refined its internal procedures and developed working arrangements with law enforcement agencies and Dominican Hospital, the number of clients served by the Recovery Center grew considerably. In the last six months of 2017, the Recovery Center served an average of 160 clients per month, nearly four times the monthly average in 2015 (41 clients per month).

Over the report period, approximately nine out of ten clients completed their stays according to protocol (88%), with just one in ten leaving prematurely or against protocol (12%). Among those clients who completed their stays, 289 clients had accepted referrals and other information about alcohol treatment services, and one third of these were confirmed as having been successfully connected to those services.

The Recovery Center also provided meaningful cost savings to law enforcement agencies and the Dominican Hospital Emergency Department. By diverting more public inebriates to the Recovery Center, the average number of jail bookings per month in the county declined steadily, from 221 monthly bookings in the 2014 baseline year down to 103 monthly bookings in 2017, a 53% decline. The time saved by allowing (or requiring) officers to divert public intoxication arrestees to the Recovery Center equated to an estimated 38 hours per month over the report period. If recent intake levels and policies developed in 2017 were to continue, the Recovery Center could potentially serve nearly 2,000 people a year, saving law enforcement agencies \$91,887 annually, and freeing up 109 hours of officer time each month.

Though there is insufficient data to estimate reliably the cost savings to the Dominican ED, a sample of cases referred to the Recovery Center from the hospital suggest it may be contributing to reduced lengths of stay for alcohol intoxication in the ED by accepting law enforcement transfers of intoxicated adults who have been medically cleared by the ED. However, because the Recovery Center is not a licensed medical facility it has somewhat limited capacity to reduce the burden on the emergency department.

The results above are consistent with the testimony of Recovery Center and law enforcement staff, who believe the Center is fulfilling its mission to provide a more supportive, humane and cost-effective alternative for intoxicated individuals and the public at large.

About the Researcher

Applied Survey Research (ASR) is a social research firm based in Santa Cruz County. ASR is dedicated to helping people build better communities by creating meaningful evaluative and assessment data, facilitating information-based planning, and developing custom strategies. ASR has more than 30 years of experience working with public and private agencies, health and human service organizations, city and county offices, school districts, institutions of higher learning, and charitable foundations. Through community assessments, program evaluations, and related studies, ASR provides the information that communities need for effective strategic planning and community interventions.

www.appliedsurveyresearch.org

Appendix

Recovery Center Data Dashboard

Janus of Santa Cruz Recovery Center Data Dashboard

			Annual Data			
TYPE OF INDICATOR	INDICATOR	TREND	*2015	2016	2017	Total
How much?	# of sobering episodes		287	542	900	1729
	# of unique clients for each year, and total unique clients ever		211	346	543	984
How well?	# clients accepted specific referrals and services		10	190	89	289
	<i>substance abuse treatment</i>		136	75	32	243
	# of confirmed successful connections to a community service		5	56	38	99
	# of encounters who completed their stays according to protocol		246	472	781	1499
	% of encounters who completed their stays according to protocol		88%	90%	87%	88%
	# of encounters who did not complete according to protocol		32	50	115	197
	<i># left against staff advice</i>		9	28	66	103
	<i># removed by ambulance</i>		12	26	16	54
	<i># removed by law enforcement</i>		14	14	30	58
	# of referrals by Dominican Emergency Department		28	64	84	176
	% of patient episodes referred by Dominican ED		9%	10%	10%	10%
	# of law enforcement referrals, by Department		270	584	890	1744
	<i>% Santa Cruz PD</i>		43.3%	56.3%	49.9%	51.0%
	<i>% Santa Cruz County SO</i>		40.7%	22.8%	35.2%	31.9%
	<i>% Capitola PD</i>		4.1%	6.0%	3.4%	4.4%
<i>% Scotts Valley PD</i>		2.6%	3.3%	2.2%	2.6%	
<i>% Watsonville PD</i>		5.6%	8.6%	4.0%	5.8%	
<i>% CA Highway Patrol</i>		2.2%	2.2%	1.0%	1.6%	
<i>% Other</i>		1.5%	0.9%	4.3%	2.7%	
Anybody better off?	average monthly # of jail bookings of 647(f) cases w/o additional charges		183	152	103	146
	<i>Grant Objective: 20% decrease from 221 average monthly jail bookings in the baseline year (2014)</i>		-17%	-31%	-53%	-34%
	Avg officer time (in minutes) to process simple 647(f) cases		9.3	7.6	7.1	7.6
	<i>Grant Objective: 65% reduction from baseline of 50 minutes officers spend at jail to process simple 647(f) cases</i>		-81%	-85%	-86%	-85%

Green shade indicates a grant objective.