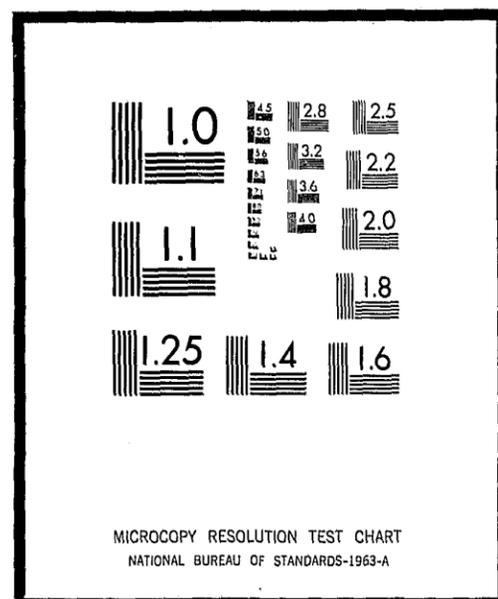


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ALCOHOLIC
SAN JOAQUIN COUNTY
COMMUNITY TREATMENT CENTER
MEDICAL AND DENTAL SERVICES
REFERRAL SERVICES
COMMUNITY SUPPORT

ANNOTATION:
THE MODEL COMMUNITY ALCOHOLISM TREATMENT PROGRAM INVOLVES A COMPREHENSIVE PLAN FOR THE TREATMENT OF THE ALCOHOLIC.

ABSTRACT:
WHILE SAN JOAQUIN COUNTY CURRENTLY OPERATES VARIOUS ELEMENTS OF A PROGRESSIVE PROGRAM--SUCH AS AN ALCOHOLIC REHABILITATION CLINIC AND AN AFTER CARE RESIDENCE FACILITY--OVER 10,000 DRUNKS ARE ARRESTED AND JAILED EACH YEAR. THE OBJECTIVE OF THIS PROJECT IS TO PROVIDE AN ALTERNATE DISPOSITION FOR THE POLICE REFERRAL - A DETOXIFICATION CENTER TO BE LOCATED AT THE COUNTY GENERAL HOSPITAL. THE REQUESTED GRANT WILL PROVIDE FOR THE BASIC STAFFING OF THE DETOXIFICATION CENTER TOGETHER WITH ADMINISTRATIVE AND RESEARCH CAPABILITY NECESSARY TO PLAN, ORGANIZE, COORDINATE AND EVALUATE THE WORK OF THE CENTER WITH AFTER CARE FUNCTIONS INCLUDING THOSE DIRECTLY OPERATED UNDER THE PROJECT STAFF (ALCOHOLIC REHABILITATION CLINIC AND COUNTY-OPERATED RESIDENCE FACILITIES). THE PROJECT IS CONCERNED WITH DEVELOPMENT OF GREATER UTILIZATION OF OTHER COMMUNITY GOVERNMENTAL AND PRIVATE RESOURCES WHICH MAY SERVE TO SUPPORT REHABILITATION OF THE ALCOHOLIC. THE BROAD RESEARCH PLAN IS CONCERNED WITH EVALUATION OF TREATMENT OUTCOME AND IDENTIFICATION OF PROGRAM COSTS, INCLUDING COST TRADE-OFFS. IT IS IMPORTANT TO DETERMINE THE WORKLOAD RELIEF THAT SUCH A PROGRAM HAS ON THE POLICE, JAILS, AND COURTS. (AUTHOR ABSTRACT)

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NCJ-00058

MODEL COMMUNITY CORRECTIONAL PROGRAM

JOAQUIN COUNTY, CALIFORNIA

227

Appendix Report MODEL COMMUNITY ALCOHOLISM TREATMENT PROGRAM

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PROJECT SUPPORT

U. S. Department of Justice, Law Enforcement Assistance
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PROJECT PROPOSAL

THE MODEL COMMUNITY ALCOHOLISM
TREATMENT PROGRAM

SAN JOAQUIN COUNTY - CALIFORNIA

APRIL 23, 1968

REVISED MARCH 6, 1969

PREPARED BY:

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March 11, 1969

Mr. Charles H. Rogovin, Administrator
Law Enforcement Assistance Administration
United States Department of Justice
1325 K Street, N. W.
Washington, D. C. 20005

Dear Mr. Rogovin:

The attached report, prepared as one feature of the Model Community Correctional Project, proposes a plan designed to demonstrate that the common drunk can and indeed must be dealt with outside the criminal justice system. The medical profession and most behavioral scientists are now agreed that chronic alcoholism is a disease.

The current practice in most American communities of treating these people as petty criminals preoccupies the police, gluts the lower courts, overcrowds inadequate jails, and in effect serves no one well - least of all the disabled alcoholic and the public which foots the bill for applying expensive and scarce resources to the wrong problems.

This report was written in the form of a project proposal for grant funding assistance. In this form it may be most useful to other communities which may be interested in design of a similar plan - with or without outside funding assistance. What seems abundantly clear is that it is probably, if not certainly, possible to care for and treat the alcoholic more successfully and at less cost than under the criminal justice system. There is encouraging progress being made in variations of this program proposal in St. Louis, Missouri, in Washington, D.C., by the Vera Institute in the New York Bowery, and by Contra Costa County, California. But, this is not enough. A much more widespread commitment to develop

3/11/69

such programs together with an adequate research design seems imperative.

This plan deserves to be tried in San Joaquin County as well as elsewhere.

Sincerely yours,

Richard A. McGee
RICHARD A. MCGEE
President

Encl.

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MODEL COMMUNITY ALCOHOLISM TREATMENT PROGRAM

The Model Community Alcoholism Treatment Program involves a comprehensive plan for the treatment of the alcoholic outside of the criminal justice system. While San Joaquin County currently operates various elements of a progressive program--such as an Alcoholic Rehabilitation Clinic and an after care residence facility--over 10,000 drunks are arrested and jailed each year. The objective of this project is to provide an alternate disposition for the police referral: a Detoxification Center to be located at the County General Hospital.

The requested grant will provide for the basic staffing of the Detoxification Center together with administrative and research capability necessary to plan, organize, coordinate and evaluate the work of the Center with after care functions including those directly operated under the project staff (viz. Alcoholic Rehabilitation Clinic and County-operated residence facilities). In addition, the project is concerned with development of greater utilization of other community governmental and private resources which may serve to support rehabilitation of the alcoholic.

The project incorporates a broad research plan concerned with both evaluation of treatment outcome and identification of program costs, including cost trade-offs. As closely and reliably as possible, it is important to determine the workload relief that such a program has on the police, jails, and courts.

I. PROJECT OBJECTIVES

A. Objectives

It is proposed to establish an effective system of integrated services to accept the diversion of the alcoholic from the criminal justice system. In so doing, his treatment needs will be met via new or improved health services. In order to do so it is necessary to achieve the following objectives:

1. To establish and operate a detoxification center as a central intake facility to provide emergency care, medical examination, indicated medical treatment, and after care prescriptions for San Joaquin County alcoholics.
2. To improve an existing alcoholic outpatient clinic where psychological and social therapy can reinforce and augment previous treatment.
3. To develop (or improve) a social agency referral system so that after care needs can be met fully; e.g., referral to Alcoholics Anonymous, public assistance, Manpower Development and Training Programs, employment counseling and placement referral, family counseling and housing.
4. To develop or augment a variety of short-term residential shelter and care facilities.
5. To develop, as necessary, appropriate resources for long-term shelter care, training work opportunities, including sheltered work environments, and recreation.
6. To develop in cooperation with criminal justice entities and others, new referral or intake procedures; e.g., police referrals via citations, voluntary agency referrals, "self commitment" procedures, court referrals involving "self commitment" as conditions of probation or suspended sentence.
7. To develop and execute an evaluation plan to measure: the effectiveness of the project on the rehabilitation of alcoholic subjects, the effect of the project on the inter-facing criminal justice system, the relative costs of alternative approaches to the solution of the alcoholic program in order that alternative program cost effectiveness measures can be established and the level and kind of community support for this project.

B. Project Justification Assumptions

1. The criminal justice system appears ineffective to deter drunkenness or to meet the problems of the chronic alcoholic offender. The provision of adequate public health facilities for detoxification is proving to be a workable progression in striking at the central faults in the present arrangement. Additional research and training is a crucial need.
2. Proper prescription of remedial services indicates extensive community programming with the first-line detoxification center facility placed at the core of the helping agencies.
3. Concurrent research is needed to satisfy data requirements for planning, implementation, and evaluation of the hypothesized effects on the criminal justice system, the social services system, the offender and his family, and the community at large.

It is anticipated that information useful to the following civil and social action will also result: guidelines for new legislation; definition of the role of the courts; strategic reallocation of expenditures among criminal justice, public health and social service programs.

C. County Support Plan

It is the explicit objective of the project, other than research and evaluation components, to be fully under county support at the end of approximately 18 months. A variety of potential cost trade-offs, economies, and other support sources are to be thoroughly evaluated in the first year of project operation. These trade-off, economy and other financing sources are listed on page 52.

II. PROJECT EVALUATION

The evaluation of the Detoxification Center and the complex of processes in which it is to be imbedded will involve rigorously based research efforts as well as qualitative research methods. It is planned that all Project staff should be involved in at least some aspects of the research. The evaluation will constitute the major responsibility of the Associate Director--Research, but will also utilize the ideas and experience of the operating staff in the Center and those of the agencies involved in the intake and after care of the Center's patients. The design of the evaluation, moreover, will be such that rapid feedback to the administrators of the program and to relevant segments of the community will be facilitated. Hence, the evaluation will be of continuous and on-going utility to the project. A series of interim and final reports will also be produced of value to program operators and researchers elsewhere, and to serve as review and evaluation material for the Community Advisory Committee. The evaluation is, of course, guided by the overall frame of reference for the project as established in the statement of Project Objectives, above. The basic consideration of the evaluation, then, is to assess and measure the extent to which the project accomplishes these objectives.

For purposes of this evaluation, five classes of data will be collected and analyzed.

1. Characteristics of and changes in the inebriate;
2. Program characteristics;
3. The effect of the program on other related agencies;

4. Cost-effectiveness of the program relative to alternative handling of the program of public drunkenness; and
5. The level and kind of community support for this project.

Figures 1 and 2 (pages 41 and 42), characterize the client's flow through the proposed Alcoholism Treatment Program. Cooperation in this Program's evaluation will be effected wherever possible, within the "Cooperative Program" between the Department of Public Health and the Department of Rehabilitation. Discussions have been held with administrative and research personnel of the two departments. They have reviewed and they support the general evaluation plan for the project. Moreover, they enthusiastically welcome the opportunity to participate in the evaluation phase.

The Cooperative Alcoholism Program of the Departments of Rehabilitation and Public Health has agreed to furnish specified services within the context of their existing evaluative procedures. These include attendance at briefing, orientation and training workshops, ex-officio assistance to the Project's advisory council; training in the installation and use of the evaluation materials and procedures; provision of forms for data collection; provision of data processing services, including coding, editing, key punching, preparation of reports, and analysis, and periodic feedback of findings; and participation in the development of tracking techniques and cost effectiveness measures.

To the extent that these commitments exceed the capabilities of the existing evaluation system, specific contractual relationships will be arranged between the Project and the Cooperative Alcoholism Program.

Further, during the first year of this Project, the Research staff will develop tracking techniques necessary to follow-up clients who have exited the treatment system. During the course of this first year, this staff will also make inputs in each quarterly report updating the level of reasonable expectation for the specificity of the evaluation. This last quarterly report will provide an evaluation of the evaluation process and will present a sharpened follow-up design for subsequent evaluation.

A. The Inebriate

The first task of the evaluation will be that of ensuring an adequate description of the characteristics of those admitted to the Center. The description will be based on information collected at the time of intake in the medical examination and also from information which will constitute the diagnostic evaluation of the inebriate's social and psychological condition. This information will serve as baseline data for each individual in evaluating the impact of the program. It will further serve to indicate both the appropriateness of intake procedures and the appropriateness of the program planning at the management level. These data should reveal whether any particular segment of the inebriate population is not participating in the Center's programs and should also reveal any need for additional or new programs. Comparison of these data with available demographic data will also provide understanding of the degree of representativeness of these clients to the population of the area. The problems of identifying changes in the inebriate which would be attributed to the Center and its after care are, of course, among the most

problematic features of this research effort. These problems will require the cooperation of a large number of agencies in both the criminal justice and social service sectors. This cooperation appears forthcoming in view of the relatively high degree of interest and support in the center and its referral processes. The assessment of any impact of the program effectiveness during the first year, that is, those conditions which are necessary conditions for the desired change in inebriates will largely constitute the measures to be used. These conditions are, e.g., the extent and quality of participation in referral programs, changes in the patients' phenomenal view of alcohol, the degree to which they are satisfied with treatment they receive, the frequency of recidivism, employment patterns, changes in performance of familial roles, self concepts, etc. Any increase in the number of voluntary commitments will be evaluated, both in terms of the degree to which satisfaction with the program is communicated to others, and, also, the degree of community awareness and support.

At the same time, the research staff will concern itself with developing an adequate methodology and conceptual framework for assessing long-range changes in the program participants. The longer range research problems to be addressed will be concerned with adequate follow-up data collection strategies, the manner and extent to which alcoholics adapt to the problems presented by their sobriety such as the male's regaining a position of parental and economic influence within his nuclear family, the relevance to the program participant's

rehabilitation of his participating in the rehabilitation of other alcoholics as in Alcoholics Anonymous, and measures of medical changes such as the extent to which tissue damage attributable to excessive alcohol consumption is reversed with differential treatment strategies. The research problems of accounting for observable changes by program features will also be addressed in this effort. It appears feasible to posit that conditions which are both necessary and sufficient for the rehabilitation of alcoholics involve a change of events and states which follow one another in a finite set of permutations. Such an assumption implies a rather sophisticated longitudinal design which measures carefully both the treatment conditions to which the alcoholic is exposed as well as the changes following upon such exposure. The research staff of the California Division of Alcoholic Rehabilitation should be of assistance in this regard since they represent a large and valuable resource for anyone concerned with researching problems of alcoholism in the state.

A third aspect of evaluating the impact of the program on the inebriate will be concerned with an attempt to relate types of treatment strategies to types of alcoholics. Rather than conceive of the Center and related treatment services as constituting one homogeneous experience to which all patients are equally exposed, the variety of types of treatment will be measured by direct observation, by patient's reports, and by staff reports and then related to types of alcoholics with respect to the effectiveness of the "mix" of treatment and patient. The use of the "classical experiment" type of research

design seems inappropriate in this regard. Administrative problems involved in carefully drawing experimental and control groups and maintaining the experimental separation of these groups, among other problems, usually obviate the logical advantages of such a design. Substitute research strategies involving somewhat more qualitative measures as well as an ex post facto type of research design appear to be more viable.

The question of incorporating a concern with medical factors in the evaluation, e.g., differential effectiveness of different pharmaceutical agents or the utility of different diagnostic techniques, will be addressed jointly in consultation with the medical personnel involved in the project. It would be erroneous not to do so in view of the possibility of relating a number of social and psychological factors to these medical factors.

B. Program Characteristics

As has been noted by many authors, the historical change from viewing alcoholism as a moral or characterological problem to viewing it as a disease has not necessarily been accompanied by an increased ease on the part of staff working with alcoholics.¹ The condition of alcoholism has been characterized as a "low status disease" for staff working

¹See, e.g., E. M. Jellinek, The Disease Concept of Alcoholism, New Haven: College and University Press, 1960; J. H. McNamara, "The Disease Conception of Alcoholism: Its Therapeutic Value for the Alcoholic and His Wife," Social Casework, 41, November, 1960.

with the problem due to the problems of control presented by the alcoholic as well as his relative intractability to treatment strategies. One aspect of the focus on program characteristics will hence involve an attempt to assess, on a continuing basis, the level of motivation characterizing the staff and any changes in this area. Determinants of these changes will also be identified and the finding will be discussed with program administrators with the objective of instituting procedures or strategies which will create, regain, or ensure a high level of staff motivation.

A second aspect of program characteristics which will be researched is that of the process of agency referrals to the Center and the Center's referrals to other agencies as part of the after care program following initial treatment in the Center. This aspect of the program appears now to have the highest priority both with respect to program development as well as to the research effort. The degree of increase in the number of referrals and in the number of agencies making referrals will be a criterion measure of the Program's effectiveness.

The Associate Director responsible for program development will require some research-based assistance, e.g., interviews with agency personnel, in managing the task of developing new organizational interrelations between the Center and existing community resources. He will also need some assistance in identifying new resources which will be required by the Center. The research effort, in this regard, will also be concerned with assessing the effectiveness of his strategies invoked in attempts to involve more agencies or to involve existing agencies more

successfully in the Center's program. This assessment will involve a description of the strategies utilized by this staff member and others as well as some data from agency personnel with respect to their reactions to the strategies. Of particular interest will be the success of the strategies in reconciling the many different professional or occupational conflicts having to do with criteria of effectiveness. Disagreements among the different specializations with regard to appropriate treatment methods must be handled in such a way that the personnel from different agencies are willing to participate in the program and to work closely with one another.

Another Institute project in San Joaquin County, the Model Community Correctional Project (MCCP) has, as its major emphasis, a continuing interest in the development of organizational mechanisms which will maximize the degree to which agencies in the community can be better coordinated. MCCP has the objective of providing a wide gamut of resources for the correctional effort and is presently engaged in developing a number of proposals toward this end. One such proposal is concerned with the development of an effective, computer-based information system which will allow for a more adequate exchange of information among agencies with respect to their clients as well as to their program planning. This information system should be of value in any attempt to assess the degree to which both the alcoholic intake and after care referrals are operating properly. Additional data will be necessary and will take the form of information from agency

personnel as well as information from participants in the Center's program. The focus will be on problems in these referral processes but will also allow for the identification of some solutions to these problems by contrasting agencies which vary greatly in the degree to which they are coordinated with the Center.

C. Effect of Program on Other Agencies

Another area of primary significance in the evaluation is the concern with the degree to which and the manner in which the Model Community Alcoholism Treatment Program will reduce the workload of agencies in the criminal justice system. It is hypothesized that the Center will allow the police, courts, public prosecutor, public defender and the county jail to increase the level of concern and activity in ensuring both a more adequate protection of the rights of offenders and a more adequate programming for offenders who are processed through the criminal justice system. While this may appear to be an obvious consequence of the Center's activities, it does not necessarily follow that allowing more time for the processing of offenders other than those arrested on drunkenness charges will yield a fairer and more effective processing of these offenders. It will be the task of the research to assess the extent to which this happens and to identify the antecedent conditions which will account for variations in change. To a great extent the data for this analysis will be attitudinal but there will also be data sought which measure the outcomes for offenders remaining in the criminal justice system.

It is anticipated that this proposed research effort can be tied in with an on-going interest of the Model Community Correctional Project in applying the technology of systems analysis to a description and analysis of the criminal justice system.

D. Program Cost-Effectiveness

Once given the types of data outlined above, it should then be possible to derive some relatively valid estimates of the cost-effectiveness of the Center and its after care programs. It has been a major assumption of the Model Community Correctional Project that funding of local programs of correction or rehabilitation will ultimately require extensive reallocation of existing expenditures. One product of the cost-effectiveness analysis will be a set of recommendations for such funding reallocations. It is recognized further that the customary "line item budgeting" of local agencies which greatly inhibits a concern with agency effectiveness also creates a large problem in attempts to conduct cost analyses of agency activities. Yet, such analyses are of critical importance and must, therefore, be undertaken.

Combining a concern with costs and effectiveness as well as an analysis of these processes which relate to effectiveness should provide a much more viable base from which to do future planning with regard to solving the problems of handling public drunkenness. It is hoped, moreover, that such a research product would influence decision makers in the criminal justice and social service systems in such a manner

that they will eventually be much more concerned with rational and effective solutions to problems such as alcoholism and public drunkenness. We would hope to provide and demonstrate the utility of a planning technology which involves carefully managed data collection as well as the systematic analysis of such data.

E. Relationship of Research to Other Communities

In order to ensure that the research effort in this community have maximum utility both locally and elsewhere, there should be sufficient funding to allow for extensive communication with researchers in other communities in which there are either existing alcoholism treatment programs or there are plans to institute them. The advantages of so doing would be two-fold: (1) the local program would be enhanced by findings and methodology found to be of significance elsewhere; (2) if the local researchers were able to communicate with other similarly concerned researchers it should be possible to not only acquire knowledge concerning the local program but by combining activities with other researchers the local program could occupy a place in a larger research design involving a number of such centers as well as communities which lack such centers. The amount of variation within the proposed local program will be sufficient for some purposes but will lack certain variations which would yield data of much larger significance in the operation of any such center. At a minimum there could be some sharing of research instruments which would allow for the comparability of a number of programs. Beyond this,

desired variations could be found and/or introduced into the programs of a number of communities. Such variations would yield more refined kinds of statements concerning the conditions underlying the effectiveness of the different aspects of the centers and after care services.

In view of the above paragraph it is proposed that the Public Health Service, during the next year, sponsor at least two conferences for researchers concerned with detoxification centers and their after care programs. Such conferences should bring together persons from different professions as well as different geographic locations. It is hoped that these conferences might attract national or even international interest. Out of these conferences would hopefully emerge a much more significant set of research strategies which would not only increase the value of individual research efforts but would further provide mechanisms by which findings from each research effort might articulate into a larger research effort with a consequent larger significance.

F. Assessment of Community Support

In assessing the effectiveness of strategies concerned with attempts to involve more agencies or to involve existing agencies more successfully in the Center's program, kick-off, one-day workshops will be held for special interest groups. The invited participants will include those agencies previously identified by the MCCP in its inventory of community resources. Representatives of the business sector will also be invited. Each workshop will be tailored to the needs of each

group and will serve the two major functions: (1) providing an education of an orientation to the project, its objectives and scope; and (2) soliciting the active interest and support of the participating agencies. Careful recording of the proceedings of each workshop will be made in order to analyze the dynamics at work in the generation of community support in terms of inter-organizational involvement. Workshop participants will be given the opportunity to suggest the members of a Community Advisory Committee to recommend policy on the total treatment of the alcoholic. The project's Associate Director for Program Development will serve as Executive Secretary to this committee. It will be his responsibility to develop mechanisms for achieving appropriate ongoing interactions with this committee, and for convening the committee to review each quarterly project report.

III. PROJECT NEED AND BACKGROUND

A. General Nature of the National Problem

"With over five million alcoholics in the country, alcoholism is the nation's fourth largest health problem. Research aimed at developing new methods and facilities for treating alcoholics should be given the priority called for by the scope of the need. Research by private and governmental agencies into alcoholism, the problems of alcoholics, and methods of treatment, should be expanded."²

The President's Commission on Law Enforcement and Administration of Justice in emphasizing this need makes specific

²The President's Commission on Law Enforcement and Administration of Justice, Task Force Report: Drunkenness, Washington, D.C.: U. S. Government Printing Office, 1967, p. 6.

findings pointing to new opportunities to effectively advance methods of handling public drunkenness offenders. It also makes appropriate cautions:

"The sheer size of the drunkenness problem in relation to the very limited knowledge about causes and treatment makes it impossible to speak in terms of 'solutions'. There are, however, some important and promising lines that the Commission believes should be explored."³

As will be emphasized, the major promise of this proposal lies in its direct applicability to one of the most profound changes possible in the criminal justice system.

B. Alcoholism in San Joaquin County

Application of the Jellinek Estimation Formula to deaths ascribed to cirrhosis of the liver suggests there were some 13,880 alcoholics in San Joaquin County in 1960-1962. The estimated rate of 8740 per 100,000 population (age 20 and over) was some 2-1/2% higher than the estimated rate for the State.

Resident deaths ascribed to cirrhosis as a primary cause during the years 1960-1964 increased some 50% over the number so recorded during the years 1955-1959; during this same ten-year period, total population increased only some 17%.

During the period 1955-1964, there were recorded an additional 114 resident deaths ascribed to alcoholism without mention of cirrhosis.

During the first 50 weeks of 1965, the County Clerk processed 225 petitions for alcoholic commitment to the State Hospital.

³The President's Commission on Law Enforcement and Administration of Justice, The Challenge of Crime In a Free Society, Washington, D.C.: U. S. Government Printing Office, 1967, pp. 235-236.

During 1965, a daily average of 16 beds at San Joaquin General Hospital have been occupied by patients having alcohol-related problems.

The burden of alcoholism problems on the criminal justice system is large, cumbersome, very costly and extremely effective.

Of the total misdemeanants arrested in 1966 in California, 44% were booked on charges of drunkenness. In San Joaquin County that year there were 10,000 arrests for intoxication;⁴ and 3,096 prisoners were released from the County Jail sentenced there on a "Drunk and Disorderly" charge. (See Chart I: Drunk Bookings Into San Joaquin County Jail, next page.) They had served an average of 38.8 days.⁵ At an estimated daily cost of \$5.00 apiece, their incarceration cost the County \$600,624.⁶ There were also the costs of detaining the estimated 7,000 persons arrested on this charge but not sentenced in the County Jail and the costs of arrests and court adjudication of those so charged. The annual costs of handling the County's public drunkenness and alcoholism thus appears to currently exceed \$1,000,000 for the criminal justice system alone.

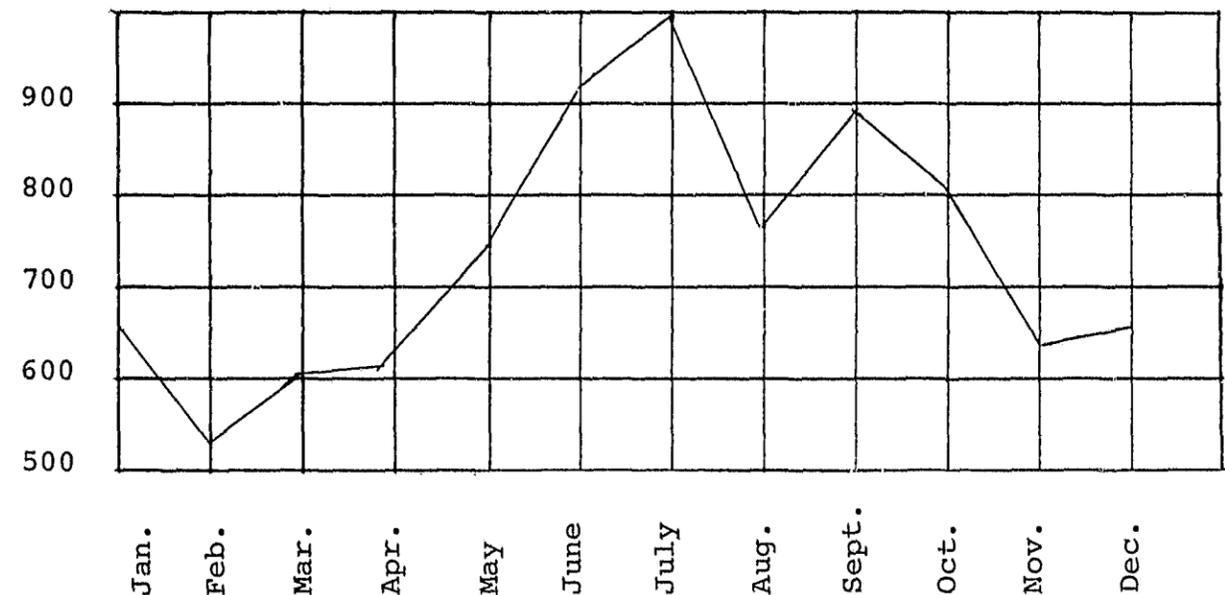
⁴Bureau of Criminal Statistics, Division of Law Enforcement, State of California, Department of Justice, Adult Criminal Detention, October 1967.

⁵Ibid., p. 32.

⁶Ibid.

CHART I

647f PC Drunk Bookings Into San Joaquin County Jail 1967



Law enforcement officers occupied in these duties are removed from the arena of more serious criminal offenses.

"The extent of police time allotted to handling drunkenness offenders varies from city to city and from precinct to precinct. In most cities a great deal of time is spent. The inebriate must be taken into custody, transported to jail, booked, detained, clothed, fed, sheltered, and transported to court. In some jurisdictions, police officers must wait, often for hours, to testify in court.

"There is a commensurate burden on the urban courts. Notwithstanding the fact that an overwhelming caseload often leads judges to dispose of scores of drunkenness cases in minutes, they represent a significant drain on court time which is needed for felony and serious misdemeanor cases."⁷

Equally evident is the failure of the "revolving door" process to deliver solutions to the drain on local enforcement resources. A recent survey revealed that in 1964 in the city

⁷Op. Cit., Challenge of Crime . . . , p. 235.

of Los Angeles about one-fifth of all persons arrested for drunkenness accounted for two-thirds of the total number of arrests for that offense. Some of the repeaters were arrested as many as 18 times that year.⁸

C. Trends in Treatment of the Alcoholic

Apart from mounting costs in dollars, man hours, and diversion of resources from more urgently needed areas, there is a new, urgent thrust to develop an alternative to treating drunkenness within the criminal system.

Monumental court decisions in 1966 in two Federal circuits holding that alcoholics cannot be convicted for drunkenness have had swift result. (Easter v. District of Columbia, 361 F. 2d 50 (D.C. Cir. 1966); Driver v. Hinnant, 356 F. 2d 761 (4th Cir. 1966). Alcoholics are no longer being convicted of public drunkenness in Washington, D. C. and in five states.⁹ In these cases it was held that it is unconstitutional to convict chronic alcoholics of public intoxication or other alcoholism-related offenses.¹⁰

The proposed project extends research and action into new areas of community cooperation, mobilizing resources to attempt a reallocation of costs more effectively coping with public aspects of alcoholism.

D. Community Selection

The community selected in which to develop this Center is San Joaquin County, California. Its citizens have demonstrated

⁸Ibid., p. 233.

⁹Op. Cit., Task Force Report: Drunkenness, p. 15.

¹⁰The Supreme Court has subsequently reversed these decisions.

a readiness to participate in such a project and real concern for new and more effective correctional methods to prevent crime as well as work toward solutions to community problems in an innovative manner.

This is typified by the public support given the Model Community Correctional Project, currently in operation. The Project has taken the position that better correctional methods can be utilized, that the problem begins in the community and must be dealt with there. The project goal is, therefore, greater community self-sufficiency.

San Joaquin General Hospital and Health District officials have been aware of the needs to expand medical services to service this population for many years. They have moved to create new resources with considerable success. For example, the Alcoholic Rehabilitation Clinic has been in existence since 1957. The Hospital has operated for several years a unique facility called "Singlemen's Home" which provides sheltered living for hospital out patients including alcoholics with no other shelter available. Previous attempts over the past five years to obtain local financing for a special hospital ward to receive and provide basic medical treatment for the alcoholic have, however, been without success.

This change is extremely difficult to make without special financing arrangements. The new resources needed represent initially a substantial new expenditure for county government. To be sure, there is much evidence to suggest that making this expenditure will result in substantial savings later. That this is yet unproven, however, is good

reason for the County Board of Supervisors to be cautious if not skeptical of promised improved treatment results or savings sufficient to meet the new costs.

E. Detoxification as Central Unit of Plan

The proposed detoxification center for alcoholics is a fundamental resource in shifting the burden of treating public drunkenness offenders from current criminal system processes to those of civil-medical systems.

"In addition, any planning for the chronic alcoholic court offender should be integrated with the planning being done for all other alcoholics and for other phases of mental health and physical illness. They are all a part of the same program and should not be segmented."¹¹

The specific opportunities relevant here for satisfying research needs regarding restructuring of community facilities have been identified by the President's Commission:

"Communities should coordinate and extend after care resources including supportive residential housing.

"The success of after care facilities will depend upon the ability of the detoxification unit to diagnose problems adequately and to make appropriate referrals. A diagnostic unit attached to, or used by, the detoxification unit could formulate treatment plans by conducting a thorough medical and social evaluation of every patient. Diagnostic work should include assistance to the patient and his family in obtaining counseling for economic, marital or employment problems. Subsequent referrals to appropriate agencies will be crucial to the success of the overall treatment plan. The diagnostic unit through referral to a job or housing service, might also assist the patient in moving out of the deteriorating environment of skid row. Philadelphia

has already established a diagnostic and relocation center which offers diagnostic, recreational, therapeutic, vocational counseling and housing relocation services, including training in social and occupational skills."¹²

This project thus proposes to advance the fund of knowledge in this field in line with the charge advanced in a Commission recommendation for the expansion of research by private and governmental agencies into alcoholism, the problems of alcoholics and methods of treatment:

"The application for funds for research purposes appears to be an appropriate supplement to the proposed detoxification and treatment units. Consideration should be given to providing further legislation on the Federal level for the promotion of the necessary coordinated treatment programs. Only through such a joint commitment will the burdens of the present system, which fall on both the criminal system and the drunkenness offender, be alleviated."¹³

¹²Op. Cit., Task Force Report: Drunkenness, p. 5.

¹³Op. Cit., Challenge of Crime . . ., p. 237.

¹¹United Community Funds and Councils of America, Inc., CITIZEN PLANNING, New York, August, 1967, Vol. 4, No. 4.

IV. METHOD OF PROCEDURE

A. Operational Summary

A comprehensive plan for treatment of the alcoholic outside the criminal justice system involves:

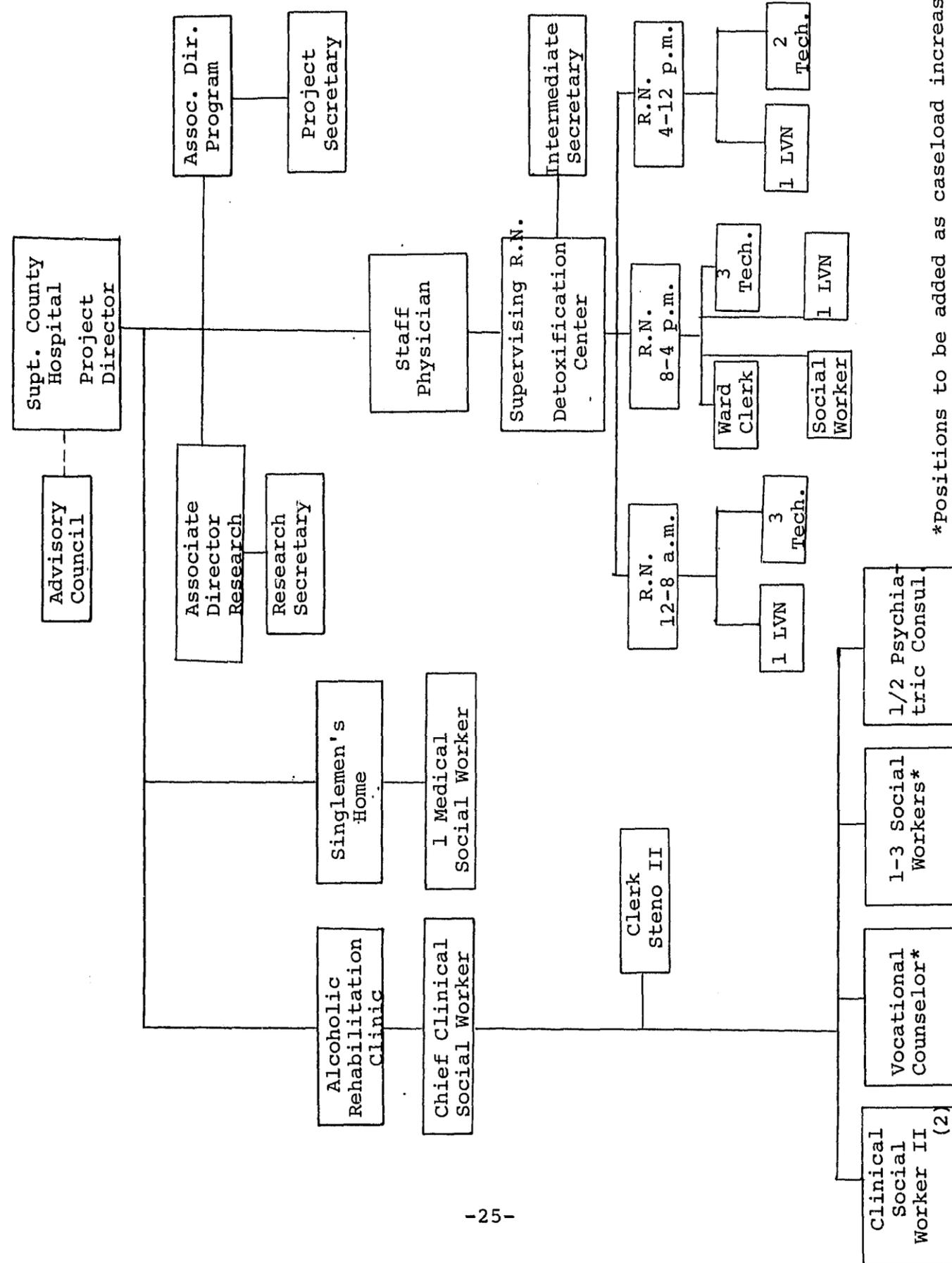
1. Adoption of new referral or intake procedures; referrals by police through use of citation, voluntary referrals, and self "commitment" procedures.
2. Use of the program by the criminal courts as a referral resource by use of suspended sentence or misdemeanor probation where cooperation is a condition of the disposition.
3. A central unit, the Detoxification Center, providing emergency care, medical examination, indicated treatment and after care prescription.
4. An outpatient clinic where psychological and social therapy can be provided to reinforce previous treatment.
5. Utilization of a social agency referral system so that after care needs can be fully met (viz. referral to Alcoholic Anonymous, Public Assistance, Manpower Development and Training Program, employment counseling and placement referral, family counseling and housing).
6. Provision of a variety of resources for short term shelter and care involving use of such county provided facilities as Singlemen's Home and private shelter facilities such as those operated by Salvation Army.
7. Development of appropriate resources as necessary to provide for those who will require long term shelter, limited work opportunities, and recreation at nominal cost.

B. Organizational Plan

The formal organizational plan is represented by the chart on the next page.

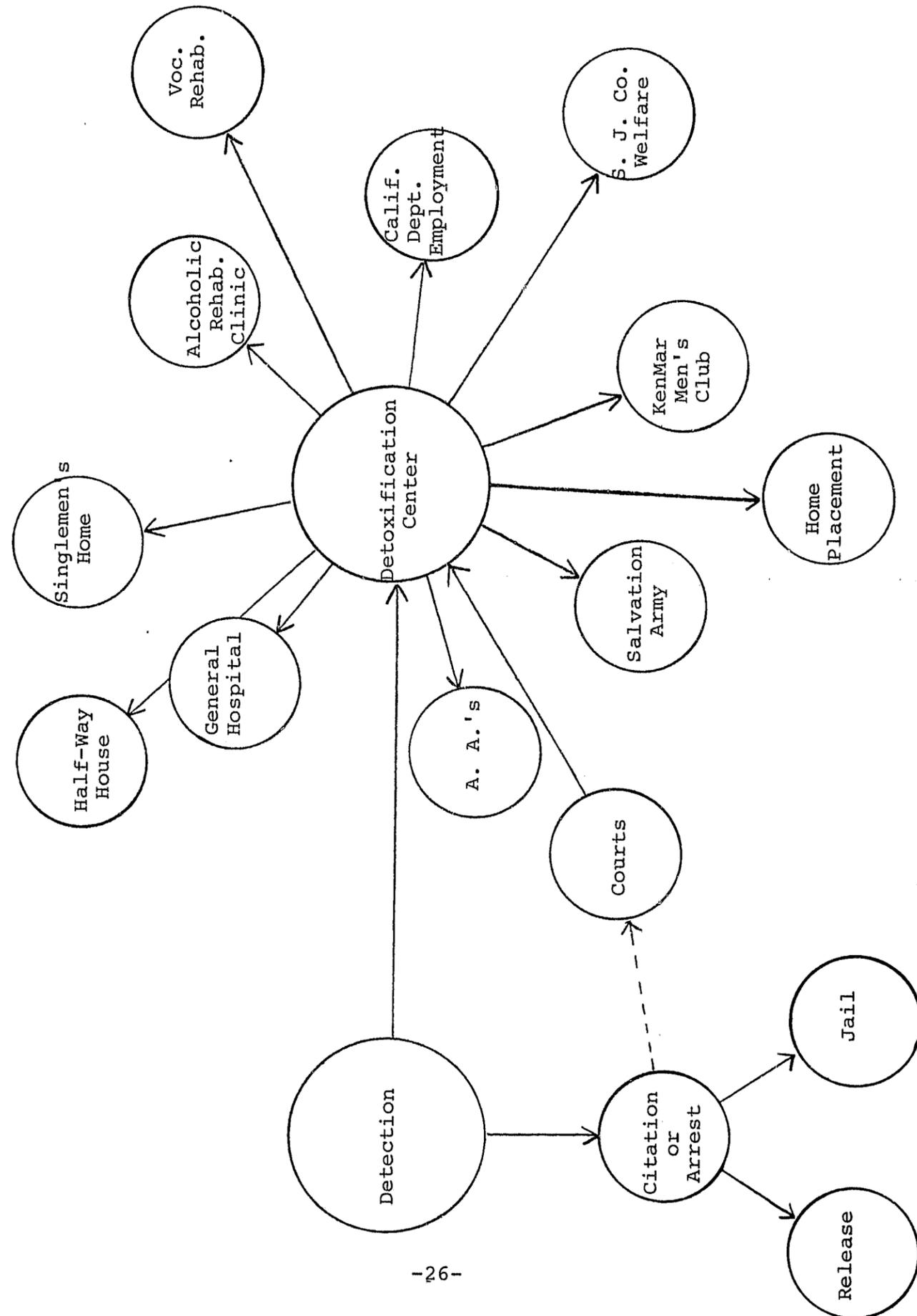
An organizational plan must be created to incorporate techniques for development of community understanding and support of the program, and effective coordination of the

PROJECT ORGANIZATIONAL CHART



*Positions to be added as caseload increases.

SCHMATIC RELATIONSHIP OF
DETOXIFICATION CENTER TO COMMUNITY RESOURCES



variety of agencies, both public and private. A vast amount of information must be developed to enable a broad research and evaluation plan to function.

Internally, the program should operate under a central management operating under program planning and budgeting principles and practices. Finally, the organization should be viable, responsive to information feedback.

C. Detoxification Facility and Admission Procedures

The San Joaquin County Detoxification Center facility projected by this proposal is planned as a special care, 32-bed Socio-Medical unit, at the existing San Joaquin General Hospital located at French Camp. It would provide care for approximately 2,250 persons per year. (The Alcoholic Rehabilitation Clinic is now in operation at 540 N. California Street and will be expanded to offer followup care on an outpatient basis for approximately 90% of the admissions, by use of county funds.)

This Center will treat all persons with alcoholic problems needing inpatient care, including persons detained on the charges of public intoxication. At the arresting officer's discretion persons taken into custody for drunk under Penal Code Section 647(f) (Public Drunkenness) may be taken direct to the Center, issued a citation and released under authority of Section 853.6, to Center staff for treatment.

The citation would be voided if the offender accepts the treatment.

If treatment is not accepted, they would be processed through the courts under the present system.

D. Detoxification Center Treatment

Treatment in the Center would provide up to 30 days care at this facility for each admission. An average inpatient residence of 4 days is anticipated. (Sufficient flexibility should exist to permit the staff to make professional decisions to meet the goals of the program.)

Treatment of acute alcoholism would consist of:

1. Each admission will initially have a complete history and physical examination including a chest x-ray, C.B.C., urinalysis, and screening panel of blood chemistry.
2. Close observation, especially during the first 24 hours, with special emphasis on vital signs, any seizure activity, or indications which might suggest delirium tremens.
3. Diet--high protein regular diet unless otherwise indicated; that is, diabetes and so forth. Special diets may be ordered if medically indicated.
4. Encourage fluids, especially orange juice and liquid preparations high in vitamins.
5. Medications:
 - a. Sedation--the type of sedation used is at the discretion of the admitting physician. At present there are several types used throughout our hospital; that is, Librium, Thorazine, and so forth. If increased sedation is needed at bed time, chloral hydrate 1/2 to 1 gram should be used.
 - b. If there is a seizure history, give Dilantin 100 mgm. tid.

- c. Vitamins--Vitamin B-Complex or Berocca-C and multi-vitamin capsules plus Thiamine 100 mgm. tid.
- d. Antacids--30 cc of Gelusil or Malaaz q²-4hr as needed. Nausea or vomiting--Compazine 10 mgm. I.M. q⁴-6hr or Compazine suppositories 25 mgm. prn.
- e. Never give any medications containing alcohol; that is, elixirs, cough mixtures, cascara, and so forth.

If any patient is admitted to the Detoxification Center with any medical problem that requires acute hospitalization the patient may be transferred directly to the acute unit of the General Hospital. These conditions, of course, would include hepatic coma, diabetic coma, head injuries, or severe fractures requiring special care or traction. The admitting physician may decide to treat the more minor medical problems in the Detoxification Center, which is probably desirable. Patients with tuberculosis should be transferred to Bret Harte Hospital. The social worker at the Detoxification Center should be in contact with the worker at Bret Harte Hospital so further planning may be carried on while the tuberculosis treatment is under way at Bret Harte Hospital. Bret Harte patients are usually followed in the Bret Harte Clinic on the San Joaquin General Hospital grounds so arrangements could be made through the Detoxification Center for further followup regarding the alcoholic problem.

Medical, surgical or gynecological consultation will be available at the Detoxification Center from the resident staff of the General Hospital. It is felt that it would be

desirable to handle most of the medical problems on the ward in the Detoxification Center except for the specific examples mentioned above.

If the patient develops delirium tremens after confinement in the Detoxification Center, the physician should follow the outlined procedure for the "Treatment of Delirium Tremens".

The general treatment and admission program should be followed as outlined in the "Treatment of Acute Alcoholism" where indicated. However, special handling of patients with delirium tremens is usually needed.

Diet--if delirium tremens are present, the patient be kept N.P.O.

Fluids should be given intravenously. Recommended fluid is D5W with Berocca-C and Thiamine added.

If the delirium tremens are prolonged, close observation of electrolytes should be made and adjusted accordingly in the subsequent I.V. therapy.

Sedation--As outlined in the "Treatment of Acute Alcoholism" except the medications should be given I.M. If seizure activity occurs, give Dilantin I.M. or MgSO4.

Antibiotics--as indicated for infection. If history is unobtainable, patient should be skin tested before penicillin is administered.

Restraints--soft restraints when possible, however, full leather restraints may be used if the case is a management problem.

Observation--close observation should be made with vital signs, I & O, and accurately documented progress notes.

If the patient improves and when response is adequate, he may be switched to oral fluids and diet as indicated. The medications as well may be given orally as soon as the patient is physically able to cooperate.

E. Detoxification Center Staff and Operations

The Center staff will consist of 27.5 positions, based on a 1.5 to 1 position/station calculation for 7 day coverage as follows:

<u>8 a.m.-5 p.m.</u>	<u>4 p.m.-12 midnight</u>	<u>12-8 a.m.</u>
1.5 Registered Nurse	1.5 Registered Nurse	1.5 Registered Nurse
1.5 L.V.N.	1.5 L.V.N.	1.5 L.V.N.
4.5 Technicians*	3 Technicians	4.5 Technicians
1 Ward Clerk**		
1 Social Worker		
<u>1.5 Porter</u>	—	—
11.0	6.0	7.5

*1 Psychiatric Technician, plus 1 male and 1 female aide

**2 Ward Clerks may be necessary

In line with these staffing arrangements, supervision of one full-time M.D., during daytime hours, is planned. Because of the convenience of location with respect to the San Joaquin General Hospital, it will be possible to arrange medical coverage as necessary from Hospital house staff during night hours.

F. Advisory Committee

An Advisory Committee consisting of representatives from the Courts, Department of Employment, Welfare Department, Vocational Rehabilitation and other social service agencies will be created to recommend policy on the total treatment of the alcoholic.

G. After Care Services

After care would include Singlemen's Home, a half-way house providing food, shelter, vocational, social, psychiatric treatment and placement. This would provide more time for proper placement for the indigent (approximately 13%). (See Treatment Schematic on page 33.)

There would be outpatient services under the direction of the Alcoholic Rehabilitation Clinic staff for approximately 90% of the clients. This would continue as long as needed.

Pre-after care could include referral to all other helping agencies such as Department of Employment, Welfare Department, Vocational Rehabilitation, Alcoholics Anonymous, etc.

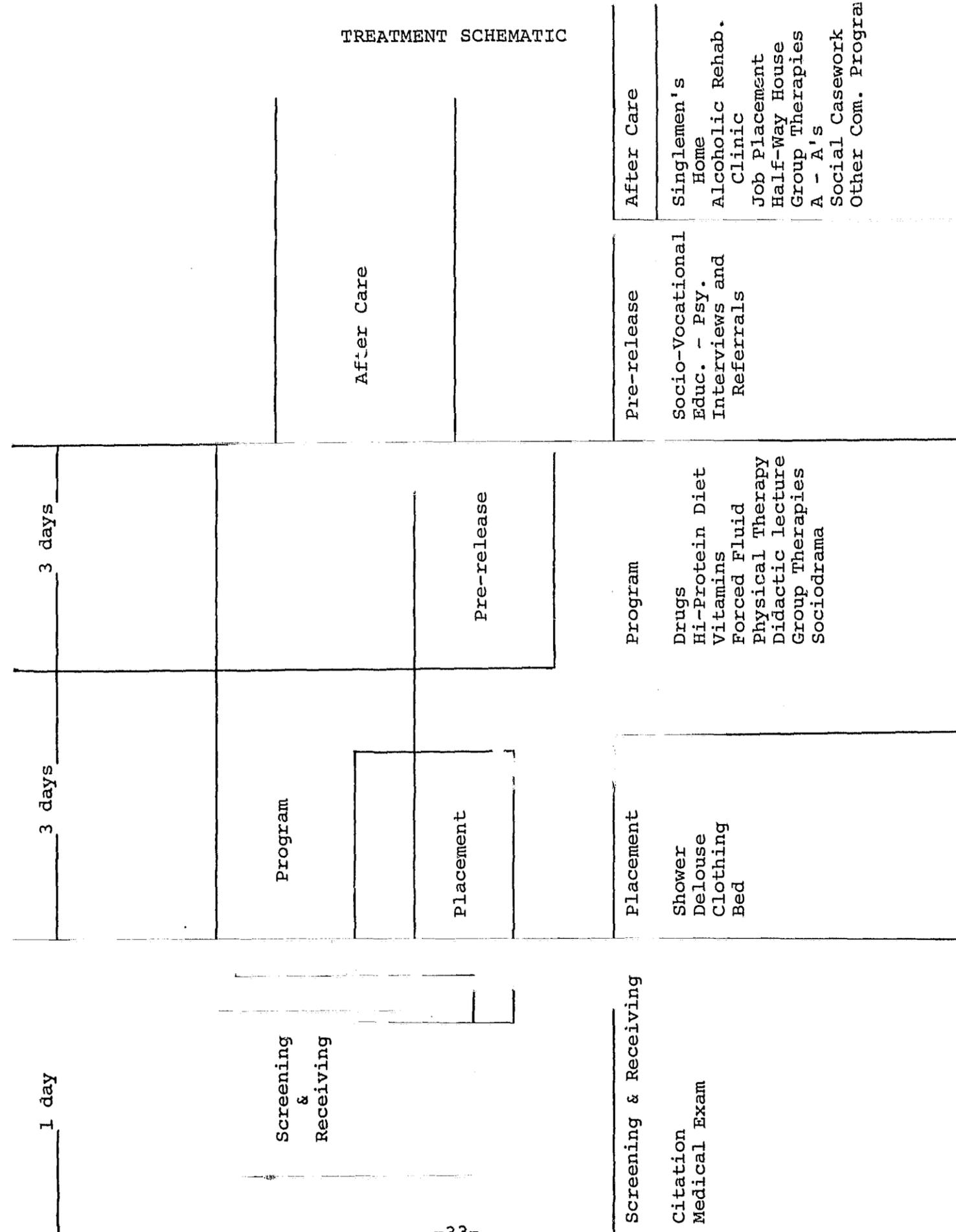
The Alcoholic Rehabilitation Clinic will provide the latest medi-social treatment tools now available as an integral part of the total plan.

The magnitude and scope of this challenge to provide comprehensive therapy is broadly stated in a recent report prepared for the United Community Funds:

"Treatment of the alcoholic--to be effective and lasting--requires coordination of services and a combination of many resources and practices. A multi-disciplinary, as well as a family centered and reaching out approach, must be used. Treatment should be directed to three main goals:

1. Permanent separation of the alcoholic from alcohol.
2. Repairing the physical and emotional damage and preventing further damage.

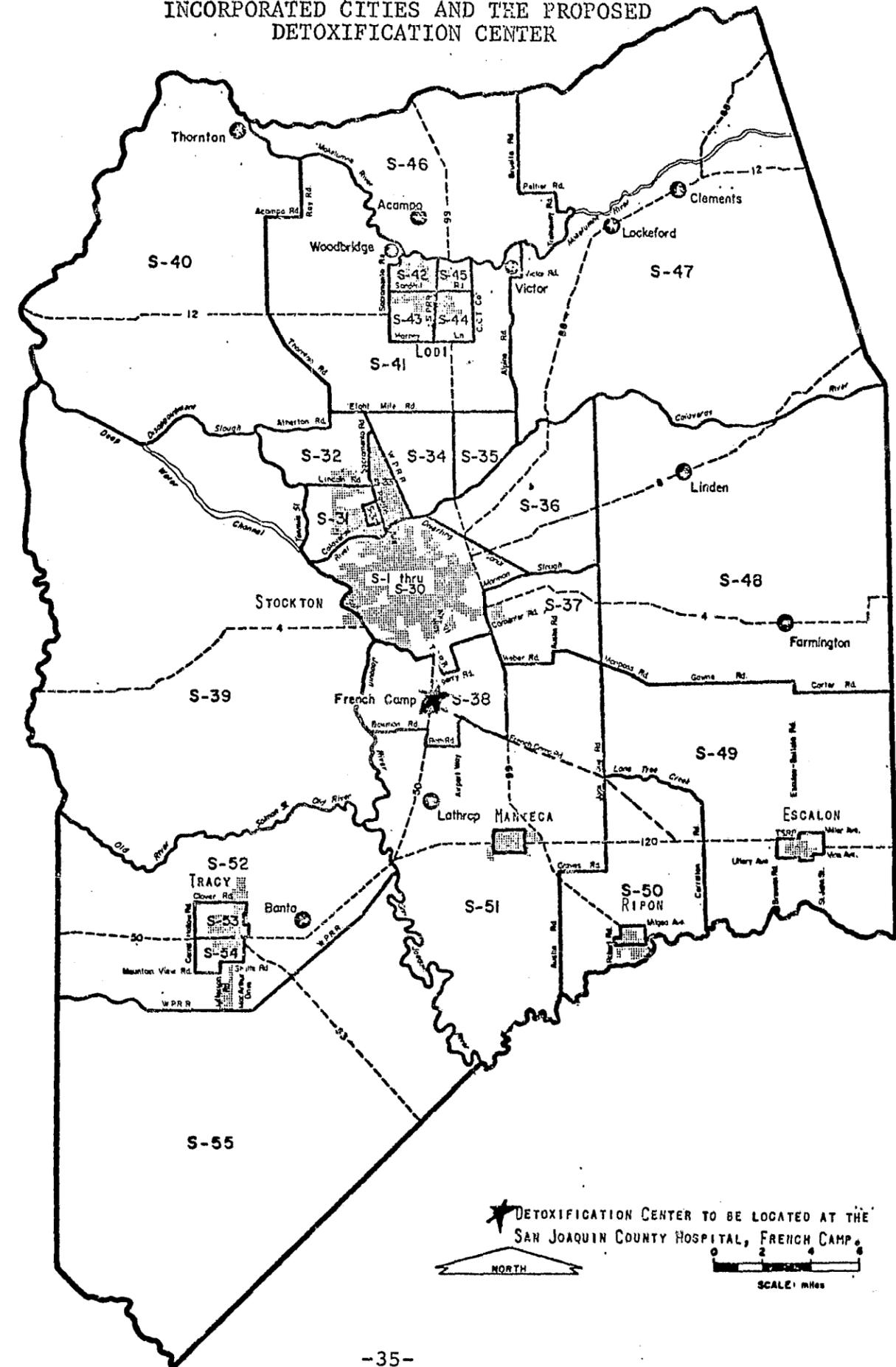
TREATMENT SCHEMATIC



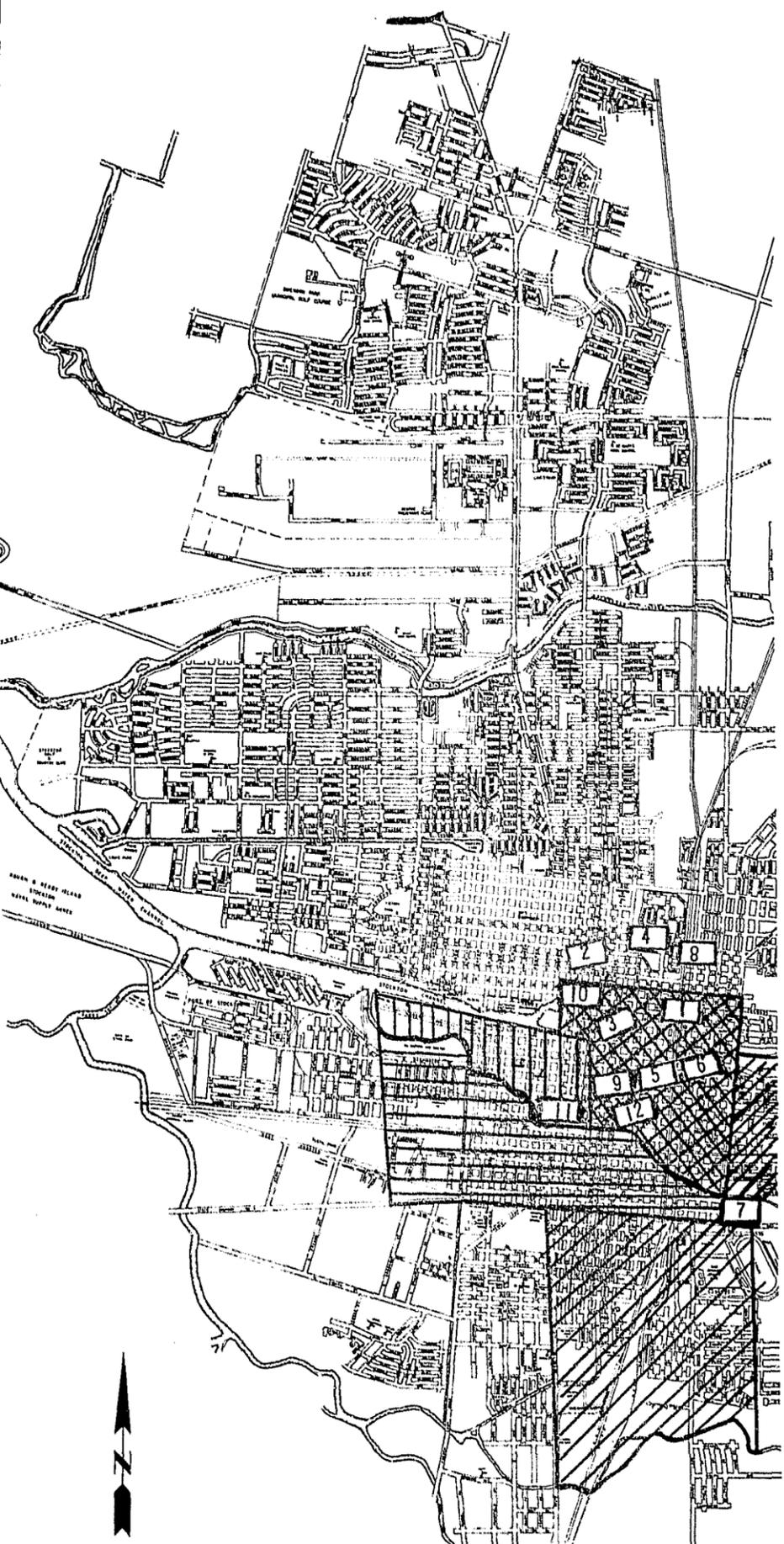
3. Changing Community institutions, programs and services to meet the special needs and problems of the alcoholic. Community resources should be made as readily available and easily accessible as others.

Basic in the design and purpose of the project is the location of the Center as the core of an ancillary network of coordinated community resource facilities. (See map and facilities locations on pages 35 and 36.)

COUNTY MAP SHOWING LOCATION OF INCORPORATED CITIES AND THE PROPOSED DETOXIFICATION CENTER



★ DETOXIFICATION CENTER TO BE LOCATED AT THE
SAN JOAQUIN COUNTY HOSPITAL, FRENCH CAMP



ANNUAL NUMBER OF ALCOHOLIC ARRESTS IN THE CITY OF STOCKTON, 1967

NUMBER	%
5000 OR MORE	57.40
1000 OR MORE	11.40
200 OR MORE	2.2
100 OR MORE	1.1
BALANCE	28.17
TOTALS	8703 100.00

COMMUNITY RESOURCE ANCILLARY FACILITIES

1. ALCOHOLIC REHABILITATION CLINIC
540 N. CALIFORNIA STREET, Rm. 211
2. ALCOHOLICS ANONYMOUS
248 E. POPULAR
3. CALIFORNIA DEPARTMENT OF CORRECTIONS
PAROLE 31 E. CHANNEL
- CALIFORNIA DEPARTMENT OF REHABILITATION
31 E. CHANNEL
4. FAMILY SERVICE AGENCY
1130 N. SAN JOAQUIN
5. GOODWILL INDUSTRIES
730 E. MARKET
6. ST. MARY'S DINING ROOM
840 W. WASHINGTON STREET
7. SALVATION ARMY
301 S. SAN JOAQUIN
1241 S. WILSON WAY
8. STOCKTON STATE HOSPITAL
510 E. MAGNOLIA
9. ST. VINCENTE DE PAUL
630 E. MARKET
10. CALIFORNIA STATE EMPLOYMENT SERVICE
135 W. FREMONT
11. STOCKTON RESCUE MISSION
401 S. CENTER STREET
12. STOCKTON GOSPEL CENTER MISSION
229 E. CHURCH
13. SAN JOAQUIN GENERAL HOSPITAL
DETOXIFICATION CENTER
FRENCH CAMP, CALIFORNIA

V. PARTICIPATION OF OTHER AGENCIES

There is wide community support for the proposed model alcoholic treatment program. Many agencies now involved in providing services to the alcoholic would undoubtedly formally endorse the project application but time does not permit getting all possible endorsements. The organizations with which the project is most closely related are as follows:

San Joaquin County

- Board of Supervisors*
- General Hospital
- Health District*
- Sheriff*
- District Attorney*
- Judges of the Municipal and Superior Courts*
- Public Assistance Department*
- Community Action Council²

Municipal Government

- Police Departments of the Cities of Stockton*, Lodi, Tracy, Manteca, Ripon and Escalon

State of California

- Administrator, Health and Welfare Agency
- Department of Employment, Stockton District Office
- Department of Rehabilitation, Stockton District Office
- Stockton State Hospital*

Private and Professional Associations

- Salvation Army*
- Soroptimist Club, Stockton Chapter
- League of Women Voters, Stockton Chapter
- Inter-Agency Council of San Joaquin County
- Community Council of San Joaquin County*
- Bar Association of San Joaquin County
- American Medical Association, San Joaquin County Chapter

*Endorsement letters in Appendix H

Model Community Correctional Project

Policy and Review Council

Social Service Agencies

See Appendix B for further listing of participating
Social Service Agencies.

1. How the Detoxification Center will work with other components
of the County Hospital

The Detoxification Center, Singlemen's Home and the Alcoholic Rehabilitation are all components of the San Joaquin County General Hospital complex under the direction of Dr. Louis Barber. Also, the Short-Doyle Clinic is under the County Hospital. This administrative centralization of general hospital and alcoholism treatment program elements provides assurance of coordination and the necessary management flexibility.

2. Technical factors concerning arrest, detention and treatment

This subject has been thoroughly reviewed with the police, sheriff, judges, district attorney, and public defender. There is no question as to the feasibility of our basic plan for police action: (1) arrest as drunk, (2) deliver to the Detoxification Center, (3) issue citation in-lieu-of arrest on admission to the Detoxification Center.

Legislation introduced at the last session of the California legislature would have authorized local police to take drunks into "protective custody" in order to deliver them to an alcoholic reception center. If this were to pass, as it may in the next session of the legislature in 1969, it would obviate the need for the police to arrest the drunk in order to transport him legally to a treatment center.

Under current plans, where conditions permit it, the drunk pick up will be made by Detoxification Center staff utilizing a special ambulance. In these cases, if police are

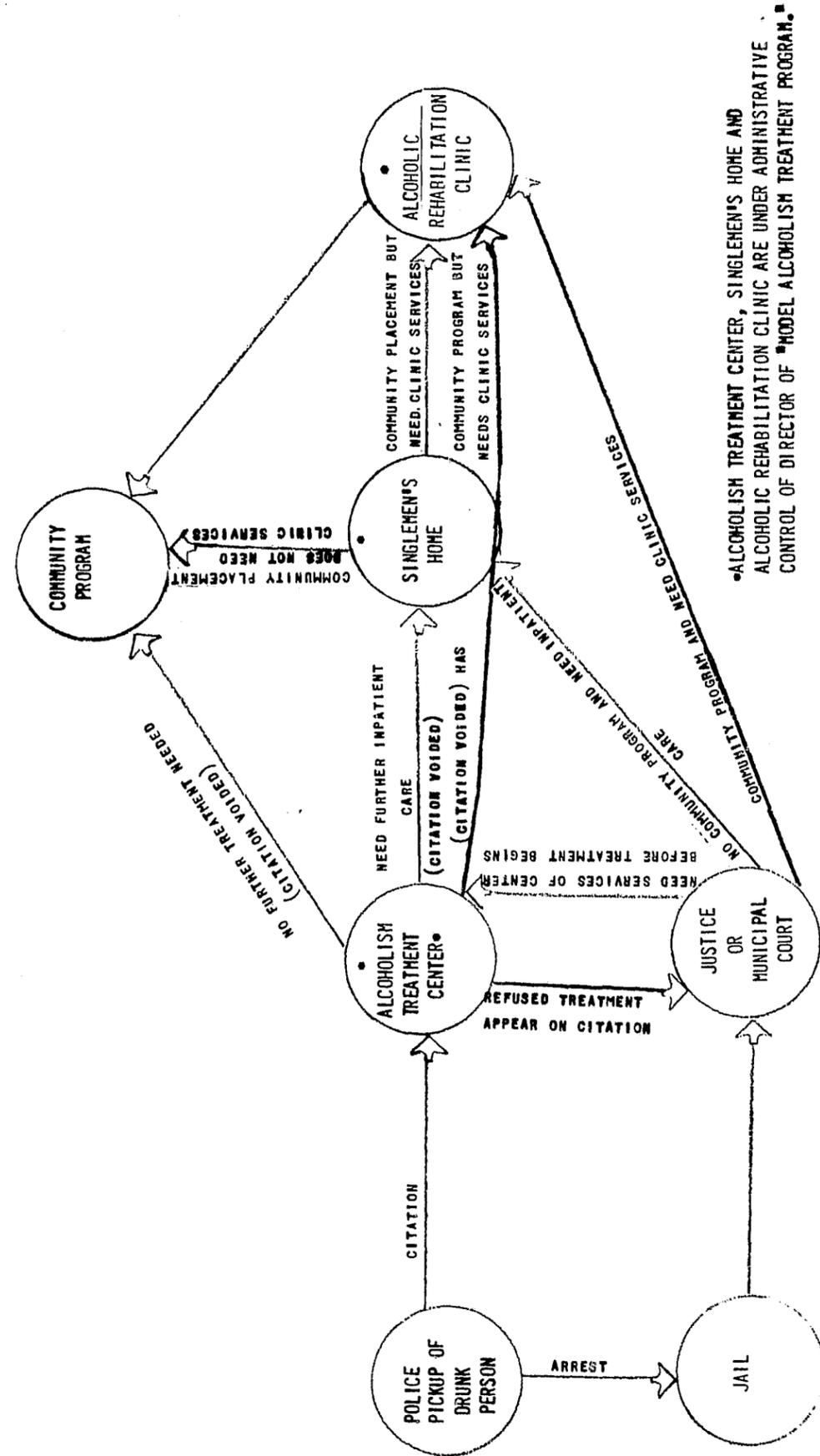
present, their role would be merely to protect the drunk until the ambulance arrives. In this event, the police officer has an option to issue a citation or to require no further criminal justice action. At the outset, it is expected that the police will issue citations until there is sufficient feedback to justify more confidence in the program relative to achieving its stated objectives.

A secondary problem which will only be answered by experience concerns the action to be taken if a cited drunk "runs away" from the Detoxification Center. Some of the police indicate they would want the courts to issue arrest warrants. Some others do not see the necessity for this course of action. We are fairly certain that the initial practice will be cautious, that run-away drunks failing to appear in court as cited will have warrants issued for their arrest.

The coherent inebriate will, of course, have his own option: to voluntarily go to the Detoxification Center or to be arrested and booked into jail. At the outset, we should expect a fairly sizable number of such drunks to elect the jail in preference to the unknown Detoxification Center. It should not be more than a few months before the general word is out that the Detoxification Center program is "O.K."

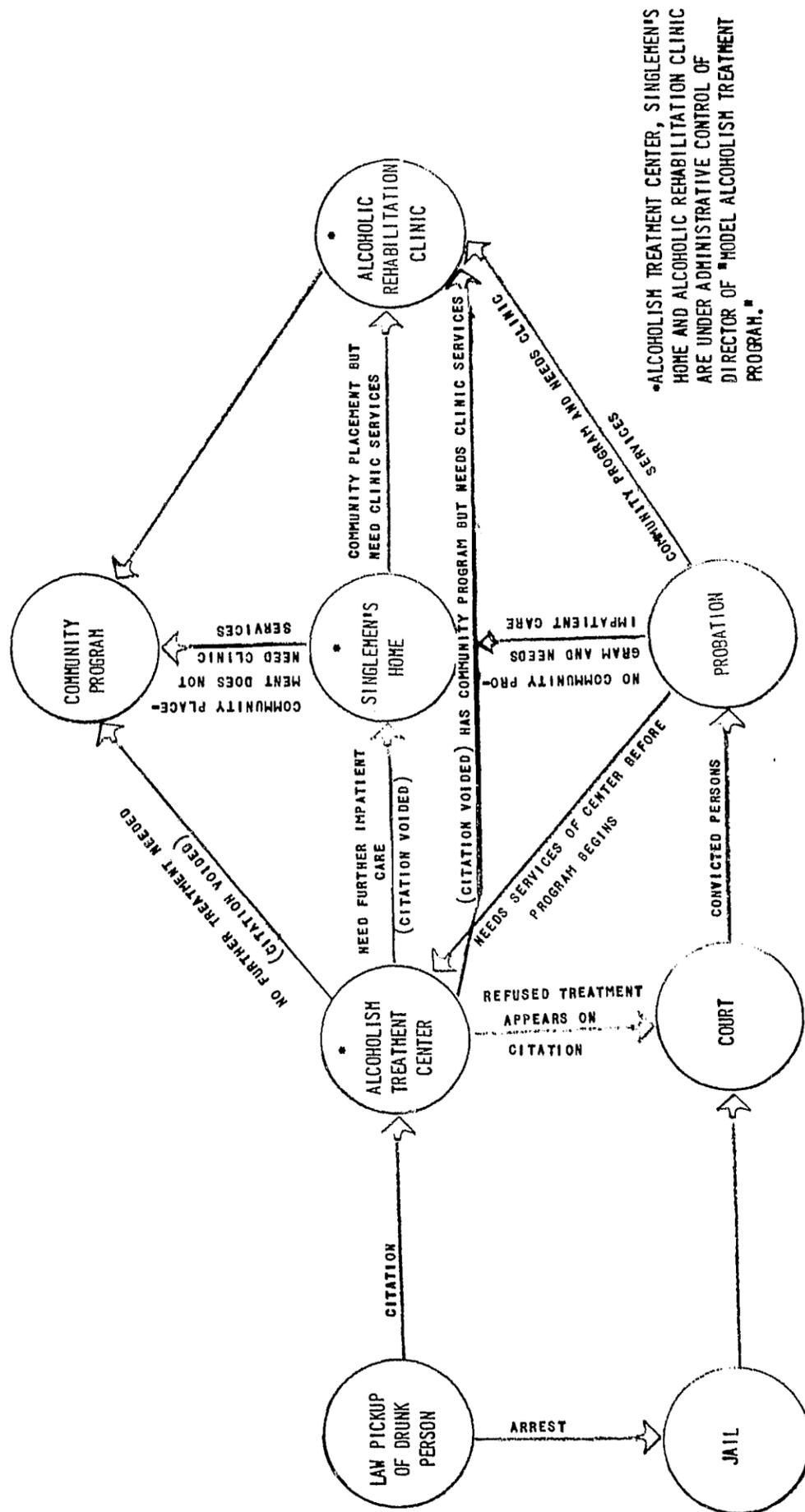
Another problem may involve the case of a Detoxification Center admitted drunk who is subsequently uncontrollable. In such rare cases, the jail could be called and asked to take custody. The charge would be disorderly conduct. On the following page is a general process chart showing the inebriate's passage through the alcoholism treatment program.

USE OF SUSPENDED JUDGMENT



THIS FLOW CHART SHOWS THE USE OF "SUSPENDED JUDGMENT" BY THE COURT PERMITTING THE PERSON TO VOLUNTARILY ENTER OR RE-ENTER THE TREATMENT PROGRAM. IF HE ACCEPTS TREATMENT, THE COURT COULD DISMISS THE DRUNK CHARGE IN THE INTEREST OF JUSTICE. IF TREATMENT IS LATER REFUSED, HE RETURNS TO COURT AND PLACED ON PROBATION OR JAIL.

*NOTE THAT VOLUNTARY ADMISSIONS MAY BE MADE WITHOUT REFERENCE TO POLICE OR COURTS. VOLUNTARY ADMISSIONS MAY BE TO THE DETOXIFICATION CENTER OR THE ALCOHOLIC REHABILITATION CLINIC.



THIS FLOW CHART SHOWS THE USE OF PROBATION AS A MEANS OF ASSURING TREATMENT OF PERSONS WHO REFUSES TO ACCEPT IT VOLUNTARILY.

3. In summary, the local agency use of the Alcoholism Treatment Program is as follows:

(a) Police Agencies

The law officer who observes the person drunk in public might use the facility in two different ways: (1) he may deliver him to the center for voluntary treatment with no further official action; (2) he may deliver him to the center, issue him a citation to appear in court within a certain period of time (e.g., one week later). If treatment is accepted, the citation could be voided upon the recommendation of treatment staff with no further official action. If treatment is refused or he leaves the program, he would be required to appear in court and answer to the charge of drunk per Section 647f California Penal Code. The local police may also elect, in some cases, to arrest and book the drunk in the county or city jail. The arrest of drunks in the cities of Lodi, Manteca, Tracy, Escalon and Ripon will continue as a basic procedure until arrangements can be made to provide ambulance service to the County Hospital from these locations.

(b) Courts

As indicated, for those cited to court but who have accepted treatment, it will be essentially a clerical process for the clerk of the respective court to void the citation on hospital verification that treatment was provided.

The judges could suspend judgement of cases arrested for drunk and permit voluntary participation in the treatment program. If treatment was accepted, the charge could be dismissed in the interest of justice. If treatment was not accepted or if the alcoholic left the program, judgment would then be passed and the judge could then pronounce sentence. At the time of sentencing, the judge could also use the treatment program as a condition of summary probation.

(c) Defense Counsel

The Defense Counsel for the person arrested for drunk could work out a voluntary program for his client and offer this as a justification for the judge to suspend judgment of his client or grant summary probation.

(d) Probation Department

The Probation Officer could, more than previously, recommend probation for other criminal cases with severe alcoholism problems because he could use the alcoholism treatment program to assist cases while on probation.

(e) Social Agencies

All caseload carrying social agencies in the community could use the treatment program as a supporting service for their clients with alcoholism problems. In addition, of course, these agencies have in the past and will continue to play an important role in supporting after care services.

(f) Private Persons

The private person could participate on a voluntary basis in the program without risk of the stigma now present in the courts and jails.

(g) Families and Friends

Family members could refer members of their family or friends who have alcoholism problems to the program.

(h) Schools

Schools could describe the program to educate students in dealing with relatives and friends who have alcoholism problems. To some extent, school counselors may be in a position to suggest to student's parents directly that voluntary participation in the program may be an appropriate solution to one or both parents with alcoholism problems.

(i) County Health Department

Staff of the County Health Department would be able to make referrals to the program. In addition, the Health Department has been an important and effective referral for followup service for a variety of hospital out-patients (viz. T.B. patients). There has been full assurance that these same supporting services will be available to assist in followup contacts required for treatment or evaluation purposes.

VI. PROJECT CONTINUATION

Complete local sufficiency after two years is inherent to the project proposal. Research and evaluation functions should continue under the proposed grant through the fourth year.

VII. PROJECT STAFFING

1. Project Director: Dr. Louis M. Barber
2. Associate Director, Program Development: Vacant
Requirements: MA degree sociology or psychology; wide and varied experience in planning organizing and administering social service programs.
3. Associate Director, Research: Vacant¹
Requirements: PhD preferred, MA minimum; extensive experience in behavior science research including utilization of A.D.P. information systems.
4. Research Assistant: Vacant
Requirements: MA degree in behavioral sciences, preferably with prior experience in medical or health service research.
5. Staff Physician: Vacant
Requirements: Medical doctor who possess a valid State of California medical license. (Recruitment of one of present 40 staff physicians at the County Hospital is anticipated.)
6. Supervisor, Detoxification Center: Several candidates available
Requirements: Registered nurse; several years experience as Head Nurse in a general hospital.

¹ Prospective candidate available; curriculum vitae will be submitted later on request.

7. Chief Clinical Social Worker: Leonard Glass, M.S.W.
8. Clinical Social Worker: (2)
Performs professional social casework in the alcoholic rehabilitation clinic. Work involves responsibility for applying casework techniques to the diagnosis, treatment and rehabilitation of the alcoholic patients.
Minimum requirements: Graduation from college with a major in social work or one year of graduate study which was completed as part of the candidacy for a Master's Degree in Social Work.
9. Social Worker: (2) Several excellent candidates available
Under direction to carry a select caseload; make social studies and perform assignments involving individualized treatment and specialized application of casework methods and skills; provide comprehensive casework services of a tangible nature.
Requirements: Graduation from college with a major in social work, plus casework experience involving alcoholics.
10. Vocational Counselor: Vacant
Requirements: Broad experience in educational and vocational testing, counseling and placement referral. General secondary credential in vocational education is minimum requirement.
11. Psychiatric Consultants (part-time):
Dr. Joshua Rubinger, Psychiatrist; Assistant Superintendent, Psychiatric Services at Stockton State Hospital;
Dr. Arnold Scheuerman, Jr., Psychiatrist; in private practice.
Both men are approved by the San Joaquin County Board of Supervisors to work as Psychiatric Consultants.

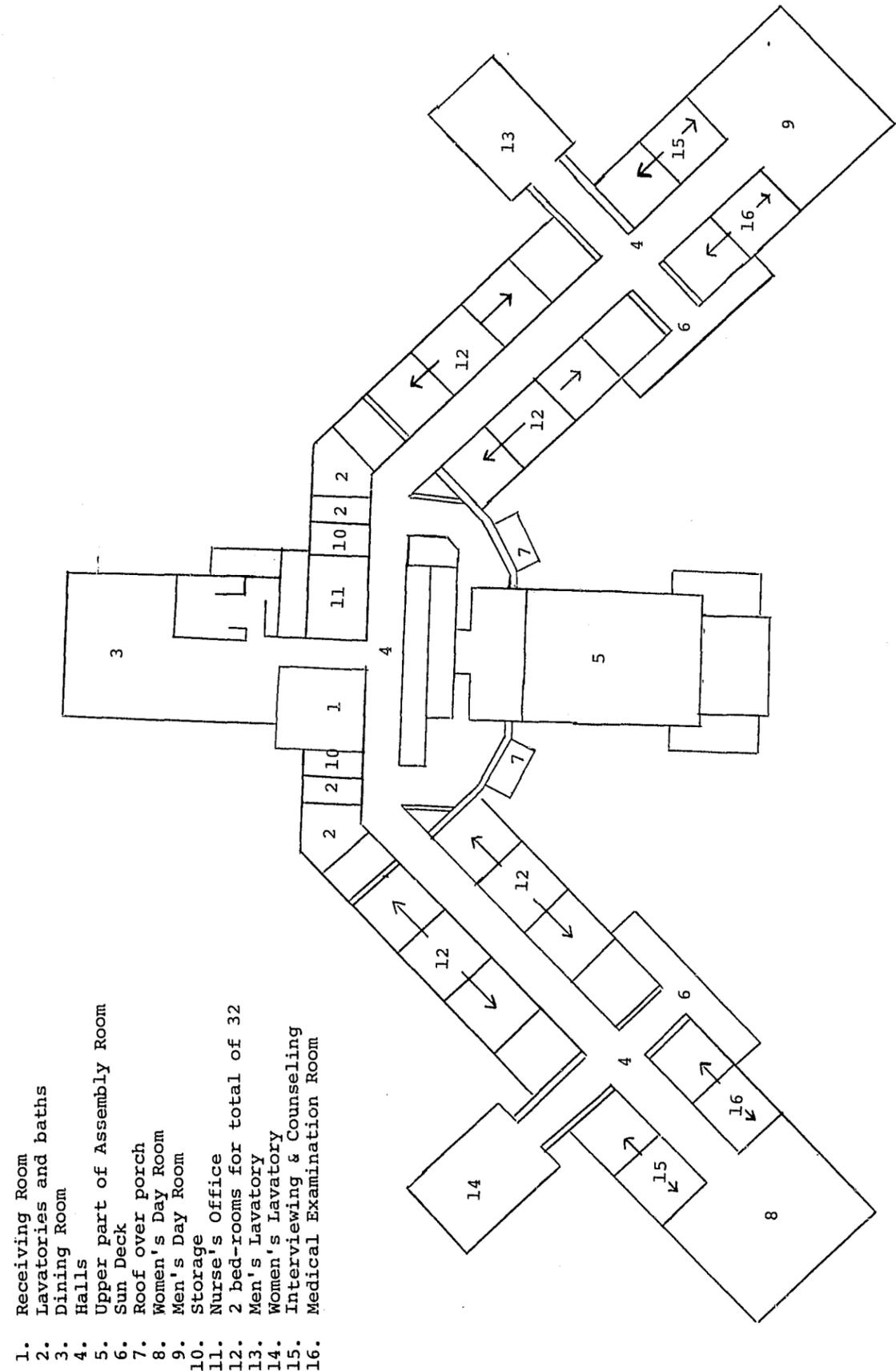
VIII. FACILITIES AVAILABLE (for location see page 36)

Primary facilities required are all available:

1. Detoxification Center - 32 bed ward at San Joaquin General Hospital. (See plot plan next page.)*
2. Singlemen's Home - capacity to 80 beds in group of dormitory facilities; separate facilities for women to be made available if needed; located on the grounds of the General Hospital.
3. Outpatient Clinic - under current operation in downtown Stockton location.
4. Administrative - Research Staff - office space to be provided at the General Hospital.

*Note: County will invest approximately \$24,000 to renovate and remodel the ward to be used for the Detoxification Center.

PLOT PLAN - DETOXIFICATION CENTER WARD



1. Receiving Room
2. Lavatories and baths
3. Dining Room
4. Halls
5. Upper part of Assembly Room
6. Sun Deck
7. Roof over porch
8. Women's Day Room
9. Men's Day Room
10. Storage
11. Nurse's Office
12. 2 bed-rooms for total of 32
13. Men's Lavatory
14. Women's Lavatory
15. Interviewing & Counseling
16. Medical Examination Room

IX. PROJECT BUDGET PLAN

Project Administration and Research	1st year	2nd year ¹	3rd year ^{1*}
1 Project Director	Co.support	Co.support	Co.support
1 Associate Director, Program	18,000	18,900	**Co.support
1 Associate Director, Research	16,000	16,800	17,640
1 Research Assistant	12,240	12,852	13,495
1 Project Secretary	6,600	6,930	7,277
1 Research Secretary	6,000	6,150	6,308
<u>Detoxification Center Staff</u>			
1 Intermediate Stenographer	5,400	\$ 2,835 ⁴	**Co.support
1 Physician Staff	25,104	13,177	"
1 Supervisor, Detox. Center	10,716	5,626	"
4-1/2 Registered Nurses	30,875	16,210	"
4-1/2 Licensed Vocational Nurses	28,068	14,736	"
1 Psychiatric Technician	6,288	3,301	"
10-1/2 Hospital Aides	48,194	25,302	"
1 Social Worker II	9,208	4,834	"
1 Ward Clerk III	3,904	2,050	"
1 Porter-Maid	4,512	2,369	"
<u>Alcoholic Rehabilitation Clinic</u>			
1 Chief Clinical Social Worker	Co.support	**Co.support	"
2 Clinical Social Workers	"	"	"
1-3 Social Workers ²	"	"	"
1 Vocational Counselor ²	"	"	"
1/2 Psychiatric Consultant ³	"	"	"
<u>Singlemen's Home</u>			
1 Medical Social Worker	"	"	"
<u>COMBINED TOTALS</u>			
DIRECT SALARIES AND WAGES	\$231,109	\$152,072	\$44,720
Employee Benefits (x 20.0)	46,220	30,414	8,944
Consultants	6,500	3,500	3,000
Project Staff Travel	2,200	1,200	600
TOTAL COSTS TO GRANTOR:	\$286,029	\$187,186	\$57,264

¹Salaries reflect 5% annual increase

²Positions to be added as caseload increases

³Increase from present 10 hours per month to 20 hours as needed

*4th year same as 3rd year

**Positions under County Civil Service

⁴Funded for 6 months; county to assume costs thereafter.

GRANTEE (SAN JOAQUIN COUNTY) CONTRIBUTIONS

	1st year	2nd year	3rd year**
<u>Salaries & Wages*</u>			
Detoxification Center	\$ 9,600	\$ 93,901	\$241,509
<u>Total Budget</u>			
Singlemen's Home	\$109,500	\$109,500	\$109,500
Alcoholic Rehabilitation Clinic	56,765	56,765	56,765
*Additional Costs:	none ¹	193,520 ²	203,196 ³
<u>Facilities</u>			
Detoxification Center Ward Remodeling	\$ 24,195	-----	-----
<u>Operating Expenses</u>			
General Hospital lab, clinical services and pharmaceuticals	\$ 91,240	\$ 91,240	\$ 91,240
Telephone, postage	1,000	1,100	1,100
Clerical supplies	600	500	500
Reproduction services	1,200	1,200	1,200
Equipment:			
a. Medical	4,000	1,000	1,000
b. Patient care	2,300	500	500
c. Admin.-Clerical	6,700	800	200
TOTALS	\$307,100	\$550,026	\$706,710

¹This does not include provisions for workload (\$27,624) increase of 1 Social Worker, 1 Vocational Counselor and 10 additional hours of psychiatric services for Alcoholic Rehabilitation Clinic.

²Includes 10 hours additional psychiatric services, 1 Vocational Counselor and 2 Social Workers for the Alcoholic Rehabilitation Clinic.

³Includes 1 additional Social Worker for Alcoholic Rehabilitation Clinic.

**4th year same as 3rd year

ESTIMATED SAVINGS--COST TRADE OFFS

1. Reduced jail costs ¹	\$470,592
2. Reduced court costs ²	278,640
3. Welfare costs reduction	*
4. Medi-Cal reimbursement	*
5. Sheriff law enforcement and transportation costs relieved	*
6. Police costs saved	*
7. State-federal subsidies	*
8. Patient payment reimbursements	*

*ITEMS NOT SUBJECT TO PRIOR ESTIMATE: TO BE CALCULATED AS PART OF RESEARCH AND EVALUATION PLAN.

Note 1 Savings calculated as follows:

3,096 individual jail sentences³ for average of 38 days

38 days x 3,096 x \$4.00/day - \$470,592

3,096 individual detoxification center admissions for average of 4 days

4 days x 3,096 x \$40/day = 247,680
NET FIRST YEAR SAVINGS: \$222,912

Estimated savings in jail costs are somewhat overstated due to basic fixed overhead not effected by population variations. Maximum savings possible (as indicated) are less than half of annual jail budget of \$951,000.

Second year savings:

Reduction of recidivism³ by approximately 60%. . . to be calculated as part of research and evaluation plan. (Recidivism reduction based on St. Louis Detoxification Center Project Report to OLEA.)

Note 2 Savings calculated as follows:

3,096 individual cases not prosecuted; savings to D.A., Public Defender, Municipal and Justice Courts estimated at \$90 per case: \$278,640

(Cases refusing treatment and referred to court not estimated. These costs may be offset by reduction in other crimes - alcoholism related.)

Note 3: There were 10,000 drunk arrests in San Joaquin County in 1966, of which 3,096 were subsequently sentenced to jail. Those sentenced to jail served an average of 38 days. No data is yet available to provide us with a basis for determining whether or not the 10,000 arrests comprised 5,000 persons arrested an average of twice in the same year, or 3,333 arrested three times or more. We have, therefore, projected intake for those 3,096 separate individuals sentenced to jail in 1966. This is probably a considerable underestimate of the annual workload.

PROJECT OPERATIONAL SCHEDULE
First Year

Activity	Activity Month
1. Formalize project organization, employ staff, establish project office.	1 & 2
2. Establish Advisory Council.	2
3. Remodel hospital ward for use as Detoxification Center.	1 & 2
4. Establish referral and admission procedures to Detoxification Center; reports to lower courts.	1 & 2
5. Conduct training of police personnel in new Detoxification Referral procedures.*	2 & 3
6. Establish Detoxification Center operations procedures and conduct staff training program.*	2 & 3
7. Prepare general community information report and brochures explaining program for supporting agency personnel.	3 & 4
8. Commence receiving patients from Stockton area.	4
9. Develop and institute plan for patient pick up in outlying areas: Lodi, Tracy, Manteca.	5 & 6
10. Establish after care referral procedures.	2 - 6
11. Establish procedures for court referral of alcoholics, status reports, voiding of citations issued.	2 - 6
12. Establish basic records - information system (tie in to County computer).*	3 & 4
13. Establish and carry out professional joint case-staffing conference system and plan for systematic evaluation of treatment outcome.	4 to conclusion
14. Develop treatment typologies including prognostic techniques.	4 to conclusion
15. Develop and initiate patient "out-reach" services to encourage voluntary commitment to program.	6 - 8

Activity	Activity Month
16. Develop and institute secondary data sources for comprehensive research and evaluation plan.*	4 - 8
17. Assess deficiencies in community resources and develop action programs to fill gaps.	4 to conclusion

* Indicate activity requiring use of consultants proposed in project budget.

APPENDIX A

ACKNOWLEDGEMENTS

Development of this program plan has involved the efforts of many persons who have provided expert advice and assistance in the drafting of the proposal:

Dr. Robert O'Briant, Assistant Administrator
San Joaquin General Hospital

Vern Maynard, Associate Director - Program
Model Community Correctional Project

Dr. John McNamara, Associate Director - Research
Model Community Correctional Project

John Robinson, Special Consultant
Institute for the Study of Crime and Delinquency

Michael Canlis, Sheriff - Coroner
San Joaquin County

Laurence Drivon*, District Attorney
San Joaquin County

Norman Sullivan*, Municipal Court Judge
San Joaquin County

Jack O'Keefe*, Chief of Police
City of Stockton

David Walsh*, Chief of Police
City of Manteca

Dr. Samuel Shallenberger, Psychiatrist
San Joaquin General Hospital

Dr. Joshua Rubinger, Psychiatrist
Stockton State Hospital

Leonard Glass, M.S.W., Director
San Joaquin County Alcoholic Rehabilitation Clinic

*Member MCCP Policy and Review Council's Ad Hoc Committee
on Detoxification Center

APPENDIX B

PARTICIPATING SOCIAL SERVICE AGENCIES

Services which the resources listed plan to provide (or which they will be encouraged to develop) are similarly identified.

Directory of Local Resources

1. Welfare Department
133 E. Weber Ave., Stockton
466-5231
Provides financial assistance to indigent; medical services to aid recipients and medically indigent.
No fees
Hours 8:00 - 5:00
No limit on capacity
Services provided: 1, 3, 5, 8, 9
planned: 6, 10
2. Probation Department
Courthouse, Stockton
944-2331, - 2441
Adult and juvenile probation service. Detention facilities for delinquent and dependent children; special investigations.
No fees
Hours 8:00 - 5:00
No limit on capacity
Services provided: 1
planned: 6, 7, 8, 9
3. Local Health District
1601 E. Hazelton, Stockton
466-6781
Provides public health services in all incorporated areas in San Joaquin County. Administers the alcoholism control program.
No fees
Hours 8:00 - 5:00
No limit on capacity
Services provided: 1, 6, 7, 8, 9, 10

SERVICE CODES	
1.	Case finding
2.	Diagnosis, evaluation, referral
3.	Medical and Counseling service
4.	Psychiatric services
5.	Vocational Rehabilitation and employment services
6.	Continuing measurement of local problem and resources
7.	Development and coordination
8.	Public information and education
9.	Consultation and guidance
10.	Evaluation

4. Department of Mental Hygiene
Stockton State Hospital
510 E. Magnolia Street, Stockton
466-9061
Hospitalization for psychiatric treatment of alcoholics; after-care (outpatient) treatment for selected patients.
Fees: According to ability to pay for inpatient services.
Hours 8:00 - 5:00 - Emergencies at any time
No limit on current capacity
Services provided: 2, 3, 4, 8, 9
planned: 6, 7, 10
5. Bureau of Social Work (State Department of Mental Hygiene)
State Building, Stockton
466-0313
Casework services to patients and families on leave from State Hospitals foster home program for such patients; participation in community organization services; information center for State's mental health programs and assistance to agencies in solution of mental health problems.
Fees: None
Hours 8:00 - 5:00
No limit on capacity
Services provided: 1, 2, 3, 8, 9
planned: 6, 7, 10
6. Catholic Social Service
1205 N. San Joaquin Street, Stockton
466-5143
Case, diagnostic and treatment service for parent-child, marital and personal adjustment problems.
Fees: Graduated fee scale
Hours 9:00 - 5:30
Capacity limited by size of staff
Services provided: 1, 2, 3
planned: 6, 7, 10
7. Family Service Agency
1130 N. San Joaquin Street, Stockton
466-5129
4 N. School Street, Lodi 369-5612
Casework counseling in problems of personal or marital adjustment, parent-child relationship, unmarried pregnancy. Diagnostic and referral services available.
Fees: Sliding scale
Hours 8:30 - 5:00
Capacity limited by size of staff
Services provided: 1, 2, 3
planned: 6, 7, 10

SERVICE CODES	
1.	Case finding
2.	Diagnosis, evaluation, referral
3.	Medical and Counseling service
4.	Psychiatric services
5.	Vocational Rehabilitation and employment services
6.	Continuing measurement of local problem and resources
7.	Development and coordination
8.	Public information and education
9.	Consultation and guidance
10.	Evaluation

8. Legal Aid Society
 302 Belding Building, Stockton
 466-0213
 Provides legal counsel and representation for those unable to pay for same.
 Fees: Registration fee \$1.00
 Hours 1:00 - 5:00
 No limit on capacity
 Services provided: None
 planned: 1, 9

9. Salvation Army
 301 S. San Joaquin Street, Stockton
 465-5494
 Emergency welfare aid to needy families and transient men, counseling
 Fees: None
 Hours 9:00 - 4:30
 No limit on current capacity
 Services provided: 1
 planned: 6, 7, 8

10. Salvation Army - Men's Social Work
 227 S. California Street, Stockton
 466-4944
 Employment, rehabilitation, and housing for alcoholics
 Fees: None
 Hours 9:00 - 4:00
 Capacity: 60 men (to be doubled in 1967)
 Services provided: 1, 2, 3, 4, 5, 8
 planned: 6, 7, 10

SERVICE CODES	
1.	Case finding
2.	Diagnosis, evaluation, referral
3.	Medical and Counseling service
4.	Psychiatric services
5.	Vocational Rehabilitation and employment services
6.	Continuing measurement of local problem and resources
7.	Development and coordination
8.	Public information and education
9.	Consultation and guidance
10.	Evaluation

11. San Joaquin General Hospital
 French Camp, California
 466-3941
 Emergency and continuing outpatient and inpatient medical services
 Fees: Based on income status
 Hours 24 hours daily
 No limit on current capacity
 Services provided: 1, 2, 3
 planned: 6, 7, 8, 9, 10

12. Bret Harte Hospital (San Joaquin County)
 Murphys, California 728-3421
 Hospital care for tuberculosis and chronic diseases; accredited rehabilitation unit
 Fees: Based on income status
 Hours 24 hours daily
 No limit on current capacity
 Services provided: 1, 3, 5
 planned: 6, 7, 8, 9, 10

13. Mental Health Services
 P. O. Box 1020, Stockton
 466-3941
 Outpatient, inpatient, consultation services in mental health problems. Mental health education, rehabilitation
 Fees: Sliding scale, excludes those able to pay for private care
 Hours 8:00 - 4:30
 Capacity limited by size of staff; 23 inpatient beds
 Services provided: 2, 3, 4, 8, 9
 planned: 6, 7, 10

14. School Systems
 San Joaquin County School Department
 Courthouse, Stockton 944-2394

15. Stockton Unified School District
 701 N. Madison, Stockton 466-3911

16. San Joaquin Delta Junior College, Stockton 466-2631

17. University of Pacific, Stockton
 466-2631

Grammar school through university level education, guidance and counseling services, referral to social agencies
 Health education
 Fees: None
 Hours 8:00 - 5:00
 No limit on current capacity
 Services provided: 8
 planned: 1, 6, 7, 9, 10

SERVICE CODES	
1.	Case finding
2.	Diagnosis, evaluation, referral
3.	Medical and Counseling service
4.	Psychiatric services
5.	Vocational Rehabilitation and employment services
6.	Continuing measurement of local problem and resources
7.	Development and coordination
8.	Public information and education
9.	Consultation and guidance
10.	Evaluation

18. Department of Rehabilitation (California State)
 State Building, Stockton
 466-8301
 Assists eligible persons (physically or mentally handicapped for employment) into self-supporting employment
 Fees: None
 Hours 8:00 - 5:00
 No limit on current capacity
 Services provided: 5
 planned: 1, 6, 7, 10

19. Department of Employment
 135 W. Fremont Street, Stockton 465-0271
 Employment services; vocational aptitude testing and counseling
 Fees: None
 Hours 8:00 - 5:00
 No limit on capacity
 Services provided: 5
 planned: 1, 7, 9

20. Stockton Gospel Center Mission
 229 E. Church Street, Stockton
 462-7270
 Food, clothing, shelter, gospel services
 Fees: None
 Hours 9:00 - 4:30
 No limit on current capacity
 Services provided: None
 planned: 1, 6, 7, 8

21. Stockton Rescue Mission
 401 S. Center Street, Stockton
 465-6402
 Aids needy families, transient men and women, in meeting
 physical, material and spiritual needs
 Fees: None
 Hours 8:30 a.m. - 9:00 p.m.
 No limit on capacity
 Services provided: None
 planned: 1, 6, 7, 8

22. Goodwill Industries
 730 E. Market Street, Stockton
 466-2311
 Rehabilitation of physically,
 mentally, or socially
 handicapped

23. Alcoholic Anonymous
 Currently three groups in
 Stockton, one in Lodi
 Fees: None - voluntary
 contributions support
 activities
 Hours Meetings 8:00 p.m.
 1:00 p.m., Sundays; 12th
 step calls any hour
 No limit on capacity
 Services provided: AA type
 2, 3, 8
 planned: 6, 7, 10

SERVICE CODES	
1.	Case finding
2.	Diagnosis, evaluation, referral
3.	Medical and Counseling service
4.	Psychiatric services
5.	Vocational Rehabilitation and employment services
6.	Continuing measurement of local problem and resources
7.	Development and coordina- tion
8.	Public information and education
9.	Consultation and guidance
10.	Evaluation

24. Haven of Peace
 721 N. San Joaquin Street,
 Stockton 465-7713
 Assists women out of work, and supports them both physically
 and spiritually until such time as they become self-sufficient.
 Eligible: needy women and girls between ages 16 and 65.
 Fees: None
 Hours 24 hours daily
 Capacity - limited
 Services provided: 3, 5
 planned: 1, 7, 8

25. Visiting Nurse Association
 220 N. San Joaquin Street, Stockton
 466-2101
 Nursing care in the home on part-time or visit basis.
 Work under medical order of patient's physician
 Fees: \$6.00 first hour, \$1.50 each additional 20 minutes
 Capacity limited by availability of nurses
 Services provided: 3
 planned: 1, 8, 9

26. Alcoholic Rehabilitation Clinic
 540 N. California Street,
 Stockton, Room 103
 466-4289
 Monday through Friday,
 8:30 a.m. - 4:30 p.m.;
 Monday and Tuesday evening
 by appointment
 Area served: County-wide
 Eligibility: Anyone with a
 drinking problem and/or
 members of a family having
 such problem
 Fees: Sliding fee schedule,
 based on ability to pay;
 services available regardless
 of financial condition
 Capacity now limited by staff
 size
 Services now provided:
 emphasis on 2, 3
 participation in provision of 1, 4, 5, 6, 7, 8, 9, 10

SERVICE CODES	
1.	Case finding
2.	Diagnosis, evaluation, referral
3.	Medical and Counseling service
4.	Psychiatric services
5.	Vocational Rehabilitation and employment services
6.	Continuing measurement of local problem and resources
7.	Development and coordina- tion
8.	Public information and education
9.	Consultation and guidance
10.	Evaluation

A more complete directory would list private medical and psycho-
 logical services, clergymen, professional and community
 associations, governmental and industrial personnel specialists,
 many of whom are now involved in coping with aspects of alco-
 holism or who are potential primary resources. Specific listings
 would include:

- Adult and Juvenile parole agencies (State and Federal)
- Alcoholic Beverage Control
- Voluntary health agencies
- Physicians
- Hospitals

The 1964 edition of the Directory of Health, Welfare and
 Recreation Services of Stockton and San Joaquin County, published
 by the Community Council of Stockton and San Joaquin County,
 includes most of the resources listed above. With few exceptions,
 however, this Director does not specifically identify agencies
 or organizations providing services for individuals having
 alcohol-related problems.

The Community Council itself has not been listed as a resource, as the Council has been without staff and relatively inactive for the past four years. In the past, members of the Council have participated in efforts to identify community problems, needs and resources. The Council has also sponsored or participated in community meetings at which alcohol-related problems have been considered (e.g., "The Single Alcoholic Skid Row Transient", December, 1960). If current efforts to reactivate the Council are successful, this agency may contribute toward provision of services 6, 7, 8, and 10.

APPENDIX C

February 8, 1968

TO: LOUIS M. BARBER, M.D.
FROM: ROBERT G. O'BRIANT, M.D.

Dr. Shallenberger and I visited Contra Costa County Hospital in Martinez to evaluate their Alcoholic Program. The Program has been in operation for approximately three years.

They utilize the second floor of the old hospital building to handle the admissions of acute alcoholic problems, and this ward has 22 beds which accommodates both male and female patients. The patients are drawn from several sources. The Program Chief informed us that "by word of mouth," it is well-known throughout the county that the facilities are available, and many families inquire as to what services are offered. The patients are then brought by the families to the alcoholic ward. Some referrals are made from law enforcement agencies and others are referred from the medical wards of the general hospital.

They have only one criteria, and that is, that the patient has a drinking problem. They will take anyone, even those by history that alcohol is a problem. Incidentally, this is a unique approach and probably one of the reasons why this program is successful. Rather than shun the alcoholics, they are actually seeking them out.

The patients are admitted to the alcoholic ward where they receive a complete history and physical examination, and if medically indicated are treated for the acute phase of alcoholism. This treatment is pretty standard using high protein diet, high doses of vitamins, and I.V. therapy if needed. The patients are tranquilized heavily using phenothiazides. A point was made that they do not use Librium because many of the patients become addicted to this and substitute their alcohol problems with the "black and green capsules."

The average stay is five days on this ward during which time the patients are oriented to the entire program and are relieved of acute symptoms for which many were admitted. There is group counseling on the ward, social service is extremely active here, inquiries are made about future housing and employment. The patients are then released from the acute ward and are brought back for group counseling sessions both during the day and evening, depending on their outside activities.

If a patient falls off the program and comes back the second time, a petition is obtained, and the patient is put on a probationary period of one year. The judge instructs the patient that he must remain sober during this year and must follow the program outlined to maintain sobriety. The patients are checked on a monthly basis during the first few months and then extended to two and three month visits towards the end of the year. If the patient falls off the wagon during this time, it then becomes a judicial problem.

The success has been very impressive and most of the patients maintain sobriety for the full year during which time they are either in the group counseling sessions, an Antabuse program, or active in Alcoholics Anonymous. The Program, at present, is getting about a 40% sobriety rate for one year with their first time admissions.

Dr. Thompson informed us that the majority of their alcoholics are not the skid-row type, many of them are still working when alcoholism is a problem.

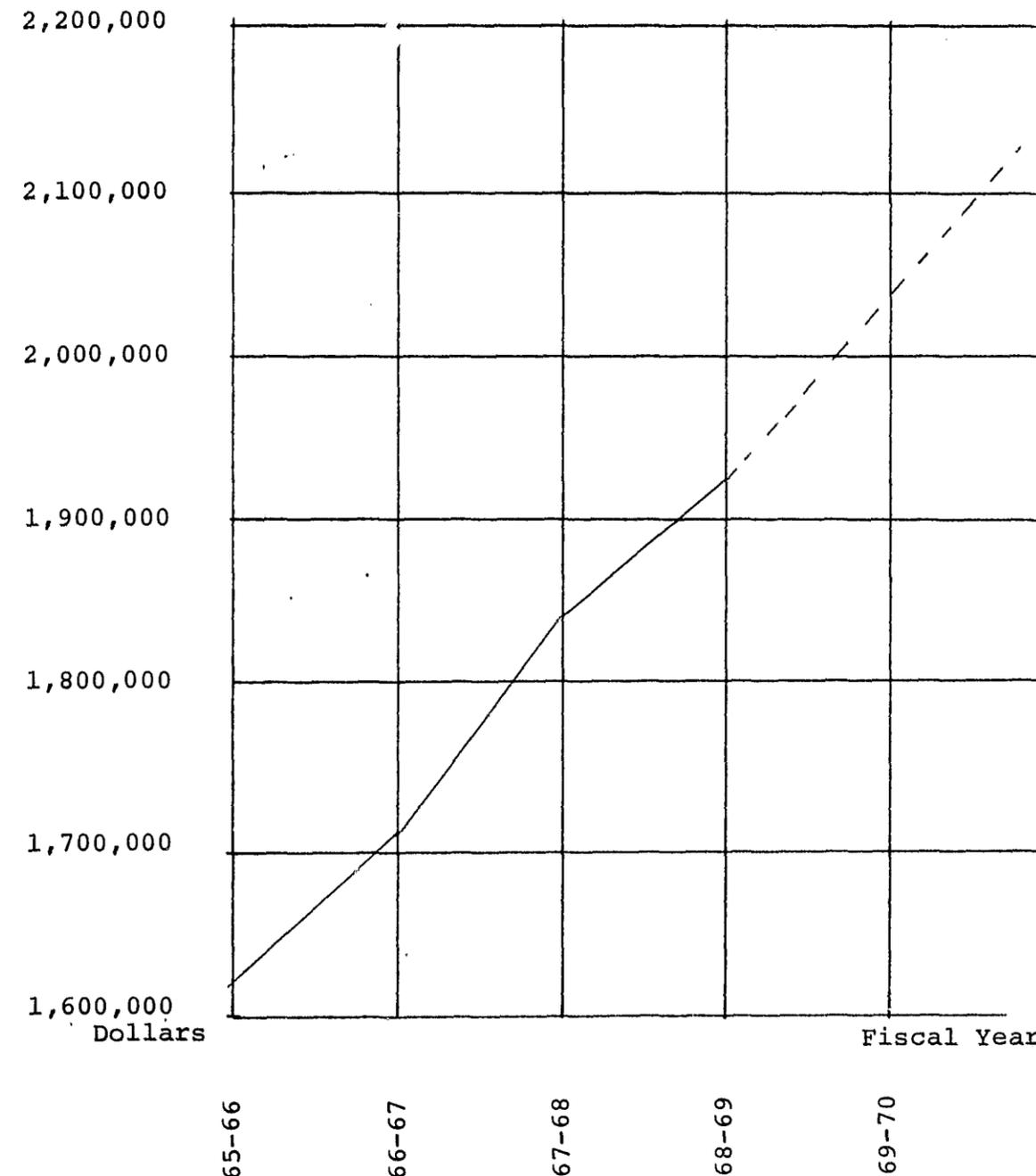
He also informed us that they found that combining the alcoholics with the mentally ill patients was unsuccessful. The alcoholics apparently resented the fact that they were associated with the mentally ill and the two groups were just not compatible. They suggested a separate ward be used to treat this group of patients. The ratio of male to female admissions is four to one.

Dr. Shallenberger and I were both very impressed with the Program. Their future plans are to develop a half-way house type setting such as our Singlemen's Home, so that after the acute phase of alcoholism is treated, the patients would have an area to live while employment was found and further rehabilitation was done.

APPENDIX D

COMBINED BUDGET GROWTH, JAIL, COURTS, DISTRICT ATTORNEY

THE COMBINED GROWTH OF THE SAN JOAQUIN COUNTY DISTRICT ATTORNEY'S OFFICE, THE JAIL AND HONOR FARM, STOCKTON MUNICIPAL COURT, LODI JUDICIAL DISTRICT, TRACY JUDICIAL DISTRICT AND THE MANTECA-RIPON-ESCALON JUDICIAL DISTRICT



Note: The Lodi Justice Court was designated a Municipal Court in 1968, thereby raising that budget \$40,000.

----- Projected increase

MODEL COMMUNITY CORRECTIONAL PROJECT SUMMARY

GRANTEE: Institute for the Study of Crime and Delinquency
605 Crocker-Citizens Bank Building
Sacramento, California 95814

GRANTOR: U. S. Department of Justice, Office of Law
Enforcement Assistance, Grant No. 227

NATURE OF GRANT: 18 month planning and development for a
model community correctional program in San Joaquin
County, California. Total grant approximately
\$260,000.

The Model Community Correctional Program Project is a
community initiated plan to achieve a major change in the mix
of services aimed at control and treatment of the adult mis-
demeanant and felony offender primarily those over 18 years
of age. Through innovative services and a higher order of
coordination of existing public and private agencies, it is
believed that existing frantionated resources can be brought
to bear more constructively on the process of community
reintegration of the offender.

For a given community, in this case San Joaquin County,
California, this project will assess the treatment and control
requirements and develop a plan to achieve these objectives
through alternate methods. Further, the project will test
certain innovations essential to plan execution. Program
features introduces will be explicitly described objectives
specified, and results subject to measurement. These features
are essential to cost/effectiveness evaluation and to enable
future replication in other communities.

At the end of 7 months, MCCP studies involve three major
aspects:

1. General criminal justice information collection and
analysis, and information system planning, necessary
for description and evaluation of existing system, and
to identify alternative options.
2. Evaluation and analysis of the general organization
and relationships of the criminal justice and social
system agencies in the area of their common interests
in crime prevention, control and corrections.
3. Development of specific innovative programs designed
to improve the effectiveness of the overall correc-
tional system.

California State Sheriffs' Association

Organization Founded by the Sheriffs in 1894

February 16, 1968

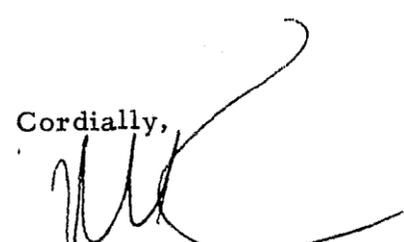
Mr. M. Robert Montilla
Executive Director
Model Correctional
Community Project
Courthouse - Room 403
Stockton, California

Dear Bob:

The Sheriffs of California in Executive Session at Palo Alto
on February 1, 1968, adopted the attached position on
Detoxification as their policy.

Happy New Year.

Cordially,


MICHAEL N. CANLIS
Secretary-Treasurer
California State
Sheriffs' Association

MNC:lm

JOHN LATORRACA, President
Sheriff, Merced County

FRANK MADIGAN, First Vice-President
Sheriff, Alameda County

WAYNE BROWN, Second Vice-President
Sheriff, Nevada County

MARLIN L. YOUNG, Sergeant-at-Arms
Sheriff, Madera County

MICHAEL N. CANLIS, Secretary-Treasurer
Sheriff, San Joaquin County

RICHARD C. DINKELSPIEL, General Counsel
San Francisco

APPENDIX F

RESOLUTION, CALIFORNIA STATE SHERIFF'S ASSOCIATION

February 1, 1968

PROPOSED DETOXIFICATION STATUTE

WHEN ANY PERSON IS FOUND IN ANY PUBLIC PLACE UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR ANY DRUG, OR THE COMBINED INFLUENCE OF INTOXICATING LIQUOR OR ANY DRUG, IN SUCH A CONDITION THAT HE IS UNABLE TO EXERCISE CARE FOR HIS OWN SAFETY OR THE SAFETY OF OTHERS, OR BY REASON OF HIS BEING UNDER THE INFLUENCE OF INTOXICATING LIQUOR AND ANY DRUG, INTERFERES WITH OR OBSTRUCTS OR PREVENTS THE FREE USE OF ANY STREET, SIDEWALK OR ANY PUBLIC WAY, A PEACE OFFICER WHO HAS REASONABLE CAUSE TO BELIEVE THAT SUCH IS THE CASE MAY TAKE THE PERSON INTO CUSTODY FOR HIS BEST INTEREST AND PROTECTION AND PLACE HIM IN A DETOXIFICATION CENTER AS PROVIDED IN THIS SECTION, UPON APPLICATION OF THE PEACE OFFICER. THE APPLICATION SHALL BE IN WRITING AND SHALL STATE THE CIRCUMSTANCES UNDER WHICH THE PERSON'S CONDITION WAS CALLED TO THE OFFICER'S ATTENTION AND SHALL ALSO STATE THAT THE OFFICER BELIEVES, AS A RESULT OF HIS PERSONAL OBSERVATION, THAT THE PERSON IS INTOXICATED AND BECAUSE OF HIS INTOXICATION IS LIKELY TO INJURE HIMSELF OR OTHERS IF NOT IMMEDIATELY HOSPITALIZED.

THE SUPERINTENDENT IN CHARGE OF THE DETOXIFICATION CENTER MAY CARE FOR AND TREAT THE PERSON UNTIL SUCH PERSON HAS BECOME SOBER. AT SUCH POINT IN TIME THAT SAID PERSON SHALL THEN BE GIVEN A CHOICE TO REMAIN AT THE CENTER FOR FURTHER TREATMENT OR BE RELEASED.

SUPPORTIVE COMMENTS BY SHERIFF PETER PITCHESS, LOS ANGELES COUNTY

I WOULD LIKE TO POINT OUT A MATTER OF CONCERN TO EVERY LAW ENFORCEMENT ADMINISTRATOR TODAY. I AM REFERRING TO THE PROBLEM OF DRUNKENNESS, THE REPEATED ARREST OF CERTAIN MEMBERS OF OUR SOCIETY FOR PLAIN DRUNK. FOR YEARS, MANY POLICE ADMINISTRATORS HAVE BEEN OPPOSED TO THE ARREST OF THE PLAIN DRUNK, FEELING THAT DRUNKENNESS IN ITSELF SHOULD NOT BE A CRIMINAL OFFENSE. TO DATE, THE LEGISLATURE HAS PROVIDED NO OTHER REMEDY BUT ARREST TO CONTROL THIS PROBLEM.

THE RECENT REPORT OF THE PRESIDENT'S CRIME COMMISSION SIMILARLY HAS EXPRESSED CONCERN OVER THE "CRIMINAL" ATTACHMENT TO THE PLAIN DRUNK, AND MORE RECENTLY, OUR NATION'S HIGHER COURTS HAVE TEMPERED THE CRIMINALITY OF CHRONIC DRUNKENNESS.

IN LOS ANGELES COUNTY ALONE, THE ANNUAL COST OF POLICING AND OF CUSTODY FOR THE COMMON DRUNK EXCEEDS THE TWO-MILLION-DOLLAR MARK. FRANKLY, OUR TAXPAYERS SHOULD NOT BE HARNESSSED WITH THIS TAX BURDEN, ESPECIALLY WHEN IT IS NOT PROVIDING ANY REALISTIC REMEDY FOR THE ALCOHOLIC OR SOCIETY. LAST YEAR, MORE THAN 31,000 PLAIN DRUNKS WERE PROCESSED AND BOOKED AT OUR COUNTY JAIL. IN ADDITION, 25 PERCENT OF OUR POLICE ACTIVITY WAS INVOLVEMENT WITH THE ARREST AND PROCESSING OF DRUNKS. IN A RECENT TIME STUDY, IT WAS DISCLOSED THAT THREE MAN HOURS OF POLICE INVOLVEMENT ARE EXPENDED WITH EACH DRUNK ARREST. THIS IS A HIGH COST FOR THE POLICE ADMINISTRATOR TO SHOULDER, TO SAY NOTHING OF THE TAXPAYER WHO MUST ULTIMATELY BEAR THE COST AND I AM CERTAIN THIS PROBLEM IS NOT UNIQUE TO LOS ANGELES COUNTY.

IN THIS REGARD, I SUBMIT FOR YOUR CONSIDERATION A FOUR-POINT PROGRAM TO BETTER RESOLVE THE POLICE-DRUNK PROBLEM. BY ADOPTING THIS PROGRAM, WE CAN PROVIDE THE TAXPAYERS WITH AN ENORMOUS SAVINGS, CUT POLICE INVOLVEMENT TIME FROM THREE HOURS TO TWENTY MINUTES, REMOVE THE STIGMA OF CRIMINALITY FROM THE INEBRIATE, AND PERHAPS MORE SIGNIFICANTLY, THE PROGRAM MAY PROVIDE SOME REMEDIAL VALUE TO THE DRUNK.

THE PROBLEM INVOLVES:

REVISION OF THE CURRENT STATE LAW TO SUBSTITUTE THE "CRIMINAL" STATUS OF PLAIN DRUNK WITH A "PROTECTIVE CUSTODY" CLAUSE.

ESTABLISHMENT OF DETOXIFICATION CENTERS CONTINGENT TO SEVERAL OF OUR EMERGENCY HOSPITALS. THESE CENTERS WOULD BE STAFFED BY MALE/FEMALE NURSES AND SOCIAL SERVICE GROUPS CONCERNED WITH THE PROBLEM OF ALCOHOLISM.

PERSONS PRESENTLY ARRESTED ON PLAIN DRUNK CHARGES WOULD, INSTEAD, BE TAKEN INTO PROTECTIVE CUSTODY AND TAKEN TO THE NEAREST DETOXIFICATION CENTER FOR CARE BY THE DETOXIFICATION CENTER STAFF. THIS WOULD CONCLUDE THE POLICE ACTION IN THE MATTER, PERMITTING THE OFFICER TO PATROL DUTY PROMPTLY.

THE INEBRIATE, WHEN SOBER, WOULD BE ALLOWED TO LEAVE IF HE CHOSE, OR HE MAY SEEK FURTHER TREATMENT FOR HIS PROBLEM. THE CHOICE WOULD BE HIS I RECOMMEND THAT THE LIQUOR INDUSTRY BE SOLICITED TO PROVIDE THE FUNDS FOR BUILDING AND MAINTAINING

THE DETOXIFICATION CENTERS. FUNDS MAY COME THROUGH GRANTS, OR FROM OUR STATE LIQUOR TAX. THE SERVICES OF ALCOHOLICS ANONYMOUS AND OTHER RECOGNIZED PRIVATE SOCIAL SERVICE ORGANIZATIONS TO STAFF AND CONTRIBUTE TO THE CARE AND WELFARE OF THE ALCOHOLIC CAN HELP IMMENSELY.

I PROPOSE THAT THIS ASSOCIATION GO ON RECORD ADOPTING THIS PROGRAM IN ITS ENTIRETY AND THAT WE ACTIVELY SUPPORT PERMISSIVE LEGISLATION WHICH WILL MAKE IT A REALITY.

San Joaquin Local Health District: Health Review, March 1968

San Joaquin County Alcoholism Program - A Progress Report

For years, alcoholism has been one of this nation's major health problems. In San Joaquin County, the 1960-1962 estimated rate of 8,740 alcoholics per 100,000 population (age 20 and over) was some 2-1/2% higher than the estimated rate for the State of California.

Several public and voluntary agencies had been offering limited service for alcoholics, but it was not until the passage of the McAteer Act in 1965 that State Funds provided financial support for comprehensive integrated local alcoholism programs.

The Alcoholic Rehabilitation Clinic was able to expand from a one-man operation to a staff of two full-time social workers, one full-time clinical psychologist and one-fourth time of a psychiatrist. The psychiatrist also directs the medical clinic, which provides diagnosis, treatment planning, medication (psychotropic drugs), and Antabuse, and referral to other medical services for further treatment.

Perhaps the most important development has been the extension of Clinic services outside of the physical confines of the Clinic. A weekly medical clinic is conducted in the Out-patient Department of the San Joaquin General Hospital. Evening group therapy, an Antabuse clinic at the County Jail facilities, orientation and group therapy meetings at the Honor Farm Jail, Singlemen's Home, and Stockton State Hospital, are held on a regular basis. More people are now being served in these outside meetings than in the Clinic itself. This is especially true of the Jail inmates, who welcome and benefit from the help brought to them, but find it difficult to approach the Clinic in its downtown setting. This points up the need to reach out even more, and to bring services to those who need but cannot seek out.

These small advances have served to point up the tremendous gaps that still remain in the provision of services needed to meet the demands of the alcoholism problem in our County. There is a need for a detoxification unit adjunctive to services provided at the General Hospital. If established, such a service would permit conduct of an integrated and cooperative treatment program, ranging from acute treatment to a longer term maintenance program on an outpatient basis. Existing detoxification services, now provided mainly by Stockton State Hospital and the San Joaquin General Hospital, function independently of longer term treatment facilities. The need for coordinated services has long been recognized; all concerned are generally willing to encourage continuation of treatment, but provision of followup and continuity of care and difficult.

Conduct of a comprehensive program would require provision of a locally directed group of integrated services; inpatient and out-patient services; residential care units (such as Singlemen's Home) and half-way houses (the first of which is now being organized by the Department of Rehabilitation); psychiatric facilities (such as Stockton State Hospital and Community Health Service). Equally important would be establishment of closer working relationships with physicians in the community. Because newspaper mention of the Clinic is so often related to the sentencing of law offenders, the impression might be gained that the Clinic is, in effect, an extension of the courts. Greater publicity should be given to the fact that Clinic services are also available to voluntary and self-referred clients, and to clients known to other agencies and to local physicians.

Because of the uncertainty of future funding for alcoholism control programs, it becomes increasingly important that the entire community recognize the problem and plan for increased coordination and expansion of services on the part of all concerned agencies and individuals.

APPENDIX H

PROJECT ENDORSEMENT LETTERS

Board of Supervisors
San Joaquin County

William Biddick, Jr.
Judge of the Superior Court
San Joaquin County

Robert Biladeau
Acting Unit Supervisor
Parole and Community Services Division

Robert Burns
President
University of the Pacific

Michael Canlis
Sheriff-Coroner
San Joaquin County

Laurence Drivon
District Attorney
San Joaquin County

Russell Gray, Director
Department of Public Assistance
San Joaquin County

William Guttieri, ACSW
Executive Director
Catholic Social Service of Stockton

D. L. Haskell
District Administrator
Department of Rehabilitation

A. C. Hollister, Jr., M.D.
Chief
Division of Alcoholism

Loran D. Archer
State Administrator
Alcoholic Rehabilitation Section
Department of Rehabilitation

William McWain, Captain
Men's Social Service Center
The Salvation Army

Jack A. O'Keefe
Chief of Police
City of Stockton

Paul J. Richards
Executive Director
San Joaquin County Economic
Development Association

Dr. Joshua Rubinger, Psychiatrist
Assistant Superintendent
Psychiatric Services
Stockton State Hospital

Arnold J. Rue
Rue, Snell, Hutchison & Company
Stockton City Councilman

Norman C. Sullivan
Judge of the Municipal Court
San Joaquin County

Maxwell M. Willens
Judge of the Municipal Court
San Joaquin County

Jack J. Williams, M.D.
District Health Officer
San Joaquin Local Health District

Mrs. Vance Wilson
President
Community Council of Stockton and
San Joaquin County

William H. Woodward
Judge of the Municipal Court
San Joaquin County

Before the Board of Supervisors
County of San Joaquin, State of California

B- 68-701

MOTION: Moved by Supervisor Perino
Seconded by Supervisor Lehman

APPROVE PROPOSAL FOR DETOXIFICATION
CENTER AND AFTER-CARE PROGRAM IN SAN
JOAQUIN COUNTY

WE HEREBY APPROVE the proposal for a Detoxification Center
and After-Care Program for San Joaquin County as presented to
the Board this date, a copy of which is on file in the office
of the Clerk of the Board of Supervisors, and

WE HEREBY AUTHORIZE the submission of an application for
funds to the National Institute of Mental Health.

Filed APR 16 1968 1968
RALPH W. EPPERSON
CLERK
By Connie J. Mirabella
DEPUTY

I HEREBY CERTIFY that the above order was passed and adopted on April 16, 1968
by the following vote of the Board of Supervisors, to wit:

AYES: Supervisors Hoyt, Perino, Lehman, Powell

NOES: None

ABSENT: Supervisor Wisdom

ABSTAIN: None

Copies Board 2
Dr. Barber
Auditor
Model Com. Correctional Project
Co Admin 2

RALPH W. EPPERSON, County Clerk
and ex-Officio Clerk of the Board of Supervisors,
County of San Joaquin,
State of California

By Connie J. Mirabella
Deputy Clerk.

JUDGE'S CHAMBERS
DEPARTMENT NO. 3
WM. BIDDICK, JR., JUDGE

SUPERIOR COURT
STATE OF CALIFORNIA
COUNTY OF SAN JOAQUIN

COUNTY COURTHOUSE
STOCKTON, CALIF. 95202
AREA CODE 209
PHONE 944-2355

April 24, 1968

Mr. M. Robert Montilla
Project Director
Model Community Correctional Project
Courthouse - Room 403
Stockton, California 95201

Dear Mr. Montilla:

I have reviewed with great interest, the
Detoxification Program proposal by your staff. There
is a great need in San Joaquin County for such a
facility.

The location of the facility at the San Joaquin
Hospital would assure the alcoholic patient proper
medical attention. The out-patient program would be
of great assistance in the rehabilitation of the
alcoholic after release from the center.

My interest and support are extended to
you in the development of this program.

Very truly yours,

Wm. Biddick, Jr.
WM. BIDDICK, JR.
Judge of the Superior Court

WB, Jr:ja

DEPARTMENT OF CORRECTIONS

PAROLE AND COMMUNITY SERVICES DIVISION

Room 161, State Building
31 E. Channel Street
Stockton, California



August 30, 1968

Mr. Vern E. Maynard, Jr.
Associate Director
Model Community Correctional Project
Room 403, Courthouse
222 E. Weber Avenue
Stockton, California 95201

Dear Mr. Maynard:

I have reviewed your proposal for a Detoxification Center and After Care Program for San Joaquin County.

An in-depth study aimed at identifying effective treatment strategies for the alcoholic is long overdue. I feel your program will provide this study.

In my opinion, your Detoxification Center plan will benefit San Joaquin County and the State as a whole, and therefore has my full-hearted endorsement.

Very truly yours,

MILTON BURDMAN
Deputy Director

R. L. Biladeau
R. L. Biladeau
Acting Unit Supervisor

RLB/wml



UNIVERSITY OF THE PACIFIC

STOCKTON, CALIFORNIA 95204

OFFICE OF THE PRESIDENT

September 6, 1968

Model Community Correctional Project
Room 403, San Joaquin County Courthouse
222 East Weber Avenue
Stockton, California 95201

Dear Sirs:

The Model Community Alcoholism Treatment Program which you have proposed meets with my wholehearted endorsement and support. Such a detoxification center is very much needed in this predominately agricultural community where we have a large floating population of workers who are plagued with this problem. I know of few things more needed at this time.

Cordially yours,

Robert E. Burns

Robert E. Burns
President

B:mjc



OFFICE OF
SHERIFF-CORONER
 County of San Joaquin
 COURTHOUSE
 STOCKTON, CALIFORNIA

MICHAEL N. CANLIS
 Sheriff-Coroner

September 12, 1968

Dr. Louis M. Barber, Administrator
 San Joaquin County Hospital
 French Camp, California

Dear Dr. Barber:

As Sheriff of San Joaquin County, I fully endorse the Model Community Alcoholism Treatment Program. As a member of the California Sheriffs Association, in executive session at Palo Alto on February 1, 1968, we voted to support the establishment and use of these centers throughout California. This endorsement was included in the original application.

This program approach is proper on its own humane merits but is also important as it frees my law enforcement personnel so that they might deal with the primary mission of law enforcement and crime prevention duties.

The Alcoholism Treatment Program as proposed is a logical and inevitable evolution of much that is already underway. The County Hospital and the Alcoholic Rehabilitation Clinic have been very helpful to our jail program. This, of course, should continue if not improve for those offenders sentenced to jail on other than drunk charges but whose problems include alcoholism.

Very sincerely yours,

MICHAEL N. CANLIS
 Sheriff-Coroner
 San Joaquin County



Office of the District Attorney

LAURENCE DRIVON
 DISTRICT ATTORNEY
 SAN JOAQUIN COUNTY COURTHOUSE
 222 EAST WEBER AVENUE
 STOCKTON, CALIFORNIA 95202

April 30, 1968

TELEPHONE
 944-2411
 AREA CODE 209

Mr. Robert Montilla, Director
 Model Community Correctional Project
 222 East Weber Avenue
 Court House
 Stockton, California

Re: Proposed Detoxification Center
 for San Joaquin County

Dear Mr. Montilla:

As a member of the Policy and Review Council of the M.C.C.P. and of the Ad Hoc Committee for the Detoxification Center, I am very familiar with the proposed project. It is my considered opinion that such a Center and aftercare program for handling alcoholics would be a great help to the administration of justice in this county. The problem of handling alcoholics and drunks has always been a very difficult one and there is a great need in this county for the type of approach which is represented by the proposal.

Yours very truly,

LAURENCE DRIVON,
 District Attorney

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RUSSELL GRAY
DIRECTOR
PAUL R. WILEY
ASST. DIRECTOR
ANGELA LEARY
ADM. SERVICES OFFICER
JOHN NATTEFORD
SOCIAL SERVICE CHIEF



COUNTY OF SAN JOAQUIN
DEPARTMENT OF PUBLIC ASSISTANCE
133 EAST WEBER AVENUE
DRAWER F
STOCKTON, CALIFORNIA 95201

TELEPHONE
466-5231
AREA CODE 209

April 23, 1968

Mr. Bob Montilla, Director
San Joaquin County Model Community Correctional Project
222 East Weber Avenue
Stockton, California

Dear Mr. Montilla:

ENDORSEMENT OF SAN JOAQUIN COUNTY MODEL COMMUNITY ALCOHOLIC TREATMENT PROJECT

It has just come to my attention that the San Joaquin County Board of Supervisors has approved application by the County Medical Administrator for funding of the above-indicated project.

I am an enthusiastic endorser of the need for detoxification facilities in Stockton and San Joaquin County. In relation to population, this County has an extremely high public welfare caseload as compared to the majority of other California Counties. One of the reasons for the high incidence of public assistance cases is the acute problem of alcoholism in this area, the basic agriculturally economy, the accompanying transient and migratory population, the sizable skidrow area of Stockton, and the fact that the community is a railroad center; all contribute to the intensification of the problems of alcoholism.

I and my staff heartily endorse this project and are hopeful that it will rapidly come to fruition.

Very truly yours,


Russell Gray
Director

RG:gm

cc: Dr. Louis M. Barber, County Medical Administrator

CATHOLIC SOCIAL SERVICE OF STOCKTON

1205 N. SAN JOAQUIN STREET • STOCKTON, CALIFORNIA 95202 • PHONE 466-5143

WILLIAM F. GUTTIERI, A.C.S.W.
DIRECTOR

September 6, 1968

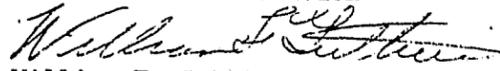
Mr. Robert Montilla, Director
Model Community Correctional Project
Court House - Room 403
222 E. Weber Avenue
Stockton, California

Dear Mr. Montilla:

The Board of this agency has studied your project proposal re a Model Community Alcoholism Treatment Program and wishes to lend its endorsement. The Board recognizes a long existing gap between needs and services concerning this social problem affecting our community. The proposal you outline will greatly help to fill the existing needs for services in treatment of the alcoholic.

Sincerely,

CATHOLIC SOCIAL SERVICE


William F. Guttieri, ACSW
Executive Director

WFG:NG .

DEPARTMENT OF REHABILITATION

DIVISION OF VOCATIONAL REHABILITATION
 31 EAST CHANNEL STREET
 STOCKTON, CALIFORNIA 95202



September 5, 1968

Mr. Verner E. Maynard, Jr.
 Associate Director
 Model Community Correctional Project
 San Joaquin County Courthouse
 222 East Weber Avenue, Room 403
 Stockton, California 95201

Dear Mr. Maynard:

The project proposal for a Model Community Alcoholism Treatment Program presents a clear outline for thinking about a major human problem. It also suggests a practical and economical plan for changing community processes that tend to maintain the questionable status-quo in dealing with people whose drinking has become a personal and public problem. The suggested research features of the project may result in providing this community with a supportable analysis and plan for a continuing and effective process of integrating "drunks" with people who are more respectable and successful.

The present process of treating the "drunk" as a criminal is degrading to all the community. It is not an effective process. It is much too expensive. It is fragmented and uncoordinated.

The Detoxification Center can be the focus of a rational and productive community effort. The local police and jail personnel should be praised for their day to day work with these most difficult people. It would be a real tribute to them to be joined by the rest of us who have much to learn about our fellow men.

Very truly yours,

D. L. HASKELL
 District Administrator

DLH:bem

DEPARTMENT OF REHABILITATION

1500 FIFTH STREET
 SACRAMENTO, CALIFORNIA 95814



September 11, 1968

Robert Montilla, Director
 Model Community Correctional Project
 San Joaquin County Courthouse
 222 E. Weber Avenue, Room 403
 Stockton, California 95201

Dear Mr. Montilla:

We have reviewed and we support the general evaluation plan specified in the Model Community Alcoholism Treatment Program. As a result of our participation in the NIMH site visit and subsequent discussion with project personnel, we enthusiastically welcome the opportunity to participate in the evaluation phase, and have agreed to provide, within the context of the currently operative evaluation system, those services specified in the addendum to the project application.

Sincerely,

A. C. Hollister, Jr., M.D.
 Chief, Division of Alcoholism

Loran D. Archer
 State Administrator
 Alcoholic Rehabilitation Section
 Department of Rehabilitation

bk

FREDERICK COUTTS
General

WILLIAM BOOTH
Founder

WILLIAM J. PARKINS
Territorial Commander



Founded 1865

MAJOR GEORGE W. DUPLAIN
Men's Social Service Secretary

THE SALVATION ARMY

MEN'S SOCIAL SERVICE DEPARTMENT
1247 SOUTH WILSON WAY
POST OFFICE BOX 695
STOCKTON, CALIFORNIA 95201
TELEPHONE 466-4922

September 5, 1968

Veerner. E. Maynard
Associate Director
Cline Model Community
Corredtional Project
Stockton, California

Dear Sir:

I would like to take this opportunity to express my thanks and support to the San Joaquin County and others being involved in getting a very much needed Detoxification Center started here in the Stockton area.

We would feel that such a project was established in this county that we could make referrals to and receive men from this center, thus helping them and to get back on his feet into society as a contributing individual to his community.

If I can be of any help now or in the future please feel free to contact me.

I have been pressed since my arrival here in San Joaquin County eighteen months ago. There is much interest in the alcoholic man and I need to treat this man as a sick person. We that know this, then realize the need for an Detoxification Center such as you have been working for.

Please keep me informed on the progress of this project.

Thank you.

Sincerely yours,

William McWain

Captain William McWain
Men's Social Service Center
Stockton, Calif.

WMW:lf

September 6, 1968

Dr. Louis Barber, Director
Model Community Alcoholism Treatment Program
San Joaquin General Hospital
French Camp, California

Dear Dr. Barber:

Having worked on the MCCP Ad-Hoc Detoxification Committee that played a major role in developing the "Model Community Alcoholism Treatment Program," I am familiar with it and did endorse it in principle at that time. Also being a member of the MCCP Policy and Review Council that also endorsed it, I feel this should show my support.

I do feel, however, as Chief of Police of Stockton that the manner in which my Department makes use of this program should be at my discretion.

Where there are other charges besides being drunk, and public safety is at stake, the law officer's prime responsibility is to place the offender under arrest and place him into custody of the jail. If, however, the person is drunk only and unable to care for himself, I feel my Department could and would make maximum use of the Detoxification Center.

Sincerely,

J. A. O'Keefe
J. A. O'Keefe
Chief of Police

hl

SAN JOAQUIN COUNTY ECONOMIC
465-5931

DEVELOPMENT ASSOCIATION
P.O. BOX 89, STOCKTON, CALIFORNIA 95201
September 3, 1968

Mr. Robert Montilla, Director
Model Community Correctional Project
Court House - Room 403
222 East Weber Avenue
Stockton, California 95201

Re: Proposed Detoxification Center
for San Joaquin County

Dear Mr. Montilla:

Having been connected with, and having a working knowledge of, the Model Community Correctional Project and your proposal for the establishment of a Detoxification Center, is in complete accord with my thinking.

I believe it would be a big step in the right direction of rehabilitation that will improve the general economic and social development of our county.

I whole heartedly support this project and I am hopeful that the proper funding will be made available.

Very truly yours,


Paul J. Richards
Executive Director

PJR/sc

CONTINUED

1 OF 2

April 22, 1968

Mr. Robert Montilla, Director
Model Community Correctional Project
Courthouse, Room 403
222 E. Weber Avenue
Stockton, California

Dear Mr. Montilla:

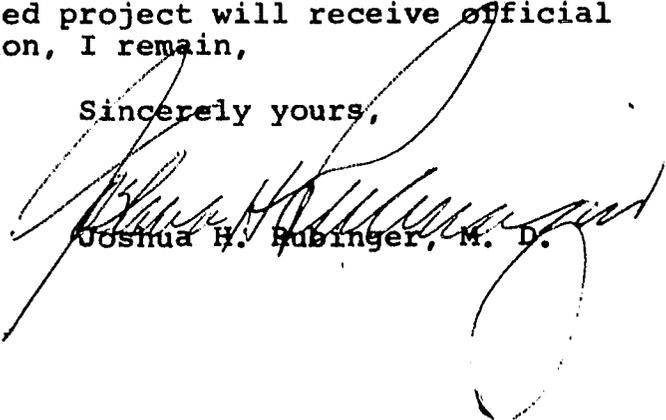
As a practicing psychiatrist in the City of Stockton, and as an Assistant Superintendent, Psychiatric Services, at Stockton State Hospital, I am contacting you at this time firmly to endorse the proposed "Model Community Alcoholism Treatment Project."

As you are undoubtedly aware, there is a great and growing need for an integrated, psychiatrically oriented program to treat alcohol dependent people and their families. Such a program should provide medical and psychosocial evaluation, and the possibility of job training and/or placement to enhance self-esteem, to foster a sense of identity and belonging, to strengthen family ties, and to provide a healthier environment for the afflicted families, their children, and the community at large.

The implications are not only psychiatric, medical and psychosocial, but also economic, and should, and eventually will, affect every thinking member of this and every other community which envisions a similar model program to treat the alcoholic.

With every hope that the proposed project will receive official approval and early implementation, I remain,

Sincerely yours,



Joshua H. Rubinger, M. D.

JHR/dt

RUE, SNELL, HUTCHISON & CO.
CERTIFIED PUBLIC ACCOUNTANTS

STOCKTON, CALIFORNIA
1140 NORTH EL DORADO
466-8674

LODI, CALIFORNIA
405 WEST PINE STREET
369-3678

MANTECA, CALIFORNIA
152 NORTH GRANT
823-7143

PALO ALTO, CALIFORNIA
770 WELCH ROAD
327-4015

Stockton, California
August 30, 1968

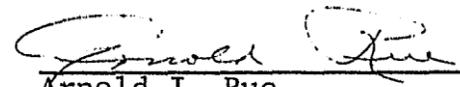
Model Community Correctional Project
Room 403
San Joaquin County Courthouse
222 East Weber Avenue
Stockton, California 95201

Attention: Mr. Verner E. Maynard, Jr.
Associate Director

Gentlemen:

This is to advise you that I endorse and support
the detoxification center plan, and in my considered
opinion it should be a step forward in the handling
of the alcoholic problem.

Sincerely,
RUE, SNELL, HUTCHISON & CO.


Arnold I. Rue

AIR/rk

Chambers
of
Judge Norman C. Sullivan

April 23, 1968

MUNICIPAL COURT
STOCKTON JUDICIAL DISTRICT
COURTHOUSE
STOCKTON, CALIFORNIA 95202
TELEPHONE 944-2154

Mr. M. Robert Montilla
Project Director
Model Community Correctional Project
222 East Weber Avenue
Room 403, Courthouse
Stockton, California 95201

Dear Mr. Montilla:

As a member of the MCCP Policy and Review Council, I
recently attended a meeting of the Criminal Justice Committee
of the Council. The purpose of this meeting was to review
the proposed operation of an Alcoholic Detoxification Center
in San Joaquin County. We discussed in detail the proposed
method of operating the Center and the beneficial effect it
would have on the individuals attending the Center and on the
community as a whole.

In my opinion there is a great need for a facility of
this type in San Joaquin County because of the great number
of alcoholic arrests with many of the arrested individuals
being repeat violators. A facility of the type contemplated
would not only give these individuals immediate medical and
psychiatric treatment but would also be in a position to con-
tinue the treatment on an out-patient basis.

I have discussed the proposed Center with my fellow Judges
and we are all willing to do everything we can to help in the
organization of the proposed facility.

Please feel free to call upon me at any time for any
needed assistance in this project.

Very truly yours,


NORMAN C. SULLIVAN

NCS:ja

Chambers
of
Judge Maxwell M. Willens

August 29, 1968

MUNICIPAL COURT
STOCKTON JUDICIAL DISTRICT
COURTHOUSE
STOCKTON, CALIFORNIA 95202
TELEPHONE 944-2426

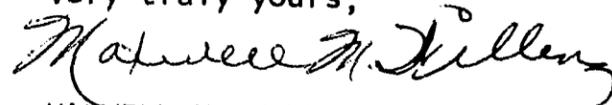
Model Community Correctional Project
San Joaquin County Courthouse
222 East Weber Avenue
Stockton, California 95201

Gentlemen:

I have been informed that the United States Public Health Service has under consideration your request for a grant for the purpose of funding the Model Community Alcoholism Treatment Program which, it is hoped, will be enacted in Stockton.

I have thoroughly reviewed your proposal and personally endorse the same.

Very truly yours,



MAXWELL M. WILLENS

MMW:ja

BOARD OF TRUSTEES

A. R. Glover, M.D. Pres.
W. A. Stouffer, Sec'y.
Robert H. Rinn
W. J. Johnson
E. C. Davis
James D. Baker, Jr. M.D.
W. J. Lange
Joe Stinas
Bertha M. Armstrong

SAN JOAQUIN LOCAL HEALTH DISTRICT

1601 East Hazelton Avenue, P. O. Box 2009

Stockton, California 95201

Jack J. Williams, M.D., District Health Officer

May 7, 1968

SERVING

City of Tracy
City of Ripon
City of Lodi
City of Manteca
City of Escalon
City of Stockton
San Joaquin County
San Joaquin County
San Joaquin County

Robert Montilla, Director
Model Community Correctional Project
Court House - Room 403
222 East Weber Avenue
Stockton, California 95201

Dear Mr. Montilla: re Model Community Alcoholism Treatment Program

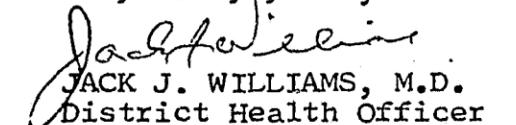
As indicated in your project proposal, and in Appendix G thereto, the existing alcoholism control program in San Joaquin County provides a wide range of services for individuals having alcohol-related problems. The program does not, however, provide acute alcoholism detoxification services on a planned basis. Establishment of the proposed alcoholism detoxification center would allow provision of a service which is essential to conduct of a truly comprehensive alcoholism control program.

Without question, most of the existing alcoholism services are far from adequate to meet community needs. It is my opinion that establishment of the proposed alcoholism detoxification center would stimulate local public agencies and voluntary groups to expand the scope and increase the quantity of existing services. The end result would be not only the addition of the urgently needed detoxification service, but also an over-all increase in effectiveness of the alcoholism control program.

JJW:AK

cc: A. C. Hollister, M.D.
Louis Barber, M.D.
Leonard Glass

Very truly yours,



JACK J. WILLIAMS, M.D.
District Health Officer

THE COMMUNITY COUNCIL

of Stockton and San Joaquin County

1024 W. Robinhood Dr.
Stockton, California 95207
Telephone 477-8774

September 3, 1968

Mr. Verner E. Maynard, Jr.
Associate Director of the Model
Community Correctional Project
Room 403
222 East Weber Avenue
Stockton, California 95202

Dear Mr. Maynard:

I wish to express my appreciation in receiving your material on the Alcoholism Treatment Program.

I certainly wish to say that we wholeheartedly support your efforts in combating the problems of alcoholism in the San Joaquin County area. For too long we have not had the means or facilities to review this known problem. Certainly the implications of such a problem to any community have long been ignored.

We hope as the Community Council continues into the year you will feel free to call upon us in any way we might be of help. We will take steps as we are best able.

We wish to commend the Model Community Correctional Project of their involvement and their social concern.

Very truly yours,



Mrs. Vance Wilson

Chambers
of
Judge William H. Woodward

April 23, 1968

MUNICIPAL COURT
STOCKTON JUDICIAL DISTRICT
COURTHOUSE
STOCKTON, CALIFORNIA 95202
TELEPHONE 944-2378

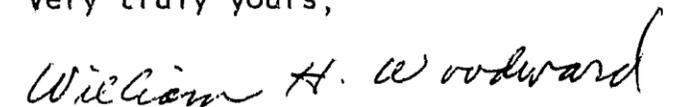
Mr. M. Robert Montilla
Project Director
Model Community Correctional Project
San Joaquin County Courthouse
222 East Weber Avenue
Stockton, California 95201

Dear Mr. Montilla:

I have read with interest your proposal for the establishment of a Detoxification Center at San Joaquin General Hospital.

I strongly urge that this project be established and I am hopeful that the necessary funds will be forthcoming.

Very truly yours,



WILLIAM H. WOODWARD

WHW:ja

END