

STATE OF WYOMING
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EVALUATION OF THE
"CRIME SPECIFIC PROJECT
PUBLIC INTOXICATION
TREATMENT ALTERNATIVES"

November, 1976

Except where explicitly attributed to others, the findings herein represent the opinions of Cresap, McCormick and Paget Inc. and not necessarily the views of the State of Wyoming or any instrumentality thereof.

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November 1, 1976

Governor's Planning Committee
On Criminal Administration
State Office Building East
Cheyenne, Wyoming 82001

Members of the Committee:

We are pleased to transmit with this letter the report of our evaluation of the "Crime Specific Project - Public Intoxication Treatment Alternatives" (PITA).

This letter summarizes the main findings and conclusions of the report. The letter is divided into three sections: the first section presents estimates of the total costs of alcohol abuse to Wyoming's criminal justice system and to the State as a whole. The second section reviews the observations of the evaluation. The concluding section sets forth recommendations concerning the decriminalization of public intoxication.

The Costs Of Alcohol Abuse To Wyoming

Wyoming's total costs due to alcohol abuse are estimated to have approximated \$59 million, or about \$165 per person, in 1974. Specifically:

- Motor vehicle accidents in which alcohol was involved cost \$17.9 million.
- Production loss due to alcohol abuse was \$20.3 million.
- The costs of alcohol abuse attributable to directly alcohol-related offenses (public intoxication and driving while intoxicated) and the costs of the impact of alcohol abuse on major crimes were \$1.8 million. In addition, each arrest for public intoxication costs about \$250, and alcohol abuse-related offenses represent about 20 per cent of the workloads of local law enforcement agencies.

- The costs to the social services and welfare system were \$.9 million.
- Fire losses due to alcohol abuse were \$.5 million.
- Health care costs due to alcohol abuse were \$17.3 million.
- The costs of alcoholism programs were \$.3 million.

The costs shown are necessarily estimated and conservative, and are attributable to both habitual and occasional alcohol abuse. Nevertheless, it is evident that alcohol abuse is costly to Wyoming; although treatment programs (such as those funded through the PITA) would reduce only some of those costs and only in the longer term, even a small decrease would probably have significant economic implications for the State.

Evaluation Findings And Conclusions

The PITA project is intended to reduce the workloads and costs of alcohol abuse to the criminal justice system. Two demonstration sites are supported through the project: one is an urban detoxification facility which draws upon a wide range of locally available treatment resources; the other is a rural facility which combines detoxification and treatment. Although the Governor's Planning Committee is responsible to the federal agency that provides funding for the project, the Department of Health and Medical Services has overall responsibility for the policies and operations of the project and for the two demonstration sites.

Evaluation of the PITA project leads to six main conclusions:

- Both sites provide adequate and well-operated facilities for the diversion of public intoxicants from the criminal justice system and into detoxification and treatment.
- Significant numbers of persons have been diverted into detoxification and treatment, thus providing a workload relief to law enforcement agencies and reducing criminal justice system costs to some extent.
- In the future, urban facilities should emphasize motivating diverted persons to enter into treatment. Indeed, the experience of the urban PITA site suggests

that long-term reductions in alcohol-related offenses will occur only if the links between diversion and detoxification, on the one hand, and detoxification and treatment, on the other, can be strengthened.

- The experience of the rural site highlights the difficulty of diverting public intoxicants in sparsely populated areas of the State. The rural site served clients from a wide geographical area; however, comparatively few clients represented major problems to local law enforcement agencies, and because public intoxicants are handled quite differently in rural areas, public intoxication does not represent the same workload burden that it does in urban areas.
- The project as a whole made insufficient progress in building support for diversion among law enforcement officials and Wyoming communities generally.
- Further development of the PITA project concept will require clarification of issues of law enforcement liability for, and treatment center authority over, persons who are diverted.

On balance, the PITA project demonstrates that diversion of the public inebriate is a feasible policy choice for the State of Wyoming to consider. Nevertheless, further development of the concept of diversion is necessary before State-wide decriminalization can be considered realistically.

Implications For Decriminalization Of Public Intoxication In Wyoming

The State has four main choices relative to the decriminalization of public intoxication and the funding of a detoxification and treatment system:

- To decriminalize (for example, to adopt the Uniform Alcoholism And Intoxication Treatment Act, as modified to be consistent with existing Wyoming law) and establish a full-scale system to treat alcohol abuse
- To establish a full-scale system, but postpone action on the Uniform Act

- To establish a State-local matching program for a treatment system, but postpone action on the Uniform Act
- To take no action at the State level.

The experiences of other states suggest that four conditions must be satisfied before decriminalization can be considered and public support can be achieved. First, the law enforcement community must be generally in favor of the change and involved in its implementation. Second, a history of success in operating detoxification and treatment centers must be established. Third, the public should be aware of the costs and severity of alcohol abuse. States which have attempted to institute a full-scale detoxification and treatment system where such a system did not previously exist have found it chaotic to do so. Finally, a number of critical issues surrounding client rights should be addressed and resolved.

For these reasons, the third option - to take no action regarding decriminalization and to establish a State-local matching program - is recommended and should be implemented together with current State-wide alcohol abuse prevention and education efforts. The State-wide costs of alcohol abuse and the nature of the alcohol abuse problem suggest that some State action is appropriate. The evaluation team believes that the recommended option provides the means for Wyoming to develop a system of detoxification and treatment which is responsive to local conditions and needs, and which ensures that the conditions necessary for public support for State funding and for future decriminalization will be met.

The costs to State government of the recommended option would range from about \$475,000 or less to about \$1.3 million per year, depending on the State-local matching arrangement selected, the number of communities that decide to offer detoxification and treatment services, the arrangements communities make for those services, and federal grant support.

Evidence from Wyoming and nationwide indicates that diversion is not cost-effective in the short run. Moreover, the savings that result from diversion in the longer term are generally indirect cost savings, rather than direct dollar reductions. Also, success in Wyoming alone will not be sufficient: the reduction of alcohol abuse must receive nationwide emphasis. Nevertheless, the long-run savings from a State-wide program of treatment and prevention could be in the neighborhood of \$8.5 million per year, or 15 per cent of 1974 costs, assuming an effective treatment system.

November 1, 1976

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In conducting this evaluation, we have received, and deeply appreciate, the cooperation and assistance of several individuals. In particular, we would thank William Penn of the Committee staff, Charles E. Burns of the Department of Health and Medical Services, Raymond Muhr and Steve Roth of the Southeast Wyoming Mental Health Center, Don and Charlotte Coppinger of the Sublette County Treatment Center, and John Benson and Ed East of the Cheyenne Alcohol Receiving Center. If we can be of further service to the Committee, please do not hesitate to call upon us.

Very truly yours,

Cresap, McCormick and Paget Inc.

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STATE OF WYOMING
EVALUATION OF THE
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I - INTRODUCTION

This report documents an evaluation of the "Crime Specific Project - Public Intoxication Treatment Alternatives" (PITA). In this chapter, the objectives and scope of the evaluation are reviewed; the approach taken in conducting it is briefly described; and the arrangement of this report is outlined.

OBJECTIVES AND SCOPE OF THE EVALUATION

- Briefly stated, the PITA project was aimed at demonstrating whether it is a feasible and advisable policy choice for the State of Wyoming to divert public intoxicants from the criminal justice system.
 - To achieve this aim, two sites, one urban and one rural, were established, and Cresap, McCormick and Paget was retained to conduct an evaluation of the two sites and of the project.
- The primary purpose of the evaluation was to assess the PITA project, and to use that assessment as the basis for providing an independent judgment as to the feasibility and advisability of diverting public inebriates from the criminal justice system State-wide.
 - The evaluation had five main objectives:
 - To develop evaluation criteria and an overall research design
 - To establish a program for ongoing monitoring and evaluation
 - To assess project progress on a periodic basis
 - To conduct a comprehensive evaluation of the PITA

- o To document the structure of the project, the evaluation design and the results of the comprehensive evaluation.
- The scope of the evaluation included the following elements:
 - The management and administration of the PITA and of the two demonstration sites
 - The performance of the project in achieving the objectives established for it
 - A review of the applicability of model legislation to decriminalize public intoxication to the State of Wyoming
 - An estimate of the total costs of alcohol abuse to the State.

APPROACH

The evaluation was carried out in six broad steps, as follows.

1. Orientation

Introductory interviews were conducted with key project and demonstration site personnel, local elected and appointed officials, and others in the State of Wyoming, in Cheyenne and in Sublette County. The purpose of these interviews was to familiarize the evaluation team with the purposes of the project and the operations of the demonstration sites.

Further, documentation concerning the PITA and demonstration site operations (including overall management, staff scheduling, record-keeping, facilities conditions and management and the like) were reviewed.

2. Development Of The Evaluation Design And Timetable

On the basis of the information gathered in the preceding step and related research by the evaluation team, a draft evaluation design and timetable were prepared for review by key project and demonstration site staff. The evaluation design and timetable were then finalized by the evaluation team into the Final Evaluation Design, and on-site visits were conducted to ensure a complete understanding of the nature and purposes of the evaluation on the part of site personnel.

3. Monitoring

Members of the evaluation team conducted four monitoring visits to the demonstration sites. These visits included a review of project and site operations, interviews in the Cheyenne and Sublette County areas, and related fact-finding.

4. Preparation Of An Interim Report

Based on the fact-finding conducted in the previous steps, interim conclusions regarding the progress of and the prospects for the PITA project were developed and incorporated into an interim report.

5. Monitoring And Evaluation

Additional monitoring visits were conducted following submission of the interim report. In addition, on-site visits were conducted to compile information for the comprehensive evaluation of the PITA project.

This step also included the collection and analysis of client follow-up data for clients who had been included in a sample period. Follow-up was straightforward for clients of the Sublette County Treatment Center, as follow-up information was collected during the evaluation and close contact was maintained between clients and Center staff.

Follow-up for sample period clients of the Cheyenne Alcohol Receiving Center (ARC), however, was more difficult. First, a sizable proportion of that group was difficult to locate for follow-up purposes during the evaluation and, second, the follow-up information that was collected was not always complete. Finally, the Southeast Wyoming Mental Health Center decided that, for reasons of client confidentiality, the evaluation team would not be permitted to contact clients personally. For this reason, ARC staff conducted follow-up interviews and personal visits. As noted later in this report, this approach yielded only limited follow-up information. This is not to imply a criticism of the decision reached by the Southeast Wyoming Mental Health Center or of ARC staff, as the issues surrounding client confidentiality are complex and largely unresolved. Rather, it is to point out that, because of the decision, the evaluation could not be carried out in as detailed a manner as had been anticipated.

6. Preparation Of This Final Report

The final step in the evaluation project was the preparation of a draft final report, which was reviewed with appropriate persons and then revised for submission as this final evaluation report.

ARRANGEMENT
OF THE REPORT

Following this Introduction, the report is divided into three chapters and an appendix, as follows:

- II - Background: The Costs Of Alcohol Abuse - which estimates the costs of alcohol abuse to the State of Wyoming
- III - Evaluation Findings - which describes the organization and operation of the PITA project and presents the findings of the evaluation effort
- IV - Implications For Decriminalization - in which the implications of the PITA project for the State of Wyoming are discussed

Appendix.

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II - BACKGROUND:
THE COSTS OF ALCOHOL ABUSE

II - BACKGROUND: THE COSTS OF ALCOHOL ABUSE

As recognized in Wyoming and nationwide, alcohol abuse is costly. In funding the PITA project, the Governor's Planning Committee on Criminal Administration specifically recognized the costs to the criminal justice system represented by alcohol abuse; however, the Committee also recognized the broader costs of alcohol abuse, and requested that the evaluation team develop an estimate of those costs for Wyoming.

A small number of studies has been conducted in recent years to estimate the costs of alcohol abuse in the United States. Although the total costs estimated in those studies differ considerably, it is generally agreed that seven kinds of costs can be attributed to alcohol abuse:

- Motor vehicle accidents costs
- Costs due to production losses
- Costs to the criminal justice system
- Costs of welfare and social services
- Costs of fire losses
- Health care costs
- Costs for alcohol abuse programs.

Even at the national level, estimation of these costs is inherently imprecise. Cost estimation for Wyoming is even more difficult, because necessary basic information is either incomplete or unavailable, and the number of alcohol abusers (and, therefore, their impact on production, health care, and so forth) is not known with any certainty.

For these reasons, the estimates presented in this chapter are intended to be conservative, and the methods used to estimate costs were chosen so as to yield conservative estimates. Even so, the reader is cautioned that the costs discussed are broad estimates only.

As noted, the costs presented in this chapter are the total costs to the State of all alcohol abuse. To date, the term "alcohol abuse" has not been defined with any precision. Essentially, the problem has been to determine whether a person is an habitual abuser of alcohol, and it has been difficult for researchers to agree on an objective way to reach this determination.

This chapter focuses on the total costs to the State of alcohol abuse. Such costs may be traced to two groups:

- Persons who are not habitual abusers of alcohol, but whose occasional use of alcohol results in costs to the State
- Persons who are habitual abusers of alcohol.

It is possible, and indeed likely, that a substantial proportion of the costs discussed in this chapter can be attributed to persons who are not habitual alcohol abusers: clearly, a fatal motor accident or fire may be caused a person from either group.

Thus, it should not be concluded that even a highly successful program of alcohol abuse treatment will eliminate the total costs of alcohol abuse in Wyoming. Such a program would probably reduce the costs attributable to persons who are habitual alcohol abusers, and in certain cost categories, such as the criminal justice system, more than in others. Reduction of the costs attributable to persons who are not habitual abusers of alcohol is more likely to be the result of other factors, such as prevention and education. These distinctions should be borne in mind by the reader.

COSTS OF ALCOHOL ABUSE

- The total estimated cost of alcohol abuse in 1974 (the most recent year for which certain essential basic cost information is available for Wyoming) is shown in the following table.

<u>Category</u>	<u>Estimated Cost (In Millions)</u>	<u>Per Cent Of Total</u>
Motor Vehicle Accidents	\$17.9	30.3%
Production Loss	20.3	34.3
Criminal Justice Costs	1.8	3.0
Social Services And Welfare	.9	1.5
Fire Losses	.5	1.0
Health Care Costs	17.3	29.2
Alcoholism Programs	<u>.3</u>	<u>.1</u>
Total	\$59.0	99.4%*

* Does not add to 100 per cent due to rounding.

● As the table indicates:

- The total estimated cost in 1974 was \$59.0 million
 - o This represented a cost in 1974 of approximately \$165 for each person in the State.
- The most significant sources of costs (accounting for 93 per cent of the total) were:
 - o Motor vehicle accidents
 - o Production loss
 - o Health care costs.
- The methods used to estimate each of the cost categories, except expenditures for alcoholism programs, are discussed at length in the paragraphs that follow.
 - o Expenditures for alcoholism programs are not discussed, as they were provided directly by the State staff involved in administering them.

Motor Vehicle Accidents

- The State Highway Department of Wyoming records the number and type of traffic accidents in the State, and notes whether alcohol abuse was involved.

- The following table shows, by type, accidents involving Wyoming residents in which the use of alcohol was reported.

<u>Type</u>	<u>Number</u>	<u>Estimated Cost Per Occurrence</u>	<u>Cost (In Millions)</u>
Fatality	136	\$110,000	\$14.7
Injury	671	4,200	2.8
Property	<u>739</u>	570	<u>.4</u>
Total	1,546		\$17.9 Million

- The figures shown in the table do not include the costs of accidents involving nonresidents, as such costs should properly be accounted for on a national basis.
 - o If those costs were included, the total would approximate \$27.2 million.
- The estimate of costs per occurrence is based on estimates provided by the National Safety Council.
 - o Of the estimates, the most important is the estimated cost of a fatality (\$110,000), which is based on a commonly used calculation by the Council of the average earnings foregone by a victim of a fatal accident.
 - o For example, a \$110,000 cost represents the approximate foregone earnings of a person whose income is \$11,000 per year and whose death occurs 10 years earlier than it otherwise would have.

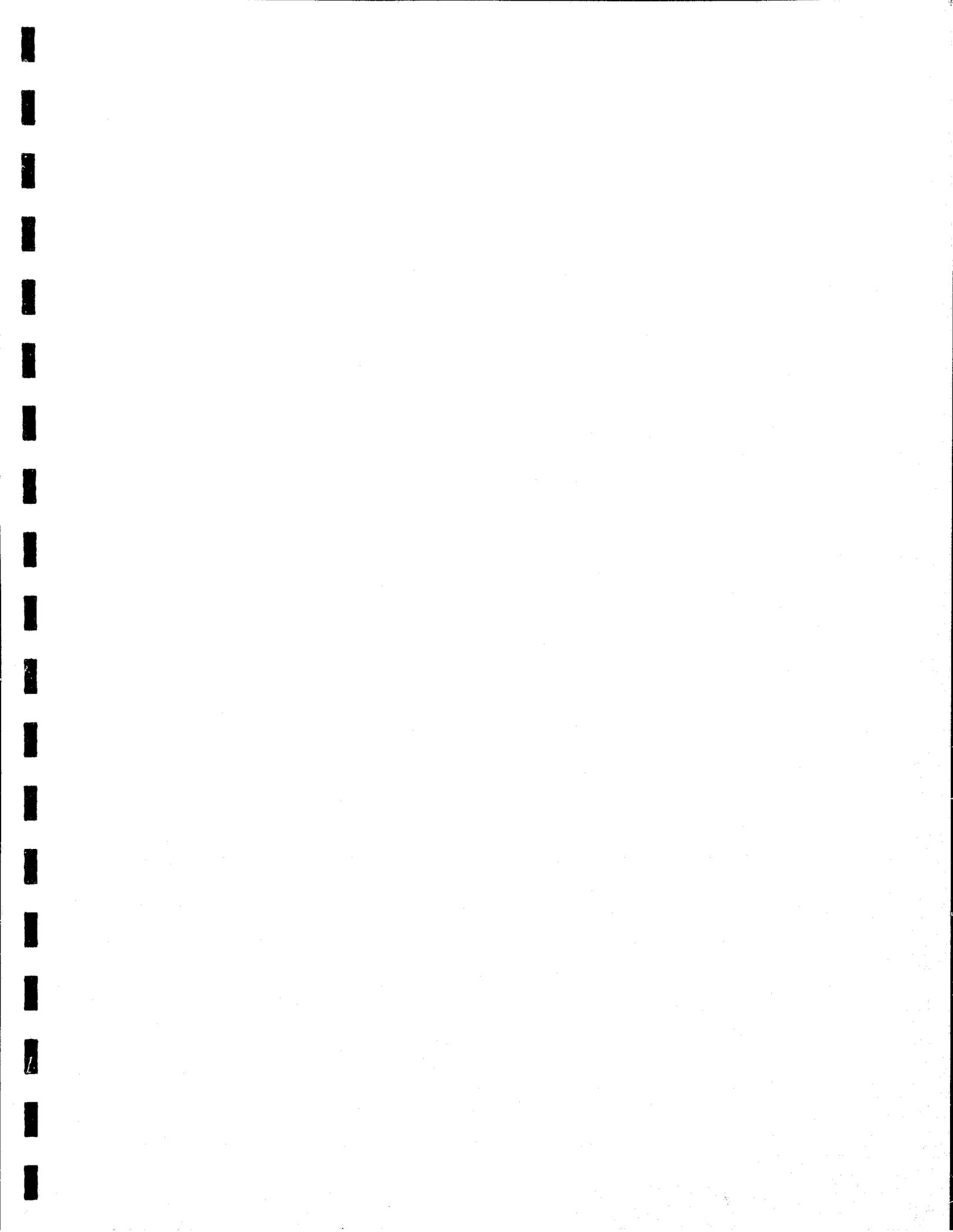
Production Loss

- It is generally agreed that alcohol abuse contributes to losses in the production of goods and services in that working persons who abuse alcohol are:
 - Significantly more prone to sickness, absenteeism, tardiness, and so forth

- More likely to have sustained periods of unemployment
- Less likely to achieve full potential earnings levels.
- To estimate the costs of production loss due to alcohol abuse in Wyoming, it was necessary to determine:
 - The prevalence of alcohol abuse among working persons
 - Because prevalence rate information is not available specifically for Wyoming, national prevalence rates were used and applied to actual Wyoming employment and earnings census statistics.
 - The difference between the expected earnings of working persons who are alcohol abusers and working persons who are not alcohol abusers
 - National percentage difference statistics were applied in this instance also, as information for Wyoming is not available.
 - However, because Wyoming census data were used, the distortions, if any, caused by using national percentages should not be significant.
- Analysis for 1974 indicates that approximately \$20.3 million was lost, as shown in Exhibit II-1, on the following page.
 - As the exhibit indicates, production loss among working males was approximately \$19.3 million.
 - Production losses for working females approximated \$1.0 million.

Criminal Justice System Costs

- The costs of alcohol abuse to the criminal justice system (including police, jailing, court and post-trial detention costs) in Wyoming fall into two categories:
 - Costs to the criminal justice system associated with public drunkenness and driving while intoxicated



STATE OF WYOMING
PITA PROJECT
ESTIMATED PRODUCTION LOSSES
IN WYOMING IN 1974

<u>AGE GROUP</u>	<u>LABOR FORCE</u>	<u>PREVALENCE RATE</u>	<u>ESTIMATED NUMBER OF ALCOHOL-ABUSERS</u>	<u>ESTIMATED MEDIAN INCOME</u>	<u>ESTIMATED MEDIAN ABUSER INCOME</u>	<u>ESTIMATED LOSS</u>	<u>ESTIMATED TOTAL LOSS</u>
<u>A-MALES</u>							
16-19	6,670	.248	1,654	\$ 1,291	\$ 903	\$ 388	\$ 641,814
20-24	10,473	.235	2,461	5,343	3,740	1,603	3,945,231
25-34	20,536	.201	4,128	10,661	10,448	213	879,208
35-44	19,512	.165	3,219	12,582	10,128	2,454	7,900,604
45-64	32,410	.110	3,565	11,152	9,530	1,622	5,786,157
65 +	<u>4,255</u>	.059	<u>251</u>	4,535	4,082	453	<u>113,723</u>
Subtotals	93,856		15,278				\$19,266,737
<u>B-FEMALES</u>							
16-19	4,951	.018	89	933	653	280	24,953
20-24	6,201	.020	124	3,282	2,297	985	122,160
25-34	9,167	.050	458	4,532	4,441	91	41,710
35-44	10,379	.068	706	4,520	3,639	881	621,785
45-64	16,884	.019	321	4,188	3,577	611	196,006
65 +	<u>2,091</u>	.010	<u>21</u>	2,375	2,138	237	<u>4,956</u>
Subtotals	<u>54,673</u>		<u>1,809</u>				<u>\$ 1,036,770</u>
Totals	148,529		17,087				\$20,303,507

- o It is recognized that other offenses, such as vagrancy and disorderly conduct, are linked to alcohol abuse.
- o However, the extent to which alcohol abusers are arrested for such offenses, rather than simply for public intoxication, is not known.
- Costs to the criminal justice system associated with major crimes in which alcohol is involved.
- Because reliable information regarding these costs in Wyoming was not available, the evaluation team applied nationally based cost information to Wyoming crime statistics.
 - To provide a check on the validity of national figures for Wyoming, the costs to process an offender through the criminal justice system in Cheyenne and Sublette County were determined during the study.
 - No significant variation between those and national figures was found.
- In respect to offenses which are directly alcohol-related (public drunkenness and driving while intoxicated):
 - It is assumed that a person is held for one day before being taken to court for arraignment
 - o This is the general practice in Cheyenne and Sublette County except, of course, for weekends.
 - It is further assumed, for purposes of conservative estimation, that persons are not sentenced but instead are required to pay fines.
- In respect to major offenses in which alcohol abuse is judged by law enforcement officials to have played a part:
 - It is assumed that national statistics regarding the incidence of alcohol abuse in major crimes are applicable to Wyoming.

- o The use of national statistics is particularly conservative, as it is generally agreed among researchers that the role of alcohol abusers is understated.
- Exhibit II-2, on the following page, shows that the estimated costs of alcohol abuse to the criminal justice system amounted to approximately \$1.82 million in 1974.
 - Of these costs, an estimated cost of \$698,992 was due to directly alcohol-related offenses, and about \$1,117,170 in costs were attributable to major offenses in which alcohol abuse was involved.
 - o As the exhibit indicates, only offenses that directly involve alcohol abuse are shown.
 - o It should be noted that other offenses, such as vagrancy and disturbing the peace, are also commonly linked to alcohol abuse.
 - o Including the costs of these offenses would increase total estimated costs considerably, perhaps by 75 to 100 per cent.
 - These costs represent about 12 per cent of the total criminal justice system costs (which were \$14,948,951 in 1974) to Wyoming.
 - o The Governor's Committee estimates that about 22 per cent of all offenses involve alcohol abuse, and since most directly alcohol-related offenses (public intoxication and driving while intoxicated) are minor, it would be expected that the costs represented by these offenses would be significantly less than the proportion of total workload they represent.
 - o This assumption is supported by the figures shown in the exhibit.
 - o Moreover, if the overall costs of major crimes involving alcohol abuse are calculated as a percentage of total costs and major crime workloads, the resultant estimate is within 5 per cent of the figure shown in the exhibit for major crimes.

STATE OF WYOMING

PITA PROJECT

ESTIMATED COST OF ALCOHOL ABUSE TO
THE CRIMINAL JUSTICE SYSTEM IN 1974

<u>Type</u>	<u>Alcohol-Related Crimes (a)</u>	<u>Major Crimes</u>
Police Costs	\$ 117,266	\$ 336,232
Court Costs	30,720	39,836
Prison Or Jailing Costs	<u>551,006</u>	<u>741,102</u>
Totals	\$ 698,992	\$1,117,170

(a) Public intoxication and driving while intoxicated.

Costs Of Welfare And Social Services

- Alcohol abuse is often the cause of unemployment, family dissolutions and other factors contributing to the demand for social services and welfare.
 - State of Wyoming information for fiscal year 1975, which includes six months of 1974 and six months of 1975, indicates that the State expended approximately \$5.74 million in social services and welfare (transfer) payments, including:
 - Aid to families with dependent children
 - General assistance
 - Emergency assistance
 - Day care.
 - National statistics indicate that approximately 17.5 per cent of transfer payments and 2.8 per cent of social services costs are attributable to alcohol abuse.
 - This should be regarded as a conservative estimate, as State of Wyoming social services personnel contacted during the evaluation believe that alcohol abuse is present in at least 60 to 65 per cent of cases.
 - On the basis of these figures, it is estimated that the cost of alcohol abuse in social services and welfare approximated \$940,000 in 1974.

Fire Losses

- The contribution of alcohol abuse to fire loss is the least well-researched cost category.
 - The few studies that have been conducted conclude that:
 - About 30 per cent of residential fire loss involves alcohol abuse directly

- o About 60 per cent of fire losses attributable to smoking materials involve alcohol abuse.
- The State of Wyoming estimates that fire losses in 1974 totaled \$3,837,187, as shown in the following table.

<u>Type</u>	<u>Number</u>	<u>Total Loss</u>
Miscellaneous	2,860	\$90,670
Nonresidential	461	2,010,952
Residential	813	1,579,000
Vehicles	<u>496</u>	<u>156,475</u>
Total	4,630	\$3,837,187

- Using the statistic that 30 per cent of fires occurring in residences are fires directly attributable to alcohol abuse, it is estimated that fire losses due to alcohol abuse in 1974 totaled \$603,206.

- o Because the statistic relating to fires caused by smoking materials (in which alcohol abuse is involved) is generally regarded as overly imprecise, only residential fire losses that can be related to alcohol abuse are used in this report.

Health Care Costs

- The total costs of the health care system for 1974 in Wyoming are not available.
- Without such information, the health-related costs of alcohol abuse in Wyoming cannot be determined with any precision.
- o For this reason, the national costs of health care due to alcohol abuse were calculated for the year 1974, and a proportion of those costs representative of the population of the State of Wyoming was taken.

- National health care expenditures due to alcohol abuse are based on studies that have determined the level of health care required by alcohol abusers in addition to that required by non-alcohol abusers.
 - It is generally agreed that alcohol abusers make greater use of the health care system, due to such factors as:
 - More frequent visits to physicians
 - Longer hospital stays
 - Higher expenditures for pharmaceuticals.
- A conservative estimate of the national health care expenditure due to alcohol abuse in adults in 1974 is \$8.67 million.
 - Wyoming represents approximately .2 per cent of the adult population of the United States.
 - Hence, it can be estimated that Wyoming expenditures for alcohol abuse-related health care totaled \$17.3 million.

III - EVALUATION FINDINGS

III - EVALUATION FINDINGS

This chapter reviews the findings of the evaluation. The first part of the chapter presents an overview of the project, and the second part describes the conclusions of the evaluation.

A - OVERVIEW OF THE PROJECT

PROJECT GOALS AND OBJECTIVES

Overall Goals, Rationale And Objectives

- In recognition of the total costs of alcohol abuse and the impact of alcohol abuse on the criminal justice system, the Governor's Planning Committee on Criminal Administration (GPCCA) has stated that it will seek to develop programs specifically for the alcohol offender.
 - The overall goals of the GPCCA in this regard are as follows:
 - To demonstrate the feasibility of diverting public intoxicants from the criminal justice system into appropriate treatment alternatives
 - To demonstrate the advisability of decriminalizing public intoxication in favor of establishing treatment alternatives in the State of Wyoming.
- To achieve these goals, the GPCCA received a two-year discretionary grant from the Law Enforcement Assistance Administration (LEAA), entitled "Crime Specific Project - Public Intoxication Treatment Alternatives".
 - The grant allocates funding for demonstration sites in the City of Cheyenne and in the County of Sublette.
 - The Cheyenne site - the Cheyenne Alcohol Receiving Center (ARC) - was chosen to demonstrate the feasibility of providing only a detoxification facility in an

area in which a range of related treatment services is readily available.

- o For example, a program for persons guilty of driving while under the influence of alcohol, a resident halfway house, and outpatient counseling for low-income persons are available in Cheyenne.
- The Sublette County site - the Sublette County Treatment Center (SCTC) - operates in a rural area of the State, in which associated medical and mental health services are either unavailable, limited or available only at a substantial distance.
 - o Thus, the SCTC houses detoxification, residential and outpatient treatment, and community education services.
- The grant application submitted to the LEAA by the Governor's Planning Committee sets forth the following objectives for the PITA project:
 - [By] developing improved methods of processing... alcoholic offenders, ...to reduce the number of repeat drunkenness offenders by 20 per cent by 1976
 - [To] provide two community-based treatment models... [into which] to divert all public intoxicants from the criminal justice system...
 - [To] demonstrate to other communities [in the State of Wyoming] the benefits of these models and [to] encourage implementation of similar programs.
 - [When a network of treatment alternatives has been established and is in operation, to] pass legislation to decriminalize public intoxication.
- Although, as discussed at length later in this report, precise information regarding these objectives is not available, it appears that they were only partially achieved:
 - Repeat drunkenness offenses appear to have been reduced, probably by more than 20 per cent, in the two designated catchment areas

- Although a number of persons charged with public intoxication were diverted, by no means were all public intoxicants in the two catchment areas diverted
- Little emphasis was placed on communicating the progress and results of the PITA project to other Wyoming communities.

Demonstration Site Objectives

- As part of its subgrant award, each of the demonstration sites also set forth specific objectives, as follows:
 - City of Cheyenne:
 - To provide facilities for the detoxification and counseling of 150 persons
 - To provide immediately available medical care for persons requiring such care
 - To provide referral and follow-up services to persons entering into detoxification and counseling
 - To carry out a program of community education.
 - County of Sublette:
 - To provide facilities for the diversion, detoxification and treatment of a majority of persons charged with public intoxication
 - To demonstrate the feasibility of providing treatment in a rural setting
 - To reduce the number of arrests for public intoxication in the County of Sublette by 50 per cent in 18 months.
- Although this evaluation is of the PITA, it should be noted that both sites for the most part achieved the objectives that were established for them.

- The objectives of the Cheyenne ARC were largely achieved or exceeded.
- The objectives of the Sublette facility were also achieved for the most part, except in respect to reducing the number of arrests for public intoxication, as discussed subsequently.

Objectives As Established For Evaluation Of The Project

- As described, the project and site objectives are largely consistent with the goals of the project and with each other.
 - However, it was concluded by the evaluation team that the bases for evaluation should be redefined so that they could be expressed for the project as a whole.
 - For this reason, the objectives of the project and of the demonstration sites were reformulated as follows:
 - To provide adequate, well-managed, and cost-effective alternatives for the treatment of public intoxicants
 - To relieve the criminal justice system of the workload represented by persons who may be charged with public intoxication or similar charges, but who are not violent
 - To motivate those persons who are diverted to enter into and benefit from treatment
 - To reduce the rate of recidivism among persons who are diverted
 - To reduce the incidence of public intoxication and alcohol-related crime in the two designated catchment areas.

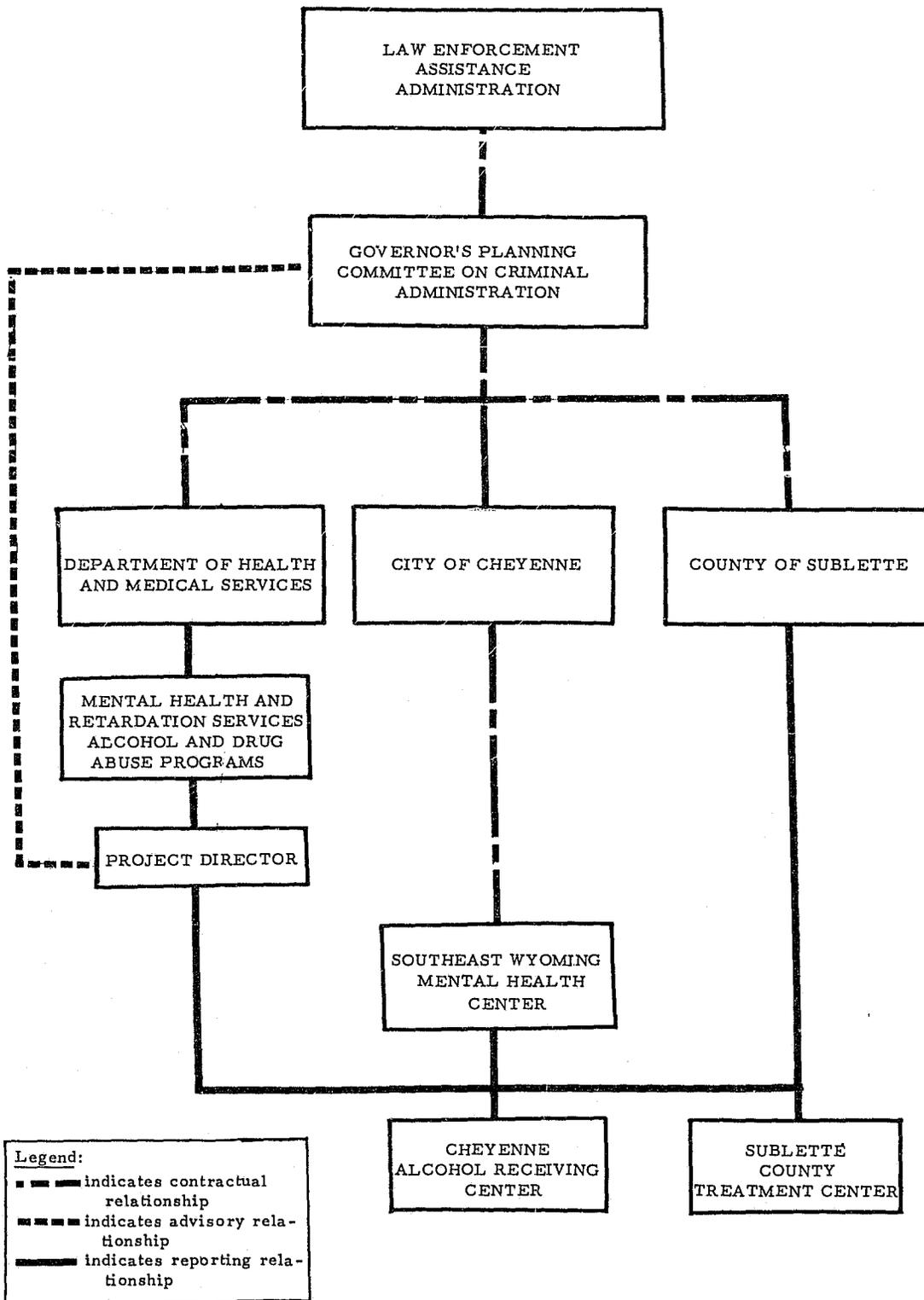
ORGANIZATION OF THE PROJECT

- The organization of the PITA, as it was initially structured, is shown in Exhibit III-1, on the following page.

STATE OF WYOMING

ORGANIZATION OF
THE PITA PROJECT

August 1976

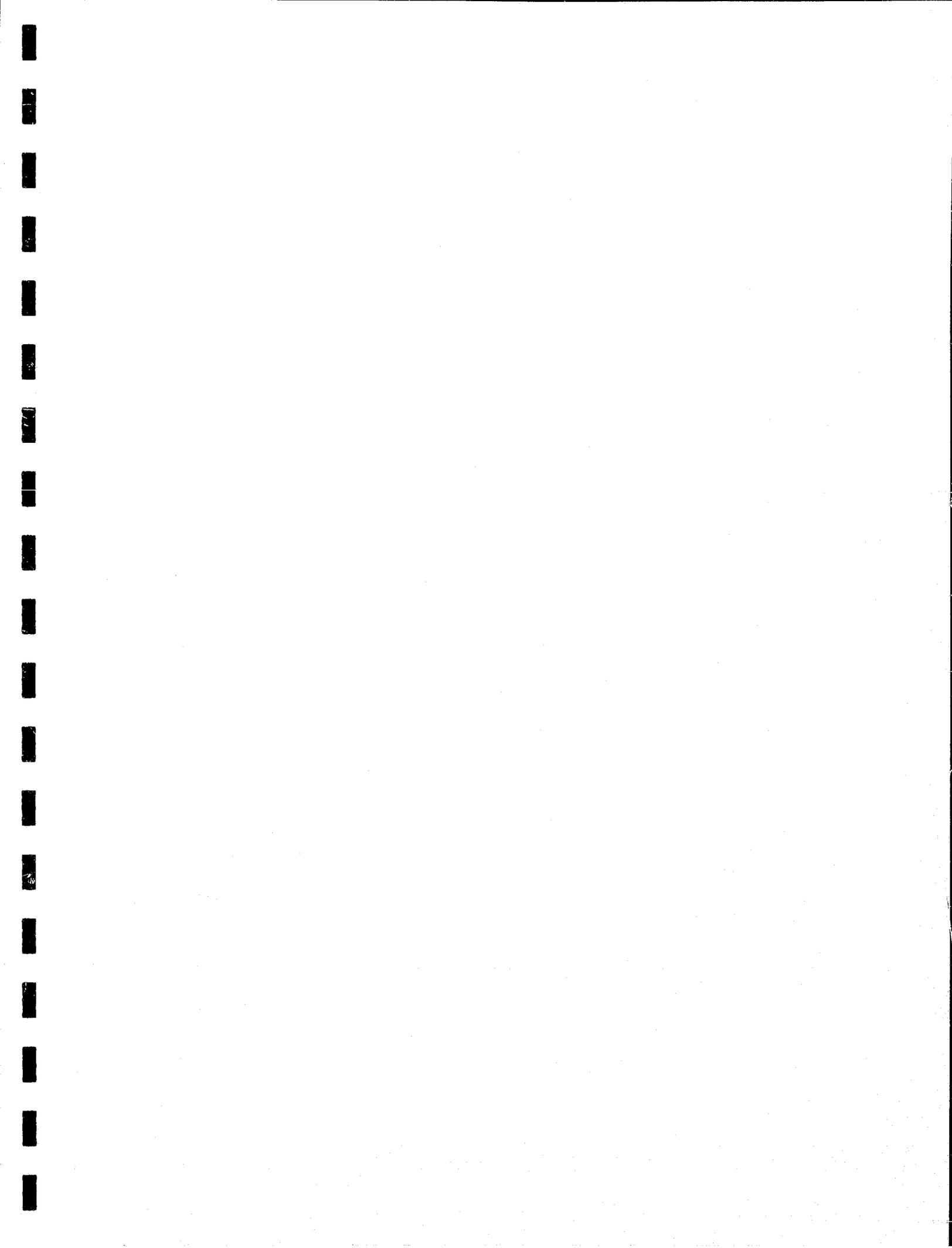


- As the exhibit indicates, the GPCCA is the recipient of the LEAA grant which supports the PITA.
- As a subgrantee, the State of Wyoming Department of Health and Medical Services (DHMS) is responsible for establishing the policies and standards of the demonstration sites.
 - o The DHMS is, by implication, responsible for the PITA on an overall basis.
- Day-to-day responsibility for the project and for the demonstration sites is held by the Project Director, an employee of the DHMS.
 - The Project Director is responsible for the following:
 - o Developing and administering the guidelines and procedures that result from DHMS policies
 - o Establishing evaluation requirements
 - o Ensuring that the project achieves the objectives and meets the standards established for it
 - o Directing and supervising the two demonstration sites.
 - The position of Project Director was filled for the majority of the project year.
 - o However, the Project Director resigned in the spring of 1976 to become Director of the Cheyenne ARC, and the position remained vacant for the balance of the project year.
- Although the GPCCA has formally made subgrants to local jurisdictions (the City of Cheyenne and the County of Sublette), routine administration of the project demonstration sites is carried out by full-time staff.
 - Specifically, the site director is responsible for:
 - o Hiring and/or approving and supervising staff
 - o Scheduling

- o Supervising the provision of services to clients
- o Routine purchasing, and related administrative duties.
- In the City of Cheyenne, the site director and staff are employees of the Southeast Wyoming Mental Health Center.
- Exhibit III-2, following this page, summarizes the budget and staffing arrangements of the two demonstration sites for the 1975-76 project year.

CLIENT FLOW IN
THE PROJECT SITES

- Both of the demonstration sites operate on a 24-hours per day, year-round basis.
 - Exhibit III-3, on the second following page, summarizes the key phases of interaction through which the sites provide service to clients.
 - o These phases are described in the following paragraphs.
- Referral And Admission
 - Prior to the opening of the two demonstration sites, the town councils of Pinedale and Big Piney (Sublette County) and the City Council of Cheyenne approved certain changes in existing ordinances that permit law enforcement personnel to refer persons who have been picked up for public intoxication to the demonstration sites.
 - o Referral to the sites may also be made by friends or relatives, other agencies or by the individual himself.
 - o All admissions are voluntary.
- Detoxification
 - Following admission, clients who require it enter into the detoxification phase.



STATE OF WYOMING

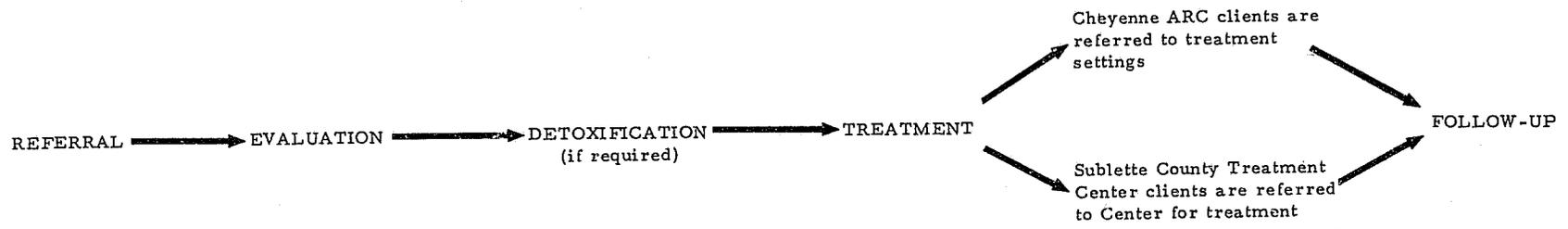
SUMMARY OF DEMONSTRATION
SITE INFORMATION

	City of Cheyenne - Cheyenne Alcohol Receiving Center	County of Sublette - Sublette County Treatment Center
● Staff	1 Director 1 Registered Nurse (part-time) 6 Counselors	1 Director 1 Assistant Director 1 Secretary (part-time) 2 Counselors (full-time) 2 Counselors (part-time)
● Capacity (a)	4 beds	14 beds
● Grant Budgetary Allocation		
- Personnel	\$51,200	\$29,000
- Equipment		7,700
- Travel	3,000	3,000
- Supplies/Other	19,985	7,819
- Consultation/Construction	<u>1,300</u>	<u>17,133</u>
Total	\$75,485	\$64,652

(a) Additional clients can be accommodated through other arrangements.
The capacity shown refers to the beds available in each operation.

STATE OF WYOMING

OVERVIEW OF CLIENT FLOW



- Broadly stated, detoxification is intended to achieve four purposes:
 - o To detoxify and to ease withdrawal from alcohol
 - o To evaluate the existing or potential degree of alcoholism or alcohol abuse
 - o To provide one-to-one or group counseling and education to persons who are ready to benefit from such services
 - o To refer clients to other community resources for treatment (in the case of the Cheyenne ARC), or to serve as a point for entry into treatment (in the case of the Sublette County Treatment Center).
- The specific practices of each demonstration site differ according to client requirements.
 - o For the most part, the initial 24 to 48 hours are aimed primarily at assessing and responding to the physical condition of the client.
 - o A part-time registered nurse is employed by the Cheyenne ARC, and both sites have access to qualified medical support on an as-needed basis.
- Referral And/Or Treatment
 - The Cheyenne ARC limits client stay to 72 hours; no limit is imposed at the Sublette County Treatment Center.
 - Following detoxification, background information is obtained.
 - o New clients are evaluated by demonstration site staff on such matters as the nature and severity of alcoholism or alcohol abuse, previous treatment, criminal justice history, and so forth.
 - When that evaluation has been completed, clients of the Cheyenne ARC are referred to various treatment resources in the City of Cheyenne.

- Clients of the Sublette County Treatment Center generally enter into the 21-day treatment program offered by SCTC staff.
 - o The treatment program of the Sublette County Treatment Center includes one-to-one and group therapy, lectures, Alcoholics Anonymous meetings and other approaches to treatment.
- Following release from the demonstration sites, site staff provides follow-up consultation as required.

EVALUATION DESIGN

- Appendix I to this report summarizes the "Evaluation Design and Plan" which was followed in the evaluation of the PITA project.
 - To summarize, the evaluation includes the following elements:
 - o The development of an evaluation design and plan
 - o On-site monitoring of visits
 - o The preparation of an interim report
 - o The preparation and documentation of a comprehensive evaluation and of this final report.
 - The plan was followed substantially as described in the Appendix, except in respect to client follow-up in Cheyenne, as discussed in the Introduction.
- The main items of importance to the reader of this report are the criteria used in conducting the evaluation.
 - Exhibit III-4, on the following pages, summarizes those criteria.
 - o As shown, specific criteria are associated with each established objective.
 - o The criteria set forth in the exhibit are discussed in greater detail in the next chapter.

STATE OF WYOMING

OBJECTIVES AND EVALUATION CRITERIA

Objective

- To provide adequate, well-managed and cost-effective alternatives for the detoxification or treatment of public intoxicants

Evaluation Criteria

- Adequacy
 - Evaluation team assessment of patient support services and physical facilities
 - o Availability of qualified medical and related professional care
 - o Capacity, configuration and provisions for supervision, security and privacy in the detoxification facilities
 - o Food services and patient hygiene

- Operation
 - Evaluation team review and assessment of recruitment, hiring, training and personnel administration policies and procedures
 - Evaluation team review and assessment of patient record-keeping and project financial record-keeping practices
 - o To determine provisions for confidentiality and degree of completeness and accuracy
 - Evaluation team assessment of the adequacy of relationships between the demonstration sites and:
 - o Each other
 - o Local social service, mental health and criminal justice system components
 - o The GPCCA, the DHSS and the evaluation component

- Cost-effectiveness
 - Comparison of the costs of detoxification with "typical" costs of processing a public inebriate through the criminal justice system
 - Comparison of the costs of detoxification in a treatment center with:
 - o City or county jail costs (up to, but not including, arraignment)
 - Comparison of the costs of treatment in the Sublette County Treatment Center with:
 - o City of county jail costs for a comparable period, including arraignment

B - EVALUATION CONCLUSIONS

CLIENT CHARACTERISTICS

Overall Information

- During the period March 1975 (which was the beginning month of the project) to May 1976 (which marked the end of the evaluation period), a total of 676 persons received services from the two demonstration sites.
 - 257, or 38 per cent, returned two or more times to the centers.
 - 234, or about 35 per cent, were referred to the centers by the police or courts.
 - Of those clients who accepted referrals, treatment on a residential or outpatient basis, and in Alcoholics Anonymous and similar settings, was most common.
- Four specific characteristics of the PITA clients as a total group should be noted:
 - The substantial majority of PITA clients (87 per cent) were male
 - This is in contrast to the general population, but is consistent with the experience of other alcoholism and alcohol abuse programs.
 - 59 per cent of ARC clients and 56 per cent of SCTC clients reported being unemployed at their first visit
 - Over 50 per cent of the clients treated were from the catchment areas (or, in the case of the SCTC, from nearby counties).
 - 72 per cent of clients reported a Wyoming residence.

- 58 per cent of ARC clients and 85 per cent of SCTC clients reported not having been arrested in recent years for public intoxication.

Clients Of The Cheyenne ARC

- A total of 499 persons were treated by the ARC in 758 client days from March 1975 to May 1976.
 - Client stays averaged 1.5 days.
 - This average reflects the fact that the ARC is a detoxification facility and the detoxification period is shorter than a period of treatment.
 - Of the 499 clients, 187, or about 37 per cent, visited the ARC on two or more occasions.
 - 35 per cent were referred by the police or courts.
 - 29 per cent of clients were self-referrals.
 - 30 per cent were referred by other agencies, mainly of the Southeast Wyoming Mental Health Center.
 - 50 per cent of ARC clients did not accept a referral; of those clients who did accept a referral, 88 per cent chose residential or outpatient treatment.
- Exhibit III-5, following this page, summarizes several key characteristics for 247 ARC clients who entered during the period from approximately March 1975 to March 1976 (the period during which detailed evaluation information was collected).
 - This total represents about 50 per cent of the total ARC client population.

Clients Of The SCTC

- A total of 238 clients were treated by the SCTC during the period March 1975 through May 1976.
 - Average client stays were 16 days.

STATE OF WYOMING
CLIENT CHARACTERISTICS
A - CHEYENNE ARC

<u>Characteristics</u>	<u>Number</u>	<u>Per Cent</u>	<u>Characteristics</u>	<u>Number</u>	<u>Per Cent</u>
<u>Sex</u>			<u>Residence</u>		
• Male	216	87	• City of Cheyenne	135	55
• Female	30	12	• Sublette County	--	--
• No Information	1	1	• Other Wyoming	29	12
<u>Ethnic Group</u>			• Out of Wyoming	81	33
• White	189	77	• No Information Available	2	1
• Black	5	2	<u>Employment</u>		
• American Indian	15	6	• Not Employed	145	59
• Spanish Surname	32	13	• Part Time	9	4
• Other	--	--	• Full Time	70	28
• No Information	6	2	• No Information Available	23	9
<u>Age</u>			<u>Average Income Last Year</u>		
• Less than 20	2	1		\$7,900	(63)
• 20 - 29	41	17			reporting
• 30 - 39	70	28	<u>Preferred Beverage</u>		
• 40 - 49	61	25	• Beer	43	17
• 50 - 59	48	19	• Wine	29	12
• 60 plus	20	8	• Liquor	109	44
• No Information	5	2	• Other	1	--
<u>Education</u>			• Two	32	13
• Less than 8	5	2	• Three	5	2
• 8 years	5	2	• No Information	28	11
• 9 - 11 years	11	4	<u>Frequency of Use</u>		
• High School or G. E. D.	28	11	• Daily	164	66
• Some College	18	7	• 4 - 5/Week	7	3
• College or more	2	1	• 2 - 3/Week	22	9
• No Information	178	72	• 1/Week	7	3
<u>Marital Status</u>			• Less Often	13	5
• Single	28	11	• No Information	34	14
• Married	49	20	<u>Average Age First Use</u>		
• Separated	9	4		15.4 yrs.	(208)
• Divorced	46	19			reporting
• Widowed	8	3	<u>Average Age Continuous Use</u>		
• Other	--	--		21.8 yrs.	(202)
• No Information	107	43			reporting
<u>Times Married</u>			<u>Average Times Arrested</u>		
• None or No Information	197	80	• For Public Intoxication	28	
• Once	29	12	• For Other Alcohol-Related	11	
• Twice	11	4	Offenses		
• Three	6	2	• No Information or Reported	143	
• Four	3	1	Zero for Public Intoxication		
• Five	1	--	• No Information or Reported	148	
<u>Number of Dependents</u>			Zero for Other		
• None or No Information	207	84			
• One	9	4			
• Two	14	6			
• Three	7	3			
• Four	5	2			
• Five	1	--			
• Six	3	1			
• Seven	1	--			

- o This average reflects the fact that both detoxification and treatment services were provided.
- 70 clients, or 29 per cent, visited the SCTC on two or more occasions.
- The police or courts accounted for 24 per cent of SCTC referrals.
- A total of 228, or 96 per cent, accepted a referral, most frequently to the SCTC residential treatment program.
- Exhibit III-6, following, summarizes several key characteristics of 102 clients who entered the SCTC during the period March 1975 to March 1976.
 - This total represents about 42 per cent of SCTC total clients.

OVERALL
CONCLUSIONS

The PITA Project Made Progress Toward Achieving Its Objectives

- During its first year of operation, the PITA project made progress in achieving the objectives as defined for evaluation.
 - Sizable numbers of persons were diverted from the criminal justice system
 - o For example, about 31.8 per cent of the PITA project's referrals were from the police or the courts in the period March 1975 to May 1976.
 - o Thus, about 234 persons, or about 16 persons per month, who might have been processed through the criminal justice system were instead diverted, thus relieving workloads and saving approximately \$60,000.
 - Of those diverted, comparatively few appear to have been recidivists into the criminal justice systems of the two catchment areas
 - Both demonstration sites were well operated.

STATE OF WYOMING
CLIENT CHARACTERISTICS
B - SUBLETTE COUNTY

<u>Characteristics</u>	<u>Number</u>	<u>Per Cent</u>	<u>Characteristics</u>	<u>Number</u>	<u>Per Cent</u>
<u>Sex</u>			<u>Residence</u>		
• Male	74	73	• City of Cheyenne	--	--
• Female	28	27	• Sublette County	28	27
<u>Ethnic Group</u>			• Other Wyoming	56	55
• White	101	99	• Out of Wyoming	18	18
• Black	--	--	<u>Employment</u>		
• American Indian	1	1	• Not Employed	57	56
• Spanish Surname	--	--	• Part Time	--	--
• Other	--	--	• Full Time	41	40
• No Information	--	--	• No Information	4	4
<u>Age</u>			<u>Average Income Last Year</u>		
• Less than 20	--	--		\$7,400	(30)
• 20-29	12	12			reporting
• 30-39	27	28	<u>Preferred Beverage</u>		
• 40-49	23	23	• No Information	7	7
• 50-59	27	28	• Beer	24	24
• 60 plus	8	8	• Wine	3	3
• No information	3	3	• Liquor	41	40
<u>Education</u>			• Other	3	3
• Less than 8	2	2	• Two	17	17
• 8 years	9	9	• Three	3	3
• 9 - 11 years	18	18	• All	4	4
• High School or G. E. D.	36	35	<u>Frequency of Use</u>		
• Some College	26	25	• Daily	78	76
• College or more	5	5	• 4 - 5/Week	4	4
• No Information	6	6	• 2 - 3/Week	6	6
<u>Marital Status</u>			• 1/Week	4	4
• Single	5	5	• Less Often	3	3
• Married	12	12	• No Information	7	7
• Separated	3	3	<u>Average Age First Use</u>		
• Divorced	8	8		15.3 yrs.	(94)
• Widowed	1	1			reporting
• Other	--	--	<u>Average Age Continuous Use</u>		
• No Information	73	72		28.5 yrs.	(91)
<u>Times Married</u>					reporting
• None or No Information	80	78	<u>Average Times Arrested</u>		
• Once	8	8	• For Public Intoxication	6	
• Twice	8	8	• For Other Alcohol Related Offenses	4	
• Three	5	5	• No Information or Reported Zero for Public Intoxication	87	
• Four	1	1	• No Information or Reported Zero for Other	72	
<u>Number of Dependents</u>					
• None or No Information	84	82			
• One	4	4			
• Two	3	3			
• Three	6	6			
• Four	2	2			
• Five	1	1			
• More than 5	2	2			

- In the future, and as discussed below, particular emphasis should be placed on:
 - Strengthening the working relationships between the project and law enforcement agencies
 - Communicating the results of the project to other Wyoming communities
 - Clarifying State-level responsibilities for the project.

The Responsibilities Of State Agencies For The PITA Project Should Be Clarified

- The responsibilities of the GPCCA and the DHMS for the PITA project should be clarified.
 - In particular, it was observed by the evaluation team that:
 - The authority of the Project Director was ambiguous
 - The DHMS did not exercise as fully as would have been desirable its authority over the demonstration sites.
- The fact that State agency responsibilities were not clear during the project year reflects three factors:
 - First, the GPCCA did not involve the DHMS as fully as would have been desirable in the initial conception and design of the project
 - As a result, several persons within the DHMS reported feeling that the project was in reality a project of the GPCCA rather than a joint undertaking.
 - Second, the contractual arrangements that were entered into with the City of Cheyenne and the County of Sublette provided a substantial "distance" between the responsible State agencies and the sites themselves

- o As a result, site personnel were separated from the State agencies - a situation which was not desirable given the experimental nature of the project effort.
- Finally, DHMS personnel appeared reluctant to exercise the authority they had according to the terms of the grant.
- On balance, there is a need for a clearer definition and, perhaps, designation of the agency of State government to be accountable for projects such as PITA.
 - Without such clarification, the ability of the State to communicate the results of the PITA project to other Wyoming communities will be restricted.

The PITA Project Demonstrated The Workability Of A Nonmedical Approach To Detoxification And Treatment

- As noted, the PITA project sites in Cheyenne and Sublette County followed a nonmedical approach to detoxification and treatment.
 - Qualified medical support was available to both centers and was called upon for physical check-ups, prescription of drugs, and so forth, as required.
 - This approach appears to have been successful and to have demonstrated that a program of nonmedical detoxification and treatment is workable in Wyoming.
 - This finding is consistent with the experience of treatment programs nationally.
 - o It has been found that only a small proportion (15 to 20 per cent) of clients need any medical attention.
 - o Moreover, an even smaller proportion (less than five per cent) require medical attention for physical problems that are related to alcohol abuse.

Relationships Between The Centers And Local Police Agencies Were Satisfactory, But Could Have Been Improved

- Based on interviews in Cheyenne and Sublette County and a questionnaire for Cheyenne Police Department officers, it is concluded that

need > positive

the relationships between the PITA centers and local law enforcement agencies were satisfactory, but could have been improved.

- A common reason for police officer dissatisfaction was that the centers could not handle persons who were violent or in need of medical care.
 - o Although this condition was recognized at the outset of the project, it is understandable that police officers would be dissatisfied with the project for this reason, as such persons are most difficult to handle.
- A further reason for police dissatisfaction was that the issue of law enforcement liability for persons whom police officers took to the PITA centers was not clarified.
- Further, several officers reported that it was more convenient to process persons through jail facilities than to deliver them to the centers.
- This finding suggests three steps that should be taken to improve the project:
 - Closer liaison should be maintained with local law enforcement personnel, to clarify any misunderstandings regarding site operations and to address any day-to-day difficulties that might arise
 - o This will also enhance police support of the project.
 - Before the project is introduced into other areas of the State, the issue of police liability should be resolved in a manner consistent with Wyoming law
 - Particular attention should be paid to determining how site procedures can be modified so as to be as consistent as possible with police procedures.

negative

The Experience Of The SCTC Suggests The Need For A Different Approach To Diversion In Rural Areas

- The experience of the SCTC points to a dilemma that faces the State in respect to the decriminalization of public intoxication and the diversion of public intoxicants in rural areas.

- Two factors comprise this dilemma:
 - Unless public intoxicants are likely to harm themselves or others seriously, it is common for police and friends to take them home rather than to jail them
 - o Thus, except in the case of transients, the need for a place to which to divert public intoxicants is less pronounced in rural areas than in other locations.
 - The sparse populations of rural areas reduce the likelihood of law enforcement personnel using detoxification and treatment facilities.
 - o Stated briefly, rural areas have limited numbers of law enforcement personnel, and responsibility for transporting a public intoxicant to a detoxification and treatment facility further reduces available manpower.
- In short, an approach to detoxification and treatment which recognizes the differences between urban and rural areas is required.
 - Although the solution to this problem will necessarily vary across the State, it appears that the use of a central treatment facility, as opposed to several "satellite" centers, may not be as workable in sparsely populated areas as it is in densely populated areas.

The Experience Of The Cheyenne ARC Suggests The Need For A Unified Approach To The Treatment Of Alcohol Abuse

- As noted later in this chapter, slightly over half of the ARC clients were unwilling to accept referral for treatment.
 - This situation made it virtually impossible for ARC staff to maintain ongoing contact with any but a handful of ARC clients.
 - o This conclusion is supported by interviews and by the fact that, as noted in Chapter I, a substantial proportion of sample-period clients could not be contacted for follow-up because their current location could not be determined.

- Moreover, as ARC staff noted after several months of operation, a number of the Cheyenne clients of the Center had begun to return to the ARC regularly.
- This experience suggests that more staff resources and a more unified approach to the treatment of alcohol abuse should be considered.
 - Such an approach might link detoxification more directly to treatment and emphasize working with the courts, so that treatment would be used as a substitute for jailing.

Precise Determination Of The Cost-Effectiveness Of Diversion Is Difficult, But The PITA Project Suggests That Diversion Is Cost-Effective

- As previously noted, 85 per cent of SCTC clients reported never having been arrested for an alcohol-related offense, and the remaining number of clients is too small to permit a fair assessment.
 - In addition, the evaluation team was unable to trace client information in Cheyenne because of the previously discussed decision of the Southeast Wyoming Mental Health Center regarding confidentiality.
 - For these reasons, a precise determination of the cost-effectiveness of the PITA project cannot be made.
 - However, a hypothetical comparison of costs to benefits can be made.
 - Such a comparison leads to the conclusion that diversion can be cost-effective.
- Exhibit III-7, following this page, shows a simplified flow chart of a person arrested for public intoxication through the criminal justice system.
 - As the exhibit indicates, costs approximate \$253.50 per arrest, and are accrued at the following points:
 - Arrest - \$5.40
 - Jailing - \$7.80

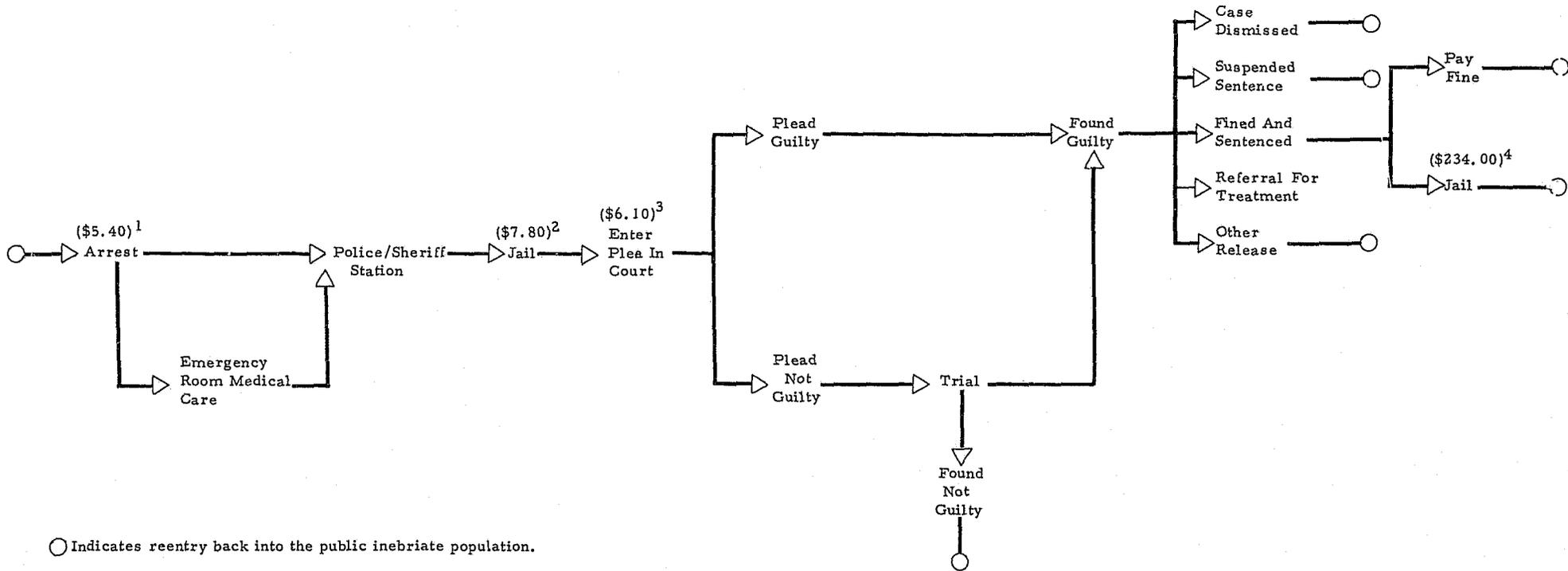
???

Scott said this was explained elsewhere

STATE OF WYOMING

FITA PROJECT

SIMPLIFIED FLOW OF A PUBLIC INTOXICANT
THROUGH THE CRIMINAL JUSTICE SYSTEM



○ Indicates reentry back into the public inebriate population.

ASSUMPTIONS:

- 1 An arrest is assumed to require 45 minutes of a police officer's time; that is, 20 minutes in the arrest and 25 minutes in transportation to the station and back to the location of the arrest.
- 2 It is assumed that 30 minutes of police officer, clerical and jailer time is involved in each incident, and that a public inebriate is held for 12 hours.
- 3 The estimate assumes that court costs reflect 10 minutes of a judge's time, 10 minutes of court clerical personnel time and 30 minutes of a police officer's time.
- 4 A post-trial sentence is assumed to equal 15 days.

- o Court - \$6.10
- o Post-trial detention - \$234.00.
- As in all cost estimates in this report, conservative assumptions were used in arriving at the figures shown above and in the exhibit.
 - o For example, it has been assumed that a person arrested for public intoxication does not require medical care.
 - o It is also assumed that no probation officer time is involved and that court appearances are brief.
- Thus, it can be concluded that the cost to the criminal justice system of handling persons arrested for public intoxication approximates \$16.00 per day.
- In contrast, the costs per person per day of the Cheyenne ARC are about \$50.00 and of the SCTC about \$20.00.
 - The differences in costs between the ARC and the SCTC do not indicate any insufficiencies in ARC operation.
 - o Rather, shorter average client stays necessarily increase per-day costs.
 - Costs for medical treatment are higher, approximating \$59.00 per day.
- A direct comparison of the costs of the criminal justice system (\$16.00 per day) to the cost of the ARC (\$50.00) or the SCTC (\$20.00) would be quite misleading, as such a comparison would be based on an assumption that persons arrested for public intoxication would be as likely to be arrested after treatment as they would after jailing.
 - The experience of the PITA project and of alcohol abuse treatment programs nationally suggests that this is not the case.

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- o Indeed, as previously discussed, persons who received treatment from PITA sites were less likely to reenter the criminal justice system.
- If it is conservatively assumed that only 20 per cent of persons arrested for public intoxication are treated such that they are not recidivists to the criminal justice system, the costs of treatment would be repaid within three months for those clients who are treated "successfully".
- In sum, then, the cost-effectiveness of the PITA project (or of any other treatment alternative) depends on whether persons are treated such that they do not reenter the criminal justice system.
 - If the "revolving door" concept holds in Wyoming (and there is ample evidence from police personnel interviewed during the study that it does), even a modest treatment "success rate" represents cost savings to the State.

EVALUATION OF THE CHEYENNE ARC

Objective: To Provide An Adequate And Well-Managed Alternative For The Detoxification Of Public Intoxicants

- Adequacy
 - The ARC has available, and makes use of, medical and related professional support.
 - o ARC staff includes a part-time nurse, as noted.
 - o In addition, the ARC is part of the Southeast Wyoming Mental Health Center (SEWMHC), and referrals to and from other units of the SEWMHC are frequent.
 - The ARC occupies a small building (consisting of three rooms for clients and an office) near the Cheyenne Halfway House.
 - o This location is advantageous, as "overflow" clients from the ARC are housed in the Halfway

House and exchanges of staff and information are frequent.

- o Nevertheless, inadequate space is available in the ARC for "community" activities, such as congregate meals and group discussions, and the ARC is located on a busy and noisy thoroughfare.
- o This situation does not provide the kind of physical space and surroundings that are supportive of the ARC's program.

- The ARC can be termed fully adequate in respect to food services and hygiene.

- o The inside of the facility has been painted and is cleaned regularly.

● Operation And Management

- Although the ARC adhered to the employment practices of the SEWMHC, its turnover was high (exceeding 100 per cent), and it appears that more attention to assessments of the staff by project directors is required.

- o Such attention would help to reduce the likelihood of counselor "burn-out", which is a prevalent problem for alcohol treatment operations.

- The record-keeping practices of the ARC are adequate.

- o Client confidentiality is observed carefully.

- o Financial records appear to be complete.

- Relationships between the ARC and the SEWMHC are excellent.

- o However, as discussed later, relationships with local law enforcement agencies could be improved.

- Relationships between the ARC and the DHMS and GPCCA are not as productive as would be desirable.

*Ed East
upset -
staff
Transferred
(WAFB
spouses, etc)*

- o The evaluation team believes that the relationships are generally ones of mistrust - a situation which has several implications for State-wide expansion of programs to divert public intoxicants, as discussed later in this chapter.

Objective: To Relieve The Criminal Justice System Of The Workload Represented By Public Intoxicants

- As noted, about 35 per cent of the clients of the ARC were referred by the police or courts.
 - This total represents a dollar savings to the criminal justice system of about \$45,000, using the cost calculations discussed previously.
- Moreover, law enforcement officials and personnel report that a number of persons who had in the past frequently come into contact with the criminal justice system did not represent the burden that they had before the ARC opened.
- There is evidence, however, that the ARC did not achieve its full potential as a place to divert public intoxicants.
 - A questionnaire completed by Cheyenne Police Department personnel indicated that they did not always take persons to the ARC for three main reasons:
 - o Uncertainty about police liability
 - o The fact that persons who had been taken to the ARC were not "cured" - a fact which reflects on the treatment of alcohol abusers, rather than on the ARC itself
 - o The fact that many police officers found it simpler to take persons into custody according to established police procedures.
 - These observations by law enforcement personnel do not reflect on the ARC, but indicate a problem in relations with law enforcement agencies which should be addressed by the project as a whole.

Objective: To Motivate Persons Who Are Diverted To Enter Into Treatment

- The Cheyenne ARC provides detoxification and information and referral for treatment only.
 - It is therefore unrealistic to evaluate its performance on the basis of whether persons received and benefitted from treatment.
 - Instead, evaluation was based on whether persons who entered the ARC accepted a referral for treatment.
- Information provided by the ARC indicates that, of 499 referrals:
 - 137, or 27 per cent, were referred for residential treatment, for the most part by the Cheyenne Half-way House
 - 81, or 16 per cent, were referred for outpatient counseling
 - 31, or 6 per cent, accepted other kinds of referral, including Alcoholics Anonymous
 - 257, or 52 per cent, did not accept any referral or were referred to jail.
- It is not possible to specify an optimal proportion of clients to accept referral for treatment, or to determine with any exactness how many Cheyenne ARC clients who did not accept a referral actually received treatment subsequent to their visit to the ARC.
 - Nevertheless, the efforts of the Cheyenne ARC to counsel clients regarding treatment cannot be viewed objectively as having been successful if over one-half of the client population would not accept referral.
 - This suggests the need for the State to emphasize a continuity of care, as discussed previously.
 - This situation may also suggest the need for a closer relationship between a demonstration site and the criminal justice system, so that persons

we did not refer anyone to jail

would feel under some pressure to enter into treatment.

Objective: To Reduce The Rate Of Recidivism Among Those Who Are Diverted

- This objective seeks to determine whether persons who have been diverted from the criminal justice system later return to it.
 - The objective relates to the phenomenon observed nationally that persons arrested for public intoxication enter into a "revolving door", in that they are frequently arrested after release from police custody.
- The information available regarding this objective conflicts.
 - Only two of the clients who entered during the period November 1, 1975 through March 1, 1976 had any record of returning to the criminal justice system in Cheyenne after visiting the ARC.
 - However, since about one-third of ARC clients were not permanent residents of Cheyenne, it is possible that they were arrested in other jurisdictions.
 - Also, interviews with Cheyenne Police Department personnel revealed, as previously noted, that a number of persons who had been in frequent contact with the criminal justice system reduced their contact after visiting the ARC.
 - However, Cheyenne law enforcement personnel reported taking the same persons to the ARC on two or more occasions - a situation which indicates some recidivism.
 - On balance, it is the judgment of the consultants that recidivism was probably low, although factors other than the program offered by the ARC may have been paramount.

Objective: To Reduce The Incidence Of Public Intoxication And Alcohol-Related Crime In Cheyenne

- Analysis of police records in Cheyenne and interviews with police

officers and officials indicate that the PITA project made noticeable progress in achieving this objective in Cheyenne.

- Cheyenne police records indicate that the number of alcohol-related offenses committed by adults increased from March 1, 1974/March 1, 1975 to March 1, 1975/March 1, 1976 by 3 per cent, although total Part II crimes increased by 15 per cent.
 - o The proportion of Part II crimes represented by alcohol-related crimes decreased from 81 per cent in the earlier period to 70 per cent in the latter period.
 - o Moreover, the number of arrests for public intoxication only decreased from 347 in the period March 1, 1974 to March 1, 1975 to 325 in the period March 1, 1975 to March 1, 1976 - despite increases in total offenses and all alcohol-related offenses.
- Finally, most police officers in Cheyenne reported having taken persons to the ARC on at least one occasion and a majority indicated that they had taken persons to the ARC frequently.

EVALUATION OF THE SCTC

Objective: To Provide An Adequate, Well-Managed And Cost-Effective Alternative For The Detoxification And Treatment Of Public Intoxicants

- Adequacy
 - Although the SCTC did not have medical staff, a sound working relationship was established and maintained with a local physician.
 - o In addition, substantial allied professional attention was provided by local mental health staff, ministers and others.
 - The SCTC facility was adequate, although it did not meet fire code standards.

- o In part, this reflects the fact that suitable housing is more scarce in Sublette County than in Cheyenne or other, more populous areas of the State.
- o Nevertheless, the essentials of a treatment setting - common areas, adequate privacy, and so forth - were available.
- The SCTC can be termed fully adequate in respect to food services and patient hygiene.
- Operation
 - The experience of the SCTC indicates the need for three key changes to employment practices:
 - o Specific hiring standards, to ensure that only persons who are equipped to provide services to alcohol abusers are hired
 - o A procedure for intermittent assessments of staff by the Project Director and independently, both to evaluate performance and to ensure that staff are not becoming overburdened or dissatisfied with their work
 - o Greater opportunities for staff interchange with others in the field of alcohol abuse treatment. The field of alcohol abuse treatment is changing rapidly as new knowledge is developed, and opportunities for that knowledge to be gained and used by treatment staff should be made available.
 - The record-keeping practices of the SCTC were fully adequate.
 - o Confidentiality provisions were in place; for example, files of client records were routinely locked.
 - o Financial records appeared to be accurate and complete.

Objective: To Relieve The Criminal Justice System Of The Workload Represented By Public Intoxicants

- As previously noted, 57, or approximately 24 per cent, of the clients of the SCTC were referrals by the courts or local law enforcement agencies.
 - This is a significant total in view of the total population of Sublette County and indicates that the SCTC did serve to relieve criminal justice system workloads to an extent.
 - Moreover, law enforcement officials point to the fact that several persons who had been taken to the SCTC did not encounter the criminal justice system after treatment.
- However, as noted later, referrals to the SCTC did not serve to reduce the incidence of arrests for intoxication in the Sublette County area.
 - This can be attributed to the fact that insufficient attention was paid to maintaining working relationships with local law enforcement agencies - an area of SCTC operation which should be emphasized in the future.

Objective: To Motivate Persons Who Are Diverted To Benefit From Treatment

- Because the SCTC is a treatment facility, it was assumed that the success of its operation would be reflected in the impact of treatment on clients.
 - Of the 238 referrals to the SCTC, 214, or 90 per cent, accepted inpatient treatment at the SCTC.
- A review of client follow-up information indicates that about one-third of SCTC clients believe that their lives have been improved by the Center's treatment program, and that they are no longer drinking (25 per cent) or have reduced their level of alcohol consumption significantly (41 per cent, including nondrinkers).
 - This performance is comparable to the experience of other treatment settings, as it is estimated that a 30

to 35 per cent rate of nondrinking or reduced consumption is successful.

- In the net, then, the SCTC can be said to have made considerable progress in respect to this objective.

Objective: To Reduce The Rate Of Recidivism Among Those Who Are Diverted

- As noted, this objective seeks to determine whether persons who have been diverted from the criminal justice system return to the justice system after referral and treatment.
 - Evidence in Sublette County indicates that the SCTC had some solid success in reducing recidivism.
 - Officials of both the Sublette County Sheriff's Office and the Pinedale Police Department indicate that several persons who previously had frequent contacts with law enforcement personnel had no or considerably less contact after entry into the SCTC.

Objective: To Reduce The Incidence Of Public Intoxication And Alcohol-Related Crime In Sublette County

- This objective was not achieved fully in Sublette County.
 - For example, Pinedale police statistics indicate that public intoxication arrests increased from 10 in the period March 1, 1974 to March 1, 1975 to 20 in the period March 1, 1975 to March 1, 1976 (or 100 per cent), while total offenses (all types) increased 108 per cent.
 - In addition, arrests for driving while under the influence increased from three in the earlier period to 13 in the latter period, or 333 per cent. In part, this reflects the fact that Sublette County is visited frequently by both Wyoming and out-of-State visitors, and the emphasis that has recently been placed on arrests for driving while intoxicated in the City of Pinedale.
 - Analysis of Sublette County jail records leads to a similar conclusion:

- o The total number of persons jailed increased from approximately 75 in the period March 1, 1974 to March 1, 1975 to about 111 in the period March 1, 1975 to March 1, 1976, or 48 per cent, while the number of persons jailed for alcohol-related offenses increased from 22 in the earlier period to 40 in the latter period, or 81 per cent.
- These statistical conclusions are consistent with the results of interviews in Sublette County.
 - Law enforcement officials in Sublette County noted one key factor which is relevant to an understanding of these statistics:
 - o Unlike in urban areas, persons who might be arrested for public intoxication are known locally and are likely to be driven home by officers or friends
 - o Thus, they are less likely to be arrested unless they appear likely to harm themselves or others.

IV - IMPLICATIONS FOR DECRIMINALIZATION

IV - IMPLICATIONS FOR DECRIMINALIZATION

Evaluation of the PITA project included an examination of the implications of the project for adoption of the Uniform Alcoholism and Intoxication Treatment Act (hereinafter referred to as the Uniform Act) by the State of Wyoming. This chapter presents the conclusions of that examination.

The conclusions discussed in this chapter are based on:

- A review and analysis of the actions taken by other states in respect to the decriminalization of alcohol abuse
- Interviews with persons familiar with the decisions of different states in regard to decriminalization, including officials of the National Conference of Commissioners on Uniform State Laws
- Observation of the experience of the PITA project sites in the communities of Cheyenne and Sublette County.

This chapter is divided into three sections. The first section summarizes the main provisions of the Uniform Act and describes the approaches taken by other states to decriminalize alcohol abuse. The second section outlines four broad choices regarding the decriminalization of alcohol abuse in Wyoming. The third section discusses the recommendation resulting from the evaluation.

THE UNIFORM ACT

- The Uniform Act was drafted by the National Conference of Commissioners on Uniform State Laws in 1971.
- The primary purpose of the Act is to establish guidelines for the uniform treatment of alcohol abusers and public intoxicants.

- In essence, the Uniform Act provides a framework of statutes that view alcohol abuse and public intoxication as a health, rather than a criminal justice, problem.

- The key provisions of the Uniform Act are to:

- Require the repeal of all state legislation in conflict with the basic provisions of the Act
- Preclude the passage of local laws, ordinances or resolutions providing civil or criminal penalties for public intoxication. (This provision excludes rules against driving while under the influence of alcohol, or the use of alcoholic beverages at stated times or places or by a particular group of persons.)
- Declare as policy the decriminalization of alcohol abuse and public intoxication
- Establish a division of alcoholism within a state department, with the authority to fund and administer treatment programs
- Specify the creation of a system of comprehensive treatment, including 24-hour emergency facilities, full-time and less than full-time residential treatment, and outpatient and follow-up treatment
- Require the establishment of standards for treatment facilities
- Authorize law enforcement agencies or emergency patrols to transport publicly intoxicated persons to protective custody and to treatment facilities for emergency care
- Specify emergency and involuntary commitment procedures
- Provide that no arrest record (or other record implying a criminal charge) be kept

- o Require confidential and privileged treatment of individual patient records
- o Require that, to the best of their ability, clients pay for treatment services received.

STATUS OF
ACTION ON
THE UNIFORM ACT

- Exhibit IV-1, on the following page, shows the status of Uniform Act-type legislation as of January 1976.
 - As the exhibit indicates, 24 states have enacted legislation that includes the decriminalization of alcohol abuse. In addition:
 - o 11 states have enacted legislation modeled after, but not in complete agreement with, the Uniform Act
 - o 15 states, including Wyoming, have legislation pending or have rejected legislation
 - o Three states have not formally considered legislation.
- In most instances, the legislation that has been enacted has been similar in its language to that of the Uniform Act.
 - When the proposed language of the Uniform Act has been modified, such modifications have taken into account a number of concerns and issues from which the State of Wyoming might benefit in its consideration of the Uniform Act. The most important of these are discussed in the following paragraphs.

Recently Enacted Legislation Clarifies Police Officer Responsibilities

- Legislation scheduled to take effect in 1976 and 1977 has clarified the rights and responsibilities of law enforcement officers.
 - It appears that legislators are concerned that there is an absence of language to protect police officers

STATE OF WYOMING

STATUS OF UNIFORM ACT LEGISLATION BY STATE
AS OF JANUARY 1976

STATES AND TERRITORIES THAT HAVE ENACTED A UNIFORM ACT,
 INCLUDING DECRIMINALIZATION, WITH EFFECTIVE DATE

- | | |
|--------------------------------|---------------------------|
| 1. Alaska - 1972 | 13. Michigan - 1977 |
| 2. Arizona - 1972 | 14. Minnesota - 1973 |
| 3. Connecticut - 1976 | 15. Montana - 1975 |
| 4. Colorado - 1973 | 16. New York - 1976 |
| 5. District of Columbia - 1967 | 17. North Dakota - 1971 |
| 6. Florida - 1973 | 18. Oregon - 1972 |
| 7. Georgia - 1976 | 19. Puerto Rico - 1974 |
| 8. Idaho - 1976 | 20. Rhode Island - 1972 |
| 9. Illinois - 1975 | 21. South Carolina - 1976 |
| 10. Maine - 1974 | 22. South Dakota - 1974 |
| 11. Maryland - 1968 | 23. Washington - 1975 |
| 12. Massachusetts - 1971 | 24. Wisconsin - 1973 |

STATES THAT HAVE ENACTED SOME FORM OF COMPREHENSIVE
 TREATMENT LEGISLATION BUT ARE NOT IN ACCORD WITH ALL BASIC
 PROVISIONS OF THE UNIFORM ACT, INCLUDING DECRIMINALIZATION

- | | |
|----------------|---------------|
| 1. California | 7. Nebraska |
| 2. Hawaii | 8. Nevada |
| 3. Iowa | 9. New Mexico |
| 4. Kansas | 10. Ohio |
| 5. Kentucky | 11. Tennessee |
| 6. Mississippi | |

STATES THAT HAVE LEGISLATION PENDING OR HAVE REJECTED

- | | |
|---|------------------------------|
| 1. Alabama (in committee) | 8. Pennsylvania (pending) |
| 2. Delaware (pending) | 9. Texas (rejected) |
| 3. Indiana (vetoed by Governor) | 10. Utah (rejected) |
| 4. Louisiana (rejected) | 11. Virginia (pending) |
| 5. New Hampshire (rejected) | 12. Missouri (pending) |
| 6. New Jersey (pending for
Governor's signature) | 13. Vermont (pending) |
| 7. Oklahoma (rejected) | 14. West Virginia (rejected) |
| | 15. Wyoming |

STATES AND TERRITORIES THAT HAVE NOT CONSIDERED LEGISLATION

- | | |
|-------------------|---------------------------------|
| 1. Arkansas | 3. Government of American Samoa |
| 2. North Carolina | |

or others who transport alcohol abusers to treatment or emergency care facilities.

- o For example, the proposed Uniform Act does not authorize law enforcement officers to search for dangerous weapons.
- Also, some states have apparently been confused by the requirements of the Act regarding the transportation of incapacitated persons to treatment facilities, particularly in geographic areas lacking an adequate system of treatment facilities.
- Finally, concern has been expressed over the provisions of the Act that prohibit client record-keeping.
 - o Law enforcement officers are generally required to maintain a record of their daily activities.
 - o Some record would equally be required of officers who take persons under protective custody under the Act.
- Thus, recent amendments to the Uniform Act have included additional language to clarify the role of law enforcement officers, so as to facilitate administration and avoid potential violations of client rights.
 - Such amendments define more precisely how incapacitated persons are to be taken into protective custody and transported for medical care.
 - Also, amendments have specifically required police officers to maintain protective custody records, although separately from police arrest records.

The Medical Treatment Requirements Stipulated In The Uniform Act Have Frequently Been Modified

- The Uniform Act specifies that a licensed physician perform medical examinations of persons taken into protective custody.
 - This requirement has apparently been viewed as excessive and likely to cause inordinate delays in examinations and testing.

- Hence, the language of some recently enacted acts has been modified to permit qualified medical personnel other than licensed physicians to examine patients.
- The consensus of the acts passed by the states is that qualified professional medical personnel, including registered nurses, should be allowed to perform routine tests under the guidance of a licensed physician.

In General, Passage Of The Uniform Act Has Followed The Establishment Of A Recognized And Significant Program Of Treatment

- In most cases, the passage of the Uniform Act has occurred after a recognized and substantial treatment program has been established and has operated successfully for some time.
 - In short, it appears that a history of successful alcohol abuse treatment is a key to ensuring public and legislative acceptance of decriminalization legislation.
 - Moreover, if a treatment program and administrative structure has functioned successfully prior to the passage of decriminalization legislation, transition problems have been minimized.
 - Conversely, when decriminalization was enacted without sufficient preparation, a period of initial chaos occurred as necessary administrative systems were being developed.

A Key Factor In Successful Treatment Programs Has Been The Involvement Of Law Enforcement Personnel

- When the Uniform Act has been implemented successfully, it has included the education and involvement of law enforcement personnel in formulating and establishing the treatment system.
 - The criminal justice system continues to play an important part in the treatment process, even after decriminalization.
 - If law enforcement personnel are isolated, their cooperation is likely to be minimal.

Significant Legal Issues Surround The Commitment Provisions Of
The Uniform Act

- In recent years, challenges to mental health law have been brought in courts nationally.
 - These challenges mainly concern issues of due process and client rights to treatment.
 - For example, recent court decisions have questioned whether due process is safeguarded in existing commitment procedures and seem to be heading toward according clients in commitment proceedings the same rights to trial by jury that are accorded participants in criminal proceedings.
- Based on these developments, it can be assumed that any adopted version of the Uniform Act should define commitment procedures as precisely as possible, especially for commitment of more than a few days.
 - Moreover, planning for implementation of the Uniform Act, or legislation similar to it, should recognize the costs that will probably be involved in administering any commitment provisions that are enacted.

CHOICES
REGARDING
DECRIMINALIZATION

- A number of policy options are available to the State regarding the decriminalization of public intoxication and alcohol abuse.
 - These policy options are discussed in the paragraphs that follow.

Choice One: To Adopt The Uniform Act And Establish A Full-Scale
Treatment System

- This option would involve immediate passage of the Uniform Act (or legislation similar to it), and the establishment of a State-wide system for the treatment of alcohol abusers.

- Implementation of the system would, in all likelihood, be planned for, funded and administered by the State, although treatment centers might well be locally operated.
- The advantages of pursuing this policy option are:
 - It resolves the issue of, and gives the State the benefit of, decriminalization without delay
 - It ensures that treatment centers will have sufficient funding
 - It provides a solid foundation for developing a treatment system that is uniform State-wide.
- The disadvantages of this approach are:
 - The bases of public acceptance and support and law enforcement involvement have not been established
 - The costs to develop such a system may be substantially higher than citizens of Wyoming are willing to accept
 - The State government of Wyoming has only the skeleton of a structure to develop and administer such a full-scale effort.

Choice Two: To Establish A Full-Scale Program To Treat Alcohol Abuse But Postpone Action On The Uniform Act

- This policy option would provide for State funding and emphasis on a full-scale treatment system, while delaying action on the Uniform Act until the success of the system could be demonstrated.
 - Thus, the treatment system would operate under existing State statutes, but the State would actively encourage communities to modify local ordinances to permit diversion of public intoxicants from the criminal justice system.
- The main advantage of this approach is that it would contribute to public acceptance of the concept of decriminalization.

- Moreover, as in the first option, it would be likely to lead to a uniform treatment system.
- The primary disadvantage of this approach is its likely cost.
 - As was discussed in respect to the first option, the dollar costs to establish a full-scale system in a short period of time are likely to be quite high.
 - Moreover, as the experience of other states indicates, the rapid development of a treatment system is chaotic.

Choice Three: To Establish A State-Local Matching Program For Treatment But Postpone Action On The Uniform Act

- This policy option presumes that the establishment of alcohol treatment centers should be a matter for local communities to decide.
 - Although the State would, as in the previous choices, have a role in setting minimum standards for treatment centers and in other matters of State-wide concern (such as planning, evaluation and technical assistance), the primary role of the State would be to assist local communities financially in creating alternatives for the treatment of alcohol abuse.
 - As in the second choice, discussed above, action on the Uniform Act would be delayed.
- The primary advantage of this approach is that it bases the development of a treatment system on local initiative, rather than on State policy.
 - Relatedly, because local communities would almost certainly differ in the degree to which they are interested in establishing treatment centers, the treatment system as seen from a State-wide point of view would develop more slowly than it would under the first two choices.
 - Developing the system more slowly would enable the State to establish treatment policies and procedures in a more orderly manner, and would permit local communities to benefit from the experience of others.

- The main disadvantage of this choice is that it prolongs development of a treatment system and leaves the issue of decriminalization unsettled.
 - In fact, local communities may well choose not to establish treatment centers, even though they may be needed.

Choice Four: To Take No Action At The State Level

- Adopting this policy option would assert that the State has no valid interest (except as implied in federal programs such as those that fund alcohol abuse treatment programs) in either establishing a treatment system for alcohol abuse or in decriminalization.
 - Instead, it would be assumed that these matters are subject only to local initiative and decision.
- This option has the advantage of permitting local communities to deal with the problem of alcohol abuse in a fully independent manner.
 - However, as the State has recognized in the past and as local communities have suggested, alcohol abuse is a State-wide problem.
 - Moreover, local communities do not necessarily have the resources necessary to establish treatment centers.

RECOMMENDATIONS

- The results of the PITA affect an evaluation of the choices just discussed in three main respects.
 - The project demonstrates that, while steps should be taken to strengthen the operations of the two sites, diverting the public inebriate is possible in Wyoming and can benefit the criminal justice system.
 - The differences between urban and rural areas are significant, and suggest that detoxification and treatment programs be tailored to satisfy local requirements.

- There is insufficient overall public and law enforcement support for decriminalization and State funding of a State-wide system of detoxification and treatment.
- These factors lead to the recommendation that follows.

The State Should Establish A Matching Program And Postpone Action On The Uniform Act

- It is recommended that the State choose the third option discussed in the preceding section; namely, to fund a State-local matching program for treatment centers, but postpone action on the Uniform Act.
 - The role of the State would be to provide, from either a bottle tax or general appropriation, funds sufficient to match local appropriations.
 - Matching might be on a 75 per cent (State)-25 per cent (local) or 90-10 basis.
 - In addition, the State would have responsibilities relative to licensing and administration, as discussed in a succeeding recommendation.
 - Local communities would be permitted wide latitude to establish treatment center size, location and method of operation.
 - Although the State would establish overall guidelines, local communities would be able to elect such arrangements as they deemed appropriate to their geographical locations, problems and needs, financial resources, and so forth.
- The total estimated costs to pursue this policy option are shown in Exhibit IV-2, following this page.
 - The estimates shown in the exhibit assume that:
 - Each center has a capacity of 10
 - Centers operate on a 24-hour basis, with two staff members on duty 16 hours per day and one staff member on duty eight hours per day

STATE OF WYOMING

PITA PROJECT

ESTIMATED ANNUAL COSTS TO OPERATE
A STATE-LOCAL MATCHING PROGRAMSTATE OFFICE

1 Director (half-time)	\$20,000 - \$22,000/year	\$10,000 - \$11,000
1 Licensing Staff	10,000 - 12,000/year	10,000 - 12,000
2 Evaluation Staff	10,000 - 12,000/year	20,000 - 24,000
1 Clerical Staff	5,000 - 7,000/year	5,000 - 7,000
		<u>\$45,000 - \$54,000</u>
	Benefits @ 15%	6,750 - 8,100
	Salaries + Benefits	<u>\$51,750 - \$62,100</u>
	Materials/Supplies, Travel	10,000 - 12,000
	Contract Services	5,000 - 7,500
		<u>\$66,750 - \$81,600</u>

LOCAL CENTERS

1 Director	\$12,000 - \$14,000/year	\$12,000 - \$14,000
1 Assistant Director	10,000 - 12,000/year	10,000 - 12,000
1 Part-time RN	6,000 - 6,500/year	6,000 - 6,500
5 Counselors, Cooks, etc.	7,000 - 9,000/year	35,000 - 45,000
		<u>\$63,000 - \$77,000</u>
	Benefits @ 15%	9,450 - 11,625
	Salaries + Benefits	<u>\$72,450 - \$89,125</u>
	Rent (\$400 - \$600/month)	4,800 - 7,200
	Meals for year	12,000 - 14,000
	Materials/Supplies (\$50 - \$65/Bed)	500 - 650
	Other	5,000 - 7,500
		<u>\$94,750 - \$118,470</u>

ALTERNATIVESAlternative A

One center per health service district, or six centers. Total estimated costs would range between \$568,500 and \$710,850.

Alternative B

Two centers per health service district, or twelve centers. Total estimated costs would range from \$1,137,000 to \$1,421,700.

TOTAL PROGRAM COSTS

	<u>A (6 Centers)</u>	<u>B (12 Centers)</u>
State Office	\$ 66,750 - \$ 81,600	\$ 66,750 - \$ 81,600
Local Centers	\$568,500 - \$710,850	\$1,137,000 - \$1,421,700
	<u>\$635,250 - \$792,450</u>	<u>\$1,203,750 - \$1,503,300</u>
State (at 90%)	\$571,725 - \$713,205	\$1,083,375 - \$1,352,970
State (at 75%)	\$476,438 - \$594,338	\$902,813 - \$1,127,470

- o That each center is staffed with one director, one assistant director, one part-time nurse and five counselling staff members.
- As the exhibit indicates, total estimated costs vary from \$635,250 to \$1,503,300, depending on the actual number of centers to be financed.
 - o The costs to the State could vary from \$476,438 to \$1,352,970, depending on the matching arrangement elected.
 - o These estimates do not, of course, include possible offsets as a result of federal funding.
- It should be emphasized that these estimates are for the system as a whole.
 - o On the one hand, fewer than six or 12 communities may elect to establish detoxification and treatment centers.
 - o On the other hand, communities that establish such services may wish to make arrangements with local hospitals or to use other local resources, rather than establish formal detoxification and treatment centers.
- This recommendation offers the following benefits:
 - It provides the basis for developing public acceptance of, and support for, decriminalization
 - It ensures that treatment centers will reflect more closely local values and attitudes and will be established at a rate and in a manner consistent with those values and attitudes
 - It provides the basis for local communities to share their experience with others, and to develop innovative approaches to the treatment of alcohol abuse in Wyoming

- It permits the role of the State in alcohol abuse treatment to evolve, rather than to be established formally at the outset, thereby reducing the disruption that might well occur if implementation took place too rapidly.
- Estimating the savings that could result from adopting and implementing this recommendation is difficult:
 - A substantial proportion of the benefits depends on how successful each detoxification and treatment setting proves to be, and variations in the degree of success will undoubtedly be observed
 - Moreover, the savings that will result will in all likelihood be long-term and indirect cost reductions, rather than immediate and direct dollar savings.
 - For example, even though law enforcement personnel may devote less time to arresting persons charged with public intoxication, it is unlikely that personnel reductions will occur in the short run.
- Estimates of the savings that can be expected to follow from a detoxification and treatment system range from 15 per cent to 74 per cent - a wide variation indeed.
 - If it is conservatively assumed that the State will achieve a level of 15 per cent, then \$8.9 million in 1974 costs can be expected to be saved within four to six years.

The Responsibility Of The State To Administer The Program Should Be Established

- The responsibility of the State of Wyoming for implementing the recommendation just discussed should be defined and established.
 - It is recommended that the State be given three main areas of responsibility:
 - Reviewing and approving matching fund applications
 - Licensing

- o Evaluating and lending technical assistance.
- Reviewing and approving matching fund applications
 - The State should develop the policies and procedures required for local communities to apply for and receive matching funds for the operation of treatment centers.
 - To carry out this responsibility, the State should:
 - o Prepare forms for local communities to apply for State funding
 - o Develop a procedure for State review and approval of applications
 - o Develop unit cost rates or other means to ensure a comparability of costs for treatment throughout the State
 - o Develop a procedure for intermittent visits to funded facilities, to review treatment program progress.
 - To receive funding, local communities should be required to:
 - o Submit a plan for the operation of the treatment facility, which plan defines the local alcohol abuse problem; states how the facility will deal with it; discusses relationships with the criminal justice system, social services agencies, and the like; and discusses local ordinances regarding public intoxication and so forth
 - o Ensure that the facility or facilities to be funded meet licensing standards, as set forth below
 - o Provide evidence that matching requirements will be met, either through local appropriations, client fees or both.
 - As noted below, it is not intended that the State dictate how treatment facilities will be operated.

- o Rather, it is viewed as being in the interest of the State to ensure that public funds are being used prudently and efficiently.

- Licensing

- The State of Wyoming has a justified interest in the health and safety of persons treated in a State-funded treatment facility.

- o Indeed, the State may well have an interest in the health and safety of all treatment facilities, whether State-funded or not.

- To protect this interest, the State should develop, publish and enforce minimum licensing standards; specifically, guidelines and standards should be established for:

- o Physical facility requirements, including provisions for food preparation, sleeping arrangements and so forth
- o Admission, intake and discharge policies and procedures
- o Staff qualifications, recruitment and training
- o Client fee scales
- o Medical and dental care, and nutrition
- o Client rights, including health and safety
- o Records and record-keeping for clients and for facility operation.

- As part of this responsibility, the State should offer probationary and renewable licenses.

- Evaluating and lending technical assistance

- Evaluation, as the term is used in this context, refers to the State's determination of whether a treatment

center is achieving the objectives it established in order to receive local financial support.

- o Such objectives would, for example, be specified in the center's application for funding.

- Technical assistance refers to:

- o Assisting centers in establishing objectives
- o Assisting local communities in defining needs for a treatment facility
- o Serving as a clearinghouse for information regarding successful treatment center operations
- o Providing the resources necessary for local communities to evaluate the effectiveness of the centers they support.

- To implement this recommendation, legislation to establish a State office should be enacted.

- It is beyond the scope of this study to recommend the organizational placement of such an office.
- Moreover, authority other than that proposed in this report might be appropriately assigned to the office.
- However, the recommendations discussed here provide the basis for such legislation.

APPENDIX

EVALUATION DESIGN AND PLAN

This appendix documents the design and plan developed by Cresap, McCormick and Paget Inc. to use in its evaluation of the Public Intoxication Treatment Alternatives (PITA) project. It is divided into three sections, as follows:

- Project goals, objectives and proposed evaluation criteria
- Evaluation plan and timetable
- Proposed evaluation procedures.

Draft and final versions of the plan were reviewed by cognizant persons within the State.

PROJECT GOALS, OBJECTIVES AND EVALUATION CRITERIA

Project Goals

- In light of the purposes of the effort of which the PITA is a component, the PITA project has two goals, as follows:
 - To demonstrate the feasibility (that is, practicality and workability) of diverting public intoxicants into appropriate treatment alternatives
 - To demonstrate the efficiency and effectiveness of providing community-based, nonmedical alternatives for detoxifying and treating alcohol abusers.
- According to the framework established for evaluating the PITA, the determination of whether progress has been made toward achieving these goals will be based on whether the project has succeeded in accomplishing several specific objectives, as measured by predetermined evaluation or performance criteria.

- These objectives and proposed evaluation criteria are set forth below.

Pilot Project Objectives

- To provide adequate, well-operated and cost-effective alternatives for the detoxification of public inebriates
- To relieve the criminal justice system of the workload represented by persons who:
 - May be charged with public intoxication or similar charges
 - Are not violent
 - Are in need of immediate medical or psychiatric care.
- To motivate those persons who are diverted to enter and benefit from appropriate treatment alternatives
- To reduce the rate of recidivism among persons who are diverted
- To reduce the incidence of public intoxication and similar, alcohol-related crime in the two designated catchment areas.
 - The word "similar" is used in this statement to reflect the fact that public intoxicants may be charged with such offenses as vagrancy or disturbing the peace when drinking in lieu of a formal charge of public intoxication.

Evaluation Criteria

- Exhibit III-4 in the body of this report presents the project objectives and evaluation criteria.

PROPOSED EVALUATION PLAN AND TIMETABLE

Key Evaluation Elements

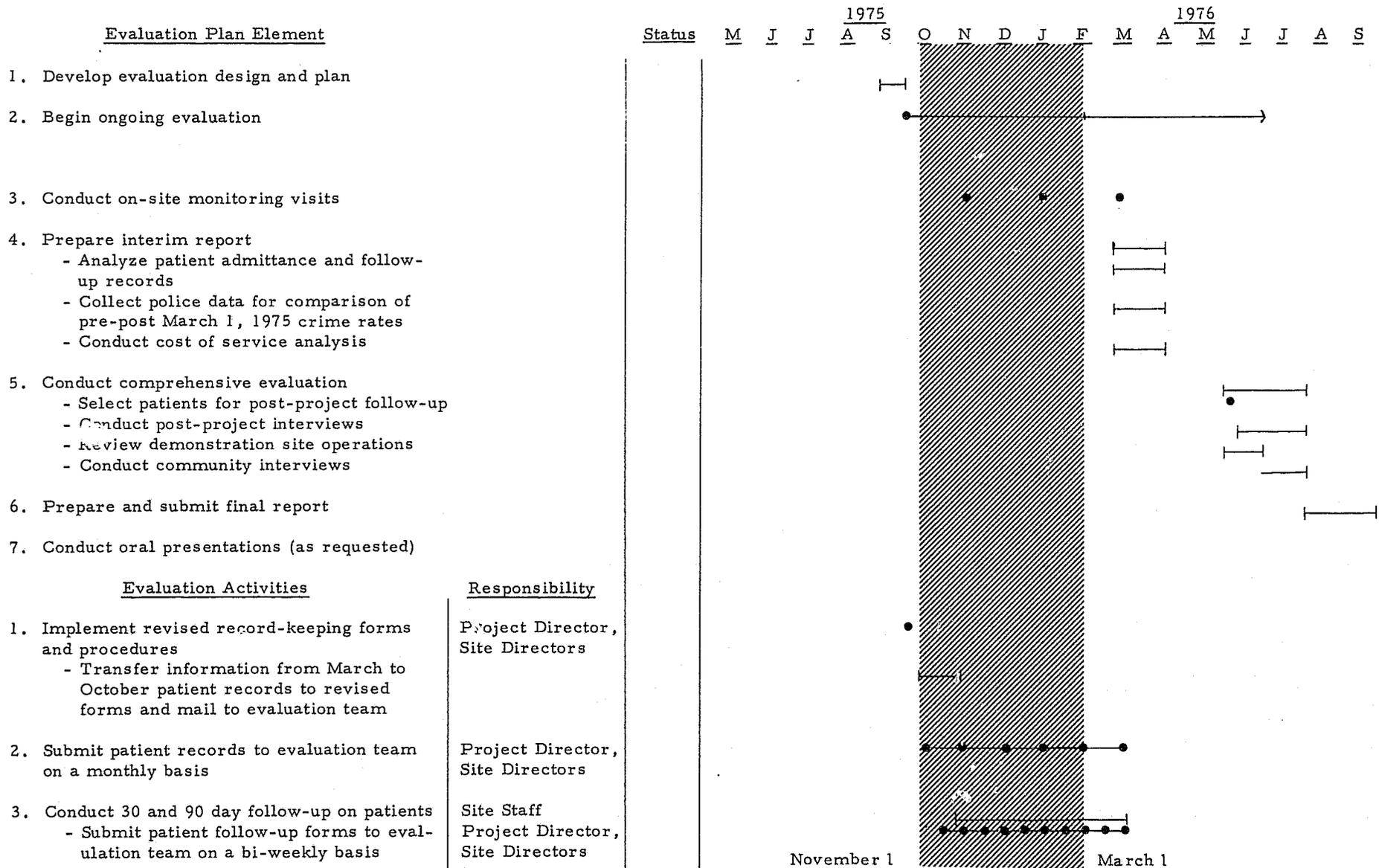
- Central to the success of the evaluation effort were the following activities:

- The collection of baseline data on:
 - o Criminal justice system workloads involving alcohol (public intoxication and alcohol-related crimes) for a period of 12 months before the PITA was begun
 - o Patients who were diverted from the criminal justice system during the period November 1, 1975 through March 1, 1976
 - o The costs of treatment, and inpatient and criminal justice system costs related to alcohol abusers.
- The collection of post-project inception data on:
 - o Patients at 30 days and 90 days after treatment (treatment refers either to counseling in the Cheyenne facility or the Sublette County Treatment Center or to treatment in the Sublette County Treatment Center)
 - o Criminal justice system workloads for a period of 12 months after March 1, 1975.
- These activities required:
 - Transfer by demonstration site staff of data regarding PITA clients for the months of March 1975 through October 20, 1975 to uniform patient information forms. (Descriptions of procedures are provided at the end of this appendix.)
 - o This step ensured the confidentiality and uniformity of data collection because Cheyenne and Sublette County procedures are significantly different.
 - o It was recognized that not all of the information requested on the recommended forms was available; however, the forms were completed as fully as possible.

- Modifying demonstration site forms and record-keeping procedures
- Regular (monthly) mailing by documentation site staff of client information to the evaluation team
 - o These mailings were essential for assessing progress in accomplishing the objectives of the project, and for ongoing administration of the project.
- Establishing a patient sampling period of November 1, 1975 to March 1, 1976
 - o This period was not extended since the number of patients was sufficient to ensure the reliability of evaluation results.
- Follow-up by demonstration site staff at 30- and 90-day intervals of patients included in the sample
- Researching and preparing an interim evaluation report presented by the evaluation team in March 1976
- Researching and preparing this final report.
- The proposed timetable for implementation of these key elements is shown in Exhibit 1, on the following page.
 - The upper portion of the exhibit shows the timing of activities completed by the evaluation team.
 - The lower portion describes project staff activities.
 - As the schedule shown in the lower portion indicates, demonstration site staff were required to:
 - o Implement revised forms and procedures
 - o Transfer patient data for the period March 1, 1975 to October 20, 1975 to the revised forms, and submit one copy of the revised forms to the evaluation team by November 15, 1975
 - o Submit new patient records to the evaluation team on a monthly basis

STATE OF WYOMING - PITA

EVALUATION TIMETABLE



(Shading indicates proposed sample period)

November 1

March 1



CONTINUED

1 OF 2

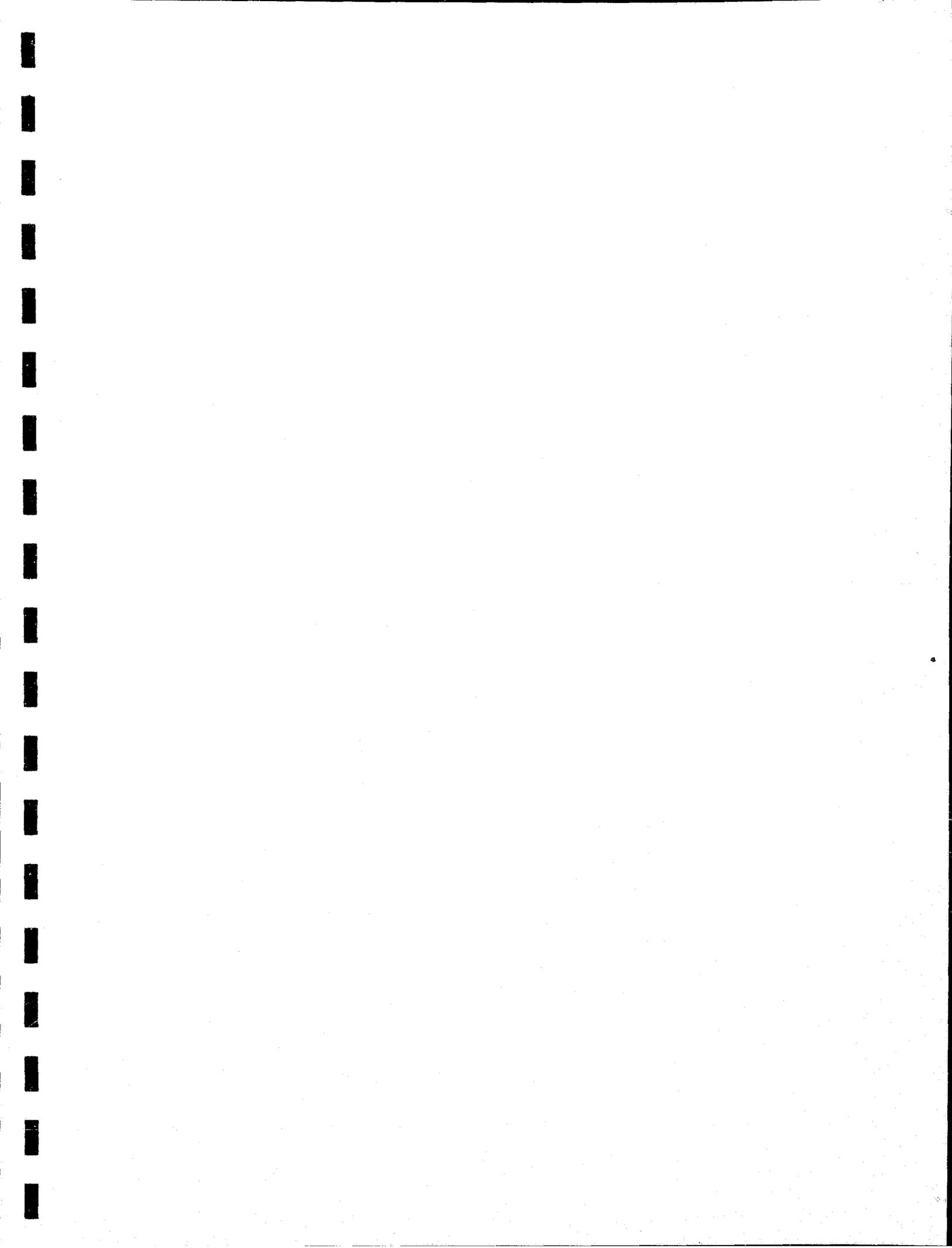
- o Carry out 30- and 90-day post-treatment follow-up interviews for patients entering treatment for the first time between November 1, 1975 and March 1, 1976
- o Submit the results of 30- and 90-day post-treatment follow-up interviews to the evaluation team on a bi-weekly basis, from December 1, 1975 to June 1, 1976.

PROPOSED
EVALUATION
PROCEDURES

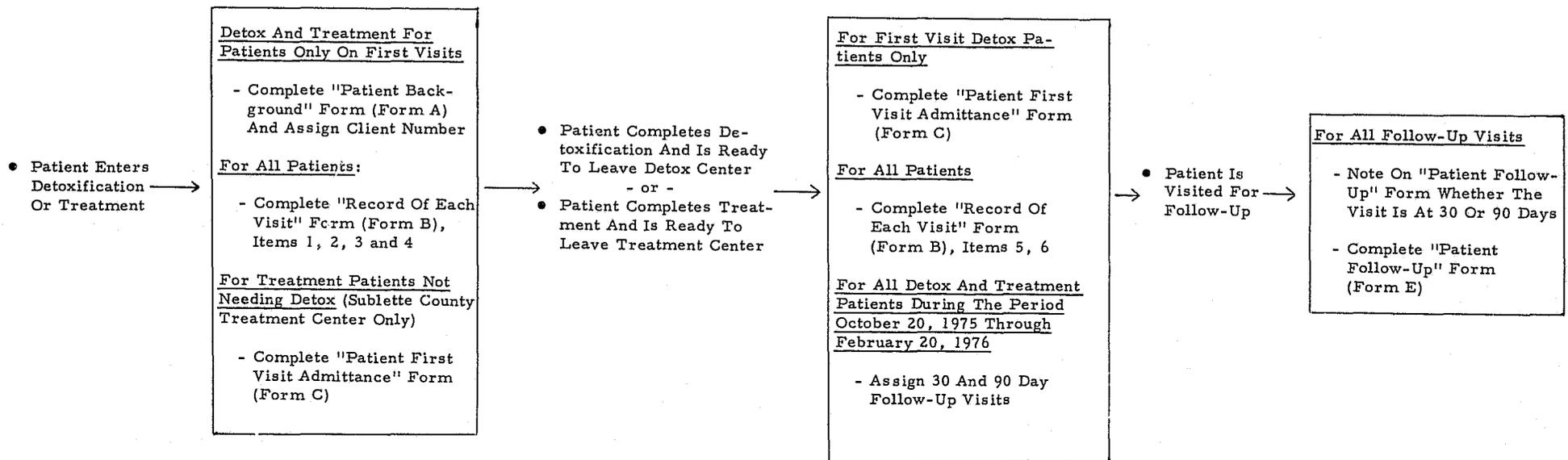
Summarized below are the procedures proposed for the evaluation component of the PITA. To the maximum extent practicable, the suggested procedures were designed to "fit" existing demonstration site procedures.

Suggested Procedures

- Forms for use by PITA demonstration site staff were:
 - A Patient Background form (Form A) to be used in obtaining essential patient reference information and medical information
 - o This form was the control document, used in assigning client numbers so that personal information was identified by a number code only.
 - A Record of Each Visit (Form B), a log of each visit by a patient to either detoxification or treatment
 - A Patient First Visit Admission form (Form C), used in obtaining essential patient biographic and related information at the time of the patient's first visit only
 - A Patient Follow-Up form (Form D), used in obtaining information during the 30- and 90-day follow-up interviews.
- The procedure used in conjunction with these forms is shown in Exhibit 2 on the following page.
 - To summarize:



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FLOWCHART OF PATIENT RECORD-KEEPING ACTIVITIES



- o Appropriate forms for intake and follow-up were completed as fully as possible for all patients entering between March 1, 1975 and October 20, 1975
- o After October 20, 1975, the procedure shown in the exhibit was followed. Follow-up procedures were used for patients entering for their first visit between November 1, 1975 and March 1, 1976.



END