Homeless Chronic Inebriate Survey (Draft)

Background
On September 26, 2011 the Juneau Homeless Coalition facilitated a community meeting to discuss the homeless chronic inebriate population in Juneau. Over 40 community stakeholders and consumers were in attendance. At the meeting the group determined that more information was necessary from various community stakeholders to better understand the local situation.

Two pieces of information were considered necessary to move the conversation toward discussion of potential solutions. These items were:

1. **Identifying the homeless chronic inebriate population**: How many chronic inebriates do each business or agencies interact with each month? (If a service provider, what percentage of overall clients are chronic inebriates? If a business or city agency, what level of interaction?)
2. **Costs of providing services or that are incurred by businesses or city agencies when interacting with the homeless chronic inebriate population**: What is the cost to your business or agency each month when interacting with the chronic inebriate population? (Aggregate or per person)

Additionally, stakeholders were also asked for other details that may be helpful in understanding the nature of this issue in our community (e.g., cost of the top ten “super-users”), or the barriers to providing information or cost estimates.

In October, the JHC sent out requests to community stakeholders that work with or are influenced by the chronic inebriate homeless population.

Results
I. **Identifying the homeless chronic inebriate population**

City and Borough of Juneau
In response to the request for information, City Manager Rod Swope provided the following estimates on the homeless chronic inebriate population.

**Police Department**
- The average number of encounters by the Juneau Police Department (JPD) is approximately 5 per/day or 100 per/month, primarily by the downtown foot patrol during the winter months.
- The average number of arrests per month is 10.
- The average number of complaints per month is 25.
- Chronic homeless inebriates comprise less than 3% of all criminal cases.

**Fire Department**
- The average number of responses by Capital City Fire and Rescue (CCFR) are 5 per week or 25 per month.

**Others**
- Library staff interacts several times a week with the homeless chronic inebriate population.
- The contractor managing both downtown parking garages interacts on a daily basis with the inebriate homeless population.
- Centennial Hall interacts with the homeless chronic inebriate population several times a week.
In total, the CBJ police and fire departments have approximately 160 encounters with the homeless chronic inebriate population while other city managed departments facilitate some sort of interaction on a daily basis.

**Downtown Businesses**
The following members of the Downtown Business Association provided the following estimates on the homeless chronic inebriate population.

**Baranof Hotel**
Steve Hamilton comments that “I understand from my staff and employees we generally have one or two issues daily here at the Baranof Hotel.”

**Facilities Maintenance Engineer – Sonie Blackwell**
Sonie Blackwell comments that “We manage and care for numerous facilities in the downtown area. I spend numerous hours patrolling, repairing, and removing them from our facilities.” And she notes, “We have been dealing with the problem on an escalated level for the last 5 to 6 years.”

**Tracy’s Crab Shack**
Tracy LeBarge comments that “Unfortunately, it is the roughly the same 15-20 people that are always drunk or stoned that are harassing everyone, whether a local or a tourist.”

Similar to other CBJ managed departments in the downtown area, businesses interact with the homeless chronic inebriate population on a daily basis.

**Service Providers**
The following service providers offered the following estimates on the homeless chronic inebriate population.

**Front Street Clinic**
Katie Cranor comments that “It is quite common for our waiting area to be at capacity with individuals seeking refuge from the elements but not receiving specific treatment from any of our explicit disciplines. This illustrates itself most clearly with a core group of 10-15 individuals (most could be categorized as “chronic inebriate”) who utilize our restroom, have a cup of tea, receive a toothbrush and never set foot into one of our exam rooms.”

**Glory Hole**
Maria Lovishchuk comments that there are roughly 30 to 45 homeless chronic inebriates that fluctuate in and out of various programs (Rainforest Recovery Center, Lemon Creek Correctional facility, Bartlett Regional Hospital, etc.) and that utilize the services at The Glory Hole.

**Rainforest Recovery Center**
Sandra Kohtz provided a rough estimate of individuals that have utilized the Emergency Services Patrol (ESP) program for the months of August and September, 2011. There were 10 individuals during that time that had more than 4 visits to the ESP program. In total, these 10 individuals made 153 visits to the ESP program in August and September 2011.

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1 Attachment A: SEARHC, Front Street Clinic letter, October 2011
2 Attachment B: Homeless Coalition Chronic Inebriate Report, Rainforest Recovery Center, October 2011.
Sandra also provided information on the utilization of resources by these 10 most frequent clients that included the number of ER visits, medical detoxification days, and inpatient RRC days for these individuals. These 10 sample clients made 67 visits to the Emergency Room, spent 24 days in medical detoxification and an additional 20 days in inpatient RRC for August and September 2011.

Core service providers (food, shelter, and healthcare) interact most often with the homeless chronic inebriate population. Subsequently, these agency estimates of the number of homeless chronic inebriates are higher. One factor to consider is the number of people that cycle in and out of programs or are temporarily housed (ESP program, correctional facilities, etc.) only to return at a later time.

II. Costs of providing services or that are incurred by businesses or city agencies when interacting with the homeless chronic inebriate population

City and Borough of Juneau

City Manager Rod Swope provided the following estimates on the costs of working with the homeless chronic inebriate population.

**Police Department**
- Juneau Police Department - $40,000 - $50,000 per year

**Fire Department**
- Capital City Fire and Rescue - $100,000 per year

**Others**
- Law Department- $7,000 per year
- Litter pickup - $5,000 per year
- CBJ contribution to Rainforest Recovery Center - $1.2 million
- Damage to CBJ facilities - $7,000 per year

In total, the estimated cost of all CBJ services is approximately $1,359,000-$1,369,000 per year.

Downtown Businesses

**Facilities Maintenance Engineer – Sonie Blackwell**

Sonie Blackwell comments that "We have had to replace shattered windows that have been kicked in. We have had to train our people in hazardous material removal as there are needles in the alley ways and around our facilities. We have put out fires in our commercial dumpsters (while the guy was sitting on the lid enjoying the glow). We are now looking at a $25,000 gate application to keep our bank facility safe for the public to use the ATM."

**Silverbow Inn & Bakery**

Jill Ramiel comments that "We estimate our cost to replace our door with an always locked electric strike intercom system to be $5,000. We have thus far spent approximately $1,000 in expanding our staff hours to have more front desk presence.”
Tracy’s Crab Shack
Tracy LaBarge comments that “My establishment got broken into twice one summer causing roughly $3,500 in damages and theft but I didn’t file an official report due to fear that my insurance rates would go up. I pay extra for my employees to come in early (approx. $4,500 per summer) to clean the eating area and area around my business. I have added more locks and bought a camera system for my business. ($900).”

Downtown businesses are incurring increasing costs generally attributed to the local homeless chronic inebriate population that seems to be increasing downtown.

Service Providers

Front Street Clinic
Katie Cranor comments that “Our experience with the population at hand is most often limited to two types of encounters: hospitality in our waiting area and/or Rainforest/Emergency Medical Service intervention. In the event that someone presents needing medical attention we respond with appropriate care. At this point in time this service does not result in an imbalance of services or expenditures going to those with chronic substance issues. While our clinic interfaces with chronic inebriates daily, we are not experiencing a draining of resources as a result.”

Glory Hole
Maria Lovishchuk notes that based on the core mission of The Glory Hole, the homeless chronic inebriate population is not a drain on the provision of food, shelter, and compassion. However, the Glory Hole breathalyzer policy for entrance into the emergency shelter has unintentionally isolated the chronic inebriate population that makes up many of those on the street. The Glory Hole wants to be part of the solution that targets this group.

Rainforest Recovery Center
Sandy Kohtz provided a spreadsheet that gives estimates for the total cost of on-site client services, staffing costs for the Emergency Service Patrol (ESP) program, and other medical and treatment costs (emergency room visits, medical detoxification, inpatient at Rainforest Recovery Center) for 10 clients that had four or more visits to the Emergency Service Patrol in August and September 2011.

The overall cost estimate for all of these services for these 10 clients was $128,414. ($770,484/year)

Conclusion

In terms of identifying the local homeless chronic inebriate population the CBJ, social service providers, and downtown businesses have indicated a range of between 10 to 45 homeless chronic inebriates in Juneau at any point in time. Many of these people are likely “super-users”, meaning they utilize a large amount of CBJ and other mainstream emergency services at considerable expense to the community.

3 Attachment A: SEARHC, Front St Clinic letter, October 2011.

4 Attachment B: Homeless Coalition Chronic Inebriate Report, Rainforest Recovery Center, October 2011.
Conservative estimates by all entities involved (CBJ, Rainforest Recovery Center, Downtown Businesses, Social Service Providers) would put an annual expense for providing service for this population and dealing with associated behaviors at roughly around $1.4 million or more.\footnote{This is a very rough estimate. (Calculation uses CBJ funding estimates for Rainforest Recovery Center as the core funding for RRC and doesn’t attempt to incorporate other additional RRC expenses mentioned for fear of duplicate counting. Also, there may be additional Bartlett Regional Hospital Emergency Room expenses for homeless chronic inebriates that don’t pass through RRC.)}

Given the lack of permanent supportive housing options with appropriate wrap-around services that target this core group of homeless chronic inebriates, it is safe to assume that this level of expenditure will remain consistent in the future – or fluctuate based on the coming and going of this population.

Potential outreach activities such as use of the vulnerability index would at least pinpoint the exact needs of the current homeless chronic inebriate population and potentially allow the community to focus on assisting the “super-users”, those that are most in jeopardy of dying on the streets and that are the most costly.

Investigation of future housing development, specifically a Housing First type of model, should continue so that a tool is available for assisting this population and to potentially provide cost savings to the community.
DATA COLLECTED FOR THE MONTHS OF AUGUST AND SEPTEMBER, 2011
DATA REFLECTS VISITS BY 10 INDIVIDUALS WHO HAD MORE THAN 4 VISITS TO EMERGENCY SERVICES PATROL (SLEEP OFF)
DURING AUGUST AND SEPTEMBER 2011
18 DAYS IN AUGUST HAD TWO OR MORE OF TEN IN ESP AT SAME TIME. 25 DAYS IN SEPTEMBER HAD TWO OR MORE DAYS IN ESP AT SAME TIME

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<th>NUMBER OF VISITS</th>
<th># HOURS IN ESP</th>
<th># ER VISITS</th>
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<th># INPT RRC DAYS</th>
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COST FOR ESP STAFF (1 STAFF @ $20.00 HR PER STAFF) $14,220.00 $17,294.00 $31,514.00
COST FOR ER VISITS (MEDICAL CLEARANCE @APPROX $500 VISIT) $16,000.00 $17,500.00 $33,500.00
COST FOR MED. DETOX PER DIEM (APPX $2100 PER DAY) $50,400.00 $- $50,400.00
COST FOR RRC RESIDENTIAL TX DAY (APPX $650/DAY) $13,000.00 $- $13,000.00
TOTALS $128,414.00
26 October 2011

ATTN: Juneau Homeless Coalition

Thank you for seeking out statistical information from our clinic as it pertains to the communal effort of finding resolution for the most vulnerable among us.

The Front Street Clinic provides Behavioral Health, Dental, and Medical care to individuals experiencing homelessness in Juneau. Our clinic does its best to provide walk-in care to patients, though we are not an acute care clinic nor do we have the capacity for on-call or after hours care.

We place significant emphasis upon creating an inviting space of hospitality for individuals who are often turned away at every threshold. It is quite common for our waiting area to be at capacity with individuals seeking refuge from the elements but not receiving specific treatment from any of our explicit disciplines. This illustrates itself most clearly with a core group of 10-15 individuals (most could be categorized as “chronic inebriate”) who utilize our restroom, have a cup of tea, receive a toothbrush and never set foot into one of our exam rooms.

When we consider the specific questions the coalition posed to us, we are not able to contribute to the conversation with tangible data. Our experience with the population at hand is most often limited to two types of encounters: hospitality in our waiting area and/or Rainforest/Emergency Medical Service intervention. In the event that someone presents needing medical attention we respond with appropriate care. At this point in time this service does not result in an imbalance of services or expenditures going to those with chronic substance issues.

While our clinic interfaces with chronic inebriates daily, we are not experiencing a draining of resources as a result. We do want to be part of the conversation and we do want to participate fully in our community’s efforts to engage the real needs that surround us. We observe and recognize that our most vulnerable are also our most complex.

Warm regards,

Katie Cranor
Clinic Manager