of all public drunkenness charges registered in 1966. Below is a table which shows the arrests for the time the Center has been in operation and the comparable period of the previous year.

| | December | January | February | March | April | May | June |
|--|--------------|----------|----------|----------|----------|-----------------|----------|
| Arrest totals for previous year (1965-66). Arrest totals while center in operation (1966-67) | | 162 | 145 | 223 | 221 | 173 | 202 |
| Decrease of (percent) | . 82 . 60 | 56 66 | 64 56 | 76 66 | 84 62 | 75 57 | 86 58 |

These figures represent the total drunkenness offenses for the entire City. The foregoing data leave no doubt that the Center is indeed treating the chronic police case inebriate, for whom it was intended.

EVALUATION OF TREATMENT PROGRAM

Before proceeding with the patient analysis, an over-view of the referral network and after-care program is presented. Of the 548 patients admitted as of July 1 of this year, approximately 7 percent are leaving before the end of the seven-day treatment. This is a very low percentage considering that the treatment program is administered on a purely voluntary basis. Another 8 percent of the patients were transferred to various state and city institutions to continue their physical and mental rehabilitaion. Many in this latter group without the treatment and diagnostic services of the Center would have suffered serious consequences, possibly even death due to other complicating diseases.

The following dispositions can be reported for those who went directly back into the community after treatment. Approximately 43 percent were found not to need assistance in employment. Seventeen percent were offered and accepted referrals for employment. This then is 60 percent of the patient population who upon their return to the community had a productive self-supporting role to fulfill. Fully one-third or 33 percent were offered employment assistance but refused our help in this area. Many of these people stated they preferred to "make it on their own." Another 7 percent were not offered employment assistance. For the most part, this latter group was composed of retired and/or disabled persons who received some form of support or were adjudged to be unemployable.

In the area of housing it was found that 43 percent had a relatively stable residential setting to return to, another 23 percent were offered and accepted referrals for living accommodations. This means that approximately 66 percent of those returning to the community had adequate housing awaiting them. As in the case with employment, 33 percent refused referrals for housing. These were, in the main, individuals who preferred to return to the more familiar, though inadequate, accommodations they had in the skid row environment. Less than 1 percent left the Center without the benefit of the offer of adequate housing arrangements.

It was anticipated that since we admittedly are dealing with a chronic disease, a certain percentage of the patients would return for treatment more than once. In the more than eight months of operation since the Center has opened, the readmission rate is presently 28 percent. Seventy-six percent of the treatment group have been admitted only once. Another 14 percent have two admissions, while only 10 percent have been admitted more than twice since the Center opened. Although no complete statistics have been compiled to date, there do seem to be significantly fewer police contacts with the treatment group after treatment as compared to the arrest rate prior to the opening of the Center. Once one accepts the chronicity of this disease and is aware of the fact that on the average our treatment group has been unsuccessfully coping with their alcoholic problem in excess of 14 years, this readmission rate seems low, particularly in comparison with the revolving door process prevalent in some other major cities. The above results indicate the opportunities provided by the Center's treatment program and referral network.

For the most part these individuals are the chronic police case inebriates who have become "institutionalized." Their life cycle exhibits not only a dependency on alcohol but also dependency on the various agencies and institutions of our society which contribute to the maintenance of their bare existence.