



LAWS OF ALASKA

1980

Source

FCCSHB 830

Chapter No.

150

AN ACT

Relating to alcohol and drug abuse; changing the responsibilities of the office of alcoholism; and amending the alcoholism grant-in-aid program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

THE ACT FOLLOWS ON PAGE 1, LINE 10

UNDERLINED MATERIAL INDICATES TEXT THAT IS BEING ADDED TO THE LAW AND BRACKETED MATERIAL IN CAPITAL LETTERS INDICATES DELETIONS FROM THE LAW; COMPLETELY NEW TEXT OR MATERIAL REPEALED AND RE-ENACTED IS IDENTIFIED IN THE INTRODUCTORY LINE OF EACH BILL SECTION.

Approved by the Governor: July 1, 1980
Actual Effective Date: September 29, 1980

AN ACT

Relating to alcohol and drug abuse; changing the responsibilities of the office of alcoholism; and amending the alcoholism grant-in-aid program.

* Sec. 1. AS 47.30.475(c) is amended to read:

(c) Grants shall be awarded in a ratio of 90 [75] percent state money to 10 [25] percent community money [, EXCEPT THAT IN COMMUNITIES DESIGNATED AS POVERTY AREAS THE RATIO SHALL BE 90 PERCENT STATE MONEY TO 10 PERCENT COMMUNITY MONEY,] for the costs of providing staff and limited improvement, renovation or new construction of facilities for alcoholic detoxification, rehabilitation or "half-way house" care. The department may waive all or part of the requirement that state money be matched by community money if the department finds that community money is unavailable and waiver of the requirement is in the best interests of the state. No grant for improving, renovating or constructing may exceed \$50,000 except when there is a lack of applicants for available money and then only with the approval of the Review [ADVISORY] Board on Alcoholism. The department is not required to award all money available under this program, or the full percentages specified in this subsection, when another source of money is available or could reasonably be made available to the applicant.

* Sec. 2. AS 47.37.020 is amended to read:

Sec. 47.37.020. OFFICE OF ALCOHOLISM AND DRUG ABUSE. An office of alcoholism and drug abuse is established in the department. The office

Chapter 150

1 shall be headed by a coordinator appointed by the commissioner. The
2 coordinator shall be a qualified professional who has training and
3 experience in the organization and administration of treatment services
4 for persons with medical-social problems. The coordinator is in the
5 classified service.

6 * Sec. 3. AS 47.37.050(a) is amended to read:

7 (a) An interdepartmental coordinating committee is created, com-
8 posed of the coordinator, [AND] the commissioners of health and social
9 services, education, transportation and public facilities [HIGHWAYS],
10 labor and public safety, and the director of the Alcoholic Beverage
11 Control Board. The committee shall meet at least twice annually at the
12 call of the commissioner of health and social services who is its chair-
13 man. The committee shall provide for the coordination and exchange of
14 information on all programs relating to alcoholism and act as a perma-
15 nent liaison among state departments engaged in activities affecting
16 alcoholics and intoxicated persons. The committee shall assist the
17 commissioner of health and social services and the coordinator in
18 formulating a comprehensive plan for prevention of alcoholism and for
19 treatment of alcoholics and intoxicated persons.

20 * Sec. 4. AS 47.37.060 is amended to read:

21 Sec. 47.37.060. REVIEW [ADVISORY] BOARD ON ALCOHOLISM. There is
22 established in the Department of Health and Social Services a Review [AN
23 ADVISORY] Board on Alcoholism. This board shall function as a standing
24 committee of the Statewide Health Coordinating Council established under
25 AS 18.07.011.

26 * Sec. 5. AS 47.37.130(c) is amended to read:

27 (c) The office shall insure that [PROVIDE] adequate and appropri-
28 ate treatment is provided to [FOR] alcoholics and intoxicated persons
29 admitted under AS 47.37.160 - 47.37.190 within the limits of available

1 state and federal funds.

2 * Sec. 6. AS 47.37.160(c) is amended to read:

3 (c) When a patient receiving inpatient care leaves an approved
4 public treatment facility, he shall be encouraged to consent to appro-
5 priate outpatient or intermediate treatment. If it appears to the admin-
6 istrator in charge of the treatment facility that the patient is an
7 alcoholic who requires help, the administrator [OFFICE] shall arrange
8 for assistance in obtaining supportive services and residential facili-
9 ties.

0 * Sec. 7. AS 47.37.190(a) is amended to read:

1 (a) After a hearing initiated by petition of his spouse or guardi-
2 an, a relative, the certifying physician, or the administrator in charge
3 of an approved public treatment facility, a person may be committed to
4 the custody of a private or public facility [THE OFFICE] by the superior
5 court. The petition shall allege that the person is an alcoholic who
6 habitually lacks self-control in using alcoholic beverages and that he
7 (1) has threatened, attempted to inflict, or inflicted physical harm on
8 another and that unless committed is likely to inflict physical harm on
9 another; or (2) is incapacitated by alcohol. A refusal to undergo treat-
0 ment does not constitute evidence of lack of judgment as to the need for
1 treatment. The petition shall be accompanied by a certificate of a
2 licensed physician who has examined the person within two days before
3 submission of the petition, unless the person whose commitment is sought
4 has refused to submit to a medical examination, in which case the fact
5 of refusal shall be alleged in the petition. The certificate shall set
6 out the physician's findings in support of the allegations of the peti-
7 tion.

8 * Sec. 8. AS 47.37.200(a) is amended to read:

9 (a) At the hearing required under AS 47.37.190(b), the court or

Chapter 150

1 the jury, if requested under AS 47.37.190(c), shall hear all relevant
2 testimony, including, if possible, the testimony of at least one
3 licensed physician who has examined the person whose commitment is
4 sought. The person whose commitment is sought shall be present unless
5 the court believes that his presence is likely to be injurious to him,
6 in which case the court shall appoint a guardian ad litem to represent
7 him throughout the proceeding. The court may examine the person in open
8 court, or if advisable, examine him out of court. If the person has
9 refused to be examined by a licensed physician, he shall be given an
10 opportunity to request examination by a court-appointed licensed physi-
11 cian. If he fails to request a medical examination and there is suffi-
12 cient evidence to believe that the allegations of the petition are true,
13 or if the court believes that more medical evidence is necessary, the
14 court may issue a temporary order committing him to a private or public
15 facility [THE OFFICE] for a period of not more than five days for pur-
16 poses of a diagnostic examination.

17 * Sec. 9. AS 47.37.200(b) is amended to read:

18 (b) If after hearing all relevant evidence, including the results
19 of any diagnostic examination by the private or public facility [OFFICE],
20 the court or the jury finds that grounds for involuntary commitment have
21 been clearly established, the court shall issue an order of commitment
22 to the private or public facility [OFFICE]. No court may order the
23 commitment of a person unless it determines that a private or public
24 facility [THE OFFICE] is able to provide adequate and appropriate treat-
25 ment for him.

26 * Sec. 10. AS 47.37.200(c) is amended to read:

27 (c) A person committed under AS 47.37.190 - 47.37.200 shall remain
28 in the custody of a private or public facility [THE OFFICE] for treat-
29 ment for a period of up to 30 days. At the end of the 30-day period, he

1 shall be discharged automatically unless the office, before the
2 expiration of the period, obtains a court order for his recommitment
3 upon the grounds set out in AS 47.37.190(a) for a further period of up
4 to 90 days. If a person has been committed because he is an alcoholic
5 likely to inflict physical harm on another, the office shall apply for
6 recommitment if after examination it is determined that the likelihood
7 still exists.

8 * Sec. 11. AS 47.37.200(d) is amended to read:

9 (d) A person recommitted under (c) of this section who has not
0 been discharged by the private or public facility [OFFICE] before the
1 end of the 90-day period shall be discharged at the expiration of that
2 period unless the office, before expiration of the period, obtains a
3 court order on the grounds set out in AS 47.37.190(a) for recommitment
4 for a further period not to exceed 90 days. If a person has been
5 committed because he is an alcoholic likely to inflict physical harm on
6 another, the office shall apply for recommitment if after examination it
7 is determined that the likelihood still exists. No more than two
8 recommitment orders may be permitted under (c) and (d) of this section.

9 * Sec. 12. AS 47.37.200(f) is amended to read:

0 (f) A private or public facility [THE OFFICE] shall provide ade-
1 quate and appropriate treatment for a person in its custody. A public
2 facility [THE OFFICE] may transfer a person in its custody from one
3 approved public treatment facility to another if the transfer is medic-
4 ally advisable.

5 * Sec. 13. AS 47.37.230(a) is amended to read:

6 (a) Cities [THE OFFICE AND CITIES] and boroughs may establish
7 emergency service patrols. An emergency service patrol consists of
8 persons trained to give assistance in public places to persons who are
9 intoxicated. Members of an emergency service patrol shall be capable of

Chapter 150

1 providing first aid in emergency situations and shall be capable of
2 transporting intoxicated persons to their homes and to and from public
3 treatment facilities.

4 * Sec. 14. AS 47.37.240(a) is amended to read:

5 (a) A patient in an approved treatment facility, or the person
6 obligated to provide for the cost of treatment of a person committed
7 under this chapter, is liable to the public or private facility [OFFICE]
8 for the cost of maintenance and treatment of the patient in accordance
9 with rates established by the coordinator.

10 * Sec. 15. AS 47.37.270(2) is amended to read:

11 (2) "approved private treatment facility" or "private facil-
12 ity" means a private agency meeting the standards prescribed in AS 47.-
13 37.140(a) and approved under AS 47.37.140(c);

14 * Sec. 16. AS 47.37.270(3) is amended to read:

15 (3) "approved public treatment facility" or "public facility"
16 means a treatment agency operating under the direction and control of
17 the office or providing treatment under this chapter through a contract
18 with the office under AS 47.37.130(g) or through a grant awarded under
19 AS 47.30.475, and meeting the standards prescribed in AS 47.37.140(a)
20 and approved under AS 47.37.140(c);

21 * Sec. 17. AS 47.37.270(11) is amended to read:

22 (11) "office" means the office of alcoholism and drug abuse
23 within the Department of Health and Social Services;

24 * Sec. 18. AS 47.37.270 is amended by adding a new paragraph to read:

25 (13) "board" means the Review Board on Alcoholism established
26 under AS 47.37.060.
27
28
29