

**HB**

**493**

## CS FOR HOUSE BILL NO. 493(JUD)

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - SECOND SESSION

BY THE HOUSE JUDICIARY COMMITTEE

Offered:

Referred:

Sponsor(s): REPRESENTATIVE IVAN

## A BILL

## FOR AN ACT ENTITLED

1 "An Act relating to treatment for alcoholism or drug abuse."

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

3 \* Section 1. AS 47.37.170(b) is amended to read:

4 (b) A person who appears to be incapacitated by alcohol or drugs in a public  
5 place shall be taken into protective custody by a peace officer or a member of the  
6 emergency service patrol and immediately brought to an approved public treatment  
7 facility, an approved private treatment facility, or another appropriate health facility  
8 or service for emergency medical treatment. If no treatment facility or emergency  
9 medical service is available, a person who appears to be incapacitated by alcohol or  
10 drugs in a public place shall be taken to a state or municipal detention facility in the  
11 area [,] if that appears necessary for the protection of the person's health or safety.

12 \* Sec. 2. AS 47.37.170(d) is amended to read:

13 (d) A person who, after medical examination at an approved private  
14 treatment facility, or another appropriate health facility or service for emergency  
15 medical treatment, is found to be incapacitated by alcohol or drugs at the time of

1 admission or to have become incapacitated by alcohol or drugs at any time after  
2 admission, may not be detained at a facility after the person is no longer incapacitated  
3 by alcohol or drugs. A person may not be detained at a facility if the person remains  
4 incapacitated by alcohol for more than 48 hours after admission as a patient [,  
5 UNLESS THE PERSON IS COMMITTED UNDER AS 47.37.180]. A person may  
6 consent to remain in the facility as long as the physician in charge considers it  
7 appropriate.

8 \* Sec. 3. AS 47.37.170(f) is amended to read:

9 (f) If a patient is admitted to an approved public treatment facility, family or  
10 next of kin shall be promptly notified. If an adult patient who is not incapacitated by  
11 alcohol or drugs requests that there be no notification of next of kin, the request shall  
12 be granted.

13 \* Sec. 4. AS 47.37.170(g) is amended to read:

14 (g) A person may not bring an action for damages based on the decision under  
15 this section to take or not to take an intoxicated person or a person incapacitated by  
16 alcohol or drugs into protective custody, unless the action is for damages caused by  
17 gross negligence or intentional misconduct.

18 \* Sec. 5. AS 47.37.170(i) is amended to read:

19 (i) A person taken to a detention facility under (a) or (b) of this section may  
20 be detained only (1) until a treatment facility or emergency medical service is made  
21 available, [OR] (2) until the person is no longer intoxicated or incapacitated by alcohol  
22 or drugs, or (3) for a maximum period of 12 hours, whichever occurs first. A  
23 detaining officer or a detention facility official may release a person who is detained  
24 under (a) or (b) of this section at any time to the custody of a responsible adult. A  
25 peace officer or a member of the emergency service patrol, in detaining a person under  
26 (a) or (b) of this section and in taking the person to a treatment facility, an emergency  
27 medical service, or a detention facility, is taking the person into protective custody and  
28 the officer or patrol member shall make reasonable efforts to provide for and protect  
29 the health and safety of the detainee. In taking a person into protective custody under  
30 (a) and (b) of this section, a detaining officer, a member of the emergency service  
31 patrol, or a detention facility official may take reasonable steps for self-protection,  
32 including a full protective search of the person of a detainee. Protective custody under

1 (a) and (b) of this section does not constitute an arrest and no entry or other record  
2 may be made to indicate that the person detained has been arrested or charged with a  
3 crime, except that a confidential record may be made that [WHICH] is necessary for  
4 the administrative purposes of the facility to which the person has been taken or that  
5 [WHICH] is necessary for statistical purposes where the person's name may not be  
6 disclosed.

7 \* Sec. 6. AS 47.37.180(a) is amended to read:

8 (a) An intoxicated person who is (1) incapacitated by alcohol or drugs; [HAS  
9 THREATENED, ATTEMPTED TO INFLICT, OR INFLICTED PHYSICAL HARM ON  
10 ANOTHER OR IS LIKELY TO INFLICT PHYSICAL HARM ON ANOTHER  
11 UNLESS COMMITTED,] or (2) at risk of serious physical harm or illness unless  
12 committed [IS INCAPACITATED BY ALCOHOL], may be committed to an approved  
13 public treatment facility for emergency treatment. A refusal to undergo treatment does  
14 not constitute evidence of lack of judgment as to the need for treatment.

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

16 (a) A [AFTER A HEARING INITIATED BY PETITION OF A] spouse or  
17 guardian, a relative, the certifying physician, or the administrator in charge of an  
18 approved public treatment facility may petition the court for a 30-day involuntary  
19 commitment order [, A PERSON MAY BE COMMITTED TO THE CUSTODY OF  
20 A PRIVATE OR PUBLIC FACILITY BY THE SUPERIOR COURT]. The petition  
21 must allege that the person is an alcoholic or drug abuser who [HABITUALLY  
22 LACKS SELF-CONTROL IN USING A' COHOLIC BEVERAGES AND THAT THE  
23 PERSON (1) HAS THREATENED, ATTEMPTED TO INFLICT, OR INFLICTED  
24 PHYSICAL HARM ON ANOTHER AND THAT UNLESS COMMITTED IS LIKELY  
25 TO INFLICT PHYSICAL HARM ON ANOTHER; OR (2)] is incapacitated by alcohol  
26 or drugs, or who, if not treated, will be at risk of serious physical harm or illness.  
27 A refusal to undergo treatment does not constitute evidence of lack of judgment as to the  
28 need for treatment. The petition must be accompanied by a certificate of a licensed  
29 physician who has examined the person within two days before submission of the  
30 petition, unless the person whose commitment is sought has refused to submit to a  
31 medical examination, in which case the fact of refusal must be alleged in the petition.  
32 The certificate must set out the physician's findings in support of the allegations of the

1 petition.

2 \* Sec. 8. AS 47.37.190(b) is amended to read:

3 (b) After the petition is filed, the court shall fix a date for a hearing no later than  
4 10 days after the date the petition was filed. A copy of the petition and of the notice of  
5 the hearing, including the date fixed by the court, shall be served on

6 (1) the petitioner;

7 (2) the person whose commitment is sought or the person's guardian.  
8 if any;

9 (3) the attorney representing [NEXT OF KIN OF] the person whose  
10 commitment is sought;

11 (4) the administrator in charge of the approved public or private  
12 treatment facility in which the committed person has been committed for emergency  
13 care; and

14 (5) any other person the court considers appropriate. [A COPY OF THE  
15 PETITION AND CERTIFICATE SHALL BE DELIVERED TO EACH PERSON  
16 NOTIFIED.]

17 \* Sec. 9. AS 47.37.190(c) is repealed and reenacted to read:

18 (c) A person who is the subject of a petition filed under this section does not  
19 have the right to a jury.

20 \* Sec. 10. AS 47.37.200 is repealed and reenacted to read:

21 Sec. 47.37.200. HEARING ON PETITION FOR INVOLUNTARY  
22 COMMITMENT. (a) At the hearing for a 30-day commitment required under  
23 AS 47.37.190(b), the court shall hear all relevant testimony, including, if possible, the  
24 testimony of at least one licensed physician who has examined the person whose  
25 commitment is sought. The person whose commitment is sought shall be present unless  
26 the court believes that being present is likely to be injurious to the person, in which case  
27 the court may conduct the hearing telephonically. The court may examine the person in  
28 open court, or, if advisable, examine the person out of court. If the person has refused  
29 to be examined by a licensed physician, the person shall be given an opportunity to  
30 request examination by a court-appointed licensed physician. If the person fails to  
31 request a medical examination and there is sufficient evidence to believe that the  
32 allegations of the petition are true, or, if the court believes that more medical evidence

1 is necessary, the court may issue a temporary order committing the person to a private  
2 or public facility for a period of not more than five days for purposes of a diagnostic  
3 examination.

4 (b) If after hearing all relevant evidence, including the results of any diagnostic  
5 examination by the private or public facility, the court finds that grounds for involuntary  
6 commitment have been clearly established, the court shall issue an order of 30-day  
7 commitment to the private or public facility.

8 (c) A person committed for a 30-day period shall remain in the custody of a  
9 private or public facility for treatment for a period of not more than 30 days. At the end  
10 of the 30-day period, the person shall be automatically discharged unless the director of  
11 the approved public facility or approved private facility, before the expiration of the  
12 period, files a petition for recommitment under AS 47.37.205.

13 (d) A private or public facility shall provide adequate and appropriate treatment  
14 for a person in its custody. A public facility may transfer a person in its custody from  
15 one approved public treatment facility to another if the transfer is medically advisable.

16 (e) A person committed to the custody of an approved public facility or an  
17 approved private facility shall be discharged at any time before the end of the period for  
18 which the person has been committed if either of the following conditions is met:

19 (1) further treatment is not likely to bring about significant improvement  
20 in the person's condition; or

21 (2) treatment is no longer adequate or appropriate.

22 (f) The court shall inform the person whose commitment or recommitment is  
23 sought of the right to contest the petition, to be represented by counsel at every stage of  
24 the proceedings relating to commitment and recommitment, to have counsel appointed  
25 by the court or provided by the court, if the person is unable to obtain counsel, and of  
26 the right to a jury trial if recommitment is sought under AS 47.37.205. The person  
27 whose commitment or recommitment is sought shall be informed of the right to be  
28 examined by a licensed physician of the person's choice. If the person is unable to  
29 obtain a licensed physician and requests examination by a physician, the court shall  
30 appoint a licensed physician for the examination.

31 (g) If a private treatment facility agrees with the request of a competent patient  
32 or the patient's parent, adult sibling, adult child, or guardian to accept the patient for

1 treatment, the administrator of the public treatment facility shall transfer the patient to  
2 the private treatment facility.

3 (h) A person committed under this chapter may at any time seek discharge from  
4 commitment by writ of habeas corpus under AS 12.75.

5 \* Sec. 11. AS 47.37 is amended by adding a new section to read:

6 Sec. 47.37.205. PROCEDURE FOR RECOMMITMENT FOLLOWING 30-  
7 DAY COMMITMENT. (a) At any time during a person's 30-day commitment, the  
8 director of an approved public facility or approved private facility may file with the court  
9 a petition for a 180-day commitment of that person. The petition must include all  
10 material required under AS 47.37.190(a) except that references to "30 days" shall be read  
11 as "180 days" and must allege that the person continues to be an alcoholic or drug abuser  
12 who is incapacitated by alcohol or drugs, or who continues to be at risk of serious  
13 physical harm or illness.

14 (b) Upon the filing of a petition for recommitment under (a) of this section, the  
15 court shall fix a date for hearing no later than 10 days after the date the petition was  
16 filed. A copy of the petition and of the notice of hearing, including the date fixed by  
17 the court, shall be served on

18 (1) the petitioner;

19 (2) the person whose recommitment is sought or the person's guardian,  
20 if any;

21 (3) the attorney representing the person whose recommitment is sought;

22 (4) the original petitioner under AS 47.37.190(a), if different from the  
23 petitioner for recommitment;

24 (5) any other person the court considers appropriate.

25 (c) If, not less than two days before the date set for a recommitment hearing  
26 under (a) of this section the person being recommitted or the person's counsel or advisor  
27 files a written request with the court, the court shall summon and impanel a jury of six  
28 residents of the judicial district to hear and consider evidence concerning the condition  
29 of the person being recommitted.

30 (d) At the hearing regarding recommitment for a 180-day period, the court or  
31 jury shall proceed as provided in AS 47.37.200(a) and (b).

32 (e) The provisions of AS 47.37.200(c) - (h) shall apply equally to periods of

1           recommitment under this section, except that references to "30 days" shall be read as  
2           "180 days."

3   \* Sec. 12. AS 47.37.210(b) is amended to read:

4           (b) Notwithstanding (a) of this section, the director may make available  
5           information from patients' records for purposes of research into the causes and  
6           treatment of alcoholism or drug abuse. Information [. NO INFORMATION] may  
7           not disclose a patient's name.

8   \* Sec. 13. AS 47.37.270(1) is amended to read:

9           (1) "alcoholic or drug abuser" means a person who demonstrates  
10          increased tolerance to alcohol or drugs, who suffers from withdrawal when alcohol  
11          or drugs are not available, whose habitual lack of self-control concerning the use  
12          of alcohol or drugs causes significant hazard to the person's health, and who  
13          continues to use alcohol or drugs despite the adverse consequences [HABITUALLY  
14          LACKS SELF-CONTROL IN USING ALCOHOLIC BEVERAGES, OR USES  
15          ALCOHOLIC BEVERAGES TO THE EXTENT THAT THE PERSON'S HEALTH IS  
16          SUBSTANTIALLY IMPAIRED OR ENDANGERED, OR THE PERSON'S SOCIAL  
17          OR ECONOMIC FUNCTION IS SUBSTANTIALLY DISRUPTED];

18   \* Sec. 14. AS 47.37.270(10) is amended to read:

19          (10) "incapacitated by alcohol or drugs" means a person who, as a  
20          result of alcohol or drugs, is unconscious or whose judgment is otherwise so impaired  
21          that the person (A) is incapable of realizing and making [A] rational decisions  
22          [DECISION] with respect to the [A] need for treatment and (B) is unable to take care  
23          of the person's basic safety or personal needs, including food, clothing, shelter, or  
24          medical care [, AS EVIDENCED OBJECTIVELY BY EXTREME PHYSICAL  
25          DEBILITATION, PHYSICAL HARM OR THREATS OF HARM TO OTHERS OR  
26          CHRONIC INABILITY TO HOLD REGULAR EMPLOYMENT];

27   \* Sec. 15. AS 47.37.270(13) is amended to read:

28          (13) "intoxicated person" means a person whose mental or physical  
29          functioning is substantially impaired as a result of the use of alcohol or drugs;

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

31          (14) "treatment" means the broad range of emergency, outpatient,  
32          intermediate, and inpatient services and care that may be extended to alcoholics, [AND]

1 intoxicated persons, or drug abusers, including diagnostic evaluation, medical, psychiatric,  
2 psychological, and social service care, vocational rehabilitation and career counseling;

3 \* Sec. 17. AS 47.37.270 is amended by adding a new paragraph to read:

4 (16) "drugs" means a drug that is included in the controlled substance  
5 schedules set out in AS 11.71.140 - 11.71.190.

6 \* Sec. 18. AS 47.37.170(j) is repealed.

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 9, 1996

FURTHER REFERRALS:

Finance

Date of Committee Action: 3/18/96

The JUDICIARY Committee considered:

HB 493

HOUSE BILL NO. 493

INVOLUNTARY COMMITMENT: ALCOHOL/DRUG ABUSE

An Act relating to involuntary commitment for alcoholism or drug abuse."

recommends it be replaced with the following committee substitute CSAB (JUD) [ ] the same title [X] a new title

[ ] additional referral to \_\_\_\_\_ Committee [ ] attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) APPROVES PREVIOUS: (Dept/Date)

[X] fiscal note(s) Courts, HSS [ ] fiscal note(s) \_\_\_\_\_

[X] zero fiscal note(s) P.S. [ ] zero fiscal note(s) \_\_\_\_\_

SIGNING WITH RECOMMENDATIONS

Table with 5 columns: Name, DNP, NR, AM. Rows include signatures of Brian Porter, David Finkelstein, Benjamin D. ... and others.

CHAIR'S SIGNATURE Brian Porter

## House District 39

Session  
Alaska State Capital  
Juneau, Alaska 99801-1182  
Phone: (907) 465-4942



Interim  
P.O. Box 137  
Aktak, Alaska 99552  
Phone: (907) 765-7526

**Representative Ivan M. Ivan**

### SECTIONAL ANALYSIS - CS for HOUSE BILL 493 Draft 9-LS1607\G, Dated 3/14/96

**Section 1.** Amends 47.37.170(b), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Adds "drugs" to incapacitation. This conforms this section to other commitment statutes that are amended in this act.

**Section 2.** Amends AS 47.37.170(d), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Clarifies that the medical examination must take place at an approved private treatment facility or another appropriate health facility and the person is incapacitated by alcohol or drugs.

**Section 3.** Amends AS 47.37.170(f), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Clarifies the person is not incapacitated by alcohol or drugs.

**Section 4.** Amends 47.37.170(g), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Adds "drugs" to incapacitation. This conforms this section to other commitment statutes that are amended in this act.

**Section 5.** Amends 47.37.170(i), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. Adds "drugs" to incapacitation. This conforms this section to other commitment statutes that are amended in this act.

**Section 6.** Amends AS 47.37.180(a), Emergency Commitment. Redefines who may be committed to an approved public treatment facility for emergency treatment due to intoxication.

**Section 7.** Amends AS 47.37.190(a), Involuntary Commitment. Language is added to include a drug abuser and is at risk of serious physical harm or illness. This section also clarifies this is for a 30 day commitment order and the procedures to petition for such a commitment.

**Section 8.** Amends AS 47.37.190 (b), Involuntary Commitment. Adds the person's guardian and an administrator of a private treatment center to the list of those who would be served with a copy of the petition to commit and a court notice of hearing.

**Section 9.** Repeals and reenacts AS 47.37.190 (c), Involuntary Commitment. This section establishes that the person who is the subject of a petition to commit to treatment does not have the right to a jury. This applies only to the 30 day commitment process and not to further recommitment processes in other sections.

**Section 10.** Repeals and reenacts AS 47.37.200, Hearing on Petition for Involuntary Commitment. This section establishes new procedures for a 30 day commitment process.

**Section 11.** Adds a new section to AS 47.37; AS 47.37.205, Procedure for Recommitment Following 30-Day Commitment. This section establishes new procedures in obtaining a 180 day commitment of a person who is an alcoholic or drug abuser who is incapacitated.

**Section 12.** Amends AS 47.37.210(b), Records of Alcoholics and Intoxicated Persons. Adds drug abuse to this section to conform with the changes made in this act.

**Section 13.** Amends AS 47.37.270(1), Definitions. The new definition of a person who may be involuntary committed is broadened to include a drug abuser. New language also includes a criteria of symptoms that may be used to demonstrate the need for commitment.

**Section 14.** Amends AS 47.37.270(10), Definitions. Redefines incapacitated by alcohol and adds drugs to this definition.

**Section 15.** Amends AS 47.37.270(13), Definitions. Adds drugs to the definition of intoxicated person.

**Section 16.** Amends AS 47.37.270(14), Definitions. Adds drug abusers to the definition of treatment.

**Section 17.** Repeals AS 47.37.170(j), Treatment and Services for Intoxicated Persons and Persons Incapacitated by Alcohol. This subsection defined incapacitated by alcohol and did not conform with the definition found in Section 14 of this bill. Thus it was deleted and the definition in Section 14 is used throughout the entire act as the definition for incapacitated by alcohol or drugs.

# FISCAL NOTE

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

BILL NO. HB 493

Revision Date: \_\_\_\_\_ Dept. Affected: Department of Law  
 Title: "An Act relating to involuntary commitment for BRU: Civil Division  
alcoholism or drug abuse." Component: General Legal Services  
 Sponsor: Representative Ivan  
 Requester: Representative Ivan COMPONENT SERIAL NO. 2087

**Expenditures/Revenues** (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ( )						
------------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY96) cost: \$ 0.0

**POSITIONS**

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME						
TEMPORARY						

**ANALYSIS:** (Attach a separate page if necessary)

This bill amends the state's existing statute, AS 47.37, concerning the involuntary commitment of persons addicted to alcohol, for the treatment of their addiction, to include addiction to drugs. The bill also increases the period of recommitment, when a person has not adequately responded to treatment during the initial 30-day commitment period, from 90 days to 180 days. Finally, the bill changes the standard of behavioral conduct that a person must exhibit before a court can order a person to be committed for treatment involuntarily. Court hearings that are necessary to invoke involuntary commitment are initiated by petition of a spouse, guardian, or a relative of the addicted person, or by a certifying physician or the administrator in charge of an approved public treatment facility. The Department of Law is not involved in these proceedings, and the bill will not have a fiscal impact on the department. We are concerned, however, with the language in the bill, which describes the grounds for involuntary commitment for alcoholism or drug abuse. Language may need to be changed so that the standards used for commitment are legally defensible. Department of Law staff is available to help resolve this concern.

Prepared by: Richard I. Peques, Director Phone: 465-3672  
 Division: Administrative Services Division Date: 2/15/96  
 Approved by Commissioner: Bruce M. Botelho, Attorney General Date: 2/15/96  
 Agency: Department of Law

**PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE**

For further distribution information, call the Governor's Legislative Office

# FISCAL NOTE

**STATE OF ALASKA**  
**1996 LEGISLATIVE SESSION**

**BILL NO: HB 493**

Revision Date: \_\_\_\_\_ Dept. Affected: Public Safety  
 Title: Involuntary commitment of alcoholism or BRU: Alaska State Troopers  
drug abuse. Component: Detachments and Judicial Services  
 Sponsor: Representative Ivan  
 Requestor: H. Judiciary **COMPONENT SERIAL NO. 0799 and 0831**

**EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)**

OPERATING	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CHANGE IN REVENUES ( )</b>	-0-	-0-	-0-	-0-	-0-	-0-
Revenue Code						

**FUND'NG: (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-


Estimate of current year (FY 96) impact: \$ \_\_\_\_\_

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

**ANALYSIS: (Attach a separate page if necessary.)**

This bill will have the impact of state troopers and court services officers being required to attend more commitment hearings or serving additional pieces of process. The impact however is estimated at less than \$500.

Prepared By: Lt. Dan Lowden Phone: 465-5505  
 Division: Alaska State Troopers Date: February 22, 1996  
 Approved by Commissioner:  Date: 2/26/96  
 Agency: Ronald L. Otte, Department of Public Safety

**PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE**  
 For further distribution information call the Governor's Legislative Office

# FISCAL NOTE

**STATE OF ALASKA**  
**1996 LEGISLATIVE SESSION**

**BILL NO. HB 493**

Revision Date: \_\_\_\_\_  
 Title: "An Act relating to involuntary commitment for alcoholism or drug abuse."  
 Sponsor: Representative Ivan  
 Requestor: House Judiciary

Dept. Affected: Administration  
 BRU: Public Defender Agency  
 Component: Public Defender Agency  
 COMPONENT SERIAL NO. 1631

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	***	***	***	***	***	***
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>

<b>CAPITAL EXPENDITURES</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>
-----------------------------	------------	------------	------------	------------	------------	------------

<b>CHANGE IN REVENUES ( )</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>
-------------------------------	------------	------------	------------	------------	------------	------------

**FUND SOURCE:** (Thousands of Dollars)

1002 Federal Receipts	***	***	***	***	***	***
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Heal'n						
OTHER						
<b>TOTAL</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>

Estimate of any current year (FY 96) cost: \$ -0-

**POSITIONS:**

FULL-TIME	***	***	***	***	***	***
PART-TIME						
TEMPORARY						

**ANALYSIS:** (Attach a separate page if necessary.)

It is anticipated that there will be a fiscal impact for the Public Defender. Cases will increase in number, as the definition is expanded to include more individuals. The recommitment hearing, as outlined under Section 8, may proceed to consideration by jury, which will require additional resources. Until some experiential basis is established, the fiscal impact is not quantifiable in terms of caseload or resource allocation.

Prepared by: John Salemi, Director  
 Division: Public Defender Agency

Phone: 264-4400  
 Date: \_\_\_\_\_

Approved by Commissioner: Mark Boyer  
 Agency: Department of Administration

Date: 5/12/95

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE  
 For further distribution information, call the Governor's Legislative Office

# FISCAL NOTE

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

BILL NO. HB 493

Revision Date: \_\_\_\_\_  
 Title: " An Act relating to involuntary commitment for alcoholism  
 or drug abuse."  
 Sponsor: Representative Ivan  
 Requestor: House Judiciary

Dept. Affected: Administration  
 BRU: Office of Public Advocacy  
 Component: Office of Public Advocacy  
 COMPONENT SERIAL NO. 43

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	***	***	***	***	***	***
<b>CAPITAL EXPENDITURES</b>	***	***	***	***	***	***
<b>CHANGE IN REVENUES ( )</b>	***	***	***	***	***	***

**FUND SOURCE:** (Thousands of Dollars)

1002 Federal Receipts	***	***	***	***	***	***
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
OTHER						
<b>TOTAL</b>	***	***	***	***	***	***

Estimate of any current year (FY 96) cost: \$ -0-

**POSITIONS:**

FULL-TIME	***	***	***	***	***	***
PART-TIME						
TEMPORARY						

**ANALYSIS:** (Attach a separate page if necessary.)

It is anticipated that there will be a fiscal impact for the Office of Public Advocacy. Section 4 of the bill calls for the appointment of a guardian ad litem to represent the individual throughout the proceedings. This, it is assumed would involve the Office of Public Advocacy. Without some experiential basis, however, the fiscal impact is not quantifiable in terms of caseload increase or resource allocation.

Prepared by: Brant McGee, Public Advocate  
 Division: Office of Public Advocacy

Phone: 274-1684  
 Date: \_\_\_\_\_

Approved by Commissioner: Mark Boyer  
 Agency: Department of Administration

Date: 1/16/96

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE  
 For further distribution information, call the Governor's Legislative Office

**Remarks on H.B. 493**  
**"An Act Relating to Involuntary Commitment for  
Alcoholism or Drug Abuse"**

House Judiciary Committee  
Representative Brian Porter, Chairperson

Mr. Chairman and Committee:

I have several quick comments concerning the proposed legislation to amend the statutes covering the involuntary commitment of alcoholics and drug addicts.

My first and most significant concern is the lack of enforcement authorization for the involuntary commitment order. I believe it would benefit this legislation if we contrasted the language on involuntary commitment of alcoholics and drug addicts to the language on involuntary mental health commitments. Under AS 47.30.790, law enforcement personnel are directed to take involuntarily committed mental health patients into custody and, if they walk away, to return them to the treatment facility. No similar language exists in H.B. 493 for alcoholic or drug addicts who walk away from the facilities to which they are committed. For this reason, some law enforcement agencies are extremely reluctant to stop alcoholics and drug abusers when they walk away from treatment facilities. Without the immediate ability to enforce the court's order, the involuntary commitment procedures become meaningless. Without language requiring law enforcement to take walk-aways into custody, I do not believe any other changes in the involuntary commitment statutes will have the desired effect.

Another concern involves the short amount of time given by the current statute to file documents with the court. In the past, most requests for commitment have typically arrived on a Friday, which requires that all other business be halted, so as to complete and file the documents by the close of the court at 4:30 p.m. Frequently, more than 12 hours of the 48 hours required by law have passed, before we are able to even deliver the case to our city attorney.

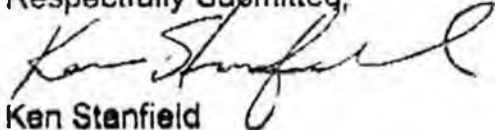
Again, we need to contrast the language of the involuntary commitment of alcoholics and drug addicts to the language of the involuntary mental health commitments (AS 47.30.805). The mental health commitment language excludes weekends and holidays when computing time. The absence of such language in the proposed law governing commitment of alcoholics and drug addicts, greatly and unnecessarily complicates the involuntary commitment process. In fact, it makes more sense to exclude weekends and holidays from the computation of time for alcohol and drug addict commitment cases. While mental health commitments can be expected to rise during regular working hours, alcohol and drug addict commitments appear to rise in the late evening, weekends, and immediately prior to weekends. Furthermore, the alcoholism and drug addict commitments require careful coordination with several professionals, including physicians who may or may not be available within the narrow time limits provided under current law.

**Remarks on H.B. 493**  
**“An Act Relating to Involuntary Commitment for  
Alcoholism or Drug Abuse”**  
**(Continued)**

One final issue concerns Section 2 of the bill, AS47.190(b), as amended. The amendment does not address the problem of service on the next-of-kin. Under present law and under the proposed revision, we are obligated to serve the next-of-kin. This is difficult to do in the very short time period allowed for service and hearing. It is also difficult because the next-of-kin for most of the alcoholics and drug addicts we deal with are unknown or difficult to locate. How do we discover who their next-of-kin is when they are in an alcoholic or drug stupor?

We are generally in support of the bill but feel it could be made more user-friendly and effective if the above-stated concerns are addressed.

Respectfully Submitted,



Ken Stanfield  
Supervisor  
Substance Abuse Services Division  
City of Ketchikan

# Alaska State Legislature



House of Representatives  
House Judiciary Committee

State Capitol, Room 120  
Juneau, Alaska 99801-1182  
(907) 465-4990

March 7, 1996

TO: House Judiciary Committee members

FROM: Tom Meyer

RE: March 8, 1996, hearing

Attached are materials for your HB 493 packets. They are the new CS version "F" of the bill and a memo from Mike Ford.

First on the calendar tomorrow, however, will be HB 341 Tax appeals. There will be a new CS but it is unavailable at the time of this memo. Several amendments to the new CS will be submitted by the Department of Revenue. Those are not yet available. Once the new CS and the amendments are available, copies will be distributed to you.



# Alaska State Legislature

Please enter into the record my testimony to the House Judiciary  
committee name

committee on H 5443 , dated 3-8-96  
bill/subject

*I support Involuntary Commitment Bill. It is  
badly needed. I support expansion of a program  
but I do not support a new program. Programs  
in existence should be provided for first.*

Signed: Leonard M. Meyer  
Testifier

Subscribed as Past Assistant Director of Long  
Term Treatment. Representing (Optional) With 30 years experience

P.O. Box 87-2735  
Address

Windsor, AK 99687

Phone No. 907-745-5304

907-745-5165 FAX



# Alaska State Legislature

Please enter into the record my testimony to the House Judiciary  
 committee name  
 committee on HB 493, dated 3/8/96  
 bill/subject

I support the changes to the involuntary commitment act.

The fiscal note to this bill is not correct as we do not need any new programs in the state. The state already has programs that could use funds in expanding their services to assist this population. There is a need for Transitional housing, this should only be the new service needed in the state.

There is already a long-term program that should be applied for meeting the needs this bill address.

Signed: Ramon Nugen Logon  
 Testifier  
Nugen Ranch  
 Representing (Optional)  
P.O. Box 871545  
 Address  
376 4534  
 Phone No.

**Remarks on H.B. 493**  
**"An Act Relating to Involuntary Commitment for**  
**Alcoholism or Drug Abuse"**

House Judiciary Committee  
Representative Brian Porter, Chairperson

Mr. Chairman and Committee:

---

**LEGISLATIVE INFORMATION OFFICE**

352 Front Street  
Ketchikan, Alaska 99901

Phone: (907) 225-9675  
Fax: (907) 225-3546

\*\*\*\*\*

Fax To: HOUSE JUDICIARY COMMITTEE  
Fax #: 465-3834  
Date: 3/6/96

Number of pages including this cover page: 2 TC # 60493  
\*\*\*\*\*

... business be halted, so as to complete and file the documents by the close of the court at 4:30 p.m. Frequently, more than 12 hours of the 48 hours required by law have passed, before we are able to even deliver the case to our city attorney.

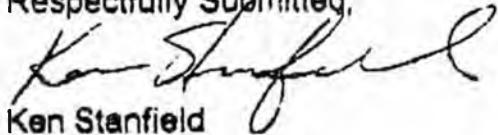
Again, we need to contrast the language of the involuntary commitment of alcoholics and drug addicts to the language of the involuntary mental health commitments (AS 47.30.805). The mental health commitment language excludes weekends and holidays when computing time. The absence of such language in the proposed law governing commitment of alcoholics and drug addicts, greatly and unnecessarily complicates the involuntary commitment process. In fact, it makes more sense to exclude weekends and holidays from the computation of time for alcohol and drug addict commitment cases. While mental health commitments can be expected to rise during regular working hours, alcohol and drug addict commitments appear to rise in the late evening, weekends, and immediately prior to weekends. Furthermore, the alcoholism and drug addict commitments require careful coordination with several professionals, including physicians who may or may not be available within the narrow time limits provided under current law.

**Remarks on H.B. 493**  
**"An Act Relating to Involuntary Commitment for  
Alcoholism or Drug Abuse"**  
(Continued)

One final issue concerns Section 2 of the bill, AS47.190(b), as amended. The amendment does not address the problem of service on the next-of-kin. Under present law and under the proposed revision, we are obligated to serve the next-of-kin. This is difficult to do in the very short time period allowed for service and hearing. It is also difficult because the next-of-kin for most of the alcoholics and drug addicts we deal with are unknown or difficult to locate. How do we discover who their next-of-kin is when they are in an alcoholic or drug stupor?

We are generally in support of the bill but feel it could be made more user-friendly and effective if the above-stated concerns are addressed.

Respectfully Submitted,



Ken Stanfield  
Supervisor  
Substance Abuse Services Division  
City of Ketchikan

It is not Representative Ivan's intent to impose unlawful restrictions on an individual. However, by using the involuntary commitment process, he hopes that lives may be saved. He also hopes that the financial impacts on different agencies may be lessened if the revolving door process many inebriates find themselves when the protective custody statues are applied."

MR. WRIGHT also added that work was done on this legislation with the Department of Law and the Division of Alcohol and Drug Abuse. He noted the CS as well with explanations about the changes to it.

Number 1930

ART SNOWDEN, II, Administrative Director, Alaska Court System stated that they had a lot of small questions which they have no answers to and some suggestions about this bill. He did give these questions and suggestions to the sponsor's aid.

MR. SNOWDEN referred to page 1, line 7 - 15. The courts want to know if there is a reason why this new commitment standard and the addition of drug abusers was included in the involuntary commitment statute, section 190 and was not included in the emergency commitment statutes section 180. If the current standard is inappropriate for regular commitments, why does it remain appropriate for emergency commitments. These are the types of issues they are most concerned with and felt confident that staff could work these out. He noted their next comment regarded page 1, line 11, and noted that the following words appear to be missing, between the words health and despite, which are "and who continue to use alcohol or drugs." He pointed out as a comparison on page 5, lines 23 and 24 where these words are spelled out. There are additional technical sections such as this which could be cleaned up as necessary.

MR. SNOWDEN stated that the fiscal note attached to this

9-LS1607F'

Ford

3/4/96

CS FOR HOUSE BILL NO. 493( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - SECOND SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVE IVAN

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to treatment for alcoholism or drug abuse."

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

3 \* Section 1. AS 47.37.180(a) is amended to read:

4 (a) An intoxicated person who (1) is incapacitated by alcohol or drugs: [HAS  
5 THREATENED, ATTEMPTED TO INFLICT, OR INFLICTED PHYSICAL HARM ON  
6 ANOTHER OR IS LIKELY TO INFLICT PHYSICAL HARM ON ANOTHER  
7 UNLESS COMMITTED,] or (2) <sup>15</sup> will be at risk of serious physical harm or illness  
8 unless committed [IS INCAPACITATED BY ALCOHOL], may be committed to an  
9 approved public treatment facility for emergency treatment. A refusal to undergo  
10 treatment does not constitute evidence of lack of judgment as to the need for treatment.

11 \* Sec. 2. AS 47.37.190(a) is amended to read:

12 (a) A [AFTER A HEARING INITIATED BY PETITION OF A] spouse or  
13 guardian, a relative, the certifying physician, or the administrator in charge of an  
14 approved public treatment facility may petition the court for a 30-day involuntary  
15 commitment order [, A PERSON MAY BE COMMITTED TO THE CUSTODY OF

1 A PRIVATE OR PUBLIC FACILITY BY THE SUPERIOR COURT]. The petition  
2 must allege that the person is an alcoholic or drug abuser who [HABITUALLY  
3 LACKS SELF-CONTROL IN USING ALCOHOLIC BEVERAGES AND THAT THE  
4 PERSON (1) HAS THREATENED, ATTEMPTED TO INFLICT, OR INFLICTED  
5 PHYSICAL HARM ON ANOTHER AND THAT UNLESS COMMITTED IS LIKELY  
6 TO INFLICT PHYSICAL HARM ON ANOTHER; OR (2)] is incapacitated by alcohol  
7 or drugs, or who, if not treated, will be at risk of serious physical harm or illness.

8 A refusal to undergo treatment does not constitute evidence of lack of judgment as to the  
9 need for treatment. The petition must be accompanied by a certificate of a licensed  
10 physician who has examined the person within two days before submission of the  
11 petition, unless the person whose commitment is sought has refused to submit to a  
12 medical examination, in which case the fact of refusal must be alleged in the petition.  
13 The certificate must set out the physician's findings in support of the allegations of the  
14 petition.

15 \* Sec. 3. AS 47.37.190(b) is amended to read:

16 (b) After the petition is filed, the court shall fix a date for a hearing no later than  
17 10 days after the date the petition was filed. A copy of the petition and of the notice of  
18 the hearing, including the date fixed by the court, shall be served on

19 (1) the petitioner;

20 (2) the person whose commitment is sought or the person's guardian,

21 if any;

22 (3) the attorney representing [NEXT OF KIN OF] the person whose  
23 commitment is sought;

24 (4) the administrator in charge of the approved public or private  
25 treatment facility in which the committed person has been committed for emergency  
26 care; and

27 (5) any other person the court considers appropriate. [A COPY OF THE  
28 PETITION AND CERTIFICATE SHALL BE DELIVERED TO EACH PERSON  
29 NOTIFIED.]

30 \* Sec. 4. AS 47.37.190(c) is repealed and reenacted to read:

31 (c) A person who is the subject of a petition filed under this section does not  
32 have the right to a jury.

1 \* Sec. 5. AS 47.37.200 is repealed and reenacted to read:

2 Sec. 47.37.200. HEARING ON PETITION FOR INVOLUNTARY  
3 COMMITMENT. (a) At the hearing for a 30-day commitment required under  
4 AS 47.37.190(b), the court shall hear all relevant testimony, including, if possible, the  
5 testimony of at least one licensed physician who has examined the person whose  
6 commitment is sought. [The person whose commitment is sought shall be present unless  
7 the court believes that being present is likely to be injurious to the person,] in which case  
8 the court shall appoint a guardian ad litem to represent the person throughout the  
9 proceeding. [The court may examine the person in open court, or, if advisable, examine  
10 the person out of court. If the person has refused to be examined by a licensed  
11 physician, the person shall be given an opportunity to request examination by a court-  
12 appointed licensed physician. If the person fails to request a medical examination and  
13 there is sufficient evidence to believe that the allegations of the petition are true, or, if  
14 the court believes that more medical evidence is necessary, the court may issue a  
15 temporary order committing the person to a private or public facility for a period of not  
16 more than five days for purposes of a diagnostic examination.

17 (b) If after hearing all relevant evidence, including the results of any diagnostic  
18 examination by the private or public facility, the court finds that grounds for involuntary  
19 commitment have been clearly established, the court shall issue an order of 30-day  
20 commitment to the private or public facility.

21 (c) A person committed for a 30-day period shall remain in the custody of a  
22 private or public facility for treatment for a period of not more than 30 days. At the end  
23 of the 30-day period, the person shall be automatically discharged unless the director of  
24 the approved public facility or approved private facility, before the expiration of the  
25 period, <sup>files a petition</sup> ~~obtains a court order~~ for recommitment under AS 47.37.205.

26 (d) A private or public facility shall provide adequate and appropriate treatment  
27 for a person in its custody. A public facility may transfer a person in its custody from  
28 one approved public treatment facility to another if the transfer is medically advisable.

29 (e) A person committed to the custody of an approved public facility, or an  
30 approved private facility shall be discharged at any time before the end of the period for  
31 which the person has been committed if either of the following conditions is met:

32 (1) further treatment is not likely to bring about significant improvement

1 in the person's condition; or

2 (2) treatment is no longer adequate or appropriate.

3 (f) The court shall inform the person whose commitment or recommitment is  
4 sought of the right to contest the petition, to be represented by counsel at every stage of  
5 the proceedings relating to commitment and recommitment, to have counsel appointed  
6 by the court or provided by the court, if the person is unable to obtain counsel, and of  
7 the right to a jury trial if recommitment is sought under AS 47.37.205. If the court  
8 believes that the person needs the assistance of counsel, the court shall require counsel,  
9 by appointment if necessary, regardless of the person's objection. ] The person whose  
10 commitment or recommitment is sought shall be informed of the right to be examined  
11 by a licensed physician of the person's choice. If the person is unable to obtain a  
12 licensed physician and requests examination by a physician, the court shall appoint a  
13 licensed physician for the examination.

14 (g) If a private treatment facility agrees with the request of a competent patient  
15 or the patient's parent, adult sibling, adult child, or guardian to accept the patient for  
16 treatment, the administrator of the public treatment facility shall transfer the patient to  
17 the private treatment facility.

18 (h) A person committed under this chapter may at any time seek discharge from  
19 commitment by writ of habeas corpus under AS 12.75.

20 \* Sec. 6. AS 47.37 is amended by adding a new section to read:

21 Sec. 47.37.205. PROCEDURE FOR RECOMMITMENT FOLLOWING 30-  
22 DAY COMMITMENT. (a) At any time during a person's 30-day commitment, the  
23 director of an approved public facility or approved private facility may file with the court  
24 a petition for a 180-day commitment of that person. The petition must include all  
25 material required under AS 47.37.190(a) except that references to "30 days" shall be read  
26 as "180 days" and must allege that the person continues to be an alcoholic or drug abuser  
27 who is incapacitated by alcohol or drugs, or who continues to be at risk of serious  
28 physical harm or illness.

29 (b) Upon the filing of a petition for recommitment under (a) of this section, the  
30 court shall fix a date for hearing no later than 10 days after the date the petition was  
31 filed. A copy of the petition and of the notice of hearing, including the date fixed by  
32 the court, shall be served on

- 1 (1) the petitioner;
- 2 (2) the person whose recommitment is sought or the person's guardian,
- 3 if any;
- 4 (3) the attorney representing the person whose recommitment is sought;
- 5 (4) the original petitioner under AS 47.37.190(a), if different from the
- 6 petitioner for recommitment;
- 7 (5) any other person the court considers appropriate.

8 (c) If, not less than two days before the date set for a recommitment hearing

9 under (a) of this section, the person being recommitted or the person's counsel or advisor

10 files a written request with the court, the court shall summon and impanel a jury of six

11 residents of the judicial district to hear and consider evidence concerning the condition

12 of the person being recommitted.

13 (d) At the hearing regarding recommitment for a 180-day period, the court or

14 jury shall proceed as provided in AS 47.37.200(a) and (b).

15 (e) The provisions of AS 47.37.200(d) - (h) shall apply equally to periods of

16 recommitment under this section, except that references to "30 days" shall be read as

17 "180 days."

18 \* Sec. 7. AS 47.37.270(1) is amended to read:

19 (1) "alcoholic or drug abuser" means a person who demonstrates

20 increased tolerance to alcohol or drugs, who suffers from withdrawal when alcohol

21 or drugs are not available, <sup>who</sup> ~~whose~~ <sup>is</sup> ~~habitual~~ ~~lack of~~ self-control concerning the use

22 of alcohol or drugs causes significant hazard to the person's health, and who

23 continues to use alcohol or drugs despite the adverse consequences [HABITUALLY

24 LACKS SELF-CONTROL IN USING ALCOHOLIC BEVERAGES, OR USES

25 ALCOHOLIC BEVERAGES TO THE EXTENT THAT THE PERSON'S HEALTH IS

26 SUBSTANTIALLY IMPAIRED OR ENDANGERED, OR THE PERSON'S SOCIAL

27 OR ECONOMIC FUNCTION IS SUBSTANTIALLY DISRUPTED];

28 \* Sec. 8. AS 47.37.270(1G) is amended to read:

29 (10) "incapacitated by alcohol or drugs" means a person who is

30 unconscious or whose judgment is otherwise so impaired that the person is incapable of

31 realizing and making [A] rational decisions [DECISION] with respect to the [A] need

32 for treatment, is unable to take care of the person's basic personal needs or safety,

1 including food, clothing, shelter, or medical care [AS EVIDENCED OBJECTIVELY  
2 BY EXTREME PHYSICAL DEBILITATION, PHYSICAL HARM OR THREATS OF  
3 HARM TO OTHERS OR CHRONIC INABILITY TO HOLD REGULAR  
4 EMPLOYMENT];

5 \* Sec. 9. AS 47.37.270(13) is amended to read:

6 (13) "intoxicated person" means a person whose mental or physical  
7 functioning is substantially impaired as a result of the use of alcohol or drugs;

8 \* Sec. 10. AS 47.37.270(14) is amended to read:

9 (14) "treatment" means the broad range of emergency, outpatient,  
10 intermediate, and inpatient services and care that may be extended to alcoholics, [AND]  
11 intoxicated persons, or drug abusers, including diagnostic evaluation, medical,  
12 psychiatric, psychological, and social service care, vocational rehabilitation and career  
13 counseling;

March 7, 1996

TO: BP

FROM: Tom

RE: New CS v. "F" of HB 341 Involuntary commitment

Attached is the new "F" of <sup>493</sup>341 and a memo from Mike Ford about it. Version "C" is the previous version.

The title is changed.

Section 1: This is new. Amends AS 47.37.180(a) which is the provision for emergency commitment of inebriates. This provision wasn't covered in the previous version and is appropriately amended to reflect the changes in the companion provisions below.

The amendment changes the standard for emergency commitments. Instead of being assaultive or incapacitated by alcohol to be committed, the person must be incapacitated by alcohol or drugs or at risk of serious physical harm or illness unless committed.

"Incapacitated by alcohol or drugs" is defined later in the bill in section 8.

Section 2: Unchanged from section 1 of "C": creates a new standard for committing inebriates and drug users. Presently, to be committed, one has to habitually lack self control due to alcohol and has to (attempt to) assault others and unless committed will likely assault another, *OR* be incapacitated by alcohol.

Now, in the new bill, you can be committed if you are *incapacitated by alcohol or drugs and if left untreated would be at risk of serious physical harm or illness.*

So, with the new bill, there is no longer any element involving being assaultive to others.

The definition of "incapacitated by alcohol or drugs" must be reviewed at this point. In section 8 of the bill, this is now being defined as being a person who "is unconscious or whose judgment is otherwise so impaired that the person is incapable of realizing and making rational decisions with

to the need for treatment, is unable to take care of the person's basic personal needs or safety, including food, clothing, shelter, or medical care.

The new definition adds the inability to take of basic personal needs and drops objective behaviours and conditions such as physical debilitation and harm to self/others and chronic unemployment.

Section 3: This is section 2 from "C". It amends AS 47.37.190(b) which discusses the procedure for petition filing. The new version reorganizes "C". Other changes are that the inebriate's guardian must be served and his attorney, rather than the next of kin. (The Courts had a problem with service on next of kin--too expensive.)

Section 4: No jury trial on 30-day commitment. Same as section 3 of "C".

Section 5: This is section 4 of "C". It is unchanged. It sets forth the pretrial, trial, and post-trial procedures and related rights.

*Art Snowden raised a concern about appointment of counsel and whether the PD/OPA were involved.* The new version has not changed "C" with respect to appointment. In AS 47.37.200(f), the provision is simply that the inebriate has the right to counsel, can be appointed counsel by the court and that the court can do so over objection of the inebriate.<sup>1</sup> Licensed physicians can also be appointed by the court if the inebriate so requests. It doesn't appear that Snowden's concerns were addressed.

Section 6: This is the same as section 5 in "C". It sets forth the procedures for recommitment. The periods of commitment are doubled from existing law--90 days to 180. <sup>2</sup>

Section 7: Unchanged from section 6 of "C". Presently, an "alcoholic" habitually lacks self-control in use of alcohol, or uses alcohol to the extent that their health is substantially impaired or endangered, or their social or economic function is substantially disrupted.

---

<sup>1</sup>In a criminal proceeding, a defendant can waive the right to counsel provided he is competent to represent oneself. I'm not sure its appropriate to bootstrap an attorney to the respondent.

<sup>2</sup>I fielded a call from the head of Akeela House in Anchorage, a long-term facility. She complained that 180 days had no basis in reality and was too long.

Now, an alcoholic or drug abuser "demonstrates increased tolerance to alcohol or drugs, suffers from withdrawal, whose [sic] habitual lack of self-control causes a significant hazard to health and continues to use despite adverse consequences."<sup>3</sup>

Section 8: Unchanged from section 7 of "C". This is the definition of "incapacitated by alcohol or drugs".

Section 9: Ditto for section 8.

Section 10: Ditto for section 9.

Per Mike Ford's attached memo, you can see that he has a problem with the definition for "intoxicated person" found in section 9 above. He states that the new definition will affect AS 47.37.030 - 050, 130(c), 150, 170(a),(g),(i). These provisions are part of the Uniform Alcoholism and Intoxication Treatment Act, which includes the commitment procedures. Mike's concerns may be valid and broader than he realizes. What Ford is saying is that by adding in drug abusers, we change by implication part of the focus of the act.

---

<sup>3</sup>I have several concerns about the new definition, not that the old one was any good. First, are we sure that an "alcoholic" and "drug abuser" should draw the same description? Both terms are tied together in the definition. For purposes of the commitment statute, would the experts agree that alcoholics and drug abusers be defined similarly? Second, this definition is drawn up by an attorney--did they rely on an expert's advice in deciding how the State defines an alcoholic or drug abuser? Third, there is inartfulness in the definition. We are defining what an alcoholic and drug abuser are. There are essentially four ingredients in this definition. I do not like the third: "...whose habitual lack of self-control concerning...". The other three ingredients use adverbs, "demonstrates", "suffers", and "continues". This third ingredient needs to read "habitually lacks self-control concerning". Left unchanged, there is a built-in assumption that the person has the habit of no self-control.

legislation is just under \$80,000. Their fiscal note could be cut more than in half if some small changes were made. On the original bill and also in the present draft, on page 2, line 26, it is suggested that the court would appoint a guardian ad litem. The courts would have to do this privately and it has a cost. If it was stated rather that the court could appoint the Office of Public Advocacy (OPA), who has guardian ad litem services, then it wouldn't have a cost for the court system. OPA presently has some of the best trained guardian ad litem representatives in the nation.

MR. SNOWDEN stated that if the court has to pay for appointed counsel, perhaps it should be in OPA, for example, now the public defender does represent people who have been committed based on mental illness. The only significant comment Mr. Snowden wished to make other than the technical, was that the courts think there is an unworkable provision in the bill, which requires the respondent's next-of-kin be notified of the commitment petition and be given notice of a hearing. It is often the case that respondents in this type of hearing are very transient and uncooperative, or might have mental illness and don't know who their next-of-kin is. It is very hard to make these notifications, if not impossible. The courts believe that this legislation should allow a provision for a waiver of this requirement. If not a waiver, at least a notice in the newspaper.

Number 2182

REPRESENTATIVE TOOHEY asked in his long history of handling these involuntary commitments, did Mr. Snowden feel that these ever worked.

MR. SNOWDEN pointed out that his job is to administer the court and keep it efficient. He felt as though judge's opinions on this subject would vary. A lot of people might say that it's good to

get these individuals off the street since they pose a danger to themselves or others, but there are some people who say that this commitment process would not make a difference one way or another.

REPRESENTATIVE TOOHEY said she feared that this type of commitment would be very expensive. She also questioned this procedure being applied in small villages which might not have incarceration facilities. Would these individuals be shipped to Anchorage or Nome?

CHAIRMAN PORTER asked if there was a requirement for appointed counsel under the current commitment procedure.

MR. SNOWDEN responded that they have done this, but it's very rare. However, the court felt that under the terms of this bill that the appointment of an attorney for indigent people, which would cost over \$45,000 of this bill's fiscal note which would go to the private bar. He thought a guardian ad litem provision would cut the cost in half.

Number 2300

DON DAPCEVICH, Executive Director, Governor's Advisory Board on Alcoholism & Drug Abuse, testified in support of HB 493. In preparation for this hearing his staff prepared a cost benefit analysis related to commitments, based on commitments executed in the community of Juneau. Juneau is the only community which uses the commitment law presently in place. Mr. Dapcevich was the treatment director for this program in a previous life and he's had the opportunity to bring 35 commitments, a first hand exposure to the process.

MR. DAPCEVICH felt as though this commitment process was a humane way to treat people who are not willing or unable to recognize their needs for intervention. The board recognizes that the treatment success rate is fairly low with this population, but the

# Alaska State Legislature



## House of Representatives House Judiciary Committee

State Capitol, Room 120  
Juneau, Alaska 99801-1182  
(907) 465-4990

March 7, 1996

TO: House Judiciary Committee members

FROM: Tom Meyer

RE: March 8, 1996, hearing

Attached are materials for your HB 493 packets. They are the new CS version "F" of the bill and a memo from Mike Ford.

First on the calendar tomorrow, however, will be HB 341 **Tax appeals**. There will be a new CS but it is unavailable at the time of this memo. Several amendments to the new CS will be submitted by the Department of Revenue. Those are not yet available. Once the new CS and the amendments are available, copies will be distributed to you.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101

130 Seward Street, Suite 409  
Juneau, Alaska 99801-2105

## MEMORANDUM

March 4, 1996

**SUBJECT:** Alcoholism treatment - (CSHB 493( ))

**TO:** Representative Ivan Ivan  
Attn: Tom Wright

**FROM:** Michael F. Ford *M.F. Ford*  
Legislative Counsel

The enclosed work draft reflects the changes suggested by Shannon O'Fallon. As a result of the change to the definition of "intoxicated person" in sec. 9 of the work draft, the term now includes impairment from both alcohol and drugs. This change affects other provisions of AS 47.37 and therefore I have broadened the title of the work draft.

The change to the definition of "intoxicated person" affects AS 47.37.030 - 47.37.050 and 47.37.150 and also raises other substantive issues regarding the application of existing law. You should carefully consider the effects of this change as to AS 47.37.130(c), 47.37.170(a), (g), and (i), and 47.37.230. For example, under AS 47.37.230 it would appear that a change to the definition of "intoxicated person" may require additional training for emergency service patrols. Finally, you should consider whether AS 47.37.210(b) should be amended to specifically include "drugs".

Let me know if you wish to make additional changes.

MFF:klb  
96-148.klb

Enclosure

# STATE OF ALASKA

## DEPARTMENT OF CORRECTIONS

TONY KNOWLES, GOVERNOR

REPLY TO:

4500 DIPLOMACY DRIVE  
ANCHORAGE, ALASKA 99508-5918

October 26, 1995

RECEIVED OCT 30 1995

Mr. Don Dapcevitch  
Executive Director  
State of Alaska Advisory Board  
on Alcoholism & Drug Abuse  
Post Office Box 10608  
Juneau, Alaska 99811-0608

Re: Title 47 Admissions

Dear Don:

Steve Schwartz, DOC Research Analyst, recently compiled more information on the Title 47 Admissions. I believe it will be helpful in understanding who the Title 47's are:

### Glossary for Non-Criminal Admission by FY Year, Location & Month

(1)

Page one is the total number of Non-Criminal admissions for the last five fiscal years. The table further indicates the facility where the admissions occurred and the month of occurrence for each of the last five fiscal years. Admissions are totaled by location for the fiscal year as well as by month. A grand total for each fiscal year is also computed.

(2)

Page two is the total number of Non-Criminal admissions for the last five fiscal years by gender and race. Totals for race and gender are computed as well as a total for the fiscal year. A grand total for all five fiscal years is also computed.

(3)

Pages three, four, and five are the total number of Non-Criminal admissions for the last five fiscal years by race and age group. Totals for race and age group are computed as well as a total for the fiscal year. A grand total for all five fiscal years is also computed for race and age group.

D. Dapcevitch  
Re: Title 47's  
October 26, 1995  
Page 2

(4)

Pages six, seven, and eight are the frequency of Non-Criminal admissions for individuals by fiscal year, for the last five fiscal years. In other words in fiscal year 1991 1,176 individuals were admitted one time under title 47, 235 individuals were admitted twice under title 47 in 1991. One individual was admitted 58 times in 1991 under title 47.

(5)

Page nine is a grand total for the frequency of Non-Criminal admissions for individuals for the entire five year period. Frequency totals, percentage of the total, cumulative frequency and cumulative percent for frequency of admission is computed for the five year period.

Please feel free to give me(269-7417) or Steve Schwartz(269-7392) a call if you have any questions regarding the data.

Yours truly,



Sarah Williams  
Substance Abuse Program Coordinator

SW:dc

cc: Margaret Pugh, Commissioner  
Frank Sauser, Director, Division of Institutions  
Lynda Zaugg, Director, Community Corrections  
Bob Cole, Director, Administrative Services  
Loren Jones, Executive Director, ADA

Non-Criminal Admissions by FY Year, Location and Month

FY 1986	July	August	September	October	November	December	January	February	March	April	May	June	Yearly Total
ANCHORAGE-6TH AVE.	33	26	29	51	37	49	34	43	25	22	20	14	369
ANVIL MTH CC	25	27	14	32	5	20	24	19	30	25	17	15	273
FAIRBANKS CC	105	101	116	92	57	95	57	60	111	140	82	90	1,112
KETCHIKAN CC	1	1	3	2	2	0	1	1	1	1	3	1	17
LEMON CREEK CC	10	14	12	15	7	12	11	10	10	22	21	18	171
MATSU PRE-TRIAL	2	2	0	2	3	0	3	1	2	3	4	0	28
WILDWOOD PT	9	6	4	4	0	7	6	5	5	7	2	4	59
YUKON-KUSKOKWIM CC	93	103	85	124	76	61	50	69	75	89	58	82	963
<b>Total</b>	<b>278</b>	<b>260</b>	<b>240</b>	<b>322</b>	<b>207</b>	<b>264</b>	<b>186</b>	<b>214</b>	<b>268</b>	<b>309</b>	<b>211</b>	<b>224</b>	<b>3,012</b>

FY 1984	July	August	September	October	November	December	January	February	March	April	May	June	Yearly Total
ANCHORAGE-6TH AVE.	18	30	30	28	31	43	44	64	123	124	66	40	641
ANVIL MTH CC	11	10	8	6	16	6	6	2	6	7	5	6	93
FAIRBANKS CC	63	72	87	61	87	47	57	64	82	91	75	84	850
KETCHIKAN CC	3	7	4	3	5	4	3	0	1	2	0	3	35
LEMON CREEK CC	19	6	10	22	6	6	6	6	6	4	6	9	114
MATSU PRE-TRIAL	3	1	2	0	4	2	2	0	0	1	0	1	16
WILDWOOD PT	7	5	7	6	6	4	6	3	2	3	5	6	60
YUKON-KUSKOKWIM CC	100	113	60	71	106	64	28	55	60	54	68	58	843
<b>Total</b>	<b>230</b>	<b>248</b>	<b>188</b>	<b>199</b>	<b>263</b>	<b>178</b>	<b>154</b>	<b>194</b>	<b>282</b>	<b>286</b>	<b>225</b>	<b>207</b>	<b>2,652</b>

FY 1983	July	August	September	October	November	December	January	February	March	April	May	June	Yearly Total
ANCHORAGE-6TH AVE.	30	27	34	25	45	34	29	42	50	54	25	24	426
ANVIL MTH CC	7	11	10	7	9	17	9	9	11	15	14	17	136
FAIRBANKS CC	83	63	53	63	66	71	82	54	92	71	86	66	810
KETCHIKAN CC	9	8	7	3	8	5	5	11	2	6	6	1	71
LEMON CREEK CC	9	12	10	15	17	5	16	6	14	14	13	18	149
MATSU PRE-TRIAL	4	4	5	6	1	4	6	4	1	1	3	3	44
WILDWOOD PT	8	10	6	7	1	4	5	3	5	3	7	3	64
YUKON-KUSKOKWIM CC	76	93	72	83	101	101	59	55	80	71	99	67	937
<b>Total</b>	<b>228</b>	<b>276</b>	<b>190</b>	<b>189</b>	<b>248</b>	<b>241</b>	<b>193</b>	<b>193</b>	<b>255</b>	<b>235</b>	<b>233</b>	<b>197</b>	<b>2,837</b>

FY 1982	July	August	September	October	November	December	January	February	March	April	May	June	Yearly Total
ANCHORAGE-6TH AVE.	38	35	31	48	46	32	54	42	37	20	22	17	420
ANVIL MTH CC	14	15	11	8	15	11	9	9	14	13	18	10	147
FAIRBANKS CC	58	60	82	45	33	43	48	31	55	45	89	70	619
KETCHIKAN CC	13	9	14	10	5	6	9	7	15	15	4	3	110
LEMON CREEK CC	19	29	27	18	31	17	10	13	16	5	14	21	220
MATSU PRE-TRIAL	13	20	10	11	14	18	11	6	4	3	6	7	123
WILDWOOD PT	12	5	3	5	4	3	3	2	5	10	9	3	64
YUKON-KUSKOKWIM CC	68	84	43	47	74	29	38	44	50	47	33	54	600
<b>Total</b>	<b>231</b>	<b>257</b>	<b>201</b>	<b>192</b>	<b>222</b>	<b>157</b>	<b>182</b>	<b>158</b>	<b>196</b>	<b>158</b>	<b>175</b>	<b>165</b>	<b>2,312</b>

FY 1981	July	August	September	October	November	December	January	February	March	April	May	June	Yearly Total
ANCHORAGE-6TH AVE.	41	40	54	62	72	80	75	101	93	55	42	39	751
ANVIL MTH CC	9	11	25	14	10	12	7	16	12	19	21	15	171
FAIRBANKS CC	45	60	80	51	64	42	45	39	73	80	47	32	658
KETCHIKAN CC	14	12	25	9	12	7	7	6	7	4	3	9	115
LEMON CREEK CC	16	19	25	19	11	12	13	23	28	19	23	12	220
MATSU PRE-TRIAL	6	15	17	7	9	10	6	7	7	6	8	11	109
WILDWOOD PT	8	2	2	3	3	1	1	4	2	5	1	2	34
YUKON-KUSKOKWIM CC	110	103	70	77	94	68	56	53	52	47	41	49	620
<b>Total</b>	<b>240</b>	<b>282</b>	<b>278</b>	<b>242</b>	<b>275</b>	<b>232</b>	<b>210</b>	<b>249</b>	<b>274</b>	<b>235</b>	<b>188</b>	<b>166</b>	<b>2,878</b>

**Title 47 Admissions by Fiscal Year  
Sex and Race**

Fiscal Year 1991	Native					Total
	Asian	Black	Hispanic	American	White	
Female	0	3	1	524	74	602
Male	3	26	17	1,733	498	2,277
Unknown	0	0	0	0	0	0
Total	3	29	18	2,257	572	2,879

Fiscal Year 1992	Native					Total
	Asian	Black	Hispanic	American	White	
Female	0	3	0	421	52	476
Male	3	10	22	1,383	419	1,837
Unknown	0	0	0	0	0	0
Total	3	13	22	1,804	471	2,313

Fiscal Year 1993	Native					Total
	Asian	Black	Hispanic	American	White	
Female	1	10	1	498	75	585
Male	4	11	14	1,586	437	2,052
Unknown	0	0	0	0	0	0
Total	5	21	15	2,084	512	2,637

Fiscal Year 1994	Native					Total
	Asian	Black	Hispanic	American	White	
Female	1	6	2	516	74	599
Male	3	12	18	1,528	491	2,052
Unknown	0	0	0	0	0	1
Total	4	18	20	2,044	565	2,652

Fiscal Year 1995	Native					Total
	Asian	Black	Hispanic	American	White	
Female	2	7	0	650	64	723
Male	8	32	14	1,755	477	2,286
Unknown	0	0	0	0	0	3
Total	10	39	14	2,405	541	3,012

Grand Totals	25	120	89	10,594	2,661	13,493
--------------	----	-----	----	--------	-------	--------

**Title 47 Admissions by Fiscal Year  
Race and Age**

Fiscal Year 1995	Native					Total
	Asian	Black	Hispanic	American	White	
18 and Under	0	0	0	13	4	17
19 to 20	0	1	0	28	5	34
21 to 24	0	3	2	185	21	211
25 to 29	1	5	1	260	69	336
30 to 34	0	2	2	459	96	559
35 to 39	0	2	1	409	113	525
40 to 44	1	16	3	365	92	477
45 to 49	8	7	0	216	80	311
50 to 54	0	0	0	182	29	211
55 to 59	0	1	4	139	21	165
60 to 64	0	1	1	73	5	80
65 and Older	0	1	0	76	6	83
Unknown						3
Total	10	39	14	2,405	541	3,012
Grand Total	25	120	89	10,592	2,661	13,487

**Title 47 Admissions by Fiscal Year  
Race and Age**

Fiscal Year 1993	Native					Total
	Asian	Black	Hispanic	American	White	
18 and Under	0	0	0	18	5	23
19 to 20	0	1	0	33	6	40
21 to 24	0	1	1	153	24	179
25 to 29	0	2	2	351	48	403
30 to 34	1	1	5	328	109	442
35 to 39	1	10	3	354	112	480
40 to 44	0	3	1	251	111	366
45 to 49	2	0	0	198	49	249
50 to 54	1	0	3	120	15	139
55 to 59	0	1	0	146	28	175
60 to 64	0	0	0	53	1	54
65 and Older	0	2	0	81	4	87
<b>Total</b>	<b>5</b>	<b>21</b>	<b>15</b>	<b>2,084</b>	<b>512</b>	<b>2,637</b>

Fiscal Year 1994	Native					Total
	Asian	Black	Hispanic	American	White	
18 and Under	0	0	0	17	4	21
19 to 20	0	1	1	18	4	24
21 to 24	0	0	1	127	19	147
25 to 29	0	2	2	283	31	318
30 to 34	1	8	4	394	123	530
35 to 39	0	2	3	336	155	496
40 to 44	0	1	7	278	94	380
45 to 49	2	4	0	206	82	294
50 to 54	0	0	2	114	25	141
55 to 59	0	0	0	134	14	148
60 to 64	0	0	0	74	3	77
65 and Older	1	0	0	63	11	75
Unknown						1
<b>Total</b>	<b>4</b>	<b>18</b>	<b>20</b>	<b>2,044</b>	<b>565</b>	<b>2,652</b>

**Title 47 Admissions by Fiscal Year  
Race and Age**

Fiscal Year 1991	Native					Total
	Asian	Black	Hispanic	American	White	
18 and Under	0	0	0	21	2	23
19 to 20	0	1	0	40	5	46
21 to 24	1	8	0	196	32	237
25 to 29	0	5	4	390	74	473
30 to 34	1	4	6	426	103	540
35 to 39	1	3	7	304	117	432
40 to 44	0	7	0	259	104	370
45 to 49	0	1	1	194	46	242
50 to 54	0	0	0	128	38	166
55 to 59	0	0	0	134	25	159
60 to 64	0	0	0	66	16	82
65 and Older	0	0	0	98	10	108
<b>Total</b>	<b>3</b>	<b>29</b>	<b>18</b>	<b>2,256</b>	<b>572</b>	<b>2,878</b>

Fiscal Year 1992	Native					Total
	Asian	Black	Hispanic	American	White	
18 and Under	0	0	0	15	3	18
19 to 20	0	0	0	23	7	30
21 to 24	1	2	2	153	37	195
25 to 29	1	0	2	316	51	370
30 to 34	1	3	2	276	99	381
35 to 39	0	4	5	293	130	432
40 to 44	0	3	3	188	59	253
45 to 49	0	0	0	170	29	199
50 to 54	0	1	8	93	27	129
55 to 59	0	0	0	118	14	132
60 to 64	0	0	0	59	2	61
65 and Older	0	0	0	99	13	112
<b>Total</b>	<b>3</b>	<b>13</b>	<b>22</b>	<b>1,803</b>	<b>471</b>	<b>2,312</b>

## Title 47 Admissions by Fiscal Year

### Fiscal Year 1991

Number of Admissions	Frequency Percent		Cumulative Frequency Percent	
	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1,176	72.3	1,176	72.3
2	235	14.4	1,411	86.7
3	87	5.3	1,498	92.1
4	45	2.8	1,543	94.8
5	22	1.4	1,565	96.2
6	15	0.9	1,580	97.1
7	10	0.6	1,590	97.7
8	9	0.6	1,599	98.3
9	5	0.3	1,604	98.6
10	4	0.2	1,608	98.8
11	2	0.1	1,610	99
12	2	0.1	1,612	99.1
13	4	0.2	1,616	99.3
14	1	0.1	1,617	99.4
15	1	0.1	1,618	99.4
16	1	0.1	1,619	99.5
17	1	0.1	1,620	99.6
18	2	0.1	1,622	99.7
19	1	0.1	1,623	99.8
25	1	0.1	1,624	99.8
31	1	0.1	1,625	99.9
36	1	0.1	1,626	99.9
58	1	0.1	1,627	100

### Fiscal Year 1992

Number of Admissions	Frequency Percent		Cumulative Frequency Percent	
	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1,026	73.8	1,026	73.8
2	195	14	1,221	87.8
3	79	5.7	1,300	93.5
4	29	2.1	1,329	95.5
5	18	1.3	1,347	96.8
6	11	0.8	1,358	97.6
7	9	0.6	1,367	98.3
8	4	0.3	1,371	98.6
9	6	0.4	1,377	99
10	3	0.2	1,380	99.2
11	1	0.1	1,381	99.3
12	4	0.3	1,385	99.6
13	1	0.1	1,386	99.6
16	2	0.1	1,388	99.8
19	1	0.1	1,389	99.9
21	1	0.1	1,390	99.9
65	1	0.1	1,391	100

## Title 47 Admissions by Fiscal Year

### Fiscal Year 1993

Number of Admissions	Frequency		Cumulative	
	Frequency	Percent	Frequency	Percent
1	1,139	72.6	1,139	72.6
2	241	15.4	1,380	88
3	79	5	1,459	93
4	47	3	1,506	96
5	15	1	1,521	96.9
6	14	0.9	1,535	97.8
7	6	0.4	1,541	98.2
8	3	0.2	1,544	98.4
9	6	0.4	1,550	98.8
10	3	0.2	1,553	99
11	5	0.3	1,558	99.3
12	1	0.1	1,559	99.4
13	2	0.1	1,561	99.5
16	1	0.1	1,562	99.6
17	1	0.1	1,563	99.6
19	1	0.1	1,564	99.7
20	1	0.1	1,565	99.7
22	1	0.1	1,566	99.8
23	1	0.1	1,567	99.9
25	1	0.1	1,568	99.9
47	1	0.1	1,569	100

### Fiscal Year 1994

Number of Admissions	Frequency		Cumulative	
	Frequency	Percent	Frequency	Percent
1	1,172	73	1,172	73
2	224	14	1,396	87
3	87	5.4	1,483	92.4
4	49	3.1	1,532	95.5
5	26	1.6	1,558	97.1
6	15	0.9	1,573	98
7	6	0.4	1,579	98.4
8	8	0.5	1,587	98.9
9	4	0.2	1,591	99.1
10	2	0.1	1,593	99.3
11	3	0.2	1,596	99.4
12	2	0.1	1,598	99.6
14	2	0.1	1,600	99.7
18	2	0.1	1,602	99.8
21	1	0.1	1,603	99.9
24	1	0.1	1,604	99.9
27	1	0.1	1,605	100

## Title 47 Admissions by Fiscal Year

Fiscal Year 1995

Number of Admissions			Cumulative	Cumulative
	Frequency	Percent	Frequency	Percent
1	1,192	70.6	1,192	70.6
2	245	14.5	1,437	85.1
3	106	6.3	1,543	91.4
4	39	2.3	1,582	93.7
5	24	1.4	1,606	95.1
6	23	1.4	1,629	96.5
7	17	1	1,646	97.5
8	10	0.6	1,656	98.1
9	10	0.6	1,666	98.7
10	2	0.1	1,668	98.8
11	3	0.2	1,671	99
12	5	0.3	1,676	99.3
13	2	0.1	1,678	99.4
14	4	0.2	1,682	99.6
15	1	0.1	1,683	99.7
16	1	0.1	1,684	99.8
17	1	0.1	1,685	99.8
18	1	0.1	1,686	99.9
23	1	0.1	1,687	99.9
25	1	0.1	1,688	100

## Title 47 Admissions by Fiscal Year

Fiscal Year 1991 - 1995

Number of Admissions	Frequency Percent		Cumulative Frequency Percent	
	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	3,311	62.4	3,311	62.4
2	822	15.5	4,133	77.9
3	382	7.2	4,515	85.1
4	197	3.7	4,712	88.8
5	121	2.3	4,833	91.1
6	93	1.8	4,926	92.8
7	73	1.4	4,999	94.2
8	65	1.2	5,064	95.4
9	38	0.7	5,102	96.1
10	33	0.6	5,135	96.8
11	21	0.4	5,156	97.2
12	18	0.3	5,174	97.5
13	14	0.3	5,188	97.8
14	21	0.4	5,209	98.2
15	4	0.1	5,213	98.2
16	13	0.2	5,226	98.5
17	8	0.2	5,234	98.6
18	10	0.2	5,244	98.8
19	11	0.2	5,255	99
20	4	0.1	5,259	99.1
21	4	0.1	5,263	99.2
23	1	0	5,264	99.2
24	3	0.1	5,267	99.2
25	1	0	5,268	99.3
27	2	0	5,270	99.3
28	2	0	5,272	99.3
29	4	0.1	5,276	99.4
30	4	0.1	5,280	99.5
31	2	0	5,282	99.5
32	3	0.1	5,285	99.6
34	2	0	5,287	99.6
35	2	0	5,289	99.7
38	3	0.1	5,292	99.7
41	2	0	5,294	99.8
44	1	0	5,295	99.8
48	1	0	5,296	99.8
49	1	0	5,297	99.8
50	2	0	5,299	99.8
51	1	0	5,300	99.9
59	1	0	5,301	99.9
64	1	0	5,302	99.9
69	1	0	5,303	99.9
71	2	0	5,305	100
104	1	0	5,306	100
170	1	0	5,307	100

# Memorandum

## Alaska Court System

303 K Street, Anchorage, AK 99501-2099  
Phone: 264-8229 Fax: 258-4968

TO: Art Snowden

DATE: February 26, 1996

FROM: Susan Miller  
Special Projects

SUBJ: House Bill 493

1. Page 1, lines 7-15. Is there a reason why this new commitment standard and the addition of drug abusers is being made in the involuntary commitment statute (section .190) and not in the emergency commitment statute (section .180)? If the current standard is inappropriate for regular commitments, why does it remain appropriate for emergency commitments?
2. Page 1, line 11. The following words appear to be missing between the words "health" and "despite": "and who continues to use alcohol or drugs." Compare page 5, lines 23-24.
3. Page 2, lines 1-2. The following sentence should probably be deleted: "a refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment." This sentence appears to relate to the previous definition of an alcoholic, not the new definition. See the definition of "incapacitated by alcohol" beginning on page 5, line 30.
4. Page 2, line 11. The existing statute requires that a number of people be "served" with a copy of the petition and the notice of hearing. The statute does not explain what method of service is required or who should do it.
5. Page 2, line 12. The term "next of kin" is not defined.
6. Page 2, line 26. Should the court pay for this guardian ad litem or should OPA be appointed?
7. Page 2, line 30. Presumably the court is required to pay for this "court-appointed licensed physician" since there appears to be no provision for anyone else to pay for it.
8. Page 3, lines 2-4. The existing law does not indicate who is supposed to pay for this diagnostic examination at a private or public facility. It thus appears the court would be responsible. (I do not think these 5-day commitments for diagnostic examination are currently happening. However, if the expanded coverage of the new law leads to more "contested" commitments, such examinations may become necessary.)
9. Page 3, lines 9-12. What is the reason for deleting this language? According to Jack Duggan, if there is no bed available at Clitheroe, the court does not commit the person. The petition is either held in abeyance or dismissed without prejudice. If the deletion of this language is supposed to affect that practice, what is the court supposed to do when no bed is available?
10. Page 3, line 20. The word "petitioner" at the end of this line is probably incorrect. Does it mean the original petitioner or the "director of an approved public facility or approved private facility"? Compare page 4, lines 1-2.
11. Page 4, lines 12-13. Same questions about "served" and "next of kin" as in paragraphs 4 and 5 above.

12. Page 4, line 15. The reference to AS 47.37.180(c) at the end of this line doesn't make sense. Section .180(c) is part of the emergency commitment statute, and is not about hearings.
13. Page 5, line 9. It appears that the word "application" should be "petition."
14. Page 5, lines 10-15. Apparently the court has to pay for appointed counsel. Perhaps this should be added to the OPA statute (AS 44.21.410) since it appears similar to other types of representation OPA is required to perform (or to the public defender agency statute, AS 18.85.100(a), since that statute includes representation of indigent persons against whom commitment proceedings for mental illness have been initiated).
15. Page 5, line 18. Note the court's obligation to employ a licensed physician for this examination.

Sec. 47.37.180. EMERGENCY COMMITMENT.

(a) An intoxicated person who (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed, or (2) is incapacitated by alcohol, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application must state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which the person was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section. However, a person may not be detained under this section for more than 48 hours unless a district or superior court judge has reviewed and approved the commitment application.

(d) The administrator in charge of an approved public treatment facility may refuse an application if in the administrator's opinion the application and certificate fail to sustain the grounds for commitment.

(e) When on the advice of the medical staff the administrator determines that the grounds for commitment no longer exist, the administrator shall discharge a person committed under this section. A person committed under this section may not be detained in a treatment facility for more than five days. If a petition for involuntary commitment under AS 47.37.190 has been filed within the five days and the administrator in charge of an approved public treatment facility finds that grounds for emergency commitment still exist, the administrator may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the person's right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel.

History -

(sec. 1 ch 207 SLA 1972)

Revisors Notes -

Enacted as AS 47.37.120. Renumbered in 1972.

Sec. 47.37.190. INVOLUNTARY COMMITMENT.

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

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the approved public treatment facility in which the committed person has been committed for emergency care; and (5) any other person the court considers appropriate. A copy of the petition and certificate shall be delivered to each person notified.

(c) If, not less than two days before the date fixed for the hearing, the person sought to be committed or the person's counsel or advisor files a written request with the superior court, the court shall summon and impanel a jury of six adult residents of the judicial district in which the court officiates, preferably from the court's jury list or the last voters lists, if available, to hear and consider evidence concerning the condition of the person sought to be committed.

History -

(sec. 1 ch 207 SLA 1972; am sec. 7 ch 150 SLA 1980)

Revisors Notes -

Enacted as AS 47.37.130. Renumbered in 1972.

Collateral Refs -

Necessity and sufficiency of statements informing one under investigation for involuntary commitment of right to remain silent. 23 ALR4th 563.

**Sec. 47.37.200. HEARING ON PETITION FOR INVOLUNTARY COMMITMENT.**

(a) At the hearing required under AS 47.37.190(b), the court or the jury, if requested under AS 47.37.190(c), shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that being present is likely to be injurious to the person, in which case the court shall appoint a guardian ad litem to represent the person throughout the proceeding. The court may examine the person in open court, or if advisable, examine the person out of court. If the person has refused to be examined by a licensed physician, the person shall be given an opportunity to request examination by a court-appointed licensed physician. If the person fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may issue a temporary order committing the person to a private or public facility for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the private or public facility, the court or the jury finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of commitment to the private or public facility. A court may not order the commitment of a person unless it determines that a private or public facility is able to provide adequate and appropriate treatment for the person.

(c) A person committed under AS 47.37.190 - 47.37.200 shall remain in the custody of a private or public facility for treatment for a period of up to 30 days. At the end of the 30-day period, the person shall be discharged automatically unless the division, before the expiration of the period, obtains a court order for recommitment upon the grounds set out in AS 47.37.190(a) for a further period of up to 90 days. If a person has been committed because the person is an alcoholic likely to inflict physical harm on another, the division shall apply for recommitment if after examination it is determined that the likelihood still exists.

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

(e) Upon the filing of a petition for recommitment under (c) or (d) of this section, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on (1) the petitioner, (2) the person whose commitment is sought, (3) the next of kin of the person whose commitment is sought, (4) the original petitioner under AS 47.37.190(a), if different from the petitioner for recommitment, (5) any other person the court considers appropriate. AS 47.37.180(c) applies to hearings for recommitment under this section. At the hearing the court or the jury shall proceed as provided in (a) of this section.

(f) A private or public facility shall provide adequate and appropriate treatment for a person in its custody. A public facility may transfer a person in its custody from one approved public treatment facility to another if the transfer is medically advisable.

(g) A person committed to the custody of the division for treatment shall be discharged at any time before the end of the period for which the person has been committed if either of the following conditions is met:

(1) when an alcoholic committed on the grounds of likelihood of infliction of physical harm on another is no longer considered an alcoholic or the likelihood of the person inflicting physical harm no longer exists; or

(2) when, in the case of an alcoholic committed on the grounds of the likelihood of infliction of physical harm on another, either

(A) further treatment will not be likely to bring about significant improvement in the person's condition, or

(B) treatment is no longer adequate or appropriate.

(h) The court shall inform the person whose commitment or recommitment is sought of the right to contest the application, be represented by counsel at every stage of the proceedings relating to commitment and recommitment, to have counsel appointed by the court or provided by the court, if the person is unable to obtain counsel, and to a jury trial, if requested, as specified in AS 47.37.190(c). If the court believes that the person needs the assistance of counsel, the court shall require counsel, by appointment if necessary, regardless of the person's objection. The person whose commitment or recommitment is sought shall be informed of the right to be examined by a licensed physician of the person's choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician for the examination.

(i) If a private treatment facility agrees with the request of a competent patient or the patient's parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer the patient to the private treatment facility.

(j) A person committed under this chapter may at any time seek discharge from commitment by writ of habeas corpus under AS 12.75.

History -

(sec. 1 ch 207 SLA 1972; am sec. 8 - 12 ch 150 SLA 1980; am E.O. No. 76 sec. 11 - 13 (1990))

Revisors Notes -

Enacted as AS 47.37.140. Renumbered in 1972.

Sec. 47.37.270. DEFINITIONS.

In this chapter

(1) "alcoholic" means a person who habitually lacks self-control in using alcoholic beverages, or uses alcoholic beverages to the extent that the person's health is substantially impaired or endangered, or the person's social or economic function is substantially disrupted;

(2) "approved private treatment facility" or "private facility" means a private agency meeting the standards prescribed in AS 47.37.140(a) and approved under AS 47.37.140(c);

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

(4) "commissioner" means the commissioner of health and social services;

(5) "department" means the Department of Health and Social Services;

(6) "director" means the director of the division of alcoholism and drug abuse;

(7) "division" means the division of alcoholism and drug abuse in the Department of Health and Social Services;

(8) "emergency service patrol" means a patrol established under AS 47.37.230;

(9) "hazardous volatile material or substance"

(A) means a material or substance that is readily vaporizable at room temperature and whose vapors or gases, when inhaled,

(i) pose an immediate threat to the life or health of the person; or

(ii) are likely to have adverse delayed effects on the health of the

person;

(B) includes, but is not limited to,

(i) gasoline,

(ii) materials and substances containing petroleum distillates; and

(iii) common household materials and substances whose containers

bear a notice warning that inhalation of vapors or gases may cause physical harm;

(10) "incapacitated by alcohol" means a person who is unconscious or whose judgment is otherwise so impaired that the person is incapable of realizing and making a rational decision with respect to a need for treatment, as evidenced objectively by extreme physical debilitation, physical harm or threats of harm to others or chronic inability to hold regular employment.

(11) "incompetent person" means a person who has been adjudged incompetent by the appropriate court,

(12) "inhalant abuse" means the misuse of a hazardous volatile material or substance by inhaling its vapors;

(13) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol;

(14) "treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care that may be extended to alcoholics and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling,

(15) "work therapy"

(A) means an activity that involves a patient in basic employment skills and assists the patient in reintegration into a community;

(B) does not include

(i) activities such as personal housekeeping chores or cooperative responsibilities expected of each patient in the program; or

(ii) work that produces goods or services for sale or distribution, the proceeds of which would be returned to the owners, operators, or businesses of the rehabilitation program.

History -

(sec. 1 ch 207 SLA 1972; am sec. 4 ch 116 SLA 1978; am sec. 15 - 18 ch 150 SLA 1980; am sec. 3 ch 58 SLA 1983; am sec. 69 ch 37 SLA 1986; am E.O. No. 71, sec. 23 (1988); am sec. 5 ch 75 SLA 1989; am E.O. No. 76 sec. 18 - 20 (1990))

Revisors Notes -

Enacted as AS 47.37.210. Renumbered in 1972. Reorganized in 1983 to alphabetize the terms defined, and in 1989 and 1990 to maintain alphabetical order.

Decisions -

Quoted in *Peter v. State*, 531 P.2d 1263 (Alaska 1975).

State of Alaska  
Advisory Board on Alcoholism and Drug Abuse

**Cost/Benefit Analysis  
of  
Involuntary Commitments for Public Inebriates**

1. Involuntary commitments to alcoholism treatment of persons who meet certain criteria is authorized under Alaska Statute 47.37.190. While this process has been in statute for some time, it is not widely used in Alaska for several reasons. First, many of those who have a need and/or opportunity to use it find the process cumbersome, time and labor intensive, and expensive (if they need to retain an attorney). Second, many individuals doubt that committing someone to treatment against their will accomplishes anything.

2. The purpose of this analysis is to quantify, to the extent possible, the benefits of committing a person as opposed to not committing them. This analysis will not deal with the issue of whether the person enters a program of recovery after treatment or even the issue of appropriate or compassionate treatment of alcoholics. It will deal specifically with the financial issues surrounding public inebriates and what impact commitment has on that problem.

- Assumptions:
- (1) *The data gathered to support this analysis is from the Juneau Recovery Hospital which operates a detoxification unit. We assume that a certain "core" of individuals who access these services would be candidates for a Title 47 hold in communities without a detox facility.*
  - (2) *The average cost of providing medical screens and related care at Ketchikan General Hospital, Barilett Memorial Hospital, Bristol Bay Area Health Corporation, Kodiak Island Hospital and Petersburg Medical Center closely approximates the statewide cost of providing medical screens and related care per Title 47 hold. Likewise, the cost of police, ambulance and community services patrol services shown are representative of costs throughout the state.*
  - (3) *Individuals whose alcohol consumption pattern makes them a candidate for a commitment will likely continue in their consumption pattern unless intervened on in some manner.*

## Analysis Process/Questions:

**Question 1:** *Based on information gathered from medical facilities, police, community services patrols, ambulance services, and correctional facilities around the state, what is the estimated average cost to the public for dealing with a single Title 47 hold?*

Based on information gathered from five communities (Juneau, Ketchikan, Petersburg, Kodiak, and Dillingham), the average cost of dealing with a single Title 47 Hold is \$1,275. This is an average of the costs in these communities and we assume it to be a fair approximation of the cost of dealing with a Title 47 hold in other communities around the state. (See Attachment 1)

**Question 2:** *Based on data collected at the Juneau Recovery Hospital, does there appear to be a core of individuals whose alcohol consumption pattern results in a disproportionate impact on services?*

In a study of 897 consecutive admissions to detoxification over a period of one year (1993-1994), 17 individuals (4.4% of unduplicated clients) all having more than ten admissions to detox in a year accounted for 231 admissions to detox (25.8% of all admissions) (See Attachment 2).

**Question 3:** *For communities that make extensive use of Involuntary Alcohol Commitments, is there any significant difference in the resource utilization patterns of persons after the commitment compared to patterns before the commitment?*

Based on a survey of all alcohol commitments pursued in Juneau (the only community that makes extensive use of the commitment provisions of Title 47), during 1994 and 1995 there is a significant difference in the use of resources by these individuals after the commitment compared to their use before the commitment. During 1994 and 1995 there were 32 involuntary commitments pursued in Juneau. Of these individuals, ten were committed for medical reasons and were not candidates for Title 47 holds. Of those individuals who were committed and were repeated candidates for Title 47 holds, the average number of admissions to detox prior to commitment was 7.1 and the average number after commitment was 2.3. (See Attachments 3 & 4)

**Question 4:** *For those individuals who are likely candidates for Title 47 holds and who are involuntarily committed to alcoholism treatment, is there any quantifiable savings to be realized by commitment vs allowing the continued use pattern (based on the cost of dealing with a Title 47 hold as well as the cost of providing alcoholism treatment)?*

Using the utilization data reported in Question 3 above (7.1 admissions prior to commitment and 2.3 admissions after commitment), the average cost of dealing with a single Title 47 hold reported in Question 1 above (\$1,275/per hold), and an assumed cost of alcoholism treatment of \$3900 per experience (\$130/day for residential care), the cost to the system over a six month period of a person with no intervention is \$9,051. The cost to the system for a six

month period after commitment, including the cost of treatment, is \$6,832. This represents a 24.5% reduction in system costs in cases where commitments are pursued.

**Question 5:** *Can the quantified cost of allowing a continued pattern of drinking (not intervening/committing) vs the cost of pursuing a commitment be expressed in terms of savings to a community?*

The cost savings to a community can be quantified using the information reported above with two caveats: (1) The costs reported are generally fixed costs, therefore, any savings would translate into increased opportunity costs for resources such as police, hospitals, ambulance services, etc.; and (2) In order to quantify the savings, an estimate of the number of Title 47 holds being conducted would need to be known.

**Example:** Fairbanks  
FY-95  
# Title 47 Holds: 1112

Based on the experiences in Juneau where 4% of the clients represent approximately 25% of the admissions. Those easily identifiable clients who represent a disproportionate impact on the system (25% of admissions) are considered candidates for commitment.

25% of admissions:	278
Cost per Admission:	\$1,275
Cost to System:	\$354,450
24.5% Reduction after commitment:	\$86,840

**Question 6:** *Does this data take into account those individuals for whom commitment seems to have no impact, that is, they immediately return to their consumption patterns following treatment?*

The short answer is YES, these figures take that into account. Further, in analyzing the commitment data, we note that the 32 commitments involved 24 persons. Of these 24 persons, 4 (16.7%) had repeat commitments while 20 (83.3%) had no further commitments. If the analysis had focused only on those individuals who had no further commitments, then the savings would have been significantly higher (\$6,300 or 49.4% reduction).

**Question 7:** *What are the possible sources of error in this analysis and what has been done to minimize them?*

The primary sources of error are in the identification of costs in dealing with a Title 47 hold. Hospitals, police departments, etc., do not collect data in such a way that it is readily reportable in the format that is needed. In order to develop these figures, we used multiple sources from each community to develop inferences of the costs. In order to minimize possible errors, we used multiple communities and cross-checked, particularly where sources provided

only estimates. We also looked for consistency and reasonableness of data. The most effective way to ensure the precision and accuracy of the data would be to conduct a multi-year study using a carefully selected group of communities and health care facilities.



**Analysis of Admission to Detox  
Juneau, Alaska  
8/93 - 8/94**

<b>Total Admissions to Detox:</b>	897
<b>Number of unduplicated clients</b>	384
<b>Admission to Detox for persons with only a single admission</b>	238 (62% of unduplicated clients) (26.5% of total admissions)
<b>Admission to Detox for persons with more than 10 admissions</b>	231 (25.8% of total admissions)
<b>Number of Persons with more than 10 admissions to detox</b>	17 (4.4% of unduplicated clients)
<b>Admissions to Detox for persons with more than 1 admission but less than 10 admissions</b>	428 (47.7% of total admissions)
<b>Number of Persons with more than 1 admission but less than 10</b>	129 (33.6% of unduplicated clients)

*Note: For those individuals who had 10 or more admissions to detox, 10 of the 17 were subsequently committed.*

Clients with More than 10 Detox Admissions in 1 Year	
73006	18
77156	17
8500283	17
80235	16
9100270	16
81064	15
83125	15
76031	14
77200	14
8800211	14
73034	12
79173	12
78094	11
80374	10
82050	10
82079	10
9200070	10
Total	231

Multiple Commitment Clients						
N = 4						
Client #	Commitment Date	# Admits Prior to Commitment	# Admits After Commitment	Time Between Commitments		
79019	1/12/95	4	0			
	9/6/95	3	0	9 Months		
9100270	8/24/94	11	5			
	2/7/95	5	5	6 Months		
	6/28/95	5	4	4.5 Months		
	9/6/95	4	8	2.5 Months		
	12/21/95	8	1	3.5 Months		
	1/24/96	1	Still in Treatment		1 Month	
80263	5/16/94	6	2			
	7/27/94	2	0	2.5 Months		
75330	7/8/94	5	2			
	8/20/94	2	3	1.5 Month		
<b>Total</b>		<b>56</b>	<b>30</b>			
<b>Average</b>		<b>4.7</b>	<b>2.7</b>			
<b>Totals: Single &amp; Multiple Admissions</b>		<b>156</b>	<b>50</b>			
<b>Cumulative Averages</b>		<b>7.1</b>	<b>2.3</b>			

ATTACHMENT 3

		Single Commitments			
Persons with > 5 Admits 6 Months prior to Commitment					
		N=10			
Client #		# Admits Prior to Commitment		# Admits After Commitment	
73034		10		1	
73006		5		4	
77200		14		3	
8500279		6		0	
80235		13		0	
82050		12		1	
76031		12		8	
74076		9		1	
9301080		10		0	
81064		9		2	
<b>Total</b>		<b>100</b>		<b>20</b>	
<b>Average</b>		<b>10</b>		<b>2</b>	

ATTACHMENT 4



CITY/BOROUGH OF JUNEAU  
★ ALASKA'S CAPITAL CITY

COMMUNITY SURVEY OF  
THE PUBLIC INEBRIATE PROBLEM  
IN SELECTED ALASKA CITIES

by

Donald Dapcevich  
Administrator  
Chemical Dependency Division  
Department of Health and Social Services  
3406 Glacier Highway  
Juneau, AK 99801  
(907) 586-1470

March, 1993

155 South Seward Street, Juneau, Alaska 99801

COMMUNITY SURVEY OF  
THE PUBLIC INEBRIATE PROBLEM  
IN SELECTED ALASKA CITIES

Executive Summary

This survey was undertaken to examine the public inebriate problem, which involves both public safety and substance abuse treatment, and is being faced by nearly all cities in Alaska. Alaskan communities are expending enormous amounts of resources to deal with this issue. Still, even with this large commitment of scarce resources, solutions have been hard to come by.

Up to this point, many community leaders have felt that the solution is to increase detoxification beds, or to incorporate an alternative solution commonly referred to as "sleep-off" facilities. This study is intended to clarify these and other approaches by collecting data from four major population centers in Alaska, and comparing the methods employed by each community.

At the very least, it was thought that sharing information, problems and solutions would allow communities to benefit from each others' successes and failures. Ultimately, this document could act as a springboard for change. The most important lesson we learned is that meaningful change will come when partnerships are established among cities, and between cities collectively and the

- c. Including drugs other than alcohol in involuntary holds and commitment procedures; and
  - d. Establishing a policy for dealing with public inebriates who are combative or who refuse treatment.
2. The Department of Health and Social Services should issue regulations to establish which type of health practitioner must complete screenings of public inebriates.
  3. Insure that the statutory requirement for regular meetings of the Interdepartmental Coordinating Committee are met. This committee can resolve many of the issues creating problems in our communities.
  4. Pool interdepartmental resources to combat substance abuse problems in our state. The time is ripe for departments to work in symbiotic relationships that will reap benefits for the cooperating departments, the communities and Alaskan citizens.
  5. The opening of a statewide domiciliary care center to care for and treat alcoholics and addicts whose disease has progressed to the point where their mental faculties are so diminished they cannot respond to traditional treatment.

responsibility but that the primary responsibility lies with another agency. Since AS 47.37 is the law governing the administration of drug/alcohol programs in the state, the logical presumption is that this is the agency of primary concern.

If this state is going to improve the efficiency and quality of services provided and will provide these services in the most cost-efficient manner, we must understand the scope of the problem, the methods used by communities in dealing with the problem, and what the state agencies involved can do to provide direction for improvement of methods currently employed.

The purpose of this study is to begin the process of discovery. It acts as a starting point for determining how we currently deal with the problem and begins the process of sharing information, techniques and issues of common concern.

#### METHODOLOGY

This study includes only larger population centers in the state, as the problem is assumed to be greater and the diversity of available options greater in larger communities. The principal method of data collection was determined to be survey (Attachment #3); however, discussions with treatment professionals in each of the communities were used for the basis of some of the discussions included in this report.

Community Service Patrols: Sitka does not operate community service patrol (CSP); but instead, relies upon police and emergency services (ambulance) to perform this function. Anchorage, Fairbanks and Juneau all operate CSPs. Each, however, operates and funds these programs differently. Anchorage operates a service under contract with a private for-profit company. Fairbanks operates its service through a private non-profit organization. The City and Borough of Juneau operates its service directly, utilizing city employees. Funding for community services patrols comes from a variety of sources. In Juneau the funding comes from both the state and municipality. In Anchorage funding is provided by the municipality and the Indian Health Service. In Fairbanks the state funds the service. In each case the criteria for operation of the service are determined by the statutes. Incapacitation is determined through orientation by time, place and date. The BAC test is used extensively to support the initial screens at time of pick-up. Interestingly, the average blood alcohol concentration ratios under and over .3 are consistent among the communities studied. All services utilize Emergency Medical Technicians (EMTs) or a combination of EMTs and persons trained in basic first-aid skills and CPR. In Anchorage and Fairbanks the patrols are fully operational 16 hours per day, leaving a combination of CSP and police department coverage for the remaining eight hours. In Juneau the service is operated 24 hours per day but with significantly fewer technicians, as there is only one EMT staffing the patrol at any given time. In Anchorage and Fairbanks,

differentials or a sales tax imposed solely on the sale of alcoholic beverages. There is presently some interest in developing a statewide excise tax on alcohol. Bills have been introduced in the current Legislative session that would impose new taxes or strike down previous legislation prohibiting local taxation (HB52, HB53 and SB42, Attachment #8).

Chronic Alcoholism and Public Inebriates: The cities agree that there are a number of public inebriates who have not or cannot respond to traditional treatment methods currently employed in Alaska. They have made repeated trips to sleep-offs, detoxification and long and short term treatment programs, and have failed to complete the programs or have relapsed immediately after leaving treatment. This group has made many trips to the emergency rooms of local hospitals for treatment of wounds received from falling and fighting. They often are admitted to intensive care units for treatment of seizures or major organ shutdown from their disease. These people traditionally spend a fourth to a third of each year in correctional facilities, usually for minor crimes involving alcohol or other drugs. They appear before the courts on a regular basis. Often they are among the population who experience mental health problems that coexist with their addiction. Invariably they are homeless and jobless. Many are experiencing symptoms of Wernicke's encephalopathy, Korsakof's syndrome, alcoholic dementia and other drug-associated mental impairment. Another health factor that interferes with their

operates detoxification on a space-available basis in the local community hospital. Medical screening for persons picked up by CSP is handled variously in each community. All four communities utilize medical model detoxification programs. Medical personnel monitor withdrawal and drugs are utilized to assist the process. Anchorage and Juneau report similar percentages of persons undergoing detoxification who subsequently enter treatment. This is an important factor. Too often programs concentrate so much on providing detoxification services without focusing on the true goal of detoxification services: to encourage treatment with the aim of reducing chemical dependency in Alaska.

Funding for detoxification programs is varied and includes participation from the state, municipalities, Indian Health Service and the Veteran's Administration. In Sitka, the services are provided as indigent health care provision in the community hospital.

Sleep-Off Centers: None of the communities represented in this survey operate sleep-off centers, nor do any other communities in the state. Until recently, the Municipality of Anchorage operated a "sleep-off" center but discontinued the operation last year. A very interesting study conducted by Michael Huelsman (Attachment #4) concludes:

"Thus the operation of the existing sleep-off facility is highly unsatisfactory. Few if any public inebriates are

taken to the nearest health facility. If no services are available at the health facility, they are placed in protective custody for up to 12 hours, or until services are available at a treatment facility or they are sober enough to no longer present a health or safety problem.

There are not enough detoxification beds available in most communities in the state. Therefore, alternatives are exercised for protective custody for public inebriates. Current data from the Department of corrections indicates that the number of protective custody bookings continues to be reduced from 3115 in 1991 to 2662 in 1992. This reduction, in good part is due to more efficient use of detoxification resources.

The statute is unclear as to the role of acute care hospitals in the protective custody loop.

AS47.37.170.(b) states:

"A person who appears to be incapacitated by alcohol in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved treatment facility, an approved private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be incapacitated by alcohol in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety."

referred either to acute care hospitals or correctional facilities for protective custody. In any case, if this paragraph does, in fact, refer to medical screening for protective custody, then medical screening can only be done at the acute care hospitals, since none of the treatment facilities in the surveyed cities (or any other treatment programs in the state) have physicians on duty 24 hours per day, seven days per week. The screening issue creates many problems for the communities as most correctional facilities do not have physicians available, and even in the case of combative incapacitated persons, the acute care hospitals are required to perform all medical screens. They receive no funds for this service and it creates a considerable burden on them.

A recent change has been made in this paragraph which focuses on the problem described above. The changed portion will be underlined for clarity:

"A person voluntarily appears or is brought to an approved public treatment facility shall be examined by a licensed physician or other qualified health practitioner as soon as possible. The department shall, by regulation, determine which health practitioners may be authorized to perform the examination..."

No regulatory direction has been thus far set forth in this matter.

Persons Who Are Combative or Who Refuse Services and Who Are Incapacitated: The current statute does not address how combative persons or persons refusing services but are incapacitated, will be

the rates of public inebriates in latter stages of alcoholism are accurate, then the commitment rate should be similar.

	ALCOHOLICS NEEDING DOMICILIARY CARE RATE PER THOUSAND	COMMITMENTS RATE PER THOUSAND
ANCHORAGE	.42	.06
FIRBANKS	1.33	.04
SITKA	1.4	.00
JUNEAU	.43	.43

NOTE: This is not a completely accurate number as some alcoholics not needing domiciliary care need to be considered for commitment and a very small percentage of those who need domiciliary care do not need commitment. Yet, there is a high correlation between the need for domiciliary care and the need for involuntary commitment as this population's lack of cognitive ability often leaves them with lack of judgement regarding the need for treatment.

The communities who do not or who use the commitment procedure are not derelict in their responsibilities, as there are problems with the system such as: 1) the commitment procedure requires considerable expensive legal time to prepare and bring the cases to trial; 2) clients may demand jury trial which raises legal expenses; 3) The ability of programs to hold people against their will is minimal (in small communities, police can return people who are committed and who leave treatment but in large communities this practice is not practical); and 4) the state does not have adequate long term treatment beds and has no domiciliary beds.

overtaxed but dealing admirably with large numbers of protective custody bookings. Medical facilities are sharing a disproportionate share of the medical screens and in some cases, detoxification duties, which, when offered in that setting, are quite expensive. An unwieldy and confusing legal statute has created more problems in an already untenable situation. Far too many dollars are being spent by all agencies concerned and Alaskans are still left facing legal settlements for lawsuits of discrimination and wrongful death. Although only a handful of cases have gone to the courts, many have been settled out of court and a number that have taken much time and money to resolve without court action or need for out of court settlements.

There are other hidden costs which may, in the long run, create more expense than any thus far mentioned. The criminal justice system is dealing with large numbers of repeat offenders whose principal problem is drug and alcohol abuse. Various reports and studies have pegged the numbers of problem drinkers and persons under the influence of alcohol and other drugs at the time they commit crimes at between 50% and 80% of all persons incarcerated in the state of Alaska. The other hidden and dramatic cost of this problem is the inter-generational problem caused by fetal alcohol syndrome. Treatment programs are finding more and more adult public inebriates who are second and third generation inebriates and who show symptomology consistent with fetal alcohol syndrome and the more common fetal alcohol effect.

D. AS47.37.170 should be rewritten to describe more clearly the requirements of hospitals and correctional facilities in screening and protective custody. In addition, the role of police and CSPs should be described more clearly with respect to use of restraints.

E. The statute must include clear instructions for dealing with individuals who are incapacitated and who are combative or refuse services.

2. The Department of Health and Social Services should issue regulations concerning the provisions of AS47.37.170(c) allowing for a "a licensed physician or other qualified health practitioner...". Strongly recommend that the other qualified health practitioner be a registered nurse. Most programs do not have physicians or nurse practitioners available on a regular basis for screening duties.

3. One of the most glaring issues that became apparent during this survey process was the need for increased coordination and cooperation between agencies administering activities associated with public inebriates. One activity that would help immeasurably is to re-activate the Interdepartmental Coordinating Committee described in AS 47.37.050 to enhance this process.

4. Agency partnerships should be encouraged to establish programs that are mutually beneficial. "Project Hope," proposed by Governor

# Alaska State House of Representatives House District 39

Session  
Alaska State Capital  
Juneau, Alaska 99801-1182  
Phone: (907) 465-4942



Interim  
P.O. Box 137  
Akiak, Alaska 99552  
Phone: (907) 765-7526

**Representative Ivan M. Ivan**

## SECTIONAL ANALYSIS - HOUSE BILL 493

**Section 1.** Amends AS 47.37.190(a), Involuntary Commitment. Language is added to include a drug abuser. New language also includes a criteria of symptoms that may be used to demonstrate the need for commitment.

**Section 2.** Amends AS 47.37.190 (b), Involuntary Commitment. Adds an administrator of a private treatment center to the list of those who would be served with a copy of the petition to commit and a court notice of hearing.

**Section 3.** Repeals and reenacts AS 47.37.190 (c), Involuntary Commitment. This section establishes that person who is the subject of a petition to commit to treatment does not have the right to a jury. The exception to this rule is under a petition to recommit a person to treatment.

**Section 4.** Amends AS 47.37.200(a), Hearing on Petition for Involuntary Commitment. This amended section deletes reference to jury hearing for the commitment process.

**Section 5.** Amends AS 47.37.200(b), Hearing on Petition for Irvoluntary Commitment. This amended section deletes jury hearing for a person who is under petition to be committed to a treatment facility. Language is also deleted that would allow the court to not order a commitment if it determined the facility is not able to provide adequate and appropriate treatment.

**Section 6.** Amends AS 47.37.200(c), Hearing on Petition for Involuntary Commitment. The 90 day recommitment procedure is lengthened to 180 days. The director of the treatment facility may obtain a court order, on the grounds set out in Section 1 of this bill, in order to get a recommitment of 180 days before the completion of the 30 day commitment.

**Section 7.** Amends AS 47.37.200(d), Hearing on Petition for Involuntary Commitment. This section allows for a director of a treatment facility to obtain a court order for recommitment for a further period of 180 days before the expiration of the original recommitment.

**Section 8.** Amends AS 47.37.200(e), Hearing on Petition for Involuntary Commitment. Language is added that impanels a jury to hear and consider evidence concerning the condition of the person being recommitted, if a written request is filed with the court at least two days before the date set for recommitment.

**Section 9.** Amends AS 47.37.200(g), Hearing on Petition for Involuntary Commitment. Deletes language pertaining to the Division of alcohol and drug Abuse and inserts, in its place, an approved public or private facility. This applies to the discharge of a person who was committed and certain conditions are met, such as further treatment will not bring significant improvement in the person's condition or treatment is no longer adequate or appropriate.

**Section 10.** Amends AS 47.37.200(h), Hearing on Petition for Involuntary Commitment. Deletes reference to a jury trial. In previous sections of this bill, it is established that a jury trial may already be impaneled for recommitment proceedings. Under this bill, a jury trial is not provided for commitment proceedings.

**Section 11.** Amends AS 47.37.270(1), Definitions. The new definition of a person who may be involuntary committed is broadened to include a drug abuser. New language also includes a criteria of symptoms that may be used to demonstrate the need for commitment.

**Section 12.** Amends AS 47.37.270(10), Definitions. Deletes language in the definition of incapacitated by alcohol. The language that is omitted referenced extreme physical debilitation, physical harm or threats to harm others or the chronic inability to hold regular employment.

**Section 13.** Amends AS 47.37.270(13), Definitions. Adds drugs to the definition of intoxicated person.

**Section 14.** Amends AS 47.37.270(14), Definitions. Adds drug abusers to the definition of treatment.

# Alaska State House of Representatives House District 39



Session  
Alaska State Capital  
Juneau, Alaska 99801-1182  
Phone: (907) 465-4942

Interim  
P.O. Box 137  
Akiak, Alaska 99552  
Phone: (907) 765-7526

**Representative Ivan M. Ivan**

## SPONSOR STATEMENT - HOUSE BILL 493

I introduced HB 493 as one of the solutions to assist with the public inebriate problem faced by many communities throughout the state.

Under current statute, AS 47.37.190, provisions allow for the involuntary commitment of alcoholics. These provisions allow for 30 day commitments with recommitment for 90 days. This current law has been found to be unwieldy, expensive and treatment options are not readily available. According to a community survey report by the City/Borough of Juneau, in March 1993, communities use the commitment policy sparingly, if they use it at all. This report also stated that the current commitment process simply is not working.

Under HB 493, the involuntary commitment process is similar to those found in the involuntary mental health commitments.

It is not my intent to impose unlawful restrictions on an individual. However, by using the involuntary commitment process, I hope that lives may be saved. It is also my hope that the financial impacts on different agencies may be lessened if the revolving door process many inebriates find themselves when the protective custody statutes are applied.



**AKEELA**  
TREATMENT SERVICES

February 22, 1996

The Honorable Brian Porter  
Chairman, House Judiciary Committee  
Alaska State House of Representatives  
State Capitol  
Juneau, AK 99801-1182

**ACCREDITATIONS**

JOINT COMMISSION ON  
ACCREDITATION OF  
HEALTH CARE ORGANIZATIONS

COMMISSION ON  
ACCREDITATION OF  
REHABILITATION FACILITIES

Re House Bill No 493

Dear Mr. Porter:

We have had the opportunity to review House Bill 493, and while we applaud the intent of the legislation, we believe it presents a number of issues that must be addressed before it can be considered for passage

**LICENSING**

STATE DIVISION OF  
ADDICTION AND  
DRUG ABUSE

MUNICIPALITY OF ANCHORAGE  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

The potential clients served under this legislation are those most seriously afflicted by their addiction. Since most treatment facilities lack a detox service, a plan will have to be established to provide detox services prior to admission to the treatment program. In addition, involuntary committals will require significantly more security than the usual voluntary client requires or the law will have to specify some form of penalty for walking away from a treatment facility

**MEMBERSHIPS**

INTERNETIC COMMUNITIES  
OF AMERICA

SUBSTANCE ABUSE  
DIRECTORS ASSOCIATION

While the initial commitment time is 30 days, recommitment's may add a total of 180 days to the commitment time making long-term residential programs the most likely programs to serve this population. There are only six long-term residential programs in the state and two of them serve only women. If one anticipates that this law will be regularly used, the limited number of beds need to be considered. Finally, without additional funding, the potential is that these clients will displace voluntary clients and that displacement will be a more than a one-to-one ratio because the involuntary clients will consist of the most needy of clients whose severity of addiction makes them the most expensive to serve.

Again, the goal is laudable; the challenge is the implementation

EXECUTIVE DIRECTOR  
ROBERT P. GALEA, PH.D.

Sincerely,

Robert P. Galea, Ph.D.  
Executive Director

2401 W. BURNS STREET, SUITE 4  
ANCHORAGE, AK 99501-1067

STATE AND  
COMMUNITY (907) 561-5266

CLINICAL (907) 561-5266

ADMINISTRATIVE (907) 561-5266

FAX (907) 567-5082

# FISCAL NOTE

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

BILL NO. HB 493

Revision Date: \_\_\_\_\_ Dept. Affected: Alaska Court System  
 Title: An Act relating to involuntary BRU: Trial Courts  
commitments for alcoholism or drugs abuse Component: \_\_\_\_\_  
 Sponsor: Rep. Ivan  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 768

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	13.5	13.5	13.5	13.5	13.5	13.5
TRAVEL						
CONTRACTUAL	61.9	61.9	61.9	61.9	61.9	61.9
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS & CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	75.4	75.4	75.4	75.4	75.4	75.4

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ( )						
------------------------	--	--	--	--	--	--

Fund Source (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	75.4	75.4	75.4	75.4	75.4	75.4
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other						
TOTAL	75.4	75.4	75.4	75.4	75.4	75.4

Estimate of any current year (FY 96) cost: None

Positions

Full-Time						
Part-Time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

See attached analysis.

Prepared by: C. S. Christensen III, Staff Counsel  
 Agency: Alaska Court System

Approved by: Arthur H. Snowden, II, Administrative Director  
 Agency: Alaska Court System

Phone: 264-8228  
 Date: 02/26/96

Date: 02/26/96

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE

Alaska Court System  
Fiscal Analysis  
HB 493

The court system's present computerized information system does not specifically identify this category of case. We have based our assumptions on inquiries of court personnel and fiscal notes from other agencies. This fiscal note assumes that this legislation will cause the number of petitions to increase by 200% to 180 a year statewide from an estimated 60 petitions filed currently. Each petition requires approximately 4 hours of clerical processing or in-court clerk time. Approximately 20% of the petitions result in a hearing before a master. These hearings are estimated to last 2 hours. We assume that existing resources can accommodate the additional hearings without increasing staff. Clerical processing will be accommodated using overtime.

Personal Services

Amount

Overtime for clerical and in-court staff at a range 12A, statewide usage \$13,500

Contractual

Court appointed attorney for each indigent person being committed, estimated to cost \$420 per appointment. Appointments made for 90% of the petitions. 45,400

Examination by court appointed licensed physician. Estimated to be required in 10% of the petitions at a cost of \$500 per appointment. 6,000

Court appointed guardian ad litem. Estimated to be required in 10% of hearings, at an estimated cost of \$200 an appointment. 480

Court ordered temporary 5-day commitment for diagnostic examination. Estimated to require 2 examinations at a cost of \$5,000 each. 10,000

Total Contractual 61,880

Estimated Total Cost \$75,380

# FISCAL NOTE

**STATE OF ALASKA**  
**1996 LEGISLATIVE SESSION**

**BILL NO: HB 493**

Revision Date: \_\_\_\_\_ Dept. Affected: Public Safety  
 Title: Involuntary commitment of alcoholism or BRU: Alaska State Troopers  
drug abuse. Component: Detachments and Judicial Services  
 Sponsor: Representative Ivan  
 Requestor: H Judiciary COMPONENT SERIAL NO. 0799 and 0831

**EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)**

OPERATING	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CHANGE IN REVENUES ( )</b>	-0-	-0-	-0-	-0-	-0-	-0-
Revenue Code						

**FUNDING: (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-

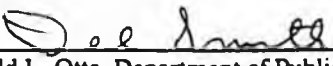
Estimate of current year (FY 96) impact: \$ \_\_\_\_\_

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

**ANALYSIS: (Attach a separate page if necessary.)**

This bill will have the impact of state troopers and court services officers being required to attend more commitment hearings or serving additional pieces of process. The impact however is estimated at less than \$500.

Prepared By: Lt. Dan Lowden Phone: 465-5505  
 Division: Alaska State Troopers Date: February 22, 1996  
 Approved by Commissioner:  Date: 2/26/96  
 Agency: Ronald L. Otte, Department of Public Safety

**PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE**

For further distribution information call the Governor's Legislative Office