

**HB**

**493**

**SFIN**

**FILE**

# SENATE FINANCE COMMITTEE REPORT

DATE: 4/22/96

FURTHER:

DATE TURNED INTO OFFICE: 4-29-96

The Finance Committee considered CS FOR HOUSE BILL NO. 493(JUD) am relating to treatment for alcoholism or drug abuse.

and recommends:

- be replaced with 5 CS CS HB 493 (FIN)
- adopt previous \_\_\_\_\_ CS \_\_\_\_\_
- attached amendment(s)
- adopt Letter of Intent by \_\_\_\_\_ Committee
- further referral to the \_\_\_\_\_ Committee

- Senate Bill:**
- same title
  - new title
- House Bill:**
- same title
  - technical change
  - new: SCR# \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>John R...</i>	✓	<i>Walter D...</i>	✓		
<i>...</i>	✓	<i>Fred P. Z...</i>	✓		
<i>Bob...</i>	✓				
Co-Chair: <i>...</i>	✓	Co-Chair:			
Co-Chair: <i>...</i>	✓	Co-Chair:			

**NEW FISCAL NOTE(S):**

Department                      Date    Zero    Fiscal

Department	Date	Zero	Fiscal

**PREVIOUS FISCAL NOTE(S):\***

Department                      Date    Zero    Fiscal

#1	DRS	2/22/96	0	
#2	DRS	2/23/96	0	
#3	CTS	2/24/96		75.4
#4	DOH (OPA)	2/26/96		Indeterminate
#5	DOH (PDA)	2/28/96		"
#6	DOHaw	2/15/96	0	

APPROPRIATION -- no fiscal note

\*include fiscal notes accompanying Governor's bill

# FISCAL NOTE

No. 6  
 Bill Version CSHB 493(JUD)  
 (H) Publish Date: 4/10/96

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

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

**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>	0.0	0.0	0.0	0.0	0.0	0.0

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>	0.0	0.0	0.0	0.0	0.0	0.0

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

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**COMMITTEE COPY**

# FISCAL NOTE

No. 5

Bill Version: CSHB 493 (JUD)

(H) Publish Date: 3/19/96

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

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>

CAPITAL EXPENDITURES	***	***	***	***	***	***
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CHANGE IN REVENUES ( )	***	***	***	***	***	***
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**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>	<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: 3/19/96

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# FISCAL NOTE

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

No. 4  
Bill Version: CSHB 493 (JUD)  
(H) Publish Date: 3/19/96

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: 3/19/96

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# 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	51.9	51.9	51.9	51.9	51.9	51.9
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						
1007 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 Phone: 264-8228  
 Agency: Alaska Court System Date: 02/26/96

Approved by: Arthur H. Snowden, II, Administrative Director Date: 02/26/96  
 Agency: Alaska Court System

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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.

<u>Personal Services</u>	<u>Amount</u>
Overtime for clerical and in-court staff at a range 12A, statewide usage	\$13,500
 <u>Contractual</u>	
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
	<hr/>
Total Contractual	61,880
	<hr/>
Estimated Total Cost	<u><u>\$75,380</u></u>

# FISCAL NOTE

No. 2

Bill Version: CSHB 493 (JUD)

(H) Publish Date: 3/19/96

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: Relating to Involuntary Commitment BRU: Alcohol and Drug Abuse Svcs  
 Sponsor: Ivan Component: Alcohol/Drug Abuse Grants  
 Requester: House JUD COMPONENT SERIAL NO. 1239  
 See also (SN#): \_\_\_\_\_

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

OPERATING EXPENDITURES	FY97	FY98	FY99	FY00	FY01	FY02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS		50.0	200.0	200.0	500.0	500.0
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>50.0</b>	<b>200.0</b>	<b>200.0</b>	<b>500.0</b>	<b>500.0</b>

<b>CAPITAL EXPENDITURES</b>			75.0		150.0	
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<b>CHANGES IN REVENUES</b> ( )						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health		50.0	200.0	200.0	500.0	500.0
CIP			75.0		150.0	
<b>TOTAL</b>	<b>0.0</b>	<b>50.0</b>	<b>275.0</b>	<b>200.0</b>	<b>850.0</b>	<b>500.0</b>

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

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

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

The current involuntary commitment statute is not widely used with the exception of the City and Borough of Juneau. The changes proposed in this bill will assist in making it more efficient and less costly for the local program to use the commitment statute.

Many of the persons who are committed in Juneau have used expensive levels of care repeated times. Care such as hospital emergency rooms, police officer time, community service patrol, protective custody holds at state correctional facilities and detoxification services. If the persons refuses to accept treatment or continually leaves treatment against medical advice the one alternative that the program has is the involuntary commitment process.

Programs have been reluctant to use this statute because they must pay the legal costs, they must initiate the court proceedings and they have waiting list for persons who want to voluntarily accept treatment.

Prepared by: Loren A. Jones, Director  
 Division: Alcoholism and Drug Abuse

Phone: 465-2071  
 Date: 02/23/96

Approved by Com: Karen Perdue, Commissioner  
 Agency: Department of Health & Social Services

Date: 2/23/96

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**ANALYSIS (cont.):**

To improve this situation and to encourage local providers to target these persons, the Division will, in the first year, work with programs to provide technical assistance and training on using the commitment statute. The City and Borough of Juneau, which uses the existing statute now, can assist us in this process. The Division is committed to targeting these persons and to intervene with these persons to get them into treatment. If the Division is to assist in reducing the costs to other systems (hospital, public safety, corrections) we must get these persons in treatment long enough to have a positive impact on their disease.

Juneau reports that they do approximately 1 to 2 commitments per month (12-20 per year). In the second year we would anticipate doubling this by working with other programs across the state. During the second year, we anticipate a need to support the costs of local programs for legal assistance in implementing commitment proceedings in their community. We expect that the experience of doing commitments will be positive and programs will target the persons in their community using the high cost resources. This legal assistance might be funds for non-profits to hire legal counsel to represent them in court, provide additional training to staff on being good witnesses in court and added costs for physician care.

In FY99 another \$50.0 will continue to provide legal assistance to programs and an additional \$150.0 will help fund the operating expenses incurred as a result of this bill for 1 new or expanded program. \$75.0 in CIP dollars will provide expansion funds for transitional housing to meet the anticipated need. As demand grows, long term care services will be needed. In the third year after passage we anticipate needing to set up a pilot/demonstration program that would provide specialized long term care. This would be a small program specific to a region of the state.

Such a specialized program would be low intensity substance abuse treatment, work with vocational rehabilitation or other skills based training that could restore employment skills at a basic level. The program would work with the community to find adequate, safe, sober housing. When a person is discharged they would be better able to find a job, have safe housing and be supported in the community through self help groups and aftercare services from the local program.

FY00 will continue the funding of legal services and one new program's operating costs.

Evaluation of this process will be ongoing and look at the workings of the statute, the numbers engaged in treatment, cost savings in other systems, and treatment outcomes for the persons committed. If demand and success are as expected we would establish other regional based programs in future years. FY01 continues the funding of legal services and adds operating costs for 2 new or expanded programs and \$150.0 CIP for facility expansion to house clients.

FY02 continues the funding of legal services and operating costs for 3 programs.

# FISCAL NOTE

No. 1

Bill Version: C5HB 493 (JUD)

(H) Publish Date: 3/19/96

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

BILL NO:

Revision Date: \_\_\_\_\_

Dept. Affected: Public Safety

Title: Involuntary commitment of alcoholism or drug abuse.

BRU: Alaska State Troopers

Component: Detachments and Judicial Services

Sponsor: Representative Ivan

Requestor: \_\_\_\_\_

COMPONENT SERIAL NO. 0799 and 0831

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

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

**FUNDING: (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program						
1006 GF/MHTIA						
Other						
TOTAL	-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: 3/22/96

Agency: Ronald L. Otte, Department of Public Safety

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**COMMITTEE COPY**

AMENDMENT # 1

OFFERED IN THE SENATE

TO: CSHB 493(JUD) am

1 Page 3, following line 12:

2 Insert a new bill section to read:

3 **\*\* Sec. 7.** AS 47.37.180 is amended by adding a new subsection to read:

4 (g) The administrator of an approved public treatment facility may accept an  
5 application for commitment under this section from a health facility and may  
6 authorize the health facility to hold the person who is the subject of the commitment  
7 petition at the health facility as long as medically necessary, before transferring the  
8 person to the approved public treatment facility. An administrator who accepts an  
9 application for commitment from a health facility shall comply with the provisions of  
10 (c) - (f) of this section if the person being committed is held for longer than 48 hours  
11 from the time the administrator accepts the application for commitment under this  
12 subsection. A person committed under this subsection shall be transported from the  
13 health facility to the approved public treatment facility as soon as the person is  
14 discharged from the health facility. If the person being committed under this  
15 subsection is physically present at the health facility at the time an application for  
16 extension of detention is filed under (c) of this section or is physically present at the  
17 health facility when a petition for involuntary commitment is filed under (e) of this  
18 section, the administrator accepting the application for commitment under this  
19 subsection shall inform the court of where the person being committed is being held  
20 and when the person being committed is expected to be capable of being transferred  
21 to the approved public treatment facility."

22 Renumber the following bill sections accordingly.

H-29-96  
SR  
moved  
Adopted

AMENDMENT # 2

OFFERED IN THE SENATE

BY SENATOR RIEGER

TO: CSHB 493 (JUD) am

- 1 Page 5, Line 9, following "facility":
- 2 Delete "shall provide"
- 3 Insert "must be capable of providing"
- 4 Page 7, Line 18, following "detaining":
- 5 Insert "or failing to detain"

SENATE FINANCE  
COMMITTEE  
Amendment Number: \_\_\_\_\_  
Bill Number: \_\_\_\_\_  
Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_  
Logged In By: \_\_\_\_\_

# A FAX

## Alaska State Legislature

Date: 29 April 1996

To: Legal Services

Fax#: 2029 Phone#: 2450

From: Senate Finance Committee, Jerry

Phone#: 4935

Re: Using CS HB 493(JUD) am. (9-LS1607\K) as a base please incorporate attached amends. #1 + #2. for a final SCS CSHB 493(FIN). many thanks!

Following this page, please find 2 pages(s). If this does not reach you in full, please inform us ASAP.



# THANK YOU.

SENATE FINANCE COMMITTEE

HB 493 INVOLUNTARY COMMITMENT: ALCOHOL/DRUG ABUSE

PLEASE SIGN-IN BELOW

NAME: Dr. Ducevich  
Co./Dept/Title: Ex Director, Advisory Board on Alcohol Phone: 465-4667  
Address: Box 110608 Zip: 99811  
Do you wish to testify?  Yes  No  Respond to Questions

NAME: Loren Jones  
Co./Dept/Title: Director  
Division of Alcoholism + Drug Abuse Phone: 465-2071  
Address: Box 110607 Zip: 99811-0607  
Do you wish to testify?  Yes  No  Respond to Questions

NAME: Tom Wright  
Co./Dept/Title: Rep Travis office Phone: 4992  
Address: STATE CAPITAL, Rm 5.3 JUNEAU Zip: 99801  
Do you wish to testify?  Yes  No  Respond to Questions

NAME: Barbara Craver  
Co./Dept/Title: City + Borough of Juneau Attorney's Office Phone: 586-5242  
Address: 155 S. Seward St. Zip: 99801  
Do you wish to testify?  Yes  No  Respond to Questions

4/29/96

Betty -

Please review attached  
final for proper  
incorporation of Sen.  
Rieger's Amend #2  
and advise if it is  
acceptable.

Thanks.

OK

Kathy  
2618

4-29-96

Larry -

Attached is the final  
SCS CS HB 493 (Fix)  
incorporating Amend #1,  
by Sen. Zboroff, and  
Amend #2, by Sen. Rieger.

The offices of the makers  
of the motions have both  
approved the final. How  
does it look to you?

OK

Kathy  
2618

4/28/96

this amendment #1 moved by  
Sen. Zharoff is held pending.

Sen. Halford asked Sen. Rieger to  
come up with amendment on  
limitations of liability sec. 14 (page 7)  
also page 7, line 3 "shall" to "may"  
Sen. Rieger concern about page 7,  
line 29 - (c).

held in committee

AMENDMENT

OFFERED IN THE SENATE

BY SENATOR RIEGER

TO: CSHB 493 (JUD) am

- 1 Page 5, Line 9, following "facility":
- 2 Delete "shall provide"
- 3 Insert "must be capable of providing"
- 4 Page 7, Line 18, following "detaining":
- 5 Insert "or failing to detain"

SENATE FINANCE  
COMMITTEE

Amendment Number: \_\_\_\_\_

Bill Number: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Logged In By: \_\_\_\_\_

JOHN R. CORSO  
ATTORNEY

JOHN A. LEQUE  
BARBARA R. CRAVER  
JOHN W. HARTLE  
ASSISTANT ATTORNEYS



MARIAN J. MILLER  
OFFICE MANAGER

BEVERLY T. GELSTON  
SUSAN Z. LICHTENBERGER  
SUPPORT STAFF

CITY & BOROUGH ATTORNEY

155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801  
907-586-5242 VOICE 907-586-1147 FAX 907-586-5340 DATA

April 26, 1996

The Honorable Jim Duncan  
Alaska State Legislature  
State Capitol (MS 3100)  
Juneau, AK 99801-1182

Re: HB 493 - "An Act relating to treatment for alcoholism or drug abuse"

Dear Senator Duncan:

The City and Borough of Juneau has supported House Bill 493 since its introduction and has been involved in its passage through the House. The City Law Department advises and represents the Juneau Recovery Hospital (JRH), a division of the city's Department of Health and Social Services, in court when involuntary alcohol commitment petitions are filed. Juneau is the only municipality in Alaska who actively uses this law for the involuntary commitment of alcoholics, and we have worked with the existing law extensively. The changes in the law proposed in this bill will make these statutes easier to work with, clearer, and will make several changes to bring the alcohol commitment laws in line with the mental health commitment laws.

The City and Borough of Juneau would like to see one additional section added to HB 493 to address a situation which is not clear in the current statutes. It has to do with providing a continuum of services to incapacitated persons with short-term medical problems that prevent them from being committed to JRH directly.

JRH works closely with Bartlett Memorial Hospital (BMH), also owned by the city. It is quite common for a person incapacitated by alcohol to be brought to the emergency room at BMH for a medical examination, and to be found to have medical problems in addition to incapacitation by alcohol. In such a case BMH can initiate an alcohol hold of no more than 48 hours under the authority of AS 47.37.170 (d). BMH physicians frequently contact JRH and request that JRH take the person under another alcohol hold as soon as the person can be safely released from the hospital. The ideal scenario would be for JRH to be able to take custody of the person under an alcohol hold even while they are at BMH. As soon as the persons medical condition allowed they would be transferred to JRH for further observation and treatment. Authority for a continuous hold would restrain the person from leaving the health facility against medical advice.

Currently there is no way for JRH to follow up with an alcohol hold after BMH's 48-hour hold expires. The present law requires that a person be intoxicated and incapacitated upon admission to a public treatment facility such as JRH, and after 48 hours at a hospital the person is no longer intoxicated. Coordinating the transfer between a health facility and a treatment facility is clearly within the intent of the act, and does not impose any additional restrictions upon a person's freedom. The proposed change would allow JRH to admit a person to JRH under an alcohol hold even though the person was physically present at a health facility due to medical reasons. As soon as the person was medically stable they would be transferred to JRH. This would allow the person to be kept safe during the time needed to determine whether a petition for involuntary alcohol treatment should be filed by JRH.

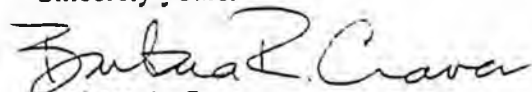
In order to accomplish the scenario described above the following language should be inserted into AS 47.37.180 as a new subsection (c), subsequent subsections would need to be relettered:

*(c) The administrator may accept an application for commitment under this section from a health facility, and may authorize the health facility to hold the person at the health facility as long as medically necessary, before transfer to the approved public treatment facility. The administrator shall follow the provisions of (d) - (g) of this section for any periods of detention for more than 48 hours from the time of the administrator's acceptance of a commitment under this section. The person shall be transported from the health facility to the approved public treatment facility as soon as discharged from the health facility. The court shall be informed of where the person is being held and when the person is expected to be capable of being transferred to the approved public treatment facility if the person is physically present at a health facility at the time of an application for extension of detention under (d) of this section and when filing a petition for involuntary commitment under AS 47.37.190 pursuant to (f) of this section.*

I am available to answer any questions and to meet with you or members of your staff. The administrator of JRH and physicians from BMH support this change. I have also discussed this modification with Don Dapceovich, Executive Director of the State of Alaska Advisory Board on Alcoholism and Drug Abuse, and he supports it.

I appreciate your consideration of this request. Your assistance in modifying HB 493 would significantly improve the treatment options available to this community by clearly providing a continuum of care for those persons who present with both alcoholism and acute short-term medical issues. They would be afforded appropriate medical care prior to transfer to a treatment facility. The ultimate objective of providing alcohol treatment would be met as well as explicitly authorizing a continuous hold on a person who initially has medical problems too acute for JRH.

Sincerely yours,



Barbara R. Craver

Assistant City & Borough Attorney

cc: Representative Ivan Ivan  
11BRCIDEPTSHSSALCREFORMDUNCAN LET

4-27-96  
Jenna - 3-25-96

Alaska State House of Representatives  
House District 39

APR 22 1996

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**

**MEMORANDUM**

TO: Senator Rick Halford, Co-Chair  
Senator Steve Frank, Co-Chair  
Senate Finance Committee

FROM: Representative Ivan M. Ivan 

DATE: April 22, 1996

RE: Scheduling of CSHB 493 (JUD) am

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Please consider this request to hear Committee Substitute for House Bill 493 (JUD) am: An Act relating to involuntary commitment for alcoholism or drug abuse, before the Senate Finance Committee at your earliest possible convenience.

AS 47.37.190 provides for the involuntary commitment of alcoholics. The provisions of this statute 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. Communities use the commitment policy sparingly, if they use it at all. The current commitment process simply is not working.

This bill is drafted along the same lines as those statutes currently in use for involuntary mental health commitments.

I appreciate your consideration of my request. Please do not hesitate to contact my staff, Tom Wright, or me if either of us can provide further information or answer any questions.

Thank you.

IMI/tw

**Alaska State House of Representatives  
House District 39**

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



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Phone: (907) 765-7526

**Representative Ivan M. Ivan**

**SPONSOR STATEMENT - CSHB 493 (JUD) am**

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 CSHB 493 (JUD) am, the involuntary commitment process is similar to those found in the involuntary mental health commitments. Drug abusers were also not included in the definitions of incapacitation or intoxication. According to the Division of Alcoholism and Drug Abuse, many public inebriates are ingesting not only alcohol but drugs as well. The bill changes the definition of intoxicated persons to include drugs which are defined under the controlled substances statutes in Title 11.

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.

**Alaska State House of Representatives  
House District 39**

Session  
Alaska State Capital  
Juneau, Alaska 99801-1182  
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**Representative Ivan M. Ivan**

**SECTIONAL ANALYSIS - CS for HOUSE BILL 493 (JUD) am**

**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. Changes existing language to include drugs. This conforms this section to other commitment statutes that are amended in this act.

**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.

**Page Two**  
**Sectional Analysis**  
**CSHB 493 (JUD) am**

**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. Replaces next of kin with the attorney of the person whose commitment is being sought as one who will be served with a petition for commitment.

**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 and is incapacitated.

**Section 12.** Adds a new section to AS 47.37; AS 47.37.207, Unauthorized Absences: Return to Facility. This section gives peace officers the authority to return a person who is absent from a treatment facility without authorization back to that facility. This is consistent with mental health commitment statutes.

**Section 13.** 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 14.** Adds a new section to AS 47.37; AS 47.37.235, Limitations on Liability; Bad Faith Application a Felony. Conforms alcoholic and drug abuser commitment statutes with those found in mental health commitment statutes. Section states that a person acting in good faith in protective custody or commitment procedures may not be subject to civil or criminal liability.

**Section 15.** 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 16.** Amends AS 47.37.270(10), Definitions. Redefines incapacitated by alcohol and adds drugs to this definition.

**Page Three**  
**Sectional Analysis**  
**CSHB 493 (JUD) am**

**Section 17.** Amends AS 47.37.270(13), Definitions. Adds drugs to the definition of intoxicated person.

**Section 18** Amends AS 47.37.270(14), Definitions. Adds drug abusers to the definition of treatment.

**Section 19.** Adds a new paragraph to AS 47.37.270, Definitions. Defines drugs as a controlled substance as set out in AS 11.71.140 - 11.71.190.

**Section 20.** 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.

# STATE OF ALASKA

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

TONY KNOWLES, GOVERNOR

APR 23 1996

P.O. BOX 110608  
JUNEAU, ALASKA 99811-0608  
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April 23, 1996

The Honorable Rick Halford  
Alaska State Senate  
State Capitol, Room 508  
Juneau, AK 99801-1182

RECEIVED  
APR 23 1996

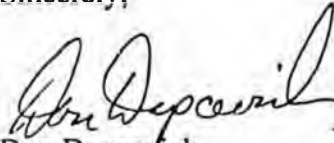
Dear Senator Halford:

The Advisory Board on Alcoholism and Drug Abuse strongly endorses passage of Committee Substitute for House Bill 493, "An act relating to treatment for alcoholism or drug abuse." The rewrite of this Statute, which was originally enacted in 1971, is a priority for our Board. This Bill, if enacted, will accomplish several objectives. It will bring this Statute more in line with the mental health commitment law. In addition, it will add drugs other than alcohol to the commitment process and it will change the definition and proofs necessary for commitment to be based on clinical rather than social measures. The last major issue resolved by this rewrite of the Statute is the added latitude it will give to the courts for longer treatment mandates needed for effective treatment of this target population.

When legislation of this sort comes before the Legislature, the immediate question asked is how will this help? Will it save money? And how much will it cost? In order to examine the first two questions, Board staff has prepared the attached cost benefit analysis. This analysis examined all of the persons committed in this community over a one-year period (Juneau data was used as almost all of the commitments done in the state were done in this community). It compared community costs in the six months preceding commitment with community costs in the six months after treatment. As you can see there is an accrued cost benefit associated with the commitment of late stage chronic alcoholics. The last question regarding cost of this initiative deals with a very slow implementation anticipated. The source for funding for long term care facilities is a cost that should and will be funded from the Mental Health Trust as the persons to be committed are beneficiaries of the Trust.

I hope that you will give serious consideration to this Bill and we are ready to assist in whatever way we can.

Sincerely,

  
Don Dapcevich  
Executive Director

Enclosures

1996 RURAL ALASKA PARTICIPATION CONFERENCE

Resolution # 96-34

**ENTITLED:**           **A RESOLUTION SUPPORTING STATE OF ALASKA HOUSE BILL  
NO. 493 RELATING TO INVOLUNTARY COMMITMENT FOR  
ALCOHOLISM OR DRUG ABUSE**

**WHEREAS,**           the City of Fort Yukon wishes to have HB 493 passed for the health and welfare  
of persons needing help due to alcoholism and drug abuse.

Now therefore be it

**RESOLVED:**       **That the City of Fort Yukon Council supports House Bill 493, relating to  
involuntary commitment for alcoholism or drug abuse, and**

Be it further

**RESOLVED:**       **By the 1996 Rural Alaska Participation Conference to support the City of Fort  
Yukon's Council support of HB 493.**

**ADOPTED** this 22nd day of March 1996 at the Rural Alaska Participation Conference in Juneau,  
Alaska.



---

Dewey Skan, Chairman  
1996 Rural Alaska Participation Conference

**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, Bartlett 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 service 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 Com. is there any significant difference in the resource utilization patterns of person. 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>	<b>897</b>
<b>Number of unduplicated clients</b>	<b>384</b>
<b>Admission to Detox for persons with only a single admission</b>	<b>238 (62% of unduplicated clients) (26.5% of total admissions)</b>
<b>Admission to Detox for persons with more than 10 admissions</b>	<b>231 (25.8% of total admissions)</b>
<b>Number of Persons with more than 10 admissions to detox</b>	<b>17 (4.4% of unduplicated clients)</b>
<b>Admissions to Detox for persons with more than 1 admission but less than 10 admissions</b>	<b>428 (47.7% of total admissions)</b>
<b>Number of Persons with more than 1 admission but less than 10</b>	<b>129 (33.6% of unduplicated clients)</b>

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

FIND\_DUP

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>	100		20	
<b>Average</b>	10		2	

Attachment 4