

SB

1000

SENATE COMMITTEE REPORT

First Committee of Referral

DATE: 2/28/07

FURTHER: State Affairs
Finance

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 3/19/07

Health, Education and Social Services Committee considered

SENATE BILL NO. 100

SB 100 SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

"An Act relating to substance abuse and mental health disorder prevention and treatment programs; and relating to long-term secure treatment programs for persons with substance abuse or co-occurring substance abuse and mental health disorders."

and recommends:

- be replaced with SCS or CS _____ (_____)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____


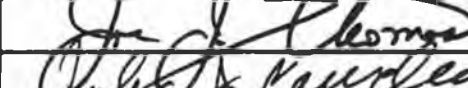
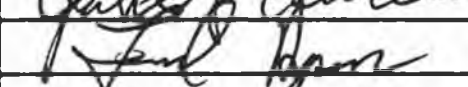


NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
HSS	3/15/07	✓			
HSS	3/15/07		✓		

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS	PRINTED LAST NAME	Do PASS	Do Not PASS	NO RECD	AMEND
	Elton	✓			
	Thomas	✓			
	Coudrey			✓	
	DYSON	✓			
CHAIR: 	DAVIS				

STATEMENT OF SUPPORT
Establishing Education Savings Accounts for Foster Children in Alaska

Children in the foster care system face significant challenges when they age out of state care. Often, these children do not have a plan or the means to access job training or post-secondary education. With a program in place whereby concerned organizations and citizens can establish savings accounts in the names of foster children, these children will have opportunities beyond high school.

Alaska's foster children deserve a program that invests in their potential. Alaska should create a program designed to give children in foster care the opportunity to pursue education and job training past the age of 18.

Please add my name/organization to the list of supporters.

Name Drenda Tigwer
Organization Presbyterian Hospitality House
Title _____
Signature Drenda M. Tigwer Executive Director
Address 209 Fourth Mile Ave Fairbanks AK 99701
Phone 907-456-6445 Fax 907-456-6402
Email Drenda.Tigwer@aol.com Website WWW.PhhAlaska.org

I/We would also be willing to:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Publish an article in our newsletter | <input checked="" type="checkbox"/> Mobilize our membership |
| <input checked="" type="checkbox"/> Participate in media events | <input checked="" type="checkbox"/> Help to build a coalition |
| <input checked="" type="checkbox"/> Contact legislators | |

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

Richard Benavides

From: Kate Herring
Sent: Monday, March 19, 2007 11:35 AM
To: Richard Benavides
Subject: SB 100 testimony

Hi Richard-

Here is the order we'd like for our folks today:

- 1) Margaret Lowe
- 2) Jeff Jessee
- 3) Lonnie Walters
- 4) Chris Anderson (is a maybe)

Thanks!

k

Kate Herring
Office of Senator Johnny Ellis
Capitol Building, Rm. 9
Juneau, AK 99801
(907)465-6704

Richard Benavides

From: Kate Herring
Sent: Monday, March 19, 2007 12:39 PM
To: Richard Benavides
Subject: SB 100

Hi-

John Stolpman will be available to answer questions on Involuntary Commitment (the process) should they arise. He will be calling in.

Thanks

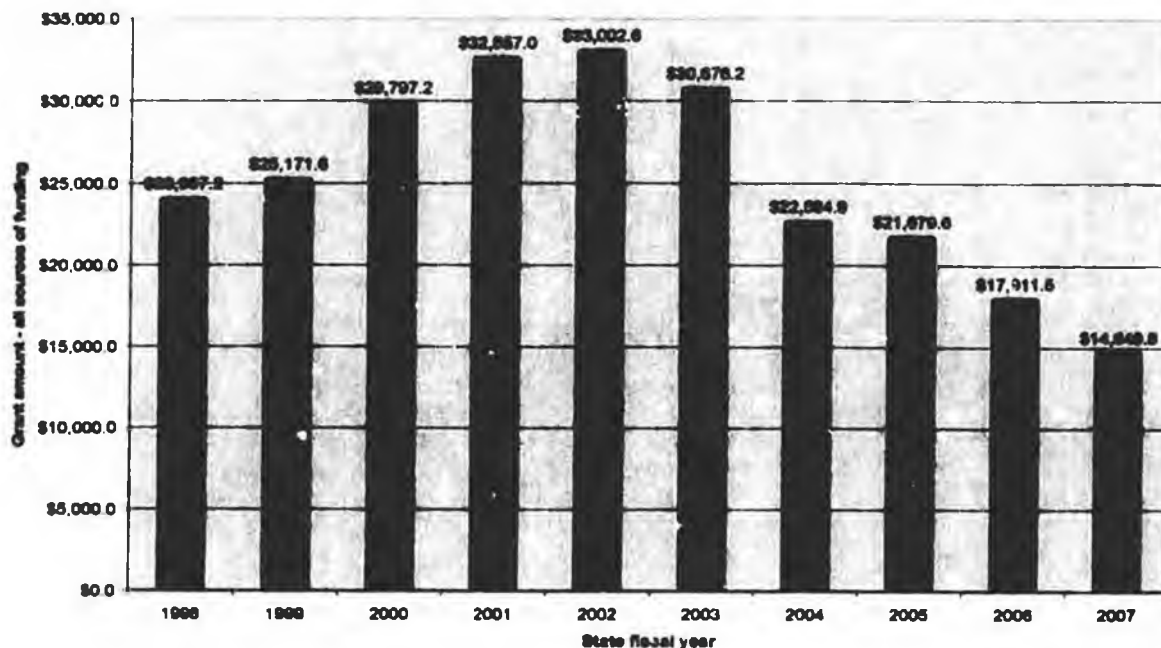
k

Kate Herring
Office of Senator Johnny Ellis
Capitol Building, Rm. 9
Juneau, AK 99801
(907)465-6704

State Funding for Substance Abuse Prevention and Treatment Not Keeping Pace with Community Need

- In 2004, approximately 38,000 Alaskans age 12 and over either abused or were dependent on alcohol.*
- In 2005, 18% of all adults and 21% of those between 18-24 reported binge drinking.**
- In Alaska, 79% of newly incarcerated inmates were actively abusing or dependent on alcohol or other substances in the year before their incarceration.
- Children in alcohol-abusing families are almost four times more likely to be maltreated, and 10 times more likely to be neglected; 81% of all reports of harm against Alaska children involve substance abuse.
- In 2003, the cost of alcohol and drug abuse to Alaska's economy was estimated to be \$738 million in lost productivity, accidents, health care, criminal justice and public assistance.***
- Between FY 2002 and FY 2007, state funding for substance abuse treatment dropped by 56.2% or \$18.6 million.
- In 2004, over 35,000 Alaskans who needed treatment for alcohol abuse could not receive it due to lack of availability.* Medicaid does not cover most substance abuse treatment.
- Just three years ago, GF appropriations for prevention and treatment of substance abuse were 50% higher than today. Increase GF appropriations to at least the FY 2005 level. Alaska cannot afford to ignore the costs of substance abuse to the state and to Alaskan families.

Department of Health and Social Services Substance Abuse Grant Funding, FY 1998 - 2007



FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: SB 100
 (S) Publish Date: 3/21/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): 3/9/2007
 Title SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

RDU Behavioral Health
 Component Behavioral Health Administration

Sponsor ELLIS
 Requester SENATE (HES)

Component No. 2665

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	257.8	257.8	257.8	257.8	257.8	257.8
Travel						
Contractual	26.4	26.4	26.4	26.4	26.4	26.4
Supplies	6.6					
Equipment						
Land & Structures						
Grants & Claims	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0
Miscellaneous						
TOTAL OPERATING	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	3	3	3	3	3	3
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB 100 (section 2, AS 47.37.030 (9)-(11)) allows the Department to a) implement programs that accurately identify and appropriately treat persons with substance abuse or co-occurring disorders; b) establish a secure enhanced detoxification and treatment center for involuntarily committed persons who are at risk to physically harm them self or others; and c) develop and implement a substance abuse treatment system using evidence-based, research-based, consensus-based; or promising practices that promote independence, recovery, employment, education, ongoing community-based treatment, housing, and other aspects of harm reduction.

SB 100 (section 3, AS 47.37.040 (22)-(23)) requires the Department to a) apply, whenever possible, evidence-based, research-based, consensus-based substance abuse and co-occurring substance abuse and mental health

Prepared by: Stacy Toner, Acting Director
 Division Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency Department of Health and Social Services

Phone 465-2817
 Date/Time 03/13/2007
 Date 03/15/2007

FISCAL NOTE

FN # 1

**STATE OF ALASKA
2007 LEGISLATIVE SESSION**

BILL NO. SB 100

ANALYSIS CONTINUATION**Assumptions for Pilot Project**

The State of Washington recently passed a similar bill through their senate process and began a pilot project (April 2006) in Skagit County, Washington. Pioneer Center North (PCN) with Pioneer Human Services and the North Sound Mental Health Administration (NSMHA) received the contract from the Washington State Department of Substance Abuse Services Administration in the amount of \$2.2 million per year. The Request for Proposals was a limited solicitation such that only counties or existing mental health administrations could apply so that the infrastructure would already be in place and construction costs would be limited.

A review of the seventeen grantee agencies that provide psychiatric emergency, detoxification, and residential substance abuse services to adults in Alaska for FY 07 shows the average grant amount to be \$1.1 million. (See table.)

Akeela Treatment Services, Inc.	\$ 616,611.00	Adult Residential
Alaska Addiction Rehab Service - Nugen's Ranch	\$ 757,629.00	Adult Residential
ARC of Anchorage	\$ 420,702.00	Adult Residential
Bristol Bay Area Health Corporation	\$ 1,100,200.00	Psychiatric ES
Central Peninsula General Hospital	\$ 10,000.00	Adult Residential
Cook Inlet Tribal Council, Inc.	\$ 322,912.00	Adult Residential
Fairbanks Native Association	\$ 1,700,333.00	Detoxification
Gateway Center for Human Services	\$ 1,030,520.00	Psychiatric ES
Maniilaq Association	\$ 1,431,626.00	Psychiatric ES
Norton Sound Health Corp.	\$ 1,240,169.00	Psychiatric ES
Rainforest Recovery Center	\$ 621,100.00	Detoxification
Salvation Army - Clitheroe Center	\$ 3,982,030.00	Detoxification
Seaview Community Services	\$ 340,680.00	Psychiatric ES
Sitka Counseling and Prevention Services	\$ 823,168.00	Psychiatric ES
Southcentral Foundation	\$ 683,741.00	Psychiatric ES
SouthEast Alaska Regional Health Consortium	\$ 578,700.00	Psychiatric ES
Yukon-Kuskokwim Health Corporation	\$ 3,252,962.00	Psychiatric ES
Average	\$ 1,112,534.29	

We assume that we would also issue a limited grant solicitation (Request for Proposals) such that applicants would have to have a demonstrated level of infrastructure and tangible evidence of collaboration with other agencies such as the Alaska Court System and the Department of Corrections as required in section 8 of the bill. Based on the review of the Alaska system and the information gathered from the Washington pilot project, we would offer a grant in the amount of \$1.7 million.

With any grant program or pilot project, there are significant administrative costs involved, including the need for additional staff. We estimate that in order to successfully and effectively

CONTINUED ON PAGE 4

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: SB 100
 (S) Publish Date: 3/21/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title: SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

RDU: Behavioral Health

Component: Behavioral Hlth Medicaid Svcs

Sponsor: ELLIS

Requester: SENATE (HES)

Component No.: 2660

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims
Miscellaneous						
TOTAL OPERATING

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost:

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The fiscal note for Behavioral Health Medicaid Services component is indeterminate.

Section 8 of SB100 requires the department to fund a pilot project for a secure detoxification and treatment center of at least 10 beds for persons involuntarily committed under AS 47.37.190. To the extent that the persons receiving care in the pilot project are Medicaid eligible and that the services are covered under the Medicaid state plan, costs could accrue to Medicaid.

Continued page 2

Prepared by: Stacy Toner, Acting Director
 Division: Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 465-2817
 Date/Time 03/14/2007
 Date 03/15/2007

**STATE OF ALASKA
2007 LEGISLATIVE SESSION****ANALYSIS CONTINUATION**

The total cost for services in the pilot project are estimated at \$1,700.0 GF per year. Depending on the actual number of Medicaid eligible persons, the services provided, and the quantity of services, some of the costs could be shifted to Medicaid which has joint state/federal funding. This would not change the total expenditures, but would change the fund source. The amount of potential federal funds that would replace GF is estimated to be between \$0 and \$913.9 in SFY08.

The number of Medicaid eligible persons for this pilot project is expected to be very small. Typically only 10% of the substance abuse treatment is Medicaid eligible. That would mean that on average, of the 10 beds only 1 might be charged to Medicaid. It is difficult to predict how many eligible persons would actually be directed to the pilot project. Section 4 of the bill outlines the populations targeted for the pilot. The pregnant women and youth populations could be Medicaid eligible if they are low income; however, prisoners are not eligible.

Not all the services would be Medicaid eligible. Section 4 outlines services, including clinical services, which could be covered under Medicaid; however, the job training and employment services are not covered. This uncertainty is the reason for the indeterminate fiscal note.

Senator Johnny Ellis
State Capitol, Rm 506
Juneau, AK 99801-1182

March 19, 2007

Dear Senator Ellis,

Covenant House supports SB 100, a bill to expand access to broader substance abuse treatment options, targeting certain populations with higher incidences of addiction. Covenant House is primarily a shelter for homeless and at-risk youth between the ages of 13-20, located in Anchorage. Additionally, Covenant House has a transitional living program serving youth ages 18-20, which includes 10 beds for moms with babies and pregnant young women. Finally, Covenant House has a non-residential Community Services Center which provides educational and job skills services to youth.

One of the frustrations that we face as service providers is finding space in treatment programs for our clients. There are very few programs that specialize in providing substance abuse treatment to youth and those that do exist have long wait lists. Oftentimes those youth in greatest need of help are turned away from programs because there is no space available. Implementing a system that prioritizes certain populations and increases and broadens treatment options will prevent some of the most vulnerable among us from getting stuck in a cycle of addiction.

Identifying certain groups and providing priority treatment for them is an important step forward in controlling the substance abuse epidemic in Alaska. Many young Alaskans in need of treatment are ignored and go untreated only because there are no adequate resources available for these individuals who want help and want to improve their lives.

Thank you for introducing this legislation. Please let us know how we can help to ensure its continued support. I can be reached at (907) 339-4205 or nicole.thibodeau@covhouse.alaska.com.

Sincerely,
Nicole Thibodeau

ALASKA STATE LEGISLATURE

Sponsor



Statement

Senate Bill 100: "Substance Abuse Treatment and Prevention"

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. Substance abuse tears apart families; in 2004, 81% of all reported harm against a child cases involved illicit drugs. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities. Something must change.

At the same time, Alaska is falling behind in providing treatment to those who need help in overcoming their addiction. According to the 2002 Integrated Substance Abuse Treatment Needs Assessment for Alaska, only 15.6% of Alaskans in need of substance abuse treatment received it. We can, and must do better.

Senate Bill 100 proposes several common sense changes to Alaska's statutes regarding drug and alcohol abuse in order to improve the quality of and access to treatment and prevention. The legislation:

- Mandates priority treatment for pregnant women seeking help in overcoming addiction. Reducing the incidence of Fetal Alcohol Spectrum disorders will save large sums of money.
- Creates a pilot program in a secure setting for involuntary commitment cases. This small, but enormously expensive group of persons with addictions or co-occurring substance abuse and mental health disorders chronically recycle through non-secure treatment services and as a result present a danger to themselves and others. This population draws heavily on law enforcement, corrections, the court system, and community services.
- Gives priority to state grantees who utilize evidence-based programming, as well as programs that address substance abuse prevention, addiction within prisons, among youths, and in rural Alaska.
- Supports the Department of Health and Social Services in their efforts to identify people with co-occurring mental and substance abuse disorders, so that this population can be better served.
- Ensures that effective faith-based strategies for treating substance abuse are not discriminated against in statute.

Most Alaskans have been touched by substance abuse, whether it is a personal struggle with addiction, or watching a friend or relative battle with this deadly condition. I ask you to support for SB 100 and its common-sense steps to strengthen the fight against drugs and alcohol abuse in our state.

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


State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 6, 2007

SUBJECT: SB 100 Sectional Analysis (Work Order No. 25-LS0151\N)

TO: Senator Johnny Ellis
Attn: Kate Herring

FROM: Jean M. Mischel
Legislative Counsel 

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Provides legislative findings and intent supporting treatment programs for persons with substance abuse and co-occurring substance abuse and mental health disorders.

Section 2. Amends the powers of the Department of Health and Social Services to add specified co-occurring substance abuse and mental health treatment programs.

Section 3. Amends the duties of the Department of Health and Social Services to require specified types of treatment and collaborations for co-occurring substance abuse and mental health disorders.

Section 4. Modifies and establishes priorities for grant programs related to substance abuse and mental health treatment.

Section 5. Establishes standards for the comprehensive program developed and implemented by the Department of Health and Social Services for the treatment and prevention of substance abuse.

Section 6. Adds standards pertaining to priorities listed in sec. 4 of the bill for the Department of Health and Social Services' comprehensive program for the treatment and prevention of substance abuse.

Section 7. Requires that standards established for public and private treatment facilities

Senator Johnny Ellis

March 6, 2007

Page 2

be based on scientifically sound evidence and be consistent with priorities established under sec. 4.

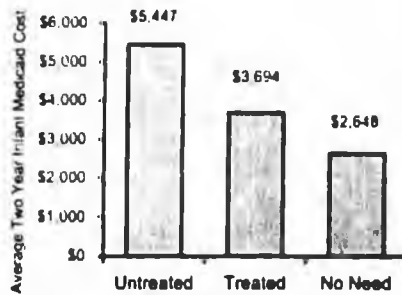
Section 8. Establishes within the Department of Health and Social Services a pilot project to integrate crisis response and involuntary treatment of adults incapacitated by alcohol or drugs, including persons with co-occurring substance abuse and mental health disorders.

JMM:ljw

07-114.ljw

Public Alcohol/Drug Treatment Reduces Future Medical & Psychiatric Costs in Washington State

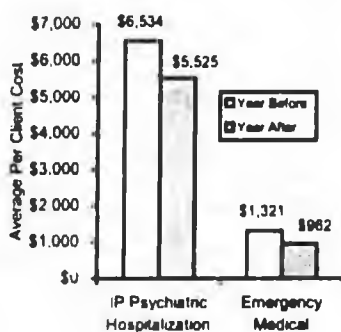
Providing Treatment to Substance Abusing Pregnant Mothers Reduces Health Care Costs of Their Drug Exposed Infants



Alcohol/Drug (AOD) Treatment Results in Significant Medicaid Savings



Persons with Co-Occurring Disorders (Chemical Dependency & Mental Health) Had Lower Medical and Psychiatric Costs after Treatment



Providing Treatment to Substance Abusing Pregnant Mothers Reduces Health Care Costs of Their Drug Exposed Infants

- Average Medicaid costs for an infant's medical care during the first two years of life was 1.4 times greater for mothers with untreated substance abuse compared to those who received treatment in the prenatal period (\$5,447 versus \$3,694) and more than twice that for infants of other, non-substance abusing Medicaid women (\$5,447 versus \$2,648).
- The average expenditure for inpatient Neonatal Intensive Care Unit care for infants of substance abusers who received prenatal treatment for substance abuse (\$832) was half that for infants of substance abusers diagnosed prenatally who did not receive treatment prior to delivery (\$1,858) and was only slightly greater than that of infants of other Medicaid women (\$755) (Cawthon & Schrage, 1995).

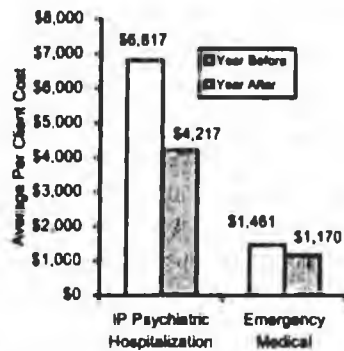
Medicaid Medical, Mental Health, and Nursing Home Costs Were Dramatically Reduced after Addicted SSI Recipients Received Chemical Dependency Treatment

- Untreated chemically dependent Supplemental Security Income (SSI) recipients (n=10,572) had \$414/month higher Medicaid medical, mental health, and nursing home costs than treated (n=10,380) recipients—\$252/month after adjusting for the cost of chemical dependency treatment.
- If an additional 30% of the 10,572 untreated SSI clients in need of alcohol/drug treatment got it, the annual cost savings could amount to roughly \$9.6 million. (Estee & Nordlund, 2003).

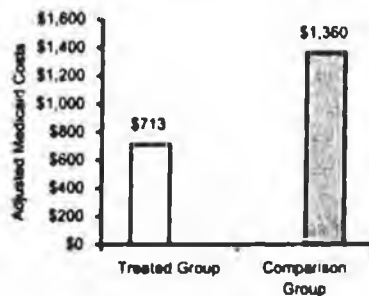
Persons with Co-Occurring Disorders (Chemical Dependency & Mental Health) Had Lower Medical and Psychiatric Costs after Treatment

- In a study of 534 patients discharged from a residential chemical dependency treatment program for persons with co-occurring disorders (chemical dependency and mental health), overall Medicaid-paid medical and psychiatric services decreased by 44%, from almost \$5 million in the year before treatment to \$2.8 million in the year after treatment.
- Individuals who completed treatment were less likely to receive costly, acute care services (Maynard et al. 1999).

Persons Involuntarily Committed to Chemical Dependency Treatment Had Decreased Medical and Psychiatric Costs in Year after Discharge



Significant Cost Savings Are Realized When Addicted Indigent Persons Are Provided Chemical Dependency Treatment



For more information on chemical dependency treatment studies described in this fact sheet, contact:

Research Investigator
 Department of Social & Health Services
 Division of Alcohol & Substance Abuse
 PO Box 45330-5330
 Olympia, WA 98504
 Phone: (360) 438-8200, or
 toll-free at (877) 301-4557

Website: www1.dshs.wa.gov/dasa/

Persons Involuntarily Committed to Chemical Dependency Treatment Had Decreased Medical and Psychiatric Costs in Year after Discharge

- In a study of 735 patients discharged from a residential chemical dependency involuntary commitment program, the cost of their Medicaid-paid medical and psychiatric services decreased from \$3.8 million in the year before admission to \$2.7 million in the year following discharge.
- Average per client psychiatric hospitalization costs went from \$6,817 in the year before treatment to \$4,217 in the year after treatment (Maynard et al, 2000).

Health Care Savings Continued Five Years after Treatment

- Over a 5-year follow-up period, ADATSA¹ clients who received chemical dependency treatment had medical costs that were \$4,540 less than those of the average untreated client.
- Treatment produces the largest savings for those who had Medicaid medical expenses prior to chemical dependency treatment. These clients cost, on average, \$7900 less than a similar group of untreated clients over a five-year follow-up period (Luchansky & Longhi, 1997).

Significant Cost Savings Are Realized When Addicted Indigent Persons Are Provided Chemical Dependency Treatment

- The average ADATSA client who participated in chemical dependency treatment incurred an estimated \$713 in (adjusted) Medicaid costs compared to \$1,360 for the untreated comparison group. Approximately two thirds (\$422 of \$647) of the cost reduction represented a reduction in inpatient hospital costs (Wickizer & Longhi, 1997).

References

Cawthon, L., & Schrage, L. (1995). Fact Sheet: "First Steps Database. Substance Abuse, Treatment, and Birth Outcomes for Pregnant and Postpartum Women in Washington State." Olympia, WA: Office of Research and Data Analysis, Department of Social and Health Services.

Estee, S., & Nordlund, D. J. (2003). *Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project. 2002 Progress Report.* Olympia, WA: Research and Data Analysis Division, Department of Social and Health Services.

Luchansky, B., & Longhi, D. (1997). Briefing Paper: "Cost Savings in Medicaid Medical Expenses: An Outcome of Publicly Funded Chemical Dependency Treatment in Washington State. A Five Year Cost Savings Study of Indigent Persons Served by Washington State's Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)." Olympia, WA: Research and Data Analysis, Department of Social and Health Services.

Maynard, C., Cox, G. B., Krupski, A., Stark, K. (1999). Utilization of services for mentally ill chemically abusing patients discharged from residential treatment. *The Journal of Behavioral Health Services & Research, 26*, 219-228.

Maynard, C., Cox, G. B., Krupski, A., & Stark, K. (2000). Utilization of services by persons discharged from involuntary chemical dependency treatment. *Journal of Addictive Diseases, 19* (2), 83-93.

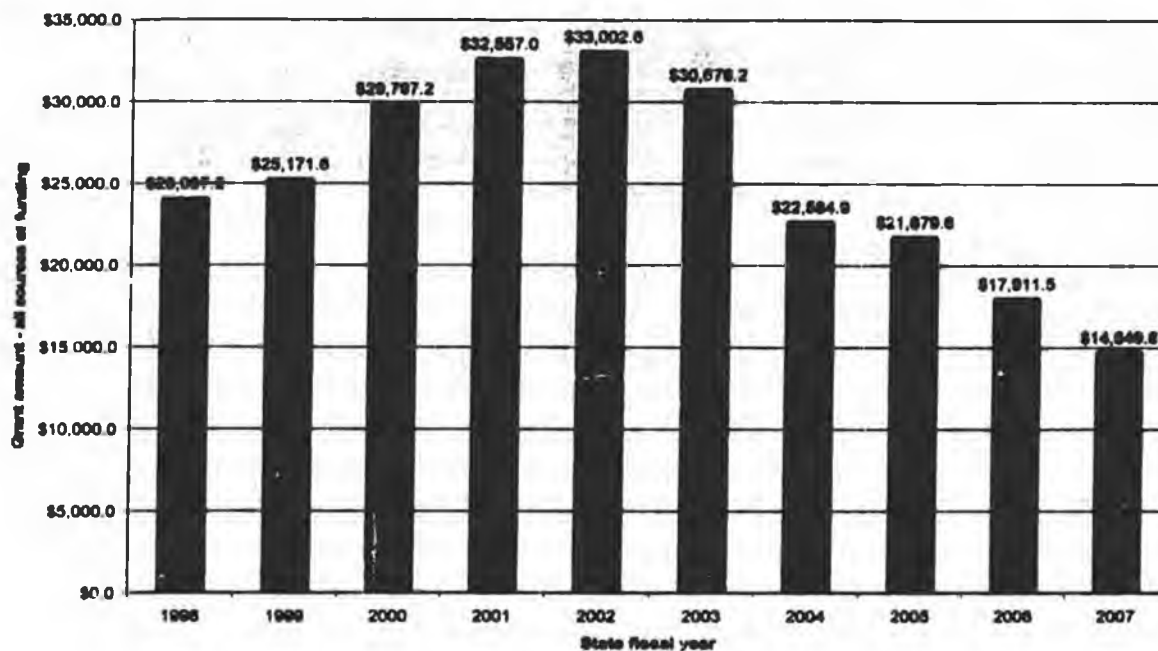
Wickizer, T., & Longhi, D. (1997). *Economic Benefits and Costs Associated with Substance Abuse Treatment Provided to Indigent Clients through the Washington State's Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) Program.* Olympia, WA: Division of Alcohol and Substance Abuse, Department of Social and Health Services

¹ ADATSA is a state funded program that provides a continuum of care to persons who are indigent and deemed unemployable as a result of alcoholism and/or other drug addiction. ADATSA stands for the legislation that funds this program, the Alcoholism and Drug Addiction Treatment and Support Act.

State Funding for Substance Abuse Prevention and Treatment Not Keeping Pace with Community Need

- In 2004, approximately 38,000 Alaskans age 12 and over either abused or were dependent on alcohol.*
- In 2005, 18% of all adults and 21% of those between 18-24 reported binge drinking.**
- In Alaska, 79% of newly incarcerated inmates were actively abusing or dependent on alcohol or other substances in the year before their incarceration.
- Children in alcohol-abusing families are almost four times more likely to be maltreated, and 10 times more likely to be neglected; 81% of all reports of harm against Alaska children involve substance abuse.
- In 2003, the cost of alcohol and drug abuse to Alaska's economy was estimated to be \$738 million in lost productivity, accidents, health care, criminal justice and public assistance.***
- Between FY 2002 and FY 2007, state funding for substance abuse treatment dropped by 56.2% or \$18.6 million.
- In 2004, over 35,000 Alaskans who needed treatment for alcohol abuse could not receive it due to lack of availability.* Medicaid does not cover most substance abuse treatment.
- Just three years ago, GF appropriations for prevention and treatment of substance abuse were 50% higher than today. Increase GF appropriations to at least the FY 2005 level. Alaska cannot afford to ignore the costs of substance abuse to the state and to Alaskan families.

Department of Health and Social Services Substance Abuse Grant Funding, FY 1998 - 2007





3200 Providence Drive
P.O. Box 196604
Anchorage, Alaska
99519-6604

Tel 907.562.2211

March 7, 2007

Kate Herring
Office of Senator Johnny Ellis
Capitol Building, Rm. 9
Juneau, AK 99801
(907) 465-6704

Dear Senator Ellis:

Thank you for the opportunity to read the Senate Bill NO. 100 and give an opinion. I wholeheartedly support SB 100.

For the last five years I have been Medical Director of the Providence Psychiatric Emergency Room, and during this time also worked at the Salvation Army's Clitheroe Enhanced Detox Unit for 3 years. I see SB 100 as a small, yet significant step-in-the-right-direction in caring for the vast number of patients who are suffering from untreated substance abuse in Alaska. The majority of my emergency room psychiatric patients (and we see over 4000/year) have co-existing chemical dependency ("dual-diagnosis"), which certainly contributes to the devastation in their lives. Unfortunately, there are only 8 beds for me to refer patients to (which is a key part in getting onto the path of recovery) in Anchorage. These beds are usually full.

In short, the need in the community is high, the resources low, and the wreckage of the illness on patients (and their families, friends, community) are significant. So it is without reservation, I support SB 100, which addresses the call for added treatment options for Alaskan patients, and suggest some creative solutions, such as the Pilot Project mentioned in section 8. Please feel free to contact me with any questions.

Sincerely;

Marc D. Pellicciaro, M.D.
Medical Director, Psychiatric Emergency Room
Providence Alaska Medical Center
3200 Providence Drive
Anchorage, AK 99508
Phone: (907) 273-7851
Fax: (907) 261-2807
E-Mail: mpellicc@provak.org

STATEMENT OF SUPPORT
Substance Abuse Treatment and Prevention

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities.

Something must change. We support updating Alaska statutes to promote expanding access to a wide spectrum of treatment, identifying those with co-occurring mental health and substance abuse disorders, and addressing substance abuse among youth and populations with higher incidences of addiction.

Please add my name/organization to the list of supporters.

Name Joseph P. Burns
Organization Nugen's Ranch
Title Night ATTENDANT.
Signature Joseph P. Burns
Address 4006 Steven Dr. # 8 Wacilla, AK 99654
Phone 373-7542 Fax _____
Email joeburns@mtaonline.net Website _____

I/We would also be willing to:

Publish an article in our newsletter

Mobilize our membership

Participate in media events

Contact legislators

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

STATEMENT OF SUPPORT
Substance Abuse Treatment and Prevention

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities.

Something must change. We support updating Alaska statutes to promote expanding access to a wide spectrum of treatment, identifying those with co-occurring mental health and substance abuse disorders, and addressing substance abuse among youth and populations with higher incidences of addiction.

Please add my name/organization to the list of supporters.

Name GREG R. PEASE
Organization GASTINEAU HUMAN SERVICES CORPORATION
Title EXECUTIVE DIRECTOR
Signature [Signature]
Address 5597 AISEK ST JUNEAU AK 99801
Phone 907 780 3011 Fax 907 463 3535
Email greg.pease@ghscorp.org Website www.ghscorp.org

We would also be willing to:

- Publish an article in our newsletter
- Participate in media events

- Mobilize our membership
- Contact legislators

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

GASTINEAU HUMAN SERVICES
CORPORATION
"A Chance For Change"

5597 Aleak Street
Juneau, AK 99801
Phone: (907) 780-3011
Fax: (907) 463-3535
Email: greg_pease@ghscorp.org
Greg Pease
Executive Director

Mission Statement
To serve individuals, their families and the community by providing structured residential treatment and employment program opportunities with an emphasis on those persons who are criminal offenders and/or substance abusers.

Kate Herring

From: Sen. Johnny Ellis
Sent: Thursday, March 01, 2007 11:01 AM
To: Deborah Rickard
Subject: RE: Legislation to Fight Substance Abuse Introduced
Follow Up Flag: Follow up
Flag Status: Red

Deb,

My thoughts exactly. Its good to hear it from someone who has been there.

From: Deborah Rickard [mailto:homefree25@msn.com]
Sent: Wednesday, February 28, 2007 10:10 PM
To: Sen. Johnny Ellis
Subject: RE: Legislation to Fight Substance Abuse Introduced

Dear Senator Ellis,

Bravo and it is so true. I am supportive of treatment and involuntary comittment certainly since so many are just program wise and seem to know what to do to make our recovery rate lower. I am 20 years clean and sober so I know the drill as I have served to sponsor a whole lot of people over the years. I didn't enjoy getting in trouble so chose to avoid the consortium of twisted realities. Frankly, I like to stay in the now and watch everything grow for the greater good. People who live on the street can't get off the ride without a serious effort and continued long-term care. I learned to celebrate living in Alaska and got into recovery in Alaska. I prefer living as close to normal as possible. Personally, I believe too much money goes into corrections facilities that aren't serving the purpose of rehabilitation. Sadly, there are too many people who simply fall through the cracks. I fight substance abuse by staying on a vigilant note. As long as there is a market for the substances there will be those whom abuse it and ruin the lives of loved ones. I

know about this too. The fact is, people have to want sobriety to achieve it and running it down their throats doesn't work. The legislation would make it easier to contain the victim of substance abuse with order and structure long enough for them to get the hang of it. The enforcement is the hard part with our police being few in number. I know you are really working hard to mend this state and am proud to be in contact with you. It's an honor and I appreciate your diligence.deb

Subject: Legislation to Fight Substance Abuse Introduced
Date: Wed, 28 Feb 2007 12:51:20 -0900
From: Senator_Johnny_Ellis@legis.state.ak.us
To: Senator_Johnny_Ellis@legis.state.ak.us

For Immediate Release: February 28, 2007

Legislation to Fight Substance Abuse Introduced *Prioritizes Treatment for Pregnant Women, Creates Innovative Pilot Program*

(JUNEAU) - Today, Sen. Johnny Ellis (D-Anchorage) introduced Senate Bill 100, which aims to stem the tide of alcohol and substance abuse in Alaska.

Kate Herring

From: Sen. Johnny Ellis
Sent: Thursday, March 01, 2007 10:43 AM
To: Arthur Curtis
Subject: RE: Legislation to Fight Substance Abuse Introduced
Follow Up Flag: Follow up
Flag Status: Red

Art,

Thx for your feedback. I cannot remember the name of that program either. When it comes to substance abuse policy, we are considering all the options. ---Johnny

From: Arthur Curtis [mailto:artcurtis@gci.net]
Sent: Wednesday, February 28, 2007 6:31 PM
To: Sen. Johnny Ellis
Subject: Re: Legislation to Fight Substance Abuse Introduced

Dear Johnny,

Your SB 100 sounds sensible. And I would support additional sensible ways to help people who need treatment. The program in Anchorage (can't remember the name) which allows people to remain in the program housing even after planned binges has a high success rate. (People gradually reduce their binges). I wonder if such a program is could be more widely used.

Art

On Feb 28, 2007, at 12:51 PM, Sen. Johnny Ellis wrote:

For Immediate Release: February 28, 2007

Legislation to Fight Substance Abuse Introduced

***Prioritizes Treatment for Pregnant Women, Creates
Innovative Pilot Program***

Kate Herring

From: Sen. Johnny Ellis
Sent: Friday, March 02, 2007 10:58 AM
To: Kate Herring
Subject: FW: March Community Council Update replyD

Supporter file

-----Original Message-----

From: sheila higgins [mailto:higginssheila@hotmail.com]
Sent: Thursday, March 01, 2007 7:47 PM
To: Sen. Johnny Ellis
Subject: RE: March Community Council Update replyD

Dear Senator,

I am behind this all the way. Let me know what I can do to help. This is Alaska's biggest problem and one that has to be delt with.

Like I stated before anything I can do to help.

I neither drink nor drug. I have a glass of wine every 2 to 5 years or so.

Love and light to you your staff and family.

Sheila Higgins

From: "Sen. Johnny Ellis" <Senator_Johnny_Ellis@legis.state.ak.us>
To: "Sen. Johnny Ellis" <Senator_Johnny_Ellis@legis.state.ak.us>
Subject: March Community Council Update
Date: Thu, 1 Mar 2007 13:36:48 -0900

Airport Heights --- South Addition --- Downtown
Fairview --- Government Hill --- North Star --- Rogers Park

This Month in Community Councils

Senator Ellis and Representative Gara spend time with consctituent Peggy Burgin last summer.

From
Senator Johnny Ellis

Dear Neighbor,

Session is flying by, and I've been making the most of my time here in Juneau. I recently introduced Senate Bill 100, legislation to fight the epidemic of substance abuse in our state. Please contact my office if you'd like more information on this, or any other legislation we're working on this session.

Below is the Community Council schedule for the month of March. Agenda items are provided when available.

AIRPORT HEIGHTS Thursday, Mar. 29th 7pm. Abbott Loop Community Church
For more information, contact Al Tamagni at atamagni@alaska.net or 349-1736.

Kate Herring

From: Sen. Johnny Ellis
Sent: Tuesday, March 13, 2007 8:55 AM
To: aslpb1@uaa.alaska.edu
Subject: RE: Legislation to Fight Substance Abuse Introduced

You are welcome, Lorne. I will keep pushing.

-----Original Message-----

From: Lorne Preston Bailey [mailto:aslpb1@uaa.alaska.edu]
Sent: Monday, March 12, 2007 9:11 PM
To: Sen. Johnny Ellis
Subject: Re: Legislation to Fight Substance Abuse Introduced

On Wednesday 28 February 2007 12:51 pm, you wrote:
Thank your for working hard at getting people who are adicted to drugcs and alcohol, but want to get there life in order the tools they need to do it.

Lorne Bailey

> For Immediate Release: February 28, 2007

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Kate Herring

From: Sen. Johnny Ellis
Sent: Saturday, March 03, 2007 1:46 PM
To: Kate Herring
Subject: FW: Legislation to Fight Substance Abuse Introduced

From: Darrel Hess [mailto:gmpeon@alaska.net]
Sent: Friday, March 02, 2007 4:58 PM
To: Paul Bauer; Pamela Jennings; Ken Stout; Janice Sharnberg; Dick Traini; Debbie Ossiander; Dan Sullivan; Dan Coffey; Chris Birch; Allan Tesche; Bill Starr
Cc: Sen. Johnny Ellis; Rep. Les Gara; Mayor Mark Begich; Noel Rea; Allen Kemplen; Dave Brossard; Justina Meyer; Sharon Chamard; Harry Deuber; Lee Ross; Benita White
Subject: Legislation to Fight Substance Abuse Introduced

Members of the Anchorage Assembly,

Johnny Ellis's SB100, including a provision for involuntary commitment and treatment for substance abusers, could be a useful tool in the fight to "clean up" our streets and street corners. For too many years we have let a small group of individuals dictate the quality of life for literally tens of thousands of hard working Anchorage residents.

Title 47 just does not have the teeth needed to make it an effective tool in this effort. I hope that you will all take a look at the pilot involuntary commitment/treatment program in SB100, and offer your support if you feel that it will help our City and our Neighborhoods combat the continuing negative impact of chronic inebriates.

More importantly, the program is the last, best hope for these individuals to turn their lives around. ***Thanks for all that you do for our City and our Neighborhoods, and have a GREAT Weekend!***

Darrel Hess
Chair, Fairview Community Council

From: Darrel Hess [mailto:gmpeon@alaska.net]
Sent: Friday, March 02, 2007 6:30 AM
To: Sen. Johnny Ellis
Cc: Kate Herring; Stephanie Kesler; Bonnie Harris; Allan Tesche; Rep. Les Gara; Mayor Mark Begich; donp@jlproperties.com; Noel Rea; Allen Kemplen; Dave Brossard; Justina Meyer; Sharon Chamard; Harry Deuber; Lee Ross; Benita White
Subject: RE: Legislation to Fight Substance Abuse Introduced

Johnny,

We discussed SB100 at last night's FVCC Executive Board Meeting. The Board was very supportive, especially of a pilot program for involuntary commitment. If successful, this type of program could have a positive impact on the quality of life for thousands of your constituents, and help improve the lives of many addicted individuals.

We will of course write a letter of support. The Board also authorized me to testify by teleconference in support of the bill when it comes up for public hearings. I am copying the Chairs of surrounding Councils, in hopes that they too will offer support for the bill. Thanks for responding to the needs of your constituents.

Darrel

-----Original Message-----

From: Sen. Johnny Ellis
Date: 02/28/07 16:24:20
To: Darrel Hess
Cc: Kate Herring
Subject: RE: Legislation to Fight Substance Abuse Introduced

I do need a letter of support from any council willing to provide one. Thx.

From: Darrel Hess [mailto:gmpeon@alaska.net]
Sent: Wednesday, February 28, 2007 4:22 PM
To: Sen. Johnny Ellis
Cc: Allan Tesche; Rep. Les Gara; Noel Rea; Allen Kemplen; Dave Brossard; Justina Meyer; Sharon Chamard; Harry Deuber; Lee Ross; Benita White
Subject: Re: Legislation to Fight Substance Abuse Introduced

Johnny,

Let us know if you need a letter of support, etc from the FVCC. Involuntary commitment is the only way we are going to cure some individuals and get them off the streets. It's about time!

Darrel

-----Original Message-----

From: Sen. Johnny Ellis

Kate Herring

From: Sen. Johnny Ellis
Sent: Wednesday, February 28, 2007 4:12 PM
To: Linda Kellen
Cc: Kate Herring
Subject: RE: Legislation to Fight Substance Abuse Introduced

Hi Linda,

Thanks for your msg. and words of support. Alcohol control and substance abuse related bills always have a hard time since there are powerful economic interests arrayed against them. The lobbyists for the liquor industry are on top of every bill and every detail that impacts their clients.

I am pretty optimistic that Rep Meyer and Senator French will work out a good ignition interlock bill this year. The future of the other bills is less clear.

KTUU News in Anchorage has done a pretty good series on substance abuse issues. The key is publicity that gains the attention of legislators and the governor as well as personal contact with these policy makers and budget writers. Pls encourage folks who think as we do to speak out ASAP. Thx for your help. I will keep pushing. ---Johnny Ellis

From: Linda Kellen [mailto:celticdivaak@yahoo.com]
Sent: Wednesday, February 28, 2007 1:58 PM
To: Sen. Johnny Ellis
Subject: Re: Legislation to Fight Substance Abuse Introduced

Senator Ellis:

I appreciate that you have introduced SB100 and am especially heartened to see treatment at the heart of it.

However, I am concerned about the status of the other substance abuse related bills and wonder what it bodes for yours:

HB14 - Alcohol purchase restriction - it hasn't moved since Jan 16th

HB19 - Ignition Interlock - as of Feb 21 it has been revised in 2 committes and is now it its 3rd. Should we be prepared for this Bill to die on the vine?

And it seems in some ways we are backsliding:

- HB51 - Recorking - This bill has already passed the House - a bill which gives the appearance of being MORE lax on substance abuse and blurs the lines between the seperate liquor licenses...and...

- HB19 - Ignition Interlock - Repeals AS 28.15.201(d) and 28.15.201(e), removing treatment/counseling in any form as a sentencing or probationary requirement.

I have been a long-time supporter of you and Sen Davis wholeheartedly and I know where your "hearts" lie. However, is there something those of us who are serious about treatment and prevention should do

2/28/2007

with the rest of these people to try and get things moving and what form of communication has the most impact?

Thanks!

Linda Kellen Biegel
3001 Sheldon Jackson St. Unit A
Anchorage, AK 99508
907-339-9537

"Sen. Johnny Ellis" <Senator_Johnny_Ellis@legis.state.ak.us> wrote:

For Immediate Release: February 28, 2007

Legislation to Fight Substance Abuse Introduced

Prioritizes Treatment for Pregnant Women, Creates Innovative Pilot Program

(JUNEAU) - Today, Sen. Johnny Ellis (D-Anchorage) introduced Senate Bill 100, which aims to stem the tide of alcohol and substance abuse in Alaska.

"It's plain and simple; addiction is costing the state too much. It's time for the state to address this problem in a meaningful way," Ellis said. "It's not just about throwing money at the problem; we have to make changes to the system."

The cost of drug and alcohol abuse to the state is an estimated \$738 million a year in lost productivity, health care, criminal justice, accidents and public assistance costs. At the same time, a recent study showed that only 15.2 percent of Alaskans who need treatment receive it, and funding for substance abuse treatment fell 52 percent between 2002 and 2007.

SB 100 proposes several common-sense changes to the statutes involving substance and alcohol abuse. It would mandate priority treatment for pregnant women in all state-funded substance abuse programs, so that their children will feel fewer effects of their addiction.

The bill also creates a pilot program for a secure treatment facility for involuntary commitment cases. The program will target persons with addictions or co-occurring substance abuse and mental health disorders who often present a danger to themselves and others, and chronically recycle through existing non-secure treatment services. This group draws heavily on law enforcement, corrections, the court system and community services, and could be better served by a secure detoxification facility, where they could then continue into a treatment setting.

"Involuntary commitment for alcohol treatment is a last resort but we must hold people accountable for chronic and costly alcohol abuse," Sen. Ellis said of the pilot program. "This legislation is long over due. These common-sense changes will save money, and help the thousands of Alaskans addicted to alcohol and other drugs," said Jeff Jessee, CEO of The Alaska Mental Health Trust Authority.

SB 100 is currently awaiting a hearing in the Senate Health, Education & Social Services Committee.

For more information, contact Kate Herring at 465-3704 or Kate_Herring@legis.state.ak.us

STATEMENT OF SUPPORT
Substance Abuse Treatment and Prevention

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities.

Something must change. We support updating Alaska statutes to promote expanding access to a wide spectrum of treatment, identifying those with co-occurring mental health and substance abuse disorders, and addressing substance abuse among youth and populations with higher incidences of addiction.

Please add my name/organization to the list of supporters.

Name Anne Dennis-Choi
Organization The Salvation Army Clitheroe Center
Title Executive Director
Signature Anne Dennis-Choi
Address 1709 Grapow Suite B, Anchorage, Alaska 99508
Phone (907) 720-8804 Fax (907) 720-8881
Email anne-choi@www.salvationarmy.org Website http://www.salvationarmy.org/clitheroe
I/We would also be willing to:

- Publish an article in our newsletter
- Mobilize our membership
- Participate in media events
- Contact legislators

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB100-OMSS-DBH2-03-15-07
 Bill Version: SB 100
 () Publish Date: _____
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): 3/9/2007
 Title: SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

RDU: Behavioral Health
 Component: Behavioral Health Administration

Sponsor: ELLIS
 Requester: SENATE (HES)

Component No.: 2665

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	257.8	257.8	257.8	257.8	257.8	257.8
Travel						
Contractual	26.4	26.4	26.4	26.4	26.4	26.4
Supplies	6.6					
Equipment						
Land & Structures						
Grants & Claims	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0
Miscellaneous						
TOTAL OPERATING	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	3	3	3	3	3	3
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB 100 (section 2, AS 47.37.030 (9)-(11)) allows the Department to a) implement programs that accurately identify and appropriately treat persons with substance abuse or co-occurring disorders; b) establish a secure enhanced detoxification and treatment center for involuntarily committed persons who are at risk to physically harm them self or others; and c) develop and implement a substance abuse treatment system using evidence-based, research-based, consensus-based; or promising practices that promote independence, recovery, employment, education, ongoing community-based treatment, housing, and other aspects of harm reduction.

SB 100 (section 3, AS 47.37.040 (22)-(23)) requires the Department to a) apply, whenever possible, evidence-based, research-based, consensus-based substance abuse and co-occurring substance abuse and mental health

Prepared by: Stacy Toner, Acting Director
 Division: Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone: 465-2817
 Date/Time: 03/13/2007
 Date: 03/15/2007

**FISCAL NOTE
FN #**

**STATE OF ALASKA
2007 LEGISLATIVE SESSION**

ANALYSIS CONTINUATION

(hereafter referred to as "co-occurring disorders") treatment practices and remove barriers that prevent the use of those practices; and b) collaboration with cross-jurisdictional, cross-agency, and cross-cultural organizations in implementing programs for co-occurring disorders treatment.

SB 100 (section 4, AS 47.37.045 (f)-(i)) also requires the Department to grant priority to a proposed program that a) provides preference to a pregnant woman for substance abuse treatment by moving her up on a waiting list for the program and by streamlining the admissions process; b) is an alternative to incarceration for nonviolent offenders; c) provides rehabilitation services to prisoners with substance abuse problems; d) provides demonstrated outcomes in harm reduction; e) is based on scientifically sound principles of prevention and treatment; f) provides job training or employment opportunities after completion of treatment; g) provides youth treatment; h) focuses on drug and alcohol abuse prevention; i) addresses alcohol or substance abuse in targeted populations with demonstrated need; j) the Department may not fund a program that has been previously funded but that has not shown satisfactory outcomes; and k) the Department may not deny funding to a program that uses faith-based strategies, so long as the strategies are effective for preventing or treating substance abuse.

SB 100 (section 5, AS 47.37.120 (b)) requires the Department to include a strategy for expanding substance abuse treatment services and reducing waiting lists for eligible participants in a substance abuse prevention or treatment program.

SB 100 (section 6, AS 47.37.130(b)(6)-(7)) also requires the Department to establish standards that are consistent with scientifically sound principles for measuring outcomes. This also applies for facilities and is created in section 7, AS 47.37.140 (g).

Finally, SB 100 (section 8) requires the Department to create a pilot project that would incorporate all of the elements of the bill. The Department would be required to select and fund a non-profit or municipal agency with a regional and accessible support network to operate a secure detoxification and treatment center for at least ten person who are involuntarily committed under AS 47.37.190. The center must provide the right to adequate care and individualized treatment and must provide sufficient staff and resources to ensure the availability of an adequate number of trained crisis responders. The center would be a 24-hour facility. The facility would employ clinical staff who have been trained in and use integrated and comprehensive screening and assessment practices, provide intensive case management services for persons who have been incapacitated by alcohol or drugs, including persons who are diagnosed with co-occurring disorders. The pilot project would terminate no later than July 1, 2012 and an evaluation report with outcome measures, including baseline data would be required. The final report would be due to the legislature by September 30, 2012.

This fiscal note represents the contractual and administrative costs associated with the expanded services required of the Department, specifically in the establishment of a secure enhanced detoxification and treatment facility, (section 8). Section 2 of the bill will not be implemented within this five-year budget cycle. However, inflationary considerations may be assumed for Section 2 as they apply to Section 8, while realizing that fiscal calculations for section 8 are based on a ten bed facility. Furthermore, the other sections of the bill do not have additional fiscal impacts on the Division, as they are already enmeshed in the Division's mission and day-to-day operating budget.

CONTINUED PAGE 3

FISCAL NOTE

FN #

**STATE OF ALASKA
2007 LEGISLATIVE SESSION****ANALYSIS CONTINUATION****Assumptions for Pilot Project**

The State of Washington recently passed a similar bill through their senate process and began a pilot project (April 2006) in Skagit County, Washington. Pioneer Center North (PCN) with Pioneer Human Services and the North Sound Mental Health Administration (NSMHA) received the contract from the Washington State Department of Substance Abuse Services Administration in the amount of \$2.2 million per year. The Request for Proposals was a limited solicitation such that only counties or existing mental health administrations could apply so that the infrastructure would already be in place and construction costs would be limited.

A review of the seventeen grantee agencies that provide psychiatric emergency, detoxification, and residential substance abuse services to adults in Alaska for FY 07 shows the average grant amount to be \$1.1 million. (See table.)

Akeela Treatment Services, Inc.	\$ 616,611.00	Adult Residential
Alaska Addiction Rehab Service - Nugen's Ranch	\$ 757,629.00	Adult Residential
ARC of Anchorage	\$ 420,702.00	Adult Residential
Bristol Bay Area Health Corporation	\$ 1,100,200.00	Psychiatric ES
Central Peninsula General Hospital	\$ 10,000.00	Adult Residential
Cook Inlet Tribal Council, Inc.	\$ 322,912.00	Adult Residential
Fairbanks Native Association	\$ 1,700,333.00	Detoxification
Gateway Center for Human Services	\$ 1,030,520.00	Psychiatric ES
Maniilaq Association	\$ 1,431,626.00	Psychiatric ES
Norton Sound Health Corp.	\$ 1,240,169.00	Psychiatric ES
Rainforest Recovery Center	\$ 621,100.00	Detoxification
Salvation Army - Clitheroe Center	\$ 3,982,030.00	Detoxification
Seaview Community Services	\$ 340,680.00	Psychiatric ES
Sitka Counseling and Prevention Services	\$ 823,168.00	Psychiatric ES
Southcentral Foundation	\$ 683,741.00	Psychiatric ES
SouthEast Alaska Regional Health Consortium	\$ 578,700.00	Psychiatric ES
Yukon-Kuskokwim Health Corporation	\$ 3,252,962.00	Psychiatric ES
Average	\$ 1,112,534.29	

We assume that we would also issue a limited grant solicitation (Request for Proposals) such that applicants would have to have a demonstrated level of infrastructure and tangible evidence of collaboration with other agencies such as the Alaska Court System and the Department of Corrections as required in section 8 of the bill. Based on the review of the Alaska system and the information gathered from the Washington pilot project, we would offer a grant in the amount of \$1.7 million.

With any grant program or pilot project, there are significant administrative costs involved, including the need for additional staff. We estimate that in order to successfully and effectively

CONTINUED ON PAGE 4

FISCAL NOTE

FN #

**STATE OF ALASKA
2007 LEGISLATIVE SESSION**

ANALYSIS CONTINUATION

administer the pilot project as proposed in SB 100, the following positions will be needed:

1.0 FTE Probation Officer II, Range 16: provide training and triage with therapeutic courts to the successful applicant or grantee, screening and referral.

1.0 FTE Health Facility Surveyor II, Range 20: provide project oversight, training and technical assistance to the successful applicant or grantee, monitor for grant regulation and report compliance, monitor performance/outcome/evaluation measures of successful grantee.

1.0 FTE Research Analyst III, Range 18: compile data on overall pilot project including performance measure, outcome indicators/measures, prepare evaluation report.

Total Cost:

Personal Services: \$257.8

The expansion in services as a result of the establishment of the pilot project and creation of an enhanced secure detoxification and treatment center creates the need for a Probation Officer II, a Health Facility Surveyor II, and a Research Analyst III to evaluate the the project. These annual costs are estimated to be:

Probation Officer II (Range 16 at a cost of \$75.7, including benefits, per position).

Health Facility Surveyor II (Range 20 at a cost of \$96.5, including benefits, per position).

Research Analyst III (Range 18 at a cost of \$85.6, including benefits, per position).

Contractual:

Annual costs for office space, phones and supplies are calculated at a cost of \$8,800 per additional staff for a total of \$26,400.

Supplies:

With the additional administrative costs, a one time cost for computers and software will be required with a cost of \$2,200 for each additional staff for a total of \$6,600.

Grant line:

\$1.7 million Grants through competitive RFP

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB100-DHSS-DBH1-03-16-07
 Bill Version: SB 100
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 RDU Behavioral Health
 Component Behavioral Hlth Medicaid Svcs

Revision Date/Time (Note if correction): _____

Title SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

Sponsor ELLIS

Requester SENATE (HES)

Component No. 2660

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims
Miscellaneous						
TOTAL OPERATING
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The fiscal note for Behavioral Health Medicaid Services component is indeterminate.

Section 8 of SB100 requires the department to fund a pilot project for a secure detoxification and treatment center of at least 10 beds for persons involuntarily committed under AS 47.37.190. To the extent that the persons receiving care in the pilot project are Medicaid eligible and that the services are covered under the Medicaid state plan, costs could accrue to Medicaid.

Continued page 2

Prepared by: Stacy Toner, Acting Director
 Division: Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 465-2817
 Date/Time 03/14/2007
 Date 03/15/2007

FISCAL NOTE

FN #

**STATE OF ALASKA
2007 LEGISLATIVE SESSION**

ANALYSIS CONTINUATION

The total cost for services in the pilot project are estimated at \$1,700.0 GF per year. Depending on the actual number of Medicaid eligible persons, the services provided, and the quantity of services, some of the costs could be shifted to Medicaid which has joint state/federal funding. This would not change the total expenditures, but would change the fund source. The amount of potential federal funds that would replace GF is estimated to be between \$0 and \$913.9 in SFY08.

The number of Medicaid eligible persons for this pilot project is expected to be very small. Typically only 10% of the substance abuse treatment is Medicaid eligible. That would mean that on average, of the 10 beds only 1 might be charged to Medicaid. It is difficult to predict how many eligible persons would actually be directed to the pilot project. Section 4 of the bill outlines the populations targeted for the pilot. The pregnant women and youth populations could be Medicaid eligible if they are low income; however, prisoners are not eligible.

Not all the services would be Medicaid eligible. Section 4 outlines services, including clinical services, which could be covered under Medicaid; however, the job training and employment services are not covered. This uncertainty is the reason for the indeterminate fiscal note.



Municipality of Anchorage



4701 Bragaw Street • Anchorage, Alaska 99517-1801 • Telephone: (907) 794-4500 • <http://www.muni.org>

Mayor Mark Begich

Anchorage Police Department

Honorable Johnny Ellis
State Senate
Alaska State Capitol, Room 9
Juneau, Alaska 99801-1182

Dear Senator Ellis:

I appreciate your efforts regarding Senate Bill 100, which proposes some common sense changes to state statutes involving substance abuse. Mandating treatment for pregnant women who seek help in overcoming addiction, supporting DHHS in their efforts to more effectively deal with citizens who are doubly afflicted with mental and substance abuse disorders, and ensuring collaboration with and support of effective faith based efforts that deal with substance abuse are all noteworthy and doable.

As first responders, the specter of substance abuse and mental illness is prevalent throughout our daily contacts with citizens from all walks of life. Any effort by the state to ensure a better manner for addressing these problems, particularly in regard to a program focused on and supportive of involuntary commitments of those persons saddled with substance abuse and mental health disorders who pose a risk to themselves and others, is appreciated.

Once again, I am in support of SB 100 and appreciate your efforts.

Sincerely,

Rob Heun
Chief of Police

Community, Security, Prosperity



March 15, 2007

The Honorable Bettye Davis, Chair
Senate Health, Education and Social Services Committee
Alaska State Capital, Room 30
Juneau, AK 99801-1182

RE: SB 100 (Ellis)—Support

Dear Chair Davis:

On the behalf of the members of AARP Alaska, we encourage you and your colleagues on the Senate Health, Education and Social Services Committee to support SB 100, authored by Senator Johnny Ellis.

There are three main reasons why AARP is concerned with substance abuse. The first two reasons involve abuse or neglect cases that stem from substance abuse and how they impact seniors directly. The third reason deal with the impact substance abuse has on seniors indirectly.

First is the classic case in which the person committing the abuse or the neglect has a substance abuse problem. A national study examining "elder abuse" case files from agencies around the country found that severe drinking bouts by the abuser led to harmful incidents in senior abuse cases.

The second case (which is probably as common), is where the older adult has a substance abuse problem. For some older adults it is alcohol; for others it is psychoactive medications. For many it is both. For these individuals getting treatment is very difficult because there is little access to treatment and prevention. In Anchorage, there is only one treatment center at which older adults may seek treatment (Ernie Turner Center).

The third reason why we support this bill has to do with grandparenting. Grandparenting is sometimes called the most spiritual of all relationships because it links people entering the world with those on their way out. Grandparenting today, however, is not all Bible stories, sugar cookies and fun. Increasingly, grandparents are rearing their children's children when drug addiction and mental illness make parents unavailable.

AARP is the world's largest organization of grandparents. Our 89,000 AARP members in Alaska are concerned about the impact substance abuse is having on their grandchildren. There are 8,188 grandchildren living with grandparents Alaska. In addition, there are 5,419 grandparenting headed household, which means that 1.5 children are living with their grandparents.

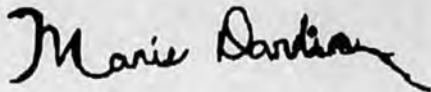
We believe that SB 100 is a substantive bill because it address the concerns of a lot of our members, as well the concerns of others. Furthermore, we believe that providing assistance to those who need help in overcoming their addiction is a good public policy for Alaska.

Therefore, AARP request an "AYE" vote on Senator Ellis's SB 100.

Should you have any questions about our position, please feel free to contact me (586-3637) or Pat Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Senator Joe Thomas
Senator John Cowdery
Senator Kim Elton
Senator Fred Dyson
Senator Johnny Ellis