

418

HHES

HB

340

410

340	<u>Repairs, Services and Alterations</u> Audio-visual and office machine repairs and service maintenance.	\$ 1,500
350	<u>Transportation of Things</u> Transportation of equipment and materials to Advisory Board meetings and to local programs.	1,200
360B	<u>Equipment Rental - Word Processing</u> IBM Mag Card rental--\$150/month X 12 months.	1,800
360C	<u>Equipment Rental - Other</u> Xerox machine rental for Juneau and Anchorage offices. \$800 of this cost is federally funded.	10,300
380	<u>Professional Fees and Services</u> Continue to contract to develop and maintain a drug abuse training system and actually provide training for drug abuse program personnel and ancillary service personnel. These funds are to be provided through a continuing grant from the National Institute of Drug Abuse.	30,000
930	<u>Inter-agency charges</u> Printing performed by Central Duplicating, Dept. of Administration.	1,400
	Total 01 Component	\$125,800

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

16 Commodities

CODE	COMMODITIES CLASSIFICATION	PRIOR YEAR	CURRENT YEAR	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
		(PY)	(CY)	Maintenance	Change	Request	
		ACTUAL	AUTHORIZED				
100	TOTAL COMMODITIES	12.5	19.5	19.7		19.7	
410	CLOTHING						
430	FOOD FOR HUMAN CONSUMPTION						
440	FUEL (OTHER THAN FOR MOTOR VEHICLES)						
450	MAINTENANCE & CONSTRUCTION MATERIALS						
460	MOTOR VEHICLE, PARTS, SUPPLIES & ACCESSORIES	.1					
470	PROFESSIONAL & SCIENTIFIC SUPPLIES	6.7	6.8	7.0		7.0	
480	STATIONERY AND OFFICE SUPPLIES	5.7	6.8	7.6		7.6	
490	OTHER SUPPLIES, MATERIALS AND PARTS		5.9	5.1		5.1	
940	INTER-AGENCY TRANSFERS (Non-Add)						

EXPLANATION: FY 78 MAINTENANCE - 01 COMPONENT

470 Professional and Scientific Supplies \$7,000

The Office of Alcoholism and Drug Abuse is responsible for coordinating alcoholism and drug abuse educational and preventive efforts. Reference books, journals, pamphlets and other relevant literature is made available to State Office staff and program personnel throughout the state on a request basis. In the absence of physician training funds, films on crisis intervention and handling drug overdoses are rented and made available to physicians.

480 Stationery and Office Supplies \$7,600

General office materials and supplies, including tapes for Advisory Board meetings and public hearings, and newspaper subscriptions.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

490 Other Supplies, Materials, and Parts

\$5,100

Instructional kits such as developing Understanding of Self and Others have been supplied to teachers on request, the "Coping With Series" have also been made available as funds allowed. Films and tapes have been purchased for school and community organizations as educational materials are needed.

BRU: Alcohol and Drug Abuse BRU CODE _____ REVISED _____

18 Lands Grants Miscellaneous

CODE	EXPENDITURE CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
				AGENCY			
				Maintenance	Change	Request	
600	LAND,BUILDING,NON STRUCTURAL IMPROVEMENTS						
690	ASHA PAYMENT						
900	INTER-AGENCY TRANSFERS (Non-Add)						
700	TOTAL GRANTS,CLAIMS SHARED REVENUE	2,222.5	2,657.7	2,636.2		2,636.2	
970	INTER-AGENCY TRANSFERS (Non-Add)						
800	MISCELLANEOUS						

EXPLANATION: FY 78 Maintenance - 02 Component

AS 47.30.470 provides for the department to award grants to communities for providing or developing a comprehensive program of alcoholism treatment and prevention.

Pipeline Impact Response Project grant funds will decrease in FY 78 to \$494,854.

NIAAA Formula Grant funds will remain at the current level of \$200,000.

State General Funds are increased by \$53,500 to allow for projected population increase and subsequent alcoholism services requirements in Anchorage and Fairbanks. These funds are required to maintain current service levels for the increased population. The Anchorage Municipality Planning Department anticipates a 5%

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

population increase for FY 78 and Fairbanks is projecting a 4% increase, despite a Statewide projection of 0% population increase. An additional SGF increase of \$31,100 is required for inflationary increases for program costs, bringing the total of State General Funds to \$1,941,300.

FY 77 Grants:

<u>Program</u>	<u>Grant Awards</u>
Alaska Labor & Management Employee Affairs	\$ 200,000
Municipality of Anchorage	790,580*
Barrow Council on Alcoholism	74,780
City of Bethel	138,456
Copper River Native Association	67,108
City of Dillingham	27,435
Fairbanks Native Association	318,239
City/Borough of Juneau	60,746
City of Ketchikan	103,474 -
Kodiak Council on Alcoholism	123,771
Mauneluk Association (Kotzebue)	49,205
National Council on Alcoholism/Alaska Region	107,182
Norton Sound Health Corporation (Nome)	114,393
Petersburg Council on Alcoholism	39,375
Seward Council on Community Services	51,736
Sitka Council on Alcoholism	78,388
City of Unalaska	38,645
Upper Tanana Regional Council (Tok)	15,070
Valdez Alcoholism Commission	60,576
Wrangell Council on Alcoholism	35,293
City of Yakutat	17,327
Total	\$2,511,779**

*Of the \$790,580 initially recommended for Anchorage, \$750,581 has been obligated to date. An additional \$39,999 will be awarded to Anchorage for the month of September.

**\$70,000 was transferred to the Administration Component by RP 77-26X. Letters have been sent to the local

BRU Alcohol and Drug Abuse

BRU CODE _____

REVISED _____

alcoholism programs informing them that there are unobligated funds available and requesting that they submit applications. These funds will enable them to regain operating funds requested on their initial FY 77 applications that were justified but for which there were not sufficient funds. It is anticipated that these funds will be granted by 3/31/77.

BRU: Alcohol and Drug Abuse

BRU CODE

REVISED

18 Lands Grants Miscellaneous

CODE	EXPENDITURE CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
				AGENCY			
				Maintenance	Change	Request	
600	LAND BUILDING NON-STRUCTURAL IMPROVEMENTS						
690	ASHA PAYMENT						
960	INTER-AGENCY TRANSFERS (Non-Add)						
700	TOTAL GRANTS, CLAIMS SHARED REVENUE						
	Grants to Communities	638.4	680.0	768.5		768.5	
970	INTER-AGENCY TRANSFERS (Non-Add)						
800	MISCELLANEOUS						

EXPLANATION: FY 78 Maintenance - 03 Component

MAINTENANCE:

DIRECT AID TO LOCAL PROGRAMS: On recommendation of the State Advisory Board on Drug Abuse 10 drug abuse programs were funded on the basis of criteria outlined in the Alaska State Plan for Drug Abuse Prevention (the Grant to the Municipality is treated as 1 grant although five drug abuse programs are funded through the grant). Because no additional funds were available, all programs funded were on-going programs which had demonstrated a capability to provide care to persons affected by drug dependencies.

Following are drug abuse programs funded in FY 76 and the funds requested:

BRU Alcohol and Drug Abuse _____ BRU CODE _____ REVISED _____

<u>Program Title</u>	<u>FY 77-Amount Received</u>	<u>FY 77-Requested*</u>
Nome Walk-In Center	66,000	78,174
Dillingham District Drug Abuse Program	22,704	31,032
Gateway Borough, Schcenbar Junior High	21,483	22,648
Ketchikan Youth Advocate Program	13,738	15,900
Petersburg Youth Program	18,700	21,177
Municipality of Anchorage funded as a block grant		
Includes funding for the following programs:	381,149	405,183
Future House		
Narcotic Drug Treatment Center		
Open Door Clinic		
Family House		
Fairbanks Drug Treatment Center	66,000	118,921
Fairbanks Native Association	21,000	31,022
Division of Drug Abuse, Fairbanks	70,000	72,210

*These figures reflect the request for funds from those programs which were funded in FY 77. In some instances, the level requested could not be funded because of lack of funds. The amounts requested do not necessarily reflect program needs as programs had been warned previously that no additional funds were available and therefore reduced requests accordingly. This list does not reflect requests from programs not funded.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

It is anticipated that there will be a 5% increase in the population in Anchorage and a 4% increase in Fairbanks. Because of these projected increases and because all funded programs are meeting demonstrated needs and have received positive evaluations, additional funds are required to meet the expected population increases.

\$14,100

Additional maintenance funds for programs are to be used to allow for inflationary increases for program costs and to allow programs to serve clients in need of services. These additional funds include \$64,700 in federal funds received through an increase in the Formula Grant provided by the National Instituted on Drug Abuse.

\$74,400

BRU Alcohol and Drug Abuse BRU CODE REVISED

Revenue Allocating Form

Restricted Revenue

IND: 100 RECEIPT CODE: 829 RECEIPT TITLE: Info. System COLLOCATION CODE: 06-24-5-120 BRU CODE: 06-24-5-01-00-00

76 ACTUAL REVENUE: \$50.6 FY 76 ACCOUNTS RECEIVABLE BILLED: \$36.1 UNBILLED: \$33.3

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA ALCOHOL INFORMATION SYSTEM

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quarter

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: NIAAA Uniform Act Grant, the amount of which is determined as \$100,000 plus 10% of the amount of the Formula Grant for states adopting key provisions of Uniform Act.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Stamp additional sheet if necessary) Laws of state must be in concurrence with provisions of Federal Uniform Act.

FY 77	FY 78	FY 79																								
ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: \$120.0																										
ESTIMATED FEDERAL ALLOCATION FOR FY-77: \$120.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: \$120.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: 0																								
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: \$90.0	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: \$90.0	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: 0																								
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS:	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS:	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS:																								
<table border="0"> <tr><td>\$33.3</td><td>FY 76</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>TOTAL</td><td>\$33.3</td></tr> </table>	\$33.3	FY 76	_____	FY _____	_____	FY _____	TOTAL	\$33.3	<table border="0"> <tr><td>\$30.0</td><td>FY 77</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>TOTAL</td><td>\$30.0</td></tr> </table>	\$30.0	FY 77	_____	FY _____	_____	FY _____	TOTAL	\$30.0	<table border="0"> <tr><td>\$30.0</td><td>FY 78</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>TOTAL</td><td>\$30.0</td></tr> </table>	\$30.0	FY 78	_____	FY _____	_____	FY _____	TOTAL	\$30.0
\$33.3	FY 76																									
_____	FY _____																									
_____	FY _____																									
TOTAL	\$33.3																									
\$30.0	FY 77																									
_____	FY _____																									
_____	FY _____																									
TOTAL	\$30.0																									
\$30.0	FY 78																									
_____	FY _____																									
_____	FY _____																									
TOTAL	\$30.0																									
REVISED FY 77 REVENUE ESTIMATE (LINES C+D) \$123.3	D. FY 78 REVENUE ESTIMATE: (LINES B+C) \$120.0	D. FY 79 REVENUE ESTIMATE: (LINES B+C) \$30.0																								

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT.

Penny Lockwood
CERTIFYING OFFICER

586-6201
PHONE

September 23, 1976
DATE

45-7/76

Revenue Reporting Form

Restricted Revenue

NIAAA

D: 100 RECEIPT CODE: 829 RECEIPT TITLE: FORMULA GRANT COLLOCATION CODE: 06-24-5-226 BRU CODE: 06-24-5-01-00-00

76 ACTUAL REVENUE: \$113.0 FY 76 ACCOUNTS RECEIVABLE BILLED: \$87.0 UNBILLED: 0

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA FORMULA GRANT

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quarterly

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: Funds allocated among states based on relative population, financial need, and need for more effective prevention, treatment, and rehabilitation of alcohol abuse and alcoholism.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Specify additional sheet if necessary)

Federal approval of State Plan

Designation of single state agency as sole agency for supervising the administration of plan

Funds must be used to supplement existing level of non-federal funding and not supplant these funds

FY 77

ORIGINAL ESTIMATED REVENUE

PLACED ON BOOKS 7/1: \$200.0

ESTIMATED FEDERAL ALLOCATION
FOR FY 77: -\$200.0ESTIMATED REVENUE TO COME IN
DURING FY 77 FROM FY 77 FEDERAL
ALLOCATION:

\$150.0

ESTIMATED REVENUE TO COME IN
DURING FY 77 FROM PRIOR YEAR ALLO-
CATIONS:

\$87.0 FY 76

FY

FY

TOTAL \$87.0

REVISED FY 77 REVENUE ESTIMATE
(LINES C+D) \$237.0

FY 78

A. ESTIMATED FEDERAL ALLOCATION
FOR FY 78: \$200.0B. ESTIMATED REVENUE TO COME IN
DURING FY 78 FROM FY 78 FEDERAL
ALLOCATION:

\$150.0

C. ESTIMATED REVENUE TO COME IN
DURING FY 78 FROM PRIOR YEARS
FEDERAL ALLOCATIONS:

\$50.0 FY 77

FY

FY

TOTAL \$50.0

D. FY 78 REVENUE ESTIMATE:
(LINES B+C) \$200.0

FY 79

A. ESTIMATED FEDERAL ALLOCATION
FOR FY 79: \$200.0B. ESTIMATED REVENUE TO COME IN
DURING FY 79 FROM FY 79 FEDERAL
ALLOCATION:

\$150.0

C. ESTIMATED REVENUE TO COME IN
DURING FY 79 FROM PRIOR YEARS
FEDERAL ALLOCATIONS:

\$50.0 FY 78

FY

FY

TOTAL \$ 50.0

D. FY 79 REVENUE ESTIMATE:
(LINES B+C) \$200.0CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.Penny Lockwood
CERTIFYING OFFICER

586-6201

PHONE

September 23, 1976

DATE

896

Restricted Revenue

NIAAA

06-24-5-112

UND: 100 RECEIPT CODE: 829 RECEIPT TITLE: P/L DIRECT COLLOCATION CODE: 06-24-5-212 BRU CODE: 06-24-5-01-00-00

: 76 ACTUAL REVENUE: \$365.2 FY 76 ACCOUNTS RECEIVABLE BILLED: 0 UNBILLED: \$28.8

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA PIPELINE GRANT

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quart

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION:

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Specify additional sheet if necessary)

FY 77

ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: \$621.9
ESTIMATED FEDERAL ALLOCATION FOR FY 77: \$621.9
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: \$466.5
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS: \$284.8
TOTAL \$284.8
REVISED FY 77 REVENUE ESTIMATE (LINES C+D) \$751.3

FY 78

A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: \$550.5
B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: \$412.9
C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: \$155.4
TOTAL \$155.4
D. FY 78 REVENUE ESTIMATE: (LINES B+C) \$568.3

FY 79

A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: 0
B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: 0
C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS: \$137.6
TOTAL \$137.6
D. FY 79 REVENUE ESTIMATE: (LINES B+C) \$137.6

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT.

Penny Lockwood, CERTIFYING OFFICER

586-6201 PHONE

September 23, 1976 DATE

Revenue Estimating Form

Restricted Revenue

06-24-5-

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: IDARP Grant COLLOCATION CODE: 604 BRU CODE: 02-24-02-01-00-

FY 76 ACTUAL REVENUE: 87.8 FY 76 ACCOUNTS RECEIVABLE BILLED: 27.4 UNBILLED:

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse contract for - Imple an Integrated Drug Abuse Reporting Process ADM-45-74-

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): BILLING METHOD, RECEIPT DATE: Billings made up expenditures in

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: All states received the same an

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Step 1c additional sheet if necessary)
Must develop and maintain a data system which meets the National Institute on Drug Abuses specifications.

<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: 71.1	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: 0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79:
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77:	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDE ALLOCATION:
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION:	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL _____	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEAR FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL _____
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLO- CATIONS: 71.1 FY 76 _____ FY _____ FY _____ TOTAL _____	D. FY 78 REVENUE ESTIMATE: (LINES B+C) _____	D. FY 79 REVENUE ESTIMATE: (LINES B+C) _____
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) 71.1		

CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.

CERTIFYING OFFICER _____ PHONE _____ DATE 948

Revenue Estimating Form

Restricted Revenue
Training

06-24-5-

FUND: 100 RECEIPT CODE: R29 RECEIPT TITLE: PROGRAM COLLOCATION CODE: 515 BRU CODE: 02-24-02-01-00-00

FY 76 ACTUAL REVENUE: 10.3 FY 76 ACCOUNTS RECEIVABLE BILLED: 5.9 UNBILLED: 18.0

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse Training RFP-271-75-4070

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): N/A BILLING METHOD, RECEIPT DATE: Billings made upon expenditure incurred

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: All states were given the same amount in FY 76. The FY 77 amount was based upon performance and expenditure of funds awarded in FY 76.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
State must develop and implement a drug abuse training plan according to the National Institute on Drug Abuse's specifications.

<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: 10.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: 30.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: ?
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77: 34.6	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: 30.0	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION:
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: 34.6	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL _____	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL _____
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLO- CATIONS: 10.0 FY 76 _____ FY _____ FY _____ TOTAL 10.0	D. FY 78 REVENUE ESTIMATE: (LINES B+C) 30.0	D. FY 79 REVENUE ESTIMATE: (LINES B+C) ?
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) 44.6		

CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.

CERTIFYING OFFICER

PHONE

DATE

949

Revenue Estimating Form

Restricted Revenue
SOADAP

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: Planning COLLOCATION CODE: 06-24-5-530 BRU CODE: 02-24-02-01-00-00

FY 76 ACTUAL REVENUE: 74.7 FY 76 ACCOUNTS RECEIVABLE BILLED: 21.8 UNBILLED: 2.3

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse
Drug Abuse Prevention Formula Grant Funds

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): N/A BILLING METHOD, RECEIPT DATE: projected expenditure
Billing bases upon

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: Based upon the following formula:
1/3 relative gross population; 1/3 per capita income; 1/9 relative incidence of non-infectious serum hepatitis,

1/9 relative state appropriations per capita, and 1/9 relative.
OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
Alaska must spend the funds for administration or direct services of drug abuse treatment/rehabilitation and/or prevention/education programs. A state plan must be written yearly and maintenance of effort in terms of state appropriations must be maintained.

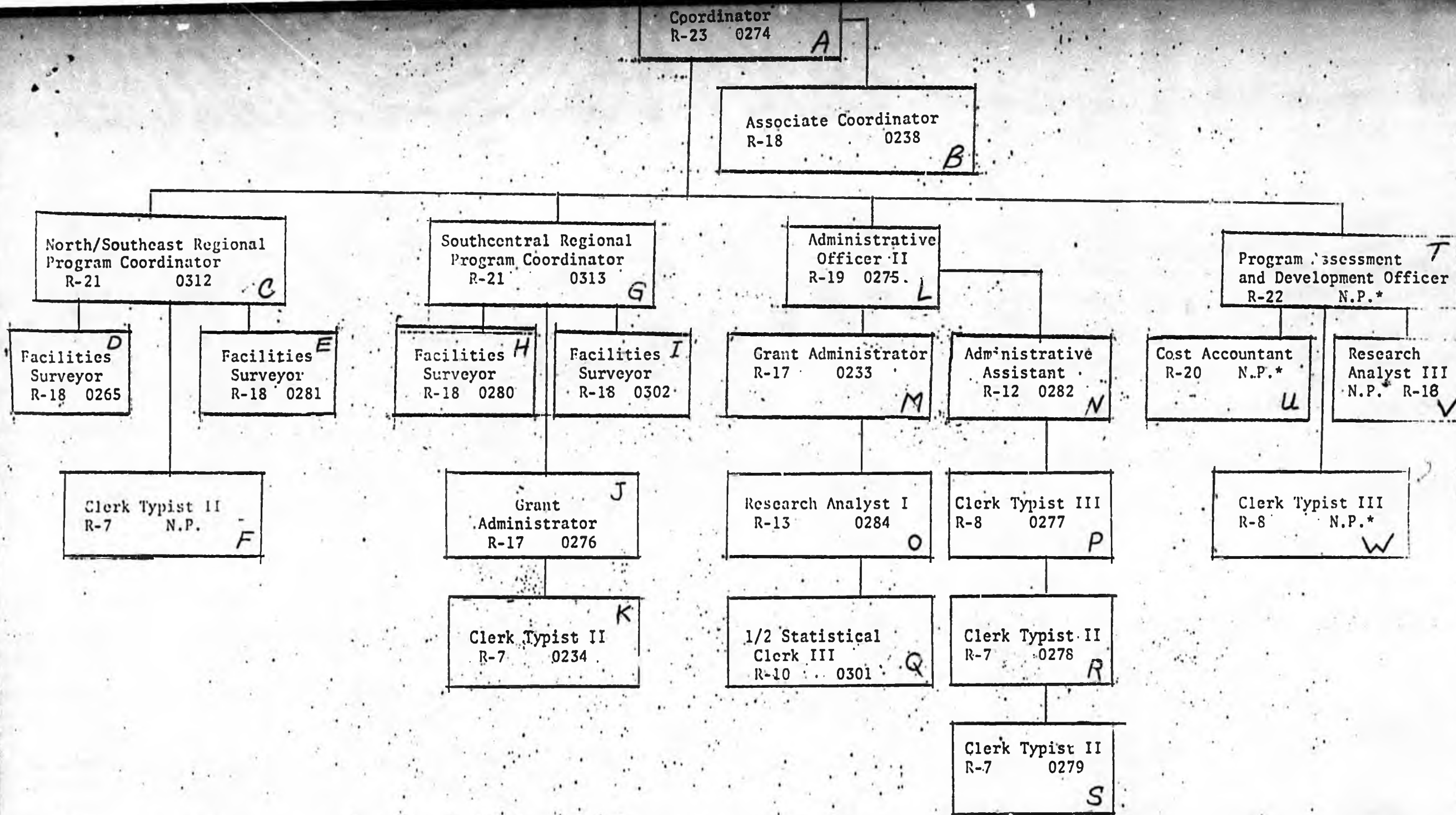
<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: <u>100.00</u>	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: <u>245.5</u>	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: <u>215.5</u>
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77: <u>215.5</u>	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: <u>215.5</u>	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: <u>215.5</u>
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION:	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: <u>30.0</u> FY 77	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS:
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLO- CATIONS:	FY 77	FY
FY	FY	FY
FY	FY	FY
TOTAL	TOTAL	TOTAL
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) <u>215.5</u>	D. FY 78 REVENUE ESTIMATE: (LINES B+C) <u>245.5</u>	D. FY 79 REVENUE ESTIMATE: (LINES B+C) <u>215.5</u>

CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.

CERTIFYING OFFICER

PHONE

DATE



* Fully funded by Federal A.I.S. grant monies; reflects realignment of these funds within the budget but no increase.

ALASKA STATE LEGISLATURE

TENTH Legislature **FIRST** Session

HOUSE **BILL** NO. **340**

By **THE RULES COMMITTEE** BY
REQUEST OF THE GOVERNOR

"An Act relating to treatment of alcoholism and drug abuse; and providing for an effective date."

Treatment of alcoholism & drug abuse

Introduced in the House **3-11-77**, 19**77**

HISTORY IN THE HOUSE

19 77
Mar. 11 Read first time and referred to Committee on **HESS and Judiciary**

Reported back with recommendation that

Read second time and

Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reported correctly engrossed
Signed by Speaker
Sent to Senate

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19
Read first time and referred to Committee on

Reported back with recommendation that

Read second time and

Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reported correctly engrossed
Signed by President
Returned to House

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

19
Received from Senate

Concurred in Senate amendment thus adopting:

Failed to concur in Senate amendment; asked Sen. to recede

Senate receded from amendment

Senate failed to recede from amendment

FCC appointed by House

FCC appointed by Senate

FCC adopted

To enrolling

Reported correctly enrolled

Sent to Governor

..... by Governor

Filed with Lt. Governor

Chapter No.

Ricky look this call at 5:50 pm.
Thursday, April 28 -

John ~~of~~ Egeland - Petersburg Youth Prog.
Petersburg

1) generally against merger

a. training -

○ need it ~~for~~ for
prevention people

b. no provision for a balance
of efforts with treatment &
prevention

c. no firm guidelines for distribution
of resources between alcohol &
drugs -

d. 25% cash match too high
in-kind services should be
in ~~in~~ combination w/
cash donations.

TELEGRAM

FROM ALASKA COMMUNICATIONS, INC.

PHONE: 886-6440

JUNEAU, ALASKA 99801

12055 N. FAIRBANKS ALASKA 100 04-21 415P AST

PMS REP CHARLES H PARR

JUN

DEAR MR PARR

I HAVE BEEN INFORMALLY NOTIFIED THAT A PUBLIC HEARING
ON HOUSE BILL 340 WILL BE HELD TONIGHT APRIL 21 1977
IN JUNEAU ALASKA IN VIEW OF THE LATE HOUR OF NOTIFICATION
AND THE DISTINCT POSSIBILITY THAT THE PASSAGE OF HB340
MAY EFFECT THE FAIRBANKS NATIVE ASSOCIATION, INC (FNA)
I AM HEREWITH REQUESTING FOR A SPECIFIC TIME AT A LATER
DATE, CONVENIENT TO ALL INVOLVED, TO GIVE TESTIMONY
REGARDING THE SAID BILL. YOUR INCLUSION OF THIS TELEGRAM
IN THE MINUTES OF THE ABOVE MEETING TO FORMALLY DOCUMENT
MY REQUEST WILL BE GREATLY APPRECIATED VERY TRULY YOURS
PAUL A GOODWIN PRES FAIRBANKS NATIVE ASSOCIATION INC

JUN 21 PM 7 39

479-2125

Rep Parr

LA21 3749 13.33 04/21/77 JA01 0002 07.27 04/22/77

TO: CINDY, JMW.
FROM: SUSAN, FBX.

OUR CRT WAS DOWN FOR ABOUT TWO-THREE HOURS IN THE MIDDLE OF THE DAY...BUT, ALTHO HE WEREN'T ABLE TO GET ANY OF OUR MESSAGES THRU, I DO BELIEVE HE DID RECEIVE ALL INFO. FROM YOUR END. IT REALLY DOES SOUND LIKE THINGS ARE APOPPIN'!!!

2. TO: REP. CHARLES PARR, CHAIRMAN, HOUSE HESS COMMITTEE;
FROM: MR. PAUL A. GOODWIN, PRESIDENT, FAIRBANKS NATIVE ASSOCIATION/
102 LACEY, FAIRBANKS, ALASKA 99701.

DEAR MR. PARR,

I HAVE BEEN INFORMALLY NOTIFIED THAT A PUBLIC HEARING ON HB 340 WILL BE HELD TONIGHT, APRIL 21, 1977, IN JUNEAU, ALASKA. IN VIEW OF THE LATE HOURS OF NOTIFICATION, AND THE DISTINCT POSSIBILITY THAT PASSAGE OF HB 340 MAY AFFECT THE FAIRBANKS NATIVE ASSOCIATION, INC. (FNA), I AM HEREBY REQUESTING FOR A SPECIFIC TIME AT A LATER DATE, CONVENIENT TO ALL INVOLVED, TO GIVE TESTIMONY REGARDING THE SAID BILL. YOUR INCLUSION OF THIS TELEGRAM IN THE MINUTES OF THE ABOVE MEETING TO FORMALLY DOCUMENT MY REQUEST WILL BE GREATLY APPRECIATED.

VERY TRULY YOURS, PAUL A. GOODWIN, PRESIDENT, FAIRBANKS NATIVE ASSOCIATION.

THANKS, CINDY! ZS/303

TELEGRAM

ALASKA COMMUNICATIONS, INC.

PHONE: 886-6440

UNEAU, ALASKA 99801

177 APR 20 AM 9 34

02088 NL ANCHORAGE ALASKA 324 04-20 0552P AST

PMS REP CHARLIE PARR

HESS COMMITTEE

JUN

PLEASE ACCEPT THE FOLLOWING STATEMENT AS TESTIMONY CONCERNING SB242/
HB340 (ALCOHOLISM AND DRUG ABUSE ACT). THE NATIONAL COUNCIL
ON ALCOHOLISM-ALASKA REGION SUPPORT THIS BILL IF THE FOLLOWING
CHANGES ARE MADE:

1. WHEREVER REFERENCE IS MADE TO THE TERMS ALCOHOLICS, DRUG
ADDICTS, ALCOHOL ABUSERS, AND DRUG ABUSERS, ALL MUST BE
MENTIONED FOR PURPOSES OF CONTINUITY. THEY ARE FOUR
DISTINCT GROUPS OF INDIVIDUALS.
2. THE STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE SHOULD
PROVIDE NO DIRECT SERVICES TO CLIENTS OR THE GENERAL
PUBLIC. ALL TREATMENT, EDUCATIONAL MATERIAL, EDUCATIONAL
PROGRAMS AND TRAINING PROGRAMS SHOULD BE CONTRACTED FOR
(47.37.040 SEC. 5, 6, 7, 8).
3. 47.37.030 SEC 3 SHOULD ESTABLISH EQUAL REPRESENTATION
FROM PERSONS WITH INTERESTS IN THE PROBLEMS OF DRUG
AND ALCOHOL ABUSE (TWO FROM DRUG ABUSE AND TWO FROM ALCOHOL
ABUSE).

4. 47.37.200 (B) SEC (B) WE QUESTION THE ADVISABILITY OF THE STATEMENT, "...TREATMENT FACILITY WHICH IS ABLE TO PROVIDE ADEQUATE AND APPROPRIATE TREATMENT..." THE IMPLICATION APPEARS TO BE THAT TREATMENT IS INADEQUATE AND/OR INAPPROPRIATE IF A PERSON DOES NOT RECOVER. THIS IS A DANGEROUS IMPLICATION AS LITTLE OR NO HARD DATA IS KNOWN CONCERNING CAUSES/CURES/EFFECTIVE TREATMENT MODALITIES FOR ALCOHOL OR DRUG ABUSE.
5. 47.37.310 (A) IT IS APPROPRIATE TO GIVE STATE (TAXPAYERS') FUNDS TO PROFIT-MAKING CORPORATIONS? WE DO NOT SUPPORT THAT CONCEPT.
6. 47.37.310 (D) WE GREATLY OBJECT TO ALL COMMUNITY MATCH CONTRIBUTIONS MANDATED TO IN CASH. AS A FORMER CITY MANAGER, I KNOW THIS IS NOT POSSIBLE. A PORTION OF THE MATCH COULD BE MANDATED AS CASH, BUT NOT THE ENTIRE AMOUNT.

WE HAVE BEEN UNABLE TO REVIEW ANY OTHER LEGISLATION CONCERNING ANY DRUG/ALCOHOL REORGANIZATION EFFORT AND URGE YOU DO NOT ACT ON ANY UNTIL APPROPRIATE AGENCIES HAVE HAD OPPORTUNITY FOR REVIEW.

THANK YOU FOR YOUR CONSIDERATION OF THIS MATTER.

SINCERELY YOURS,

SUZANNE W. PERRY, EXECUTIVE DIRECTOR
NATIONAL COUNCIL ON ALCOHOLISM-ALASKA REGION

Municipality of Anchorage

MEMORANDUM

THURSDAY APR 21 1977

DATE: April 20, 1977

TO: Robert (Bert) Hall, Director
Health & Environmental Protection

FROM: Behavioral Health Manager

SUBJECT: House Bill No. 340.

House Bill No. 340. An act relating to treatment of alcoholism and drug abuse for all purposes establishes a uniform drug abuses act which includes alcohol as a major addictive drug. This legislation has great merit. Section 2 - AS 47.37.010, Declaration of Policy is inclusive and needed. There should be a semantic consistency in the policy and throughout the bill and terminology which should be used is "alcoholics, alcohol abusers, drug addicts, and drug abusers."

Section 4, AS 47.37.030. The powers of the office is broadened and strengthened by spelling out that treatment programs include prevention, training and rehabilitation.

Section 5, AS 47.37.040. The expanded duties of the office addresses in (7), (10), and (15) will facilitate a much stronger approach to early intervention and ultimate treatment of both the licit and illicit drug users.

Page 2, Line 24, and all subsequent notations with a reference to alcoholism and drug abuses should be changed to alcohol[ism] and drug abuses.

Section 6, AS 47.37.050. Amended to mandate that all departments become involved in the drug abuse problem and the quarterly meetings rather than twice per year should create a continuance of interest and promote more effective programing.

Section 7, AS 47.37.360. It would be desirable that intent be written that the new advisory board retain at least two of the more knowledgeable members of each of the present advisory boards for alcoholism and drug abuse to maintain a continuity of past and present activities and to assure equal attention is given to the programing for both areas.

There should also be some of the present staff members of the office of drug abuse retained for continuity of programing during the transition period.

Section 9, AS 47.37.080. (1) Reinstate all deleted material on lines 22 to "except" on line 24. It is believed that one physician with a greater emphasis in the field of psychiatry is necessary on the board.

Section 15, AS 47.37.140. Establishment for Standards of licensing as addressed in this section and licensing rather than approval is essential for adequate programs to be developed and maintained. The present difficulty in obtaining approval of facilities dilute the efforts on the part of effective programs in providing quality service.

Section 17, AS 47.37.160 (d). Line 7 - 9 delete (except for diagnosis and referral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts.) This statement is too dictatorial and possibly destructive to effective programming.

Section 25, AS 47.37.170 (h). This section dealing with involuntary commitment is considered to be essential in cases where reason is so impaired by drug abuse that the individual cannot make a knowledgeable decision concerning his well being or may be inadvertently harmful to others.

Helen Beirne
Helen D. Beirne, Ph.D.
Behavioral Health Manager

HOB:epw

KIINUK, INC.

1221 Coppet
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Fred Brown
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Fred,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,



Paul Pesika, Coordinator



Frank J. Gold, EdD

Alaska Family House

A THERAPEUTIC COMMUNITY

2825 WEST 42nd PL. ANCHORAGE, ALASKA 99503
(907) 279-5502 OR 279-5503

March 30, 1977

Rep. Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Rep. Parr:

RE: House Bill 340

I have recently obtained a copy of House Bill 340 which I understand is identical to Senate Bill 242 that I would appreciate the opportunity of testifying in regards to.

I, the other staff members, and members of Alaska Family House basically support the idea of consolidating the drug abuse and alcoholism programs. Our particular program has not faired well in terms of support by the past State Office of Drug Abuse. Consequently, we feel that any change for us and our addict population would be better than the existing situation.

On Page 1, Section 47.37.020 wherein it states that the coordinator shall be a qualified professional, I ask the question why not consider a paraprofessional? There are many individuals who have actually been there themselves that have the necessary educational background to fill such a position.

On Page 7, Section 47.37.080 qualification of Board members and following that it lists where the nine members should come from and what kind of people they should be. Herein I strongly recommend that you have at least one or two exaddicts that have successfully completed treatment on that Board. They could add invaluable input to the other seven Board members. A recovered alcoholic should also be on that Board. I think that it behooves the legislature to finally put somebody on the Board that can give the other Board members the kinds of information that they need to adequately address the decision making processes that are necessary if this Board is in fact going to rehabilitate addicts and/or alcoholics.

ADVISORY BOARD

Virginia Beirne, *MSW, ACSW*
Bill Bittner, *Atty.*
Charlotte Bowers
Harry Branson, *Atty.*
Rudy Ehenbeck
Mike Ellis, *Field Underwriter*

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Mrs. Robinson
Dave Rogers, *Insurance*
Capt. George Weaver, *APD*

My next question is, I have never seen the "appropriate standards" established under Section 140A of this chapter. I do not have those standards and wonder if I could get a copy of them.

On Page 11, Section F, there is the following statement: "No treatment facility may be operated in the State without a license and no facility may receive State funds under a contract or grant made unless it is licensed as a public treatment facility". In regards to the first half of that sentence, "no treatment facility may be operated in the State without a license", I do not know who wrote this section of the Bill, but that language does preclude Alcoholics Anonymous, and it would preclude the Alaska Family House structure. We are not licensed now and we do not want to be licensed. Our whole concept is "the family" structure. We are an anti-program that stresses such things as self-help, the work ethic, and making the best out of bad situations as done in everyday life. The day that the Alaska Family House program is licensed, there will be psychiatrists here, nutritionists here, volumes of paperwork that must be done, never ending reams of forms to be filled out, a fantastic increase in the cost per day of our clients, the need for more staff, and we will see the end of the addict helping addict concept. My next statement in regards to the last half of that sentence which reads "and no facility may receive State funds under contract or grant made unless it is licensed as a public treatment center", I am very glad that this was not law in 1973 when Alaska Family House was first founded or it wouldn't be here. My next question in regards to this statement is, what constitutes a treatment facility? What do you do about the situation where three or four or five individuals rent an apartment or a house and "treat" themselves with the AA type concept or the addict helping addict concept? Is that classified as a treatment facility?

On Page 13, Section B wherein it states, subject to regulations adopted by the Department "if a person is refused admission to a licensed or public treatment facility, the administrator shall if possible refer the person to another licensed approved public or private facility". My question in regards to that is simply, why? Why couldn't this individual be referred to an unlicensed treatment facility such as an AA group or Alaska Family House or to that apartment where the four people decided to band together to do something about their alcoholic and/or drug addiction problem?

On Page 14, Section D, there is a sentence that reads "except for diagnosis and referral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts". Again, I wonder why? I have had alcoholics in Alaska Family House that have gotten a lot of good out of the program working right along with the addicts. I have also seen many addicts that participate in AA and get something out of it. Why, by law and legislation must these two people with basically the same problem, i.e., chemical dependency, be separated through the legislative process? It is my opinion that if it works, do it. Again, I have seen drug addicts use alcohol programs, a multitude of treatment centers, religion, and all kinds of things to change and simply ask the question why exclude anything that might work. In that same paragraph there is a sentence of "no person addicted to an opium derivative may be treated except at a licensed

drug addiction center". Again a person addicted to an opium derivative should be allowed to seek treatment anywhere he or she feels that there is some help.

On Page 22, Section 47.37.220, wherein it states visitations and communication of patients. "Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel." We can agree with that wholeheartedly as the right to counsel is imperative and means that the individual must have some problems or there would be no question of counsel. That sentence does, however, continue with the words, "and for the continuing contact with family and friends including the use of telephone facilities consistent with an effective treatment program". I have seen many addicts who have members of their immediate family using drugs. Most addicts that I have seen come into this program have nothing but addict friends. It is imperative that the addict in treatment be separated from the addict still using. No matter if they are related or "friends". If that is not done you will invariably have two addicts using and not one in treatment.

In regards to Section B of that same Section, wherein it states that "no mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read or censored", again you have problems in that area. We do in fact open mail here at Alaska Family House. Each resident who comes in signs a waiver allowing us to do that and you would not believe the drugs we have intercepted, plans to bring drugs into the program, pornography, and other seriously upsetting information. At Family House and most other major therapeutic communities such as Delancey Street in California and Habilitat in Hawaii, there is an initial black out period that is important. Most therapeutic communities are and must be drug free at all times. All avenues of its coming into the facility must be constantly explored investigated and halted wherever possible. These particular sections would totally tie our hands at Alaska Family House.

In regards to again on Page 22, this time Section 37AS47.37.24A, most clients, which we prefer over the word patient, have no funds and we are concerned that some people with funds might decide to delay treatment until they have expended their revenues (probably by the purchase of more drugs and possibly O.D.) and also pass the time when the urge for treatment has passed.

On Page 24, numbers 13 and 14, wherein drug addict and drug abuser are being defined, I have known many barbituate addicts but very few barbituate drug abusers. Another point is, what of methadone and other synthetics that are even more addictive than opium derivatives? They too should be classified as drug addicts.

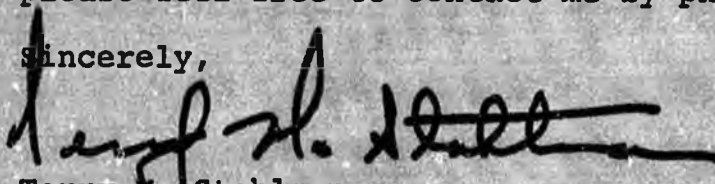
On Page 24, Section D, last sentence wherein it says all community match contributions to grants shall be in the form of cash and I wonder why not goods and services? If we get a \$100 worth of canned vegetables from BiLo, isn't that the same as \$100 cash in so far as the program is concerned?

In closing this correspondence, I again would appreciate an opportunity to verbally testify in front of your committee and again we wish to state that we can support the concept of joining the drug and alcohol Boards. I would, however, not like to see legislation passed that would make treatment less accessible and that would make our jobs here at Alaska Family House more difficult than they are presently.

For the past three years, we have been involved in an almost constant fight with a very small group of bureaucrats that are constantly thinking in terms of new forms, new requirements, new criteria that in fact takes away from the treatment process. Most of these ideas are gleaned from Federal guidelines and recommendations through the National Institute of Drug Abuse, etc. Most of those programs are no longer even in existence. One of the things that attracted me personally to the State of Alaska was the possibility of working directly with people without the tons of bureaucratic redtape, licensing requirements, etc., etc., that is the trend in the lower 48. I would hope that Alaska would not get sucked into that kind of mentality.

If I can be of any further assistance in regards to this matter, please feel free to contact me by phone (907-279-5502) or by mail.

Sincerely,



Terry K. Stahlman
Executive Director
Alaska Family House

HOUSE BILL NO. 340

***** (suggested revision) *****

For an Act entitled: "An Act relating to treatment of
alcoholism and drug abuse; pro-
viding for an effective
date."

CS HB 340

p 9, line 3: delete "Comp Health Adv Council,"
insert "State Health Coordinating Council"

p 9, line 21: delete "mental health," insert
"substance abuse"

p 10, line 2: delete "and the legislature"

p 10, line 22: delete: "PUBLICALLY," insert "PUBLICLY"

page 17, line 7 - insert appropriate section

page 19, line 15 ft - retype double spaced

page 21, line 20 - delete "appropriated", insert
"submitted"

page 6, line 3: delete: "Included too are"

" " " 2: " " and" (last one)

" " " 21: " " all"

Ann —
cut & paste



Alaska State Legislature ~ House

HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

Pouch V, State Capitol
Juneau, Alaska 99811
(907) 465-3797

TO: HOUSE HESS MEMBERS

FROM: ROCKY MACKINNON

RE: HB 340

We will have a meeting regarding HB 340 Thursday night. It will begin at 7:30p.m. and we will be able to receive long distance intercom calls. The phone number is Zenith 7000. Please try to hang on to your bills for the meeting.

POSITION PAPER ON HOUSE BILL 340

"An Act relating to the treatment of alcoholism and drug abuse; and providing for an effective date."

This bill is recommended by the Department of Health and Social Services. The bill proposes to accomplish several things, among them the following:

1. Adds both "drug addicts" and "drug abusers" to the types of persons to be afforded treatment under the provisions of AS 47.37. (Throughout the Act.)
2. Creates a combined "Office of Alcoholism and Drug Abuse." (020)
3. Empowers the combined office to review and comment on all state plans involving provisions for alcoholics and drug abusers. (030)
4. Empowers the combined office to have access to alcohol and drug related records systems of other agencies of state government except when expressly prohibited by law. (030-6)
5. Instructs the office to reorganize and implement a coordinated Manpower Training Program for all persons involved in the provision of treatment services to alcoholics and/or drug abusers. (040-7)
6. Adds the Regional Health Systems Agencies and the State Health Coordinating Council to the list of agencies to whom the Office and the Board is advisory for the purposes of the preparation of an annual combined State Plan for the provision of services to drug abusers and alcoholics. (040-11)
7. Requires the Office to monitor the admission of alcoholics to hospitals in conformance with existing federal law. (040-15)
8. Adds the following agencies to the Interdepartmental Coordinating Committee: "The Commissioner of Revenue," "The Commissioner of Community and Regional Affairs," "The Director of Traffic Safety," "The Director of Criminal Justice Planning," "The Department of Law," "The Division of Planning and Policy Development," "The Division of Budget and Management," and "The Alaska Court System." Requires the committee to meet quarterly for the purpose of supervising the implementation of an annual Interdepartmental Plan for the amelioration of alcohol and drug abuse problems. Ties the plan to the existing plan requirements of other affected agencies. (050-A)

9. Collapses the existing separate advisory boards for alcoholism and drug abuse into one combined advisory board for the combined office, and specifies the membership categories. (080.1-5)
10. Redefines the position of the Coordinator to include responsibility for drug abuse as well as alcoholism. (120)
11. Adds to the requirements for the preparation of an annual plan for the prevention, treatment, and control of alcoholism and drug abuse. (130.A-E)
12. Redefines the responsibility of the office to include "licensure" of facilities and programs, instead of the existing "approval." (Brings the statute into conformance with other similar statutes.) (140)
13. Defines situations under which the state may allow the creation of combined treatment programs for the treatment of certain alcoholics and drug abusers. (160-D)
14. Compels the administrator of a licensed facility to initiate emergency or involuntary commitment proceedings on certain clients, under certain conditions. (170.H)
15. Mandates that persons who attempt to commit, commit, or threaten physical harm to another under the influence of alcohol, be charged under an appropriate criminal statute and taken into criminal custody. (180)
16. Insists that the courts commit persons only to licensed public or private treatment facilities (190)
17. Defines both "licensed public," and licensed private" treatment facilities/programs. (270. 2&3)
18. Adds definitions of "drug addicts" and drug abusers" for the purposes of the Act. (270. 13&14)
19. Adds definitions of "cross addicted persons" and troubled employees" for the purposes of the Act. (270. 15&16)
20. Adds a new "grant-in-aid statute" which includes "profit making corporations" in the list of agencies eligible for state grants-in-aid. (Article 2-300 & 310)
21. Keeps the appropriations for grant-in-aid for alcoholism and drug abuse separate. (310-B)

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01 - JUNEAU 99811

April 28, 1977

Document# House HESS #5

Honorable Charlie Parr
H. & S.S. Committee Chairman
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

Mr. Cole, in the State Office of Alcoholism; Mike Waltne and Rae Ann Hickling, from Anchorage; and Ms. Hilburn, in the State Office of Drug Abuse have discussed proposed changes in this bill. The proposed changes are:

...Page 1, Line 26 ... Add the word "abuse" after the word "drug"

...Page 4, Section 10 ... Should read: "Coordinates with Local Communities, the Regional Health Systems agencies, and the State Health Coordinating Council on the Preparation of an Annual Comprehensive Plan for the Prevention, Treatment and Control of Alcohol and Drug Abuse; to be Submitted to the Commissioner and the Citizens of the State of Alaska for Review and to the Governor for Approval."

...Page 5, Line 20 ... Delete the word "intoxicated", add the word "drug abusing."

...Page 7, Section 9 ...(47.37.080) Should be amended to read: "Of the nine members, no person having a monetary interest in the outcome of the recommendations of the Board shall serve as a Board Member." (All other language should be deleted.)

...Page 9, Section 47.37.110 ... The following changes are proposed:

110... Duties.. add "The State Health Coordinating Council" after the word "Commissioner"

110 (1) Add the words "and physical" between "Mental" and "Health"

110 (3) Should read: "Social factors which affect the causation, treatment and rehabilitation of alcoholism and drug abuse"

110 (4) Should read: "Legal processes and legislation which affect the rehabilitation and treatment of alcoholics and drug abusers"

110 (5) Should read: "Programs of public relations, prevention and education concerning the problem of alcoholism and drug abuse conducted by a department of state government or by any organized group"

...Page 10, Section 130; Lines 13-15 ... Delete the words "and when feasible"; include an amended sentence to read: "Programs shall be established with maximum local community and native health corporation involvement."

Section 130 (D)... Delete

...Page 14... Delete (D) ... Replace (D) with the following:

"Based upon local determination of need, there may be alcoholism treatment programs, drug abuse treatment programs, or integrated treatment programs for both alcoholism and drug abuse. There may be integrated prevention programs for all forms of substance abuse. All State and Federal laws and regulations relating to requirements for methadone maintenance for persons addicted to an opiate derivative shall be strictly adhered to by all affected treatment facilities licensed or funded by the office. There shall be state regulations which establish standards for licensure for all classes of treatment programs."

...Page 25, Lines 3 & 4 ... Should read: "Grants will be awarded on the basis of demonstrated need and the merit of the application. In considering applications for alcoholism programs, the department shall, if all other factors are equal, give preference to applications in political sub-divisions which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism."

...Page 25, Section "D".. Should be amended to read: "All community match contributions to grants shall be in the form of cash, except grants to "poverty" communities for the first three years of state grant support may meet the match requirements through the provision of in-kind contributions."

...Page 24, Section 310, Line 21: Delete (A) "Profit making corporation" from the list of eligible entities for grants in aid support.

...Page 27, Section 43, Line 29: Should have included the following definitions:

..."Drug Abuser"... means a person who misuses a drug or drugs to the detriment of his/her health and social well-being.

..."Cross Addicted Person"... means a person who is addicted to more than one class of drugs.

(Note: Existing AS 47.37 definitions of "Alcoholic", should be retained. All references to "Drug Addicts" should be stricken from the language of the bill.)

All of the above changes have been found acceptable by the Southeast Alaska Alcoholism Program Managers, the Petersburg Youth Council and the Petersburg Alcoholism Board, as well as the persons mentioned from the drug field in the first paragraph in this memo.

The Department would like to suggest one more addition to the bill which might facilitate the plan to reorganize the offices. That provision would read as follows:

"There shall be created a "Technical Advisory Panel" to advise the

April 28, 1977

Coordinator and the Advisory Board on all matters having to do with the impact of office policy on the administration of local programs. The Advisory Panel shall be composed of two alcoholism program managers, two drug abuse program managers, and one representative each from the "Alaska Native Commission on Alcoholism and Drug Abuse" and "The National Council on Alcoholism - Alaska Region."

This Panel shall meet quarterly with the Governor's Advisory Board on Alcoholism and Drug Abuse and the Coordinator for the purpose of discussing issues which impact on the administration of local programs.

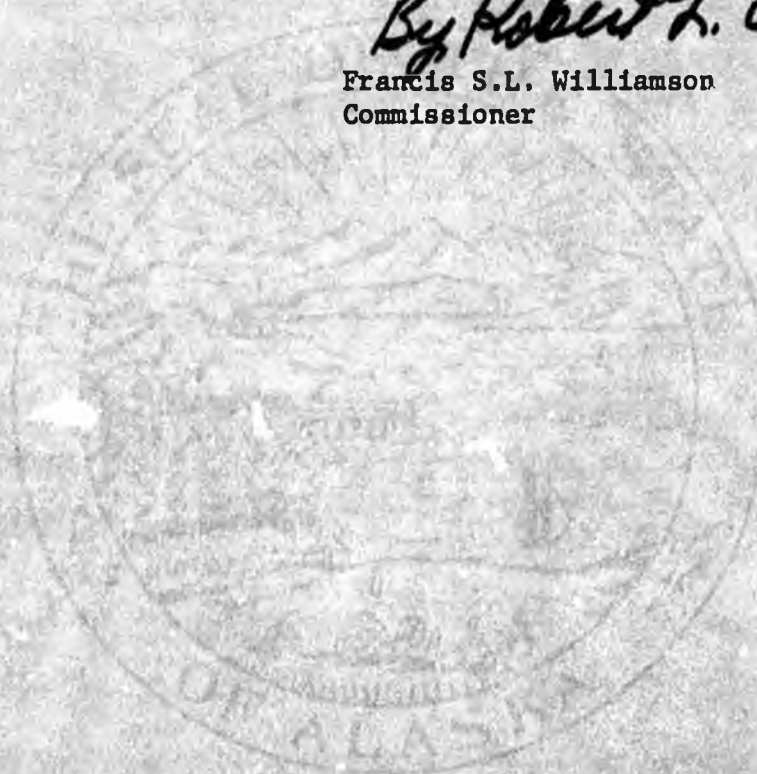
Travel and Per Diem: Should read the same as the "Travel and Per Diem" provisions for the Governor's Advisory Board.

Your consideration of the proposed charges will be greatly appreciated.

Sincerely yours,

By Robert L. Cole

Francis S.L. Williamson
Commissioner



MINUTES OF HOUSE HESS COMMITTEE

April 28, 1977

(EVENING)

The meeting was called to order by Chairman Parr at 7:35 p.m. Present: Mr. Parr, Dr. Beirne, Mr. Nakak, Mr. Chatterton, & Mr. Ose. Mr. Phillips, Mrs. Buchholdt and Mr. Bennett came in later.

Absent: Mr. Cotten.

HB 340
Kleinfelter

Mary Kleinfelter called in first on the conference telephone that was sat up regarding HB 340 which was the agenda for the evening. She called to object to HB 340 as she felt the alcoholic and drug addict are 2 entirely different and separate problems. She said she was familiar with both problems and doesn't think they should be combined. She also said she objected to the State giving monies to any private profit making organizations. She stated she is presently working for a treatment center but also had been on heroine herself.

Walti

First to testify in person was Mike Walti who operates the narcotic drug treatment center in Anchorage. Said he had come down here to testify on the bill thinking it was definitely sure to pass and then in the Senate HESS meeting the day before he was surprised to find out that it was not a definite thing. He said he did not want the merger. He felt at some point in the "great beyond" there will be a combination of the two but didn't think they were ready for it yet. He said the differences in the clientele he found were the generational differences. He said a lot of people are middle aged or older. He said the only way it could be changed is when the people in the fields share some of their experiences which they don't do now. Said he hoped this bill did not pass out of committee at this time. Mr. Walti said he had problems with parts of the treatment provision in the bill and also problems with the term "drug-addict". When asked if the combination did go through what characteristics he would like to see he said he would like to see someone in the drug field included in the office somehow.

Vollin

Next to call in on the conference telephone was Danny Vollin who was representing himself from Anchorage. He too objected to the bill in that he felt the alcoholic and drug abuser were 2 completely different problems.

Walti

Mr. Walti went on to say that he would support the licensing section of the bill. Said this means consumer protection for the people that come to the program. Said it would also be necessary for the collection of 3rd-party payments when and if they became available.

Mr. Walti said the section on the Advisory Board in the bill bothered him also. Felt all it should say was "that the Advisory Board consist of 9 members appointed by the Governor". Thought perhaps should specify that 3 members of the board should have an income of \$12,000 or less. With regard to the portion on the civil commitment which he had spoken on the telephone last week to, he said he had changed his mind on that section.

Goodwin

Next to testify was Mr. Paul Goodwin, President of the Fairbanks Native Association and runs the largest alcoholic program in the State of Alaska. Said he had no major or substantial objections to the package other than the objection that he would not like to see both programs under one Board. Said he would disagree to putting drug abuse and alcoholism under the Mental Health services. He said he really had not had time to study this bill and as far as he was aware of neither had anyone else he had talked to.

Forest

Sister Forest from Anchorage called in on the conference telephone at this time. She too objected to the bill in that the people involved have 2 different types of problems. Said she was speaking for herself as a counsellor and as a worker in an Anchorage Center., Studio Club.

Gold

Next to testify was Dr. Frank Gold, registered psychologist and director of Fairbanks Drug Treatment Center and who was responsible for the proposed committee substitute. He too felt that nothing should be done with the bill at this time if possible--just let it lie. He said the reason for rushing with the committee substitute was that all indications during the last year or so was that there was no way to stop the bill. He said he knew Paul ^{Peika} ~~Beeka~~ in Fairbanks felt the same way. He said in preparing the committee substitute he had followed the bill that the administration had put out as well as the existing Community Health Center Act. He said when they sat down and drew up the committee substitute it was done with a great deal of emotion. He said there are problems when talking about both alcoholics and drug abusers in a single agencies. Once they are stabilized, then you are talking about basically very similar types of problems. He did state that Fairbanks had very professional counsellors but didn't feel this was true in the rest of the state.

Peika

Mondale

At this point George Mondale, Coordinator of the Ketchikan Alcoholic Program called in on the conference phone. Said he spoke in favor of HB 340 but was opposed to the Committee Substitute in that it is the feeling that the proposed CS would undermine the intention of most of the people. Said he thinks it is unthinkable to have a substance abuse problem. Said he thought the citizens of our State have an increasingly

difficult time relating with what the State is trying to do. Said putting it under the title of Substance Abuse would really confuse them.

Gold Mr. Gold continued with his testimony. Said he thought more focus should be brought in putting more authority in the hands of the communities. He felt a good pattern to draw up a bill from was the Mental Health bill that was passed 2 years ago by the legislature. Mr. Gold said he did not think any of the drug abuse facilities had received this bill and therefore had not had a chance to look it over.

Stoner Next to testify was Mr. Tom Stoner, presently acting as Field Deputy for the Alaska Native Commission and handles both alcoholics and drug abusers. He said his organization was very comfortable with the potential merits in HB 340 and agreed with Mr. Cole's proposed amendments. Said they have been comfortable with the existing statute. Said if a merger did take place he felt there would be discreet program management in the separate areas. Said one recommendation he would make would be that drug abuse and alcoholism would be represented by a technical panel which could provide expertise to a combined board that would be responsible to the Commissioner with recommendations.

Nugen Next to testify was Mr. Leonard Nugen, Director of the Studio Club, Alcohol Rehabilitation Center. Said he has looked over HB 340 and there are some things he agrees with and some that he doesn't. Said he did not want to see the combining of the 2 advisory boards. Said they did need standards to license by. Said another thing that concerned him was the profit making section. He also said the part in the bill that refers to where a patient is brought to a treatment center and the center cannot help the person, it is up to the center to find another place to put the person, didn't think that was right. Felt there should be a way to hold people, alcoholics especially. Also felt that a lot of good counsellors could be people without a degree. Mr. Nugen said he had no problems with the existing statute but thought it could be better and especially liked the idea of being licensed.

Hickling Next to testify was Rae Ann Hickling, Executive Director of the Anchorage Council on Drug Aid. Said the people she represents are opposed to the combination of the 2 offices. She said she was party to the Committee that made changes to HB 340 from Mr. Cole's office. Said she was in favor of licensing.

The meeting adjourned at 9:30 p.m.

MINUTES OF HOUSE HESS COMMITTEE

April 21, 1977

(EVENING)

The meeting was called to order by Chairman Parr at 7:40 p.m. Present: Mr. Parr, Mr. Bennett, Mr. Chatterton, Mr. Phillips, Mrs. Buchholdt with Mr. Cotten coming in a few minutes later.

Absent: Mr. Nakak, Mr. Ose, & Dr. Beirne.

HB 340 Chairman Parr said HB 340 was on the agenda and asked Lois Jund, Deputy Commissioner of Program Management of the Department of Health & Social Services to testify first.

Jund Ms. Jund said the bill is a bill requested by the Governor in response to recommendation made by both the former legislature as well as the Governor's Efficiency Review Team to combine the offices of Alcoholism and Drug Abuse which at the present time are contained in separate statutes which calls for an Office of Alcoholism, an Office of Drug Abuse, a coordinator for each of these offices and 2 advisory boards. She said in their opinion it was essential that they have some legislation combining the 2 offices since the fiscal year '78 budget is predicated on a combined office. She said at the present time they have an advisory board for Drug Abuse consisting of 12 members and an Alcoholism Board of 9 members and this bill calls for a combined Board of 9. She said she was charged by the Commissioner of Health & Social Services to work with the 2 offices to prepare a bill that would be satisfactory to both offices. Said there has been some input but not extensive input from the Advisory Boards not on the specific bill but on the issues of combining the offices.

At this point Ms. Jund gave a brief overview of the sections of the bill and said Mary Beth Hilburn of the Office of Drug Abuse and Mr. Robert Cole of the Office of Alcoholism were present to answer any question.

Ms. Jund said in the case of Alcoholism, they have just recently surveyed many of the programs because the regulations will go into effect July 1. Said this is important from the standpoint of third-party payments. Said Mr. Cole has had some discussions with Blue Cross and if a treatment center is licensed under this statute, then they would be eligible for reimbursement for Blue Cross. This would pertain to Va, BIA and other third party payers. Said it keeps the appropriations for grant in aid for alcoholism separate and this is by federal mandate. Said they have written to the NIAAA and NIDA and have received their approval for the combining of these 2 offices which she said is a State option.

Ms. Jund said they had sat down with one of the providers and Mr. Cole had worked out some proposed alternative language that had caused problems with some of the individuals.

Mr. Chatterton asked about lines 15 and 16 on page 1. He wondered if it was the intent to remove from criminal prosecution any drug addict or any drug abuser. Ms. Jund said not from the consumption of alcoholic beverages or drugs. Mr. Chatterton asked if under present statutes the use of drugs is illegal in this state. Mr. Peters asked to address the statement and said that was something they were concerned about in the Attorney General's office but said on closer examination of the statutes, they found that the statutes could not prohibit either the consumption or addiction to drugs and cited a Supreme Court case relative to this. Said it was very difficult though to take the step from addiction, to consumption, to possession.

Mr. Parr questioned line 20, page 1 --alcoholism-drug problems. Ms. Jund said she thought this was used in the broad sense.

Mr. Parr asked Ms. Jund if she had other changes besides the combination of the agencies. Ms. Jund stated the position paper pointed out the major things the bill proposes to accomplish. She stated she would ask Mr. Cole and Mrs. Hilburn to walk them through the bill.

Mr. Parr asked if there was a substantive difference in saying "approval of licensure". Ms. Jund said this makes it formalized and brings it in line with what they are doing in all other programs. Mr. Cole addressed this question.

Mr. Parr then asked about page 2, line 25, if something had been added which had no direct relationship to the merger of the 2 offices. Mr. Cole explained they had attempted to do a state-wide research and planning effort during the past year and in one instance it took them 3 1/2 months to get information which should have been available in 3 1/2 minutes. He said they were concerned that it would make a stronger case for having access to the information if it wasn't prohibited.

Mr. Chatterton asked about lines 1 and 2 on page 2 wherein he felt a sizeable expansion of the Department's powers had been made. Mr. Cole said there has always been made indirect mention to training programs. Mrs. Hilburn said prevention has always been one of the activities, particularly in the Office of Drug Abuse.

Cole

Mr. Cole then spoke to the differences in the law instructing the office to organize and implement a coordinated manpower training program for all persons involved in the provision of treatment services to alcoholics and drug abusers. Said that is a stronger statement than they have ever had in their law before. (No. 7, page 4, line 10.) He stated the reason for putting this in was that there is a real shortage of persons trained to provide treatment services in these areas and in spite of the fact they have had a number of attempts to construct training programs in the past, they have had difficulty in getting them coordinated.

Gold

At this time, Frank Gold called in on the conference telephone from Fairbanks. Said he was one of the two authors of the substitute or suggested revision to HB 340. Said the problems they found with the bill were simple. Said last year the Legislature passed a Community Mental Health Services Act which included comments about drugs and alcoholism to be included under the Community Health Centers. Said the way HB 340 was originally written it created a conflict. He said programs are most accountable when they are held accountable to an immediate public, not the centralized antagonists in Juneau. Said the bureaucracy is responsible to the Commissioner and to the Governor--not to who they deal directly with the way people involved in providing services are. Said they were concerned about the cost of administration. Said it would tend to be rather high in centralized organization. He said he had gathered from testimony last night at Senator Hackney's meeting that there was a concern about a provider on the Board and said they recognized that when they wrote the suggested revision. Felt a decision maker on the Board by a lay-board in particular obviously takes education. Felt they needed people that should be educated to the field they are sitting in review of. Said their general concern was that they saw the Community Mental Health Center's Act from last year as an exemplary piece of legislation and sees this bill being opposed to it and actually creating a bureaucratic structure that is more complex and more tightly bound to Juneau than the present State Office of Drug Abuse and the State Office of Alcoholism. He then requested, if possible, that additional hearings be held a week from this date when many member providers from various parts of the state will be in Juneau and could be available for public testimony at this time.

Mr. Cole asked Mr. Gold to elaborate on the specific manner in which he felt the current legislation, as proposed, is so opposed with the Community Mental Health Center's Act.

Mr. Bennett asked Mr. Gold for his feelings in reference to alcohol which an alcoholic gets via a total legal transition which the government taxes as opposed to an addict who gets a totally illegal status. Do you find there is so much of a difference that it would have an effect in treating the patient in lumping them together?

Mr. Gold said not all people involved in drug abuse get there illegally, said some of them get it very legally with prescriptions. Said they had included most of the drug abusers in the revised HB 340 they wrote.

Mr. Bennett asked if the treatment of the 2 various types of patients is so much alike that it is a common bond that they should be in the same situation. Gold said with competent counsellors, once the individual is stabilized they would confront the same trend of problems.

Mr. Chatterton asked Mr. Gold what his definition of drug was. Also if he would include glue sniffing and gasoline sniffing, which Mr. Gold said he would not.

Walti

Next to call in was Mr. Michael Walti, has a graduate degree of social work and for the last 3 years has operated a narcotic drug treatment center which is the largest center in the State of Alaska. Said at the present time they are serving 15 addicts in Anchorage. Said he was calling to testify on the bill. Said he was disappointed that program input wasn't sought by the drafters of the bill during the initial stages. Felt they could have ironed out a lot of problems. Said it seems a good 50-60 percent of the bill could have been done by Department regulations. Said he had a hand in providing information for the substitute bill. Said problems with the original bill he had were many fold and said he would go into the basic differences between the 2 bills as they see them. Said he supports the second bill where they had substituted the concept of substance of the use. Said it seemed there were a couple of reasons for combining the two offices, only one of which was to save some money. He said in the bill there is a provision for a service provider. Said this is something they, in the field have talked about for some time. Said he would like to see a provider on the Advisory Board. He said the second version provides for civil commitment of any intoxicated person. Under the original bill it was only for people intoxicated by alcohol. Said in the first bill there is no provision for out-patient treatment of cross-addicts meaning someone with drug and alcohol problems. Said in the second revision of the bill which they support they do provide for being able to treat this type of individual. Felt there has been misconception about the kind of people that seek treatment from a Methadone treatment facility and said the one they run in Anchorage is very different from the ones that are run "outside". Said they are dealing, for the most part, with a working class group of people and at any point of time, depending on the season, between 70 and 80 percent of their people are employed full time and employed at fairly skilled jobs. Said they do not have a heavily criminalized group of people for treatment. Said a lot have been criminals when they come for treatment but after stabilized do cease their criminal activity. Said this is about 90 percent of the people on their program. Said combining people with alcoholism problems with hard core addicts the same treatment does not apply at least with their treatment in Anchorage.

Mr. Walti thought it was a mistake if you are going to have a civil commitment process for intoxicated persons to limit it to alcohol only, felt it could be expanded to include people who are intoxicated with any substance.

Mr. Cole said he didn't have any trouble with at least 2 of the points Mr. Walti raised. He said the provision of out-patient care for cross-addictions he felt they had taken care of. Mr. Peters said this was originally a Uniform State Act, drafted under the model of a uniform commission's act for several states, it was heavy, entirely alcohol and heavy on state-operated institutions. Said we have no state operated institutions but was trying to do the least damage to it as possible.

Hilburn

Mrs. Hilburn spoke to the service providers on the Boards. She said they have had service providers on their advisory board and she said programs feel if there is a provider or doctor connected on the advisory board that they are getting special treatment.. Said there is always the conflict--is my program being treated as credibly as the one that has the doctor on the Board. Said she thinks this causes a real problem. Said the Board works very hard to make good judgments.

Mr. Chatterton asked if Mrs. Hilburn would be opposed to putting this in. She said she would.

Coyne

Next to call in was Mr. Tom Coyne, in Ketchikan, Director of the Halfway House there. Said the only thing he was concerned with was changing the name to something like Office of Substance. Said he would like to see HB 340 go through but doesn't want amendments like he has heard of like to change the Office of Alcoholism to the Office of Substance. Said he always drank liquor or took a drug, never took any "substance". Said there was enough problem with getting people to get to these offices without confusing them to what office they are going to.

Mr. Cotten asked about the Alcoholism Advisory Board, the qualifications for the board members and how it breaks down. Mr. Cole explained the current qualifications.

Mrs. Buchholdt asked about page 4, asked if the people are not trained to do these programs would the state send them out to school? Mr. Cole said this could be done but what he always wanted to do was get the existing staff training capabilities that do exist together for the purpose of drafting a long-term manpower development plan for people working in these areas in Alaska.

There was discussion as to some problems that have come about in trying to treat alcoholics and drug abusers in the same facilities.

Mr. Chatterton asked about the expansion of manpower. Mr. Cole said it would not necessarily be the expansion of manpower in their office and wasn't their intent-what they were looking for, and might be guilty of, was trying to see that there is a training program somewhere in the state that addresses this.

There was discussion about the admission of people to the hospitals and some of the problems that have arose for not admitting ones that did need help.

Mr. Chatterton asked if they would have objection of leaving the word "encourage" in. Mr. Cole said he would have no trouble with this.

Mr. Chatterton then asked what a "troubled employee" was. Mr. Cole spoke to this.

The next section to be taken up was the Interdepartmental Coordinating Committee and Mr. Cole spoke to the changes that have been made. Said most of the persons were added to the committee at the request of the Governor, informally, and it seemed a reasonable thing to do.

The next section was the Advisory Board. Mrs. Buchholdt asked if this board was just for drug and alcoholism or for all of the different areas of Social Services Programs. Mr. Cole said not this particular one.

Rookes Mr. John Rookes from Petersburg called in on the conference phone. He said he was Director of the Petersburg Council on Alcoholism. Said he had been the director since the program began, a little over 4 years ago. He said he would like to voice objections to the bill. No. 1, had had the experience of working under the offices as set up in Washington where it didn't work out well. Said he found from experience of 14 years to alcoholics and drug abusers, that you can't even treat them together for therapy reasons because they look down on one another, one says "I'm not as bad as you" and the other says "you haven't been anywhere." Said another thing is they are trying to make drug abuse an illness the same as alcoholism and there seems to me some question how you legislate an illness. Thinks the American Medical Association should have the jurisdiction of describing an illness and not the legislator. He said he had written evidence prior to this to the National Council on Alcoholism to the Office of Drug abuse, to the Office of Alcoholism and to the Commissioner's office. Said he did not want to see this bill go through. Mr. Parr said the committee would like to have copies of the written statements. Mr. Rookes did say that Mr. Cole had this information also.

Next to be discussed with the Committee was the Qualifications of the Board. Mr. Cotten said he seemed to be going toward having no dedication at all on memberships of the Boards. Said he thought this was how the Drug Abuse Board worked right now and asked how Mrs. Hilburn liked it. She said it worked fine. There was much discussion as to who should be on the Board.

Gallagher

Next to testify on the bill was Jean Gallagher who is working as the Regional Technical Assistant for Alcoholism Programs for the Tlingit & Haida Central Council. Said the purpose of her position with the Central Council is to assist local communities in developing local alcoholism programs. Said her main reason was that she was concerned that HB 340 was going to get passed through and she wanted to alert the committee that there were several people that she knows in the region that do want to testify on this bill. Said some of the people would include the program people in the region, also asked the committee to get some input from both of the Advisory Boards. Said there is another State group called the Alaska Native Commission on Alcohol and Drug Abuse would also like to provide some input to the discussions. Said there will be a meeting on Saturday, in Sitka that will include all of the regional alcoholism program directors and assumed that this bill will be discussed at length there so she wanted to alert the committee that it was her personal feelings she wanted them to have as much input as possible on the bill before they made any decisions on it. Mr. Parr informed her there was another meeting on this bill next Thursday.

Mr. Phillips spoke up and said he had received a phone call this afternoon asking that the bill be held over until they had a chance to take a better look at the bill.

Hickling

Next to testify was Rae Ann Hickling, Executive Director of the Anchorage Council on Drug Aid. She said they treat a wide variety of people from about 5 years of age on up into their 60's. Said she had come down specifically to work on the bill for a variety of reasons, one being that she has never been sold on the merging of the 2 programs. Said she felt there were some things in the bill that would make it hard for her to treat her drug abusing client population. Said she fully supported the stand the bill has taken on licensing. Said she felt this was very needed in the state at this time. She said on page 14 where it speaks to the idea you can't treat a drug abuser or drug addict and alcoholism in the same facility. Said she found this very odd since most opiate users start on alcohol. She said 95% of all opium addicts use a lot of alcohol. She said if she can't treat both problems she is not helping that individual. She said she had sat down and worked out a compromise with Mr. Cole and the compromise means they could treat opiate addicts and alcoholics in the same facility should it be so licensed. Said she hoped the committee would take a look at this and make some changes in it.

Next Ms. Hickling spoke about her concern with the composition of the Board. Said she doesn't like boards to be composed of "have tos". Said she agreed that the Board should not be slanted toward all providers or all consumers, has to be some sort of equilibrium but made more towards health care providers and health care consumers. Said she didn't believe program people should serve on any boards. She said she would like to see the Board members compensated for child care assistance while at the board meetings.

Ms. Hickling then spoke about where the bill talks about grants ~~and aides~~. Said one of the biggest problems the communities have is coming up with a "cash match". Thought when talking about starting programs in communities could talk about "in kind match" and give them 2 or 3 years to start the program and show the community what they can do before you ask them for actual cash. She said Mr. Cole had changed some wording in the law which she thought he would be happy to share with the committee which talked to giving them 3 years to build up a cash match in a community and after that time they would have to start demonstrating some kind monetary interest in the program.

Section on

Next to be taken up was the/Comprehensive Program for Treatment. Mr. Cole said in Section 130, page 10, line 7, 8 and 9, said this has already been done and are in conformance with the Health services areas and with the native health corporation districts . He said with regard to line 28, they don't have any facilities that are currently operated by the Department although the law does provide there can be those they don't have any plans for doing this.

Mr. Cole talked about Centralization. Said 2 years ago there were frequent abuses of the state's money at the local level in some communities. Said there were numerous instances in the past where the program managers got themselves in the situations where the programs weren't being operated in basic state law rule and regulations with regard to even grant and aide regulations which was a problem. Said instances where patient's rights and help have been jeopardized. Said he feels they can demonstrate they have saved the public money by having some measure of investment of administration within the office in the last couple of years as well as protecting the public's health safety and welfare and patients safety and welfare. Said he would really be uncomfortable with the notion of simply passing out the money.

Mr. Cole said on page 14, line 7 they do have proposed changes for this section that would meet the objections Ms. Hickling spoke to.

Mr. Chatterton said starting on this page he would need an "enlightening program" and thought it a good place to stop.

The meeting adjourned at 10:00 p.m.

Municipality of Anchorage

MEMORANDUM

DATE: April 27, 1977
TO: Charles Parr, Chairman
Health, Education & Social Services
FROM: Behavioral Health Division, Department of Health & Environmental Protection
SUBJECT: House Bill No. 340

House Bill No. 340. An act relating to treatment of alcoholism and drug abuse for all purposes establishes a uniform drug abuses act which includes alcohol as a major addictive drug. This legislation has great merit. Section 2 - AS 47.37.010, Declaration of Policy is inclusive and needed. However, there should be a semantic consistency in the policy and throughout the bill and terminology which should be used is "alcoholics, alcohol abusers, drug addicts, and drug abusers."

Section 4, AS 47.37.030. The expansion of the powers of the office broadens and strengthens the law by spelling out that treatment programs include prevention, training and rehabilitation.

Section 5, AS 47.37.040. The expanded duties of the office addresses in (7), (10), and (15), will facilitate a much stronger approach to early intervention and ultimate treatment of both the licit and illicit drug users.

Page 2, Line 24, and all subsequent notations with a reference to alcoholism and drug abuses should be changed to alcohol[ism] and drug abuses.

Section 6, AS 47.37.050. This amendment to mandate that all departments become involved in the drug abuse problem and the quarterly meetings rather than twice per year should create a continuance of interest and promote more effective programming.

Section 7, AS 47.37.360. It would be desirable that intent be written that the new advisory board retain at least two of the more knowledgeable lay members of each of the present advisory boards for alcoholism and drug abuse to maintain a continuity of past and present activities and to assure that equal attention is given to the programming for both areas.

There should also be some of the present staff members of the office of drug abuse retained for continuity of programming during the transition period.

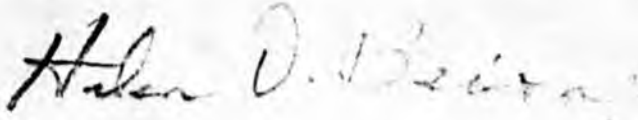
Section 9, AS 47.37.080. (1) It would seem that one M.D. would be sufficient. (3) Four should be lay persons who have interested a knowledge in either one or both fields. (This may be the category to assure that at least two of each of the present boards are incorporated into the new one. (4) Three [one] shall represent persons chosen from the following categories of professionals.

- (a) Protective Services - i.e. criminal justice, police probation, etc:
- (b) Primary health providers, i. e. Emergency medical services, Health Aids, Providers, etc..
- (c) Secondary Health Providers, i.e. Social worker, nursery, counselors, etc.

(5) Delete (These people will be able to repr3sent their views adequately : through public and private testimony and will carry significant w4ight without being on the voting membership of the board.

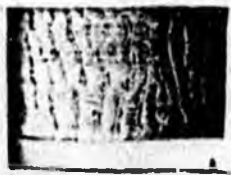
Section 17, AS 47.37.160 (d) Line 7-9 delete [except for diagnosis and refrerral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts.] This statement is too dictatorial and possibly destructive to effective programing. Many of these activities can be coordinated effectively wiht proper planning and education.

Section 25, AS 47.37.170 (h). This section dealing with involuntary commitment is considered to be essential in cas4s where reason is so impaired by drug abuse that the individual cannot make a knowledgeable decision concerning his well being or may be inadvertently harmful to others.



Helen D. Beirne, Ph.D.
Behavioral Health Manager

HDB:epw



proposed CS HB 340

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

2 *Section 1. AS 47.37 is amended to read: CHAPTER 37.

3 ALCOHOLISM AND DRUG ABUSE

4
5 *Sec. 2. AS 47.37.010 is amended to read:

6 Sec. 47. 37. 010. DECLARATION OF POLICY. It is
7 the policy of the state that individuals physically addicted
8 to and/or abusing chemical substances should not be criminally
9 prosecuted for their consumption of these substances but
10 should be afforded a continuum of treatment so they may lead
11 normal lives as productive members of society.

12
13 *Sec. 3. AS 47.37.020 is amended to read:

14 Sec. 47.37.020. OFFICE OF SUBSTANCE ABUSE. An
15 office of substance abuse is established in the department.
16 The office shall be headed by a coordinator appointed by the
17 commissioner. The coordinator shall be a qualified professional
18 who has training and has completed two years of direct-
19 service experience in the organiza-tion and administration
20 of treatment services for persons with problems resulting
21 from the abuse of alcohol and other drugs. The coor-dinator
22 is in the classified service.
23

1 *Sec. 4. AS 47.37.030 is amended to read:

2 Sec. 47.37.030. PURPOSE OF THE OFFICE. It is the purpose
3 of the legislature in amending CHAPTER 37 (ALCOHOLISM AND DRUG ABUSE)
4 to assist local communities in planning, organizing, and financing
5 locally developed, administered, and controlled substance abuse pro-
6 grams. It is further intended to better utilize existing resources
7 at both state and local levels in order to:

- 8 (1) develop and implement plans for initiating maximum sub-
9 stance abuse services based on demonstrated need for services
10 in each geographical planning area, as well as regionalized
11 comprehensive substance abuse services;
- 12 (2) improve the effectiveness of existing substance abuse
13 services;
- 14 (3) integrate the substance abuse programs within a unified
15 human service delivery system;
- 16 (4) provide a means for participation by local communities
17 in the determination of the need for and the allocation of
18 substance abuse resources;
- 19 (5) establish a uniform ratio of local and state government
20 responsibility for financing substance abuse services;
- 21 (6) provide a means of allocating state substance abuse service
22 funds according to community needs;
- 23 (7) encourage the full use of existing public or private
24 agencies, facilities, personnel, and funds to accomplish these
25 objectives; and
- 26 (8) prevent unnecessary duplication and fragmentation of ser-
27 vices and expenditures.

28
29 *Sec. 5. AS 47.37.040 is amended to read:

1 Sec. 47.37.040. DUTIES OF THE OFFICE. The office shall

- 2 (1) define and develop standards for various levels and
3 qualities of substance abuse service;
- 4 (2) provide fiscal and professional technical assistance in
5 planning, organizing, developing, implementing, and admin-
6 istering local substance abuse services;
- 7 (3) develop budgets, receive and distribute state appropria-
8 tions and funds in accordance with the provisions of sections
9 610 through 340 of this chapter;
- 10 (4) establish standards of education and experience for pro-
11 fessional, technical and administrative personnel employed
12 in substance abuse services;
- 13 (5) assist the community in establishing the organization
14 and operation of substance abuse services;
- 15 (6) develop a standardized system for measuring and report-
16 ing to the department the types, quantities, and quality of
17 services; and a cost accounting system which will demonstrate
18 the cost of various levels and qualities of care;
- 19 (7) provide each local community planning and services delivery
20 entity with statistics, reports, and other data relevant to
21 development of indices indicating the need for substance abuse
22 services, or relevant to evaluating the effectiveness of exist-
23 ing services;
- 24 (8) review each local community plan and require each plan to
25 include
- 26 (A) an affirmative showing that the most effective and econ-
27 omic use will be made of all available public and private
28 resources in the community including careful consideration of
29

1 the most effective and economic alternative forms and patterns
2 of services;

3 (B) a five-year projection of needs, services and resources;
4 and

5 (C) adequate provisions for review and evaluation of services
6 provided in the local community;

7 (3) prepare an annual comprehensive, state-wide plan that
8 utilizes the locally-developed community plans for the pre-
9 vention, treatment, and control of substance abuse;

10 (10) adopt regulations and establish priorities, after con-
11 sultation with local communities affected and in conjunction
12 with a state substance abuse advisory board, which are nec-
13 essary to carry out the purposes of sections 010 through 340
14 of this chapter;

15 (11) facilitate the planning, establishment, and maintenance
16 of locally developed, administered, and controlled prevention,
17 training, treatment, and rehabilitation programs;

18 (12) solicit and accept for use a gift of money or property
19 or a grant of money, services, or property from the federal
20 government or private sources, and do all things necessary
21 to cooperate with the federal government or any of its
22 agencies in making an application for a grant;

23 (13) make contracts and other joint or cooperative arrange-
24 ments with state, regional, and local entities or organiza-
25 tions to improve the substance abuse services in this and
26 other states;

27 (14) provide substance abuse service programs with profes-
28 sional, competent, technical assistance and consultation;
29

1 (15) cooperate with the division of corrections in establish-
2 ing programs to provide treatment for substance dependent in-
3 dividuals in or on parole from penal institutions;

4 (16) support the Department of Education in the, its prepara-
5 tion of curriculum materials at all levels of education;

6 (17) encourage the development and maintenance of 'troubled
7 employees' programs in Alaska;

8 (18) cooperate with the Department of Public Safety and the
9 Division of Highways in their establishing and conducting
10 programs designed to deal with the problem of persons operat-
11 ing motor vehicles while under the influence of alcohol or
12 other drugs;

13 (19) monitor the admissions of hospitals and other appropri-
14 ate health facilities in compliance with federal law which
15 requires that the office ensure they they admit without dis-
16 crimination alcoholics and intoxicated persons and provide
17 them with adequate and appropriate treatment;

18 (20) encourage all health and disability insurance programs
19 to include alcohol and other forms of drug dependence as
20 covered illnesses;

21 (21) submit to the legislature an annual report summarizing
22 the activities of the office.
23

24 *Sec. 6. AS 47.37.050 is amended to read:

25 Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE.

26 (a) An interdepartmental coordinating committee is created,
27 composed of the coordinator, the director of the division
28 of mental health, the commissioner of the department of
29

1 health and social services, and the commissioners of education,
2 revenue, public safety, community and regional affairs, the
3 attorney general, and representatives from the
4 Criminal Justice Planning Agency, the Division of Budget and
5 Management, the Alaska Court System, and the Division of Plan-
6 ning and Policy Development. The committee shall meet at
7 least quarterly at the call of the commissioner of health and
8 social services who is its chairman. The committee shall act
9 as a permanent liaison among state departments engaged in ac-
10 tivities affecting substance abuse as a component of human
11 services. They shall be responsible for insuring the linkage
12 required for the successful and cost-effective implementation
13 of the related departmental state plans, with particular
14 emphasis given to coordination among the division of social
15 services, the division of mental health, the division of voca-
16 tional rehabilitation, and the division of corrections, and
17 this office of substance abuse.

18 (b) In exercising its coordinating functions, the committee
19 shall assure that the appropriate state agencies shall pro-
20 vide at the local level

21 (1) necessary medical, social, treatment, and education-
22 al services for substance abusers and for the prevention and
23 control of substance abuse without unnecessary duplication
24 of services;

25 (2) cooperate in the planning and implementation of effective
26 systems of enforcement, adjudication, treatment, and rehabili-
27 tation appropriate to the local conditions as well as to the
28 humane and professional provision of services to substance
29 abusers;

1 (3) recommend mechanisms for the integrated and coordinated
2 prevention, treatment, and control of substance abuse con-
3 sistent with the policy of this chapter.

4 *Sec. 7. AS 47.37.060 is amended to read:

5 Sec. 47.37.060. ADVISORY BOARD ON SUBSTANCE ABUSE. There
6 is established in the Department of Health and Social Services an
7 advisory board on substance abuse. This advisory board shall func-
8 tion as a committee of the state health coordinating council, and
9 three representatives of it shall serve as ex-officio members of the
10 interdepartmental coordinating committee.

11 *Sec. 8. AS 47.37.070 is amended to read:

12 Sec. 47.37.070. COMPOSITION. The advisory board on substance
13 abuse consists of nine members appointed by the governor.

14 * Sec 9. Sec. 47.37.080 is amended to read:

15 Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine
16 members, no more than three of which shall be providers of substance
17 abuse services,

18 (1) one shall be a person who is licensed to practice medi-
19 cine in the state;

20 (2) one shall be a person who is licensed to practice psy-
21 chology in the state;

22 (3) one shall be a practicing attorney who has been admitted
23 to the practice of law by the state supreme court;

24 (4) six shall be persons who have evidenced an interest in
25 the problems of substance abuse, one of which shall be a current
26 provider of substance abuse services;

27 (5) three of the above nine members shall also represent
28 local/regional human service advisory boards.
29

1 *Sec. 10. AS 47.37.090 is amended to read:

2 Sec. 47.37.090. TERM OF OFFICE. (a) The member of the board
3 initially appointed under sec. 80(1) of this chapter serves a
4 term of three years.

5 (b) The member initially appointed under sec. 80(2) of this
6 chapter serves a term of three years.

7 (c) The member initially appointed under sec. 80(3) of this
8 chapter serves a term of three years.

9 (d) Two members initially appointed under sec. 80(4) of this
10 chapter serve terms of one year; two members appointed under
11 sec. 80(4) of this chapter serve terms of two years; two mem-
12 bers initially appointed under sec. 80(4) of this chapter
13 serve terms of three years. Subsequent terms for all board
14 members are three years.

15 (e) A vacancy occurring in the membership of the board shall
16 be filled by an appointment by the governor for the unexpired
17 portion of the vacated term.

18 (f) Board members serve at the pleasure of the governor.

19 *Sec. 11. AS 47.37.100 is amended to read:

20 Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members
21 of the advisory board on substance abuse are not entitled to a
22 salary, but are entitled to per diem, reimbursement for travel
23 and other expenses authorized by law for other boards.

24 *Sec. 12. AS 47.37.110 is amended to read:

25 Sec. 47.37.110. DUTIES. The board shall advise and assist the
26 commissioner in the initiating and implementing of community
27 substance abuse services. They shall also review and approve
28 the Alaska State plan for substance abuse prevention, treat-
29

1 ment and control on a yearly basis--reports of which shall be
2 submitted to the governor, the legislature, the department
3 and the State Health Coordinating Council. Grants and
4 contracts shall be reviewed and recommended ^{for funding} by this board to
5 and from state, local, and private agencies.

6 *Sec. 13. AS 47.37.120 is amended to read:

7 Sec. 47.37.120. SUBSTANCE ABUSE COORDINATOR. The substance
8 abuse coordinator shall work with communities to develop and
9 implement local, comprehensive programs dealing with the pre-
10 vention, treatment and control of, research on, and education
11 concerning substance abuse problems, as they affect the people
12 of Alaska.

13 *Sec. 14. AS 47.37.130 is amended to read:

14 Sec. 47.37.130. COMPREHENSIVE PROGRAMS FOR TREATMENT; REGIONAL
15 PROGRAMS. (a) The office shall assist in the establishment of compre-
16 hensive and coordinated locally-developed substance abuse programs.
17 The commissioner shall divide the state into planning regions congruent
18 with each local community mental health center's area of jurisdiction.
19 (b) Plans and regulations adopted under sections 010 through 340 of
20 this chapter shall allow local programs sufficient administrative and
21 program flexibility so that local community substance/ ^{abuse} programs may
22 be joined with other programs such as community mental health centers,
23 and other human service operations.

24 *Sec. 15. AS 47.37.140 is amended to read:

25 Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a)
26 The department shall establish standards in regulations for facilities
27 before their licensure as public or private treatment facilities.
28 These standards shall be adopted following the review and recommenda-
29

1 tion of the proposed standards by local advisory boards, the state
 2 advisory board, ---following statutorily required
 3 public hearings.

4 (L) Regulations may be developed by the department following the
 5 adoption of licensure standards.

6 *Sec. 16. AS 47.37.150 is amended to read:

7 Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department
 8 shall establish standards for the admission of persons into treat-
 9 ment programs, considering available treatment resources and facil-
 10 ities, for the early and effective treatment of substance abusers.

11 *Sec. 17. AS 47.37.160 is amended to read:

12 Sec. 47.37.160. VOLUNTARY TREATMENT OF SUBSTANCE ABUSERS.

13 (a) A substance abuser may voluntarily apply for treatment directly
 14 to a licensed public or private treatment facility.

15 (b) Subject to regulations adopted by the department, the adminis-
 16 trator in charge of a licensed public or private treatment facility
 17 may determine who shall be admitted for treatment.

18 (c) All federal and state laws and regulations relating to the provi-
 19 sion of substance abuse services shall be strictly adhered to by all sub-
 20 stance abuse programs funded by the office.

21 *Sec. 18. AS 47.37.170 is amended to read:

22 Sec. 47.37.170. TREATMENT AND SERVICES FOR PUBLICLY INTOX-
 23 ICATED PERSONS. (a) An intoxicated person may come voluntarily to
 24 a licensed public or private treatment facility for emergency treat-
 25 ment. A person who appears to be intoxicated in a public place and
 26 to be in need of help or a person who appears to be intoxicated in
 27 or upon a licensed premise where intoxicating liquors are sold or
 28 consumed who refuses to leave upon being requested to leave by the
 29

1 owner, an employee or a peace officer may be taken into protective
2 custody and assisted by a peace officer or a member of the emergency
3 service patrol to his home . licensed public treatment facility, a
4 licensed private treatment facility, or another appropriate health
5 facility. If all of the preceding facilities including the person's
6 home are determined to be unavailable, a person taken into protective
7 custody and assisted under this subsection may be taken to a state or
8 municipal detention facility in the area.

9 (b) A person who appears to be ^{physically} incapacitated by any substance in a
10 public place shall be taken into protective custody by a peace of-
11 ficer or a member of the emergency service patrol and immediately
12 brought to a licensed public treatment facility, a licensed private
13 treatment facility, or another appropriate health facility or service
14 for emergency medical treatment. If no treatment facility or emer-
15 gency medical service is available, ^{physically} person who appears to be in-
16 incapacitated by any substance in a public place shall be taken to a
17 state or municipal detention facility in the area, if that appears
18 necessary for the protection of the person's health or safety.

19 (c) A person who voluntarily appears or is brought to a licensed
20 public or private inpatient treatment facility shall be examined by
21 a licensed physician within 24 hours. After the examination, he
22 may be admitted as a patient or referred to another health facility.
23 The licensed public or private inpatient facility which refers him
24 shall arrange for his transportation.

25 (d) No person who, after medical examination, is found to be ^{physically} in-
26 incapacitated by any substance at the time of his admission or to have
27 ^{physically} become incapacitated at any time after his admission, may be detain-
28 ed at a facility after he is no longer ^{physically} incapacitated by that sub-
29

1 stance. No person may be detained at a facility if he remains ^{phys} ~~is~~
2 incapacitated by any substance for more than 72 hours after admission
3 a patient, unless he is committed under sections 180 or 190 of this
4 chapter. A person may consent to remain in the facility as long as
5 the physician or administrator in charge considers it appropriate.

6 (e) A person who is not admitted to a licensed public or private
7 treatment facility, is not referred to another health facility, and
8 has no funds, may be taken to his home, if any. If he has no home,
9 the licensed public or private treatment facility shall assist him
10 in obtaining shelter.

11 (f) If a patient is admitted to a licensed public or private treat-
12 ment facility, his family or next of kin shall be promptly notified.
13 If an adult patient who is not physically incapacitated requests
14 that there be no notification of next of kin, his request shall be
15 granted.

16 (g) Peace officers or members of the emergency service patrol who
17 comply with this section are acting in the course of their official
18 duty and are not criminally or civilly liable for that compliance.

19 (h) If the examining physician or the administrator in charge of the
20 licensed public or private treatment facility determines it is for
21 the patient's benefit, he shall initiate either an emergency commit-
22 ment procedure under sec. 180 of this chapter or an involuntary com-
23 mitment proceeding under sec. 190 of this chapter, whichever is ap-
24 propriate in his professional judgment.

25 *sec. 19. AS 47.37.180 is amended to read:

26 Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An
27 intoxicated person who has threatened, attempted to inflict, or in-
28 flicted physical harm on another may be charged under an appropriate
29 criminal statute, taken into custody, and transported to a state or

1 municipal detention facility. A person who is physically incapacitated
2 by any substance may be committed to a licensed public or private sub-
3 stance abuse treatment facility for emergency treatment. A refusal to
4 undergo treatment does not constitute evidence of lack of judgment as
5 to the need for treatment.

6 (b) The certifying physician, spouse, guardian, or relative of the
7 person to be committed, or any other responsible person, may make a
8 written application for commitment under this section, directed to
9 the administrator of the licensed public or private substance abuse
10 treatment facility. The application shall state facts to support the
11 need for emergency treatment and be accompanied by a physician's cer-
12 tificate supporting the need for emergency treatment and stating that
13 the physician has examined the person sought to be committed within
14 two days before the certificate's date.

15 (c) Upon approval of the application by the administrator in charge
16 of the facility, the person may be brought to the facility by a peace
17 officer, a health officer, a member of the emergency service patrol,
18 the applicant for commitment, the patient's spouse, the patient's
19 guardian, or any other interested person. The person shall be ret-
20 ained at the facility to which he was admitted, or transferred to
21 another appropriate public or private treatment facility, until dis-
22 charged under (e) of this section.

23 (d) The administrator in charge of a licensed public or private treat-
24 ment facility may refuse an application if in his opinion the appli-
25 cation and certificate fail to sustain the grounds for commitment.

26 (e) When, on the advice of his medical staff, the administrator de-
27 termines that the grounds for commitment no longer exist, he shall
28 discharge a person committed under this section. No person committed
29 under this section may be detained in a treatment facility for more

1 than five days. If a petition for involuntary commitment under
2 190 of this chapter has been filed within the five days and the admin-
3 istrator in charge of a licensed public or private treatment facility
4 finds that grounds for emergency commitment still exist, he may de-
5 tain the person until the petition has been heard and determined, but
6 no longer than 10 days after filing the petition.

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

12 *Sec. 20. AS 47.37.190 is amended to read:

13 Sec. AS 47.37.190. INVOLUNTARY DETENTION AND COMMITMENT. (a)
14 After a hearing initiated by petition of his spouse or guardian,
15 a relative, the certifying physician, or the administrator in charge
16 of a licensed public or private treatment facility, a person may be
17 committed to the custody of an appropriate licensed private or public
18 substance abuse treatment agency by the superior court. The petition
19 shall allege that the person is a substance abuser who habitually
20 lacks self-control in using a particular substance or combination of
21 substances, that unless committed is likely to inflict physical harm
22 on himself or another or is physically incapacitated by a substance
23 or combination of substances. A refusal to undergo treatment does
24 not constitute evidence of lack of judgment as to need for treatment.
25 The petition shall be accompanied by a certificate of a licensed phy-
26 sician who has examined the person within two days before submission
27 of the petition, unless the person whose commitment is sought has re-
28 fused to submit to a medical examination, in which case the fact of
29 refusal shall be alleged in the petition. The certificate shall

1 set out the physician's findings in support of the allegations of
2 the petition.

3 (b) After the petition is filed, the court shall fix a date for a
4 hearing no later than 10 days after the date the petition was filed.
5 A copy of the petition and of the notice of the hearing, including
6 the date fixed by the court, shall be served on (1) the petitioner;
7 (2) the person whose commitment is sought; (3) the next of kin of the
8 person whose commitment is sought; (4) the administrator in charge of
9 the licensed public or private treatment facility in which the com-
10 mitted person has been committed for emergency care, and any other
11 person the court deems appropriate. A copy of the petition and cer-
12 tificate shall be delivered to each person notified.

13 *Sec. 21. AS 47.37.200 is amended to read:
14

15 Sec. AS 47.37.200. DEPORTION AND COMMITMENT PROCEDURE

16 (a) At the hearing required under sec. 190(b) of this chapter, the
17 court or the jury, if requested under sec. 190(c) of this chapter,
18 shall hear all relevant testimony, including, if possible, the testi-
19 mony of at least one licensed physician who has examined the person
20 whose commitment is sought. The person whose commitment is sought
21 shall be present unless the court believes that his presence is li-
22 kely to be injurious to him, in which case the court shall appoint
23 a guardian ad litem to represent him throughout the proceeding. The
24 court may examine the person in open court, or if advisable, examine
25 him out of court. If the person has refused to be examined by a lic-
26 enced physician, he shall be given the opportunity to request ex-
27 amination by a court-appointed licensed physician. If he fails to
28 request a medical examination and there is sufficient evidence to
29 believe that the allegations of the petition are true, or if the court

1 believes that more medical evidence is necessary, the court may
2 a temporary order committing him to a licensed public or private
3 treatment facility in which he is being held under sec. 170 of this
4 chapter for a period of not more than five days for purposes of a
5 diagnostic examination.

6 (b) If after hearing all relevant evidence, including the results of
7 any diagnostic examination by the licensed public or private treat-
8 ment facility, the court or the jury finds that grounds for involun-
9 tary commitment have been clearly established, the court shall issue
10 an order of commitment to the licensed facility. No court may order
11 the commitment of a person except to a licensed public or private
12 treatment facility which is able to provide adequate and appropriate
13 treatment for him.

14 (c) A person committed under secs. 190 - 200 of this chapter shall re-
15 main in the custody of the licensed facility for treatment for a
16 period of up to 30 days. At the end of the 30-day period, he shall be
17 discharged automatically unless the facility administrator or phys-
18 ician, before the expiration of the period, obtains a court order for
19 his recommitment upon the grounds set out in sec. 190(a) of this chap-
20 ter for a further period of up to 90 days. If a person has been com-
21 mitted because he is a substance abuser likely to inflict physical
22 harm on himself or another, the facility administrator or physician
23 shall apply for recommitment if after examination it is determined
24 that the likelihood still exists.

25 (d) A person recommitted under (c) of this section who has not been
26 discharged by the facility before the end of the 90-day period shall
27 be discharged at the expiration of that period unless the facility
28 administrator or physician, before expiration of the period, obtains
29 a court order on the grounds set out in sec. 190(a) of this chapter

1 for recommitment for a further period not to exceed 90 days. If
2 a person has been committed because he is a substance abuser likely
3 to inflict physical harm on himself or another, the facility admin-
4 istrator or physician shall apply for recommitment if after examination
5 it is determined that the likelihood still exists. No more than two
6 recommitment orders may be permitted under (c) and (d) of this section.
7

8 (e) Upon the filing of a petition for recommitment under
9 (c) or (d) of this section, the court shall fix a date for hearing
10 no later than 10 days after the date the petition was filed. A copy
11 of the petition and of the notice of hearing, including the date fixed
12 by the court, shall be served on (1) the petitioner; (2) the person
13 whose commitment is sought; (3) the next of kin of the person whose
14 commitment is sought; (4) the original petitioner under Sec. 190(a)
15 of this chapter, if different from the petitioner for recommitment;
16 (5) any other person the court considers appropriate. Section 180(c)
17 of this chapter applies to hearings for recommitment under this
18 section. At the hearing the court or the jury shall proceed
19 as provided in (a) of this section.

20 (f) The licensed public or private treatment facility shall provide
21 adequate and appropriate treatment for a person in its custody. The
22 licensed facility may transfer a person in its custody to another
23 licensed facility if the transfer is medically advisable.
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1 (g) A person committed to the custody of a licensed public or pri-
2 vate treatment facility for treatment shall, if he is a substance
3 abuser committed on the grounds that he is likely to inflict phy-
4 sical harm on himself or another, be discharged at any time before
5 the end of the period for which he has been committed if either of
6 the following conditions is met:

7 (1) he no longer demonstrates the likelihood that he will
8 inflict physical harm on himself or another; or

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

10 *Sec. 22 AS 47.37.210 is amended to read:

11 Sec. 47.37.210. RECORDS OF SUBSTANCE ABUSERS

12 (a) The registration and other records of treatment facilities shall
13 remain confidential and are privileged to the patient as per existing
14 federal and state regulations regarding confidentiality of client
15 records.

16 (b) Notwithstanding (a) of this section, the coordinator may make
17 available information from patient's records for purposes of research
18 into the cause and treatment of substance abuse. No unique client
19 identifying information shall be disclosed.

20 *Sec. 23 AS 47.37.220 is amended to read:

21 Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS

22 (a) Patients in any licensed treatment facility under this chapter
23 shall be granted reasonable opportunities for adequate consultation
24 with counsel, and for continuing contact with family and friends
25 including the use of telephone facilities, consistent with an ef-
26 fective treatment program.

27 (b) No mail or other communication to or from a patient in a licensed
28 treatment facility may be intercepted, read, or censored.

29 *Sec. 24 AS 47.37.230 is amended to read:

1 Sec. 47.37.230. ESTABLISHMENT OF EMERGENCY SERVICE PATROL

2 (a) The office shall facilitate and cities and boroughs may establish
3 emergency service patrols. An emergency service patrol consists of
4 persons trained to give assistance in public places to persons who
5 are intoxicated. Members of an emergency service patrol shall be
6 capable of providing first aid in emergency situations and shall be
7 capable of transporting intoxicated persons to their homes and to
8 and from public and private treatment facilities.

9 (b) The department, with the review and recommendation of the inter-
10 departmental coordinating committee, shall promulgate regulations
11 for the establishment, training, and conduct of emergency service
12 patrols.

13 *Sec. 25 AS 47.37.240 is amended to read:

14 Sec. 47.37.240. PATIENT FOR TREATMENT. (a) A patient in a
15 licensed treatment facility, or the person obligated to provide for
16 the cost of treatment of a person committed under this chapter, is
17 liable to the licensed treatment facility which provided the treat-
18 ment for the cost of maintenance and treatment of the patient in ac-
19 cordance with rates established by the treatment facility.

20 (b) The office shall promulgate regulations governing financial ab-
21 ility that take into consideration the income, savings and other
22 personal and real property of the person liable for the cost and
23 maintenance of the patient.
24

25 *Sec. 26 AS 47.37.250 is amended to read:

26 Sec. 47.37.250. NONAPPLICABILITY. (a) Nothing in the chap-
27 ter affects a statute, ordinance, or regulation relating to (1)
28 driving under the influence of any intoxicating substance, or other
29

1 similar offenses involving any substance and the operation of a
 2 . vehicle, aircraft, boat, machinery, or other equipment, (2) the
 3 . sale, purchase, dispensation, possession, or use of alcoholic bev-
 4 erages at specified times and places or by a particular class of
 5 persons, including prohibitions against drinking intoxicating
 6 beverages in specified public places, or (3) being on the traveled
 7 portion of a highway so as to be a hazard to the motoring public.

8 (b) Nothing in this chapter affects AS 11.70.030 relating to the
 9 defense of voluntary intoxication.

10 *Sec. 27 AS 47.37.270 is amended to read:

11 Sec. 47.37.270. DEFINITIONS. In this chapter

12 (1) "licensed private treatment facility" means a private agency
 13 which does not receive grants-in-aid from this office, but meets
 14 the limited standards prescribed in sec. 140(a) of this chapter
 15 for private facilities licensed under sec. 130(f) of this chapter;

16 (2) "licensed public treatment facility" means a treatment agency
 17 providing treatment under this chapter through a grant from or
 18 contract with the office, meeting all of the standards prescribed
 19 in sec. 140(a) of this chapter, and licensed under sec. 130(f) of
 20 this chapter;

21 (3) "commissioner" means the commissioner of health and social
 22

1 services.

2 (4) "coordinator" means the coordinator of the office of substance
3 abuse;

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

5 (6) "emergency service patrol" means a patrol established under sec.
6 230 of this chapter;

7 (7) "physically incapacitated" means a person who is unconscious or
8 has his judgment otherwise so impaired that he is incapable of real-
9 izing and making a rational decision with respect to his need for
10 treatment, as evidenced objectively by extreme physical debilitation, or
11 physical harm or threats of harm to others;

12 (8) "incompetent person" means a person who has been adjudged incom-
13 petent by the appropriate court;

14 (9) "intoxicated person" means a person whose mental or physical func-
15 tioning is substantially impaired as a result of the use of any sub-
16 stance;

17 (10) "office" means the office of substance abuse within the Depart-
18 ment of Health and Social Services;

19 (11) "treatment" means the broad range of emergency, outpatient, in-
20 termediate, and inpatient services and care which may be extended to
21 substance abusers and intoxicated persons, including diagnostic eval-
22 uation, medical, psychiatric, psychological, and social service care,
23 vocational rehabilitation, and career counseling;

24 (12) "substance abuser" means a person addicted to or misusing any
25licit or illicit drug(s), such as central nervous system depressants,
26 sedative hypnotics, anti-depressants, tranquilizers, stimulants, hal-
27 lucinogens, etc.

28 (13) "troubled employees" means workers whose performance has been
29