

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10257 HOUSE JUDICIARY

102

Treatment follow-up survey

1994-98 study by New Standards; 1,024 residential and 510 outpatient

<u>Residential treatment</u>	<u>Year prior</u>	<u>Year after</u>
Intoxicated at work	50%	7%
Hospitalized	36%	15%
Criminal arrests	34%	9%
Motor vehicle accidents	20%	9%

<u>Outpatient treatment</u>	<u>Year prior</u>	<u>Year after</u>
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People who have the financial resources to pay the full cost of treatment often have higher success rates in treatment.

This does not happen because they buy better treatment. Privately funded treatment is no better than publicly funded treatment for the same patient populations.

It happens because their disease is in its early stages, and has not progressed to the point where they have lost their jobs.

- ❖ Not a single state employee of the State of Alaska provides alcohol treatment -- the treatment system is entirely privatized.
- ❖ In Alaska, 75% of patients receive treatment services paid for through grant in aid programs to public and private nonprofits: faith-based groups, Native health care organizations, and others. The remaining 25% of patients receive treatment provided by private for-profit organizations.

The State pays less than half the treatment costs in programs that receive public funds.

Other funding sources include:

- ❖ Faith-based organizations
- ❖ Grants from foundations, the Indian Health Service, or the federal government
- ❖ Municipalities (has decreased significantly in recent years due to downturn in revenue-sharing)
- ❖ Private health insurance (those who have insurance generally opt to use private for-profit providers)
- ❖ Individuals paying their own costs
- ❖ Permanent Fund distributions (treatment services are last on the list for collection)
- ❖ Medicaid (most clients who receive treatment in publicly funded facilities are not eligible for Medicaid)

- ❖ All publicly funded programs are required to provide services on a sliding fee scale. Cost is based on the individual's ability to pay. The more you earn, the more you pay.
- ❖ Of those who receive treatment through publicly funded programs, 70% report income below \$10,000 a year. Of the other 30%, half had a family income of less than \$20,000 per year.

The State currently spends \$1,854 for each person treated using public funds (this does not include the Alcohol Safety Action Program, ASAP).

Typical cost of service, by type:

- ❖ Residential programs: \$71 - \$345 per day
- ❖ Detox programs: \$71 - \$345 per day
- ❖ Outpatient programs (per individual session):
\$55 - \$100
- ❖ Outpatient programs (per group session):
\$45 - \$72 per hour

How can we improve treatment outcomes?

1. Develop more capacity so the system can provide timely service
2. Provide more specialized treatment to women, youth, and patients with co-occurring disorders (such as mental illness)
3. Stabilize, restore, and extend the Alcohol Safety Action Program (ASAP)

1. Increase capacity.

As of January 2001, this is the number of beds available through programs that receive state grant funds:

- ❖ 32 beds for youth (18.2 are funded by the State)
- ❖ 81 beds solely for women or women and children (56 are funded by the State)
- ❖ 376 beds for adults, adult males, or adults with families (218 are funded by the State)

Public Funded Facility

treatment
dual diagnosis

Available Beds in ADA Grantee Programs 1/01															
Program	Location	Type	total beds	SOURCE OF FUNDS							Bed Designation				
				ADA	BRU	DOC	IHS	Other Fed	Private	mix	Tx	detox	dd	children	
Ernie Turner Cntr.	Anchorage	adult	32	8			4			20		32			
Clitheroe	Anchorage	adult	53	42		11						27	14*	12	
ARC	Anchorage	adult	6	6										6	
Akeela	Anchorage	adult	31	25		6									
Nugens Ranch	Wasilla	adult	40	40								23	4	13	
PATC	Bethel	adult	16		16							16			
Gateway	Ketchikan	adult	10	7							3	9		1	
SPATS Aurora's Watch	Sitka	adult male	9	9								9			
Jakes Place	Dillingham	adult	16	16								12	4		
NSB	Barrow	adult	19		19							14	5		
Manilaq	Kotzebue	adult	22		21	1						19	2		
Safe Harbor	Kodiak	adult	15	14		1						15			
JRU	Juneau	adult	16	16								12	4		
Gastineau Human Services	Juneau	adult	36	7**		2								5	
Old Minto TCC	Minto	adult/family	12		12							varies with mix of families			
Ralph Perdue FNA	Fairbanks	adult	33	27		6						13	10	10	
New Hope Dom. FNA	Fairbanks	adult chronic	10	8								10			
			376	218											
SPATS Haven House	Sitka	women	4	4								4			
WCCIH FNA	Fairbanks	women/children	16	16								16		31	
Reflections Clitheroe	Anchorage	women/children	12	12								12		varies	
AWRC Sage	Anchorage	women/children	8	8								8		varies	
AWRC New Dawn	Anchorage	women/children	10	10								10		varies	
AWRC Stepping Stones	Anchorage	women/children	15						15 thru state			15		45	
Dena A Coy	Anchorage	womenchildren	16	6			10					16		varies	
			81	56											
Raven's Way SEARHC	Sitka	youth	10	1.66			8.34					10			
Graf TCC/FNA	Fairbanks	youth	6	0.5			5.5					6			
ARCH VOA	Anchorage	youth	16	16								16			
			32	18.2											
** not sure how many beds ADA supports at GHS												*includes 4 enhanced detox			

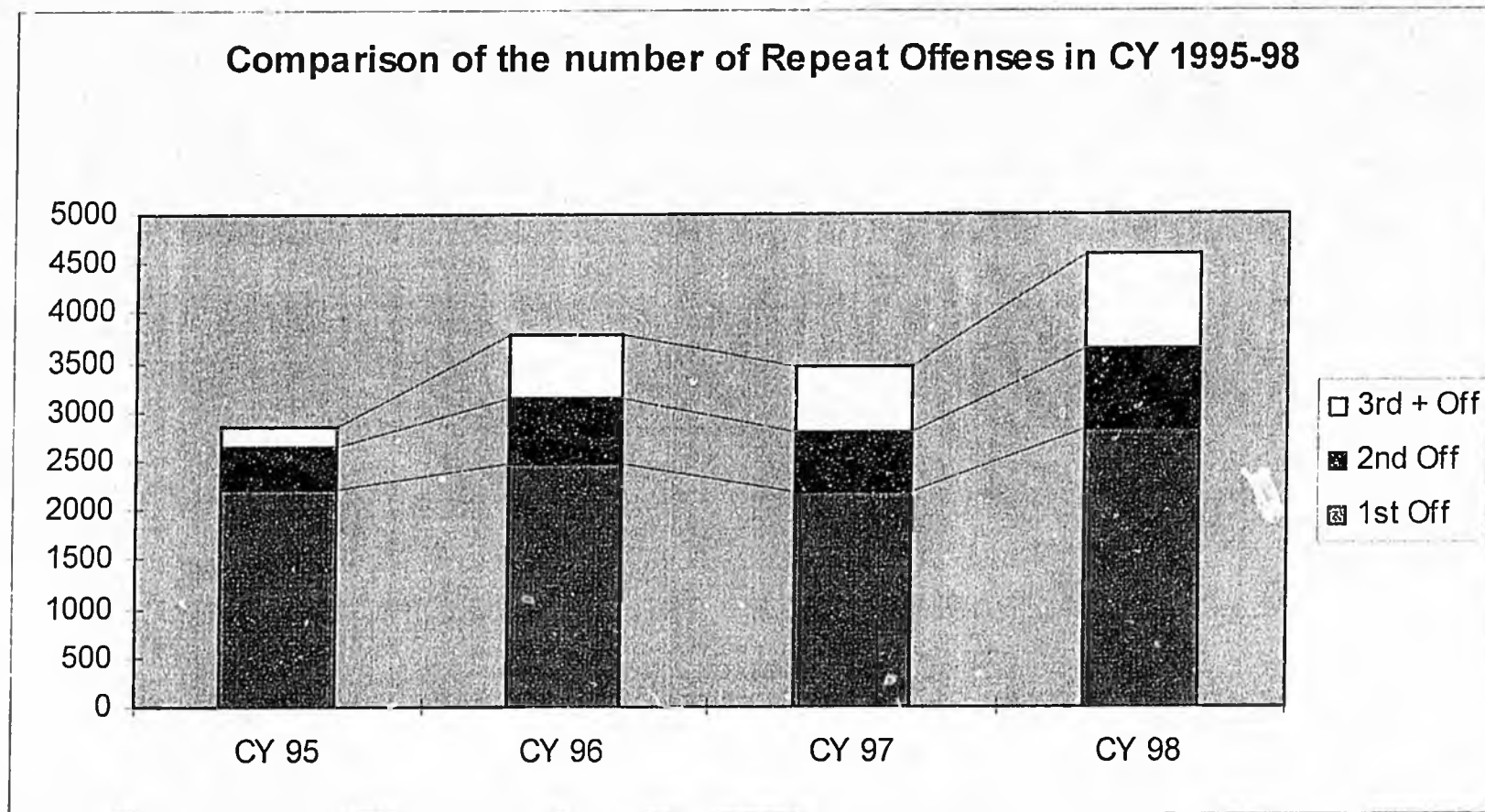
The number of people on the waiting list is higher than our capacity to serve.

- ❖ Statewide, 223 people are currently on the waiting list to receive inpatient treatment.
- ❖ 81 people are waitlisted for outpatient treatment.

2. Provide more specialized treatment

A 1998 Gallup poll of Alaska households revealed that 2 in every 5 Alaskans who wanted alcohol treatment but had not received it in the past year were women of childbearing age. These women are at risk of giving birth to a child with fetal alcohol syndrome (FAS).

Minor consuming/possessing violations



- ❖ There is a three to six month waiting list for youth residential treatment.
- ❖ Publicly funded youth residential treatment programs are available in Anchorage, Fairbanks, and Sitka only. Outpatient treatment for youth is only available in Wasilla, Anchorage, Juneau and Fairbanks.

*Funded by
Indian Health
Service*

3. Stabilize, restore, and extend Alcohol Safety Action Programs (ASAP).

- ❖ The state's Alcohol Safety Action Program is not a treatment program. ASAP monitors offenders referred by the courts to ensure that they complete required treatment.

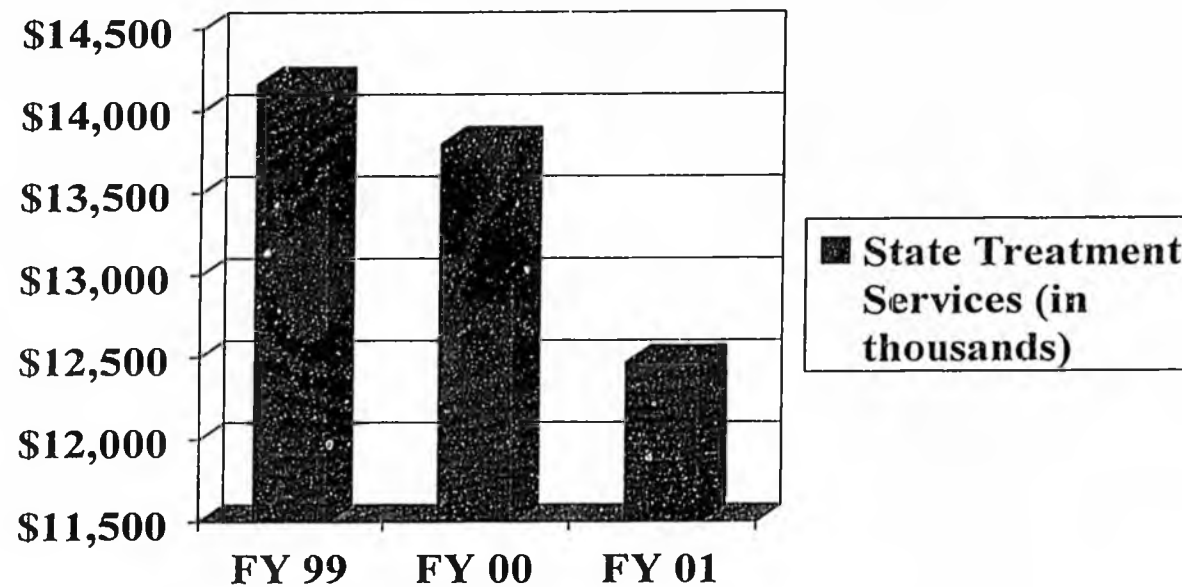
ASAP monitors offenders.

- ❖ A UAA survey found that approximately 75% of the first time DWI offenders assigned to the ASAP office and 52% of the non-DWI offenders did not receive a new criminal/traffic offense within three years of their original ASAP referral.
- ❖ The survey concluded that monitoring the treatment of Alaskans convicted of drunken driving and other drug and alcohol related crimes significantly reduced their tendency to repeat their crime.

ASAP needs resources.

- ❖ ASAP resources have been cut over the past decade. Grantee offices in Barrow, Cordova, Nome, Seward, Sitka, and Valdez have been closed, and monitoring has declined.
- ❖ From 1988 to 1995, ASAP experienced an 87% increase in caseload with a ~~zero~~ increase in funding.
- ❖ Underage drinking is a significant problem, yet ASAP does not serve juveniles.

In the past three fiscal years, funding for treatment (not including prevention) has dropped while need for treatment has increased.



Understanding Alcoholism and the Treatment of Alcoholism -- An Overview

Ernie Turner, Director

Division of Alcoholism
and Drug Abuse

Department of Health
and Social Services



Division of Alcoholism and Drug Abuse

- Prevention, intervention and treatment -- it works!
- What we know -- recent surveys and studies
- Correlation to health, safety, crime and incarceration
- What are we doing? Programs and plans

Alcohol and Drug Abuse In Alaska

Prevention, intervention and treatment -- it works!

Treatment follow-up survey

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* 34% abstained for entire year after treatment

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* 56% abstained for entire year after treatment

Alcohol and Drug Abuse In Alaska

Prevention, intervention and treatment -- it works!

Treatment follow-up survey

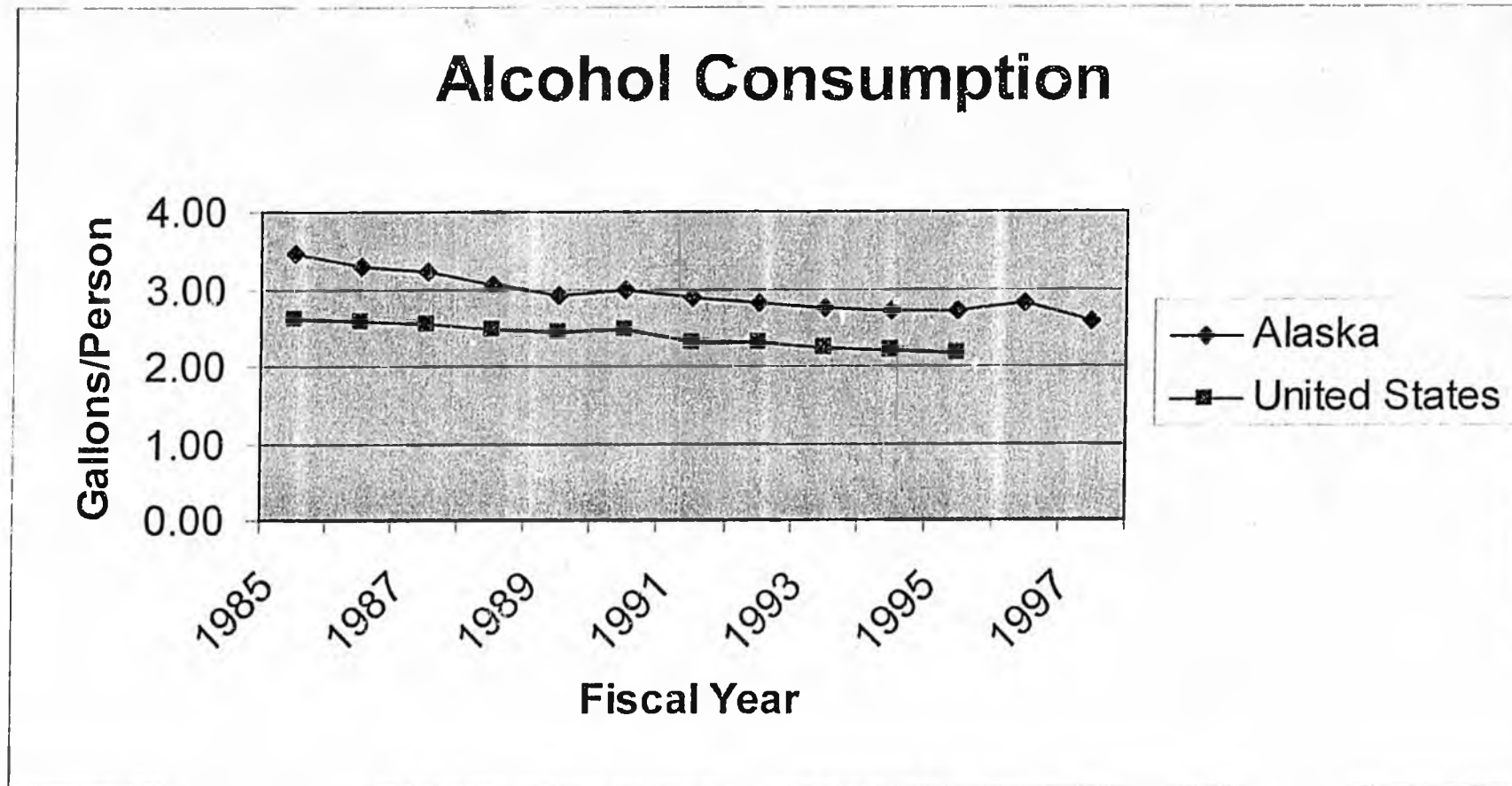
1994-98 study by New Standards; 1,024 residential and 510 outpatient

Aftercare and peer support attendance had major affect on treatment outcome

Attend Aftercare Or Peer Support Full Year	Abstain Full Year	
	Res	Out
None	29%	28%
Some	32%	61%
Full	64%	74%

Alcohol and Drug Abuse In Alaska

Prevention, intervention and treatment -- it works!



*** In 1995 YRBS, about half of Alaska high school students reported consuming alcohol during the previous month**

Alcohol and Drug Abuse In Alaska

Prevention, intervention and treatment -- it works!

Local Option Laws -- Positive Outcomes

Comparison of indicators six months before and six months after 1994 "dry vote" in Barrow:

	<u>Before</u>	<u>After</u>
Drunk driving arrests	73	9
Jailing of public drunks	239	29
Alcohol-related hospital visits	118	19
Alcohol abuse pregnancies	43%	9%

- * Felony assaults declined 86%**
- * Misdemeanor assaults declined 66%**
- * Minors caught consuming declined 80%**
- * Domestic dispute calls declined 27%**

As of 1997, more than 120 communities (totaling more than 40,000 residents) had exercised some form of local option

Alcohol and Drug Abuse In Alaska

What we know -- recent surveys and studies

Gallup Survey -- 1997-98

(Interviewed 8,167 adults -- 18 and over)

Percent with substance abuse disorder

<u>Region</u>	<u>Alcohol</u>	<u>Drugs</u>
Urban	13.5	1.9
Gulf Coast	12.4	1.9
Southeast	15.4	1.9
Bush	15.1	2.9
<u>Ethnicity</u>		
Caucasian	13.9	2.0
Native/American Indian	17.1	2.6
Other	7.3	1.8

Alcohol and Drug Abuse In Alaska

What we know -- recent surveys and studies

<u>Gender</u>	<u>Alcohol</u>	<u>Drugs</u>
Male	18.5	2.9
Female	8.6	1.1
<u>Age</u>		
18-24	14.7	7.3
25-44	16.1	2.0
45-64	11.3	0.2
65+	5.2	0.0
<u>Women of Childbearing age</u>	10.2	1.6
<u>Pregnant women or pregnant in last 18 months</u>	10.0	2.6

Alcohol and Drug Abuse In Alaska

Correlation to health, safety, crime and incarceration

Substance Abuse Need for Treatment among Arrestees

1997; Interviews with 638 arrestees at four sites

Percent of abuse or dependency

	<u>Alcohol</u>	<u>Marijuana</u>	<u>Cocaine</u>
Male	48.3	15.2	14.3
Female	50.3	6.7	31.3
Felony	43.8	15.9	24.0
Misdemeanor	51.5	11.5	15.5
Caucasian	47.9	15.1	24.3
Native/American Indian	61.2	11.0	8.1
Other ethnicity	32.6	11.8	21.5

Alcohol and Drug Abuse In Alaska

Correlation to health, safety, crime and incarceration

SANTA study (cont.)

503 arrestees submitted urine sample

Percent who tested positive for drugs

	<u>Fairbanks</u>	<u>Bethel</u>	<u>6th Ave.</u>	<u>CIPT</u>
Any drug	51.2	47.8	62.9	61.0
Cocaine	15.7	0	36.7	40.3
Marijuana	37.2	47.8	32.8	28.6

Treatment history/needs of those who tested positive for drugs

	<u>Male</u>	<u>Female</u>
Treated in past year	19.6	26.3
Need treatment	32.9	50.0

Alcohol and Drug Abuse In Alaska

Correlation to health, safety, crime and incarceration

Arrestees Drug Abuse Monitor (ADAM)

Ongoing quarterly assessment; Cook Inlet Pretrial Facility

Latest results (Fall 1998) -- 87 males; 26 females

Percent positive for:	Male	Female
Any drug	42.5	57.7
Cocaine	19.5	50.0
Marijuana	33.3	23.3
Multiple drugs	13.8	30.8

*** 46 percent of those arrested for violent offense tested positive**

Alcohol and Drug Abuse In Alaska

Correlation to health, safety, crime and incarceration

Crimes in which alcohol or drugs were a factor, 1997:

<u>Crime</u>	<u>Western Alaska</u>	<u>Statewide</u>
Felony Assault	66%	54%
Misdemeanor Assault	62%	48%
Homicide	100%	50%
Offense against minors	48%	29%
Other deaths	17%	11%
Sexual abuse of a minor	21%	16%
Sexual assault	52%	42%
Weapons	77%	43%

Alcohol and Drug Abuse In Alaska

Correlation to health, safety, crime and incarceration

DFYS case review, 1997

Statewide review involved 478 families, 838 children

- **81 percent of all reports of harm statewide involved substance abuse**

Northern region: 87 percent

Southcentral Region: 81 percent

Southeast Region: 65 percent

Citizen's Foster Care Review Board

- **Alcohol a factor in 90 percent of cases reviewed**

DFYS/ADA assessment project, 1997-98

- **Of the 366 DFYS clients assessed, 325 were referred to treatment.**
- **151 referred to intensive outpatient; 128 to residential**

Alcohol and Drug Abuse In Alaska

Correlation to health, safety, crime and incarceration

National Center on Addiction & Substance Abuse

'No Safe Haven: Children of substance abusing parents' report, 1999

- **Substance abuse causes or exacerbates 7 of 10 cases of child abuse or neglect**
- **Children whose parents use drugs and alcohol are 3 times more likely to be abuse and 4 times more likely to be neglected**
- **Children exposed prenatally to illicit drugs are 2-3 times more likely to be abused or neglected**

Alcohol and Drug Abuse In Alaska

What are we doing? Programs and plans

Other efforts

- **Expanding access to treatment for women and children**
- **Assessment staff stationed at DFYS offices in Anchorage and Fairbanks**
- **Mat-Su pilot project aimed at directing welfare clients into treatment if needed**
- **Worked with the DOC on women's services at Hiland Mountain**
- **Developed, with DOC, DFYS, and local providers a project called LINKS - working with women who have children and are being released from Hiland Mountain**
- **Fairbanks and Bethel communities have worked within their own communities to address the issues of chronic alcoholics**

Alcohol and Drug Abuse In Alaska

What are we doing? Programs and plans

Other efforts

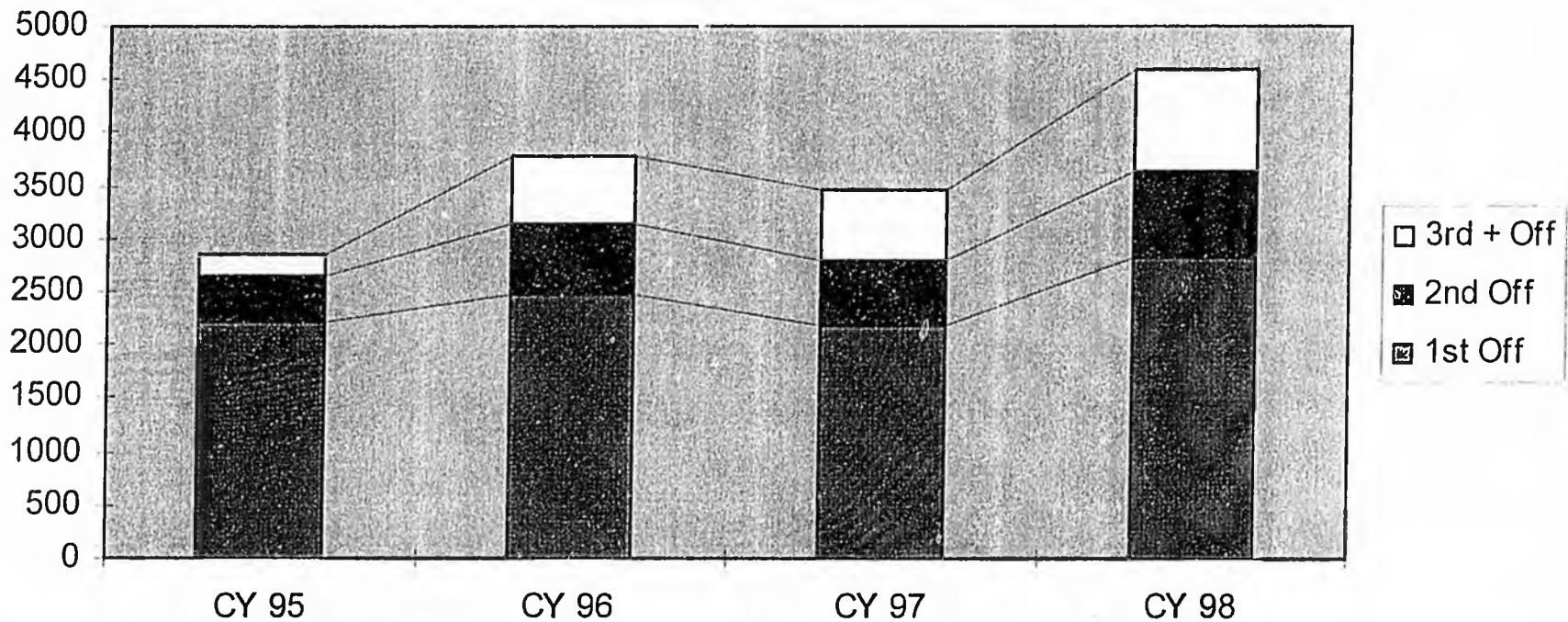
- **Applied for and were awarded a three year prevention grant from the SAMHSA.**
- **This three-year grant will provide Alaska \$9 million in federal funds.**
- **Increased our work with the ABC Board**
- **Local option law manual completed**

Alcohol and Drug Abuse In Alaska

Correlation to health, safety, crime and incarceration

Minor consuming/possessing violations

Comparison of the number of Repeat Offenses in CY 1995, 1996, 1997, 1998



Division of Alcoholism and Drug Abuse

FY 00 Budget Increments

FY 2000 Budget/Tobacco Settlement

- **\$850,000 for increased services to women and children**
- **\$450,000 for increased rural services**
- **\$485,000 for increased FAS/FAE prevention and treatment efforts**

Division of Alcoholism and Drug Abuse

Advisory Board's Plan

Results Within Our Reach

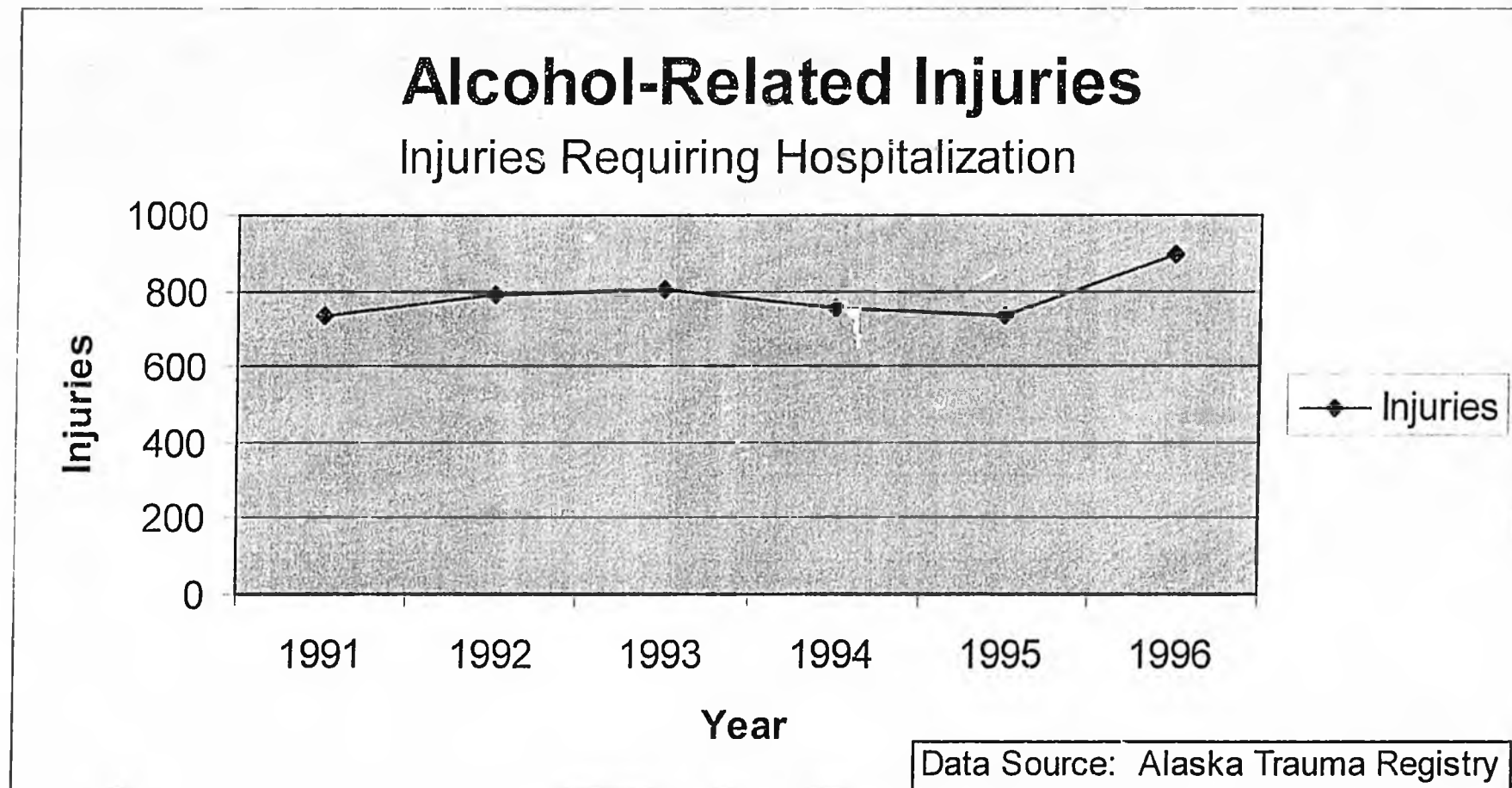
State plan for Alcohol and Drug Abuse Services -- 1999-2003

Six Indicators:

- **Per capita consumption**
- **DUI convictions**
- **Criminal convictions on alcohol- or drug-related charges**
- **Alcohol-related injuries requiring hospitalization**
- **Number of 12-hour protective custody holds**
- **Binge/Chronic drinking rates among adults**

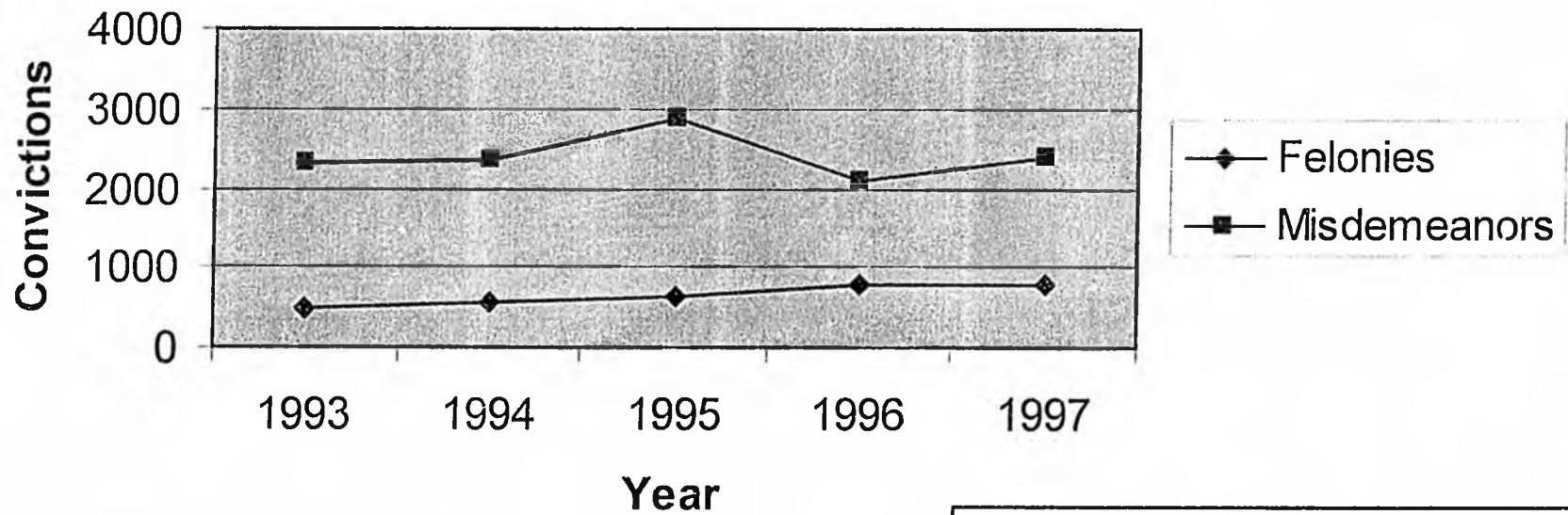
18 separate strategies for addressing problems, each with its own set of performance measures

Advisory Board Indicators



Advisory Board Indicators

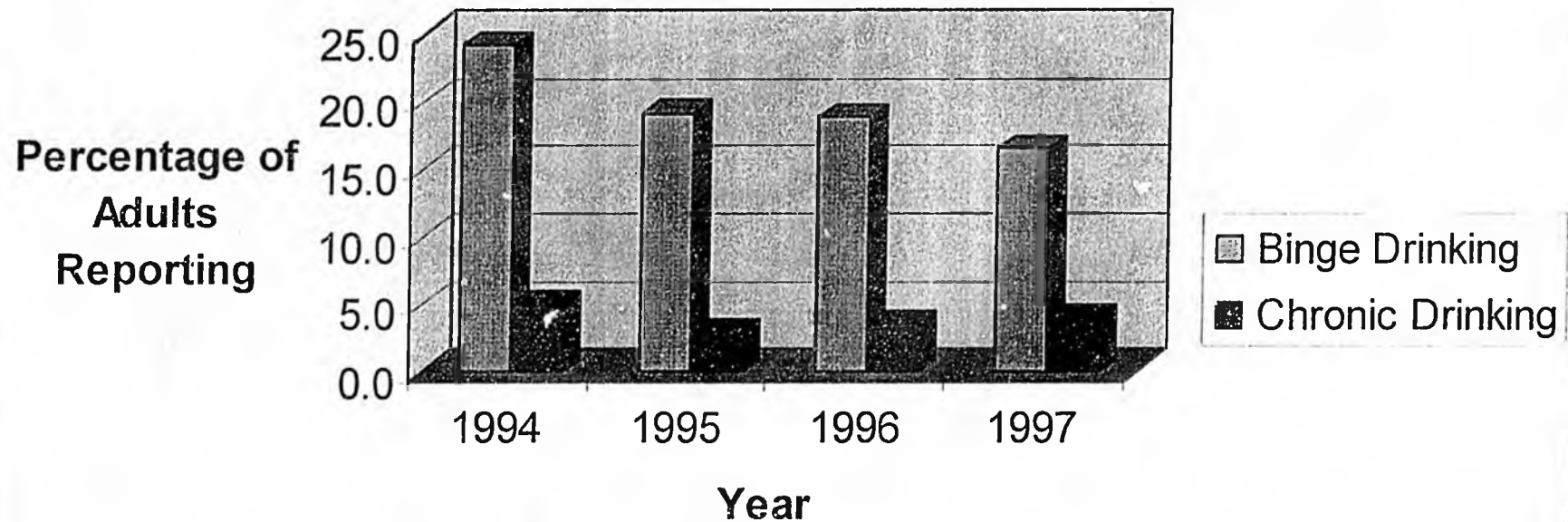
Convictions for Drug and Alcohol Offenses



Data Source: Alaska Court System

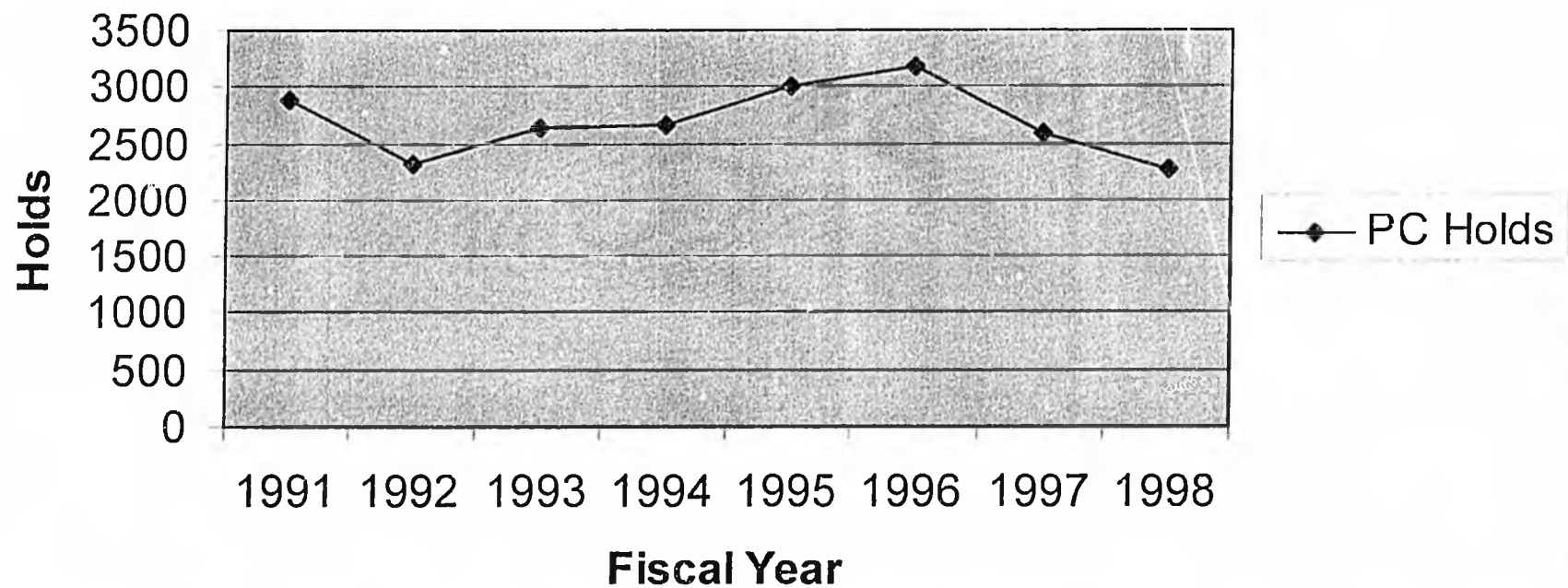
Advisory Board Indicators

Rate of Binge/Chronic Drinking Among Adults



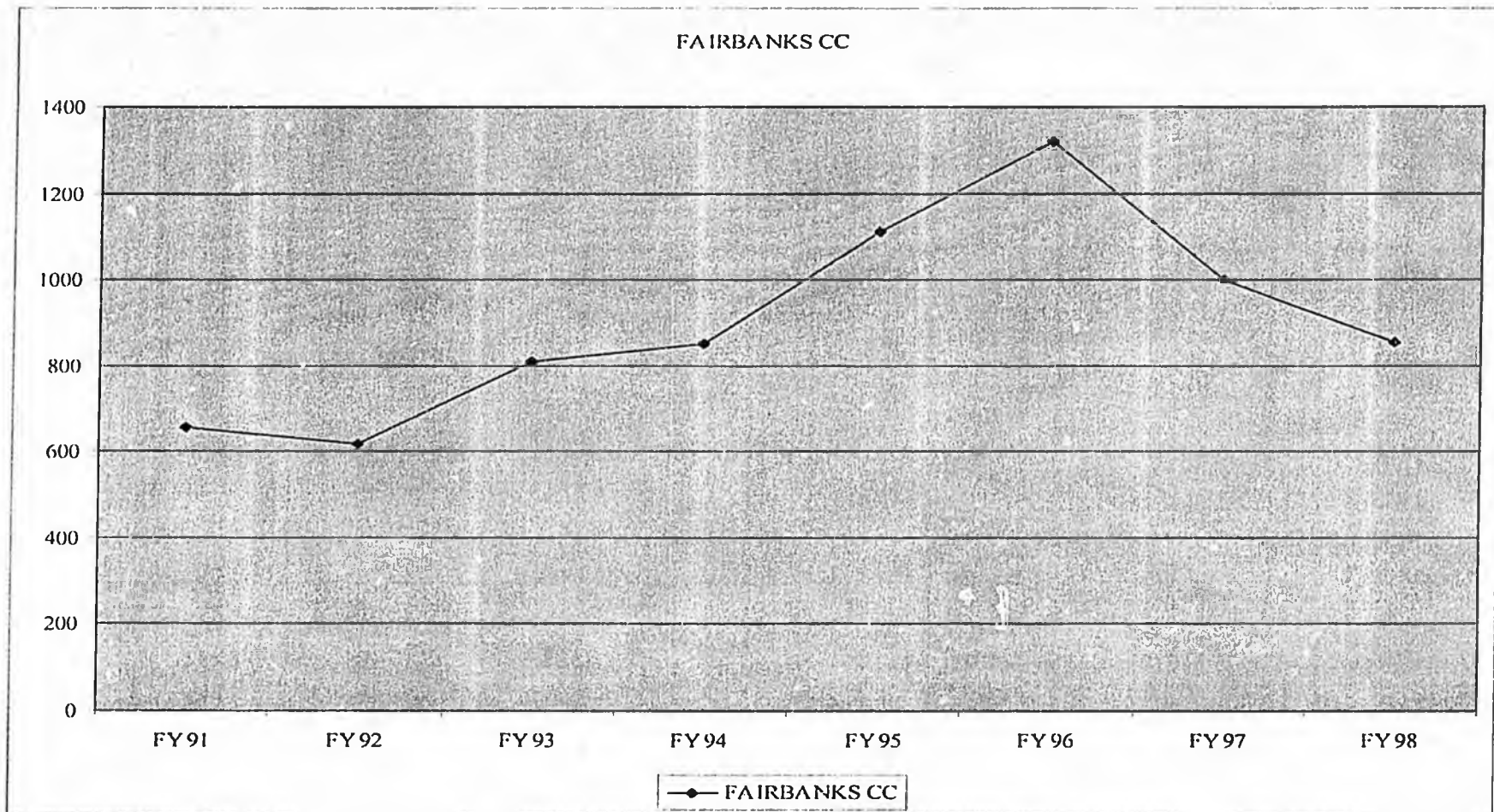
Advisory Board Indicators

Title 47 Protective Custody Holds



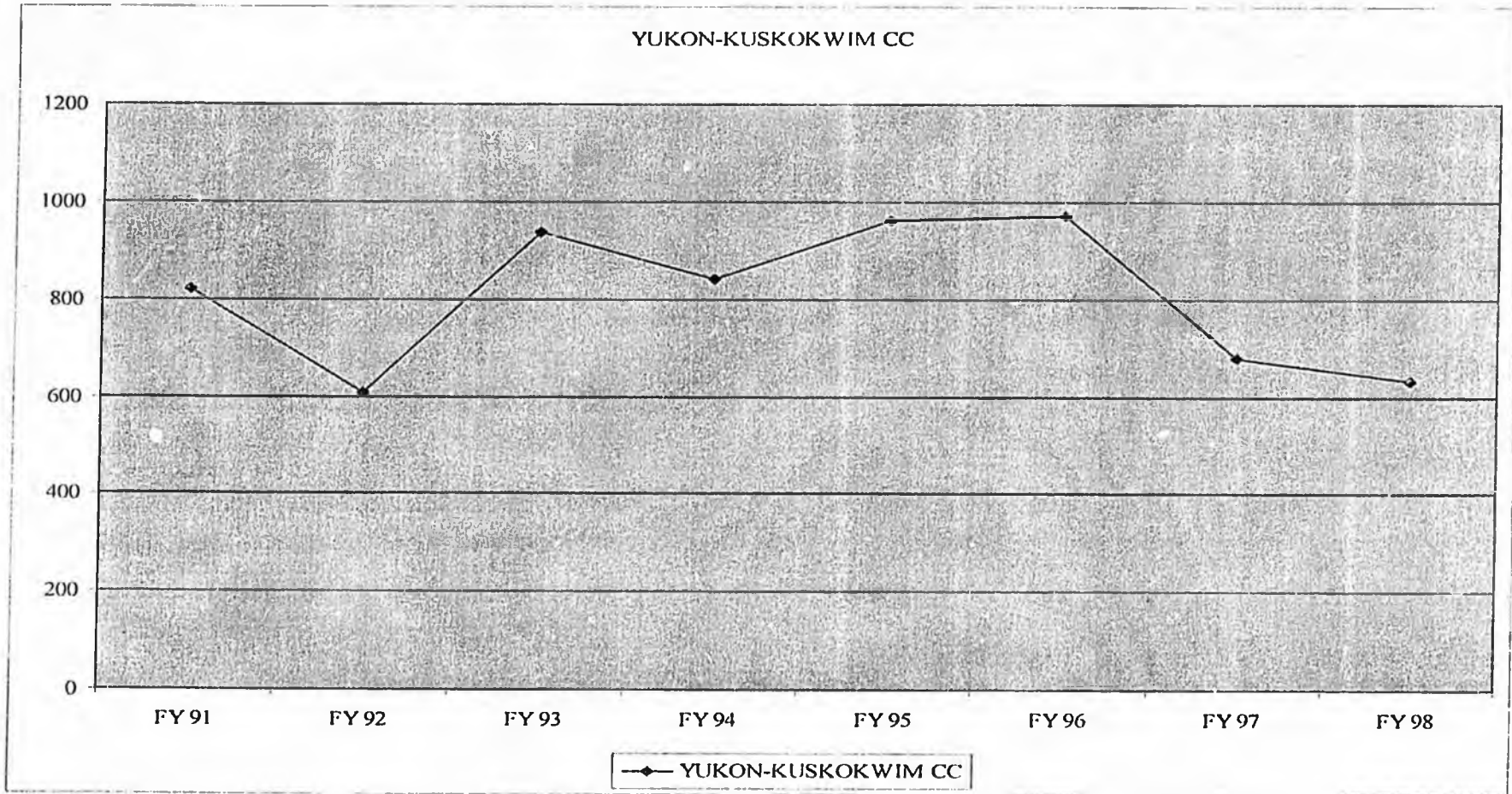
Advisory Board Indicators

A further Look - Fairbanks



Advisory Board Indicators

A further Look - Bethel



Hello. My name is Odis, and I am a resident of Anchorage. I am here today on behalf of meeting the Challenge, to tell you my story of addiction and recovery and ask that you support policies which promote sobriety. Alcoholism and other drugs dependence affects nearly 60,000 Alaskans.

I would like to share some of my story with you. I have spent 23 of the last 25 years addicted and in prison. I have been in recovery for the last 4 ½ years. I have been out of prison since December 26, 1998.

I am not proud of the fact that I spent 23 years of my life in corrections, but on the other hand I am grateful because a lot of people with my disease end up dead or mentally ill or both.

When I was arrested in 1974, I did not know it at the time, but I was an addict.

It would take me 23 years to ask for help. And it would take another 4 ½ years to get the help I needed to become a productive member of society, with a chance to give something back to society and the state of Alaska.

I believe that I was institutionalized, because I stayed in prison all the time. In 1995, after 15 months in Cook Inlet Pretrial, a probation officer called me to his office. He told me that he had been looking at my file. He told me I had one of the best institution records he had seen because in 23 years in prison I had been in trouble 3 times. Two were fights and one was a dirty UA for weed. He asked me how come I couldn't do that well on the outside of prison. I told him I was institutionalized. He asked me if I thought I had a drinking and drug problem. I said no. I don't drink or use every day. He then told me I had 7 DWIs and 47 convictions, and every time I was arrested I had been sloppy drunk. If I went to a treatment center and completed it I could get my sentence reduced to time served. I said no, I'd do the time. So I did another 9 months and was released.

Six days later I was re-arrested and looking at 5 to 7 years when I came to my senses. And with my record I knew the judge was going to throw the book at me. That night my wife brought my daughter to see me. The first question she asked me was "what had she done for me not to want to be with her?" She was 10 years old and the longest time I had spent with her was 60 days. I told her that it wasn't her; it was her father who had a problem.

That night I thought about suicide all night. Here I was, 40 years old and getting ready to go back to prison for a long time. My daughter would be 18 years old before I could be with her again. I had failed as a father, a grandfather and a husband. I was losing everything that meant anything to me. I decided that death would feel better than the pain and hurt I was feeling. Oh God how I hurt. I decided to work in the kitchen. I knew they would hire me because I wasn't a management problem, and I was a good cook. Then I would have access to the knives so I could end this miserable life I was living.

By the grace of God, I was not hired for the first time in 23 years. I went to church that night and heard the pastor say, "God is in the business of another chance. He doesn't

stop with a second chance." When I went back to my cell, I fell on my knees and asked God for another chance. I would do whatever it takes for a chance to start my life over. I wanted to be a husband, a father, a son, and a grandfather. I was tired of someone else telling me when to eat, sleep, shit and shower. I cried day and night for weeks.

Then one night God told me to get off the pity pot and lose the pride and ask for help. I put in a request to see the P.O. He called me to his office the first thing out of his mouth was; "Are you ready?" and I said, "Yes, I will do anything you suggest." "Why the change, Odis?" he asked. "I know I have a drinking and drug problem and I don't know what to do. I can't stop drinking or using. I need help." So I went to residential treatment.

I would like to pass the blessing on to all the addicts that are still walking the walk of death and destruction.

That is how I feel about addiction. It is a monster, and if left untreated it will cause death, devastation and destruction in every community throughout the State of Alaska. That is why I am here this week, to ask for help for the addicts still suffering. There is no cure for addiction, but there is a solution: free treatment.

Addicts need access to treatment 24 hours a day, 7 days a week. Not every 6 weeks. A lot can go wrong in the waiting period before receiving treatment that could cause harm to the addicts and society.

Problem: Not everyone has access to the treatment. Because it costs, and most people can't afford to pay the cost. Most beds are saved for corrections because they can pay.

So I am asking everyone here to work with the legislators, providers and state agencies to be a catalyst for change to help our communities to deal with addicts still suffering. It can be done, I am living proof of a system that worked after I found the right people to assist me with my various needs through recovery, financial responsibilities, job training, and changes in my attitude. I have a wonderful daughter and family, I have an apartment, I have a means of transportation, and am gainfully employed with the Alaska Mental Health Trust Authority. I am off welfare and currently working to own my own home and I am not wanted by the police and not on probation or parole. I go to church on Sunday, I volunteer for school activities and I am going to get a degree. My current hobbies have helped with the change and you ought to see my dahlias and fuchsias. This is the Odis Adams success story.

I need to thank Department of Corrections, Department of Health and Social Services, Department of Labor, Department of Revenue, the Alaska Court System and the Alaska Mental Health Trust Authority for believing in me and providing this opportunity to come talk to you. Thanks for your time and efforts and funding treatment and services for people like me.

We need a residential treatment center that address the need of Addicts that are not In jail or API, the ones that has been release without treating and need treatment However cannot afford it. As it stands now to get treatment, I have to go to jail, and get on, a waiting list and hope I get treatment before I am release. If I did not get treatment. I would go back to my old life style, which kept putting me in jail and costing taxpayers.

Many addicts do this until something better comes along like help. If we give the addicts out of jail as much help as we give the addicts in jail we could reduce the crime rate a lot, which would save the state; Millions of dollars all the way around.

In addition, we need treatment criteria that offer complete help. It would address the needs of the addict in other area of their life that needed to be dealt with so that the transition from using to recovering could be completed.

Treatment would be at least 12 months in order to be affective Aftercare would be 12 months; at which time the client would receive transitional housing. In addition, some assistance with food stamps, bus passes and some medical coverage so the client will have help in, paying for prescriptions and doctor visits.

The client would also receive financial advice & help in setting up a reasonable payment plans dealing with C.S.E.D court fines And restitution from consumer credit counseling of Alaska.

Receiving the same help, that welfare client receives at jobs services including Counseling, testing, resume writing, on the job training and computer classes plus job, placement. Would be a tremendous boost to the client recovery after the client, completed after care.

DOC Inmate Substance Abuse Treatment (ISAT) Program
Frequently Asked Questions

1. Why is it important to have substance abuse programming in pretrial or short-term facilities?

People are often in crisis after they have recently been booked. Even if they are soon to be released, there is an opportunity for intervention. For example, if a female offender is pregnant and has been drinking and/or injecting drugs, she may be referred to a treatment program or other support services to protect her health and the well being of her unborn child. Also, in pre-trial facilities inmates may be ready to learn about their high-risk behaviors, which is extremely important if they are soon to return to the streets.

2. Why is it important to have substance abuse programming in sentenced or long-term facilities?

Inmates in sentenced facilities have the opportunity to become involved in in-depth substance abuse treatment. It is important for the community's protection for the inmate to be in recovery from addiction *before* he is released.

3. If the inmate is serving a lengthy sentence why is treatment still necessary?

Inmates serving lengthy sentences can be more productive in the institution if they are not engaged in drug seeking behaviors. If they have had treatment and are in a recovery program they are better able to take advantage of other programs in the institution such as education, anger management, industries, or religious programs.

4. If an inmate participates in a substance abuse program in prison does that mean he is done with treatment?

No, an inmate may be "program complete", but will not be considered "treatment complete". All of the ISAT Programs are state approved by the Division of Alcoholism and Drug Abuse. What an inmate accomplishes in a treatment program in prison counts in the eyes of the criminal justice/legal system, but he will need at least aftercare in the community upon release. A prison is an artificial environment, and the transitional process into the community is challenging at best. Aftercare supports the treatment progress made behind bars. It is a benefit to public safety if the offender is treated prior to release, but the treatment must continue. The community treatment provider is able to follow the recommendations provided in the discharge summary by the ISAT Counselor, instead of starting from scratch, if the recommendations are current (within six months).

5. If an inmate transfers from one institution to another, and he is in a treatment program, does he have to start treatment all over again?

No, the treatment provider in one institution is able to send the inmate's file materials to the treatment provider in the next institution, with the inmate's consent, so that his progress to date is taken into account.

All ISAT Programs provide substance abuse education whether it is a stand-alone program or phase I of treatment. All education programs require a minimum of twenty hours of classroom work in ten specific treatment topics. A "Basic Alcohol and Drug Education" checklist is used by each program so that if an inmate transfers, his checklist goes with him in his inmate file.

The treatment provider in the next institution is then able to see what education topics the inmate has had and what he still needs to complete a full education course.

6. Are the ISAT Programs culturally relevant to Alaska Natives?

All ISAT Programs address cultural concerns related to substance abuse. DOC's Rural Affairs Coordinator is available to work with the programs when they need special materials or guest speakers such as Elders.

DOC is fortunate to have two ISAT Programs designed specifically for Alaska Natives. The Anvil Mountain Correctional Center's ISAT Program is an intensive outpatient treatment program based on the principles and teachings of Alice Sullivan's thesis "Spirit Group". It is especially relevant to Alaska Natives in the Nome region. The program assists inmates transitioning into rural areas by connecting them with Village Based Counselors. The ISAT Education Program at the Yukon-Kuskokwim Correctional Center is provided by a Yu'pik Counselor. It is common for him to have over fifty inmates at a time in an educational class. The fact that he speaks Yu'pik, when inmates are almost all from the Bethel region, is extremely meaningful in this pretrial setting.

All of the ISAT Program treatment providers are eager to learn more about the Alaska Native culture, and take advantage of training opportunities.

7. How does an inmate get into an ISAT Program?

Inmates fill out "cop-outs" requesting ISAT services, or Institutional Probation Officers refer them to the program. If an inmate is Court ordered to receive treatment, he is given a priority on the waiting list.

8. Are inmates required to enroll in substance abuse programs if their crimes are related to substance abuse?

Inmates are not required to enroll, as DOC's programs are voluntary. There are significant incentives for program participation, however. If Court ordered inmates refuse to participate they can lose good time as well as furlough eligibility, and they may even have their probation revoked. Even though programs are not mandatory, almost every institution has a waiting list for substance abuse education/treatment.

9. Does DOC make AA, NA and other twelve-step support groups available to inmates?

Yes, all of the ISAT Programs are required by contract to make AA, NA, or other twelve-step support groups available to the inmate population. The treatment provider does not conduct the meetings but arranges for community volunteers to do so.

10. Does DOC have one particular treatment philosophy or method?

DOC's belief statement found in every ISAT Program contract, states, "*Chemical dependency is an involuntary, multi-faceted disease that effects an individual physically, psychologically, cognitively, spiritually and emotionally. It is characterized by loss of control and a need to use again in spite of past and probable future consequences, and is further characterized by a tendency to relapse.*" DOC recognizes that people respond to a whole host of treatment approaches. In other words, one size does not fit all.

For further information please contact Sarah Williams, Program Coordinator, at 269-7417.

Inmate Substance Abuse Treatment (ISAT) Increment

There are several serious problems associated with failing to provide any budget increments since 1993 to the ISAT Programs:

Experienced ISAT Counselors are knowledgeable regarding security concerns and working with criminal personalities. It would not benefit DOC, the inmate population or the treatment providers to replace senior counselors with new and inexperienced ones in order to save money.

Funding for the ISAT contracts has not kept current with the cost of living, yet DOC is asking providers to produce the same product.

Salaries of treatment personnel in the institutions have not kept up with those of their colleagues in non-institutional based programs.

Providers have placed less and less of the available contract dollars in administrative and training costs in order to attempt to adequately compensate for direct service costs. Their ability and willingness to do this is stretched to the breaking point.

The Association of Substance Abuse Directors, representing the fifty-eight state funded substance abuse programs in Alaska, has increasing concerns about the potential for diminishing ISAT program efficacy unless changes are made.

The judicial system, the DOC, and treatment providers recognize that substance abuse plays a major role in crime and recidivism rates. If DOC has no other option but to decrease substance abuse treatment in institutions, increased law enforcement, judicial, and correctional costs will result.

DOC is losing experienced contractors for many of the reasons listed above. The Seward Life Action Council, the Mat-Su Recovery Center, the Yukon-Kuskokwim Health Corporation, and the Norton Sound Health Corporation have provided the ISAT Programs for many years and have recently opted out of their contracts because they can no longer subsidize DOC programs. When agencies must use their own funds to be able to provide ISAT services, the non-DOC community services they provide are then short-changed.

DOC believes competition amongst vendors is healthy. But when an agency has to decide whether or not it can afford to do business with DOC, competition is diminished.

DOC appreciates the services of local providers in areas where it has institutions. Some providers can no longer deliver the services to the institutions in their communities due to budget concerns.

For further information please call Sarah Williams, Program Coordinator, at 269-7414.

Wildwood Correctional Center Men's RSAT Program

What is the Men's RSAT Program?

The Wildwood Correctional Center (WCC) Men's Residential Substance Abuse Treatment (RSAT) Program, which began in October 2000, is the first therapeutic community (TC) for male inmates within the Department of Corrections (DOC). It is a highly structured treatment modality with graduated phases for inmates with chronic addictions and a history of alcohol and other drug related crimes. The forty-two-bed program requires six to twelve months' participation in a unit separated from the general inmate population. Since a large percentage of the inmates are Alaska Natives, the program is designed to be culturally relevant.

Who is appropriate for the program?

The Men's RSAT Program is for offenders with addictions and serious criminal histories who typically have not been successful in less intensive treatment modalities. It is also for medium or minimum custody inmates with less than a year from parole eligibility, or less than a year from furlough eligibility, so they can be released to the community immediately upon completing the six to twelve month program.

How do inmates get into the program?

Inmates from DOC's institutions across the state are referred to the program. Candidates are screened by DOC staff and the TC staff in order to be placed on the waiting list.

Who provides the treatment in the Men's RSAT Program?

DOC has a contract with Akeela Inc to provide the residential treatment services to the men in the program. No new state employees have been hired. The TC is effective due to the team effort of the treatment provider and the correctional staff who work hand-in hand.

How is the program funded?

DOC has received federal RSAT funds from the U.S. Department of Justice for this project. The Alaska Mental Health Trust Authority provides the 26% match.

Do RSAT participants receive help when they leave the institution?

The RSAT Program has a Transition Counselor who works with graduates who are transitioning into Alaska's communities by connecting them with aftercare and other services prior to release. Currently DOC and Akeela Inc are planning for a small, treatment oriented, RSAT halfway house in Anchorage for the program graduates, so they may continue to provide support for each other once they have been released into the community.

For further information please contact Sarah Williams, DOC Program Coordinator, at 269-7417.

Hiland Mountain Correctional Center (HMCC)
Women's Residential Substance Abuse Treatment (RSAT) Program

What is the Women's RSAT Program?

The Women's RSAT Program opened its doors November 1, 1998. It is a 48-bed program set aside from the general inmate population at the Hiland Mountain Correctional Center, the designated correctional center for women in Alaska, in Eagle River. The program is structured as a Therapeutic Community and requires that a woman participate in the program for six to twelve months based on her time left to serve and her individual needs. The program has three phases: phase I education (60 days), phase II primary treatment (180 days), and phase III transition care (120 days).

Who is appropriate for the program?

Women who have serious substance abuse/dependency problems and related criminal histories are appropriate for the program. They must be able to spend six to twelve months in the program (federal requirement). These women who are incarcerated and need substance abuse treatment have combinations of the following challenges:

<ul style="list-style-type: none">• child custody issues• family reunification issues• lack of interpersonal skills• lack of appropriate boundaries• unhealthy relationships• life-style addictions• difficulties in parenting	<ul style="list-style-type: none">• developmental disabilities including FAS/FAE• mental illness• health problems• lack of education• lack of vocational skills• histories of physical , emotional, and sexual abuse
--	---

How does the Women's RSAT Program work with women with multiple needs?

The Women's RSAT Program is equipped to assist women in treatment with their multiple needs. Although the program is not a dual diagnosis program, women with mental illness who are stabilized and able to participate may be admitted. There is an RSAT Social Worker assigned to the program who assists women with children with custody and permanency planning issues. She is the liaison between DOC and DFYS.

Who provides the treatment in the RSAT Program?

DOC has a contract with the Salvation Army Clitheroe Center to provide the residential treatment services to the women in the RSAT Program.

How is the program funded?

DOC has received federal RSAT funds for this project. The Alaska Mental Health Trust Authority provides the 26 % match.

Do RSAT participants receive help when they leave the institution?

The RSAT Program also has a Transition Counselor who works with graduates who are transitioning into the community. She connects them to community resources and meets with them while they are waiting for their aftercare treatment slots to become available.

Must a woman be sentenced to participate in the RSAT Program?

DOC would like to admit women to the program who are unsentenced if it is certain they will be able to participate in the program for at least six months. At sentencing the Court would be able to evaluate the offender's program participation and reward her for her treatment progress.

Is Court-ordered treatment helpful?

Yes. The program is difficult. Some women would like to avoid it even though they need it. A Court order is extremely helpful to DOC in making sure women participate in the program.

For more information regarding the RSAT Program:

Please contact Janet Runyan, the RSAT Program Coordinator at HMCC at 696-9150, or Sarah Williams, DOC Program Coordinator at 269-7417 for more information.

HMCC Women's RSAT Program
Two Year Outcome Report

The Hiland Mountain Correctional Center (HMCC) Women's Residential Substance Abuse Treatment (RSAT) Program began November 1, 1998. It is an intensive six to twelve month therapeutic community for women with serious substance abuse problems and related criminal histories. Special features of the program include an RSAT Social Worker, a Transition Counselor, and a component called Living in New Knowledge Successfully (LINKS) for women with children. The Salvation Army Clitheroe Center is the contract treatment provider for the program. The program consists of Inmate Substance Abuse Treatment (ISAT) positions that are state funded and RSAT positions that are federally funded with a twenty-six percent state match.

This outcome report indicates the re-incarceration rates for twenty RSAT Program graduates compared to twenty women who needed the program but did not receive it for various reasons, the most common being not enough time left to serve. The graduates and the comparison group were tracked from the day they left Hiland Mountain Correctional Center for six months into the community. The results clearly indicate that participation in the RSAT Program slowed down the re-incarceration rate.

Number of women who were re-incarcerated in the first six months following release.

Non participants 9

RSAT graduates 6

Total number of re-incarcerations in the first six months following release.

Non participants 17 (4 individuals had more than once re-incarceration.)

RSAT graduates 6

Number of women who were re-incarcerated with new misdemeanor charges.

Non participants 6

RSAT graduates 1

Total number of new misdemeanor charges.

Non participants 11 (3 individuals had more than 1)

RSAT graduates 1

Number of women who were re-incarcerated with new felony charges.

Non participants 4

RSAT graduates 1

Total number of new felony charges.

Non participants 5 (1 individual had 2 new felony charges.)

RSAT graduates 1

The new felony charges for the non participants all involved the possession or selling of controlled substances with the exception of 1 assault. The new felony charge for the RSAT graduate was for assault. For both groups, re-incarcerations not involving new felony or misdemeanor charges were for probation/parole/furlough/electronic monitoring/bail bond violations and non-criminal holds.

Hiland Mountain Correctional Center (HMCC)
Women's Residential Substance Abuse Treatment (RSAT) Program

Two Year Outcome Report

Date treatment program began----- November 1, 1998
Date of study-----November 1, 2000
Number of RSAT graduates studied-----twenty
Number of women in the comparison group-----twenty

Thirty-five women completed the program between November 1, 1998 and November 1, 2000. Of these women, twenty completed the program and then spent six months in the community. The re-incarceration rate of the graduates was studied after they had been in the community for six months. The other fifteen women were either still in the institution or had been in the community for less than six months so were not included in the study.

The comparison group consisted of twenty women who needed the program and did not get it due to lack of time. Their incidents of re-incarceration were also studied for the six-month period after they had been released from HMCC.

The results of the study clearly indicate that participation in the RSAT Program reduced the re-incarceration rate.

Results

RSAT graduates:

During the six months in the community six women were re-incarcerated. The six women committed a total of one new felony offense and one a new misdemeanor offense. **The six women had a total of six re-incarcerations.** (None of the six were re-incarcerated more than once.) The other re-incarcerations that did not involve new crimes were due to violations of community supervision.

Comparison group:

During the six months in the community nine women were re-incarcerated. The nine women committed a total of five new felony offenses and eleven new misdemeanor offenses. **The nine women had a total of seventeen re-incarcerations.** (Some of the women were re-incarcerated more than once.) The other re-incarcerations that did not involve new crimes were due to violations of community supervision.

For further information please call Sarah Williams, Program Coordinator, at 269-7417.

DOC Inmate Substance Abuse Treatment Programs

The Alaska DOC has a responsibility to provide a continuum of care to inmates who are in its custody, so that public safety will be enhanced upon their release to the community. There is an Inmate Substance Abuse Treatment (ISAT) Program in each of DOC's thirteen institutions, as well as at the Pt. MacKenzie Rehabilitation Center. DOC contracts with state approved community treatment providers for the delivery of all of its substance abuse programs. Programs vary due to the different functions and locations of the correctional facilities. The ISAT continuum of care consists of the following levels of care:

Orientation

Sixth Avenue Correctional Center
Mat-Su Pretrial Correctional Center

Education

Ketchikan Correctional Center
Palmer Correctional Center
Yukon-Kuskokwim Correctional Center

Education Plus an Introduction to Treatment

Cook Inlet Pretrial Correctional Center
Fairbanks Correctional Center

Outpatient Treatment (in institution)

Lemon Creek Correctional Center
Meadow Creek Correctional Center
Spring Creek Correctional Center
Wildwood Correctional Center
Point MacKenzie Rehabilitation Center

Intensive Outpatient Treatment (in institution)

Anvil Mountain Correctional Center

Residential Substance Abuse Treatment (RSAT)

Hiland Mountain Correctional Center
Wildwood Correctional Center

DOC has 27 residential treatment beds, funded by the Division of Alcoholism and Drug Abuse, for furloughees as well as probationers/parolees in Anchorage, Fairbanks, Juneau, Kotzebue, Kodiak, and Bethel.

For further information please contact Sarah Williams, Program Coordinator, at 269-7417.

DOC Inmate Substance Abuse Treatment Program
A Continuum of Care

Overview

Research indicates that drugs or alcohol, and sometimes both, play a role in the crimes of 80% of the country's 1.7 million inmates. In Alaska it estimated that at least 85% of the inmate population has a problem with substance abuse. Inmates who are alcohol and drug abusers are more likely to be reincarcerated again and again, as substance use is tightly associated with recidivism. Prisoners can be rehabilitated with appropriate treatment for substance abuse and addiction, and continuing aftercare once they leave prison.

It is DOC's belief, supported by the Alaska Legislature, that it has a responsibility to provide a continuum of care to inmates who are in its custody, so that public safety will be enhanced upon their release to the community. There is an Inmate Substance Abuse Treatment (ISAT) Program in each of DOC's thirteen institutions, as well as at the Pt. MacKenzie work farm. DOC contracts with state approved community treatment providers for the delivery of all of its substance abuse programs.

Programs vary due to the different functions and location of the correctional facilities. For example, a pre-trial facility with a rapid turnover, such as the Ketchikan Correctional Center, has an ISAT education program staffed by a part-time ISAT Counselor. In contrast, Spring Creek Correctional Center, a sentenced long-term facility with a relatively slow population turnover, provides institutional outpatient treatment through two full-time ISAT Counselors. The ISAT continuum of care consists of the following components:

I. Orientation

Orientation services are provided at the Sixth Avenue Correctional Center and the Mat-Su Pre-trial Correctional Center. Both of these programs up until recently were twenty hour a week substance abuse education programs. Due to a lack of resources the programs were cut substantially. Orientation at the Sixth Avenue Correctional Center consists of a men's group and a women's group once a week. The inmates are given information on community resources for substance abuse treatment and support services. They are also given information on how to access substance abuse treatment in sentenced facilities. Orientation at the Mat-Su Pre-trial consists of equipping correctional staff with resource manuals and substance abuse treatment referral information to provide to the inmates.

Sixth Avenue	Clitheroe Center	5 hours (taken from CIPT)
Mat-Su Pretrial	Akeela Treatment Services	3 hours (taken from PCC)

II. Education

The ISAT education programs are designed for the short-term high turnover inmate population. They provide inmates with information on chemical dependency as well as prepare them for treatment in a sentenced facility or in the community. The education level of care is offered at the following institutions by the following providers:

Ketchikan	City of Ketchikan Gateway	1 half-time ISAT Counselor
Palmer	Akeela Treatment Services	2 full-time ISAT Counselors
Yukon-Kuskokwim	Akeela Treatment Services	1 full-time ISAT Counselor

III. Education with an Introduction to Treatment

Education with an introduction to treatment is the level of care that offers more than substance abuse education, but does not include complete outpatient treatment. It is provided at the following institution by the following treatment agencies:

Cook Inlet Pre-Trial	Clitheroe Center	1 full-time ISAT Counselor
Fairbanks	RCAOA (FNA)	2 full-time ISAT Counselors

IV. Outpatient Substance abuse Treatment (in institution)

Inmates who are clinically assessed by ISAT Counselors as needing an outpatient level of care are eligible to receive treatment. It consists of education, primary care, and aftercare. Outpatient care is provided at the following institutions by the following treatment agencies:

Lemon Creek	Gastineau Human Services	1 full-time ISAT Counselor
Meadow Creek	Clitheroe Center	1 full-time ISAT Counselor
Spring Creek	Akeela Treatment Services	2 full-time ISAT Counselors*
Wildwood	Akeela Treatment Services	2 full-time ISAT Counselors
Point MacKenzie	Akeela Treatment Services	2 full-time ISAT Counselors

* One ISAT Counselor works with the adult inmate population, and the other ISAT Counselor works in the Youthful Offender Program.

V. Intensive Outpatient Treatment (in institution)

The intensive outpatient treatment program at Anvil Mountain is a culturally relevant pilot program designed specifically for the Alaska Natives in the Nome region. Ten inmates start and finish the program together. This is the only outpatient model where the inmates live in a dorm together.

Anvil Mountain	Intermountain Services	1 full-time ISAT Counselor
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VI. Residential Substance Abuse Treatment Services

DOC opened its forty-eight bed Residential Substance Abuse Treatment Program for female offenders at the Hiland Mountain Correctional Center in November of 1998. It is an intensive six to twelve month program set apart from the general population. Three counselor positions and a Social Worker III position are funded through federal RSAT dollars with a twenty-six percent match from the state. The program was developed by adding on to the existing two and a half ISAT Counselor positions at the facility.

DOC opened its forty-two bed Residential Substance Abuse Treatment Program for male offenders at the Wildwood Correctional Center on October 16, 2000. It is also an intensive six to twelve month program set apart from the general population. All of the treatment staff are funded through federal RSAT dollars with a twenty-six percent match from the state.

Hiland Mountain	Clitheroe Center	2.5 ISAT Counselors (3.0 RSAT Counselors)
Wildwood	Akeela Treatment Services	(6.0 RSAT Counselors)

Continuum of Care Summary Information

Total number of ISAT positions	17 full-time, 2 half-time
Total number of RSAT positions	9.0 full-time
Total number of ISAT treatment providers	6

For further information please call Sarah Williams, Program Coordinator, at 269-7417.

**COMMUNITY RESIDENTIAL SUBSTANCE ABUSE
TREATMENT BEDS FOR DOC CLIENTS
FY 2001**

Treatment Beds	Furloughees	Probationers/Parolees
Clitheroe Center (Anchorage)	11	2
Akeela House (Anchorage)	5	0
Gastineau Manor (Juneau)	0	2
Ralph Perdue Center (Fairbanks)	3	1
Maniilaq (Kotzebue)	1	0
Safe Harbor (Kodiak)	1	0
PATC (Bethel)	1	0
Total Beds	22	5

Rev: 2/26/01

1. Increase capacity.

As of January 2001, this is the number of beds available through programs that receive state grant funds:

- ❖ 32 beds for youth (18.2 are funded by the State)
- ❖ 81 beds solely for women or women and children (56 are funded by the State)
- ❖ 376 beds for adults, adult males, or adults with families (218 are funded by the State)

27

As of January 2001, this is the number of beds available through programs that receive state grant funds.

Adult Tx: 84% funded by GF, 11% by SAMHSA Block Grant, 3% by MHTAAR, 2% by Interagency receipts.

Women Tx: 40% by SAMHSA Block Grant, 31% by Interagency receipts (FNA Women & Children), 29% by GF

Youth Tx: 100% GF

Source for bullets: "available beds in ADA Grantee Programs, 1/01" which will be in their packets

HB

4

(File 9)

**HOUSE JUDICIARY COMMITTEE
HOUSE BILL 4
VEHICLE FORFEITURE
MARCH 12, 2001**



CITY OF FAIRBANKS
Office of the City Attorney
800 CUSHMAN STREET
FAIRBANKS, ALASKA 99701-4615
OFFICE: 907-459-6750
FAX: 907-459-6761

February 26, 2001



Cindy @ MADD
via fax @ 463-2539

Re: City of Fairbanks DWI Forfeiture Program

Dear Cindy:

Per your request, I am glad to provide statistical data regarding the DWI forfeiture program in Fairbanks. To better understand the program, please feel free to review Article XXII, Motor Vehicle Impoundment and Forfeiture, Sections 78-961 through 78-977, of the Fairbanks City Ordinance at <http://www.municode.com> by selecting (1) "on-line library," (2) "Alaska" as the state of choice, and (3) "Fairbanks Code of Ordinances."

Since inception of the program the second week of May 1998 (nearly 34 months), to date the City has processed 902 DWI-impounded vehicles. The program has been very effective for the City of Fairbanks in that it pays for itself by assessing a \$200.00 administrative processing fee.

Of the 902 vehicles, (a) 375 were released to registered owners or lienholders as innocent parties without 30-day impoundment, (b) 389 were held for 30-day impoundment and released, (c) 51 were abandoned by the registered owner following the 30-day impoundment thus becoming the property of the towing company for unpaid fees, (d) 3 were retained by the Fairbanks Police Department for undercover work, (e) 71 were forfeited and subsequently sold at auction, and (f) 13 are pending forfeiture sale at the next auction.

Additionally, in 2000 I made a comparison of the Alaska State Trooper and Fairbanks Police Department DWI arrests for the Fairbanks-area vicinity; the ASTs arresting almost half again that of the FPD. If you need further information or if I can expand on reading of the ordinance, please feel free to contact me at 459-6750.

Sincerely,

OFFICE OF THE CITY ATTORNEY

A handwritten signature in black ink, appearing to read "Connie L. Martin".

Connie L. Martin, CLA
Legal Assistant/DWI Administrator

cc: Lt. Dunnigan
Alaska State Troopers
Anchorage (via fax 269-5033)

THE
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DOCUMENT(S)
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COPIES

Nenana Police Services

P.O. Box 70
Nenana, Alaska 99760
Milton J. Haken, Chief of Police
E-Mail: nps@mtaonline.net
Cell # (907) 322-7875
Work Phone and Message: (907) 832-5448
Fax: (907) 832-5425



181st Session

February 26, 2001

To Whom It May Concern,

I am writing this letter in support of House Bill 4's proposal of vehicle forfeiture. Currently the City of Nenana, as most communities, are seeing a number of repeat DWI offenders. The forfeiture or "the boot" is a sound, and feasible intervention and deterrence to preventing the drunk driver from continuing to operate a motor vehicle after drinking.

Currently, when we impound a vehicle for DWI or any other offense, the owner of the vehicle pays for all costs associated with the impound including storage. It is literally between the wrecker agency and the owner, thus relieving the City of any costs associated with the impound and storage. Having the flexibility to confiscate and forfeit the vehicle will enable the City to recover some of the enforcement costs associated with keeping these folks off the highway.

I believe this will send a message of deterrence to those who drink to not drive, and those who drive to not drink, making a big difference in removing drunk drivers off Alaska's roads. I feel the cost would be minimal if any at all, except for the person responsible for the incident and their actions.

Respectfully yours,

Milton J. Haken
Chief of Police
NA 181st Session





ROBERT K. PETITT, CHIEF

Bethel Police Department

P. O. Box 500, Bethel, AK 99559
(907) 543-3781 Fax (907) 543-5086

March 7, 2001

Cindy Cashen
MADD Juneau Chapter
211 4th Street, Suite 102
Juneau, Alaska 99801



Dear Mrs. Cashen:

I write this letter in support of House Bill 4's proposal of vehicle forfeiture. I believe that the City of Bethel can operate in a sound, feasible manner by using a flexible method of confiscating drunk driver's vehicles.

Using the "boot" as a method of preventing the drunk driver from continuing to operate the vehicle used in the crime of drunk driving is a method I believe would cut a major cost of vehicle forfeiture. The offender would pay an administrative fee to cover any necessary paperwork needed to implement this part of the sentence and would have the boot removed upon completion of sentencing. It would not be necessary to hire space to hold vehicles and any towing would be charged to the offender.

The implementation of this proposal would make a big difference in removing drunk drivers off Alaska's roads and send a message to those who drink to not drive and those who drive to not drink. I feel the cost of this program would be minimal if any at all.

Sincerely,

Robert K. Pettitt
Chief of Police

cc: file

Thomas L. Clemons
CHIEF OF POLICE

A. Douglas McCloskey
LIEUTENANT

WRANGELL POLICE DEPARTMENT AND CORRECTIONAL CENTER

431 ZIMOVIA HIGHWAY
POST OFFICE BOX 531 • WRANGELL, ALASKA 99929-0531
(907) 874-3304
FAX (907) 874-2173



Via: Fax Only @ (907) 463-2539

March 12, 2001

Cindy Cashen
MADD

RE: Forfeiture of Vehicles (DWI cases)

Dear Cindy:

Recently you contacted me in reference to House Bill 4 which addresses forfeiture of owners' vehicles after being convicted of multiple DWI cases. One of the concerns was the cost of smaller Police Departments administrating such a program and not having a budget to cover these additional expenditures.

If an administrative fee is attached to this House Bill, the Wrangell Police Department would be able to have this program here. Additionally, using a "boot" to secure the vehicle at the subject's property until they have completed their alcohol assessment and treatment is obviously another approach to the problem of drunk driving.

As you are aware I am for any legislation that will continue to reduce drunk driving and keep our roads safe here in the State of Alaska.

Sincerely,

Thomas Lee Clemons
Chief of Police

Drunken drivers can't reoffend if we take away their cars

Drunken driving is two words. If somebody wants to get or stay drunk it's none of our business until they get behind the wheel. Then society can act to separate the drunk from his vehicle. Most proposed solutions are to separate the drunk from booze or society. That's impractical and expensive. Taking their vehicle, if necessary over and over, is easy and very effective. We do it occasionally but not nearly enough. Why not? I don't know, but without DWI cases there would be a lot of empty courtrooms and not near as many lawyers.

We have lots of victims of drunken drivers who have been convicted three to five times. We don't have to accept it; it's preventable.

— Alton E. Smith
Anchorage

ANCH DAILY
NEWS 2 MAR 2001



COMBATING HARDCORE DRUNK DRIVING

A SOURCEBOOK OF PROMISING STRATEGIES, LAWS & PROGRAMS

THE NATIONAL
HARDCORE
DRUNK DRIVER
PROJECT

THE CENTURY COUNCIL



VEHICLE REGISTRATION CANCELLATION AND LICENSE PLATE SEIZURE

This function is used as an alternative to vehicle impoundment and is intended to result in vehicle immobilization. The plate can be administratively confiscated by a police officer during a DWI arrest, and the registration of the vehicle used in the offense may be revoked. A special plate can be issued for the vehicle if the violator obtains a conditional license or if a member of the violator's family has a regular license (See *License Plate Actions in the Enforcement* section).

Where Are Registration Cancellation and License Plate Seizure Used?

In 20 states, vehicle registration is withdrawn upon conviction of a DWI offense or a driving-while-suspended offense that originated from a DWI charge, according to the National Hardcore Drunk Driver Project Survey. In Georgia, offenders may be subject to plate seizure on a third conviction. In Minnesota, police can seize plates of drivers who have had three or more DWIs within a five-year period. They may also confiscate the plates of any other vehicles owned by the same person.

How Effective Are Registration Cancellation and License Plate Seizure, and How Much Do They Cost?

Studies show that *administrative-based* plate seizure for hardcore drunk drivers is a low cost and effective procedure that can significantly reduce recidivism. Minnesota's administrative-based plate impoundment program showed a 50% decrease in recidivism over a two-year period when compared with DWI violators who did not experience impoundment.²¹

In general, however, license plate seizure laws are poorly enforced. A study of Minnesota offers a good comparison of judicial vs. administrative application of license plate seizures. During the 29 months when the plate seizure law was managed through the judicial system, only 465, or 6%, of the 7,698 eligible, third-time offenders had their license plates impounded. During the 21 months after the law was applied administratively in 1991, 3,136, or 68%, of the 4,593 third-time DWI offenders had vehicle plates impounded.¹⁵

Where to Go for More Information on Vehicle Registration Cancellation and Plate Seizure

National Highway Traffic Safety Administration. October 1996. *State Legislative Fact Sheet*. National Highway Traffic Safety Administration, U.S. Department of Transportation, Washington, D.C.

Popkin, C.L., and Wells-Parker, E. 1994. A research agenda for the specific deterrence of DWI, *J. Traffic Med.* vol. 22, no. 1.

Ross, H.L., Simon, S., and Cleary, J. 1996. License plate confiscation for persistent alcohol impaired drivers, *Accident, Analysis and Prevention*. vol. 28. no. 1: 53-61.

Simon, S.M. 1997. *Repeat DUI Offender Vehicle Immobilization Through Plate Impoundment*. Transportation Research Board.

Voas, R.B. 1995. Can administrative programs control the persistent drinking driver? *Strategies for Dealing with the Persistent*

Drinking Driver. Transportation Research Board, Transportation Research Circular No. 437. Washington, D.C. National Research Council: 52-56.

VEHICLE FORFEITURE

Vehicle forfeiture allows the state to confiscate permanently the vehicle of repeat DUI/DWI offenders or those who drive repeatedly with a suspended license. A Portland, Oregon, ordinance subjects to forfeiture vehicles of offenders arrested for driving with a license suspended as a result of drunk driving, or those arrested as habitual offenders who have committed three or more serious traffic offenses, at least one of which was driving while intoxicated. The flexibility included in some forfeiture ordinances results in a de facto combination vehicle impoundment/forfeiture law.

Where Is Vehicle Forfeiture Used?

Several states have legislation that allows vehicle forfeiture but rarely use it. There are a few notable exceptions, including:

- ◆ Portland, Oregon, where, as of May 1997, 886 cars had been seized, of which 286 were permanently forfeited;
- ◆ Deschutes County, Oregon, which enacted a vehicle forfeiture ordinance in 1992. The ordinance allows drivers to regain their vehicle if they agree to pay an administrative fee and sign an agreement that forfeits their rights to the vehicle on a future arrest for DWI or driving while suspended;
- ◆ Anchorage, Alaska, which has an impoundment/forfeiture ordinance that seeks 30 days

impoundment if it is the driver's first offense, and forfeiture for a second or subsequent offense;

- ◆ Santa Barbara, California, which also has an impoundment/forfeiture ordinance for unlicensed drivers that started January 1, 1995.

How Effective Is Vehicle Forfeiture?

A 1995 study of a forfeiture program in Portland, Oregon, found that offenders whose vehicles were seized re-offended only half as often as those whose vehicles were not seized.³⁰ From 1990 through 1994, the recidivism rate for offenders whose cars were seized was only four percent. Police officers in Santa Barbara, the sheriff's department in Deschutes County, and Anchorage city officials all consider their impoundment/forfeiture programs to be effective.

What Is the Cost of Vehicle Forfeiture?

The 1995 study of vehicle forfeiture in Portland found that the program cost more to administer than it received from sales of seized property, although program proponents say it now operates close to break-even.

According to the Deschutes County Sheriff's Department, the vehicle forfeiture program there has returned about \$150,000 to area law enforcement agencies.

In the Anchorage program, revenues from administrative fees, attorneys' fees, net auction proceeds, and vehicle return bond forfeitures covered approximately three-fourths of the costs in 1996.

From its inception in January, 1995, until mid-1997, Santa Barbara's impoundment/forfeiture program impounded 4,338 vehicles, of which 243 met the

criteria for forfeiture. Each vehicle was assessed a \$45 administrative fee upon release. The net receipt from the sale of forfeited vehicles – after payment of liens, towing, and release fees, and additional administrative program costs – was over \$66,000. The revenue was divided between the state and the city police department.

Where to Go for More Information on Vehicle Forfeiture

Crosby, I.B. 1995. *Portland's Asset Forfeiture Program: The Effectiveness of Vehicle Seizure in Reducing Rearrest Among "Problem" Drunk Drivers*. A joint project by Reed College Public Policy Workshop and the City of Portland Bureau of Police Asset Forfeiture Unit.

Simpson, H.M., Mayhew, D.R., and Beirness, D.J. 1996. *Dealing With the Hard Core Drinking Driver*. The Traffic Injury Research Foundation, Ottawa, Canada.



National Transportation Safety Board

Washington, D.C. 20594

Safety Recommendation

Date: AUG 7 2000

In reply refer to: H-00-26

Honorable Brian Porter
Speaker of the House
Alaska House of Representatives
State Capitol
120 4th Street
Anchorage, Alaska 99801-2133

The National Transportation Safety Board is an independent Federal agency charged by Congress with investigating transportation accidents, determining their probable cause, and making recommendations to prevent similar accidents from occurring. We are providing the following information to urge you to take action on the safety recommendation in this letter. The Safety Board is vitally interested in this recommendation because it is designed to prevent accidents and save lives.

This recommendation addresses ways to reduce fatalities, injuries, and crashes involving hard core drinking drivers, a term that, as defined by the Safety Board, includes repeat offender drinking drivers (that is, offenders who have prior convictions or arrests for a Driving While Impaired [DWI] by alcohol offense) and high-BAC offenders (that is, all offenders with a blood alcohol concentration [BAC] of 0.15 percent or greater). The recommendations are derived from the Safety Board's safety report *Actions to Reduce Fatalities, Injuries, and Crashes Involving the Hard Core Drinking Driver* and are consistent with the analysis we performed and literature we reviewed in this report.¹ As a result of this review, the Safety Board has issued two safety recommendations, one of which is addressed to the Governors and Legislative Leaders of the 50 States and the Mayor and Council of the District of Columbia. Information supporting the recommendation is discussed below. The Safety Board would appreciate a response from you within 90 days addressing the actions you have taken or intend to take to implement our recommendation.

In 1984, the National Transportation Safety Board published a safety study titled *Deficiencies in Enforcement, Judicial, and Treatment Programs Related to Repeat Offender Drunk Drivers (NTSB/SS-84/04)*. That study identified repeat offender drinking drivers (included under the Safety Board's category of "hard core drinking drivers") as a serious traffic safety problem.

¹ For additional information, read *Actions to Reduce Fatalities, Injuries, and Crashes Involving the Hard Core Drinking Driver*, Safety Report NTSB/SR-00/01 (Washington: National Transportation Safety Board, 2000).

of those tested to 0.90 percent).⁵ In addition to deterring drinking and driving, checkpoints can be used to promote several other highway safety measures at the same time, including checking for valid driver's licenses, and safety belt use.⁶ Sobriety checkpoints provide an opportunity to apprehend not only alcohol-impaired drivers but also unlicensed drivers and those who are driving on licenses suspended or revoked for DWI. Often, when licenses are checked at sobriety checkpoints, more unlicensed than impaired drivers are found.⁷

Measures that separate hard core drinking drivers from their vehicles are used in 38 States and the District of Columbia. These measures include license plate action (impoundment, confiscation, or other actions) (8 States), vehicle immobilization (6 States), vehicle impoundment (12 States and the District of Columbia), and vehicle forfeiture (28 States). License plate action was found in Minnesota to reduce recidivism by 50 percent in a 2-year study.⁸ The use of vehicle immobilization in Ohio reduced recidivism by 36 percent in a 1-year period.⁹ In the same State, vehicle impoundment was found to reduce repeat offenses for driving while suspended or impaired by 40 percent in a 1-year period. Preliminary data from the New York City vehicle forfeiture program showed a 32.2 percent decrease in alcohol-related fatalities over an 11-month period.¹⁰ To the extent permitted by the U.S. Constitution and applicable State laws, vehicle-based sanctions can be administratively ordered at the time of arrest. When taken, this action ensures swift and certain punishment for the DWI offense and prevents offenders from avoiding such sanctions by transferring possession of their vehicles to family members or friends. Another vehicle sanction is the use of ignition interlocks, which are devices that can prevent an impaired driver from operating a vehicle. Thirty-eight States permit the use of these devices in some manner, and at least five States have statewide ignition interlock programs; statewide programs are being developed in other States. In Maryland, ignition interlocks reduced recidivism by 65 percent in the first year of the assignment of these devices.¹¹ Overall, vehicle sanctions to separate the hard core drinking driver from his or her vehicle or to prevent him/her from drinking while impaired appear to be effective tools in reducing hard core drinking driver recidivism.

⁵ Insurance Institute for Highway Safety, "North Carolina Belt Use Peaks at 84 Percent; Future Gains Sought," *Status Report* 33:2 (7 Mar. 1998) 5 <<http://www.highwaysafety.org/srpdfs/sr3302.pdf>>.

⁶ The Tennessee and North Carolina checkpoint programs also reported thousands of arrests for other offenses including stolen vehicles, illegal gun possession, drug offenses, and escaped felons. North Carolina reported 6,173 drug violators, 788 firearms violations, 403 stolen vehicles, and 273 fugitive arrests from 1993 through 1997. Lacey, Jones, and Smith, 20; Insurance Institute for Highway Safety, 5.

⁷ Susan E. Martin and David F. Preusser, "Enforcement Strategies for the Persistent Drinking Driver," *Strategies for Dealing with the Persistent Drinking Driver*, ed. Barry Sweedler, Transportation Research Board Circular 437 (1995) 41.

⁸ Alan Rodgers, "Effect of Minnesota's License Plate Impoundment Law on Recidivism of Multiple DWI Violators," *Alcohol, Drugs and Driving* 10: 2 (1994) 123.

⁹ Robert B. Voas, A. Scott Tippetts, and Eileen Taylor, "Temporary Vehicle Immobilization: Evaluation of a Program in Ohio," *Accident Analysis and Prevention* 29: 5 (1997) 635-36.

¹⁰ Howard Safir, George A. Grasso, and Robert F. Messner, "The New York City Police Department DWI Forfeiture Initiative," presented May 2000 at T2000 Conference of the International Council on Alcohol, Drugs, and Traffic Safety, Stockholm, Sweden.

¹¹ Kenneth H. Beck et. al., "Effects of Ignition Interlock License Restrictions on Drivers with Multiple Alcohol Offenses: A Randomized Trial in Maryland," *American Journal of Public Health* 89: 11 (Nov. 1999) 1698.

ALASKA STATE LEGISLATURE

House of Representatives

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Representative Norman Rokeberg

MEMORANDUM E-mail: Representative_Norman_Rokeberg@legis.state.ak.us

TO: Rep. Vic Kohring, Chairman
House Transportation Committee

FROM: Rep. Norman Rokeberg *Norman /fr*

DATE: February 27, 2001

RE: HB 4
(Vehicle Forfeiture question)

During the hearing on HB 4 today, there were questions concerning vehicle forfeiture.

Attached are:

1. Appendix O - State Vehicle Forfeiture Requirements for Drunk Driving Offenses from the NCSL Transportation Series: Legislative Summary 2000.
2. Paragraph concerning vehicle forfeitures from NCSL Transportation Series: Legislative Summary: 1999.
3. Municipality of Anchorage Code regarding vehicle forfeiture
4. City of Fairbanks Code regarding vehicle forfeiture
5. City and Borough of Juneau information

APPENDIX O. STATE VEHICLE FORFEITURE REQUIREMENTS FOR DRUNK DRIVING OFFENSES

State	Statute	Details
Alabama	None	
Alaska	§28.35.036	Vehicle forfeited for second or subsequent DUI offense (not mandatory)
Arizona	§28-697.01(A)	Vehicle forfeited for either third or subsequent DUI offense or for a DUI while license revoked/suspended for prior DUI or if committed while transporting child under 15 years old
Arkansas	§c-65-117	(a) vehicle forfeited for fourth offense within three years, at court's discretion
California	Veh. Code §23195 Veh. Code §23198 Veh. Code §22651	Vehicle impounded 1-30 days for first offense, and 1-90 days for second or subsequent offense within 7 years Vehicle subject to forfeiture for a DUI homicide, for two or more DUI offenses within seven years, or for a serious injury-related DUI with one or more DUI offenses within seven years Vehicle may be impounded temporarily if driver is taken into custody or for minor driving with a BAC of more than .01
Colorado	None	
Connecticut	§14-227h	Vehicle impounded for 48 hours if person's driving privilege was either suspended or revoked at the time of offense
Delaware	21 §2756(c)(1)	Impoundment of vehicle, plates or registration authorized for DUI while under license suspension/revocation for DUI or implied consent refusal, 1-90 days for first offense, one year for subsequent offenses
Florida	§316.193 (6)(d)	Vehicle used in DUI offense impounded or immobilized for 10 days for first offense, 30 days for second within three years, 90 days for third within 5 years
Georgia	§40-6-391.2 §40-6-391.2(i)	Vehicle forfeited for fourth DUI if offense committed in habitual offender status based on three or more prior DUI convictions Court may order transfer of title to family member for demonstrated hardship for employment or family needs
Hawaii	None	
Idaho	None	
Illinois	625 ILCS 5/4-203(e)	Vehicle impounded for 12 hours if law enforcement officers "reasonably believe" release will result in another DUI offense; 2 nd offense 24 hours; 3 rd offense 48 hours; however, vehicle may be released sooner if owner gives consent to competent driver
Indiana	IC9-30-4-6(b)(3), & (d)(1)	Registration revoked for six months for second felony; involving a motor vehicle (second DUI)
Iowa	321J.4B (2), (5)(d), (7)(a), (7)(b)	For subsequent offenses, vehicle, registration and plates for all vehicles owned by driver may be impounded for 180 days or the period of license revocation, whichever is longer
Kansas	8-1567(p)	Plate revoked for one year for fourth or subsequent offense
Kentucky	None	
Louisiana	§14:98 (D)	Vehicle forfeited for 3 rd offense or subsequent offenses, if vehicle used by offender is owned by him/her

**APPENDIX O. STATE VEHICLE FORFEITURE
REQUIREMENTS FOR DRUNK DRIVING OFFENSES
(CONTINUED)**

State	Statute	Details
Maine	29-A §2411 et seq	For subsequent offense within in 10 years, registration and plates are suspended for the same time period as their driver's license suspension
	29-A §2421	Vehicle must be forfeited for a subsequent DUI offense while already under license suspension for DUI; temporary impoundment for 8 hours upon arrest for drunk driving offense (29-A MRSA §2422)
Maryland	Trans. §16-303 §27-101 §27-111(d)	Registration suspended up to up to 120 days for driving on a suspended or revoked license for a previous DUI offense and/or vehicle can be impounded for up to 180 days
Massachusetts	None	
Michigan	1998 H.B. 4960	Provides for vehicle immobilization and forfeiture for 2 nd or subsequent offenses (discretionary)
Minnesota	168041(3)	Plates may be impounded for first or subsequent offense
	168.042(1){20	Plates and/or vehicle impounded for first or second offense within five years or for DUI child endangerment
	169.1217	Vehicle forfeited for third offense within five years, fourth offense within five years or for child endangerment and a second conviction or second revocation within five years or a third
Mississippi	63-11-30(2)(c)	Vehicle forfeited for third offense within five years
	63-11-49	Spouse may retain possession in case of hardship
Missouri	§82.1000	Permits some cities to enact vehicle impoundment or forfeiture laws
Montana	61-8-714 & 722	Vehicle must be forfeited for third or subsequent DUI offense within five years
Nebraska	None	
Nevada	§60-6, 197.01(1)(a) & (1)(b)(i)	If defendant convicted of 2 nd or subsequent offense, their vehicle must be immobilized 5 days to as much as 8 months; vehicle can be released to co-owner of vehicle due to hardship
New Hampshire	261:180 III	Registration suspended for same time period as license, on second or subsequent offense
New Jersey	§39:5-30(a)	Gives licensing agency discretionary authority to suspend/ revoke registration of person in violation of traffic laws or "other reasonable grounds"
New Mexico	None	Previous provisions repealed
New York	Civ Prac 1301 & 1311	Vehicle forfeited for a DUI felony (i.e. second DUI offense within ten years at the discretion of the court)
	V&T Law §1193 (2)(a) & (b)	Defendant's vehicle and registration may be suspended or revoked for same length of time as license revocation/suspension
North Carolina	20-28.2	Vehicle forfeited for DUI while on a revoked/suspended license
	§20-54.1	Registration for all vehicles owned by defendant can be revoked for time that license has been suspended/revoked

**APPENDIX O. STATE VEHICLE FORFEITURE
REQUIREMENTS FOR DRUNK DRIVING OFFENSES
(CONTINUED)**

State	Statute	Details
North Dakota	39-08-01(3)	Plate may be impounded for same period as license
	39-08-01.3	Vehicle may be forfeited for 2 nd or subsequent DUI within five years
Ohio	4507.164, 4511.195, 4511.99	Plates impounded for 90 days for second offense within six years and 180 days for third offense within six years; vehicle forfeited for subsequent offense within six years
Oklahoma	47 §11-902b	Subsequent DWI offender's vehicle subject to forfeiture
Oregon	§809.700 §809.2 of chapter 1100 Laws of 1999	Vehicle impounded for second or subsequent offense or for a DUI while on a suspended or revoked license; vehicle can be forfeited if offender had prior offense within 3 years of been convicted of murder, manslaughter, negligent homicide or assault related to operation of a vehicle
Pennsylvania	Case law	Vehicle may be forfeited for DUI offense: Commonwealth v. Crosby 568 A.2d 233 (PA Super. 1990)
Rhode Island	31-27- 2(d)(3)(ii);	Vehicle forfeited for third offense within five years
	§31-32-4(b)	If license suspended then defendant may have registration of any vehicle they own suspended; however, such registrations are not suspended if financial responsibility is provided
South Carolina	§56-5-6240	Vehicle forfeited for third or subsequent offense within 10 years; vehicle can either be owned and operated by offender or operated by offender who is resident of household of registered owner
South Dakota	§32-35-44	Registration suspended for all vehicles owned by driver for same time period license is revoked/suspended for DUI
Tennessee	55-10-403(k)(1)	Vehicle forfeited for second or subsequent offense
Texas	Tran Code §704.001	Vehicle may be forfeited after three or more DUI offenses
Utah	§41-6-44.30	Vehicle is impounded if driver arrested for DUI is the owner of the vehicle
Vermont	23 § 1213a, b	If second or subsequent offense vehicle can be immobilized for 18 months; if third offense the vehicle may be forfeited; if defendant is under 18 years old, vehicle is impounded for up to 60 days
Virginia	46.2-391.1	Registration suspended when license revoked/suspended for DUI conviction, or for driving on suspended/revoked license or for vehicular homicide
Washington	46.61.5058	Vehicle forfeited for second conviction within seven years, subject to possession by spouse in case of hardship
West Virginia	None	
Wisconsin	343.305(10m); 346.65(6)	Vehicle may be forfeited for third offense within ten years; vehicle shall be forfeited for fourth or subsequent offense within ten years
Wyoming	31-7-128(c)	Registration suspended for same period as license revocation/suspension, for subsequent DUI conviction within two years
American Samoa	None	