MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

2373

2005 SENATE JUDICIARY

SB 2373

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2373

Senate Judiciary Committee

☐ Conference Committee

Hearing Date January 31 , 2005

Tape Number	Side A	Side B	Meter #
1	X		2042 - End
Committee Clerk Signature	Moira L Selby		

Minutes: Relating to Commitment of individuals addicted to controlled substances; penalty & appropriations.

Senator John (Jack) T. Traynor, Chairman called the Judiciary committee to order. All Senators were present. The hearing opened with the following testimony:

Testimony In Support of the Bill:

Sen. Larry Robinson #24 - Introduced the Bill (meter 2042) Gave Testimony - Att. #1

Wayne Stenehjem - Attorney General State of ND (meter 4040) I have said that the Meth epidemic in ND is the most serious law enforcement issue this state is facing and fair to say it is the most serious law enforcement issue this state has ever faced not a week goes by that some parent, friend or family member doesn't come up to me and relate the kind of story that Sen Robinson so eloquently laid forth for you this morning. This committee has been very helpful in getting a handle on this meth problem in ND. Sen. Nelson has also been a great advocate for this program.

I am on the "arresting" side of this problem and have always said that we can not build enough prison beds out of this problem. We need to continue to address the three prongs. 1. Education 2. Treatment and 3. Law enforcement. Unless we get a handle on the "addiction" and "treatment" aspect of this we will see these folks in the court systems and back in the jails year after year. This is the most insidious, viscous, addictive, potentially fatal drug that we have ever seen come down the pike-ever! This a bill, though not perfect, needs to be kept alive in the mix of bills we will see in this session. Discussed other bills in session.

Not all addicts are in the system and treatment is needed to help them before they become a criminal. Reinforced the importance of "long term treatment". Of course there is a cost. We either pay it now or pay it later Thank you Mr. Chairman

Sen. Traynor asked if this was in the Governors budget? This is NOT in the Governors budget.

Warren R. Emmer - Director Department of Corrections and Rehabilitation's. (meter 4930) Gave Testimony - Att #2.

JoAnne Hoesel, Dir. of the Division of Mental Health & Substance Abuse-Dept. of Human Services. (meter 5800) Gave testimony - Att. #3

Sen. Trenbeath questioned Section 1. referring to treatment being only at the State Hospital, could it been done in other locations. Yes, discussed Graften and other locations.

Brenda Wise - Chief Financial Officer for Dept. of Human Services, (meter 450) the fiscal note is wrong I will get you a corrected version of it. This reflects a full millennium not half.

Testimony in Opposition of the Bill:

none

Senator John (Jack) T. Traynor, Chairman closed the Hearing

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373

Senate Judiciary Committee

☐ Conference Committee

Hearing Date February 2, 2005

Tape Number	Side A	Side B	Meter #
1	X		2759 -4900
Committee Clerk Signature	Mona L Salberg		

Minutes: Relating to commitment of individuals addicted to controlled substance; penalty and appropreation.

Senator John (Jack) T. Traynor, Chairman called the Judiciary committee to order. All Senators were present. The hearing opened with the following committe work:

Sen. Trenbeath stated that this was a good bill and thet we should vote on it and pass it on to appropreations.

Senator Triplett stated she had concerns about it being so spacific to the State Hospital. Others said that there would be other facilities capable of handling this. I am a big believer of a facility being as close as possible. Looked at the amendment from Sen. Robinson. On page 2, line 3, section 4 putting in "an appropreate" treatment facility and strike state hospital-through out the bill.

Motion made by **Sen. Trenbeath** moved the above amendment and **Senator Triplett** seconded it. All were in favor, amendment passes.

Discussion of a "class C" Felony for willfull violation of an order. The underline cause is a felony but the person is being diverted by the court system to correct ones habits. If he or she does not do that, and given the nature of addicts is unable to do it, then you have another felony. The court could under its power of civil proceedure enforce athority. Yes. The court could charge "will full violations" on any event.

Senator Triplett stated that the people are going to acknowlage "guilt" to the treatment providers before thay have been charged with a crime. There are plenty of barriers already. People will be afraid to particiapate just because of what they disclose at the treatment facility will be used against them in the future.

Sen. Nelson stated in Sen Robinson's testimony, he is trying to get to these people before they get into the criminal system.

Discussion of an "open door" policy and if no crime has been committed. What about a parent committing a child against there will? The whole proceedure is civil but the penalty turns it into criminal.

Sen. Traynor stated that "sick people" are never better being locked up.

Move to amend and delete #6 on bill - "Class C felony" by **Sen. Trenbeath** and seconded by **Senator Triplett**. All were in favor motion passes.

Move to do pass as two times amended and forwarded on to appropreations by **Sen. Trenbeath** and seconded by **Senator Hacker**. All were in favor, motion passes.

Carrier: **Sen. Trenbeath**

Senator John (Jack) T. Traynor, Chairman closed the Hearing

FISCAL NOTE

Requested by Legislative Council
04/25/2005

Amendment to: Reengrossed SB 2373

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$500,000	$800,000	$0	
Appropriations					$0	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill provides for the implementation of a pilot program for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide for an appropriation and to provide for an expiration date.

The expenditures affect the department's regular appropriation.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The bill states that $800,000 from other funds consisting of third party, client payments and other sources are appropriated. Current history in the department indicates that few have insurance coverage or resources of their own to provide for such treatment. The bill further states that the Department will issue a statewide request for proposal (RFP) prior to establishing the program. A response to the RFP may indicated that "other" funds are available.

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures are estimated to be $1.3 million for up to a 20 bed facility with a start up of January 1, 2006. $500,000 is from the general fund. 18 month cost is based on an estimated $118.83 per day per client cost based on a 20 bed facility.

No expenditures are estimated for 2007-2009 since the bill provides for an expiration date.

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

An appropriation was included in the bill.

Name:	Brenda M. Weisz	**Agency:**	DHS
Phone Number:	328-2397	**Date Prepared:**	04/25/2005

FISCAL NOTE

Requested by Legislative Council
04/01/2005

Amendment to: Reengrossed SB 2373

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$780,860		$0	
Appropriations			$280,860		$0	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill provides for the implementation of a pilot program at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide for an appropriation and to provide for an expiration date.

The expenditures affect the department's regular appropriation.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The bill states that the participants in the pilot program or a third party payor provide fifty percent of the cost of the treatment. Current history in the department indicates that few have insurance coverage or resources of their own to provide for such treatment. Based on this information we have not inlcuded any revenues to offset costs.

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Based on the need to hire the necessary staff to provide the service, we do not anticipate the ability to have the program operational prior to January 1, 2006. The 18 month cost is estimated to be $780,860 all from the general fund based on the reasons noted noted above. The cost is figured at approximately $142.75 per day with this 6 month delay in operation.

No expenditures are estimated for 2007-2009 since the bill provides for an expiration date.

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

The bill contains an appropriation of $500,000 from the general fund, however we feel the costs will exceed this amount and the impact to the agency's regular budget will be $280,860 beyond the amount appropriated.

Name:	Brenda M. Weisz	**Agency:**	DHS
Phone Number:	328-2397	**Date Prepared:**	04/01/2005

FISCAL NOTE

Requested by Legislative Council
03/18/2005

Amendment to: Reengrossed SB 2373

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$2,596,460		$2,938,911	
Appropriations			$2,596,460		$2,938,911	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill relates to the committment of individuals for who are chemically dependent on methamphetamines or other controlled substances.

The expenditures affect the department's regular appropriation.

According to the Supreme Court, there were 1,268 commitals in calendar year 2004. There is no history of tracking commitments tied to the usage of methamphetamine or other controlled substances so the fiscal note is based upon 300 persons being committed during the biennium.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

At this time there is no anticipated revenue source.

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures for the 2005-2007 biennium are estimated based on providing treatment at the State Hospital. The cost is estimated to be $2,121,460 for treatment which is figured at approximately $77.43 per day with a 6 month delay in operation. The program is estimated to be operational by January 1, 2006. One time remodeling costs are estimated at $475,000 to remodel the building to be used for treatment.

Expenditures estimated to be incurred for 2007-2009 are based on treatment being provided for 24 months.

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive*

budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

For the 2005-2007 biennium the Department has not budgeted for this service and the entire amount would be needed in the department's regular appropriation.

Name:	Brenda M. Weisz	**Agency:**	DHS
Phone Number:	328-2397	**Date Prepared:**	03/18/2005

FISCAL NOTE

Requested by Legislative Council
02/17/2005

Amendment to: Reengrossed SB 2373

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$2,596,460		$2,938,911	
Appropriations			$2,596,460		$2,938,911	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would provide for committment for treatment at the state hospital of individuals who are chemically dependent on methamphetamines or other controlled substances; and would provide for a penalty.
The expenditures affect the department's regular approriation.

According to the Supreme Court, there were 1,268 commitals in calendar year 2004. There is no history of tracking commitments tied to the usage of methamphetamine or other controlled substances so the fiscal note is based upon 300 persons being committed during the biennium.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

At this time there is no anticipated revenue source.

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures for the 2005-2007 biennium are estimated based on providing treatment at the State Hospital. The cost is estimated to be $2,121,460 for treatment which is figured at approximately $77.43 per day with a 6 month delay in operation. The program is estimated to be operational by January 1, 2006. One time remodeling costs are estimated at $475,000 to remodel the building to be used for treatment.

Expenditures estimated to be incurred for 2007-2009 are based on treatment being provided for 24 months.

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive*

budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

For the 2005-2007 biennium the Department has not budgeted for this service and the entire amount would be needed in the department's regular appropriation.

Name:	Brenda M. Weisz	**Agency:**	DHS
Phone Number:	328-2397	**Date Prepared:**	02/17/2005

FISCAL NOTE

Requested by Legislative Council
02/07/2005

Amendment to: SB 2373

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$921,710		$925,112
Expenditures			$22,748,290	$921,710	$23,459,722	$925,112
Appropriations			$22,748,290	$921,710		

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would provide for committment to in-patient treatment of individuals addicted to controlled substances; and would provide for a penalty.

According to the Supreme Court, there were 1,268 commitals in calendar year 2004. There is no history of tracking commitments tied to the usage of methamphetamine or other controlled substances so the fiscal note is based upon 300 persons being committed during the biennium.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The Department would receive federal Title XIX funds at the estimated FMAP to be in place during the applicable time frame for the allowable portion of the expenditures. It is estimated that 10% of the clients served would be medicaid eligible. Revenue for the 2005-2007 biennium would total $921,710 and for the 2007-2009 biennium, $925,112.

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures for the 2005-2007 biennium are estimated as follows. The current bill specifies in-patient chemical dependency treatment and rehabilitation. There are currently three in-patient chemical dependency treatment facilities in the state. Expenditures are based on the average daily rate for these three facilities of $526 for 150 days for 300 clients, for a total of $23,670,000, with $22,748,290 being general funds. The 150 days are comprised of 60 days for assessment and 90 days for treatment.

Expenditures estimated to be incurred for 2007-2009 amount to $24,384,834 of which $23,459,722 would be general funds. The estimate used the same amounts indicated above after applying a 2% estimated inflation factor and anticipated FMAP.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

For the 2005-2007 biennium the Department estimates an additional $23,670,000 would be needed in the department's regular appropriation to cover the estimated expenditures with $22,748,290 being from the general fund.

Name:	Debra A. McDermott	**Agency:**	Human Services
Phone Number:	328-3695	**Date Prepared:**	02/08/2005

FISCAL NOTE

Requested by Legislative Council
01/31/2005

REVISION

Bill/Resolution No.: SB 2373

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$431,723		$577,755
Expenditures			$6,836,339	$431,723	$9,405,656	$577,755
Appropriations			$4,362,285	$146,870	$9,405,656	$577,755

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would provide for committment of individuals addicted to controlled substances; and would provide for a penalty.

The Department estimates 4,702 individuals among the Human Services Centers received substance abuse services in SFY 2004. Of these, those with a diagnosis of methamphetamine/amphetamine addiction was 1,030 or approximately 22%.

The fiscal impact occurs since, currently, clients are not receiving duration and intensity of serivices as indicated in the bill. The appropriation affected is the agency's regular appropriation.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The Department would receive federal Title XIX funds at the estimated FMAP to be in place during the applicable time frame for the allowable portion of the expenditures. It is estimated that 10% of the clients served would be medicaid eligible. Revenue for the 2005-2007 biennium would total $431,723, and for the 2007-2009 biennium, $577,755.

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures estimated to be incurred by the Human Service Centers for 2005-2007 are based on 1) 15 beds for assessments at $75 per day for 730 days for a total of $821,250; and 2) 50 beds for day treatment and residential at $243 per day for 730 days for a total of $8,869,500, for a total expenditure of $9,690,750 of which $9,115,119 is general fund for entire biennium. It is anticipated that the project would not be implemented until six months into the biennium thus representing 75% of the biennial amount - $7,268,062 total with $6,836,339 in general funds.

Expenditures estimated to be incurred by the Human Service Centers for 2007-2009 amount to $9,983,411 of which

$9,405,656 would be general funds. The estimate used the same amounts indicated above after applying a 2% estimated inflation factor and anticipated FMAP.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

For the 2005-2007 biennium the Department estimates that the current appropriation includes $3,678,543 for methamphetamine/amphetamine treatment. An additional $4,509,155 would be needed in the department's regular appropriation to cover the estimated expenditures with $4,362,285 being from the general fund.

Name:	Brenda M. Weisz	**Agency:**	Human Services
Phone Number:	328-2397	**Date Prepared:**	01/31/2005

FISCAL NOTE

Requested by Legislative Council
01/25/2005

Bill/Resolution No.: SB 2373

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2003-2005 Biennium		2005-2007 Biennium		2007-2009 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$575,631		$577,755
Expenditures			$9,115,119	$575,631	$9,405,656	$577,755
Appropriations			$5,816,422	$195,785	$9,405,656	$577,755

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2003-2005 Biennium			2005-2007 Biennium			2007-2009 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would provide for committment of individuals addicted to controlled substances; and would provide for a penalty.

The Department estimates 4,702 individuals among the Human Services Centers received substance abuse services in SFY 2004. Of these, those with a diagnosis of methamphetamine/amphetamine addiction was 1,030 or approximately 22%.

The fiscal impact occurs since, currently, clients are not receiving duration and intensity of serivices as indicated in the bill. The appropriation affected is the agency's regular appropriation.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The Department would receive federal Title XIX funds at the estimated FMAP to be in place during the applicable time frame for the allowable portion of the expenditures. It is estimated that 10% of the clients served would be medicaid eligible. Revenue for the 2005-2007 biennium would total $575,631, and for the 2007-2009 biennium, $577,755.

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Expenditures estimated to be incurred by the Human Service Centers for 2005-2007 are based on 1) 15 beds for assessments at $75 per day for 730 days for a total of $821,250; and 2) 50 beds for day treatment and residential at $243 per day for 730 days for a total of $8,869,500, for a total expenditure of $9,690,750 of which $9,115,119 is general fund.

Expenditures estimated to be incurred by the Human Service Centers for 2007-2009 amount to $9,983,411 of which $9,405,656 would be general funds. The estimate used the same amounts indicated above after applying a 2% estimated inflation factor and anticipated FMAP.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

For the 2005-2007 biennium the Department estimates that the current appropriation includes $3,678,543 for methamphetamine/amphetamine treatment. An additional $6,012,207 would be needed in the department's regular appropriation to cover the estimated expenditures with $5,816,422 being from the general fund.

Name:	Brenda M. Weisz	**Agency:**	Human Services
Phone Number:	328-2397	**Date Prepared:**	01/30/2005

Date: 2/4/05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate Judiciary Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Amend Bill + Change "State Hospital" to Approp. facility

Motion Made By Sen. Trenbeath Seconded By Sen Triplett

Senators	Yes	No	SenatorsSen. Nelson	Yes	No
Sen. Traynor	✓		Sen. Nelson	✓	
Senator Syverson	✓		Senator Triplett	✓	
Senator Hacker	✓				
Sen. Trenbeath	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2/4/05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate Judiciary Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Take out "Class C-Felony" #6 of Bill

Motion Made By Sen Trenbeath Seconded By Sen Triplett

Senators	Yes	No	SenatorsSen. Nelson	Yes	No
Sen. Traynor	✓		Sen. Nelson	✓	
Senator Syverson	✓		Senator Triplett	✓	
Senator Hacker	✓				
Sen. Trenbeath	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2/4/05
Roll Call Vote #: 3

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate Judiciary Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Bill as Twice Amended

Motion Made By Sen Trenbeath Seconded By Sen Hacker

Senators	Yes	No	SenatorsSen. Nelson	Yes	No
Sen. Traynor	✓		Sen. Nelson	✓	
Senator Syverson	✓		Senator Triplett	✓	
Senator Hacker	✓				
Sen. Trenbeath	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Trenbeath

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2373: Judiciary Committee (Sen. Traynor, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2373 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 25-03.1 of the North Dakota Century Code, relating to the assessment, detoxification, commitment, treatment, and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances; and to provide a penalty.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 25-03.1 of the North Dakota Century Code is created and enacted as follows:

Commitment of individuals who are chemically dependent on methamphetamine or other controlled substances - Penalty.

1. Subject to the commitment procedures provided for in this chapter, upon petition to the court by the individual who is the subject of the petition, a state's attorney, a law enforcement officer, or any interested party over the age of eighteen, the court may order an individual who is chemically dependent on methamphetamine or other controlled substances to participate in and complete an assessment, detoxification, and inpatient chemical dependency treatment and rehabilitation program in an appropriate treatment facility. The petition to the court must be supported by an affidavit or the report of a mental health professional. The court may order any individual who is reasonably able to do so to contribute to the cost of the individual's assessment, detoxification, and chemical dependency treatment and rehabilitation.

2. Upon receipt of a petition under this section, the court may issue an order for an assessment to determine whether the individual is chemically dependent on methamphetamine or other controlled substances. The court may order the individual to be taken into custody pending a preliminary hearing on the petition. The court shall hold the preliminary hearing no later than three days after the individual has been taken into custody, excluding holidays and weekends. The individual may waive the preliminary hearing.

3. If the court determines at the preliminary hearing that there is probable cause that the individual is chemically dependent on methamphetamine or other controlled substances, the court shall order the individual to undergo an assessment and detoxification, if necessary, at an appropriate treatment facility.

4. Within sixty days after the court has issued an order for assessment, the treatment facility shall provide the court with a report of the assessment and recommendations for treatment and rehabilitation. The court shall hold a hearing within fourteen days of receipt of the report to determine whether to commit the individual to an appropriate treatment facility for inpatient treatment and rehabilitation as an individual who is chemically dependent on methamphetamine or other controlled substances. The individual may waive the commitment hearing. The court may extend the time for hearing for good cause. If the court determines by clear and

convincing evidence that the individual is chemically dependent on methamphetamine or other controlled substances, the court shall commit the individual to an appropriate treatment facility for treatment and rehabilitation. The inpatient chemical dependency treatment and rehabilitation program ordered under this section must be at least ninety days.

5. Section 25-03.1-04 is not applicable to a commitment proceeding under this section.

6. An individual is guilty of a class C felony if the court finds that the individual willfully violated the conditions of the order issued under this section."

Renumber accordingly

2005 SENATE APPROPRIATIONS

SB 2373

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2373

Senate Appropriations Committee

☐ Conference Committee

Hearing Date February 9, 2005

Tape Number	Side A	Side B	Meter #
2	a		1,311
Committee Clerk Signature			

Minutes:

Chairman Holmberg opened the hearing on SB 2373 with a few announcements.

Senator Larry Robinson, District 24, testified as the **sponsor of SB 2373** by explaining the intent of the bill. The fiscal note on the bill is not consistent with the intentions as we are looking at a program that costs much less. He indicated there is no longer a place to put folks addicted. This bill puts in place a treatment program for folks with addiction problems to avert these individuals from the criminal system. He presented statistical information as to why this bill is needed and information about long-term treatment as well as personal experience and available treatment sites.

Questions were raised as to whether this piggybacked with SB 2342, about the treatment done in other states, the needs in ND, the concerns of the law enforcement, and the need for education.

Jason Kobneski, works with community council and corrections services as a nonprofit private operator of the Bismarck transition center testified on behalf o f SB 2373. He distributed

handouts and focused on three areas in his testimony relating to the finance area, service delivery system. He discussed the cost of meth treatment, medical costs, foster care system, and general societal costs; the service delivery system; and urged caution of duration and intensity of treatment. He then discussed the Montana program. He indicated that every dollar spent on treatment saves $7.42 in other related costs.

Questions were raised as to daily costs of treatment programs.

Greg Runge, public defender, handling mental health commitments for Burleigh and Morton Counties, distributed testimony and testified against SB 2373. He indicated that this bill is bad legislation and he felt this bill is an attempt to fix a nonexistent problem at the expense of the taxpayer. He indicated that present statute does everything SB 2373 proposes to do, except that 2503.1 does it in a more expeditious and economical fashion. He then gave examples of duplication. He also believed that there is a constitutional problem with the bill, page 2, line 15 and other examples. And examples of jeopardizing mental health and criminal statute,

Vice Chairman Bowman indicated that as a result of Mr. Runge testimony, that there would be legal issues that would have to be addressed.

Warren Emer, Director of Department of Corrections, field services, testified as a neutral person SB 2373. He indicated that the staff council of the Attorney General's Office, the Legislative Council and Criminal Justice Division has looked at this bill and helped draft it. The second thing is SB 2373 will look at the epidemic as it has been accurately described different then the past. It is our opinion that this will save the state money.

Kerry Wicks, Director Chemical Dependency Services, State Hospital, Jamestown, testified on behalf of SB 2373. He discussed the model at Jamestown, the cost estimates for providing

this level of care, the cost of in patient care. He also discussed three issues, the bill amended exempts individuals committed under this bill from the screening process through the human service centers and we recommend that process be restored, the initial costs involved at the state hospital would need the money for the structure, and in planning the service, the hospital would expect to have referrals where needed to come through the chemical dependency services at ND State Hospital.

Questions were raised as to the change in policy, the number of people being treated a year, and the way to address this issue.

Vice Chairman Bowman closed the hearing on SB 2373.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373

Senate Appropriations Committee

❑ Conference Committee

Hearing Date 02/15/05

Tape Number	Side A	Side B	Meter #
1	x		3,266-1419
Committee Clerk Signature			

Minutes: **Chairman Holmberg** opened discussion on SB 2373.

Sen. Robinson asked if Vonnette Richter would explain the proposed amendment .0201.

Vonnette Richter, Legislative Council explained the amendment. Stating that they essentially take us back to the original bill, there is an additional procedural amendment to sub section 3. This would rely on the commitment procedures that are currently in code for this process.

Chairman Holmberg: what does this do to the fiscal impact?

Ms. Richter: I am sorry, but I cannot speak to the fiscal impact.

Sen. Robinson: The 22 million dollar fiscal note was not accurate, it was based on impatience. We are looking $77/ day, that is a very good rate. The question is when do we commence the program, that will direct the fiscal note.

Sen. Andrist (4030) Is there any thing that would use this as a pilot program?

Ms. Richter: I do not see a problem with that.

Alex Schwitzer, Super Intendant ND State Hospital appeared in support of SB 2373. He also went over how the program would work if this legislation was pass, stating that this is a residential program.

Sen. Bowman (4410): Regarding the other bill similar to this, would it be possible to combine the two?

Mr. Schwitzer: Regarding civil commitment, the model can adapted to residential.

Sen. Andrist: It seems to me that there is a program to treat prisoners. I want to support this bill, but I have difficulty. If the family pays I think there will be a better chance of success.

Warren Emmer, Director of the DOCR Field Services Division appeared in support of SB 2373. At some point most of these people will go into the corrections system if left unattended. This has a positive fiscal impact, on the corrections system. You will start to see some rewards not in this biennium but the next one out.

Sen. Christmann At what age do they routinely start using.

Mr. Emmer: They can start at any age.

Sen. Robinson moved the amendment #.0201, seconded by Sen. Mathern.

Sen. Robinson: Less than a week ago we had an all time high in corrections 1,306 people.

Sen. Andrist: I would like clarification on the fiscal impact.

Sen. Robinson: $475,000+ 2.1 million for an 18 month program, that would start January 2006.

A voice vote for the amendment was taken, the amendment carried.

Sen. Christmann: I don't know if the sponsor would be interested in amending it to have the family pay for it, for the fist biennium.

Sen Robinson: I hope that we can keep this alive. I am not opposed to further revisions, I would say that I would oppose looking at this as a pilot program.

Sen. Fischer: Do we need a fiscal note?

Chairman Holmberg If this went back to the original bill, its a fiscal impact on agency.

Sen. Robinson: The fiscal not is 1.5 million plus the $475,000.

Sen. Mathern: I would request a new fiscal not and adopt it on the floor.

Chairman Holmberg IF the amendment was the original bill, the original fiscal not would be used.

Sen. Andrist: We can handle 150/yr, my sense is that in 3 weeks we will have those people there.

Sen. Robinson: This would relive up to 300 beds from the corrections system if we are 60% successful we are talking 180 fewer beds the impact there is phenomenal.

Chairman Holmberg reminded the members that there are 3 fiscal notes on the bill.

Sen. Bowman What I am confused with is the other program SB 2341, those are convicted felons $700,000 and this one runs into the millions. What is the difference between the two?

Sen. Robinson : I would disagree with part of what you said. This one is human services, we are looking at before they are in the corrections system. SB 2341 would require mandatory drug treatment.

Sen. Bowman: We want to look at this in a way that we can get results.

Sen Robinson: I cannot speak to SB 2341, this one will be like the treatment at the Tompkins unit at the state hospital.

Sen. Mathern: This bill says lets use the program in place, the other bill says lets establish a

new program for the same problem for the corrections system.

A DO PASS AS AMENDED motion was made by Sen. Robinson, seconded by Sen Mathern.

Roll call vote was taken, 12 yeas, 3 nays, and none absent. Sen. Robinson will carry the bill.

Chairman Holmberg closed meeting on SB 2373.

50809.0201
Title. 0300

Prepared by the Legislative Council staff for
Senator Robinson
February 10, 2005

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2373

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 25-03.1 of the North Dakota Century Code, relating to the commitment of individuals who are chemically dependent on methamphetamine or other controlled substances; and to provide a penalty.

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2. Upon the issuance of an order imposing the treatment program as provided in subsection 1, the department of human services shall notify the drug treatment program provider designated to provide the drug treatment program. Within thirty days of receiving that notice, the drug treatment program provider shall prepare a treatment plan and forward it to the court.

3. If the court determines by clear and convincing evidence that the individual is chemically dependent on methamphetamine or other controlled substances, the court shall commit the individual to a clinically managed residential substance abuse treatment program for treatment and rehabilitation at the state hospital.

4. An individual who is subject to an order issued under this section is guilty of a class C felony if the court finds that the individual willfully violated the conditions of the order."

Renumber accordingly

Date 2-15-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate SENATE APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass As Amended

Motion Made By R Seconded By M

Senators	Yes	No	Senators	Yes	No
CHAIRMAN HOLMBERG	✓		SENATOR KRAUTER	✓	
VICE CHAIRMAN BOWMAN	✓		SENATOR LINDAAS	✓	
VICE CHAIRMAN GRINDBERG	✓		SENATOR MATHERN	✓	
SENATOR ANDRIST		✓	SENATOR ROBINSON	✓	
SENATOR CHRISTMANN		✓	SEN. TALLACKSON	✓	
SENATOR FISCHER	✓				
SENATOR KILZER		✓			
SENATOR KRINGSTAD	✓				
SENATOR SCHOBINGER	✓				
SENATOR THANE	✓				

Total (Yes) 12 No 3

Absent

Floor Assignment Robinson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2373, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2373 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 25-03.1 of the North Dakota Century Code, relating to the commitment of individuals who are chemically dependent on methamphetamine or other controlled substances; and to provide a penalty.

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Renumber accordingly

2005 HOUSE JUDICIARY

SB 2373

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373

House Judiciary Committee

❑ Conference Committee

Hearing Date 3/9/05

Tape Number	Side A	Side B	Meter #
1		xx	2.7-end
2	xx		0-end
2		xx	0-12.4
Committee Clerk Signature	Dawn Penrose		

Minutes: 14 members present.

Chairman DeKrey: We will open the hearing on SB 2373.

Sen. Larry Robinson: Sponsor, support, explained the bill (see written testimony). An emergency clause should be added..

Wayne Stenehjem, Attorney General: I simply want to underline the points made by Sen. Robinson, in a very powerful way. I don't need to talk to this committee to talk to you about how serious this meth problem is in ND. I've consistently told you that the solution to the problem, if there is one, is three pronged. First, education; second, law enforcement; and third, treatment. This bill deals with that third prong, the treatment prong. Yesterday you heard a bill that has to do with treatment for those who are in the criminal justice system. The other side of that issue is those who are not in the criminal justice system, but in the civil system who have a concerned family member, a parent, sister, somebody who is concerned and is reluctant to turn them over to the cops, but still wants to get some kind of treatment and help for these

individuals. That is what this bill is designed to deal with. So I hope that this committee will favorably act on this, there is a fiscal note as mentioned, keep this concept alive so that we're working our way through the legislature on the entire package of legislation; this is one of the pieces that was in the mix, because I think it is essential that we have treatment programs on the civil end for those, and those programs, as I mentioned, need to be affordable and have to be available across the state of ND, and we don't have enough of them.

Sen. Tom Trenbeath: I'm the delegate from the Senate Judiciary Committee to point out an error that we made in sending this bill over to you. We had done, as a matter of record, amended the bill to delete lines 3-5 on page 2, which is the C felony section, and through some snafu, it didn't make it to the floor. When it came to the floor, the felony section was still in here. I've prepared an amendment. The reasoning behind the amendment is that this bill has to do with civil commitment procedure and has to do with the cooperation of family members, or individuals, who themselves, may suffer from meth addiction. It seemed unfair to us, and had a chilling effect, opposite intent of the bill, to say that if you really feel that you need treatment, you can come forward and the judge will order treatment, but if you don't go through with treatment you're guilty of the C felony, all of a sudden. That coupled with the fact, that presumably, if a person does not go through with treatment, there will be some other crime associated with that activity in any event. We thought it would be in the best interest of giving the bill a fair chance to work, to take the C felony penalty out of the bill, for failure to abide by civil commitment order.

Representative Koppelman: Your amendment seems to be identical to the one Sen. Robinson had with his testimony.

Sen. Trenbeath: Oh, if that's the case, thanks Larry.

Chairman DeKrey: Thank you.

Sen. Larry Robinson: I did offer that amendment. A couple of weeks ago, I was in a community in my district, and I was approached by a young couple who talked to me about this meth problem, and the comment was, we are so thankful that we don't have that problem in our district. My response to her and her husband was, folks the day is not over yet. I can tell you this scourge can knock at anyone's door, when it knocks at your door, it's a very loud, long lasting and depressing sound. It has knocked at our door, and it turns your life upside down.

Representative Koppelman: If I'm understanding what the bill tries to accomplish, if you civilly commit someone who is a meth user, obviously you're trying to intervene before the courts get involved in the law enforcement system. How does this do that. Does the bill have a provision that keeps someone who otherwise would be guilty of a crime from being prosecuted for that crime, if they're in treatment.

Sen. Larry Robinson: The intent is, as early as possible in the process, if you identify a loved one, who is experimenting with meth, given the knowledge that we have, that almost never do you experiment and walk away from meth, unlike beer, or marijuana situation. We know that the incidence of relapse and continued use are so high, the odds are so slim that it is in your best interest to intervene now and not later. To seek treatment now, and not later. The longer they use, the worse the case becomes. So almost like the alcohol addiction program we've had in place, and still out there, this gives us a means of early on saying look, we need help, we need it now. You petition the court and there the judge will determine proper placement and at a proper

treatment level. The folks from Human Services will talk about an amendment that will get into that area.

Representative Galvin: You said the courts have a backlog of these types of cases, if something like this were put into place, could you accommodate all of the addicted people that you would need to accommodate, or would you have to turn some of them away, how would that work.

Sen. Larry Robinson: The issue is such that if you don't intervene at this stage, I would submit to you that at some point, it might be a month, it might be six months, that individual is going to be in the court anyway. That individual's going to be in the court, have a criminal offense, and they we go down the road for treatment, so the idea is that yes, it'll take some time, but in the long term, it's going to be a far better investment of that time, than waiting until we have a criminal offense. The Tompkins Unit at Jamestown, they are doing an unbelievable job there, but to get into that treatment facility, with few exceptions you need to first pass through our prison system. Think about that. To get into the treatment program, you need to first go through the prison system. That's because of the numbers, that's because of the backlog, that's because of the lack of resources.

Chairman DeKrey: Thank you. Further testimony in support of SB 2373.

JoAnne Hoesel, Director, Division of Mental Health & Substance Abuse for the Dept of Human Services: Support (see written testimony). I am attaching an amendment that incorporates the department's suggested changes.

Representative Delmore: The Senate did fund this beyond what the Governor's budget is, so if our House Appropriations committee, would follow suit, we would meet that requirement for you.

JoAnne Hoesel: Yes, if they did fund that, it would be supported by the budget, yes.

Representative Delmore: Your amendment on failure to commit, I understand, does that preclude family members, however, from doing it, or would this be in addition to what we are familiar with what's in statute, and I don't think family members are mentioned. You're adding to the list to make it consistent, am I correct.

JoAnne Hoesel: Actually the current statute, I believe, talks about people 18 years of age and older, so that would actually be inclusive of family members. But it certainly is adding to what the current wording is, and not removing the ability of mental health workers and other people that would be involved with the process.

Representative Klemin: We've had quite a bit of work done at that civil commitment statute in past sessions, so we're pretty familiar with it. I guess I'm wondering what this bill does, that's not already covered in the existing law.

JoAnne Hoesel: My perspective on that, is that with the changes in the amendment I've offered, the only addition would be dollars that would be added to the program at the State Hospital. We believe that the current commitment law is in place that would cover people that are currently addicted to meth and other controlled substances. I think it just highlights the fact that this is certainly a concern.

Representative Klemin: So basically, my understanding is that, the existing law does cover chemical dependency, which would include meth, or any other kind of drug and that any person

who's 18 years of age or older can now file a petition, it doesn't limit it to family members, so it can include somebody at a hospital, or somebody involved in law enforcement or a doctor, or anybody, a state's attorney could do it, perhaps the only thing that this is really doing is, as you said, putting some additional funds, there's no appropriation, there's a fiscal note, but there's no appropriation in the bill, the fiscal note says how much it is going to cost and that appropriation would have to be put in through the budget of Dept of Human Services.

JoAnne Hoesel: Correct.

Representative Klemin: That could actually be done without this bill, couldn't it.

JoAnne Hoesel: I agree.

Representative Klemin: I recognize that meth is a big problem, but I'm still a little puzzled, because it starts off by saying, subject to the commitment procedures provided for in this chapter. It's all there.

Representative Boehning: On the fiscal note, you were in on SB 2341, what's the difference in the treatment in this fiscal for 2373 at $77/day and in 2341, the in-patient treatment care is $140.00. Why the difference in cost, the $63 difference per day.

JoAnne Hoesel: Part of it has to do with the fact of who would be the providers of this. We do have the superintendent of the State Hospital in attendance today, and he can answer questions about that. We do have some private providers that would be involved with 2341, which drives some of those costs as well.

Representative Kretschmar: You stated that your amendments would allow different levels of care for purposes of committing, would it also provide that they could be treated out of North Dakota, like in MN where there was available places for treatment.

JoAnne Hoesel: My first reaction to your question is that I think it would be very rare that someone would need to be treated out of the state. I'm not saying that we always have the capacity, but we certainly have the different levels of care that are being provided across the state, ranging from low intensity, outpatient services, to in-patient treatment as well, includes both public and private providers. I'm not personally familiar with situations that would require that. There might be some others that could address that.

Representative Kretschmar: I was thinking about the Fargo/Moorhead area, if there were something in Moorhead.

Representative Koppelman: Listening to Sen. Robinson's testimony, obviously what he's driving at here and what I think you're saying, is already existing in code relative to civil commitment, it can be done without court involvement, currently. Is that true. It can be done without going through the criminal process.

JoAnne Hoesel: Yes.

Representative Koppelman: If that's the case, how does that work. How does the process work, if you had a problem with alcohol of some kind, you can go in and say, I've got a problem with alcohol, I want to be committed, I want help. When you have problems with meth, you've committed a crime, as a controlled substance, what is it in the law that makes that, that separates the person wanting treatment who has committed a crime technically, to keep him from being prosecuted criminally, if you're going to be treated civilly.

JoAnne Hoesel: The current commitment law has legislative intent language. It's clear from that language that the intent is to address what is driving the usage and the intent of the commitment law is to get them into treatment, get services and keep them there. The

commitment law has avenues to do that. Let's say that someone wants to leave, but they are still in need of services, and there is also a threshold as well. I believe the wording is that if the person is at risk of harming themselves, others or property. So there needs to be an assessment, whether they meet that threshold, so the intent of the whole commitment bill is to get them into treatment.

Chairman DeKrey: Thank you. Further testimony in support.

Sen. Randy Christmann: I am here to testify in favor of this bill, even though I am actually on record at one point, of voting against it. When I voted against it, it was at a point where there was, in my mind, more flexibility for who all could do these commitments, and that sort of thing. I feared that it was going to be something that was likely to spin out of control and end up costing an enormous amount of money, that we didn't have at the time, and that was my only objection. With the amendments that were made, to limit it to family members, at that point I became a big advocate of the bill and with the amendments, ended up voting in favor of it, and the perspective I want to bring to you this morning, is that of working with corrections a great deal on our appropriations committee. Committee members that is a budget spinning out of control, and it's not our fault, it's not that we're spending excess money out there. The people are coming in, we're regulated in the treatment and the way we handled them, and the costs just keep going up and up and up. This, I think, is an opportunity, in a few cases at least, for family members to give treatment before the person is a convict and has a bad criminal record. I know of a personal situation where some friends of mine, their son, is living in Fargo and after years of not doing it, the wife has gone back onto this stuff, in this particular case the husband tried to get her treatment and can't, there doesn't seem to be anything effective available, he tried to have her

arrested, and was told that he didn't have enough evidence, he knows she is using and brought the kids to his parents' home to save them. I don't know if there are things in place already, that for some reason just aren't being followed, or if there are flaws in this, but there is a huge problem with this drug and I'm hoping that this might be an avenue to catch a few of them before they end up in the judiciary system.

Representative Koppelman: The Dept of Human Services suggested a couple of amendments, one of which would basically include the provisions of current law, relative to who could commit, so it kind of expands it beyond family, and my understanding of your testimony just now that you like the bill because it restricts it.

Sen. Randy Christmann: I did not hear that. I'm thinking that would allow states' attorneys and folks like that. My concern with that, when that was the way the bill was in the first place, was out of these 53 counties, if you had one overly exuberant states' attorney, who happened to have an equally over exuberant judge, it might be hard telling how many people they're going to be committing, just because somebody doesn't wear the clothes that I like, doesn't mean they have to be committed, so I thought that for the first two years, let's narrow it down a little, let's catch the ones where a family member can clearly see that the person is getting out of control and maybe next time we want to move that far with it, but I think that the budget would suggest that we should take a slower approach.

Representative Klemin: Current commitment law contains quite a few due process protections for the person who is being subject to the commitment procedure. In addition, there is a requirement for an expert opinion that has to be given by a qualified person, in order for that person to be committed, so it's not just up to the states' attorney or judge, to decide. In addition,

there have been a number of cases where there has been appeals of those commitment orders to the Supreme Court, so the Supreme Court has set out some additional things that need to be followed under civil commitment statute, so I don't personally feel that there really is a concern about states' attorneys. My experience is that most of them don't like to do these civil commitments because they've got too many other things to do. I don't foresee a concern really there with somebody getting railroaded on this.

Sen. Randy Christmann: I'm glad that wasn't a question. That's why we need this in the Judiciary Committee. Thank you.

Representative Delmore: I believe you would agree with the premise, however, that an ounce of prevention is worth a pound of cure. If we can get some of these people in the very beginning, when we know how addictive this substance is, it's still going to be much cheaper than in the end result, having them commit crimes, being in prison, and we will still have to pay. It's either pay me now or pay me later, but if we can make them contributing members to our society, it would certainly be worth it.

Chairman DeKrey: Thank you. Further testimony in support of SB 2373.

Kerry Wicks, Director, Chemical Dependency Services at ND State Hospital: Support (see written testimony).

Representative Boehning: Under the remodeling costs, do you have estimates on that, or is this just a best guess estimate of $475,000.

Kerry Wicks: That's a very close estimate. It has been, we had looked at using this building last biennium, so we had a very good cost estimate of what it was going to take to bring that building up to speed, and that is pretty accurate.

Representative Klemin: Your written testimony says that this bill exempts individuals from the screening process, in NDCC 25-03.1-04, where is that stated in this bill.

Kerry Wicks: This testimony in a little behind the times. That really was talking about the way the bill was first drafted and at that time, it looked like it was by-passing the Human Service centers screening system. We are interested in keeping that screening system, because the placement of these individuals in appropriate levels of care is very important and we need that screening system and perhaps even the additional expert witness testimony to place these people where it's most appropriate.

Representative Klemin: Are you saying now that the bill, in its third engrossment, as currently in this form right now, does not bypass that.

Kerry Wicks: That's my understanding, correct.

Chairman DeKrey: Thank you. Further testimony in support of SB 2373.

Andi Johnson, Clinical Director, Director of Operations at ShareHouse in Fargo and representing the Addiction Treatment Providers Coalition across the state of ND: Support (see written testimony).

Representative Boehning: You've just recently built a new development behind your front building there, how is that, are you doing meth treatment there too.

Andi Johnson: That facility is referred to as Sisters Path, it is directly behind ShareHouse. ShareHouse is currently a three tier process, we have a transitional living center right next to ShareHouse complex, that provides ¾ housing for people who have successfully completed levels of care and required addiction treatment, they can be housed at the transitional living center to receive ongoing support for sobriety. SistersPath offers many levels of care within that

facility and yes it does provide treatment to single parents who have both meth, as well as alcohol problems or any type of addiction problems while allowing your children to reside with them while obtaining treatment.

Representative Boehning: I guess I would like to say that you are a good neighbor, I live next door to you over there, and I do appreciate what is going on over there and I hope you continue on that path.

Andi Johnson: Thank you, I appreciate your comments.

Chairman DeKrey: Thank you. Further testimony in support of SB 2373. Testimony in opposition of SB 2373.

Madeline Free, Psychiatrist, Bismarck: I have practiced psychiatry in Bismarck, ND for 14 years. I have not been before a committee before, I apologize that I don't have written testimony for you. I practice on an in-patient basis and so I am frequently involved in civil commitments. The Century Code, as I understand it, and as practice indicates that an individual is involved in chemical or substance abuse needs to have danger to self or others. Generally, individuals go to civil commitment through a hospital setting. Somebody has to get them to the hospital. Those who come to the hospital and are addicted to meth, rarely meet the statute criteria for danger to self or others. I would also refer you to a sense of a federal case from years ago, that reviewed mental health laws and has become a gold standard, ***O'Connor vs. Donaldson***, I read briefly: "There is still no constitutional basis for confining such persons involuntarily, if they are dangerous to no one and can living safely in freedom. In short, a state cannot constitutionally confine a non-dangerous individual who is capable of surviving safely in freedom by himself, or with the help of willing and responsible family members or friends." I will leave the rest of the

legal argument to other individuals, if I can speak briefly to the process of petition for involuntary commitment. If that petition is there, and put in place, a physician must review and have an evaluation with the individual within 24 hours as the law currently exists. Then they are entitled to a court hearing within 4 working days, currently. I do not see that in the current proposed Senate bill. Addictions are addictions, and while meth hooks people maybe faster than other substances of abuse, and also hooks them at often younger ages than we see with some other substances, the devastation is the same as with other substances; job are lost, finances are destroyed, homes are destroyed, families fall apart, health is often destroyed also. There is no question in my mind that there needs to be treatment facilities. We are limited. Outcome studies of in-patient programs versus outpatient programs are pretty much equivocal in terms of outcomes. The real challenge is after you are through with treatment, what kind of support you have as you make that transition back into your community. Therefore, hence the great importance of transitional living places and residential living places in the community, to me are far more key in term of long-term success than the initial treatment program. With addictions, one learns to look at success in different ways. With most addictions, there will be relapses. Recidivism rate is high. The question is, did they only relapse this time, perhaps on alcohol instead of alcohol and coke. Did they call a sponsor this time. Did they relapse in a weeks' time instead of 3 days' time. Those are successes one learns to measure with addiction. Addictions are serious, again there is no question in my mind, they destroy lives, they destroy families, they destroy communities, and meth is tough. I'd certainly support the change that any individual can petition for an involuntary commitment. We try very hard to get family members to do it. It is a very difficult persuasion, usually. Heaven help if you attach a Class C felony for a relapse.

Nobody is going to want to seek treatment, that would preclude treatment seeking. In terms of the need for funds to treat addiction of any nature, yes, the money is desperately needed. The Human Service center in this state, does not have near the resources they need to provide the treatments that we need. I can't plead and beg for money enough. I do not believe that the way the current law is written, is constitutional, I think it precludes people's rights that they deserve to have. We certainly need more money for education. Meth addiction doesn't start with meth. It starts when they are 10 or 12 and started smoking pot, and where was the family then and where were the people hammering them then. It doesn't happen overnight. Meth is a tough addiction, yes it hooks you in quickly and it destroys lives; but we need to look at the legalities of this law. I will leave that to other individuals when I finish testimony. Thank you.

Representative Delmore: Have you seen what they proposed to do in Human Services.

Madeline Free: I did see their modifications and they were helpful.

Representative Delmore: Do you believe that would cover...

Madeline Free: It does not cover the danger to self and others, and that is a violation of human rights.

Representative Delmore: I understand that, but many of us were here when all of this first began, and we didn't do it as an easy operation.

Madeline Free: I understand. I think we need to look at it from the federal laws of the land also, in the rights of the individual. That is why the statute, in the civil code, is written the way it is written.

Chairman DeKrey: We updated that a few years ago, we worked on that.

Madeline Free: The way I read the current Senate bill, it doesn't include all of the previous Century Code, in terms of those issues, danger to self and danger to others.

Chairman DeKrey: Thank you. Further testimony in opposition to SB 2373.

Greg Runge, Public Defender: Opposed (see written testimony). There are two types of involuntary commitment, first the non-emergency and the emergency. I'm only going to speak on the emergency. Under the emergency, there are two types of emergency commitments. One, where a police officer, a practitioner, a licensed addiction counselor, psychiatrist, psychologist, feels that there may be a person who is chemically dependent and requiring treatment, they'll rush that person to the emergency room, that person is then evaluated, and if the emergency room personnel feel that this person should be kept, they have an order that they can sign, then within 24 hours that person is taken to the psychiatric unit, the psychiatrist, such as Dr. Free, will examine that person within 24 hours, if the doctor, at that point, finds that the person may be chemically dependent and requiring treatment, she will then ask one of the family members if they want to commit this person and that's where you heard Dr. Free say that she has a tough time getting family members to do this. Nine times out of 10, I see petitions come by with Dr. Free's signature on it, she'll commit the person. Once the petition is signed, it is reviewed by the states attorney's office, to make sure that everything is proper. Once the states attorney looks at it and approves it, then I'm given a call from the states attorney's office and the clerk of court's office, we get together and we establish a time for the treatment hearing. We have to have the treatment hearing within 4 days of the time of the filing of the petition. Once the treatment hearing is established, then it is my turn to go to work. I do what is known as a little informal discovery. For some of the attorneys here, we don't do formal discovery, I'm able to call the

doctor, and talk to the doctor. What is your evaluation. I'm able to call the licensed addiction counselor from West Central. What are you guys saying about my client, how have you evaluated him, normally an evaluation includes collaterals. They will talk to family members, they will talk to other doctors, not involved with the case, who have seen the client. They will make a recommendation. Now, I will get the report of exam, and the petition. Everything will come down. Then at the hearing, it is a bench trial. The bench trial is a restricted trial, only members involved in the case can be there. These files are kept under wraps. Not everybody has access to them, these are not public files. Not unlike petitions for paternity, and termination of parental rights. These are all restricted files. Once we have the hearing, at the hearing then, civil procedure applies, the rules of evidence apply, and there is an automatic presumption that the person is not chemically dependent and not requiring treatment. It is up to the petitioner to prove, by clear and convincing evidence, established by the US Supreme Court that this person is a person who's chemically dependent and requiring treatment. If the court finds that this person is chemically dependent and requiring treatment, the court can order up to 90 days of treatment. Now, when that occurs, the court under the statute, has to look to the least restrictive treatment possible and what I try to find is the least restrictive treatment possible, located in the community. Not all my clients have to go to the State Hospital. As a matter of fact, in the last four years, I've had two clients go to the State Hospital and one of them was voluntary, the other one was a relapse, and the relapsing happens so often that they couldn't handle him in the community, they ship them off. But once the 90 day order is in effect, and I try to get them in an alternative basis, we have a halfway house here in Bismarck, called the ACS Apartments. They go to the ACS Apartments, which is what I try to do. The ACS Apartment is an apartment

complex here in Bismarck that is less restrictive than the Hospital setting, but more restrictive than home. What happens at the ACS Apartments, is that they end up in a day treatment program where West Central will come and march them to day treatment and march them back. It is not a locked facility, they can leave, they can run any time they want, but at the end of it, during that 90 day period, if they relapse, the provider can take them back to court and the court, at that point, assess whether the present treatment program was sufficient or not. If it wasn't sufficient, then the court has the options of continuing with the present treatment order, amend the treatment order, or order hospitalization for the remainder of the 90 days. At the end of the 90 day period, or 14 days prior to that, if the treatment provider thinks that this person continues to need treatment, then the treatment provider can petition the court for what is known as a continuing treatment order. This continuing treatment order can be an order for up to a year. At the end of the year, if the provider still believes that this person needs treatment, they can go back into court and get another continuing treatment order for another year. Now the reason we want these court proceedings, is that we don't want to lose this person in the system or fall through the cracks and forget about it. So every 6 months, the person may petition the court to be removed from the treatment program and once a year, the treatment providers have to petition the court, so that the court oversees the process continually. Then at the end of the 90 day treatment hearing, if the client of mine refuses or insists that he is not a person who is chemically dependent requiring treatment, he has an absolute right to appeal to the Supreme Court. As an attorney, as a public defender, I have appealed approximately 20-25 cases to the Supreme Court, of which maybe 5 were reversed. So, by and large, when you're in there, you're in there. Let me read quickly, under the commitment procedure, so that you're not confused as to the definition of a chemically

dependent person. Under Chapter 25-03.2 of the NDCC definitions, a chemically dependent person means an individual with an illness or disorder characterized by a maladaptive pattern of usage of alcohol or drugs, or a combination thereof, resulting in social, occupational, physiological, or physical problems. That's just one step that the petitioner has to prove. They must first prove that the person is chemically dependent. Then they must secondly approve, by constitution, by US Supreme Court dictate under O'Connor vs. Donaldson, that this person is a serious risk of harm to him or others. The ND state legislature has defined that under 25-03.1.02-12, a person requiring treatment means a person who is either mentally ill, or chemically dependent, and there exists a reasonable expectation that if the person is not treated, there exists serious risk of harm to that person, or others, or property. A serious risk of harm is then defined, a serious risk of harm means a substantial likelihood of a) suicide, as manifested by suicidal threats, attempts, or significant depression relevant to suicidal potential; or b) a substantial likelihood of killing or inflicting serious bodily harm on another person, or inflicting significant property damage as manifested by acts or threats; or c) a substantial deterioration in physical health, or substantial injury, disease or death, based upon recent poor self-control or judgment in providing one's shelter, nutrition, or personal care; and finally d) a substantial likelihood of a substantial deterioration in one's mental health, which would predictably result in dangerousness to that person or others or property. Based upon the evidence of objective facts to establish the loss of cognitive or volitional control over that person's thoughts, or actions, based upon acts, threats, patterns in that person's treatment history, current condition, and other relevant factors, including the effect of the person's mental condition on the person's ability to consent. That in a nutshell is what we are talking about. When Representative Klemin asked

what the differences were between this Senate bill and the current statute, there's no difference. You're trying to fix something that's not broken. (continued with written testimony, 3rd paragraph and continued on with the rest of testimony). Don't get me wrong, I know everybody would gladly take the money, I know here in Bismarck, we could use an extra 10 beds minimum, because I always have to call West Central and ask how many beds are available for my client.

Representative Bernstein: You addressed committing individuals to various programs, places. Have you always found a surplus of spaces to put these individuals, or do you run upon waiting lists.

Greg Runge: We have always been able to squeeze a bed or two for my clients. There was talk about this lack of screening. West Central screens all of our clients first to see whether they are amenable to alternative treatments, such as outpatient, and don't confuse outpatient with home. Outpatient usually refers to the halfway house, the ACS Apartments. We rarely, if ever, find difficulty in placing our clients. We never have problems. Our problems come from the very beginning when my client comes in, some of them are so bad off that they're actually in a medical ward, rather than a psychiatric unit. I've had clients who couldn't even talk to me because they had no teeth in their mouth, because of the meth use. There's no question it is a problem, but the problem is we can do the treatment here locally, and we don't need to change the statute. The statute does everything. The real problem I hear from Sen. Robinson, is that the word is not getting out on the statute. The people don't know that they have this option, and they're not utilizing it to its full capacity. They really aren't. I must say, that in the 14 years I have been practicing mental health law, I have seen it go from 90% of my clients being mentally ill, to now 90% of my clients being chemically dependent. Of that 90%, 60-70% are alcohol

related, with some dependence they jump between alcohol and hard drugs. But there is some combination there of.

Representative Bernstein: Most of your testimony had to do with civil commitment, the other part of the bill was providing a facility to put some of these individuals in that need to be committed. So you addressed civil commitment, but do I understand you then to say that another facility would not be utilized, or utilized to the fullest extent.

Greg Runge: In previous testimony, I think it was stated that there are levels of treatment. Some levels are much more stringent than others, and then at the very beginning, my client is evaluated through the people at West Central Human Service Center. They determine the level, or stringency, that is necessary to have a person committed. Where should we put this person, if this person is a person who's chemically dependent requiring treatment. Is he amenable to treatment on out outpatient basis at the ACS Apartments, or do we need in-patient treatment at a more restrictive environment. That is all evaluated before we even go to court. I know ahead of time, when I talk to my client, I see what's on the paper, and I see what the doctor is recommending, I say, you know we have two choices, we can go to the court and fight this thing, but based on what we've got here, a snowball's got a better chance in hell than you do. You can waive your hearings, go right into treatment; and 9 times out of 10, my client's waive their hearings and immediately go into treatment. Nine times out of 10, that treatment is here, local-based. I do not have the recidivism rate or the relapse rate that everybody is worried about. They really do an excellent job in their treatment programs. I have had one individual, in four years, that we had to bring back into court, or they had to bring back into court and I had to represent him. This statute works well the way it is.

Representative Koppelman: You referred to "we", are you testifying as a lobbyist.

Greg Runge: When I see "we", I mean myself and my co-counsel, Ed Dyer. We are private attorneys and contract our services, because there is no public defender system in ND, as private attorneys we contract with the two counties, Burleigh and Morton. There are about 4 attorneys in ND, who handle mental health commitments.

Representative Koppelman: You talked about the unconstitutionality of the bill, because you are talking about the idea that holding meth and other controlled substance users to a higher standard, than individuals who are alcohol dependent, are not constitutional because it violates equal protection. We treat meth users and cocaine users differently than we treat people addicted to alcohol all the time. I mean one is a controlled substance, which is a criminal offense to use, and the other is a controlled substance, which we regulate. We say you can't drink unless you're 21 and if you drink too much of it and drive, you've got a problem, etc. It seems to me that we treat them very differently.

Greg Runge: No, my point is in terms of treatment. You treat them differently in terms of criminal justice. That's where the difference lies. We don't see it as a difference in the treatment program in the civil end. What we're saying is that it violates the equal protection on the civil end of this thing. You're not treating within the chemically dependent process, the meth person as the same as you're treating an alcohol addicted person.

Representative Koppelman: You say there's no difference between treatment programs for alcohol dependency and other controlled substance dependency. I have heard, for years, from experts who do the treatment, that there are incredible differences, that meth has a different type of addictive effect.

Greg Runge: I think Dr. Free said it well herself, that there may be initial stages where the treatment may be somewhat different, but by and large, under this statute, under the mental health statute, you get them treated on a 90 day order, whether you are on meth, or on alcohol. It's the same treatment. It's the modality, it's what they're going to treat and how they're going to treat, under the report of exam, the report accessing availability of alternative treatment, that that's where the treatment difference lies. The issue is whether the person is chemically dependent and requiring treatment. That's the issue. Once you get past that issue, courts give a broad permission to the treatment providers to use all available mechanics necessary, but not in this case. In this case, you're mandating in-patient treatment only for meth, and not mandating inpatient treatment only for alcohol.

Representative Koppelman: So if you had two clients, one is a meth addict and one was addicted to alcohol. A chemical dependency treatment expert told the court in those two cases, for the alcohol addicted individual, we're going to recommend this course of treatment and it was 90 days, and it was outpatient. Then that same expert said, however, meth is very different, so for individual b we recommend 90 days of inpatient treatment and different parameters because of the nature of meth and the way it needs to be treated, you would argue that that's unconstitutional.

Greg Runge: No. Your premise is wrong. Your premise is misguided. You're taking meth and holding it to a different standard than alcohol addiction. It's not, an addiction is an addiction. The treatment modality will be different. It's going to be the same 90 days, but it's going to be a different treatment modality for the alcohol versus the treatment modality for the meth user, but

it's simply going to be the same 90 days. That's what I am concerned about. You're not treating them the same under that, you're mandating in-patient treatment for meth and not for alcohol.

Representative Onstad: Who can petition the court, right now, for commitment procedures.

Greg Runge: Anybody. Under the present statute, anybody over the age of 18, can petition the court for an involuntary commitment on anybody they feel is mentally ill and/or chemically dependent requiring treatment. As long as it is done in good faith. That's all is has to be. Anybody over the age of 18: mother, father, brother, sister. All they have to do to qualify is be over the age of 18 and be under a good faith belief that this person who is chemically dependent and requiring treatment. The language that is proposed in this bill is actually surplusage. It's not necessary, because it's covered. Anybody, over the age of 18 can commit another, as long as it is done in good faith.

Representative Galvin: In Sen. Robinson's testimony, he stated that our courts have a backlog and our prisons have a backlog, and apparently then his next statement was that if we could get these people into treatment before they get to the criminal stage, we wouldn't have this backlog in the prisons. He said that there's no place to send them. Is that true or not.

Greg Runge: No, that's incorrect. There are places to send them. As I indicated, we have the ACS Apartments that takes care of this. I can't speak for other areas. There was a question about out-of-state. The question of out-of-state placements, the courts in ND do not have jurisdiction to order somebody out of state treatment. They cannot order out-of-state, but they can order somebody to a US facility, as long as the US facility agrees. That US facility, like the Veterans Hospital. Your questions, we don't have space. We do have space. There's no question we have space, but we don't have enough space. Right now, with my clientele, I get

approximately between 3-5 cases a month that I handle and of that, 3-4 may be chemical dependency. Primarily, I don't worry about the mentally ill clients, because they are usually treated in their own homes, and their meds are brought around on a home basis. For the chemical dependency, they have beds. They have 10 beds over at the ACS Apartments. We could use more, we could use another 10 beds. But outpatient treatment seems to work better, or the halfway house seems to work better. We get better results, I think, when it is home-based, community-based treatment, because the families are then involved, dragging all these people to the state hospital. What I'm hearing is that our prisons are overcrowded, now let's overcrowd the state hospital, now let's pour them into the state hospital for mandatory treatment. We've tried this mandatory minimum sentencing for drugs, and we've got the results, overstocked prisons, overpopulated. Now we want to go back into treatment. I'm saying that we can get this treatment locally based, and we can handle it locally based. It doesn't have to be done at the state hospital. As a matter of fact, the state hospital, up until now, has been taking these people out as quickly as possible, getting them into home-based treatment. We don't send them to the state hospital anymore. All of our chemical dependent clients are done here locally. We have places to go.

Representative Meyer: When Sen. Christmann was giving his testimony, he referred to the situation of where the husband knows his wife is addicted to meth, and I guess it goes back to the commitment procedure. It's impossible in 24 hours, a lot of us are under the misconception that if you're addicted to meth, that you have green horns and you wear a big sign on your head and all your teeth are gone. But there's many people that are just starting, and the family realizes there's a problem but it's virtually impossible to prove their a danger to themselves or to others

until they end of killing themselves, and then the professionals say, yes I guess she was a danger. Sen. Christmann had alluded to this same exact thing, where they just told the husband you don't have the level of proof that you need.

Greg Runge: That was under the criminal, he said they had gone to the sheriff's department or the states attorney's office, but they didn't have enough evidence to prosecute. But we're on a civil standard here, and the evidence on a civil standard is much less, than it is in criminal court. We only have to show, the court has to be shown by clear and convincing evidence. In a criminal context, they have to go beyond a reasonable doubt, which is a much higher standard. So, I don't know what the situation was with this husband and wife. But I know that if that had happened here, the petition had been filed, that person would most likely have gone into the hospital. The petition would have been an emergency petition, the judge would have looked it over ex-parte, and probably even checked with West Central to see if this person had a history, and if that person had a history, the judge would have signed an immediate emergency order, the person would have been emergency committed, there would have been an evaluation done, I would have been appointed, we'd have talked to them, and we would have gone from there. Nine times out of 10, if you're hooked on meth, treatment is required. Treatment is required.

Representative Meyer: I guess it was my understanding with this bill, that it would be more of an intervention process before we hit the criminal system and so many times in the beginning stages of alcohol, family realizes there is a problem and/or meth use, and usually they're combined, they don't have a record, they don't have a history, as a family they see there is a problem, and if you go and take them to a professional and they'll say you have 24 hours for this level of proof, and it's virtually impossible to provide that proof and I think it's one of the

reasons the families are reluctant to do that. That's why I thought, that with this piece of legislation, perhaps we could get those people that are just starting in this into a procedure where, before it gets to be a criminal case.

Greg Runge: I think what we're going down is a slippery slope, and the problem with your suggestion is that somebody could go out and arrest me because I'm a potential bank robber and that's the problem we have here. Because the standard is that you have to show that this person is chemically dependent, and there exists a serious risk of harm to that person or others. Most likely, when you are chemically dependent on meth, you're a serious risk of harm to yourself or others, there's going to be a commitment. I know in my cases, most of the meth addicts are committed. I think the real problem is getting the message out to all the people in our community, in the state, to let them know that there is a process that they can use, and I'm surprised that people are afraid to go to the sheriff's department. Here in the Bismarck/Mandan area, we have what is known as the CCC. It's called the Community Coordinating Council. Once every two months, West Central Human Service Center personnel, sometimes people from the State Hospital, judges, attorneys like myself, states attorneys, the sheriff departments of both counties, both police departments, we all get together once every two months. We discuss these issues and we discuss the delivery system, and from that we have one solid group body, that everything dovetails. We know exactly what is going on, we know who's in the system, we know where the system is breaking down, and by and large the real problem that we have, or the problem that I perceive that is happening here, is that the word is not getting out. Apparently, chapter 25-03.1 is a closely held secret in this state; that nobody wants to use it, they're afraid to commit their own child, when I say child, anyone over the age of 18 is under the statute.

Anybody who is a minor is not included in this statute, only adults; because parents can, under the federal constitution, under Federal Supreme Court Doctrine, can have their child committed without a judicial oversight. I'm simply saying that this bill does not do anything to improve the situation.

Chairman DeKrey: Thank you. Further testimony in opposition. Testimony neutral.

Warren Emmer, Director, DOCR Field Services Division: Neutral (see written testimony). The people contemplated by this bill are deep-end people. We absolutely agree with outpatient treatment, agree with the Teen Challenge program in Williston, halfway house placements, transitional programs, give us what you can. This is for deep-end people, similar to what we see at the Tompkins Rehabilitation and Corrections Unit at the State Hospital. Law enforcement and Corrections have discovered that policing alone cannot solve this problem. We are in a different world. Old is new again. The treatment length contemplated by this program is intense, and the program would be similar to what is available at the Tompkins Rehabilitation and Corrections unit. That's a 90 bed facility, as we've told. That program is a shared systems approach to this problem between us, and Alex Schweitzer and the Department of Human Services and the State Hospital, and the Department of Corrections. This program has been evaluated many times by people from the University of Cincinnati, Criminal Justice System, and others. It's an excellent program. It's something that we are trying recreate with this. It's really successful because it is a systems approach. It brings corrections, it brings human services to the table, and it doesn't circumvent the assessment process as contemplated by this bill. Human Services at the local level will contemplate and deal whether or not these people are appropriate for these programs. I suspect when people wonder why commitment law isn't used, in the way it

used to be used, and it's fallen out of favor with law enforcement, I can tell you that, because there really is no place to put people at that level. It is very difficult to understand, we have 4400 people today under supervision in the community. We have 1400 people in the prison in ND today, most of which have problems with the use of meth. I have staff that are arresting people daily, and seeing things they've never seen before. It is very difficult to understand then that perhaps these people aren't a danger to themselves or others, because I can submit to you anecdotally that they are. This is the best bill that I've ever testified neutral to. I also want to say that the State Hospital is one of the finest facilities in the state, and there's people outside of the state that would agree with that.

Representative Onstad: You said that there's no place to put people and we heard the opposite from prior testimony. West Central versus the Tompkins. Are they identical, are there different approaches?

Warren Emmer: It's a system. If they need to be at West Central, they'll stay at West Central. That's the dynamic piece about, this is just another tool in the toolbox, that if they don't need that level of care, Mr. Wicks and others would agree with me, I'm sure, that they're not going to go to this program. So it's not that somebody is going to get thrust into this program. Through the process that's been developed through the third and now the fourth engrossment of the bill, if you accept the amendments, I think we've gotten to the place where this is really a good bill. No one, in my opinion, has to be fearful that the wrong folks are going to land in a very deep end program. That's not going to happen. We've got very professional people at the human services level, at West Central, at the other human service centers across the state, and certainly the gatekeepers at the State Hospital, that that's not going to happen. If they get here, they need to be

here. If they don't get to this program, the next stop is going to be the prison. There's no question about that.

Representative Koppelman: The bill does say, though, that if the court finds the person is addicted, basically that they shall be committed to the State Hospital. Is that language okay, or should it allow for some other wording.

Warren Emmer: The superintendent of the State Hospital is here, and perhaps he has a comment on that.

Chairman DeKrey: Thank you.

Alex Schweitzer, Superintendent of the ND State Hospital: There is an amendment, Representative Koppelman in regard to this bill, that they could be placed in a community setting as well. We certainly support community settings. We place people in community settings all the time. But we can't just look at West Central in Bismarck as the only part of this problem. We definitely have a capacity problem in terms of addiction treatment in the state of ND. We have to look for other reasons. There are eight regions in the state of ND. Currently, at the hospital, our addiction unit is running at 105%. Since May of last year, we've had 261 first-time admissions, and 50% of them have been because of addiction; most of them have a meth problem. So I wanted to explain that there is a capacity problem. There's no question that we can't find beds to treat people. I also have to state, as Warren stated, I'm neutral because of the fact that this is not in the Governor's budget. This is a problem. There is a bed capacity problem in this state.

Representative Klemin: What's on the fiscal note part of this, the $2 million dollars, down from $20 million. What's that going to be used for. Is that going to be used to add capacity.

Alex Schweitzer: That's correct. It would be a center that would create 50 beds, where we would be able to treat 150 of these individuals on a yearly basis. Because what Sen. Robinson said, it's a 100 day treatment program. So we would have 50 in the program, and they would move on, so we would have about 150 a year on this 100 day treatment program. So, yes there would be extra beds. That creates the need for additional resources in terms of staff, mostly treatment people, addiction counselors.

Representative Delmore: In your professional opinion, and you've done a lot of very excellent things that I'm familiar with at the hospital, is 100 days adequate for these people and what do you see as a turnover. We've heard that there must be some miracle cures in places where only one person, but in looking at a year's basis, is 100 days adequate, and isn't there going to be more turnover than one or two people.

Alex Schweitzer: We think 100 days is adequate for the inpatient piece. Certainly, these individuals will have to be followed up beyond the inpatient part of it, into a community setting. They'll need follow-up services, etc. The 100 days, certainly in talking to our addiction people and Kerry Wicks, who is the director of that program, feels that that is more than adequate. We've had success with the model they were using in the Tompkins program. We had very good success rates in the Tompkins, and we're going to utilize the same model, the same residential component, that's why you can do it at a pretty reasonable price, and at the same time provide the same type of cognitive restructuring, the type of programming that we use in the Tompkins, that's very effective.

Representative Klemin: Speaking of 100 days, I don't see that in the bill. There's nothing in the bill that says 100 days, and it does say subject to the other provisions of the civil commitment statute, but that's a 90 day program unless extended. So where does the 100 days come from.

Alex Schweitzer: 100 days is kind of an artificial target of what we work towards to treat someone. We could treat them in a lot less time than that possibly, depending on how they progress with the program. Internally, we're just looking at that, and that seemed to be a reasonable amount of time for us to treat someone. I'm not sure how that applies to the statute, I'm just telling you that's what we look at in terms of treatment.

Representative Koppelman: The amendment you referred to, is the second one submitted by the Department of Human Services.

Alex Schweitzer: Yes.

Chairman DeKrey: Thank you. We will close the hearing.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373

House Judiciary Committee

❑ Conference Committee

Hearing Date 3/14/05

Tape Number	Side A	Side B	Meter #
2	xx		14.8-43
Committee Clerk Signature	Dawn Penrose		

Minutes: 12 members present, 2 members absent (Reps. Maragos & Charging).

Chairman DeKrey: We will take a look at SB 2373.

Representative Klemin: I move the amendments that are being passed around. These are a combination of the amendments that were proposed by a couple parties here in the hearing, one was proposed by Sen. Robinson and Sen. Trenbeath, both removed the penalties, so this does that; and the other amendments that were proposed by the Dept.. of Human Services, I've incorporated the gist of their amendment in here too, I didn't use their exact words because they didn't use appropriate drafting style, but it means the same thing. The only additional difference is, where it says, page 1, remove lines 9 through 21; that's an additional change. The reason it's being taken out, it removes subsection 1 and 2 of section 1 out of this bill. The reason it does that is because you don't need that. We've already got this in commitment law and the procedure there as to who can file a petition, what procedure the court follows after a petition is done and so forth. I have discussed this with Sen. Robinson and these are okay with him. What this does is

keeps in the part about of the meth abuse treatment program in the State Hospital; which is actually all the parties are concerned about. So we think the appropriation will stay in there the way it is.

Chairman DeKrey: Is there a second to the Klemin amendment.

Representative Koppelman: Seconded.

Chairman DeKrey: Motion carried. We now have the bill before us as amended.

Representative Koppelman: Didn't we already amend this, because I have a note on my, was there a different amendment that we adopted.

Chairman DeKrey: We had talked about it when the committee met, but hadn't worked on the bill at all.

Representative Kingsbury: I move a Do Pass as amended and rerefer to Appropriations Committee.

Representative Delmore: Seconded.

Chairman DeKrey: Further discussion.

Representative Galvin: I am going to resist this bill. I've been doing a lot of thinking. All of these things that we bring up and they all have a huge fiscal note and I'm sure that this one will too. I listened to Larry's speech, he was very eloquent, I know people testified, their testimony was well meant and I know they're sincere; but let's look at the big picture. This is kind of a human services issue. If you took all of the state's income, generated from all sources, would not be enough to fund Human Services. So at what point is it going to be enough, at what point are we going to learn that pouring money down that rat hole, is not changing anything. I got interested in that bill, long before I ever got on the legislature or before I even thought about

politics. I was in Toastmasters, International and I had to think of something to give a speech about, and I was at the time a city commissioner, and I had a police chief that was more interested in human services than she was in police work, and I had quite a conflict with her, so I got to looking into Human Services, and discovered to my horror that their budget was $300 million dollars, which I thought was obscene at the time. When I made my little speech, I compared $300 million dollars with the cost of the Garrison Dam, which was the largest project ongoing in the entire world at the time. It was so large, that it took two major construction companies, there wasn't any construction company in the world biggest to tackle that project. That was $300 million dollars. Here we are, with all of the money that we can generate from all sources in ND, is about $1.7 billion dollars. The Human Services budget is about that. So the reason I'm voting against it, is not because it is the wrong thing to do, but when are they going to be able to find some money in that already outrageous budget to do all of that, you could put every person that really needs it, in a penthouse and give them a Mercedes Benz for what they're spending. So sometimes we have to realize that we're on the wrong track. We're never going to win this battle. We're never going to pour enough money into Human Services to do everything, because at a billion and a half dollars, we're still saying ... And you can go through this and feel sorry for the dopers and the kids and everybody else, we have 57 different programs for kids, and I don't know how many programs we've got for people who are on meth, etc. Somewhere along the line, we're going to have to realize we're never going to have enough money. We've taken all of it now. We're a welfare state right now. So I'm voting no on this.

Representative Delmore: I appreciate your comments, Representative Galvin, but I guess we have to bear in mind two other things. The Attorney General of this state has made the meth war

very real and it's costing us some dollars, whether we do anything about it or not. Right now, look at what the prison system is costing us. You think Human Services has grown, look at what has happened to the penitentiary and our correction system. It's a direct influence out of this. I think it's a good bill, because if we can get treatment at the first end of this, hopefully some of those people can be contributing members to our society. To me, even more disconcerting than Human Services budget, is Corrections.

Representative Zaiser: I would like to add a few things to what Representative Delmore said. These are people's lives and I think if we can intervene at the beginning, we could make those productive people and it's hard to put a price on that. Then, when we compare our state to other states, proportionately we spend a lot less than a lot of states. We are certainly not a welfare state, and I think also, along with making them productive human beings and saving their lives, this scourge - it could have happened to you if you were young, you never know. It will help the economy. I think it's paying for itself. If we don't spend something, it could get so bad, it is a scourge and I think it is the right thing to do.

Representative Galvin: Well I would like to respond to both Representative Delmore and Representative Zaiser. That I am by no means not a compassionate person. What we have been doing has not lifted these people out of their present circumstances. We have created a culture of dependence. As long as we keep doing that, we're going to have participants. We have not lifted them out of that. We have done that to our Native Americans. We have forgotten about this dependency that is there, they are as capable as anybody else and they would have blended in a long time ago, and they would not have the troubles they're having now, had we not had this net under them. Everything like this that has ever been done in the world, has been done by

well-meaning people. They thought they were helping the human race, but they're not. They're keeping them in bondage and they will always be there. As long as the government supports this kind of funding, there's always going to be takers. There will always be people dependent on the government. We're not doing them any favors. The big thing about this bill, and all the bills that are like it, the state has to do it. The state owes us something, regardless of what we've done with our lives, the state owes us that support. It does not owe you anything.

Representative Onstad: The way I understand the bill is if a person, the way it is in civil commitment and so on, they have to show harm to themselves, and it seems like when it gets to that point, they're already in the penitentiary, they've already committed a crime and that puts them in the penitentiary system. Under this passage, it allows family members to recognize that, yes we do have some problems, let's get that person to rehab so they don't end up in the penitentiary system, so it doesn't cost us additional millions of dollars to the whole program. I think that's where we're at.

Representative Koppelman: I just wanted to get back to what we're really looking at here with the amendment. I looked through it kind of quickly, but maybe Representative Klemin can answer a couple of questions on that. I'm looking at, and if you're removing on page 1, removing lines 9-21, it seems to me that the effect of that, is first of all we've taken out the language regarding who may commit, so we're not limiting it to a family member, so I assume that means anybody can go to court for this kind of commitment.

Representative Klemin: Anyone 18 years of age or older can do that in the current law, including family members.

Representative Koppelman: The reason for that change.

Representative Klemin: It's covered by the existing statute under civil commitment.

Representative Koppelman: The way this bill is written, would it have narrowed it or what.

Representative Klemin: I don't think that they wanted to narrow it, actually it starts out by saying, subject to commitment procedures provided for in this chapter.

Representative Koppelman: Except that we heard testimony from Sen. Christmann, specifically said he didn't favor the bill until it was narrowed to family, etc. Then going on, the other language we're deleting has to do with the court ordering individuals to pay for the cost of this if they can afford it. Is that something they can currently do under statute.

Representative Klemin: I think the State Hospital already has procedures in place, in which they can collect the daily rate from...in fact, when somebody dies, you have to send notice to the State Hospital so that if they've got an estate, they can collect it from there.

Representative Koppelman: And then, I don't know if item 2 there on page 1, on the original bill, if that is deleted, does that have any effect.

Representative Klemin: The procedures that are to be followed in how civil commitments are handled are all set out in the current civil commitment law; what the court does and when and what time he has and so forth.

Representative Koppelman: Then changing the shall to a may, on page 2, line 1, seems to me that what we're saying is that the court may do this if it chooses, but doesn't have to. Now the question that raises for me, is to say if the point of this is to remove folks from the criminal process, and get them into the civil process, if somebody goes to court, if somebody says my son is using and I want a commitment and they go to court and for whatever reason, the judge says,

no I don't think I'm going to, now you've come public with this meth use, and they're a criminal, and I assume that law enforcement would have to go arrest the guy for being a meth user.

Representative Klemin: They can go and pick them up, too, under emergency treatment orders. They do it all the time. What the "may" does is it avoids the constitutional problem. This is the amendment that was proposed by the Dept.. of Human Services. The constitutional problem is that under the constitution and under the existing statutes, the court is to order a person to the least restrictive alternative treatment, and if you say in here that the court shall send them to the State Hospital, you all of a sudden have basically violated their constitutional rights.

Representative Koppelman: But are we also doing that, kind of defeating the purpose of shuffling them from the criminal system and getting them into treatment if the court were to decide not to do this.

Representative Klemin: I think we are sheltering them from the criminal system because, whatever the treatment is going to be, is not going to be a criminal type treatment. It could be a treatment at the State Hospital, it could be treatment at some other drug addiction type in-house facility, it could be outpatient treatment.

Representative Koppelman: If the court exercises its option of "may", if the court says I may, but the court may decide not to and doesn't do anything with it, what happens then.

Representative Klemin: Well, the court is going to have to find first that the person is a person requiring treatment, which is defined in the civil commitment statute.

Representative Koppelman: So if the court is convinced that this person is a meth user, or other controlled substance, the person uses marijuana, uses whatever; but the court is not convinced that the person is a danger to himself or others, therefore it doesn't rise to the level of

civil commitment, now we've got a public proceeding, where the person is then shown to be a user of an illegal controlled substance, so we pick them and put them in the criminal system.

Representative Klemin: Before we developed the civil commitment statute, the procedure was that the doctor and the sheriff would pick up a person and send them to the State Hospital. There wasn't a hearing, no due process. There wasn't anything like that. This whole civil commitment statute was developed because of the constitutional right to due process. Now, if we're to say that, if we follow the logic here that a family member can file a petition, the court must send them to the State Hospital in Jamestown, regardless of whether they meet the definition of a person requiring treatment, we're practically allowing the family member to incarcerate somebody. That's going to be unconstitutional.

Representative Koppelman: I understand that concern; but what I'm saying is, by doing it this way, aren't we creating other problems.

Representative Klemin: Well, I think that, by the way we're talking about the amendments from the Dept.. of Human Services here, and this is what they proposed to avoid those problems I've just been talking about and at the same time, keep the provision in here for this facility at the State Hospital, which is the reason for the $2.5 million dollar fiscal note.

Representative Koppelman: But I'm just wondering if the Dept. of Human Services, in suggesting that, shares the concern that the sponsor apparently had. I think it is public policy we're debating here as to whether that person is really going to be sheltered from the criminal system if they dare to come forward, asking for commitment and if for whatever reason, the court says it doesn't rise to that level of being a danger.

Representative Klemin: That, of course, is going to be based on the evidence, there's going to have to be an expert opinion given from some psychiatrist or a physician on the addiction end, and incidentally I did speak to the sponsor, Sen. Robinson, he's the only one I talked to, he had no problems with the amendments proposed by the Dept. of Human Services.

Representative Boehning: The language on page 2, line 2, regarding the treatment program, I think the fiscal note that we're looking at, provides treatment for about 300 people, how is that going to have an impact on that number, will that number be lower, from my understanding, private or other treatment centers, would probably double that. Is that correct, are we going to lower the number of people that we're able to treat because of this new language.

Representative Klemin: I think what this is getting at is the issue of the least restrictive alternative. Because the other treatment program might be outpatient treatment for some, or it might be treatment at a local facility, if they pay for it and want to go there. The judge is not going to order somebody to be hospitalized at St. Alexius Medical Center in the Psych ward at the expense of the state. What they've said they'll do is send them to a state institution; but if the person has insurance or something that might cover it, then the court would be maybe agreeable to do that kind of private treatment, but the state is not going to be paying for the private treatment. I think you talked about insurance yourself, at one point. There are some insurance policies, like the ones for the state employees covers some of this stuff.

Representative Boehning: If the court is going to commit you for treatment, wouldn't the state have to pay for it, then, if they're committed in civil commitment or not. I guess I'm trying to find out questions on this, because there are so many programs around the state and I don't know

at what level the state pays for, whether for St. Alexius or the ShareHouse which is next to me in Fargo. I don't know what level the state pays, or if they are even going to pay for that.

Representative Klemin: With respect to those kinds of halfway houses and what they do, I guess we would have to ask the Dept. of Human Services, if there is something they cover, I don't know. That would be kind of an outpatient kind of arrangement, where they would stay there and then go to outpatient treatment. I don't know what ShareHouse is exactly.

Representative Boehning: It's a chemical dependent treatment center, they deal with alcohol and I think they are getting more into the drug side of this problem. I've walked by it. I haven't been in the place yet, it's right next door to me.

Representative Klemin: I think I'd view this mostly as an appropriations issue.

Representative Boehning: That's what I was going to say, maybe we should let the Appropriations handle this.

Representative Galvin: What I'd like to find out, is that the state doesn't pay for anything, that's you, you're the only source of money. The state don't have any. Any of these things that you're all for, the litmus test I give myself is how much would I take out of my own pocket, because that's what you're doing. How much money would I take out of my own pocket the other day, to buy a bunch of slot machines, and give some kids some money to find out how they react to a slot machine. I would take an exit poll at Prairie Knights and I could find out. The ones that won are happy, the ones that lost are unhappy. That's all we're trying to find out. When it comes to throwing money, if you would all give yourself that litmus test, how much would I take out of my own pocket, and that's the way you want to think. The state hasn't got any money.

Chairman DeKrey: Well I do know, that if the state is going to tax me to pay for these programs that if I can take $50 upfront and be done, I would rather do that than pay $300 down the road.

Representative Galvin: Well, certainly.

Representative Zaiser: You know, in response to Representative Galvin again, you might feel differently about that if you had a grandson that just unfortunately, a good kid that got mixed up in meth because it happens and it's tough to get rid of that addiction. My son had problems with marijuana. I was around at a treatment program, and I saw some meth people trying to do outpatient, and this kind of program is what they needed, an early intervention. Because they were back, these are private programs too. Private money, they were back, over and over again, they couldn't shake the scourge. The other thing I wanted to say, maybe you want more highways, we all have our favorite programs.

Representative Meyer: On page 2, line 2, so if they were committed, they could go anywhere, is that correct, they wouldn't necessarily have to go the treatment center in Jamestown.

Chairman DeKrey: I have a hunch that if they have medical insurance, that they would probably get placed, that their parents or them would have some say in where they're going to get placed. But if they come before the court, and they are indigent, basically, and they've got this meth problem, that's when they would be sent to the State Hospital.

Representative Boehning: I think that one of the things this bill is going to do, too, they'll probably be some criminal cases where the judge can, he'll have a place where he can send people for treatment, instead of sending them into jail. I think with early intervention, probably

people sitting in jail/prison now could have gone into treatment instead and be productive citizens now instead of costing the taxpayers money.

Chairman DeKrey: Meth cuts a wide swath. We've got two legislatures right now that have children, one of them in the penitentiary and one of them in a treatment facility over meth. These aren't indigent people, these are people that had income when they grew up, went to good schools, had good parents. It cuts a wide swath.

Representative Galvin: One thing I would like to remind you of, is the point that I was trying to make, is that with the entire budget of North Dakota, already in their hands, isn't there enough money in there already, without adding some more. I mean with a budget of that size, that amounts to around $1800, for every man, woman and child in ND. You can't even count a billion dollars. That's a billion and a half at least. What my point is, more and more money is not getting rid of these problems, it's exacerbating it.

Representative Delmore: It just provides us with one more tool. You have to remember that a lot of money in that Human Services budget, as well as others, is not just ND money, it's federal money that's come in here, that we've been able to match or we've been able to use. I understand your point about what things cost, but you look at our own costs for medical expenses and medical insurance, and it continues to rise. This is one more tool that can get people, hopefully productively back into society. That, I think, is why we're here.

Representative Klemin: Well I'm going to support this bill. I think there's a lot of evidence that shows that meth is a particularly nasty, addictive drug; that it's hard to get cured from. Although it is true that there are other problems, alcoholism, there's a lot of former alcoholics who haven't had a drink for years, and sometimes it takes them a while to get over that too, but

meth is, from everything I've heard, it is so addictive that it is really hard to get over unless you get into some kind of special treatment program. Whether we can afford it or not, I guess we have to look at the big picture, and I think that's why we have the Appropriations Committee to look at the money side of this thing, and the sponsors are going to have to make their case to the committee.

Representative Kingsbury: In taking out these two sections, I'm trying to look at the current statute, is meth in the other, in the original bill that you're taking out, specifically mentions meth.

Representative Klemin: On line 23, on the bill is still in there.

Representative Kingsbury: Okay, right.

Representative Koppelman: Though I still have the concern that I raised, I intend to support the bill, but I do think that Representative Galvin makes some excellent points. I wish that, I hope that if this goes to the Appropriations Committee and the department, then maybe with those thoughts in mind, maybe the department can look at some of these issues and say, you know what, we've got enough money. It's not a question of spending more money, but we could spend some of it more wisely. They might take an issue like this, and say it's a new idea, it's a pilot program, and take some of the money you're spending over here, reallocate it and do what we're asking for here. I don't know if that is going to happen here.

Representative Kingsbury: This isn't necessarily a pilot program.

Representative Koppelman: I'm sorry, I take that back. It's the other one.

Chairman DeKrey: The clerk will call the roll on a Do Pass motion as amended and rereferred to Appropriations.

11 YES 1 NO 2 ABSENT

DO PASS AS AMENDED WITH REREFERRAL TO APPROPRIATIONS COMMITTEE

CARRIER: Rep. Kingsbury

(This bill was brought back to committee, to reconsider the amendments and further amend the bill. See the Minutes of 3/16/05).

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373

House Judiciary Committee

❑ Conference Committee

Hearing Date 3/16/05

Tape Number	Side A	Side B	Meter #
1	x		13.1-18.2
Committee Clerk Signature Dawn Rennose			

Minutes: 13 members present, 1 member absent (Rep. Charging).

Chairman DeKrey: We're going to get that returned to us, because according to LC, on line 2, page 2, we've said that treatment and rehabilitation at the State Hospital.....

Representative Onstad: We changed line 1 to may..

Chairman DeKrey: Yes, we changed line 1 to "may commit an individual" but what we were trying to do, we would have to put after State Hospital, we would have to put "or other appropriate facility".

Intern: Vonette Richter, LC, told me that because there is no treatment program referred to in the civil commitment chapter, it doesn't make sense.

Representative Klemin: That was a Dept of Human Services amendment.

Chairman DeKrey: We need a motion to reconsider.

Representative Delmore: I move that we reconsider our actions in regard to SB 2373.

Representative Meyer: Seconded.

Chairman DeKrey: Motion carried that we reconsider our actions by which we passed SB 2373. The suggested amendment by LC, is at the end of hospital, we would remove the period and put in "at the state hospital or other appropriate facility."

Representative Klemin: Wait a minute, outpatient treatment, is that considered a facility.

Chairman DeKrey: Do we want to put "at the state hospital, outpatient treatment or other appropriate facility".

Representative Koppelman: If the problem is that there's not any program referred to in the chapter, I'm wondering if we just delete the words "provided through chapter" and then it would read "or any other appropriate treatment program".

Representative Klemin: I've got a suggestion "or as otherwise provided for in this chapter".

Representative Koppelman: But is this provided for in the chapter.

Representative Klemin: Sure, because the court can order somebody to outpatient treatment.

Intern: But the treatment program is also not going to be in the chapter.

Representative Klemin: Sure, but if we don't say anything about the program, "or as otherwise provided for in this chapter".

Representative Koppelman: Seconded.

Chairman DeKrey: Motion carried.

Representative Delmore: I move a Do Pass as further amended with a rereferral to the Appropriations Committee.

Representative Koppelman: Seconded.

10 YES 1 NO 3 ABSENT

DO PASS AS AMENDED WITH A REREFERAL TO APPROPRIATIONS

COMMITTEE

CARRIER: Rep. Kingsbury

Rep. Klemin

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2373

Page 1, line 3, remove ";and to provide a penalty"

Page 1, line 8, remove "**- Penalty**"

Page 1, remove lines 9 through 21

Page 2, line 1, remove "shall" and insert "may"

Page 2, line 2, after "hospital" insert "or any other treatment program provided for in this chapter"

Page 2, remove lines 3 through 5

Renumber accordingly

Dept. Human Svcs.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2373

Page 1, line 9, after the comma insert "in addition to the provisions of section 25-03.1-08"

Page 2, line 1, overstrike "shall" and replace with "may"

Page 2, line 2, after "hospital" insert "or any other treatment program provided for in North Dakota Century Code chapter 25-03.1"

Page 2, overstrike lines 3-5

Renumber accordingly

50809.0402
Title.

Prepared by the Legislative Council staff for
Senator Robinson
March 8, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

Page 1, line 3, remove "; and to provide a penalty"

Page 1, line 8, remove "**- Penalty**"

Page 2, remove lines 3 through 5

Renumber accordingly

50809.0403
Title.

Prepared by the Legislative Council staff for
Senator Trenbeath
March 8, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

Page 1, line 3, remove "; and to provide a penalty"

Page 1, line 8, remove "**- Penalty**"

Page 2, remove lines 3 through 5

Renumber accordingly

Standing Comm. Report never done - because it was held up in L.C.

Date: 3/14/05
Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

HOUSE JUDICIARY COMMITTEE

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amended w/Refer to Approp.

Motion Made By Rep. Kingsbury Seconded By Rep. Delmore

Representatives	Yes	No	Representatives	Yes	No
Chairman DeKrey	✓		Representative Delmore	✓	
Representative Maragos	A		Representative Meyer	✓	
Representative Bernstein	✓		Representative Onstad	✓	
Representative Boehning	✓		Representative Zaiser	✓	
Representative Charging	A				
Representative Galvin		✓			
Representative Kingsbury	✓				
Representative Klemin	✓				
Representative Koppelman	✓				
Representative Kretschmar	✓				

Total (Yes) 11 No 1

Absent 2

Floor Assignment Rep. Kingsbury

If the vote is on an amendment, briefly indicate intent:

Date: 3/16/05
Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

HOUSE JUDICIARY COMMITTEE

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Further Amended + Refer to Approp. Comm.

Motion Made By Rep. Delmore Seconded By Rep. Koppelman

Representatives	Yes	No	Representatives	Yes	No
Chairman DeKrey	✓		Representative Delmore	✓	
Representative Maragos	A		Representative Meyer	✓	
Representative Bernstein	✓		Representative Onstad	✓	
Representative Boehning	✓		Representative Zaiser	A	
Representative Charging	A				
Representative Galvin		✓			
Representative Kingsbury	✓				
Representative Klemin	✓				
Representative Koppelman	✓				
Representative Kretschmar	✓				

Total (Yes) 10 No 1

Absent 3

Floor Assignment Rep. Kingsbury

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2373, as reengrossed: Judiciary Committee (Rep. DeKrey, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (10 YEAS, 1 NAY, 3 ABSENT AND NOT VOTING). Reengrossed SB 2373 was placed on the Sixth order on the calendar.

Page 1, line 3, remove "; and to provide a penalty"

Page 1, line 8, remove "**- Penalty**"

Page 1, remove lines 9 through 21

Page 1, line 22, remove "3." and replace the second "the" with "an"

Page 2, line 1, replace "shall" with "may"

Page 2, line 2, after "hospital" insert "or as otherwise provided by law"

Page 2, remove lines 3 through 5

Renumber accordingly

2005 HOUSE APPROPRIATIONS

SB 2373

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373
Methamphetamine / Drug Abuse Commitment

House Appropriations Committee
Human Resources Division

Hearing Date: 3-22-05 Tuesday a.m.

Tape Number	Side A	Side B	Meter #
I	X	X	47.3 - 47.8

Committee Clerk Signature Diane M Overby

Minutes: **Chairman Delzer** called the meeting to order. **Sen. Larry Robinson, District 24,** introduced SB 2373, which proposes civil commitment in drug abuse situations. Currently, there are no places to send individuals with methamphetamine and other addictions. The goal is to reach these individuals before they become criminals. (See five-page Methamphetamine Research handout from the North Dakota Department of Corrections.) He explained the ramifications of methamphetamine abuse statewide, inmates with this addiction, teen experimentation and (*Tape I Side B* starts) cited several examples. For persons to access the Tompkins Unit in Jamestown, they first have to become criminals and go through prison. Across the street is an abandoned nurses building which could be utilized for a civil commitment program. It would cost $77 per day. Approximately 50 clients would enter every 100 days. The start date proposed is January 1, 2006. While it is not in the Governor's budget, the Legislature can be proactive in thwarting the methamphetamine impact. "We pay now or we pay later."

After fielding a couple of questions, **Sen. Robinson** explained a person with methamphetamine addiction does not go back to a normal life. There will be some third-party pay.

Chairman Delzer welcomed some Wyndmere students visiting.

Sen. Robinson emphasized that the financial impact will be incredible if this problem is ignored.

Chairman Delzer: We appreciate where you are coming from. I am concerned if we can sustain it. It also looks like the court could send criminals as well. The fiscal note says one thing and there is no limit stated in the bill. There is no authority to turn anyone away.

Sen. Robinson: It is an investment upfront.

Chairman Delzer: Do not answer if you are uncomfortable with this, but in the case of your son, would he have voluntarily gone in? A volunteer basis is key for success.

Sen. Robinson: Our son waited months. He wanted treatment. There was a backlog. No treatment was on the judge's "to do" list.

Chairman Delzer: What if the bill said the user had to request treatment?

Sen. Robinson: That is not good. Our son wanted it, but others may not be at that point. We have got to deal with it. I fear the worse is yet to come.

Sandy Tabor, Deputy Attorney General, testified. She distinguished that the bill deals with civil commitment because of where it resides in Code. The limitation of enrollees would be in the number of beds available and length of stay for treatment.

Chairman Delzer: You might have a parent who is apt to challenge that.

Tabor: That could be, but under the civil commitment laws parents can pursue some of these types of remedies throughout that process. I am not sure that it is opening the floodgates, because the beds available is the key barrier.

Chairman Delzer: Brenda, do you have information on whether or not the State Hospital is honestly ready to take on 300?

Brenda Weisz, CFO for the Department of Human Services: That is why we have delayed. We came up with the $77 per day by taking the staffing required and laying out salaries and benefits involved. I am not sure if lock-down rooms are needed.

Chairman Delzer: How could you not have segregation for safety purposes?

Don Wright, Assistant Director of the Division of Mental Health and Substance Abuse, said he was certain safety measures have been accounted for. He also said evaluation determines length of stay and it is roughly 100 days for methamphetamine cases.

Rep. Joyce Kingsbury, District 16, said three groups of 50 patients could go through treatment, but heard it can be as high as 180 days.

Discussion followed on the Fiscal note for 50 beds, **Vice Chair Pollert** question on whether the state should be responsible for this program, FTEs, third-party pay and insurance. The overriding problem is lack of availability of beds for adolescents and adults.

Chairman Delzer: Dr. Faust, from the interim study, said the first 100 days is basically a drying out period.

Wright: We are talking up to 180 days.

Chairman Delzer reviewed the fiscal note.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2341 and SB 2373
New Code For 1st-time Offenders / Methamphetamine Civil Commitment

House Appropriations Committee
Human Resources Division

Hearing Date: 3-23-05 Wednesday p.m.

Tape Number	Side A	Side B	Meter #
I	X		1.0 - 11.9

Committee Clerk Signature Diane M. Owsley

Minutes: **Chairman Delzer** called the meeting to order at 3:45 p.m. All members present. The schedule and when amendments might be ready was reviewed. Discussed SB 2341 and SB 2373 simultaneously.

Chairman Delzer: After looking at the methamphetamine bill, new numbers by the Attorney General are coming on a fiscal note for SB 2341. Rep. Pollert, do you want to share any numbers you found for SB 2373?

Vice Chair Pollert: I got the cost of ten beds at the State Hospital. Under SB 2341, it was $140 per day at the Grafton Development Center; the State Hospital is $141-$42 per day. A little over $1 million for a biennium. No new operating cost to open a new building. I am still waiting for the numbers on what 20 beds would cost, but it will be substantially higher. Probably from $76 per day to $141.

Chairman Delzer: There is no sunset. With SB 2341, that is a pilot program. These can and should be looked at specifically in the budget process and for the next biennium.

Rep. Bellew: If it is a good program, we can pass the bill when it comes back before us. If it is not a good program, then we discontinue it by not considering another bill.

Chairman Delzer: Should we have reporting language for data collected to make sure the program is valid?

Vice Chair Pollert: SB 2341 and SB 2373 are similar, but treatment is different. I would like both studied and language for reporting.

Rep. Kerzman: Sen. Robinson said 100 days is an absolute minimum, but most will take longer.

Chairman Delzer: What do you think about sun-setting?

Rep. Kerzman: No problem.

Chairman Delzer: Sun-setting means someone would have to introduce a bill to continue.

Rep. Metcalf: I think language for reporting half-ways through is good.

Chairman Delzer: The second quarter of 2006. The Budget Section meets every quarter. So it would be six months into it.

Rep. Kerzman: It takes a minimum of 100 days, so we need the biennium.

Chairman Delzer: Can you sunset a change, Joe (OMB) or Stephanie (LC)? We will need one for 10 beds and would not have to redo anything, or 20 beds which I see no reason for, or 50 beds which we might as well go with.

Rep. Kerzman: I agree.

Chairman Delzer: Stephanie (LC), there is no reason to do an amendment. We can do a voice vote here. You can have it ready for full committee.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373
Methamphetamine Civil Commitment Pilot Program

House Appropriations Committee
Human Resources Division

Hearing Date: 3-28-05 Monday p.m.

Tape Number	Side A	Side B	Meter #
II	X		7.7 - 12.0

Committee Clerk Signature Diane M. Owsley

Minutes: **Chairman Delzer** called the meeting to order on SB 2373. He has been asked to introduce an amendment for a pilot program with ten beds, no civil commitment, make purely voluntary and with reports for gathering information, and third-party pay.

Rep. Metcalf: We are basically being asked to do the same treatment as TRCC, but with a different class of people.

Chairman Delzer: I have never gotten validity numbers from the Department of Corrections. Plus, how many have gotten aftercare treatment.

Rep. Metcalf: I have not either. There needs to be an aftercare program for one and a half years. But I do not know if a 10-bed situation is going to do much.

Vice Chair Pollert: When I look at it, we have bill 2341 for the pilot program up in the northeast, which will have 140 days of aftercare. I would like to see it be its own pilot program, too, so we have results. I am looking at the ten rather than the 50. With two, we can see more of what is going to work or not. Plus we can look at Teen Challenge.

Rep. Metcalf: But ten beds isn't much and will cost lots. Maybe if a part-time psychologist from the hospital is available to see the people in there, it would be fine.

Adjourned.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373
Methamphetamine Pilot Program

House Appropriations Committee
Human Resources Division

Hearing Date: 3-29-05 Tuesday

Tape Number	Side A	Side B	Meter #
I	X	X	19.3 - 5.6
Committee Clerk Signature Diane M Overby			

Minutes: **Chairman Delzer** called the meeting to order on SB 2373 to review amendment 50809.0409. He explained the bill and lack of money for it. The pilot project is currently set for 180 days with 40 weeks of follow-up. He has his hand in the amendment, but it came from several people.

Chairman Delzer: It would go down to ten beds with a fiscal of $1 million. Third-party and private pay would have to come up with 50%. The families would ultimately end up paying for approximately 20 days at up to $120 per day. I am not sure I agree with $2,800 for the treatment. I think we need to add to the language on section 2 and be consistent with what is being reported on bill 2341, which covers recidivism. With the DOCR, we do not have the information to know what is really happening. With ten beds, we would not have to redo the nurses' building. This is a discussion point and a starting place. It is $500,000-$700,000 instead of $2.5 million.

Rep. Metcalf: I would like to make several points. First, remodeling the nurses' facility for $475,000 is minimal given the methamphetamine situation. Getting even up to 30 meth people

off the street will save money. It is "pay me now, or pay me later." Has there ever been talk of increasing the Tompkins facility and authorizing civil commitment people to it? I know we may not prefer to mix them.

Chairman Delzer: I have not had that discussion. Joe (OMB), maybe you could e-mail and find out if the TRCC has the beds. Part of the 50 beds concerns the question of whether or not the money is being spent on what really works. Also, there is a suggestion for the State to defer some costs if people are sent out-of-state for treatment. Legislative Council is researching that to see if other states take non-inmate personnel. The Attorney General's office said it did not force the Department of Human Services to have a program for everyone who is civilly-committed. The Department of Human Services reads it just the opposite. We had a similar situation with the sexual predator bill when it was passed with no money to really make it work. This bill is not done and headed to conference. As the bill sits in front of us, it is unacceptable to me.

Rep. Metcalf: You mentioned that some find this unacceptable. What specifically so we can address?

Chairman Delzer: There have been requests in to Council on other treatment programs. Here we are trying to get the people before they hit the court system at all. I like the idea with the voluntary instead of civilly committed. I would prefer starting small and getting an aftercare set up, too.

Rep. Metcalf: To keep the Department of Human Services from interfering too much, put in the bill to limit it to the availability of number of beds in the facility.

Chairman Delzer: That has been discussed. Go with those ready versus the first civilly committed.

Rep. Metcalf: If we went to a fully volunteer situation, maybe the ten beds will be acceptable. We may be setting ourselves back two years. I could run it past the Senator (i.e. Sen. Robinson).

Vice Chair Pollert: I told the Senator there were some changes to the bill, since we were parking our vehicles at the same time.

Rep. Metcalf: He is aware. It may work out.

Chairman Delzer: There still is civil commitment. This bill pushes some toward this program. One of the problems is the higher cost of beds (i.e. Smaller number versus larger number). The question is are we gaining anything with the smaller number?

Rep. Metcalf: With ten beds, it could go into the older administration building instead of as part of TRCC.

Vice Chair Pollert: Same building as where the 20 TRCC women are. There is room only for ten.

Chairman Delzer: Will they have extra time to work more intensely at the TRCC?

Vice Chair Pollert: I did not ask.

Chairman Delzer: Maybe we can combine the three groups of people we are working with to get the information for all. We will hold this bill until Rep. Metcalf can meet with Sen. Robinson. I would be happy to meet, too. We will get the amendments drawn up.

Vice Chair Pollert: The amendment is not discussing the money or the beds yet?

Chairman Delzer: Right. Stephanie (LC), is this in process?

Stephanie/LC: Yes.

Chairman Delzer: I think we just used the $1 million. We would have to put an appropriation in this bill or 1015.

Rep. Wieland: Some are worried about the number of beds. But it is a concern that no one seems to know how to treat methamphetamine! I would be unsupportive of the bill, other than that I know the severity of the problem. I wish we had more time for specific treatment plan information. Get specific percentages of treatment success rate? I favor holding the money down for two years until we know.

Rep. Metcalf: Rep. Wieland, I agree with you 100%. We cannot just throw money at things out there. People who have worked on this bill a long time. I think we can find some resolution.

Chairman Delzer: Stephanie (LC), e-mail Carol at the Department of Human Services and ask what they would expect would be the treatment plan for this program. Also, what is the viability of the TRCC treatment? We will stand in recess until the call of the chair. We go into Full Committee at 2:00 today.

After reconvening at 3:24 p.m., the committee reviewed 50809.0411. **Chairman Delzer** said the bill is a work in progress. He is not yet satisfied.

Rep. Kerzman: I wish we could make reference to civil commitment in your amendment. Use courts as a gatekeeper. You alluded to volunteer commitment. In alcohol situations, persons will often seek help. But with meth, they do not dry out.

(Rep. Pollert came in at 3:27)

Chairman Delzer: I am going to read a letter that Rep. DeKrey gave me. He received it from Attorney Gregory I. Runge regarding the third engrossment to SB 2373's constitutionality. Why it came to him, I do not know. (*Tape I Side B starts*) It is one of the issues that we will

have to work out in conference committee. That is why I am not comfortable adding "civil commitment" to this bill as is, now.

Rep. Metcalf: It brings to mind the issue of sexual predators having to have treatment. That costs $300+ per day. Are we talking the same kind of treatment?

Chairman Delzer: Without Alec here, a lot of the treatment is entirely different, I think. The level of security is quite a bit higher.

Rep. Metcalf: A little over $200 per day for treatment and $90 for housing. I believe we know we have a very serious problem. I do not think we can afford to waste a year with ten persons only. In our prisons, they are there mostly because of drugs. I am opposed to reducing anything with this.

Rep. Bellew: I move amendment .0411 to SB 2373.

Rep. Wieland: I second it.

Chairman Delzer: I certainly respect everything that has been said. Unfortunately, we are running out of time. I hope we get some answers from the department on TRCC. Stephanie (LC), would you find out from the DOCR the same information? I expect this to be in conference meeting. I hope we can support the amendment just enough to keep the bill moving. We will take a voice vote. Motion carries 4-2.

Rep. Bellew: I move a Do Pass As Amended on SB 2373.

Rep. Wieland: I second it.

Chairman Delzer: The clerk will call the roll. Motion carries 5-1. **Rep. Wieland** will carry.

Chairman Delzer: That concludes SB 2373 and our work as a subcommittee. I have appreciated working with every one of you. Meeting adjourned.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2373
Committing Chemically Dependent Individuals

House Appropriations Full Committee

☐ Conference Committee

Hearing Date March 30, 2005

Tape Number	Side A	Side B	Meter #
2	X		#10.6 - #33.0
Committee Clerk Signature	Chris Alexander		

Minutes:

Rep. Ken Svedjan, Chairman opened the discussion on SB2373.

Rep. Jeff Delzer explained that amendment #0411 changes the whole bill so we could discuss the amendment.

Rep. Alon C. Wieland explained that the bill deals with individuals who are chemically dependent on meth or other chemical and would require civil commitment to put them into treatment. The bill called for 50 beds to begin January 1, 2006 at a facility at Jamestown hospital. The fiscal note was $ 2.1 million for treatment and $475,000 for remodeling the facility. The cost was estimated by Human Services at $ 77.43 per day. Rep Wieland moved to adopt amendment #0411 to SB2373.

Rep. Jeff Delzer seconded

Rep. Alon C. Wieland explained that the amendment completely changes the bill to provide for a pilot program at the state hospital to allow for 10 beds for the treatment of individuals who are

chemically dependent. This would also provide for a report to the legislative assembly and an expiration date for the program. A third party payer is responsible for 50% of the cost while the department pays for the other 50%. $500,000 is appropriated. The program would be run in conjunction with the Tompkin unit already treating women at Jamestown. The subcommittee voted 5 to 1 to accept this amendment.

Rep. Jeff Delzer commented that the original bill had a fiscal note of $2.5 million for this biennium and $3 million for next biennium. There would also have been $500,000 for remodeling fees. The concern of the committee dealt with the wording in the civil commitment. It seemed to say that the state would be required to provide the entire program for anyone who was civilly committed whether the state had the funding for it or not. There are also two other pilot projects we are doing for meth addiction and we thought this should be a pilot project so we can compare findings in two years with the other projects and determine what level of treatment works best for this addiction.

Rep. Pam Gulleson commented that she would resist the amendment because we need to be more aggressive in dealing with meth. We need to address this in terms of treatment rather than incarceration. We are in the middle of a full blown crisis, and it is time we begin on this, not to study with pilot projects.

Rep. Chet Pollert commented that testimony reported that it takes 100 days just to dry out from these addictions. This would work to give treatment instead of just drying them out.

Rep. Tom Brusegaard commented that individuals have to want to change. If these are people who are in need of being civilly committed, then they have not come to the point yet where they

want to change. We can try this for a limited time and see what happens before we put a lot of money into it.

Rep. Eliot Glassheim asked if this was a voluntary committal.

Rep. Jeff Delzer answered that the civil commitment is still out there but they would have to meet the third party payer (meter Tape #2, side A, #19.3)

Rep. Eliot Glassheim asked if third party payers would actually pay for this

Rep. Jeff Delzer answered that Blue Cross Blue Shield will pay up to 30 and if the department paid for 50 days so the individual would be responsible for 20 days. This is a work in progress and these are the numbers we are looking out now. It may or may not work.

Rep. Eliot Glassheim asked how many people would this pilot deal with

Rep. Jeff Delzer explained that this was for 10 beds, 100 days minimum, which makes for 50-70 people per biennium.

Rep. Francis J. Wald asked if voluntary meant that you could check yourself in to the program.

Rep. Jeff Delzer answered that this would be the preference.

Rep. Francis J. Wald asked if a person could then just get up and leave whenever they wanted to since this was a voluntary committal

Rep. Jeff Delzer answered that he did not know for sure, but assumed that there would be some required amount of stay or it would not be a committal.

Rep. Joe Kroeber asked if any of the other pilot programs deal with civil commitments.

Rep. Jeff Delzer answered that the civil commitment law is available for any program. The difference is who will pay for it.

Rep. Joe Kroeber asked if these are people who are close to being adjudicated.

Rep. Jeff Delzer answered yes. This is looking at the people before they hit the court systems but it is uncertain how close they are. In some instances this would be for first time offenders who could choose treatment versus incarceration.

Rep. Joe Kroeber commented that these are folks who we would pay for at some place in the system so it is just a matter of where in the system you want to expend the money. The committee should resist this amendment.

Rep. Ralph Metcalf commented that there is a need for civil commitment. To get the resources of the rehabilitation system you have to be a criminal. This treatment gets to you before you become a criminal.

Rep. Francis J. Wald asked if this treatment was only for males.

Rep. Jeff Delzer answered that he was unsure, but that the space identified for this was at the women's correctional area of TRCC, but they could still have males in that area.

Rep. Francis J. Wald asked if the New England facility could accept these folks, assuming it is for males only.

Rep. Jeff Delzer explained that New England could accept these folks, but who would pay for it. Do we have a program that works? There are non identified. Reports from the Department of Corrections and Rehabilitation can't tell how good the system is of if the programs are working so how can we justify spending the money on it.

Rep. Ken Svedjan, Chairman commented that the biggest problem is that no one is sure what would work. Hopefully these pilot programs can give us some more information to work with in a couple of years. He further explained that it is unlikely that New England would be able to accept these folks because this program is for a voluntary committal and New England is a jail.

Rep. Ole Aarsvold commented that research abounds out there, and asked why we aren't using any of it. We know what works in other places why not just support this program and do this.

Rep. Ralph Metcalf commented that the New England facility has been looked at for this program and the nun's residence on the east side could be converted for this easily, but it is limited in size.. (meter Tape #2, side A, #29.8)

Rep. Bob Skarphol asked if requests have been made for the results of other research.

Rep. Jeff Delzer answered that legislative council is gathering this information for a possible conference on this issue. Rep Delzer explained that if this amendment is not passed it would put the total the fiscal impact of the original bill directly on the department to come up with the funding. If the amendment is passed, there is a $500,000 appropriation within the amendment.

Rep. Ken Svedjan, Chairman called for a voice vote on the motion to adopt amendment #0411 to SB2373. Motion carried.

Rep. Alon C. Wieland moved a Do Pass As Amended motion for SB2373.

Rep. Larry Bellew seconded

Rep. Ken Svedjan, Chairman called for a roll call vote on the Do Pass As Amended motion for SB2373. Motion carried with a vote of 20 yeas, 2 neas and 1 absences. Rep Wieland will carry the bill to the house floor.

Rep. Ken Svedjan, Chairman closed the discussion on SB2373.

Prepared by the Legislative Council staff for
Representative Delzer
March 28, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

In lieu of the amendments adopted by the House as printed on page 1170 of the House Journal, Reengrossed Senate Bill No. 2373 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program - State hospital - Costs of program. The department of human services shall implement a substance abuse treatment pilot program at the state hospital for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. The program must provide that the individual who receives treatment or other third-party payer is responsible for fifty percent of the cost of the treatment. The department shall pay the remaining fifty percent of the cost of treatment.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall report to the sixtieth legislative assembly regarding the status of the substance abuse treatment pilot program provided for under section 1 of this Act.

SECTION 3. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

Prepared by the Legislative Council staff for
Representative Delzer
March 29, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

In lieu of the amendments adopted by the House as printed on page 1170 of the House Journal, Reengrossed Senate Bill No. 2373 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide an appropriation; and to provide an expiration date.

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SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, and from other funds consisting of third-party and client payments, the sum of $500,000, to the department of human services for the costs associated with establishing ten beds at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 4. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

Date: 3/29/05 Tues.
Roll Call Vote #: ①

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

House **Appropriations - Human Resources** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number (50809.0411)

Action Taken Do Pass As Amended

Motion Made By Rep. Seconded By Rep.

Representatives	Yes	No	Representatives	Yes	No
Chairman Jeff Delzer	✓		Rep. James Kerzman	✓	
Vice Chairman Chet Pollert	✓		Rep. Ralph Metcalf		✓
Rep. Larry Bellew	✓				
Rep. Alon C. Wieland	✓				

Total (Yes) 5 No 2

Absent

Floor Assignment Rep. Wieland

If the vote is on an amendment, briefly indicate intent:

Date: March 30, 2005
Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB2373

House Appropriations - Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 50809.0411

Action Taken **DO PASS AS AMENDED**

Motion Made By **Rep Wieland** Seconded By **Rep Bellew**

Representatives	Yes	No	Representatives	Yes	No
Rep. Ken Svedjan, Chairman	X		Rep. Bob Skarphol	X	
Rep. Mike Timm, Vice Chairman	X		Rep. David Monson	X	
Rep. Bob Martinson	X		Rep. Eliot Glassheim	X	
Rep. Tom Brusegaard	X		Rep. Jeff Delzer	X	
Rep. Earl Rennerfeldt	X		Rep. Chet Pollert	X	
Rep. Francis J. Wald	X		Rep. Larry Bellew	X	
Rep. Ole Aarsvold		X	Rep. Alon C. Wieland	X	
Rep. Pam Gulleson	X		Rep. James Kerzman		X
Rep. Ron Carlisle	X		Rep. Ralph Metcalf	X	
Rep. Keith Kempenich	X				
Rep. Blair Thoreson	X				
Rep. Joe Kroeber	X				
Rep. Clark Williams	X				
Rep. Al Carlson	AB				

Total Yes 20 No 2

Absent 1

Floor Assignment **Rep Wieland**

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2373, as reengrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (20 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Reengrossed SB 2373 was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on page 1170 of the House Journal, Reengrossed Senate Bill No. 2373 is amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program - State hospital - Costs of program. The department of human services shall implement a substance abuse treatment pilot program at the state hospital for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. The program must provide that the individual who receives treatment or other third-party payer is responsible for fifty percent of the cost of the treatment. The department shall pay the remaining fifty percent of the cost of treatment.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, and from other funds consisting of third-party and client payments, the sum of $500,000, to the department of human services for the costs associated with establishing ten beds at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 4. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

2005 SENATE JUDICIARY

CONFERENCE COMMITTEE

SB 2373

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373

Senate Judiciary Committee

■ Conference Committee

Hearing Date April 6, 8, 18, 19 and 22, 2005

Tape Number	Side A	Side B	Meter #
1 April 6	X		0.0 - 2635
1 April 8	X		2640 - 2835
1 April 18	X		2850 - 5330
1 April 19	X		5330 - End
		X	0..0 - End
Committee Clerk Signature	Mona R Galbreath		

CONFERENCE COMMITTEE April 6

Minutes: Relating to commitment of individuals addicted to controlled substances: appropriation.

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. The hearing opened with the following:

Sen. Trenbeath asked for a house spokesman to run the committee through there changes and why. **Rep. Wieland** (meter 57) responded by saying; in trying to keep the bill alive for a number of reasons. When it came to us it did not have any appropriations with it. Our concern is the number of beds on an unknown project. Original bill asked for 50 beds with a $450 thousand remodel and had only civil commitment. We were told that according to statute it could already be done. We all agree that there is a problem but the treatment process is not defined yet. If we do it as a pilot project and to try to do it in facilities already existing. To do this we would have

to reduce it to 10 beds. discussed this in detail. Cited a third party cost as a civil commitment that they could pay 50% of it. Start date, estimate of cost.

Rep. Pollert added his concern for the civil commitment process (meter 352) and the remodel concerns.

Sen. Trenbeath replied that the financial aspect was not addressed in our committee at all. It had left us with the full original funding. Discussed the appropriation process of the bill.

Sen. Traynor asked what was expected to be accomplished by making it a pilot program? We hoped the same thing as the original bill. Some sort of treatment for someone voluntarily seeking treatment or as in code civil commitment-which is already in the code. To allow this facility in ND for someone who is not incarcerated. Do to the lack of a standard type of treatment for Meth we have concerns about spending so much money for an unknown. Discussed unknown time lengths. By the next session we would have better data to make stronger decisions on.

Rep. Metcalf stated that this was not in full agreement by the committee. As a representation to the other side we realize the need for the pilot program due to not have a recognized treatment program. It is on going and changes. What we must understand is the great need out there for treatment and we should not be cutting back when we have the ability to treat 50 and go back to 10. Our prisons are currently half full with meth addicts. Why keep them in prisons when we can make them productive citizens of our society. I say we go back to the original bill.

Rep. Pollert stated his concerns on the time of care factor and referred to the two other pilot project and trying to keep the bill alive by limiting the funding

Sen. Trenbeath stated that he would like to ask Sen. Robinson, the prime sponsor of the bill for his comments. He responded that while ND has the ability to do a civil commitment that the

committed individuals get priority and the beds are full. We will pay for this now or pay for it later. Discussed the fiscal note being on the House side appropriations. The facilities have come to us stating there need for this and the length of longer treatment. Discussed his own family's case. Discussed fiscal notes (1320), investment into the building, and funding.

Sen. Trenbeath stated what the changes would be from 10 bed unit to a 50 bed unit. The AG's says that we can not build enough beds in ND prisons.

Sen. Traynor stated that if we do what we originally intended but use the pilot program terminology would it help the bill go through. Discussion. This is a program that is to divert the people before they get into the prison system, where the dollars will add up.

Rep. Pollert it was never our intent to take away beds from another program. Stated TRCC program and the different locations. A person on a voluntary program will be more successful then an involuntarily committed individual.

Alex Switz, Super Intendant State Hospital (meter 2327) sited the hospital setup and the locations of the different facilities. The fifty bed facility would be the nurses building.

Sen. Trenbeath requested some additional time to see if he could find other funding sources.

Sen. Trenbeath, Chairman closed the Hearing

CONFERENCE COMMITTEE - April 8

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. The hearing opened with the following:

In continuation of our discussion on the 8th, **Sen Robinson** (Primary Sponsor) and myself have been talking to several parties in the interest of looking for funding to help this project along. I invite anyone here, if they have any suggestions to please present it today.

April 6 & April 18

Sen. Trenbeath continued, in our conversations with several key people in looking for those dollars, we have not had any doors slammed in our face and would like to continue these conversations with these people. I would like to request a couple of more days to formulate this. This issue is important and needs to be addresses. Once we have a commitment we would like to meet again.

Rep. Pollert asked if these were Federal Funds or special funds? **Sen. Trenbeath** replied that all avenues are open but would like to use revenues already existing.

Sen. Trenbeath, Chairman closed the Hearing

CONFERENCE COMMITTEE April 18

Minutes: Relating to commitment of individuals addicted to controlled substances: appropriation.

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. **Senator Syverson** replace **Sen. Traynor** on the committee due to leave of a brothers funeral. The hearing opened with the following:

Rep. Wieland introduced people from Share House in Fargo, whom currently run a program for meth addicts and has been in service for 30 years 6 years with Meth addiction. Introduced **Anna Johnson**, Director of operations and **Bill Lopez**, Director (meter 3060) Gave Testimony and budget - Att. #1 and budget 1a with informational brochures 1b.

Sen. Trenbeath stated the privatization of this would require an RFP through Health and Human Services and stated the process (meter 3450) Discussion of what a ¾ way house (meter 3490). Discussion of what the success rate (meter 4090) is between different facilities and the many different treatment facilities and different forms of it in the private sector of ND. The biggest issue is finances holding the facilities back from a higher success rate; i.e. time.

Rep. Pollert asked what % of meth users successful? 50% Discussion of process (4300) and the ½ way house to the ¾ way house. Rep. Metcalf questioned the "civil commitment" part of the bill. My resistance is in having a criminal penalty in the bill- this we could not support. We do accept civil committed individuals.

Sen. Trenbeath discussed where he is in getting funding together for this and the preparation of an amendment. He invited all to come forth with any amendments whether it be a "private" or a "state" ran program. My intent is to reschedule for morning and afternoon to try to complete the conference committee. **Rep. Wieland** stated that he would do his best to have an amendment prepared.

Sen. Trenbeath closed the meeting.

CONFERENCE COMMITTEE April 19

Minutes: Relating to commitment of individuals addicted to controlled substances: appropriation.

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. The hearing opened with the following:

Rep. Wieland presented his Amendment (.0414) Att. #2 and explained process (meter 5480) of the Pilot program in the SE corner of state.

Sen. Trenbeath asked where the extra $75,000 came from? (meter 5730) This is not through the house yet, I wanted to make sure it was funded enough.

Senator Triplett stated that she was not aware of a set facility that it would be a "request for proposal" (RFP)? Yes it is. **Rep. Wieland** stated that he did not want an RFP to be so specific that it would not leave Share House out of it.

Sen. Trenbeath introduced **Sen Nethings** Amendment (.0415) Att. #3 (meter 6090) reviewed the amendment siting up to 50 beds in Jamestown with matching construction funds. Discussion of $900,000 local funds half for construction. There has been ongoing Meth treatment at the James Town facility for the civilly committed. This must be a complete project to have the additional funds provided. **Rep. Wieland** questioned if the $400 thousand was a legal use for the Community Health Trust Fund dollars? Yes it is and there is no restrictions. This is a back-up but the idea is to get grant funds first. This would be for civil and voluntarily committed individuals.

Carry Wicks, ND State Hospital's Tompkins Rehabilitation Center (meter 600) Gave Testimony - Att. #4. The committee went into great discussion of the effects the drug has on individuals, physical, physiological, mental and emotional. Discussed his current program success in the Civil Committed side with the prison system is a 30 day contract and if we do not do our job we would loose our contract. Rep. Pollert had issues with the results of the data of the program by the next session. Mr. Wicks cited that the program exists and they would continue using the same "matrix" of it and the data would be similar.

Sen. Trenbeath closed the meeting.

CONFERENCE COMMITTEE April 19 p.m.

Minutes: Relating to commitment of individuals addicted to controlled substances: appropriation.

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. The hearing opened with the following:

Senator Triplett opened with discussion of "size" of beds being new beds into the system and not taking away beds away from other services. (meter 2440)

Rep. Wieland discussed "sisters path" for mothers and its other facilities. Discussion of the other three facilities in the same area that could bid for this; St. Johns, Prairie and one other.

Rep. Metcalf stated that Share House has a great problem with a mandatory commitment (meter 3595) They will not make any effort to keep them committed only if it is a court order. They do not want to accept any individual who does not want to come on a voluntary basses. Cited several cases of Meth addicts stating this problem will not get smaller only bigger in a big way.

Rep. Pollert is concerned about the TRCC only receive individuals who have been in "prison" drying out before going to there facility. Discussion of the Psychiatric Ward and Medical Facilities at the State Hospital. Great discussion on the funding, committing an individual. Rep. Weiland does not wan to see a "Growing Government" and Jamestown would be just that. He wants it privatized. He does not want to use any fund money **Senator Triplett** stated that why do we not do this with in the government to prove it out and they when we are comfortable with how the treatment process is then subsidize it to private entities.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2373

Senate Judiciary Committee

■ Conference Committee Apr. 1

Hearing Date ~~March~~ 21 & 22, 2005

Tape Number	Side A	Side B	Meter #
1 April 21	X		0.0 - End
1 April 22	X		0.0 - End
Committee Clerk Signature Maria L Solberg			

CONFERENCE COMMITTEE

Minutes: Relating to commitment of individuals addicted to controlled substances; appropriation.

CONFERENCE COMMITTEE April 21

Minutes: Relating to commitment of individuals addicted to controlled substances: appropriation.

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. The hearing opened with the following:

Sen. Trenbeath asked for the substitution of Amendment (0415) with 0416 Att. #1. The difference is the funding mechanism (meter 60) it would authorize the funding of 500, thousand by: Up to 100,000 by Community Health Trust Fund, up to $100,000 from the Health Care Trust Fund, up to $100, 000 form the Lands and Minerals Trust Fund and $100,000 third party and client payments. Discussion of what is currently dollars in funds. Rep. Weiland stated his concern in using the Health Care Trust Fund and does not want it to be raided. Discussion of this fund.

Rep. Metcalf stated that the money we spend know will help us in the big money this problem is and will continue to cause the state and our prisons.

The committee discussed the bills History (meter 760), the different treatment facilities, the number of "new beds" each amendment would do. The money should go to "rehabilitating people" not facilities. Several members reviewed there way they plan to vote. (meter 1400) The chair stated (meter 1875) that by all means he is open to a motion, he only wanted to make sure that all members had the time to digest all of the information.

CONFERENCE COMMITTEE April 22

Minutes: Relating to commitment of individuals addicted to controlled substances: appropriation.

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. The hearing opened with the following:

Sen. Trenbeath introduced a new Amendment Att. # 2 (meter 120) (.0422) and Rep. Weiland handed out his amendment (.0424) Att. #3. Rep. Pollert reviewed Rep. Wieland's amendment. Amendment .0424 $1.3 Million and .0422 $1.8 Million. Discussion of fund sources. Rep. Wielenad made the motion to pass his amendment but withdrew it to add the patients responsibility to pay 50%.

Senator Syverson presented another amendment (meter)(.0420) Att. #4..

Senator Syverson made the motion to Do Pass .0420 and Senator Triplett seconded the motion. All committee members voted no except for Senator Syverson and the motion fails.

The committee will adjourn and rejoin in the afternoon so Rep. Wieland may but the patient pay is included.

CONFERENCE COMMITTEE April 22 pm

Minutes: Relating to commitment of individuals addicted to controlled substances: appropriation.

Sen. Trenbeath , Chairman called the Judiciary committee to order. All Senators and representatives were present. The hearing opened with the following: (meter 1175)

The committee discussed mostly the same views that has been discussed several times in the previous meetings.

Rep. Wieland made the motion to Do Pass Amendment .0424 and **Rep. Pollert** seconded the motion. All but **Senator Syverson and Senator Triplett** vote for the motion and the motion fails

Senator Triplett made the motion to Do Pass .0422 and **Rep. Metcalf** seconded the Motion.

Favor: **Sen. Trenbeath, Senator Triplett, Rep. Metcalf**

Against: **Senator Syverson, Rep. Wieland, Rep. Pollert.**

Motion Fails.

Discussion of dissolving the committee and putting the bill back to how it left the house in the house as a 10 bed facility.

Sen. Trenbeath closed the meeting

Rep. Metcalf asked the Chairman if he could bring the committee back and re-address amendment .0424.

Rep. Metcalf made the motion to reconsider .0424 **Rep. Wieland** seconded the motion. All were in favor except for **Senator Syverson** and the **motion passes.**

Sen. Trenbeath closed the conference committee.

4/19 AH #2

50809.0414
Title.

Prepared by the Legislative Council staff for
Representative Wieland
April 18, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

That the House recede from its amendments as printed on page 1182 of the Senate Journal and page 1442 of the House Journal and that Reengrossed Senate Bill No. 2373 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide an exemption; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program - Contract - Exemption. Notwithstanding chapter 54-44.4, the department of human services shall contract with a private, nonprofit organization in Cass County using a three-phased systems approach for providing treatment and rehabilitation services for individuals who are chemically dependent on methamphetamine or other controlled substances. The contract must provide for the availability of up to twenty beds for eighteen months for this pilot program.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $575,000, or so much of the sum as may be necessary, to the department of human services for contracting for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances provided for under section 1 of this Act, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 4. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

4/19 AH #3

50809.0415
Title.

Prepared by the Legislative Council staff for
Senator Nething
April 18, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

That the House recede from its amendments as printed on page 1182 of the Senate Journal and page 1442 of the House Journal and that Reengrossed Senate Bill No. 2373 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to require budget section approval; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program - State hospital - Fees. Beginning July 1, 2006, the department of human services shall implement a substance abuse treatment pilot program consisting of up to fifty beds at the state hospital for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. The department shall charge fifty percent of the cost of treatment to the individual receiving treatment or another third-party payer.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION - BUDGET SECTION APPROVAL. Subject to budget section approval, there is appropriated from local or other funds the sum of $900,000, or so much of the sum as may be necessary, to the department of human services for the purpose of paying remodeling costs and other expenses associated with the establishment of substance abuse treatment pilot program at the state hospital, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 4. APPROPRIATION - BUDGET SECTION APPROVAL. Subject to budget section approval, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, and from other funds consisting of third-party and client payments, grant funds, or funds from the community health trust fund the sum of $400,000, to the department of human services for the costs associated with a substance abuse treatment pilot program at the state hospital, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 5. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

4/21 Att #1

50809.0416
Title.

Prepared by the Legislative Council staff for
Senator Nething
April 20, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

That the House recede from its amendments as printed on page 1182 of the Senate Journal and page 1442 of the House Journal and that Reengrossed Senate Bill No. 2373 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program at the state hospital for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to require budget section approval; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program - State hospital - Fees. Beginning July 1, 2006, the department of human services shall implement a substance abuse treatment pilot program consisting of up to fifty beds at the state hospital for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. The department shall charge fifty percent of the cost of treatment to the individual receiving treatment or another third-party payer.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION - BUDGET SECTION APPROVAL. Subject to budget section approval, there is appropriated from local or other funds the sum of $900,000, or so much of the sum as may be necessary, to the department of human services for the purpose of paying remodeling costs and other expenses associated with the establishment of substance abuse treatment pilot program at the state hospital, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 4. APPROPRIATION - BUDGET SECTION APPROVAL. Subject to budget section approval, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, from the community health trust fund the sum of $100,000, or so much of the sum as may be necessary, from the health care trust fund the sum of $100,000, or so much of the sum as may be necessary, from the lands and minerals trust fund the sum of $100,000, or so much of the sum as may be necessary, and from other funds consisting of third-party and client payments and grant funds the sum of $100,000, to the department of human services for the costs associated with a substance abuse treatment pilot program at the state hospital, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 5. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

Att. 4 4/22

50809.0420
Title.

Prepared by the Legislative Council staff for
Senator Syverson
April 21, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

That the House recede from its amendments as printed on page 1182 of the Senate Journal and page 1442 of the House Journal and that Reengrossed Senate Bill No. 2373 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program at the state hospital and other licensed facilities for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program - Commitment - State hospital - Costs of program.

1. The department of human services shall implement a substance abuse treatment pilot program of ten beds at the state hospital and other licensed facilities for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. The program must provide that the individual who receives treatment or other third-party payer is responsible for fifty percent of the cost of the treatment unless the court finds that the imposition of costs on the individual would be an undue hardship on the individual. The department is responsible for fifty percent of the cost of treatment unless the court finds that the individual has the necessary resources to meet the full obligation as imposed by the department of human services.

2. For an individual who is committed to the program as the result of an involuntary commitment order, the program must use the resources of the chemical dependency treatment unit at the state hospital for the initial treatment phase. The court shall consider the pretreatment evaluation and recommendations in assigning the licensed treatment facility for the continuation of treatment.

3. For an individual who is committed to the program as the result of a voluntary commitment order, the program may use the resources of the chemical dependency unit of the state hospital for the initial treatment phase. The court shall consider the pretreatment evaluation and recommendations in its determination of a licensed facility and course of treatment.

4. If the individual who is subject to an involuntary commitment ~~order~~ fails to complete the program as ordered by the court, the department of human services may assess the full cost of the program to that individual or to the person that initiated the petition for involuntary treatment.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

NO 5-1

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, and from other funds consisting of third-party and client payments, the sum of $500,000, to the department of human services for the costs associated with implementing a ten-bed program at the state hospital and other licensed facilities for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 4. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

Date: 4/22/05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate Judiciary Conference Committee Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken 5080.0420

Motion Made By _____ Seconded By _____

Senators	Yes	No	Representatives	Yes	No
Sen. Trenbeath		✓	Rep. Wieland		✓
Senator ~~Haeker~~ Syverson (1)	✓		Rep. Pollert		✓
Sen. ~~Nelson~~ Trip (2)		✓	Rep. Metcalf		✓

Total (Yes) _____ No 0

Absent _____ 0

Floor Assignment Senator _____ Rep. _____

If the vote is on an amendment, briefly indicate intent:

4/22 #3

50809.0424
Title.

Prepared by the Legislative Council staff for
Representative Wieland
April 22, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

That the House recede from its amendments as printed on page 1182 of the Senate Journal and page 1442 of the House Journal and that Reengrossed Senate Bill No. 2373 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program. The department of human services shall implement a substance abuse treatment pilot program consisting of up to twenty beds at the state hospital or at a private treatment facility through a grant as determined by the department for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. Prior to establishing the program, the department shall issue a statewide request for proposal seeking providers for this program.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION - ADDITIONAL FUNDS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, and from other funds consisting of third party, client payments, and other sources, the sum of $800,000, to the department of human services for the costs associated with establishing the pilot program at the state hospital or at a private treatment facility for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances, for the biennium beginning July 1, 2005, and ending June 30, 2007. The funds appropriated under this section may not be used for the cost of any facility construction or renovation project. If additional federal or other funds become available for the treatment services provided for under this section, the department of human services may seek emergency commission and budget section approval to receive and spend the funds for treatment services, excluding construction or renovation projects.

SECTION 4. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

Date: 4/22/05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate Judiciary Conference Committee Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken 0424

Motion Made By Rep Wieland Seconded By Rep Pollert

Senators	Yes	No	Representatives	Yes	No
Sen. Trenbeath	✓		Rep. Wieland (1)	✓	
Senator ~~Hacker~~ Syverson		✓	Rep. Pollert (2)	✓	
Sen. ~~Nelson~~ Triplett		✓	Rep. Metcalf	✓	

Total (Yes) No 0

Absent 0

Floor Assignment Senator Fails Rep.

If the vote is on an amendment, briefly indicate intent:

Att 2 4/22

50809.0422
Title.

Prepared by the Legislative Council staff for
Senator Robinson
April 22, 2005

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2373

That the House recede from its amendments as printed on page 1182 of the Senate Journal and page 1442 of the House Journal and that Reengrossed Senate Bill No. 2373 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program - State hospital - Costs of program. The department of human services shall implement a substance abuse treatment pilot program at the state hospital or at a private treatment facility through a grant as determined by the department for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, and from other funds consisting of third party, client payments, and other sources, the sum of $1,300,000, to the department of human services for the costs associated with establishing up to fifty beds at the state hospital or at a private treatment facility for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances, for the biennium beginning July 1, 2005, and ending June 30, 2007.

SECTION 4. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

Date: 1/22/05
Roll Call Vote #: 3

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate Judiciary Conference Committee Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken 0422

Motion Made By Sen Triplett Seconded By Rep Metcalf

Senators	Yes	No	Representatives	Yes	No
Sen. Trenbeath	✓		Rep. Wieland		✓
Senator ~~Hacker~~ Syverson		✓	Rep. Pollert		✓
Sen. ~~Nelson~~ Trip. (1)	✓		Rep. Metcalf (2)	✓	

Total (Yes) _____ No 0

Absent 0

Floor Assignment Senator Fails Rep. _____

If the vote is on an amendment, briefly indicate intent:

Date: 3/22/05
Roll Call Vote #: 4

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2373

Senate Judiciary Conference Committee Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Reconsider 8424

Motion Made By Rep Metcalf Seconded By Rep Wieland

Senators	Yes	No	Representatives	Yes	No
Sen. Trenbeath	✓		Rep. Wieland	✓	
Senator ~~Hacker~~ Syverson		✓	Rep. Pollert	✓	
Sen. Nelson Trip	✓		Rep. Metcalf	✓	

Total (Yes) _____ No 0

Absent 0

Floor Assignment Senator _____ Rep. _____

If the vote is on an amendment, briefly indicate intent:

REPORT OF CONFERENCE COMMITTEE

SB 2373, as reengrossed: Your conference committee (Sens. Trenbeath, Syverson, Triplett and Reps. Wieland, Pollert, Metcalf) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 1182, adopt amendments as follows, and place SB 2373 on the Seventh order:

That the House recede from its amendments as printed on page 1182 of the Senate Journal and page 1442 of the House Journal and that Reengrossed Senate Bill No. 2373 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for the implementation of a pilot program for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances; to provide for a report to the legislative assembly; to provide an appropriation; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Substance abuse treatment pilot program. The department of human services shall implement a substance abuse treatment pilot program consisting of up to twenty beds at the state hospital or at a private treatment facility through a grant as determined by the department for the treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. Prior to establishing the program, the department shall issue a statewide request for proposal seeking providers for this program.

SECTION 2. REPORT TO LEGISLATIVE ASSEMBLY. The department of human services shall collect statistics regarding the operation of the pilot program, track participants in the pilot program, and provide a report to the sixtieth legislative assembly detailing the number of participants in the pilot program, the cost of the pilot program, relapse statistics, and other data concerning the effectiveness of the pilot program provided for under section 1 of this Act.

SECTION 3. APPROPRIATION - ADDITIONAL FUNDS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $500,000, or so much of the sum as may be necessary, and from other funds consisting of third party, client payments, and other sources, the sum of $800,000, to the department of human services for the costs associated with establishing the pilot program at the state hospital or at a private treatment facility for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances, for the biennium beginning July 1, 2005, and ending June 30, 2007. The funds appropriated under this section may not be used for the cost of any facility construction or renovation project. If additional federal or other funds become available for the treatment services provided for under this section, the department of human services may seek emergency commission and budget section approval to receive and spend the funds for treatment services, excluding construction or renovation projects.

SECTION 4. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2007, and after that date is ineffective."

Renumber accordingly

Reengrossed SB 2373 was placed on the Seventh order of business on the calendar.

2005 TESTIMONY

SB 2373

January 31, 2005

Senate Judiciary Committee
Senator Jack Traynor, Chairperson

Att 1

Senate Bill 2373 Testimony
Sen. Larry Robinson, Bill Sponsor

Good morning Mr. Chairperson and members of the committee. For the record, my name is Larry Robinson, State Senator, District 24. I appear before you today as sponsor of SB2373, a bill to provide for civil commitment of individuals addicted to controlled substances. Mr. chairperson and member of the committee, as I understand our current statutes, we have a provision for civil commitment at the present time. This is the old process whereby a family could petition the court to commit a loved one for alcohol addiction. The difference today is that if you commit a loved one for addiction to controlled substances, there is no place for them to go.

SB 2373 is a vehicle designed to put in place a treatment program for folks with addiction problems in an attempt to divert significant numbers of these individuals from the criminal system. It amounts to a last chance effort to allow families and law enforcement to civil commit a loved one and keep them out of the criminal system.

For your information, I have attached some statistical information from the Department of Corrections and the Department of Human Services. The DOC information notes that of the 991 inmates admitted in calendar year 2004, 459 had drugs listed as their most serious crime. It was also noted that methamphetamines was listed as the drug behind the crime for 250 of the 459 cases. Mr. Rick Hoekstra, of the DOC Field Service Division indicated that 60% of the prison admissions this year through October were assessed with methamphetamine use. At the YCC, up until a year or so ago, the number of meth cases was in the 7-8 range. That is of the 113 residents. Today, the number is approaching 25%.

The story is no different in the DHS. Attached to your testimony you will note that prior to fiscal year 2004, the admissions to the system with meth addiction were 212. For fiscal year 2004 the number increased to 846. The impact of this terrible addiction is impacting our judicial system, where the incidence of meth has cases backed up for months. This is to say nothing about the impact the addiction has on the family, e.g., finances, emotion, stress, etc.

Mr. Chairperson and members of the committee, the situation is not getting any better. The figures speak for themselves. All we need to do is to read the papers and listen to the evening news. Meth usage is nothing short of a crisis. I am not here to point fingers at any agency, department, or individual. I am here today to ask you to support this concept and join hands with me and the agencies involved to think outside the box. SB 2373 brings an old concept back to address a challenge of today.

Picture yourself in a family with a loved one who is addicted to meth. What do you do? Where do you turn? If you call law enforcement, you fear the criminal system. Those folks have a job to do. If you don't call, your fears are just as challenging? Will the loved one overdose? Will there be a violent situation such as those we have seen in Fargo and in my home community in the past number of months? You feel trapped with no place to turn. There are so few people who understand this terrible addiction. Your life is upside down. Even the clergy is challenged on how to address this problem.

Mr. Chairperson and members of the committee, SB2373 is not the total answer. However, it attempts to cover an important void. At the same time, there are protections in place. If there is a violation of the civil order, the individual will be charged with a Class C Felony. Built into the draft is a requirement for long term treatment, exactly what an individual with addiction needs. This is especially true with meth cases. There will be a provision for an assessment period. The program could be located at the State Hospital where a similar program is already in place, that is the Tompkins Treatment Unit. Unfortunately, with very few exceptions, the only admissions that are accepted in this 90 bed facility are those that pass through the Prison System. In other words, you almost always have to be a criminal before you can access the Tompkins Unit. The Tompkins program is having good success with the individuals that receive treatment in that setting. Following the assessment period and a 100 day treatment program, individuals are often placed in a transitional work program for up to 100 days. Across the street from the Tompkins Unit is a building that has been empty for approximately three years. This building is referred to as the Nurses' Building. It is my understanding that with some improvements, this facility could be up and running in fairly short order and house up to 90 patients.

Mr. Chariperson and members of he committee, there are others here that wish to testify on this important bill. We have an opportunity in SB2373 to take a new look and a new approach to the way we approach these cases. There is no doubt in my mind that it can work. If we were to process three groups of 50 patients each year through this program, for a 100 day treatment session, that amounts to 300 over the course of the biennium. If we were successful at the 60% level, that would amount to over 180 individuals that would be out of the system maintaining a job and contributing to our society. In my opinion, we must make this move. Yes, there is a fiscal note, but this investment is a pro active investment. The greater cost is staying the present course and continuing to grow the number of beds we have filled in our corrections system. I ask that you give SB2373 a Do Pass recommendation.

Thank you for your consideration!

METHAMPHETAMINE RESEARCH

Source: **North Dakota Department of Corrections**

According to Patrick Foley Director of Research and Program Evaluation for the North Dakota Department of Corrections there were 991 inmate admissions in 2004. According to the Department of Corrections procedure all newly admitted inmates are ranked into four categories according to the seriousness of their crime. The four categories are "Drug, Violent, Sexual and Other". Out of the 991 inmates that were admitted 459 of them had a drug crime listed as their most serious crime.

As part of the admissions report a comment field is supplied. In the comment field it was noted in 250 out of the 459 cases that methamphetamine was identified as the drug behind the conviction. The comment field, however, is not a mandatory part of the admissions report thus the true nature of the methamphetamine problem is not clearly portrayed by the reports. The North Dakota Department of Corrections has indicated that in fact most of the 459 cases involved methamphetamine.

The North Dakota Department of Corrections also indicated that they use the DSM-IV in order to determine whether or not an inmate has a drug problem that needs to be addressed. The drug of choice is not the driving force for the treatment referral. Rather, the DSM-IV dictates the seriousness of the drug problem. The Department of Corrections provides three levels of drug counseling. Intensive Out Patient Treatment is the least intense level of treatment for those who have been assessed as having a problem with drug. The second level of treatment is a Day Treatment program which a mid-intensity treatment program. The most intensive treatment level is the Long Term Residential treatment plan where the inmate is kept in a special ward that is dedicated to dealing with drug abuse issues.

Rick Hoekstra from the Department of Corrections Field Service Division indicated that 60% of prison admissions this year through October were assessed with methamphetamine use. Once again, the North Dakota Department of Corrections cautions that the actual amount of those that use or have used methamphetamine is higher that 60%. The 60% mark is only the percentage that has been assessed under the DSM-IV test.

To: Joanne Hoesel, Director
Division of Mental Health & Substance Abuse Services

From: Sue Tohm, Program Administrator

Subject: Methamphetamine – Request from Leg. Council (Bob Doody)

Date: January 28, 2005

The current data is a mix of data from our past MIS (ARIS) system and new MIS (ROAP) system. The variables Diagnosis Codes and Substance Codes are incomplete. No one variable can tell a complete story. Therefore, both diagnosis codes and substance codes were used in this data analysis. The one extenuating circumstance is that the diagnosis codes for methamphetamine are the same as amphetamine. Therefore this analysis includes both amphetamine and methamphetamine.

SFY2004
Estimated number of persons receiving addiction treatment & related services is **4702.**
Total number of persons served with any mention of methamphetamine/amphetamine is **1030 or 22%.**
Total number of admissions (person may be admitted more than once) is 1058.
Prior to SFY2004 = 212. SFY2004 = 846.

Most methamphetamine users and all amphetamine users indicate usage of more than one substance. Only 59 clients identified methamphetamine as the only substance used.

	Female	Male	Total
White	350	484	834
Native American	86	90	176
Other	8	12	20
Total	**444**	**586**	**1030**

SFY 2004	American Indian		White		Other		Total	
	F	M	F	M	F	M	F	M
Ages 17 & Younger	4	6	23	21	2	2	29	29
Ages 18 - 24	27	20	111	146	2	3	140	169
Ages 25 - 34	34	40	117	163	3	5	154	208
Ages 35 - 44	21	18	83	119	1	1	105	138
Ages 45 - 64	0	6	16	35	0	1	16	42
Ages 65 plus	0	0	0	0	0	0	0	0
Total	**86**	**90**	**350**	**484**	**8**	**12**	**444**	**586**

Services accessed by methamphetamine/amphetamine users.
Services accessed the most frequently by clients were Low Intensity Outpatient Treatment, Day Treatment and Individual Therapy. However a full range of services are reported including detoxification, short and long term residential, family therapy, aftercare, case management, nursing and medication reviews, emergency medical, crisis residential, 24-hour emergency services, client parent education, information and referral, and addiction evaluations and intakes. Below are the total number of clients served **within** each service category.

Type of Service	Number of Clients Served
Inpatient Detox	9
Social Detox	79
Day Treatment	311
Intensive Outpatient	75
Low Intensity	383
Aftercare	204
Family Therapy	11
Short Term Residential	173
CD Long Term Res. R&B	22
CD Long Term Residential	6
Individual Therapy	343
Nursing Assessment	291
Addiction Evaluation	658
FC Case Mgmt	233
FC Case Mgmt.At Risk	343
Case Management	878
Intake	25
Information & Referral	11
Med Admin/Center Meds	29
Med Admin/client Meds	325
Medication Review	3
R&B Crisis Residential	958
Therapeutic Crisis Residential	771
Emergency Medical	23
Client Parent Education	1
24-Hour Emergency	11

The estimated cost of services for methamphetamine/amphetamine clients for SFY 04 is **$3,678,543.**

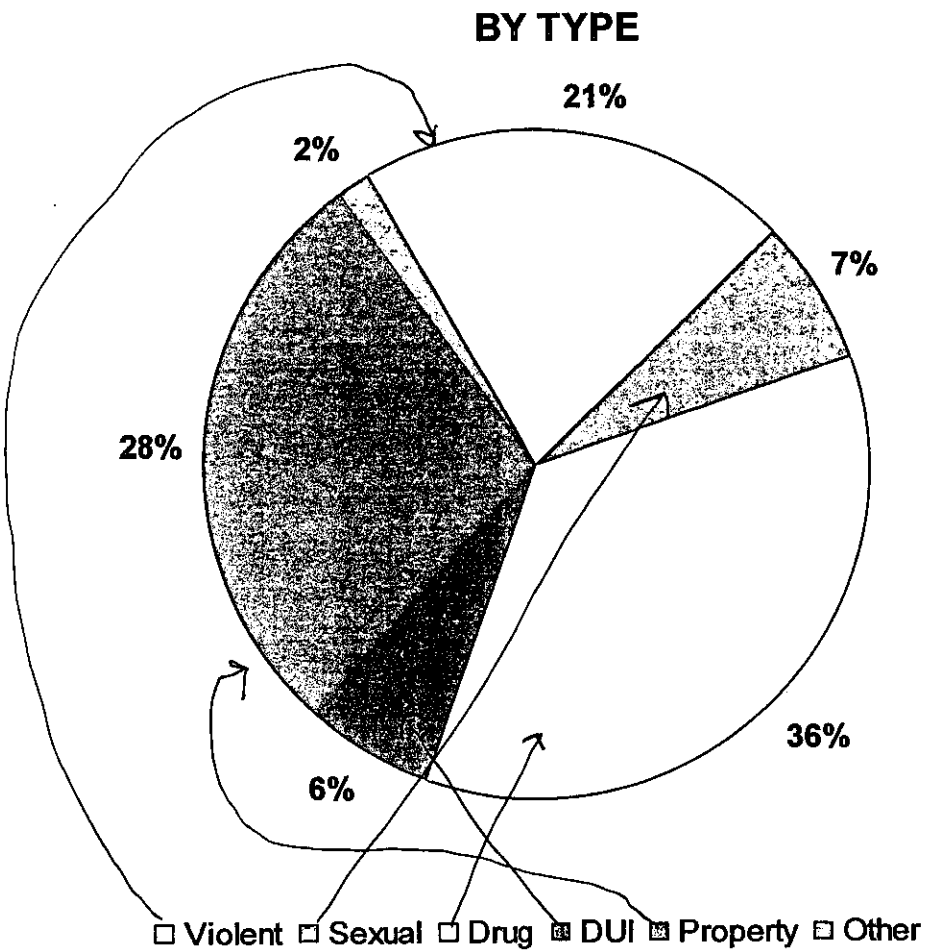
2004

Century Code	Offense Class	Offense Description	Counts
19-03.1-02	FC	POSSESSION OF A CONTROLLED SUBSTANCE, METH	8
19-03.1-02	MA	POSSESSION OF A CONTROLLED SUBSTANCE, METH	2
19-03.1-05	FA	POSS OF MARIJUANA W/INTENT TO DELIVER/FB	1
19-03.1-05	FB	POSS OF MARIJUANA W/INTENT TO DELIVER/FB	12
19-03.1-05	FC	POSS OF MARIJUANA W/INTENT TO DELIVER/FB	6
19-03.1-05	MA	POSS OF MARIJUANA W/INTENT TO DELIVER/FB	49
19-03.1-05	MB	POSS OF MARIJUANA W/INTENT TO DELIVER/FB	17
19-03.1-07	AA	DELIVERY OF A CONTROLLED SUBTANCE/FB	1
19-03.1-07	FA	DELIVERY OF A CONTROLLED SUBTANCE/FB	12
19-03.1-07	FB	DELIVERY OF A CONTROLLED SUBTANCE/FB	11
19-03.1-07	FC	DELIVERY OF A CONTROLLED SUBTANCE/FB	15
19-03.1-07 (B)	FA	DELIVERY OF CONTROLLED SUBSTANCE (B)	4
19-03.1-07 (B)	FB	DELIVERY OF CONTROLLED SUBSTANCE (B)	3
19-03.1-07 (B)	FC	DELIVERY OF CONTROLLED SUBSTANCE (B)	2
19-03.1-07 FA	FC	CONSPIRACY TO DELIVER A CONTROLLED SUBST	2
19-03.1-22.1/MB	MB	INHALATION OF VAPORS/VOLATILE CHEMICAL	6
19-03.1-22.2	F	ENDANGERMENT OF CHILD	1
19-03.1-22.2	FC	PROHIBITED ACTS A/CONTROLLED SUBSTANCES	24
19-03.1-23	AA	PROHIBITED ACTS A/CONTROLLED SUBSTANCES	12
19-03.1-23	FA	PROHIBITED ACTS A/CONTROLLED SUBSTANCES	112
19-03.1-23	FB	PROHIBITED ACTS A/CONTROLLED SUBSTANCES	104
19-03.1-23	FC	PROHIBITED ACTS A/CONTROLLED SUBSTANCES	160
19-03.1-23	MA	PROHIBITED ACTS A/CONTROLLED SUBSTANCES	228
19-03.1-23	MB	AGGRAVATING FACTORS IN DRUG OFFENSES	207
19-03.1-23.1	FA	AGGRAVATING FACTORS IN DRUG OFFENSES	2
19-03.1-23.1	FB	AGGRAVATING FACTORS IN DRUG OFFENSES	8
19-03.1-23.1	FC	MANUFACTURE, DELIVER, OR POSSESS W/ INTENT - CONTROLLED SUB.	1
19-03.1-23(1)	AA	MANUFACTURE, DELIVER, OR POSSESS W/ INTENT - CONTROLLED SUB.	10
19-03.1-23(1)	FA	MANUFACTURE, DELIVER, OR POSSESS W/ INTENT - CONTROLLED SUB.	94
19-03.1-23(1)	FB	MANUFACTURE, DELIVER, OR POSSESS W/ INTENT - CONTROLLED SUB.	118
19-03.1-23(1)	FC	MANUFACTURE, DELIVER, OR POSSESS W/ INTENT - CONTROLLED SUB.	13
19-03.1-23(1)	MB	MANUFACTURE,DELIVER,OR POSSES W/INTENT-CONTROLLED SUBSTANCE	2
19-03.1-23(1)(D)	FB	CREATE, DELIVER, OR POSSESS W/ INTENT - COUNTERFEIT SUBSTANC	1
19-03.1-23(2)	FA	CREATE, DELIVER, OR POSSESS W/ INTENT - COUNTERFEIT SUBSTANC	7
19-03.1-23(2)	FB	POSSESSION OF A CONTROLLED SUBSTANCE/*	9
19-03.1-23(3)*	FA	POSSESSION OF A CONTROLLED SUBSTANCE/*	4
19-03.1-23(3)*	FB	POSSESSION OF A CONTROLLED SUBSTANCE/*	2
19-03.1-23(3)*	FC	POSSESSION OF A CONTROLLED SUBSTANCE/*	20
19-03.1-23(3)*	MA	POSSESSION OF A CONTROLLED SUBSTANCE/*	16
19-03.1-23(3)*	MB	POSSESSION OF CONTROLLED SUBSTANCE	28
19-03.1-23(6)	FA	POSSESSION OF CONTROLLED SUBSTANCE	8
19-03.1-23(6)	FB	POSSESSION OF CONTROLLED SUBSTANCE	15
19-03.1-23(6)	FC	POSSESSION OF CONTROLLED SUBSTANCE	330
19-03.1-23(6)	MA	POSSESSION OF CONTROLLED SUBSTANCE	390
19-03.1-23(6)	MB	MAINTAIN DWELLING FOR USING CONTROLLED SUBSTANCE	476
19-03.1-24	FC	PROHIBITED ACTS C/REGISTRANT VIOLATIONS	2
19-03.1-25	FC		33

total convictions for 2004 — 4451

[illegible] of all felony drug cases use indigent defense

Offenses By Type



Att #2

SENATE JUDICIARY COMMITTEE
SENATOR JOHN T. TRAYNOR, CHAIRMAN
JANUARY 31, 2005

WARREN R. EMMER, DIRECTOR
DEPARTMENT OF CORRECTIONS AND REHABILITATION,
FIELD SERVICES DIVISION,
PRESENTING TESTIMONY RE: SB 2373

The Department of Corrections is taking a neutral stance on this legislation. I do respectfully provide the following information concerning S.B.2373:

- **It allows law enforcement officials, and the family of a chemically dependent person, to petition the court for the assessment and treatment of the chemically dependent person with out requiring that the chemically dependent person be arrested.**
- SB 2373 allows for a voluntary and involuntary commitment procedure with its own section within NDCC Ch. 25-03.1
- The process will generally be subject to the provisions of NDCC Ch. 25-03.1.
- It defines assessment length (this may help with detoxification and the evaluation of addicts).
- It defines treatment length (this is not a 28 day program, it is at least 90 days).
- It gets the program to the S.Hospital.
- It allows the chemically dependent person to petition the court, in order to participate in the program, or to waive any hearings.
- Willful violation of the court order will constitute a class C felony.
- Law enforcement and corrections officials may support this program because it will get a chemically dependent person into treatment.
- If the chemically dependent person moves to a recovery phase, society wins.
- If the chemically dependent person willfully violates the court's order, he or she will be arrested (class C felony).
- Old is new, again, in that this is similar to an old, old, system that some "more seasoned" criminal justice officials remember, except for the fact that the treatment length and intensity is much different (it is envisioned to be similar to that of the T.R.C.C. program).

AH #3

TESTIMONY
SB 2373 – JUDICIARY COMMITTEE
SENATOR J.TRAY NOR, CHAIRMAN
JANUARY 31, 2005

Chairman Traynor, members of the Senate Judiciary Committee, I am JoAnne Hoesel, Director of the Division of Mental Health & Substance Abuse for the Department of Human Services. I am here to today to provide information relating to Senate Bill 2373 regarding to the commitment of individuals addicted to methamphetamine or other controlled substances.

The Department's understanding of the intent of this bill is three-fold:

1) Target commitment procedures at person addicted to methamphetamine or other controlled substances,
2) Increase treatment options for those persons committed,
3) Apply a felony offense if the individuals violate conditions of their court order.

I would like to address the commitment, treatment, and criminal offense issues in the bill.

Item 1: The Department of Human Services feels that the individuals identified in this bill are already covered under the current commitment law, North Dakota Century Code, Chapter 25-03.1. The Department does not believe there will be an increase in the overall number of civil commitments which according to the Supreme Court were 1268 in calendar year 2004.

Item 2: The Department of Human Services needs to acknowledge that some of these dollars are not in the executive budget and is not able to support the bill for this reason.

The bill mentions an, 'extensive inpatient drug treatment program.' This term to the Department would mean a medical facility. It is felt that the majority of persons covered in this bill would most likely be appropriate for a combination of residential and intensive day treatment services which often are provided in communities. This is sometimes referred to as clinically managed residential level of care or residential plus day treatment.

The fiscal note has been prepared with removing what we projected were services already provided by the Department of Human Services. I want to make a note that dependent upon where the court would order treatment, costs may be impacted by three variables:

1) location of program,

2) whether the state owns the residential building,

3) provider of service,

4) The treatment episode of individuals will dictate cost, as not each person committed under this bill will need 60 days of Detoxification services or 120 days of residential services.

The Department has reported to the House Appropriations Committee that substance abuse programs are running at full or beyond capacity in the regional human service centers. We see approximately twenty-two percent of the substance abuse clients having some level of involvement with methamphetamine/amphetamine in SCY 2004. Based on proposed legislation in SB 2341, mandatory treatment for first time felony drug offenders, a pilot in the Northeast region of the state will partner a federal grant submitted by the Department of Human Services and new legislative and judicial tools available to the Department of Corrections. The partnership will help build a robust continuum of treatment for persons addicted to controlled substances. The key to effective treatment is

treatment at the right time, the right place, the right intensity, and the right duration. Having a system with available treatment components and matching individual need to treatment levels are critical to treatment outcomes.

Item #3: Criminal offense status. The Department of Human Services has concerns that the court is determining the level of service prior to an assessment being done by a licensed addiction counselor. We understand that it is often necessary to have both formal and informal pressures applied to assist a person to address their addiction due to the denial common in this illness. It is our belief that the commitment procedure is about getting people into treatment and by placing a felony sanction in this bill, mixes treatment with criminal activity. We see a risk that the focus will change from treatment to court sanctions.

I am available for any questions. Thank you.

Add. Test. Sub.

Testimony
Senate Judiciary Committee
Chairman John T. Traynor
Mental Health Association in North Dakota
January 31, 2005

Chairman Traynor and members of the Senate Judiciary Committee, my name is Sheree Spear, director of public policy & advocacy for the Mental Health Association in North Dakota. Our organization supports Senate Bill 2373 because we believe much more must be done, on the front end, to address the addiction issues that have swept across our state, and are now at epidemic proportions. We can continue to add prison cells and we will fill them. Or we can make it possible for people to access addiction treatment programs, at the time it is needed, and for the length of time needed.

Dr. Faust, of SE Human Service Center, gave a detailed presentation on meth addiction and treatment to the interim Budget Committee on Government Services this summer. She indicated that unlike alcoholism, where individuals may hit bottom and then seek out or work a treatment program, people addicted to meth typically don't "hit bottom". Intervention is needed in many cases in order to get the person treatment, as they likely will not seek help on their own due to the hold the addiction has on them and the mind-altering affect it has on their judgement. She indicated that treatment does work and is effective, even if the person didn't initially seek out treatment on their own. With an appropriate length of time for

chemical withdrawal, the right treatment program for that person, and follow-up, people can move into recovery.

We appreciate the attention to this critical issue by those who brought this legislation forward and respectfully as for a do-pass by the Senate Judiciary Committee. Thank you for the opportunity to present comment on Senate Bill 2373.

LEGISLATIVE TESTIMONY
SENATE BILL 2373
SENATE APPROPRIATIONS COMMITTEE
SENATOR HOLMBERG, CHAIRMAN

February 9, 2005

Same Given To House

Mr. Chairman and members of the committee, my name is Kerry Wicks and I am the director of the Chemical Dependency Services at the North Dakota State Hospital. I have been asked by the sponsors of Senate Bill 2373 to give input to this committee and then be available to answer questions you may have.

The Chemical Dependency Services proposed in SB 2373 can operate as a clinically managed residential program that includes very structured care similar to the Tompkins Rehabilitation Center in design. The model is designed for cost efficiency and uses interventions shown to be most effective in best practices research.

Attached to this testimony is a cost estimate for providing this level of treatment at the North Dakota State Hospital. The cost of providing residential level of care is $77.42 per day. This contrasts with the average rate for chemical dependency inpatient care in North Dakota of $526.00 per day.

There are three issues I would like to address that I believe will be important in the success of this project.

1. Senate Bill 2373 as amended exempts individuals committed under this bill from the screening process contained in NDCC 25-03.1-04. We recommend that the current process of human service centers screening appropriate referrals be restored, so the admissions are a 'good fit' clinically for this level of treatment. The Department of Human Services has developed administrative rules for the licensure of programs that lends itself extremely well to this referral process. With a limit of 50

beds, it will be necessary to go through the current referral system to prioritize needs statewide. Additionally, there are solid clinical reasons for matching individuals to the appropriate level of care.

2. The initial cost of starting the program at the ND State Hospital would need to include $475,000 for the upgrades necessary to use the building for patient care. These upgrades are primarily to meet fire code and improve air handling and air conditioning.

3. In planning this service, the Hospital would expect to have referrals come through the traditional Chemical Dependency Services at the ND State Hospital to be stabilized including detox. Patients would then be transferred to the residential setting for a long-term program. Treatment would be provided by a multidisciplinary team that includes: Licensed Addiction Counselors, Occupational Therapy, Recreation Therapy, Vocational Counseling, Registered Nurses, Licensed Practical Nurses, Mental Health Care Specialists, Adult Education and Chaplaincy, as well as access to other services in the Hospital, including psychiatry and psychology.

This concludes my testimony, I would be happy to answer any questions you may have.

NORTH DAKOTA STATE HOSPITAL
50-Bed Residential Chemical Dependency Treatment Program
2005-07 Cost Estimate

DESCRIPTION	18 months PROPOSED FTE	18 months Amount	24 Months PROPOSED FTE	24 Months AMOUNT
Physician	0.25	78,978	0.25	105,304
Physician Assistant	0.35	43,660	0.35	58,214
Psychologist	0.25	25,437	0.25	33,917
Occupational Therapist	0.50	41,301	0.50	55,068
Therapeutic Rec Spec II	1.00	70,768	1.00	94,358
Activity Assistant	1.00	42,372	1.00	56,496
Voc Rehab Counselor III	0.25	22,611	0.25	30,148
Instructor	0.25	16,090	0.25	21,453
Addiction Counselor II	3.00	201,796	3.00	269,062
Addiction Counselor III	2.00	172,899	2.00	230,532
Registered Nurse II	1.00	72,450	1.00	96,600
Mental Health Care Spec I	3.00	130,397	3.00	173,862
Mental Health Care Spec II	11.00	498,614	11.00	664,818
Mental Health Care Assoc	5.00	244,760	5.00	326,346
Shift Differential				48,171
TOTAL SALARIES & BENEFITS	**28.85**	**1,662,133**	**28.85**	**2,264,349**
Operating & Medical Expenses		187,500		250,000
SUBTOTAL--->		**$1,849,633**		**$2,514,349**
	MEALS PER YR		**MEALS PER YR**	
DOCR Meals Year 1 - $2.53/meal	27,375	69,259	54,750	138,518
DOCR Meals Year 2 - $2.68/meal	54,750	146,730	54,750	146,730
DOCR Paper Products $.24/meal		19,710		26,280
TOTAL MEALS & PAPER PRODUCTS		**$235,699**		**$311,528**
TOTAL BIENNIAL PROGRAM COSTS		**$2,085,332**		**$2,825,876**
Client Days = 50 x 730		27,400		36,500
COST PER DAY INCLUDING MEALS		**$76.10**		**$77.42**

Engineer's estimate to remodel building	**$475,000**	**$475,000**

ENGROSSED SENATE BILL NO. 2373

Mr. Chairperson and members of the committee:

My name is Gregory Ian Runge. I am one of two public defenders who handle the mental health commitments held under Chapter 25-03.1 of the North Dakota Century Code for Burleigh and Morton Counties. I am here to speak against the funding of Senate Bill No. 2373. This bill is, simply put, a bad piece of legislation. This bill is an attempt to fix a non-existent problem at the expense of the taxpayer to the tune of over $9,000,000.00, as of the January 31, 2005 fiscal note. I say non-existent problem because the present statue, that is, Chapter 25.03.1 of the North Dakota Code, does everything that Senate Bill No. 2373 proposes to do. Except, Chapter 25-03.1 does it in a more expeditious and economical fashion.

For example, SECTION 1, § 1 (page 1, lines 10 - 20) of the proposed legislation is unnecessary because under Chapter 25-03.1, all of the controlled substances are covered, including alcohol (alcohol dependency is not addressed in the proposed legislation which may cause equal protection problems under the U.S. and well as North Dakota State Constitutions). Also under Chapter 25-03.1, the petition is already covered by an affidavit (see Attachment #1), a Report of Examination (See Attachment 2), as well as a Report Assessing Availability and Appropriateness of Alternative Treatment (See Attachment 3).

SECTION 1, §§2 (page 1, lines 21-24; page 2, lines 1-3) calls for an order to take the respondent "into custody pending a hearing. . . ." This is also covered specifically by Chapter 25-03.1- 26, §§ 2. However, the 1993 North Dakota State Legislature streamlined

court procedures by eliminating the need for a preliminary hearing because also under section 25-03.1-26 an examination was ordered by the court pursuant to the statute to be performed within 24 hours of emergency hospitalization.

Also this section of the bill, again was address in the last legislative session which between the emergency hospitalization and when the first hearing must be held reduced the time allowed from seven to four days and now to three days. The proposed time period is way too short, especially if the respondent is suffering withdrawal symptoms. In some cases the respondent needs to be stabilized for a longer period of time than just three days. And, in some cases the respondent may be near death and on a medical unit rather than the psychiatric unit. For that reason alone the whole process is put on hold. Four days is the absolute minimum needed to get all information required to help the respondent as well as the mental health professionals to get ready for a hearing.

Under SECTION 1, §3 (page 2, lines 4-7), I state, as I do above, that a preliminary hearing is not necessary. A preliminary hearing slows down the process, adds more workload for the states' attorneys, the respondents' attorneys and not the least of which adds to an already overburdened court schedule. These cases are fast-track cases and take priority over most other cases.

SECTION 1, §4 (page 2 lines 8-14), allows for an assessment to be provided to the court within sixty days. This sixty day requirement will do nothing for a respondent because the evaluation has already been accomplished within the first twenty-four hours. This sixty days is a complete waste of time, bed space and taxpayer dollars. This sixty days could be used to start a respondent on his treatment program, if he is found to be requiring treatment.

If on the other hand the assessment finds respondent not chemically dependent and requiring treatment, the state will have then wasted sixty days of this person's life.

Again there are U.S. Constitutional problems with this portion of the bill, as well (page 2, lines 15-18). The constitutional standard is that the respondent must not only be found to be chemically dependent, but also that if he is not treated there exists a serious risk of harm to himself or herself or others. Additionally, the United States Supreme Court has stated that in any proceeding where treatment is being sought, the least restrictive alternative must be ordered. This is not possible under the proposed legislation (§4, lines 15-20.)

Finally, under §4 of the bill (page 2, lines 18-20) states, "[t]he inpatient chemical dependency treatment and rehabilitation program ordered under this section must be at least ninety days." Again this is not necessary because the present statute covers this well. Under Chapter 25-03.1-22 of the North Dakota, a ninety day limit is in place. However, if the treating facility thinks the respondent needs more treatment, then all they have to do is petition for a Continuing Treatment Order, under section 25-03.1-22 §2 and 25-03.1-23. These Continuing Treatment Orders can be for a period of up to one year and if more time is required, the treating facility may re-petition for up to another year.

This procedure serves two purposes. First, the respondent's right to a hearing every so often is allowed just to make sure that he is truly in need of treatment and that he doesn't fall through the cracks and is forgotten. And second, it keeps the court aware that a facility is not just warehousing a respondent. See, ***In the Interest of T.H.***, 482 N.W.2d 615 (1992).

SECTION 1 §5, page 2 lines 21-22, proposes to eliminate the process of admitting by application of a minor to a public treatment facility, either through the local human

service center or through the state hospital. What will happen by eliminating this section, making an application will automatically trigger a judicial process under Chapter 27-20 of the North Dakota Century Code (Juvenile Court Act). Again wasting precious judicial time.

And finally, we come to SECTION 1, §6. (page 2, lines 23-24). This section now criminalizes the treatment statute. By criminalizing Chapter 25-03.1, you are going to find that less individuals will seek out treatment on a voluntary basis for fear of having a relapse and then being charge with a Class C Felony. Secondly as a respondent's attorney, I will be expecting the authorities taking to the respondent into custody to read them their Miranda Rights, As respondent's counsel I will have to tell my client not to talk to anyone unless I'm am present. Now, instead of eliciting information for treatment purposes, the respondent will have to worry about incriminating himself. Keep in mind that under this section all the respondent has to do is have a relapse and he is automatically guilty of a Class C felony. A Class C felony carries a maximum penalty of five years imprisonment, a ten thousand dollar fine or both. See N.D.Cent. Code Section 12.1-32-02.

The alternatives to this legislation already in place are many. On the Civil end there is Chapter 25-03.1, On the criminal prosecution end, the states' attorneys have the option deferring prosecution of a case if the offender agrees to seek treatment and the treatment facility reports of the offenders progress. If the progress is poor the states attorney can go ahead and prosecute the case. Second, the courts can defer imposition of sentence and as part of the offender's probation, the court orders the offender into treatment program and the treatment facility reports the progress back to the court so the court can take appropriate action if the offender is not cooperating. Or, if the court sentences an offender to probation,

an order for treatment can be part of the probation sentence, where the court would receive periodic reports on the progress of the offender and if the offender is not cooperation with treatment, the court has the option of sentencing the offender to jail time.

Again, it is our position, that Chapter 25-03.1 of the North Dakota Century Code does a proper job handling ALL cases, including meth cases. Chapter 25-03.1 of the North Dakota Century Code is not broken and does not need fixing. And, finally spending over $9,000,000 to overhaul a statute that does not need fixing is simply a waste of taxpayers money.

I urge this committee to vote no on the appropriations request for this bill and ultimately vote no on this bill when it comes to the senate floor. Thank you for your time. I would be happy to answer any questions you may have at this time.

Gregory Ian Runge
Attorney at Law
Suite 5, 912 E. Owens Ave
Bismarck, North Dakota 58501
(701) 222-1808

STATE OF NORTH DAKOTA

County of

PETITION FOR INVOLUNTARY COMMITMENT

SFN 17260 (1-90) [GN-1]

IN THE INTEREST OF

Name of respondent

PETITION

The petitioner comes before the court and respectfully alleges:

1. That the petitioner is eighteen years of age or older.

2. That the respondent presently resides in the below named county in the State of North Dakota.

County where respondent resides

3. That the petitioner believes that the respondent is
   - ☐ mentally ill and as a result of such condition and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not hospitalized.
   - ☐ chemically dependent and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not hospitalized.

4. That because of the foregoing condition, the respondent requires treatment.

5. That the assertions contained in paragraph 3 are based upon the following specific facts (attach additional sheets, if necesssary):

6. That the names, addresses, and telephone numbers of witnesses who will verify said facts are as follows:

Name		Telephone	
Address	City	State	Zip
Name		Telephone	
Address	City	State	Zip

7. That other information about the respondent is as follows:

Name		Telephone	
Address	City	State	Zip

The respondent's present whereabouts are as follows:

Age	Date of birth	Sex ☐ Male ☐ Female	Marital status
Occupation			
Name of employer			Approximate monthly earnings

List the name, address, and relationship of respondent's relative or guardian, or, if none, a friend of the respondent:

Name	Relationship	Telephone	
Address	City	State	Zip
Name of attorney who most recently represented the respondent		Telephone	
Address	City	State	Zip
Petitioner's relationship to respondent			
Date of most recent filing of petition for involuntary committment of respondent			
County in which petition was filed	Petition was ☐ granted. ☐ dismissed.		

8. The petitioner believes that it ☐ is ☐ is not necessary to take the respondent into immediate custody and emergency treatment. [Immediate custody should be requested only if the respondent is seriously mentally impaired, or chemically dependent and is imminently likely to injure himself or other persons if allowed to remain at liberty.]

9. [Complete only if immediate custody and emergency treatment requested] Overt act(s) of the respondent which indicate the respondent is likely to injure themself or other persons if allowed to remain at liberty are described as follows:

10. That to the petitioner's best knowledge, hiring an attorney
☐ would be a substantial financial hardship on the Respondent.
☐ would not be a substantial financial hardship on the Respondent.

The petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required.

Signature of petitioner X	Date	Telephone	
Address	City	State	Zip

State of North Dakota)
) ss.
County of _____)

The undersigned, being first sworn, on their oath states that the undersigned is the petitioner in the above matter, and that the facts in this petition are true to the affiant's best information and belief.

X _____
Petitioner

On this _____ day of _____, 19 _____, before me personally appeared _____
_____ who having been sworn state that to the best of their knowledge and belief the statements in this petition are true.

(Seal)

X _____
Notary Public

My commission expires _____

APPROVAL OF ATTORNEY

This petition was reviewed for probable cause and I approve the filing of the petition.

Dated this _____ day _____ of 19 _____.

X _____
Attorney

_____
County

REPORT OF EXAMINATION

SFN 17244 (1-90) [F-2]

STATE OF NORTH DAKOTA
[redacted]y of

Civil Case Number

IN THE INTEREST OF

Name of respondent

REPORT OF EXAMINATION

Name of expert examiner			
Address	City	State	Zip

Expert examiner is a licensed ☐ physician ☐ psychiatrist ☐ clinical psychologist ☐ addiction counselor

Date responent appeared in your office for examination

As an expert examiner licensed in the State of North Dakota as listed above, I state that I have examined this respondent on the date listed above and submit the following report:

1. Evaluation of physical and mental condition of respondent:

2. It is concluded that the respondent (Check all that apply):

☐ is an individual with an organic, mental, or emotional disorder which substantially impairs the capacity to use self-control, judgment, and discretion in the conduct of personal affairs and social relations, and is a mentally ill person,

☐ is an individual with an illness or disorder characterized by a maladaptive pattern of usage of alcohol or drugs, or combination thereof, resulting in social, occupational, psychological or physical problems and is a chemically dependent person.

☐ may be mentally ill or chemically dependent but no conclusion is drawn by this examiner whether the foregoing statutory criteria are met.

☐ does not meet the foregoing statutory criteria for mental illness or chemical dependency and does not require involuntary commitment.

3. It is further concluded that as a result of the illness or dependency identified in item #2, there exists a serious risk of harm to the respondent, others, or property and a substantial likelihood of (check all that apply):

- ☐ suicide as manifested by suicidal threats, attempts, or significant depression relevant to suicidal potential.
- ☐ killing or inflicting serious bodily harm on another person, inflicting significant property damage, as manifested by acts or threats;
- ☐ substantial deterioration in physical health, or substantial injury, disease, or death resulting from poor self-control or judgment in providing for one's shelter, nutrition, or personal care.
- ☐ substantial deterioration in mental health which would predictably result in dangerousness to that person, others, or property based upon acts, threats, or patterns in the person's treatment history, current condition, and other relevant factors.

4. The above conclusions are based upon the following tests, facts, circumstances, and observations:

5. List the form of care and treatment that may serve as alternatives to involuntary hospitalization:

6. Alternative treatment ☐ is ☐ is not in the best interests of the respondent or others and the respondent ☐ is ☐ is not in need of hospitalization for the following reasons:

7. Facility being recommended for treatment.

8. The following mental health professional ☐ was consulted: ☐ participated in the examination:

Name of mental health professional			
Address	City	State	Zip
Findings/conclusions of consulted mental health professional			

Date	Signature of examiner preparing report
	X

REPORT ASSESSING AVAILABILITY AND APPROPRIATENESS OF ALTERNATE TREATMENT

SFN 17245 (1-90) (F-2A)

STATE OF NORTH DAKOTA
County of

Civil Case Number

IN THE INTEREST OF

Name of respondent

REPORT

Name of expert examiner				
Expert examiner is a licensed ☐ physician ☐ psychiatrist ☐ clinical psychologist ☐ addiction counselor				
Employer ☐ State Hospital ☐ Other treatment facility		Name of other facility		
Address of facility		City	State	Zip

I certify that I have considered the following non-hospital treatment programs for the above named respondent:

1. The following treatment programs, facilities or resources which could possibly serve as alternatives to hospitalization for the above named respondent include: (NOTE: List in detail any possible programs, facilities, public or private agencies, community resources, etc., whether or not such programs, facilities or resources are appropriate and feasible at the present time.)

A.

C.

D.

E.

2. The foregoing alternate treatement programs, facilities, or resources are presently ☐ available ☐ unavailable to the respondent. If unavailable, list the reasons why alternate treatment programs are unavailable.

3. It is reasonably anticipated that the foregoing alternate treatment programs, facilities, or resources will be available within the following time frame.

4. The foregoing alternate treatment program ☐ would ☐ would not be sufficient to meet the respondent's treatment needs for the following reasons:

B.

C.

D.

5. The foregoing alternate reatment program ☐ would ☐ would not prevent the danger to self, others, or property presented by the respondent for the following reaons:

A.

B.

C.

D.

ated this _____ day _____ of 19____.

X _____

Signature of facility representative

Date

Bill / Resolution No. SB 2373 Amendment

Date of Request: 2/14/2005

Senator Robinson's scenario

DESCRIPTION	PROPOSED 18 MO		PROPOSED 24 MO	
	FTE	AMOUNT	FTE	AMOUNT
Physician	0.25	78,978	0.25	105,304
Physician Assistant	0.35	43,660	0.35	58,214
Psychologist	0.25	25,438	0.25	33,917
Occupational Therapist	0.50	41,301	0.50	55,068
Therapeutic Rec Spec II	1.00	70,769	1.00	94,358
Activity Assistant	1.00	42,372	1.00	56,496
Voc Rehab Counselor III	0.25	22,611	0.25	30,148
Instructor	0.25	16,090	0.25	21,453
Addiction Counselor II	3.00	201,797	3.00	269,062
Addiction Counselor III	2.00	172,899	2.00	230,532
Registered Nurse II	1.00	72,450	1.00	96,600
Mental Health Care Spec I	3.00	130,397	3.00	173,862
Mental Health Care Spec II	11.00	498,614	11.00	664,818
Mental Health Care Assoc	5.00	244,760	5.00	326,346
Shift Differential		36,128		48,171
TOTAL SALARIES & BENEFITS	**28.85**	**1,698,262**	**28.85**	**2,264,349**
Operating & Medical Expenses		187,500		250,000
SUBTOTAL--->		**$ 1,885,762**		**$ 2,514,349**
			MEALS PER YR	
DOCR Meals Year 1 - $2.53/meal	27,375	69,259	54,750	138,518
DOCR Meals Year 2 - $2.68/meal	54,750	146,730	54,750	146,730
DOCR Paper Products $.24/meal		19,710		26,280
TOTAL MEALS & PAPER PRODUCTS		**$ 235,699**		**$ 311,528**
TOTAL BIENNIAL PROGRAM COSTS		**$ 2,121,460**		**$ 2,825,876**
Client Days = 50 x 730		27,400		36,500
COST PER DAY INCLUDING MEALS		**$ 77.43**		**$ 77.42**
Engineer's estimate to remodel building		**$ 475,000**		**$ 475,000**

inflate 24 mo. * 4% 2,938,911
(instead 2%/2%)

TESTIMONY
SB 2373 – HOUSE JUDICIARY COMMITTEE
REPRESENTATIVE DEKREY, CHAIRMAN
MARCH 9, 2005

Chairman DeKrey, members of the House Judiciary Committee, I am JoAnne Hoesel, Director of the Division of Mental Health & Substance Abuse for the Department of Human Services. I am here today to provide information relating to Senate Bill 2373 regarding to the commitment of individuals addicted to methamphetamine or other controlled substances.

The Department's understanding of the intent of this bill is three-fold:

1) Target commitment procedures of individuals addicted to methamphetamine or other controlled substances,
2) Increase treatment options for those individuals committed,
3) Apply a felony offense if the individual willfully violates conditions of their court order.

I would like to address the commitment, treatment, and criminal offense issues in the bill.

First, in consultation with the Department's legal division, it is felt that the current wording of the bill will supersede the existing commitment law regarding who may petition for involuntary treatment, contained in North Dakota Century Code section 25-03.1-08. The result is a narrowing of who can petition the court for individuals addicted to methamphetamine and other controlled substances as it will eliminate the ability of mental health professionals to petition for an involuntary commitment. We recommend an amendment in line 9 adding: ". . . in addition to the provisions of section 25-03.1-08".

Second, the Department of Human Services needs to acknowledge that the dollars for this treatment program at the North Dakota State Hospital are not in the executive budget and can only support the bill if properly funded.

Third, the Department feels it is critical to allow individuals subject to this statute to access treatment at the appropriate level of care. It is recommended that subsection three be amended to read, "the court may commit the individual to a clinically managed residential substance abuse treatment program for treatment and rehabilitation at the state hospital or any other treatment program provided in North Dakota Century Code chapter 25-03.1." This allows the court to commit an individual pursuant to the level of treatment needed and recommended through evaluation.

Finally, the Department of Human Services recommends subsection four be deleted. The current commitment law contains provisions available to the court to keep an individual in treatment. Public opinion has been slow to move away from the view that addiction is a moral or criminal issue. Placing the possibility of a felony charge risks a return to those beliefs and may keep families & individuals from seeking help. The commitment law is in place to access treatment for individuals severely impacted by their addiction. Placing a felony charge will only make ongoing recovery more difficult by removing housing options and employment options.

I've attached an amendment that incorporates the Department's suggested changes.

Thank you for your consideration of these suggestions.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2373

Page 1, line 9, after the comma insert "in addition to the provisions of section 25-03.1-08"

Page 2, line 1, overstrike "shall" and replace with "may"

Page 2, line 2, after "hospital" insert "or any other treatment program provided for in North Dakota Century Code chapter 25-03.1"

Page 2, overstrike lines 3-5

Renumber accordingly

3-9-05

Opposition to **SB 2373**

Dear esteemed members of the House Judiciary Committee,

My name is Andi Johnson. I am currently the Clinical Director and Director of Operations at ShareHouse in Fargo North Dakota. I have been in the field of addiction counseling for the past 18 years serving both inpatient and outpatient settings, public and private treatment providers, and providing treatment for adolescents, incarcerated individuals, chronic addicted, and dual diagnosed individuals.

The issue of methamphetamine use has been a predominant part of my practice for the past 5-7 years. The use and addiction to this drug has increased significantly during that time and contributed to many medical, emotional, occupational, and legal problems. It has forced new legislation across the nation in attempting to deal with the devastation to communities and families. As identified in the Grand Forks Herald on 5-30-04, "methamphetamine users have flooded North Dakota's prison population for the past 5 years. In that time, the number of inmates claiming meth as their drug of choice has increased from 10% of the prison population to 60%. Elaine Little said the growth of the prison population can be traced directly to the number of drug offenders coming into the system."

I was able to work directly in the N.D. prison system from July 2000 to January 2004. Initially, the women's census averaged 40 people. Within 3 ½ years I witnessed

the census more than double to over 100 women with the predominant issue being felonious methamphetamine charges. If the intent of this legislation is to have those committed for methamphetamine treatment to receive this treatment in a correctional setting, the outcomes within a correctional setting is directly proportional to the investment of treatment options available to each inmate. In my previous experience at JRCC, there were 2 addiction counselors for 450 people in the prison system. The availability and need for treatment was significantly disproportionate. I was able to provide best practices within the field of addiction counseling. However, due to the penalistic environment much of the therapeutic approaches were challenged either by the other inmates or of correctional officers whose primary focus was safety. Effective treatment approaches can succeed in a therapeutic environment with appropriately proportionate caseloads to accommodate best practices in providing treatment for people addicted to methamphetamine.

Treatment is needed in dealing with this epidemic problem and I applaud legislation that improves long term residential treatment options for methamphetamine and appreciate the original intent of this legislation. However, my concern with Subsection 4 is penalizing people in North Dakota on a civil matter such as mental health commitment for the treatment of drug addiction. I am concerned as a treatment provider due to the possibility of precedence being established in North Dakota for correctional involvement in civil cases. North Dakota is not prepared to deal with the current onslaught of legal ramifications regarding use and distribution of this drug and to add a

class C felony penalty secondary to noncompliance to a commitment order introduces a legal stipulation to a health related problem.

Treatment providers across the state of North Dakota agree that long term treatment is one option that is needed in dealing with the devastating medical, psychological, emotional, familial, legal, financial and occupational effects of long term methamphetamine use, abuse, and dependence. We believe that to help someone with this problem, an assessment is crucial to identify the level of care needed to deal with issues specific to each client. Due to the significant and long lasting impairment within the brain of those people who have abused and are dependent on methamphetamine, long term treatment may be indicated and options for treatment continue to be researched by the addiction providers coalition across the state of North Dakota.

As an addiction counselor and treatment provider I am interested in helping people help themselves. With the current commitment process it is said that you can lead a horse to water but you can't make him drink. However, you can lead a horse to water and make him very thirsty. Treatment works in North Dakota because the addiction counselors that I am privileged to work with help to make many clients thirsty for recovery. We humbly request that instead of placing a legal consequence on a civil matter within the current proposed legislation, that consideration to a higher level of care which includes further commitment to a locked facility be considered.

Thank you for considering my written and verbal testimony on this issue. On behalf of the North Dakota Addiction Treatment Providers Coalition, we are appreciative of this opportunity.

Respectfully submitted,

Anna M. (Andi) Johnson, LAC
Licensed Addiction Counselor
Clinical Director/Director of Operations
ShareHouse/Sister's Path
4227 9th St. S
Fargo, N.D. 58103
701-282-6561 (work)
Johnsonam@cableone.net

THIRD ENGROSSMENT
ENGROSSED SENATE BILL NO. 2373

Mr. Chairperson and members of the House Judiciary Committee:

My name is Gregory Ian Runge. I am one of two public defenders who handle the mental health and chemical dependency commitments held under Chapter 25-03.1 of the North Dakota Century Code for Burleigh and Morton Counties.

In opening, we welcome this legislature's willingness to treat meth use and other chemical dependency problems as a public health problem rather than a criminal justice problem and we also welcome this body's willingness to put money toward the treatment of the chemically dependent. However, I am here to speak against Senate Bill No. 2373. This bill is, simply put, a bad piece of legislation. This bill is an attempt to fix a nonexistent problem at the expense of the taxpayer to the tune of more than $2,600,000.00 for the 2005-2007 Biennium and almost $3,000,000 for the 2007-2009. I say a nonexistent problem because the present statue, that is, Chapter 25.03.1 of the North Dakota Code, does everything that Senate Bill No. 2373 proposes to do.

In its present form, the Third Engrossment, Reengrossed Senate Bill No.2373 still has parts that either are redundant, unconstitutional or will cause conflict within other parts of Chapter 25-03.1 of the North Dakota Century Code. And, finally this reengrossed version will certainly cause potential petitioners to take pause in wanting to commit a family member and attorneys representing the alleged chemically dependent person like will have to take on a more criminal defense posture because of a potential likelihood of criminal sanctions.

SECTION 1, §1 (page 1, lines 9 - 10 and 15-16) of the proposed legislation is

unnecessary because under Chapter 25-03.1, any individual over the age of eighteen (18) may petition the court to involuntarily commit a person as long as it is done in good faith. Second, under Chapter 25-03.1, all of the controlled substances are covered, including alcohol (alcohol dependency is not addressed in the proposed legislation which causes equal protection problems under the U.S. and well as North Dakota State Constitutions). Third, this bill (page 1, lines 11-13) does not address "the serious risk of harm" issue which is constitutionally mandated. That is, a finding of chemical dependency alone cannot justify a State's locking up a person against his will without more. To keep him or her involuntarily for treatment, the State must also show that he or she is a danger to him or herself or others. ***O'Connor v. Donaldson***, 422 U.S. 563, 575 (1975). This bill does not state that the court must also find that the person is a danger to himself or others and as such is unconstitutional. Fourth, this bill (again, page 1, lines 11-13) holds methamphetamine and other controlled substance users to a higher standard than those individuals who are alcohol dependent. This also is unconstitutional because it violates the Equal Protection clause of the Fourteenth Amendment. There is no difference between treatment programs for alcohol dependency and any other controlled substance dependency. As you all should be aware, this state's biggest problem is the maladaptive usage of alcohol which exceeds the other controlled substances by far. Sixty percent (60%) of all treatment goes for the maladaptive usage of alcohol. (Department of Human Services statistics)

Next, SECTION 1, §§ 3(page 1, lines 22-23; page 2, lines 1-2) mandates that the court must order an individual to inpatient at the state hospital for an indefinite period of time. Specifically, (page 1, line 23; page 2, 1-2) the bill states, "The court shall commit the

individual to a 'clinically managed residential substance abuse treatment program' for treatment and rehabilitation at the state hospital." The treatment period in unlimited. First, this section is inconsistent with SECTION's 1 and 2 of this bill state "the court may order an individual . . . to participate in and complete appropriate drug treatment program." As stated above, §§ 3 holds methamphetamine and other controlled substance users to a higher standard than those individuals who are alcohol dependent. This also is unconstitutional because it violates the Equal Protection clause of the Fourteenth Amendment because it allows those with alcohol dependency problems a less restrictive form of treatment even though treatment regimens are the same for both controlled substance dependent persons and alcohol dependent persons. Additionally, this language ties the hands of the treatment professionals and the court who want to provide the best treatment for each individual situation. Again, this portion of the bill is unnecessary because the present statute covers this.

Under Chapter 25-03.1-22 of the North Dakota, a ninety-day treatment period is in already place. However, if the treating professionals think the respondent needs more treatment, then all they have to do is petition the court for a Continuing Treatment Order, under sections 25-03.1-22 §2 and 25-03.1-23. These Continuing Treatment Orders can be for a period of up to one year and if more treatment is required, the treating facility may re-petition for up to another year.

This procedure serves two purposes. First, the procedure ensures the respondent's right to a periodic hearing just to make sure that he truly continues to need treatment and that he doesn't fall through the cracks and is forgotten. Second, it allows the courts to track each

individual to ensure that a facility is not just warehousing the respondent and also allows the treatment professional to modify the treatment modality if the present course of treatment is not working. ***O'Connor v. Donaldson***, 422 U.S. 563, 575 (1975), See also, ***In the Interest of T.H.***, 482 N.W.2d 615 (1992).

Also, §§3 of this bill creates a conflict with the existing statute which will inevitably have to be reconciled by the North Dakota Supreme Court. That is, under section 25-03.1-21§§1 of the North Dakota Century Code, the trial court is mandated to consider the least restrictive alternative treatment which would be "sufficient to prevent harm or injuries which the individual may inflict upon the individual or others. . . ." Again, by mandating inpatient treatment at the state hospital, this bill violates the Equal Protection Clause of the Fourteenth Amendment and causes a conflict with the existing statute which will need to be addressed in the court system all the way up the North Dakota Supreme Court.

Again there are U.S. Constitutional problems with this portion of the bill, as well (page 2, lines 15-18). The constitutional standard is that the respondent must not only be found to be chemically dependent, but also that if he is not treated there exists a serious risk of harm to himself or herself or others.

And finally, we come to SECTION 1, §§4. (page 2, lines 23-24). This section now criminalizes the treatment statute. By criminalizing Chapter 25-03.1, you are going to find that fewer individuals will seek out treatment on a voluntary basis for fear of having a relapse and then being charge with a Class C Felony. Secondly, as respondent's counsel, I will now have to advise my client not to admit to anything lest he incriminates himself. Now, instead of eliciting information for treatment purposes, the respondent will have to worry about

incriminating himself. Keep in mind that under this section all the respondent has to do is have a relapse and he is automatically guilty of a Class C felony. A Class C felony carries a maximum penalty of five years imprisonment, a ten thousand dollar fine or both. See N.D.Cent. Code Section 12.1-32-02. The criminalization of the "Involuntary Commitment Statute" is inconsistent with its intent, that is, its design to treat person afflicted with an illness. You simply can't punish someone who has an illness even when he or she relapse–it is counterproductive!

The alternatives to this legislation already in place are many. On the civil end there is Chapter 25-03.1, the Involuntary Commitment Statute.

On the criminal prosecution end, the states' attorneys have the option deferring prosecution of a case if the offender agrees to seek treatment and the treatment facility reports of the offenders progress. If the progress is poor, the states attorney can go ahead and prosecute the case. Second, the courts can defer imposition of sentence and as part of the offender's probation, the court orders the offender into treatment program and the treatment facility reports the progress back to the court so the court can take appropriate action if the offender is not cooperating. Or, if the court sentences an offender to probation, an order for treatment can be part of the probation sentence, where the court would receive periodic reports on the progress of the offender and if the offender is not cooperating with treatment, the court has the option of sentencing the offender to real jail time.

Again, it is our position, that Chapter 25-03.1 of the North Dakota Century Code does a proper job handling ALL cases, including meth cases. Chapter 25-03.1 of the North Dakota Century Code is not broken and does not need fixing. And, finally spending over

$2,600,000-$3,000,000 to overhaul a statute that does not need fixing is simply a waste of taxpayers money.

Our suggestion to this committee is to amend this bill to provide for a study resolution to determine whether 25-03.1 should be amended at all to deal with the meth problem so that all stakeholders can get their viewpoints heard.

Again this bill is unnecessary and I urge this committee to vote a "do not pass" on this bill and ultimately vote no on this bill when it comes to the House floor. Thank you for your time. I would be happy to answer any questions you may have at this time.

Gregory Ian Runge
Attorney at Law
Suite 5, 912 E. Owens Ave
Bismarck, North Dakota 58501
(701) 222-1808
March 9, 2005

House Judiciary Committee
Representative Duane DeKrey
Testimony
SB 2373
Sponsor: Senator Larry Robinson

Good morning Mr. Chairperson and members of the committee. For the record, my name is Larry Robinson, State Senator, District 24. I appear before you today as sponsor of SB 2373, a bill to provide civil commitment of individuals addicted to controlled substances. Mr. Chairperson and members of the committee, as I understand our current statutes, we do have a provision for civil commitment. This is the old process whereby a family could petition the court to commit a loved one for alcohol addiction. The difference today is that if you commit loved one for addiction to controlled substance, there is no place for them to go.

SB 2373 is a vehicle designed to put in place a treatment program for folks with addiction problems in an attempt to divert significant numbers of these individuals from the criminal system. It amounts to a last chance effort to allow families and law enforcement to civil commit a loved one and keep them out of the criminal system and our prison.

For your information, I have attached some statistical information from the Department of Corrections and the Department of Human Services. The DOC information notes that of the 991 inmates admitted in calendar year 2004, 459 had drugs listed as their most serious crime. It was also noted that methamphetamines was listed as the drug behind the crime for 250 of the 459 cases. Mr. Rick Hoekstra, of the DOC Field Service Division, indicated that 60% of the prison admissions this year through October were assessed with methamphetamine use. At the YCC, up until a year or so ago, the number of meth cases was in the 7-8 range. That is of the 113 residents. Today, the number is approaching 25%. In New England, we are experiencing the birth of meth babies.

The story is no different in the DHS. Attached to your testimony you will note that prior to fiscal year 2004, the admissions to the system with meth addiction were 212. For fiscal year 2004 the number increased to 846. The impact of this terrible addiction is impacting our judicial system, where the incidence of meth has cases backed up for months. This is to say nothing

about the impact the addiction has on the family, e.g. finances, emotion, stress, etc.

Mr. Chairperson and members of the committee, the situation is not getting any better. The figures speak for themselves. All we need to do is to read the papers and listen to the evening news. Meth usage is nothing short of a crisis. I am not here to point fingers at any agency, department or individual. I am here today to ask you to support this concept and join hands with me and the agencies involved to think outside the box. SB 2373 brings an old concept back to address a challenge of today.

Picture yourself in a family with a loved one who is addicted to meth. What do you do? Where do you turn? If you call law enforcement, you fear the criminal system. Those folks have a job to do. If you don't call, your fears are just as challenging? Will the loved one overdose? Will there be a violent situation such as those we have seen in Fargo and in my home community in the past number of months? You feel trapped with no place to turn. There are so few people who understand this terrible addiction. Your life is upside down. Even the clergy is challenged on how to address this problem.

Mr. Chairperson and members of the committee, SB 2373 is not the total answer. However, it attempts to cover an important void. Built into the draft is a requirement for long term treatment, exactly what an individual with addiction needs. This is especially true with meth cases. There will be a provision for an assessment period. The program could be located at the State Hospital where a similar program is already in place, which is the Tompkins Treatment Unit. Unfortunately, with very few exceptions, the only admissions that are accepted in this 90 bed facility are those that pass through the prison system. In other words, you almost always have to be a criminal before you can access the Tompkins Unit. The Tompkins program is having good success with the individuals that receive treatment in that setting. Following the assessment period and a 100 day treatment program, individuals are often placed in a transitional work program for up to 100 days. Across the street from the Tompkins Unit is a building that has been empty for approximately three years. This building is referred to as the Nurses' Building. It is my understanding that with some improvements, this facility could be up and running in fairly short order and house up to 90 patients.

Mr. Chairperson and members of the committee, there are others here that wish to testify on this important bill. We have on opportunity in SB 2373 to take a new look and a new approach to the way we approach these cases. There is no doubt in my mind that it can work. If we were to process three groups of 50 patients each year through this program for a 100 day treatment session, that amounts to 300 over the course of the biennium. If we were successful at the 60% level, that would amount to over 180 individuals that would be out of the system maintaining a job and contributing to our society. In my opinion, we must make this move. Yes, there is a fiscal note, but this investment is a pro active investment. The greater cost is staying the present course and continuing to grow the number of beds we have filled in our corrections system. I ask that you give SB 2373 a DO PASS recommendation.

Thank you for your consideration!

HOUSE JUDICIARY COMMITTEE
Representative Duane DeKrey, CHAIRMAN
March 9th, 2005

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WARREN R. EMMER, DIRECTOR
DEPARTMENT OF CORRECTIONS AND REHABILITATION,
FIELD SERVICES DIVISION,
PRESENTING TESTIMONY RE: SB 2373

The Department of Corrections is taking a neutral stance on this legislation. I do respectfully provide the following information concerning S.B.2373:

- **It allows the family of a chemically dependent person, to petition the court for the assessment and treatment of the chemically dependent person with out requiring that the chemically dependent person be arrested.**
- It gets the program to the S.Hospital.
- It allows the chemically dependent person to petition the court, in order to participate in the program, or to waive any hearings.
- Law enforcement and corrections officials may support this program because it will get a chemically dependent person into treatment.
- If the chemically dependent person moves to a recovery phase, society wins.
- Old is new, again, in that this is similar to an old, old, system that some "more seasoned" criminal justice officials remember, except for the fact that the treatment length and intensity is much different (it is envisioned to be similar to that of the T.R.C.C. program).

4/18 Att #1

Written Testimony
Senate Bill 2373
John Traynor – Chair

Submitted by:
Anna M. (Andi) Johnson, LAC
Director of Operations
ShareHouse/Sister's Path
Fargo, N.D.

Chairman Traynor and members of the committee, my name is Andi Johnson and I have been a Licensed Addiction Counselor for the past 18 years. I have seen many changes occur in the field of addiction counseling and the clients we serve. The epidemic of methamphetamine use has been astounding forcing North Dakota to respond legislatively, therapeutically, and penalistically.

I have been privileged to offer testimony on Senate Bill 2373 and am grateful that the penalty attached to the original version was taken out of the current version. In reviewing the current amendment I would like to seek clarification regarding Section 1: **Commitment of individual chemically dependent on methamphetamine or other controlled substances.** ...If the court determines by clear and convincing evidence...the court may commit the individual to a clinically managed residential substance abuse treatment program for treatment and rehabilitation at the state hospital or as otherwise provided by law.

I would like to offer testimony regarding treatment options in addition to the state hospital and seek clarification on the final statement.

ShareHouse is a 45 bed, 12 apartment complex, halfway house environment for adult men and women which offers the following levels of care: residential treatment (30 hours per week), extended care (15 hours per week), relapse prevention group (9 hours per week), intensive outpatient programming (9 hours per week), continuing care sessions/aftercare (1 ½ hour per week), and halfway house programming to include gender groups, living skills, cognitive restructuring, Therapeutic community, 12 step study, codependency groups, dual diagnosis groups, Big Book study, anger management, recreational activities, 24 hour management, crisis intervention services 24 hours per day, 7 days per week. Clients are expected to submit to breathalyzer and random urinary analysis. In our therapeutic groups, we currently utilize the Matrix Model materials which are identified as a current best practice in the field of delivering Methamphetamine Treatment as evidenced by positive outcomes in their research projects.

The primary basis of Matrix Model treatment is a 3 phase systems approach catering more to an outpatient model of therapy rather than an inpatient model. It begins with an early recovery skills in which the person engages in 4 weeks of group orientation and treatment expectations. The second phase consists of relapse prevention groups in addition to mandatory attendance to self help group sessions weekly and one family

group session per week for a period of 12 weeks. The third phase is social support otherwise known as continuing care for the remainder of 1 year. This phase incorporates attendance to one continuing care group session weekly in addition to a minimum of 2 mandatory self help support group meetings weekly.

In addition to offering the primary treatment component utilizing best practices, ShareHouse is able to help clients further transition to the community through their involvement in our ShareHouse East facility. This facility is located next door to the primary ShareHouse property and is referred to as a 3/4 house. The client's level of independence increases significantly as they are expected to pay rent, obtain employment, and independently seek and maintain recovery resources. They are expected to submit to breathalyzer and random urinary analysis throughout their stay at ShareHouse East. They continue to be offered aftercare services and case management services from the primary ShareHouse complex and if issues of relapse occur, their level of care increases to include relapse prevention group or any of the aforementioned groups listed.

Sister's Path is an affiliate of ShareHouse which opened June 15, 2004. Sister's Path is a 12 apartment complex offering treatment to single parents while allowing their children to reside with them in the treatment environment. Due to the partnership with HUD, those individuals that successfully complete the 6 month minimum program, receive a housing voucher which can be used anywhere in the continental US. They are able to keep this voucher for as long as needed. We have had 4 single parents successfully complete this program, all of which struggled with usage of Methamphetamine. The impact on their children and our ability to directly intervene and prevent out of home placements is one of the many privileges we have at Sister's Path.

Both at ShareHouse and at Sister's Path treatment currently incorporate best treatment practices of therapeutic community, cognitive restructuring, and use of the Matrix Model in dealing with Methamphetamine Addiction. Bill Lopez, Executive Director, and myself will be offering a treatment program specific to those struggling with addiction to Methamphetamine at ShareHouse. I am aware that a budget has been proposed by the North Dakota State Hospital and the Bismarck Transition Center. In review of this treatment program from a budgetary standpoint, ShareHouse is able to offer this same service at a similar rate.

The major difference from an inpatient unit to ShareHouse is our ability to aid the client in directly transitioning to the reality of recovery with continued support in the community environment. Our staff currently employs 4 addiction counselors, 3 social workers, a nurse practitioner, a family services coordinator, 3 residential managers (one for each facility), a clinical director, a director of operations, and an executive director that offer a combined treatment experience that exceeds 100 years. We respectfully request consideration be given to facilities such as ShareHouse and increase the number of treatment options available to persons struggling with the negative impact of addiction to Methamphetamine.

I thank Chairman Traynor and members of this committee for allowing me to present testimony on this important issue. The constituents of North Dakota need every available treatment resource to combat the growing epidemic of Methamphetamine Addiction.

Respectfully Submitted,

Anna M.(Andi) Johnson, LAC
Director of Operations
ShareHouse/Sister's Path
4227 9th Ave. SW
Fargo, N.D. 58103
(701) – 282-6561
Johnsonam@cableone.net
www.sharehouse.org

4/18 1a

Sister's Path

ShareHouse

Residential and Outpatient Addiction Treatment Programs

April 15th, 2005

Methamphetamine Pilot Program
Budget Narrative

Program Perdiem

ShareHouse is projecting a cost of $75.00 per day for the methamphetamine pilot program. The cost will include meals for those involved in the intensive phase of the program and food checks for those involved in what will be described as the transition phase of the program. All clients are assigned a licensed addiction counselor and social worker with 24 hour awake staffing, and on call professional staff seven days a week Programming efforts are tailored to meet the needs of each client with an emphasis on the matrix model and cognitive therapy.

Staffing

The staff will include two licensed addiction counselors and a licensed social worker. The case loads in working with clients addicted to methamphetamine can be intense and at times will require two facilitators within a group setting.

The administrative costs include staff time for data gathering and interpretation with outcome studies, management of the program to include quality assurance reports and staffing issues, human resource, and accounting management.

Facility

I have taken a percentage of our current budget to estimate the costs of running a program for twenty beds. The current programs at ShareHouse, Sister's Path, and ShareHouse East offer many levels of care tailored to meet the needs of each client. Please note that we have a nurse practitioner who is licensed to prescribed medication and a licensed medical doctor who reviews our nurse's activity. I have not placed this in the budget and will offer this within the normal costs of providing chemical dependency treatment services.

Office supplies are those items necessary to run business such as copier expenses, paper, folders to name a few.

Program supplies are those materials used for programming efforts such as video and educational information.

Supplies are general items to include linens, towels, toiletry essentials, and additional residential needs to name a few.

Further, ShareHouse will incur any expenses to renovate our current facility or provide additional space in an effort to complete the expectations of the methamphetamine pilot program. This results in no costs for rent or building materials added to the budget for this project.

Please do not hesitate to contact me should you require additional information.

Respectfully submitted,

Bill Lopez, LSW
Executive Director
ShareHouse

	ShareHouse, Inc.			
	Meth Pilot Program			
		Budget		
Revenue		**Rate**		**Income**
Ave Occupancy	70%	75		378,000
Staff	**#**	**Salary**		**Total**
LAC	2	40,000		80,000
Payroll Taxes				6,800
Benefits				12,000
Social Worker	1	35,000		35,000
Payroll Taxes				2,975
Benefits				5,250
Residential Supervisors				29,250
Payroll Taxes				2,486
Benefits				4,388
Residential Supervisor	1	25,000		11,250
Payroll Taxes				956
Benefits				1,688
Administration				50,000
Payroll Taxes				4,250
Benefits				7,500
Sub-total Staff				253,793
Facility				
Continuing Educ			3,000	
Depreciation			16,650	
Dues & Subscrip			1,000	
Insurance			4,275	
Licenses			300	
Meal Expense			50,000	
Office Expense			8,000	
Program Supplies			2,000	
Repairs & Maint			8,000	
Supplies			10,000	
Telephone			3,700	
Travel			1,000	
Utilities			11,250	
Sub-total Facility				119,175
Total Expenses				**372,968**
Net Income (Loss)				**5,033**

Methamphetamine

A Brief Overview of the Problem, the Impact and Solutions

EXTENT OF THE PROBLEM:

Methamphetamine is one of the most addictive substances currently being abused and its use has dramatically increased throughout the country, especially in the Western states, since the early 1990's (Substance Abuse and Mental Health Service Administration).

> Jerry Kemmet of the North Dakota Bureau of Criminal Investigation stated that "This [methamphetamine] is the scariest drug I've seen....The way it's taken a hold of the population. It's hard to treat and so addictive."

Methamphetamine-related incidents in North Dakota have increased over 150% in one year and with the exception of 2004, the number of methamphetamine labs that have been seized by law enforcement has rapidly increased over the past nine years from two (2) labs in 1996 to 255 labs in 2004 (DEA; Williston Herald – January, 8, 2005).

Within North Dakota, at least 23% of the children in foster care were placed there because of parental involvement with methamphetamine (Sovak, 2004).

The vast majority of methamphetamine is smuggled into the United States through points of entry along the Southwest border from Mexico and then distributed to "transportation hubs" in the United States. The United States Department of Justice has identified North Dakota as one of the primary hubs in the West/Midwest region (www.usdoj.gov/ndic/pubs/647/meth.htm)

Methamphetamine related issues are taking a high toll on criminal justice and law enforcement; Child and Family Services personnel, and thousands of families who are affected by those with this addiction. This is an issue that needs to be addressed via multiple levels, and cannot be eradicated through increased law enforcement alone. "This is a State and community problem, not just a law enforcement problem....That's how it needs to be attacked. It won't be solved by law enforcement alone" Jerry Kemmett).

> **North Dakota has taken a very proactive and aggressive stance in addressing this problem through the creation of the Meth Watch programs, partnership with the HDTA program and establishment of drug enforcement initiatives through the Attorney General's office.** However, a need still desparately exists for treatment in order to address the addiction and core issues of this problem.
>
> > **"If we don't have a treatment program that is effective and available, then we'll only see the same people in a revovleing door of prison year after year" (Wayne Stenehjem, Attorney General – January 8, 2005).**

Effective treatment is possible and is essential to address this problem. The cost of establishing such a program is substantially lower than the overall cost North Dakota is currently "paying" for this addiction.

> The State of California conducted a comprehensive study of the economic costs and benefits of treatment. Their research estimated that the benefits of treatment outweighed the costs by a factor of seven (7) to one (1). In other words, for every dollar spent on treatment, it is estimated that it will save the taxpayers seven additional dollars in avoidable costs through decrease involvement in the criminal justice system, foster care placements, publicly subsidized welfare programs and health care issues (http://aspe.hhs.gov/hsp/caldrug/Costs.htm)

Studies have consistently demonstrated that patients who stay in a drug rehab three months of longer have better outcomes than those who stay less time. This is especially crucial to those who have abused methamphetamine as the addiction is very powerful and treatment must be long enough to address the physical, social and emotional issues that surround it.

AH # 4 4/19

METHAMPHETAMINE AND OTHER CHRONIC ADDICTIONS TREATMENT

At the request of Senator Robinson, the following information is provided regarding the North Dakota State Hospital's Tompkins Rehabilitation Center and best practices in treatment for methamphetamine addiction. The treatment program in SB 2373 is designed after the Tompkins Rehabilitation Center at the NDSH.

RESEARCH AND BEST PRACTICE:

Research shows that recovering from methamphetamine addiction is challenging but not impossible. The key to success is to provide the treatment intensity needed for the duration needed based on individual assessment. Research shows that intensive residential treatment and intensive outpatient services are most needed for people addicted to methamphetamine.

Successful treatment for methamphetamine addiction uses cognitive-behavioral interventions. These interventions are delivered with dignity and respect by staff who are well trained in working with the most chronic addiction populations. There is no known medication that has been shown to aid in a strategy to treat methamphetamine addiction at this time.

Significant improvement is reached at about three months into treatment when a person is receiving treatment.

Cognitive skills and motor skills are impaired in methamphetamine addicts. This impairment results in decreased ability in the part of the brain associated with control of movement, attention, motivation, and reward. Even after 2 months of abstinence it is difficult to engage these individuals in treatment. In National Institute of Drug Abuse research, after at least 9 months of abstinence, though there has been substantial recovery, there remained impairments in motor and cognitive skills. Even with a recovery of dopamine transporters to normal after 14 months, methamphetamine addicts demonstrated diminished cognitive and motor skills.

TREATMENT CONTINUUM IN NORTH DAKOTA:

People in need of treatment for methamphetamine as with other drugs are screened at the Regional Human Service Centers. They determine what level of treatment is needed to have best outcomes. If they are screened for this program at the State Hospital they may participate with or without court involvement. Research and history shows that leveraged coercion can be very effective in helping people to engage in the treatment process. Leveraged coercion occurs when a person is faced with a choice to engage in treatment and make changes or face undesirable consequences.

It is important to allow for involuntary, voluntary, and emergency admissions to this program. This will allow the program to work with those in need of this level of service regardless of circumstances bringing them into treatment. All clients are screened and will not be admitted if they are not in need of this level of treatment.

It is also important to note that no single treatment provider will be able to impact this problem alone. The networking involved in successful outcomes has to include the family, home and community resources, self-help groups, churches and many private and public agencies.

TOMPKINS REHABILITATION CENTER:

The Tompkins Rehabilitation Center is part of the continuum of treatment services in the state of North Dakota and is a *deep-end* treatment service. This is a residential program where a typical stay is a minimum of 90-100 days. *This is not the end of treatment.* This program uses best practices treatment strategies. The Tompkins Center uses the MATRIX and WHAT WORKS models of treatment. Both are best practice models and are well researched. The focus on relapse prevention from the beginning and throughout treatment is central to the treatment philosophy. The overall plan is to involve the person with services for no less than 12 months involving multiple agencies, employers, educators, church connections and family. The resident will be referred to programs that already exist in the community after discharge on a less restrictive commitment when necessary.

IMPACT ON THE SYSTEM

Through previous testimony and discussion we have shown the impact of methamphetamine on the North Dakota state system in the last 6 months. The Department of Human Services began to realize the impact of methamphetamine through increased admissions at all treatment levels in the state system. These increases began to spike after the Governor's budget was submitted. In fact, psych/CD admissions at the North Dakota State Hospital were down prior to submission of the budget.

PROGRAM DESCRIPTION RELATED TO S.B. 2373

The goal of the proposed program for Senate Bill 2373 is to diagnose and provide treatment for North Dakota residents who have *severe* addictions including addiction to methamphetamine.

The population will typically be admitted on a civil commitment and screened by the Regional Human Service Centers *after outpatient efforts at community treatment have been unsuccessful.* The program will be structured as a Residential Rehabilitation program that will have a 90 – 100 day length of stay on average. The program will run as a therapeutic community with 24-hour a day supervision and intervention. The target behaviors will be substance dependence, skills building approaches and antisocial thinking and behavioral interventions. All residents will be discharged to the community with continuing care and close monitoring. All residents who are discharged from this program will be structured in the community with connections to Narcotics Anonymous, Alcoholics Anonymous, family therapy, church, the Regional Human Services Centers, public and private agencies and other structured facilities such as half-way houses.

The program model will be a combination of the MATRIX model for the treatment of drug dependence and the WHAT WORKS model of research based treatment for addictions.

CORE SERVICES

-Psychiatric intake on all admissions
-Medical services
-Psychological and neuropsychological consultations on referral
-Mental status and physical examinations within 24 hours of admission
-Laboratory evaluation
-Nursing assessment
-Medical treatment as needed for detoxification or other physical problems
-Addiction assessment
-Multidisciplinary Diagnostic staffing and development treatment plan
-Therapeutic community approach to facilitate behavioral change and social responsibility
-Cognitive Restructuring Groups to intervene on anti-social thinking, beliefs and behavior
-Group and individual counseling
-Lectures, films and education concerning addiction
-Vocational rehabilitation evaluation, counseling and work placement
-Recreation Therapy
-Occupational Therapy
Specialized programs for women and cognitively impaired individuals
-A.A. Meetings on campus and in community
-A.A. volunteers working with patients
-Family counseling for residents and family members

-Family education and therapy program
-Adult Education
    Assertiveness training
    Parenting
    Domestic Violence prevention
    GED classes and testing preparation
-Spiritual counseling and Chaplaincy services
    Volunteers working with residents for spiritual support
-Collaboration with follow-up agency personnel to involve in the
    pre-discharge treatment process and release plan
-Internship program for Addiction Counselors (Part of Consortium)
-Training experiences for nursing, psychology, and other professions
  by request
-Community education program

SERVICE ORGANIZATION

The Proposed Residential Treatment Program (50 beds in the former UND nurses residence building)

The service will operate as a clinical program as a part of the North Dakota State Hospital Chemical Dependency Services.

THE RESIDENT POPULATION

The patient population of this program will consist of adult men and women (18 years or older). They will be admitted on a civil commitment or voluntarily for long-term residential chemical dependency treatment and all are screened through the Regional Human Service Centers.

The typical resident has a DSM-IV-R diagnosis of alcohol or other drug dependence and at least one of the following criteria:

1. Significant likelihood of withdrawal syndrome.
2. A medical condition that warrants long-term residential management.
3. Failed outpatient treatment attempts.
4. Is a danger to self or others.

OUTCOME MEASURES

The program will be modeled after the Tompkins Rehabilitation Center. We currently have two internal measures of outcome and two external measures of outcome in addition to national studies that have researched this model of care.

The internal measures are the Resident Perception of Care and the Assessment of Self and Program. In the Resident Perception of Care study we have found over 90% satisfaction consistently over the past five years. We measure all program

interventions and staff as well as the perceptions of being treated with dignity and respect.

In the Assessment of Self and Program we measure pre and post treatment to determine the amount of progress made on specific behaviors that need to change in order to be successful in remaining drug free and reintegrating into the community. In this study we have had over 95% success in maintaining positive change.

In the external measurements for the TRCC, the Department of Corrections and Rehabilitation measures rates of this populations return to prison. In this measure we have been able to measure that 30% return to prison following discharge and 13% are returned to prison as a result of being terminated unsuccessfully from treatment. This compares to a 66% return to prison rate for the national average. Since we admit only high-risk offenders to these programs, the outcome is very good.

The second way of measuring success is the amount of money saved in prison bed days. The Department of Corrections and Rehabilitation has figures that reflect this outcome.

Beginning July 1, 2005 we will begin a two-year longitudinal study of the TRCC to research the improvement made by residents who have been discharged. This research has had to wait until the program was in existence for at least three years in this setting. We will have these results beginning in January of 2006.

Since the individuals to be served in the program contemplated in S.B. 2373 would often be civilly committed, the external measurements of success will be somewhat different. We will measure success in the domains contained in the Addiction Severity Index, including the indicators of employment, medical costs, involvement in legal system, use of alcohol and other drugs, family/social indicators, involvement with support systems, and psychiatric indicators.

Attached are documents depicting the cost advantages of the program components that we have elected to use in the Tompkins Rehabilitation Programs. Also attached are the national research outcomes for programs using this model of treatment and the typical schedule of programs offered each week.

PROGRAM APPROACHES
COST BENEFIT ANALYSIS*

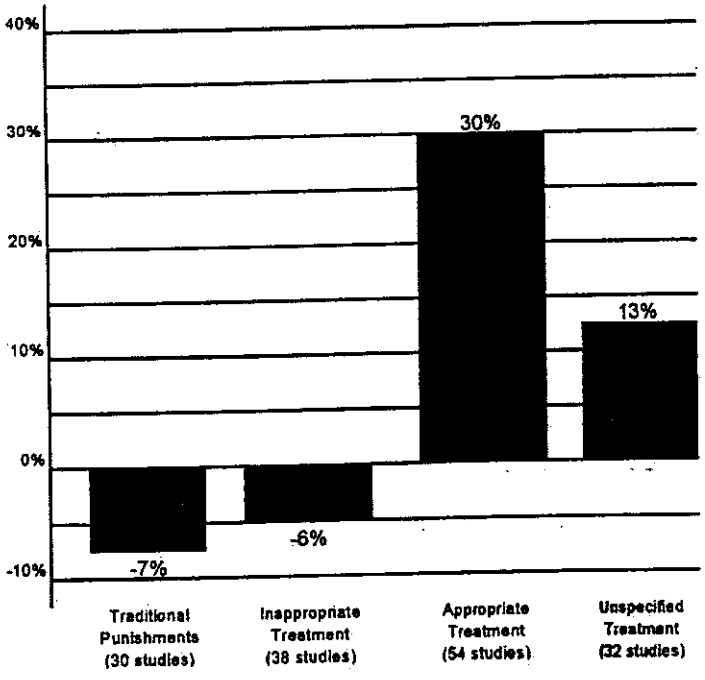
(Tompkins Program Interventions in italics)

I. Therapeutic Community	
a. In prison without community aftercare	$1.91 per $1.00
b. In prison with community aftercare	$2.69 per $1.00
c. Non-prison	*$8.87 per $1.00*
II. Substance Abuse Treatment	
a. Cognitive/Behavioral approach	*$20.00 per $1.00*
b. In prison non-residential (any approach)	$6.17 per $1.00
c. Drug Treatment in jails	$3.87 per $1.00
d. Community based outpatient	$3.30 per $1.00
e. Drug courts	$2.83 per $1.00
f. Case management	$1.56 per $1.00
III. Other Program Approaches	
a. Cognitive Behavioral Approach	*$24.00 per $1.00*
b. Functional Family Therapy	*$11.55 per $1.00*
c. Adult Basic Education	*$5.65 per $1.00*
d. Job Counseling, search, employment	*$5.28 per $1.00*

In addition, 99% of all residents successfully completing the Tompkins program are followed in the community by the Department of Corrections and Rehabilitation Field Staff and have an appointment at the Regional Human Services Center. Treatment and ongoing care is consistent with the best practices approaches used in the MATRIX and WHAT WORKS models of treatment.

* Based on research completed by the University of Washington

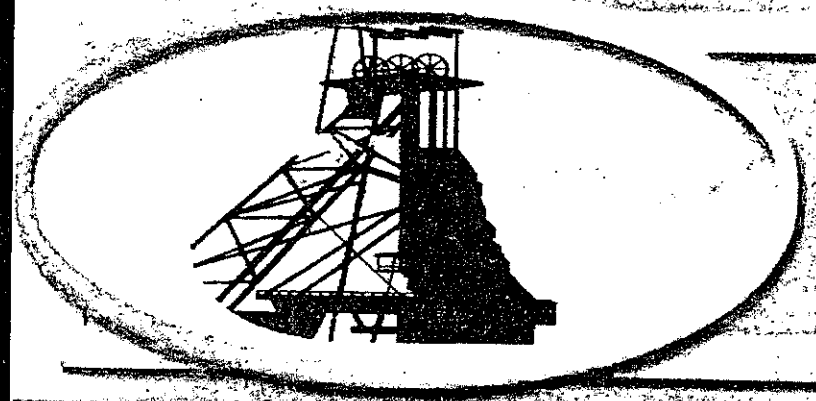
TREATMENT EFFECTIVENESS
Percentage Reduction in Recidivism
in 154 Controlled Studies



Source: An Overview of Treatment Effectiveness. D.A. Andrews, 1994

Tompkins Rehabilitation Center Program Menu

Program Description	Times Per Day	Days Per Week	Hours
Addiction Group	2-3	5	1 per session
Cog Group	1	5	1 per session
Vocational	1	5	2-4 hours
Recreation Therapy	1	2	1 per session
Occupational Therapy	1	2	1 per session
Swimming	1	2	1 per session
Humane Society	1	1	1 per session
Fitness	1	3	1 per session
Bible Study	1	2	1 per session
Sunday Worship	1	1	1 per session
Ward Worship	1	1	1 per session
Smudging	1	1	1 per session
Family Meetings	2	7	20 min. per session
Alcoholics Anonymous	1	1	1 per session
Adult Education GED Prep	1	5	1 per session
Stress Management	1	5	1 per session
Anger Management	1	5	1 per session
Parenting	1	5	1 per session
Money Management	1	5	1 per session
Individual Therapy	1	1	1 per session



Community, Counseling, and Correctional Services, Inc.

81 West Broadway Butte, Montana 59701
Phone: 406.782.0417 Fax: 406.782.6964

CORPORATE OVERVIEW
&
CONROLLED SUBSTANCE/ METHAMPHETAMINE PROGRAM CONCEPT

A potential partnership with:
The North Dakota Department of Human Services

CCCS, Inc.—Mission Statement

Community, Counseling, and Correctional Services, Inc. is a professional team who promote public safety, preserve the rights of victims, fulfill the mandates of the criminal justice system, and address the individual needs of adults and juveniles.

CCCS, Inc.—Overview & History

- Private, not-for-profit, 501-c(3) corporation.
- Incorporated in 1983.
- Headquartered in Butte, Montana.
- Governed by a non-compensated Board of Directors—many of whom are the original board members.
- Providing services for local, state, and federal agencies since 1983.
- Providing correctional and other human service programs designed for adults and juveniles.

Butte Pre-Release Center

Butte, Montana

- CCCS, Inc. purchased and renovated an old dilapidated hotel to its current use as a community-based correctional facility.
- Began providing services in December 1983.
- Pre-release center for adult male offenders.
- 118-bed capacity.
- American Correctional Association (ACA) accredited since 1998.
- Contracts with the Montana Department of Corrections & Federal Bureau of Prisons.
- 62 Employees.
- Estimated 2004-2005 Payroll and Benefits: $1.5 million.
- Estimated 2004-2005 Purchases of Goods and Services: $1.3 million.

Women's Transitional Center

Butte, Montana

- CCCS, Inc. purchased and renovated an old dilapidated hotel to its current use as a community-based correctional facility.
- Began providing services in 1992.
- Pre-release center for adult female offenders.
- 54-bed capacity.
- ACA accredited since 1998.
- Contracts with the Montana Department of Corrections & Federal Bureau of Prisons.
- 27 Employees.
- Estimated 2004-2005 Payroll and Benefits: $829,000.
- Estimated 2004-2005 Purchases of Goods and Services: $300,000.

Connections Corrections Program

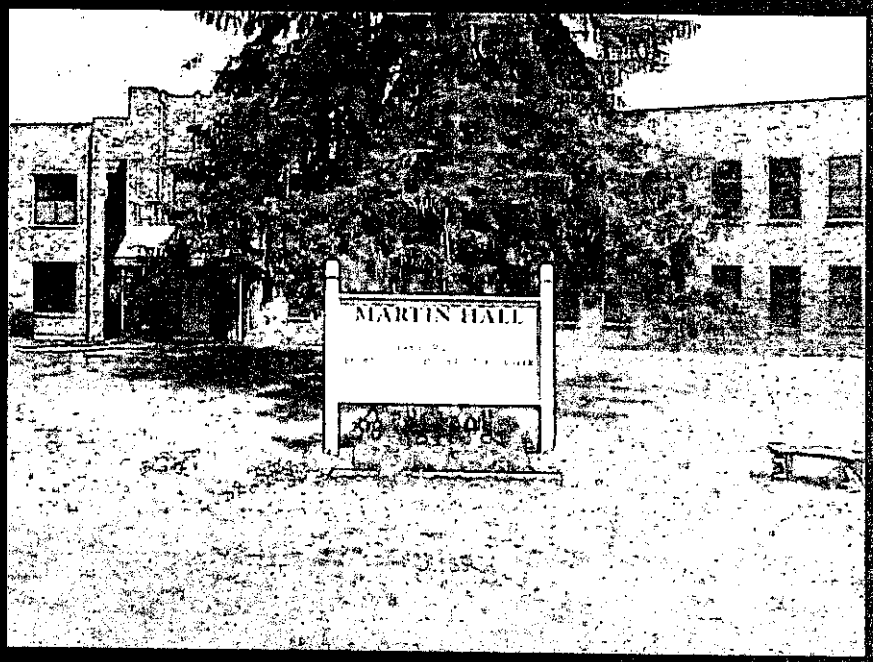
Butte, Montana

- CCCS purchased dilapidated building and infused $1.0 million in renovations to its current use as an addictions treatment facility.
- Began providing service in March 1998.
- 60-day intensive addictions treatment program for adult male and female offenders.
- Located in Butte, Montana.
- 42-bed capacity. Currently operating with a waiting list of 100-150 offenders.
- Contracts with Montana Department of Corrections and Montana District U.S. Probation Services.
- 25 Employees.
- Estimated 2004-2005 Payroll and Benefits: $660,000.
- Estimated 2004-2005 Purchases of Goods and Services: $443,600.

Martin Hall Juvenile Detention Facility

Medical Lake, Washington

- Facility is located on a state-hospital campus, owned by the State of Washington, leased to the Martin Hall Juvenile Detention Facility Board, and sub-leased to CCCS.
- CCCS began operating facility in November 1998 under contract with a 9-county consortium in Eastern Washington.
- Detention facility for juveniles.
- Located in Medical Lake, Washington.
- 63-bed capacity.
- Currently pursuing ACA accreditation.
- Contracts with several counties in Eastern Washington & Montana as well as Immigration Service and several Native American Tribes in Eastern Washington.
- 40 Employees.
- Estimated 2004-2005 Payroll and Benefits: $794,000.
- Estimated 2004-2005 Purchases of Goods and Services: $734,000.



WATCh Program

Warm Springs, Montana

- Located on a state hospital campus, owned by the Montana Department of Corrections and leased to CCCS.
- Began providing services in February 2002.
- 6 month modified therapeutic community for adult male and female, 4th or subsequent DUI offenders.
- 140-bed capacity.
- Contracts with the Montana Department of Corrections.
- 55 Employees.
- Estimated 2004-2005 Payroll and Benefits: $1.5 million.
- Estimated 2004-2005 Purchases of Goods and Services: $1.2 million.

Bismarck Transition Center

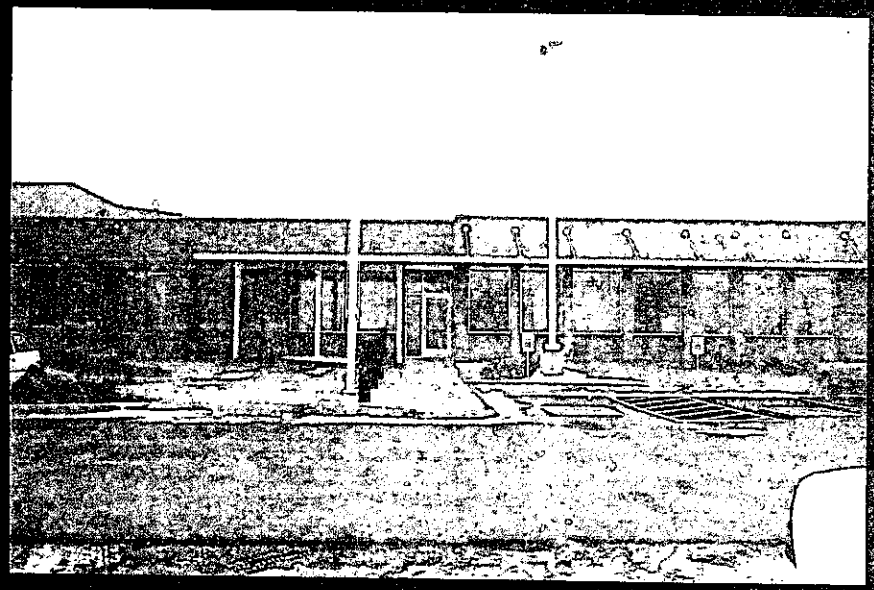
Bismarck, North Dakota

- Facility owned and renovated by a group of private investors and long-term leased to CCCS.
- Began providing services in August 2002.
- Transition center for adult male offenders in North Dakota.
- 63-bed capacity.
- Pursuing ACA accreditation.
- Contracts with the North Dakota Department of Corrections & Rehabilitation.
- 27 Employees.
- Estimated 2004-2005 Payroll and Benefits: $634,000.
- Estimated 2004-2005 Purchases of Goods and Services: $784,000.

RYO Correctional Facility

Galen, Montana

- Designed, financed, constructed, and owned by CCCS. Largest project to date supported by the Rural Lending Program.
- $9.5 million facility. Construction amortized over 20 years.
- Began providing service in December 2002.
- Secure juvenile correctional (long-term)/detention (short-term) facility.
- Located at Galen, Montana.
- 60-bed capacity.
- ACA Accredited since 2004.
- Contracts with Federal Bureau of Prisons, U.S. Marshal's Service, and several counties in Montana as well as Native American Reservations in Montana.
- 72 Employees.
- Estimated 2004-2005 Payroll and Benefits: $1.9 million.
- Estimated 2004-2005 Purchases of Goods and Services: $2.0 million.



Other CCCS Programs & Services

- Alternative Reporting Program
  - Day reporting program for adult male & female offenders.
  - 20-slot capacity.
  - Serves as a continuum of care for those offenders exiting from a pre-release program.
  - Program also used by district and municipal courts as a diversion program.

- Juvenile Accountability Programs
  - Implemented in 1999 through JAIBG grant from Montana Board of Crime Control.
  - Non residential community programs for juveniles referred from Butte-Silver Bow, Anaconda-Deer Lodge, Powell, Granite, and Beaverhead Counties.
  - Programs include: supervised community service, anger management, character development, Moral Reconation Therapy, shoplifting intervention, and positive mentors program.

- Other Programs and Services
  - Adult and juvenile transportation services; food service operations for Butte-Silver Bow; urinalysis collection and testing; batterers' intervention program; anger management program; addictions counseling.

What is Methamphetamine?

- Sometimes called "crank" or "speed", Methamphetamine or Meth is a highly addictive stimulant manufactured from a variety of chemical agents.
- Methamphetamine is different from other illegal drugs because it is highly addictive, can be manufactured utilizing readily accessible chemicals and is very hard to treat.
- Methamphetamine spawns a significant amount of crime and people under its influence can be violent.
- Methamphetamine can be inhaled, smoked, or injected.

Why is Meth so dangerous?

- The drug works directly on the brain and spinal cord by interfering with normal neurotransmissions—thereby impacting the user's ability to influence and regulate thinking and other systems throughout the body.
- Meth can cause brain damage through the dopamine depletion and increased blood pressure and heart rate that cause stroke and death of brain tissue.
- Meth can cause an irregular heart beat that can lead to heart attack.
- The use of meth causes increased heart rate, blood pressure, sweating, restlessness, and anxiety.
- Meth increases grandiosity that often leads to impulsive risk-taking behaviors such as violence and sexual promiscuity.
- The effects of the drug can last for 12 hours so insomnia is common, but coming down from the drug causes depression and fatigue.
- Regular meth use requires a long recovery period during which time there is a great deal of depression and the feeling of little if any pleasure in life.

Are controlled substances a problem in North Dakota?

- In 2002, there were 1,752 drug abuse violations.
- During 2002, there were 110 adult drug arrests for sale/manufacture and 1,328 adult arrests for possession.
- The most significant drug threat to North Dakota is methamphetamine. Because of the state's dependence on agriculture, there is a high level of use and availability of anhydrous ammonia, a substance commonly used in the manufacture of methamphetamine.
- In 2000-2001, 4.11% of North Dakotans reported use of an illicit drug in the preceding month.
- In 2001, 0.92% of North Dakotans reported past year dependence on illicit drugs.
- There were 311, juvenile arrests for drug offenses in North Dakota during 2001.

What are the Costs of Meth Use?

- The physical costs include: brain damage, heart damage, kidney and lung disorders, liver damage, and death.
- The psychological costs include: depression, decreased executive brain functioning, lost relationships, paranoid psychosis, etc.
- Meth use also causes violence and other crimes.
- Meth use has a tremendous impact on the user and his/her family and support structures.
- Meth users have a higher risk for HIV and Hepatitis C.
- In comparison, according to national studies, every dollar spent on treatment resulted in a $7.46 reduction in lost productivity and crime-related spending.
- The cost of secure incarceration for a drug addict is $40,000 to $100,000. In comparison, the cost of treatment for the same addict is approximately $14,000 to $22,000.

Treatment Program—The Client

- CCCS is proposing a program to serve clients on a pre-adjudicated (front-end) basis for the Department of Human Services. CCCS would also consider development of a front- and/or back-end program in partnership with the North Dakota Department of Corrections and Rehabilitation.
- Type of client will be based on the specific needs of the North Dakota Department of Human Services.
- CCCS is recommending a program with a length of stay of between 100 and 120 days.

Treatment Program—The Model

- The program will be a safe, secure residential type facility in which comprehensive, intensive addictions treatment services will be provided.
- The program will provide increased levels of structure, frequency, intensity, and duration of services so as to increase the likelihood of efficacy.
- Comprehensively use an integrated approach—prevention, enforcement, intervention, and treatment.
- We recommend a secure, residential program of at least 100 days in duration and a continuum of care (aftercare, community support, etc.)
- The program will be based on the therapeutic community model of treatment that focuses on multi-dimensional/holistic change in the areas of abstinence, social responsibility, right living, and moral development.
- The program will be based on honesty, personal responsibility and accountability, economic self-reliance, community involvement, and good citizenship.
- The program will be used for pre-adjudicated (front-end) clients. However, CCCS can also provide comprehensive addictions treatment services for offenders who have been adjudicated through the corrections system.
- CCCS is recommending the development of a network of aftercare programs to support those clients who successfully complete program requirements.

Treatment Program—Case Management & Treatment Services

- Based on the therapeutic community model.
- Intensive, holistic, addictions treatment services based on evidence and research proven modalities that have proven success histories with clients and the treatment setting.
- Cognitive behavioral programming.
- Physical rejuvenation.
- Anger management programming.
- Parenting & relationship programming.
- Access to religious programming.
- Employment skill development—including how to obtain and maintain employment.

Treatment Program—Other Program Components

- Recreation opportunities.
- Scheduled on-site visitation.
- Programming provided by volunteer and other community resources—religious, addictions counseling, mental health services, etc.
- Limited nursing and routine medical services to support the clients.
- Aftercare coordination and post-release planning.

Treatment Program—Security & Control

- 24-hour staff coverage—including security/perimeter checks.
- Physically secure facility.
- Internal and external camera systems.
- Alarmed doors and exits.
- Low staff to client ratios.
- Restricted public access.
- Regular and random security checks.
- Regular and random breathalyzer and urinalysis collection testing.
- Monitored client movement.

Treatment Program—Job Creation

- Based on the size and the required level of services, between 25 and 30 employment opportunities could be created.
- Positions will include: management, treatment supervision, administrative support, nursing, addictions counseling, case management, security supervisory, security, and custodial.

Treatment Program—Salary & Wage Information

Position	Range of Starting Hourly Wage/Annual Salary
Administrator	$45,000 to $65,000/annually
Treatment Supervision	$38,000 to $50,000/annually
Security Supervision	$30,000 to $35,000/annually
Addictions Counseling	$33,000 to $43,000/annually
Case Management	$27,000 to $35,000/annually
Nursing	$20.00 to $22.00/hourly
Security	$10.00 to $12.00/hourly
Administrative Support	$9.00 to $11.00/hourly
Custodial	$9.00 to $11.00/hourly

Treatment Program—CCCS, Inc. Employee Benefit Information

- Major medical health insurance that includes prescription benefit and term life insurance policy.
- Direct reimbursement dental program.
- Long-term disability insurance.
- 120 hours of annual leave during first year. Increases after 10 years based on years of service.
- Educational reimbursement program.
- 12 days of sick leave during first year.
- Sick leave fund.
- 10 holidays including 2 floating to be determined by employee.
- 401-k retirement plan. CCCS currently matches dollar for dollar up to 6%.
- Employee assistance program.

Treatment Program—Benefits

- **Creates an addictions treatment model that could be replicated** in other North Dakota communities or other states.
- Creates between **25 and 30 jobs**.
- Infuses **funds for the purchases and goods and services** into local community.
- **Increases community safety by providing programs and services** necessary to address the ever growing incidence of illegal drug use in North Dakota communities. **Provision of treatment services increases likelihood of community success and reduced illegal drug use.**
- **Provides cost-effective treatment options for the North Dakota Department of Human Services and other potential agencies such as the North Dakota Department of Corrections and Rehabilitation.** Indeed, the number of clients who require this level of treatment is significant and increasing.

Why does a partnership with CCCS make sense for North Dakota?

- CCCS has 20+ years of experience providing correctional and human service programs for adults and juveniles.
- CCCS has extensive addictions treatment service experience as demonstrated by the success of its Connections Corrections Program and the WATCh Program.
- CCCS most recently was awarded a contract by the Montana Department of Corrections to operate a 40+bed, co-educational, treatment facility that is 6-months in length in Glendive, Montana. CCCS' presence in Eastern Montana as well as the Bismarck area makes us an excellent choice to engage in a long-term, mutually-beneficial partnership with the State of Montana and any and all respective state agencies.
- CCCS has the ability to put this type of facility together in a quick period of time. Indeed, CCCS has developed 6 programs since 1998 including a $9.5 million juvenile correctional facility at Galen, Montana.
- CCCS is committed to working with the North Dakota Legislature and Department of Human Services as well other agencies to create synergies and provide a viable, win-win solution such as our proposed addictions treatment program.

Treatment Program—Site Requirements

- An ideal location for the facility will include:
  - Access to support services (mental health, medical, etc.)
  - Access to an available employment base.
  - Community support.
  - Ease of access from other North Dakota locations.
  - Centrist location in North Dakota.

Treatment Program—Building Requirements

- CCCS has specific criteria for the type of building that could be used for such a facility:
  - Adequate space for living, treatment, food service, and other support services.
  - Appropriate or easily obtainable permissible zoning.
  - Easily and cost-effectively upgraded facility that would meet contract requirements, building and health and safety codes, and applicable treatment best practice requirements.
  - Support of the local neighbors/community in general.
  - Availability of utilities to support current and future use.
  - Ease of access.
  - Close proximity to medical, fire, treatment, and other support services.
  - Minimal traffic congestion.
  - No negative or adverse impact on local property values.
- CCCS would also consider construction of facility given adequate land with utilities and community support.

Addressing the Concerns

- CCCS will develop the facility so it blends well with the community in which it is located.
- Based on our experience and research, the program will not negatively impact property values or the neighboring community. In fact, our design provides for landscaping that will blend the facility into the local neighborhood.
- Facility will be staff, structurally, and technologically secure.
- Public safety is paramount. CCCS, Inc. has a history of promoting public safety and working with the community to address concerns and issues.
- The program will involve the local community.
- CCCS will work to ensure that public concerns and considerations are addressed to the mutual benefit of parties.
- Is 60-80 beds sufficient to address the current and potential impact of the controlled substance crisis in North Dakota? The facility could serve as a pilot project for additional facilities in North Dakota.

What are the challenges to bringing this type of facility to North Dakota?

- Legislative support and funding is required.
- North Dakota Department of Human Services support is required.
- Local community, government, and political support is required.

Next Steps

- Decide whether partnership is a mutual-benefit and a good-fit in terms of economics, social benefits, level of trust, type of program model and level of services acceptable, etc.
- Continue to meet with state and legislative officials to discuss feasibility of partnership and cooperatively develop contractual agreement that is supported by all parties.
- Identify potential sites for the project.
- Continue to refine/define program details, program model, levels of programming, and site/facility specifics.
- Cooperatively and collectively agree on a cost-efficient per-diem rate that would reflect any capital costs as well ensure quality levels of programming and efficient program operations.
- Secure financing.

Questions

Mike Thatcher, Chief Executive Officer, CCCS
406-782-0417 (phone)
406-782-6964 (fax)
mthatcher@cccscorp.com

Steve McArthur, Director of Community Correctional Programs, CCCS
406-782-0417 (phone)
406-782-6964 (fax)
smcarthur@cccscorp.com

Jason Kovnesky, Director of Development & Administration, CCCS
406-782-0417 (phone)
406-782-6964 (fax)
jkovnesky@cccscorp.com