

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington, Suite 301
Indianapolis, IN 46204
(317) 233-0696
<http://www.in.gov/legislative>

FISCAL IMPACT STATEMENT

LS 6822

BILL NUMBER: SB 380

NOTE PREPARED: Dec 29, 2009

BILL AMENDED:

SUBJECT: Drug and Alcohol Abuse and Commitments.

FIRST AUTHOR: Sen. Errington

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill provides procedures for the involuntary commitment of a person due to alcohol or drug abuse. The bill requires the Division of Mental Health and Addiction to maintain and operate or contract out alcohol and drug rehabilitation facilities, including faith-based facilities.

It requires the Law Enforcement Academy to provide training regarding persons with alcohol or drug addictions, including training for involuntary commitments for alcohol or drug use.

It also requires the Department of Correction and county jails to provide alcohol and drug rehabilitation to all offenders with alcohol or drug addictions.

Effective Date: July 1, 2010.

Explanation of State Expenditures: *Training Requirements:* Under the bill, law enforcement officers would be required to receive minimum basic training in interacting with persons with drug or alcohol addictions (including involuntary commitment procedures). The Indiana Law Enforcement Academy (ILEA) currently provides training in interacting with persons with drug and alcohol addictions and involuntary commitment procedures. The ILEA reports the training requirements can be absorbed into their current training curriculum. However, if additional training time is required, this may replace other training to lengthen courses in interacting with drug and alcohol addicts as well as involuntary commitment procedures.

Division of Mental Health and Addiction (DMHA): DMHA estimates the requirements of the bill will require the addition of a 20-bed unit in Richmond State Hospital (currently 136 beds), which will increase state expenditures by approximately \$1.9 M per year. Expenditures are expected to be paid with state funds as

Medicaid is infrequently billed for substance abuse treatment services (see *Additional Information*, below).

Department of Corrections (DOC): Under the bill, DOC is required to evaluate whether a committed offender is addicted to alcohol and drugs. Currently in DOC, when offenders arrive at a correctional facility, staff with at least five years of substance abuse treatment and one year of chemical dependency training evaluate and screen offenders. This bill will increase the workload of DOC staff to make such evaluations; however, the increase in workload can be accomplished with currently existing staff and resources.

The bill also requires DOC to provide mandatory rehabilitation services to offenders who are determined to be addicted to drugs or alcohol. DOC currently provides alcohol and drug rehabilitation services to offenders. This requirement is not expected to increase DOC expenditures.

Additional Information: Currently, DMHA operates a substance abuse inpatient unit for adults at Richmond State Hospital. DMHA does not anticipate a need to construct additional facilities as Richmond State Hospital would be able to take clients that require either voluntary or involuntary substance abuse treatment. DMHA would require new state expenditures to operate this program as most substance abuse treatment recipients do not (1) qualify for Medicaid, (2) have private insurance, or (3) have private funding to pay the fee for service.

DMHA also reported (1) any addiction treatment facility in the state would be able to take civil commitments and (2) substance abuse treatment does not necessarily require a hospital-based setting, but treatment providing agencies should have the capability to maintain clients who are committed involuntarily.

DOC reports that, currently, there are approximately 3,300 offenders receiving treatment services in any given day. This number includes 1,700 treatment beds that provide intensive services in a Modified Therapeutic Community environment. Out of 17,422 DOC offenders, 81 offenders scored high enough on Texas Christian University (TCU) drug screens to indicate a relatively severe drug-related problem.

DOC reports that currently, 10% of their substance abuse budget is used for evaluating offender addictions and 90% of the substance abuse budget is used for treatment. For the current biennium, DOC's substance abuse budget is approximately \$299,000 per year.

Explanation of State Revenues: *Involuntary Commitment Procedure:* This bill creates a civil procedure for involuntarily committing individuals due to alcohol or drug abuse. This may increase civil litigation in the state to the extent individuals are scheduled for involuntary commitment hearings. If additional civil actions occur and court fees are collected, revenue to the state General Fund may increase. A civil costs fee of \$100 would be assessed when a civil case is filed. Of this amount, 70% would be deposited in the state General Fund if the case is filed in a court of record or 55% if the case is filed in a city or town court.

In addition, some or all of the document storage fee (\$2), automated record keeping fee (\$7), judicial salaries fee (\$18), public defense administration fee (\$3), court administration fee (\$5), and the judicial insurance adjustment fee (\$1) are deposited into the state General Fund. Additional fees may be collected at the discretion of the judge and depending upon the particular type of case.

Revenue from State Substance Abuse Treatment: This bill may increase state revenue to the extent substance abuse treatment provided by state facilities is reimbursed by either (1) Medicaid, (2) private insurance, or (3) fees for services. The increase in state revenue is indeterminable; however, it is expected to be minimal.

Explanation of Local Expenditures: *County Correctional Facilities:* Under the bill, county jails would be required to evaluate whether a committed offender is addicted to alcohol or drugs. This will increase the workload of county jail physicians to make such an evaluation.

The bill also requires county jails to provide mandatory rehabilitation services to offenders who are determined to be addicted to drugs or alcohol. This will increase local expenditures to the extent local county jails do not currently provide addiction treatment services.

Local Courts: The bill establishes commitment proceedings for individuals who are to be involuntarily committed to state drug and alcohol rehabilitation. Creating commitment proceedings in civil courts will increase the workload of court staff and increase the case docket. Actual increases will depend on the number of individuals addicted to alcohol and drugs and that are considered to be incapacitated or a danger.

Explanation of Local Revenues: *Court Fee Revenue:* If additional civil actions occur, local governments would receive revenue from the following sources;

The county general fund would receive 27% of the \$100 filing fee that is assessed in a court of record. Cities and towns maintaining a law enforcement agency that prosecutes at least 50% of its ordinance violations in a court of record may receive 3% of court fees. If the case is filed in a city or town court, 20% of the court fee would be deposited in the county general fund and 25% would be deposited in the city or town general fund. Additional fees may be collected at the discretion of the judge and depending upon the particular type of case.

State Agencies Affected: ILEA, DMHA, DOC.

Local Agencies Affected: Trial courts, city and town courts, county jails.

Information Sources: Rebecca Kasper, FSSA; Rusty Goodpaster, ILEA; Tim Brown, DOC; Gina Eckart, DMHA.

Fiscal Analyst: Bill Brumbach, 232-9559.