

Agency: Commerce, Community and Economic Development

Grants to Municipalities (AS 37.05.315)

Grant Recipient: Anchorage

Project Title:

Anchorage - Salvation Army Clitheroe Center - Retrofit Facility for Secure Treatment of Chronic Substance Abusers

State Funding Requested: \$ 435,000

House District: Anchorage Area-wide (17-32)

One-Time Need

Brief Project Description:

Retrofit Clitheroe for the secure treatment of chronic substance abusers.

Funding Plan:

Total Cost of Project: \$435,000

Funding Secured

Amount FY

Other Pending Requests

Amount FY

Anticipated Future Need

Amount FY

There is no other funding needed

Detailed Project Description and Justification:

It is estimated that substance abuse costs our state approximately \$748 million a year in law enforcement, corrections, health care, and child protective services, among others. Dedicating secure beds for the use of our existing involuntary commitment statutes will be an effective tool in the fight against addiction in Alaska.

This money will be spent to retrofit Clitheroe to handle the secure treatment program that is in Governor Palin's FY09 budget. Money would be used to pay for a nursing station, lockable doors, motion detectors, and other tools necessary to prevent clients from escaping the treatment facility.

This money serves a statewide function as those in the treatment program will come from all parts of Alaska. Additionally, when successful, this program will be replicated in other parts of the state. Getting the facility in Anchorage equipped to handle this program would be a huge step forward in the treatment of substance abuse across Alaska.

Project Timeline:

Retrofitting is slated to begin this summer.

Entity Responsible for the Ongoing Operation and Maintenance of this Project:

Salvation Army

Grant Recipient Contact Information:

Contact Name: Anne Dennis-Choi
Phone Number: 276-2898
Address:
Email: anne.choi@usw.salvationarmy.org

Has this project been through a public review process at the local level and is it a community priority? Yes No



**THE SALVATION
ARMY**

March 6, 2008

Senator Johnny Ellis
State Capitol, Room 9
Juneau, AK 99801-1182

Subject: Title 47 Involuntary Commitment

Dear Senator Ellis,

Alaska is among the top five states in the U.S. with the most severe substance abuse problems, compromising the health of individuals, families, and communities. Alcohol dependence and abuse in Alaska is at 14%, twice the national average. The economic costs of alcohol and other drug abuse in Alaska are substantial as well as the subsequent impacts on public safety, health care, child protection, and the criminal justice systems.

The Salvation Army has several programs that offer services to those in need. The Salvation Army Clitheroe Center (SACC) is the largest comprehensive treatment center for addictions in the state of Alaska. In FY2007, there were over 1,400 admissions, representing geographic regions from across the entire state.

The Salvation Army recognizes and supports your efforts to work with community stakeholders in developing a plan to more effectively utilize AS Title 47. The individuals who could benefit from AS Title 47 and a secure detox/treatment program are at risk of harming themselves or others and are also high end utilizers of community resources such as Community Service Patrol, the Fire Department, law enforcement, and emergency rooms.

Implementing a plan to break the cycle of addiction for one of Alaska's most challenging populations, chronic public inebriants, and provide a more stable bridge to recovery is critical if we want to have a positive impact on these individuals, their families, and the community.

Thank you once again for your efforts in helping this very vulnerable population.

Respectfully,

Anne Dennis-Choi
Executive Director
Clitheroe Center



Founded in 1865 by William Booth
Shaw Clifton General
Phillip Swyers Territorial Commander
Doug Tollerud Divisional Commander
Anne Dennis-Choi Executive Director

"Pioneers in Healing One Life At a Time"



Municipality of Anchorage

P.O. Box 196650 • Anchorage, Alaska 99519-6650 • 825 "L" Street • <http://www.muni.org>



Mayor Mark Begich

Department of Health and Human Services

March 3, 2008

Senator Johnny Ellis
State Capitol, Room 9
Juneau, AK 99801-1182

Subject: Title 47 Involuntary Commitment

Dear Senator Ellis:

Alcohol and the devastating impact it can have on communities continues to be high on the list of priorities for the Department of Health & Human Services. Anchorage continues to pursue what has proven to be an elusive remedy for those most severely impacted by alcohol addiction.

Our serious Chronic Public Inebriate population continues to hover around 200 - 250, is extremely treatment resistive, and suffers unimarginably from a human perspective. It consumes millions in Municipal revenue, impacts the quality of life in many areas of our community and frustrates health care professionals and policy makers alike.

Your efforts to help develop a plan to better utilize AS Title 47 and secure the necessary funding to bring that plan to reality have earned our appreciation and support. AS Title 47 is pivotal to our ability to reach this desperate and underserved demographic in our community.

Many of these individuals have been suffering the effects of alcohol addiction for years. Getting them into the necessary treatment and services is not going to be easy and in many cases will require, at least initially, involuntary commitment to a secure facility. Presently we have neither the facilities nor the fiscal resources to make that happen. Your efforts are clearly aimed at changing that.

I applaud those efforts. If the Department of Health & Human Services can be of any assistance whatsoever in your attempt to make this plan for Secure Detox and Treatment a reality, please do not hesitate to contact me at 907-343-6460.

Sincerely,



Jayson Smart for Diane Ingle

Diane Ingle
Director

Community, Security, Prosperity

SECURE DETOXIFICATION AND TREATMENT CENTER

Architectural Assessment and Cost Estimate

Client: Salvation Army
Clitheroe Center
1709 S. Bragraw Street
Anchorage, Alaska 99508

Project Manager: Pre-Development Program
Chris Kowalczewski
161 Klewin Street, Suite 101
Anchorage, Alaska 99508
907-743-1200

Architect: Steve Fishback Architect
540 L Street, Suite 401
Anchorage, Alaska 99501
907-375-5584

November 26, 2007

SECURE DETOXIFICATION AND TREATMENT CENTER

Within Anchorage's inebriate population is a small group of homeless chronic inebriates who require the implementation of Alaska Statue, Title 47-300 providing court ordered involuntary holds. The purpose of this study is to assess the appropriateness of existing clinic space found on the lower level of the Clitheroe Center. At best, this is a short term solution to a long term problem.

The existing space formerly served as a voluntary commitment detoxification (detox) center for Anchorage's inebriate population. The space is somewhat tired but appears to have adequate area and is laid out to accommodate the proposed client group.

Residents will be held for several days as a minimum for detox and potentially up to two years or until treatment is complete. The population is primarily male (80-90%) but a small number of women are to be provided for as part of the typical population. Gender separation and privacy is important and must be maintained to preserve individual dignity and safety. This aspect of the program will need to be carefully weighed against the need for constant vigilance to maintain the highest degree of protection against assault and self-inflicted harm. Suicide and assault are constant threats that will require the highest level of staff awareness and supervision.

The Clitheroe Center is currently under an EPA order to close the facility and discontinue all treatment services on December 30, 2008 due to slightly elevated levels of heavy metals found in the potable water system serving the campus. For this reason, little aesthetic correction to the space is recommended even though the need for this type of enhancement would obviously be beneficial to the well-being of staff and clients. The focus of this short term effort is to provide an immediate solution by providing a safe, secure and therapeutic environment. To accomplish this goal, most of the existing spaces will remain unchanged. Enhancements to improve safety include the following:

- Replace toggle light fixtures with motion detection activated devices to assure all occupied spaces are illuminated.
- Remove breakable glazing and replace with 3/8 inch thick tempered glass.
- Construct a two position nurse's station on the east side of the corridor. The station is to provide views directly into the treatment area. This working observation post will support the intake desk.
- The existing exam room is located across the corridor from the nurse's station. A small lockable secure closet will be provided in the practitioner's work space which serves as an anteroom to the exam room. The secure closet will be sized to provide space for a refrigerator to store temperature sensitive medicines, a locking narcotics safe, as well as other medications.
- Motion activated cameras are to be positioned throughout the facility and outdoors in the client areas. These cameras will report to the nurse's station.

The nature of involuntary holding requires some level of egress control. Unfortunately, the wood frame structure is not constructed to allow a lockdown type facility as normally found in this type of therapeutic center. For this reason, the containment will be provided through a system of passive devices designed to alert the staff of persons approaching egress doors or opening windows and to delay the resident until staff can intercede. If a resident does leave the building an eight foot tall chain link fence will further delay their movement off the campus. The components required for this containment system include the following:

- Wonder control device, or microwave beams, at each exit door to alert the staff that a resident is approaching a door. The device will alarm to the nurse's station with a colored light indicating which door is being approached and a muted audio tone will sound.

- All three doors leading outside from the unit are egress doors. As such, these doors must be provided with an approved exit device. These devices will be equipped with a time delayed release providing a 10-15 second delay between the time of activation and release. This short delay will be accompanied by an alarm audible throughout the unit. Windows are to be alarmed, again giving notice to the staff that a resident is attempting to leave the building.



One of three egress doors

- The third level of containment will be provided by an eight-foot tall chain link fence. This last measure of containment is to be supplemented with motion activated outdoor lights and cameras that are to be mounted on the exterior of the building. If an unauthorized person is between the fence and the building, lights and cameras in that area will illuminate alerting staff of the resident's location.
- In all cases, these electronic activated devices are to be overridden with staff proximity cards. In the case of the window alarm, an override switch at the nurse's station is suggested to allow opening the windows on warm summer days.

- In some cases residents have problems coping with and controlling their emotions; the resulting behavior is dangerous to themselves and those around them. Establishment of a secure and durable room is required. Some residents may recognize building emotional pressures and request entry to the "quite room" to regain their composure and calm down. More commonly, the resident will be asked to enter the room and in an extreme case, they may be physically placed in the time-out room. The room is to be an internal 50-60 square foot room that is finished with a sheet vinyl floor and cushioned vinyl floor covering is to be adhered to the walls. The single three-foot wide by seven-foot tall door is to be made of very heavy (12 or 14 gauge) steel and is to be provided with an electronically activated security lock that requires constant staff activation to remain locked. Activation is usually provided by means of an exterior door jamb mounted button, when a staff member depresses the button, the lock's electronic dead bolt is activated. The bolt then retracts when energy is removed by the staff releasing the button. In this way the staff must remain present at all times the door is locked. The door is also to be provided with a 45 minute attack (three-quarter inch thick) glazing panel for observing the client. The space is



Common space, proposed "Quite Room" behind doors.

to be illuminated with a recessed ceiling mounted security light fixture that is switched from outside the room. Ventilation louvers are to be heavy grade detention quality and the ceilings are to be durable and secure. No other furnishes are provided.

Some space adjustment will be required to make the space function smoothly.

- An area to screen incoming residents, assess their needs, inventory their property and assign them to a room is needed. This process is to be video and audio recorded.
- Walls are to be constructed to enclose space that currently is open into four double-occupied treatment bedrooms. Each room will require an exterior window, switched light fixtures and required fire sprinklers. Bedroom doors are to open out and are not to include locks. One single suicide-watch bedroom is to be provided. This room will have frequent staff observation and is to be equipped with a camera to constantly monitor the room. The suicide-watch room will not require an exterior window.
- A two bed detox room is to be provided. This room is to be independent of the treatment space. This bedroom is again to have direct access to an exterior window, as well as a switched light fixture and fire sprinklers.
- A staff workstation is to be constructed immediately adjacent to the detox bedrooms.
- As mentioned earlier in this report, the proposed space is in a mild case of disrepair due to its age and former resident group. Patching and painting existing walls and assuring all light fixtures, smoke detectors and other electronic devices work correctly is recommended.
- Removal of an existing door that divides the common space and lowering or removing some walls to provide better supervision is recommended.

APPROACH

The design approach that serves as the basis of this study employs the following space utilization and modifications.

Intake and Release

An existing open area on the east side of the designated space that currently has direct access to the lower level vehicle access is the proposed intake area. There are currently two doors forming an arctic entry that accesses the space. Replacement of the interior door and frame with new electronic activated, time delayed release is needed for this location. The addition of an "L" shaped 42 inch high intake counter, with a computer, recording video/audio camera and lockable wardrobe or lockers for resident's property will also be needed in this space. A shower and clothing change out area are to be provided adjacent to the intake area. Modification of the existing staff toilet area will serve as the shower location. The north wall of this space may be removed to join the intake area and nurse's station. Touch-up painting is recommended but all other finishes are adequate in the space.



Exterior of Intake Area

Detox Bedrooms

The room in the southwest corner of the space is recommended as the detox area. Window glass is to be upgraded to include 3/8 inch tempered glass as the inner pane of the insulating windows. The windows are also to be provided with security alarms that will send an audible tone and light signal to the nurse's station. Nurse call buttons are to be provided. Sleeping rooms are to be provided with black-out curtains.

The detox bedroom is to provide sleeping accommodations for two individuals. The room is to be illuminated by new ceiling mounted fluorescent fixtures. In addition, low level wall mounted lights are to provide enough light for staff to be able to constantly monitor the resident's conditions. The detox bedroom is also to be video monitored from the nurse's station. The existing door serving this room swings into the space. It is recommended that the door frame and a portion of the wall be removed to promote better visibility into the space.



Proposed Detox Area

A single bed observation room is to be provided immediately east of the detox bedroom. There will be direct observation from the staff workstation to this resident area.

Staff Workstation

A single occupant workstation is to be provided immediately north and adjacent to the detox bedroom and observation room. This small open area is to be equipped with a desk, writing surface, computer and lockable file drawer. This position will be staffed at all times when clients are in the detox or observation bedrooms.

Treatment Bedrooms

The northwest area of the clinic is to be divided into four, double occupied treatment bedrooms. Each room is to be provided with a window (reinforced similar to the detox area), window blinds, and a switchable ceiling light fixture that is supplemented with a low level wall mounted fixture to provide constant illumination is to be provided. In addition, a reading light is to be installed at the head of each bed. The bedroom doors are to swing out and are to be provided without locks. Each 12 foot deep bedroom is to be provided with a motion activated camera and call button that reports to the nurse's station.



Proposed Treatment Area

Open Resident Space

West of the corridor and east of the treatment bedrooms, an open space is to be developed for recreation and group counseling sessions. The existing full height wall separating this space from the corridor is to be modified to a 42 inch tall wall thus providing supervision to the bedroom doors from the nurse station.



Proposed treatment area. Wall on right to be reduced to half height.

Toilet and Shower Rooms

Separate central male and female toilet and washing facilities are currently adequate to support the proposed population. Replacing existing light switches with motion activated switches or “constant on” lights are recommended for security.

The unisex toilet room in the detox area will serve that population and allow them to remain in their area until detoxification is well established. No work is required in the unisex toilet other than changing the light switch to a knife type that will usually be on.

Nurse’s Station

A two position nurse station with both seating and standing positions is recommended to be constructed on the east side of the circulation corridor across the corridor from the treatment bedrooms. The nurse’s desk is to be equipped with an annunciator panel indicating the location of door/window alarms, two monitors with quad splitter for viewing cameras, computer, telephone, file cabinets and space for charts and expendable equipment such as gloves. The nurse’s area is to have two-position lighting and is to be configured without dead ends, thus providing escape routes. The nurse’s station may be expanded into the intake area by removing the common wall.



Common area. Wall on right to be opened for nurse’s station.

Exam Room

The existing exam room will satisfy the requirements of the facility for medical examination space for both residents and intake. A medication closet, narcotics safe and a small refrigerator for vaccines is to be provided in the practitioner’s work space. This room will also be the storage location for the defibrillator and oxygen tanks.



Existing exam room with practitioner’s work space.

Kitchen/Dining/Recreation Area

The existing kitchen area appears to be equipped adequately to accommodate the anticipated ten resident population. All kitchen doors and drawers including the refrigerator will require locks to control access. Minor painting and patching is recommended in this area. The small recreation seating area will have acoustic problems and carpeted floors are recommended to reduce reverberation times.



Existing dining/break area.

Utility Space

A 180 square foot area for the storage of clothing and bedding linens is needed. It would be convenient if this space included a washer and dryer for resident clothing (bedding and mattresses are to be commercially laundered elsewhere). For this reason, an area adjacent to and north of the toilet rooms is recommended for this use due to the proximity to the existing water service.

Staff Offices

Staff work areas are to be established using existing spaces. Two closed offices are to be provided using existing enclosed space on the north end of the space. These spaces are for medical and psychological practitioners. The eastern office may be split to include a small staff breakroom.

All the office and work areas are to be provided with new carpet and lighting. Existing door hardware is to be re-used on office space doors.

Budget

It is expected that the project's construction and installation cost will be \$432,367.00.

This expenditure will assure the involuntary detox and treatment center provides the residents a reasonable, short term, safe therapeutic setting.

Secure Detoxification and Treatment Center
Cost Estimate

Project Costs

Design	15%	\$45,205
Project Management	4%	\$12,055
Permitting	2%	\$6,027
Furniture/Fixtures/Equipment	6%	\$18,082
Change Order Reserve	12%	\$36,164
MOA Administrative Costs	3%	\$9,041
Contingency	3.5% of all above costs	\$4,430

Project Cost Subtotal	\$131,003
Construction Cost Subtotal	\$301,364

Total Cost	\$432,367
-------------------	------------------
