From: Katie Walter [redacted]
Sent: Thursday, April 21, 2022 10:22 PM
To: House Finance
Subject: Passage of HB172

Dear Representatives Merrick, Foster, Rasmussen, Johnson, Wool, Josephson, Ortiz, Thompson, LeBon, Carpenter, and Edgemon:

As a concerned resident of Alaska, I am writing to urge you to pass House Bill 172 (HB172) Mental Health Facilities and Meds through the House Finance Committee and to pass it this legislative session. With the recent toll that the COVID-19 pandemic and mitigation efforts took on our health care system and the physical and mental well-being of our communities, it is imperative that we continue to move towards a viable solution for mental health crises.

Under HB172, our communities will be able to ensure people receive appropriate care swiftly, keep them out of jails and emergency rooms, and reduce the impact on first responders. With emergency rooms already often close to capacity and also often an overstimulating environment for people experiencing a mental health crisis, HB172 will allow us to more efficiently and successfully assist individuals. By using short-term stabilization centers that are set up specifically to treat those experiencing a mental health crisis, we will not only be able to better serve those individuals, but will also be able to reserve hospital emergency rooms for urgent needs that the emergency departments are best equipped to manage.

If passed, HB172 will also reduce the impact and workload placed on our law enforcement officers, allowing them to focus on crime prevention efforts for which they are well trained. Furthermore, individuals experiencing a mental health crisis will be able to stabilize in a space best suited for a successful recovery, rather than finding themselves in a constant spiral that may lead to a jail cell.

For the well-being and health of our Alaskan communities, I implore you to pass HB172 through the House Finance Committee.

Thank you for your time and consideration.

Sincerely,
Katie Walter

From: Fred Laurion [redacted]
Sent: Thursday, April 21, 2022 11:10 AM
To: House Finance
Cc: Rep. Calvin Schrage
Subject: HB 172 Mental Health

I am writing to urge you to pass the HB172 Mental Health Facilities & Meds bill and pass it immediately, this session. Passing this bill will improve crisis response in our State by allowing a mental health professional to be a first responder and allowing them to take them to a stabilization facility instead of the emergency room. This in turn frees up the police and emergency rooms to do their professions instead of mental health. It also improves the lives of those with mental illnesses to be met by someone who has more expertise in the area they need help with.

It has been proven in many other states in the USA and is the mental health model that is considered to be the best both by mental health stabilization and by cost.

Many people in our State have been working tirelessly to get this far, so please help us to get it done by passing it.

Thank you for your time

Fred Laurion
[redacted]
Anchorage, AK 99507
[redacted]

From: Joel Kiekintveld [redacted]
Sent: Thursday, April 21, 2022 9:12 AM
To: House Finance
Subject: Please pass HB172 Mental Health Facilities & Meds expediently through committee

Dear members of the Finance Committee of the House of Representatives,

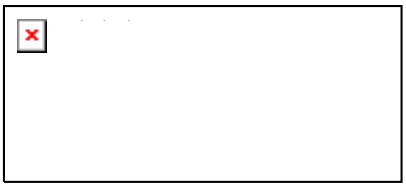
I am writing to ask you to please pass HB172 (Mental Health Facilities & Meds) expediently through committee. I know this matter is before you tomorrow and request you support it.

For over 25 years I have worked with Alaskans as a pastor, social worker, chaplain, non-profit leader and community activist and it is clear to me that we are not serving the mental health needs of our State well. HB172 (Mental Health Facilities & Meds) is a huge step in the right direction for getting Alaskans in need of mental health care the services they need.

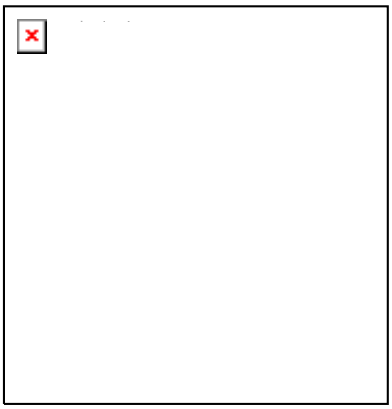
Thank you for your consideration of supporting this bill.

Dr. Joel Kiekintveld
Pastor: Reclaim
Co-Director: Anchorage Urban Training Collaborative
Chaplain: Anchorage Region Office of Children's Service
Adjunct Professor: The Seattle School of Theology and Psychology

--
Joel Kiekintveld, PhD
(he/him/his)



Co-Director, Anchorage Urban Training Collaborative
https://www.anchorageutc.org/
https://www.facebook.com/AnchorageUTC



Host, The AnchorED City Podcast
http://anchoredcity.podbean.com/

and on Apple PodCasts

From: Valerie Vanbrocklin [redacted]
Sent: Wednesday, April 20, 2022 3:55 PM
To: House Finance
Subject: Amendment to HB 172 requiring accountability and transparency in the treatment of Alaska's vulnerable mentally ill

As a longtime Alaskan, I am writing in support of an amendment to HB 172, which I understand is being introduced by Rep. Rasmussen, that would require methods for collecting and providing to the Legislature and the public data on psychiatric patient injuries, complaints, and traumas they incur in psychiatric facilities.

The lack of such requirement has resulted in little to no information about these events. This is not only shameful but has also resulted in unacceptable practices in the treatment of Alaska's vulnerable psychiatrically disabled. It is well past time to remedy this oversight.

Sincerely,
Val Van Brocklin
www.valvanbrocklin.com
--
Val Van Brocklin
www.valvanbrocklin.com
cell: [redacted]

From: Carol Laurion [redacted]
Sent: Wednesday, April 20, 2022 12:48 PM
To: House Finance
Cc: Rep. Calvin Schrage
Subject: HB172 Mental Health Facilities & Meds

I encourage you to pass HB172 Mental Health Facilities & Meds important legislation through committee and to pass it this session. People in a mental health crisis should be met by a mental health professional rather than law enforcement and taken to appropriate stabilization centers rather than our hospital emergency rooms and jails. This will better serve the person in crisis and make better use of our police and emergency rooms and jails which need to focus on other issues. The State of Alaska, the Trust, law enforcement and first responders, behavioral health organizations, hospitals, and hundreds of other community partners in Anchorage, Mat Su, Fairbanks and in communities across the state have been working to improve our response to Alaskans in crisis. This bill is the result of their work, along with national work. The data shows this approach is much more cost effective and crisis effective.

- HB172:
  - Provide law enforcement with additional tools to protect public safety
  - Expand the number of facilities that can conduct a 72-hour evaluation
  - Add a new, less restrictive level of care (Crisis Stabilization Centers: 23 hour and Short Term Crisis Residential)
  - Facilitate a faster and more appropriate response to a crisis, expand the types of first responders that can transport an individual in crisis to an appropriate crisis facility
  - Create a "no wrong door" approach to providing medical care to a person in psychiatric crisis

- HB172 Does Not:
  - Interfere with an officer's authority or ability to make an arrest
  - Change who has the current statutory authority to administer crisis medication
  - Change current statutory authority for who can order an involuntary commitment
  - Reduce the individual rights of the adult or juvenile in crisis; the parents' rights of care for their child; or existing due process rights of the individual in crisis.

In addition, it makes sense economically!
I respectfully urge you to pass this through the committee right away.

Sincerely,
Carol Laurion
Anchorage, Alaska Resident
[redacted]
Anchorage, AK 99507
[redacted]

From: Jim Gottstein [redacted]
Sent: Wednesday, April 20, 2022 5:53 PM
To: House Finance
Cc: jim.gottstein@psychrights.org; Valerie Vanbrocklin; 'Faith Myers'; Rep. Sara Rasmussen
Subject: Support for The Faith Myers Amendment to HB 172

Dear Senate Finance Committee:

This is to add my support to what has been suggested should be called The Faith Myers Amendment to CSHB 172(HSS), which I understand is to be offered by Representative Rasmussen.

> Page 14, line 29, following "matters":
>
> **Insert** "; and
>
> (4) identify methods for collecting and making available to the legislature and the general public statistics recording
> (A) the number, type, and cause of patient injuries;
> (B) the number, type, and resolution of patient complaints; and
> (C) the number and type of traumatic events experienced by a patient; in this subparagraph, "traumatic event" means being placed in isolation or physical restraint of any kind"

This is basic information that should be collected and of interest to anyone who cares about the welfare of people caught up in Alaska's mental health system.

Sincerely,

James B. (Jim) Gottstein, Esq.
President/CEO

Law Project for Psychiatric Rights
406 G Street, Suite 206
Anchorage, Alaska 99501 USA
Phone: (907) 274-7686 Fax: (907) 274-9493
jim.gottstein@psychrights.org
http://psychrights.org

The Law Project for Psychiatric Rights is a public interest law firm whose mission is to mount a strategic litigation campaign against forced psychiatric drugging and electroshock. We are further dedicated to exposing the truth about these drugs and the courts being misled into ordering people to be drugged and subjected to other brain and body damaging interventions against their will. Due to the massive psychiatric drugging of children and youth, PsychRights has made attacking this problem a priority. Children are virtually always forced to take these drugs because it is the adults in their lives who are making the decision. This is an unfolding national tragedy of immense proportions. PsychRights is seeking sufficient funding to increase its impact. See, Getting to the Next Level**.**

Fix HB172, 4/19/22

In 1904, the U.S. Department of the Interior awarded Morningside Hospital in Portland, Oregon, a federal contract for the providing of care for Alaskans with a disability. The price that was settled on in the contract was one dollar a day per patient. With one dollar, the hospital was expected to provide medical care, clothes, therapy, food and a bed.

From 1904 to 1968, many Alaska Natives and others were shipped from Alaska to the private psychiatric facility, Morningside, and basically forgotten. In total approximately 3500 Alaskans made the journey. Of the people that died during treatment, very few were returned to Alaska for burial by their family and most were buried in Oregon.

After 1904, the cost of caring for Alaska's disabled did not remain at a dollar a day per patient. But the cost remained low because the private hospital, Morningside, did not expect or receive many concerns or questions from the federal government, and later, the state of Alaska about patient rights, quality of care or patient outcomes. At one point the owners of Morningside were accused of hoarding money that was meant for patient care, but there were no charges filed.

Today in Alaska, there are approximately 10,000 people that rotate in and out of acute care psychiatric facilities or units each year. Alaska has over a hundred-year history of farming psychiatric patient care out to private facilities without knowing the number and type of patient complaints and injuries or traumatic events. Even though the cost of patient care has risen from a dollar a day to about $1500, there is still that ingrained habit of the state not setting a specific standard of patient care or protection for people with a disability in private psychiatric facilities.

The Department of Health and Social Services has the authority to turn the powers and duties of the Department over to private psychiatric facilities. In an opinion dated January 26th, 2015, the Legislative Legal Services made the following statement: "A delegation may result in the authority of a mental health treatment facility to essentially regulate itself, for departmental purposes, in the care and treatment of mental health patients." In my opinion, very little has changed concerning psychiatric patient protection and state oversight in the last 118 years.

Most organizations providing mental health care or grant money, including DHSS, advertise locked psychiatric hospitals or units as a place for healing. But independent researchers have painted a mixed review. In 2003, a South Carolina study by Karen J. Cusack and others, pointed out that 47% of the patients locked in a psychiatric facility experience trauma that may cause or exacerbate post-traumatic stress disorder. The events most likely to cause patient distress: sexual or physical assaults, staff name-calling, use of physical force, and experiencing unwanted sexual advances.

Investigative reporter Nellie Bly in 1887 referenced in an article that patients at Blackwell's Island Women's Insane Asylum endured corporal punishment: patients would be slapped in the face, fingers twisted, pinched, sat upon and locked in closets. It was just 17 years later that Alaska residents were sent to Morningside Hospital in Portland, Oregon. Corporal punishment has been widely used in psychiatric facilities. It was not until 1984 that psychiatric patients in Alaska were given a right by state law to be free from corporal punishment. Critics of the law point out there is no description of corporal punishment.

With my past struggle with mental illness, I am thankful I was not born in a different time. A hundred years ago, there would have been a strong possibility that I would have been taken into custody, charged with the crime of being "an insane person at large." And after a brief trial, I could have been shipped from Alaska to Morningside Hospital for an indefinite stay.

Each new generation professes to have the answers. But Alaska is only one minute past Morningside. Psychiatric patients are still farmed out to private psychiatric facilities. The state still does not set a patient standard of care or the patient grievance and appeal process. The cost of patient care has gone up to the point where patients should be eating with gold spoons. Instead, patients do not have fair rights, protections or quality of care that give the best opportunity for dignity and recovery.

There are lessons to be learned from the past and Morningside Hospital. 118 years ago, is a point in history far enough away that most of us can look at it objectively. Alaska mental health care today should be nothing like Morningside, but regrettably there are too many similarities.

Mental Health Advocates, Faith J. Myers, 3240 Penland Pkwy, Sp. 35, Anchorage, AK. 99508 907-929-0532

Faith J. Myers is the author of the book, "Going Crazy in Alaska: A History of Alaska's Treatment of Psychiatric Patients.

Reference Information:
HB172 and SB124, if passed as is, will allow private facilities to keep secret patient injuries, complaints and traumatic events.

Approximately 10,000 people rotate in and out of acute care psychiatric facilities or units each year. Less than 10% will be treated in the state-run Alaska Psychiatric Institute. Most of the acute care psychiatric patients are treated in private psychiatric facilities that receive either direct funding or grant money from the state. For the most part, what happens in a private psychiatric facility remains a secret from the general public, the Legislature and the newspapers.

Estimated cost for caring for a psychiatric patient in the state-run Alaska Psychiatric Institute in 2021—number of patients, 862—API Operating Budget, $39,813,800—
Patient cost to the state per day, $3,386.
Number of patient grievances—235
Patient falls with injuries/1000 inpatient days (Meditech)—19.62
Self-Harm/ 1000 inpatient days (Meditech)—90.98
In 2017, there were 50 patient-on-patient assaults at API.
What happens in the private facilities funded by the state is a secret.

The patient advocates required in AS47.30.847 work for the hospital.
It is my belief that any psychiatric patient advocate that goes against the hospital's wishes in the protection of patients will eventually lose their jobs.

Disabled psychiatric patients are not really explained their rights—for instance, a patient may be told they can file a grievance, but they are rarely told the details of the grievance procedure.

State law AS47.30.660 (b) (13) authorizes DHSS to delegate many of its responsibilities to private psychiatric facilities.
Private psychiatric facilities are given a great deal of power with what I consider insufficient state oversight. As an example: voluntary commitments for mental illness AS47.30.670, involuntary commitments for mental illness under AS47.30.700, mental health patient rights under AS47.30.825, grievance procedures under AS47.30.847, and diligent inquiry after departure of a patient from a mental health facility or death in a facility under AS47.30.900.
--excessive delegation of executive branch functions to nongovernmental and regulated entities. Was the opinion of the Legislative Legal Services in 2015.

Testimony to the House Finance Committee, 4/21/22
Concerning HB172,

Madame Chair, Committee members, My name is Faith J. Myers.

I support the passage of House Bill 172 on the condition that an amendment presented by Rep. Sara Rasmussen is added to the bill requiring that statistics of psychiatric patient complaints, injuries and traumatic events be kept and shared with the Legislature and the general public.

I want to present a brief history of psychiatric patient care: From 1904 to 1968, many Alaskan Natives and others were shipped from Alaska to the private psychiatric hospital, Morningside in Oregon and basically forgotten. There was no keeping and sharing of statistics, just like now.

Today the private psychiatric facilities write the patient grievance procedures according to AS47.30.847 and more importantly, the appeal process. And the patient advocate works for the hospital.

There is a lot that needs to be revised in the way Alaska provides care and protection of psychiatric patients locked in psychiatric facilities. A good place to start is requiring the keeping and sharing of statistics of psychiatric patient injuries, complaints and traumatic events.

Thank you,

Mental Health Advocates, Faith J. Myers, 3240 Penland Pkwy, Sp. 35, Anchorage, AK. 99508 907-929-0532

Faith J. Myers is the author of the book, “Going Crazy in Alaska: A history of Alaska’s Treatment of Psychiatric Patients.”

Narda Butler
[redacted]
Anchorage AK 99507

April 22, 2022

House Finance Committee
Alaska State Capitol
Juneau AK 99801

Dear Representatives Foster, Merrick, Ortiz, Wool, Edgmon, Josephson, Rasmussen, Thompson, LeBon, Carpenter, and Johnson,

I am writing in support of HB 172, “Mental Health Facilities and Meds.” I am a private citizen, living in Anchorage and my interest in this bill stems from personal experiences. I had a chronically homeless friend who suffered from co-occurring substance abuse and a mental disorder. I watched her, ineffectively and repeatedly, use both emergency rooms and the criminal justice system when she was at points of crisis. Had there been a system such as the Crisis Now model in place, her outcomes may have been far different.

I strongly endorse the Crisis Now model to provide an empathetic, cost-effective system to provide help for people in a behavioral health crisis. Paving the way for the implementation of this model via HB 172 is a positive step forward toward decriminalizing mental health problems and providing care for individuals in an appropriate setting. The strong community and governmental partnerships already involved in supporting this effort speak to the need for this model and the existing positive momentum to reform care for one of Alaska’s vulnerable populations.

Please support HB 172.

Sincerely,
Narda Butler

NAMI Alaska
National Alliance on Mental Illness
Affiliates in Anchorage, Fairbanks, Juneau, and North Slope
Serving all of Alaska

April 22, 2022

Representatives Kelly Merrick and Neal Foster
Co-Chairs
House Finance Committee
Alaska State Legislature
Juneau, Alaska 99801

Re: Testimony in support of HB172/SB 124 – Subacute Treatment Facilities

Dear Co-Chairs Merrick and Foster and members of the House Finance Committee,

Please include this testimony on the record in support of House Bill 172 regarding Subacute Treatment Facilities.

Mental illness affects more than one in five adults (50 million people) in the U.S. In Alaska, that translates to over 108,000 individuals – more than three times the population of Juneau! We know first-hand how those with mental health challenges can struggle with an inadequate system of care, especially those who are experiencing a behavioral health crisis. Emergency rooms and jails are not the appropriate 'holding rooms' to assist those individuals who need professional evaluation and treatment in an expedient fashion. We need to reimagine our crisis response system to one that offers help, not handcuffs.

Subacute treatment facilities, (or crisis stabilization centers) are a proven care alternative offering prompt support and evaluation to assist with the real issues of why the individual was brought there in the first place, evaluating what resources they may require, and taking steps to help resolve their mental health challenges. This legislation will allow Alaska to more fully implement proven crisis response improvements as part of the *Crisis Now* model of care. This new approach to addressing mental health crises follows the national guidelines for behavioral Health Crisis Care, using best practices endorsed by SAMHSA (Substance Abuse and Mental Health Services Administration), US Department of Health and Human Services. The guidelines are science-based, real-world tested best-practices guidance to the behavioral health field.

The level of need in our communities is high. Our behavioral health system is fragile, overburdened with the incidence of crises associated with violence, suicide, alcohol, methamphetamine, and opioid overdose, mental illness, and homelessness, all of which continue to escalate while service capacity has diminished. The emergency system of care is often responding to mental health or substance use disorder crises and there are not enough resources.

NAMI Alaska • PO Box 201753 • Anchorage, AK 99520-1753
(907)277-1300 • Fax (907)277-8456 • alaskanami@gmail.com

There are many partnerships formed to make this new crisis delivery system happen, including Providence Health, the Anchorage Fire Department, Anchorage Police Department, Alaska Mental Health Trust Authority, Southcentral Foundation, and other key stakeholders throughout Alaska.

We support the work of the Alaska Mental Health Trust Authority and the collaborative efforts of multiple stakeholders including emergency service responders, hospitals and health care providers, and Trust beneficiaries throughout the state who are a part of making the *Crisis Now* initiative work in their communities. There is still much work to be done, and this legislation is an important step in the continuum of care for mental health. We look forward to a future where this type of behavioral health system is in place throughout Alaska.

We strongly support HB172/SB124 and ask you to support this important legislation.

Respectfully,

Ann Ringstad, MPA
Executive Director

cc: Steve Williams, CEO, Alaska Mental Health Trust Authority
Katie Baldwin-Johnson, Chief Operating Officer, Alaska Mental Health Trust Authority

NAMI (National Alliance on Mental Illness) is the nation's largest grassroots mental health organization dedicated to building better lives for millions of Americans affected by mental illness. Our mission is to end the stigma of mental illness. NAMI advocates for access to mental health services, treatment, support, and research and is committed to raising awareness and building hope. NAMI Alaska is the statewide umbrella organization for Alaska's four local and regional NAMI Affiliates including NAMI Anchorage, NAMI Fairbanks, NAMI Juneau and NAMI North Slope. As the state chapter, NAMI Alaska has helped people affected by mental illness since 1984. We envision a state where all people affected by mental illness live healthy, fulfilling lives supported by a caring, culturally sensitive community.

CITIZENS COMMISSION ON HUMAN RIGHTS

Alaska/Montana/Washington

April 13, 2022

House Finance Committee

Re: HB 172 mental health facilities & meds

Dear Chair and Committee Members:

HB 172 deals with the deprivation of liberty of fellow citizens. It at best represents a streamlining of the detention system – but not a step forward in helping those detained in these facilities to resolve the problems they face.

There are several ways this bill needs to be improved.

The issue of having a hearing within 72 hours is a serious one. We are organizing public safety for society by detaining and holding individual's involuntarily. it only makes sense that 72 hours for some should not mean 96 or 120 hours or more for others. This is not justice for all. How many individuals, already struggling, will lose their job or housing because they were detained for a longer period of time and were unable to attend to their tasks? Having a uniform 72 hours for everyone could facilitate recovery for those most in need.

This is a stealth bill regarding minors. The bill briefly mentions minors in a couple of sections (page 4 line 18 and page 8 line 11) while staying away from the due process issues for minors and notification of parents/legal guardians. The bill should be amended to exclude application to minors or a parental notification section/language should be added. We can provide suggested language on this.

The third issue is the use of psychotropic medications on individuals detained in these facilities. Psychiatric treatment is mostly psychiatric drugs. No evidence has been submitted other than anecdotal statements that psychotropic drugs would be used as a last resort. Restraint and Seclusion are specifically mentioned by SAMSHA to be used as a last resort. SAMSHA states in their guidelines document what is a last resort and how common facility-based care is.

> "…restraint and seclusion are now considered safety measures of ***last resort***, not to be used as punishment, an alternative to appropriate staffing of crisis programs, a technique for behavior management, or a substitute for active treatment …"
>
> And
>
> "…approximately 70% of those engagements result in community stabilization. The remaining 30% should be connected to ***facility-based care*** that aligns with their assessed needs…" - National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation
>
> And
>
> "Approximately 1 in 4 patients in hospital emergency departments have a behavioral health diagnosis (ASHNHA, 2019)." Recover Alaska Letter/Testimony on HB 172 dated 3/28/22

Actually, testimony for this bill states this bill will increase treatment across the state:

> "HB 172 will improve access to treatment throughout the state." Recover Alaska Letter/Testimony on HB 172 dated 3/28/22

There is no reason for this information to be anecdotal. We request that this question be asked of existing admitting facilities in Alaska for actual information on the # of admittances and instances of administration of psychiatric drugs. Psychiatric drugs are the mainstay of psychiatric treatment. If psychiatric drugs are not being used, then please make a follow-up request for what they are doing instead. This would be very useful for all legislators and the public to know. The facilities and providers are heavily promoting this bill, they should provide statistics on this issue.

The increased use of involuntary commitment facilities represents an increase of focus on system and resources for its own sake and not on the individual creation of health:

> "A fundamental shift within the mental health field is required, in order to end this current situation. This means rethinking policies, laws, systems, services and practices across the different sectors which negatively affect people with mental health conditions and psychosocial disabilities, ensuring that human rights underpin all actions in the field of mental health. In the mental health service context specifically, this means a move towards more balanced, person-centered, holistic, and recovery-oriented practices that consider people in the context of their whole lives, respecting their will and preferences in treatment, implementing alternatives to coercion, and promoting people's right to participation and community inclusion. World Psychiatric Association - *Guidance On Community Mental Health Services: Promoting person-centered and rights-based approaches*.

A requirement should be added to HB 172 for anyone entering the public mental health system to receive a searching physical examination to locate undiagnosed, misdiagnosed and any number of ailments that mimic psychiatric disorders. See attachment 3 – the exam created by Dr. Sydney Walker III, and also see attachment 4 which is a sample of Amendment/statute for the physical examination to rule out non-psychiatric causes of emotional crises.

A quick look at the web pages of the advocates for this legislation: Crises Now, the Hospitals or NAMI and you will see none or at best very limited information about the toxic nature of psychiatric drugs, the long list of dangerous side effects which include violence and death, the addictive nature of some of the drugs, the common misuse of many of these drugs and especially withdrawal from these drugs. The World Psychiatric Association (WHO) has released extensive material on the need for a Human Rights based approach in the mental health field and has provided research on these approaches.

We do recognize that individuals do experience emotional crises and can represent harm to themselves, or others and the legislature must work out a system to safeguard the public, but it must be done with safeguards for the individual as well as society.

HB 172 at best represents a streamlining of the detention system – but not a step forward in helping those in emotional crises resolve those issues. What is really needed is a system with a focus on creating health. The system would identify physical ailments and disorders that mimic psychiatric disorders and life and environmental factors that can be addressed and resolved so individuals can recover their basic human rights and not be sentenced to psychiatric disability and dependence.

We are available for further discussion of this issue. Please see amendments and the multiple attachments addressing the issues raised here.

Sincerely,

Steven Pearce

Steven Pearce
Director

POB 19633 * Seattle, WA 98109 * 206.755.5230 * cchrseattle@outlook.com

Attachment # 1 Amendments

////////////////////////////////

Add language to 47.30

Part A: Add language to 47.30 to modify the definition of respondent under this bill to be "adult respondent" (not a minor).

Part B: Add language to 47.30 to include specific timelines and requirements for legal notification of Parents and Guardians and authorizations for treatment before psychotropic drugs are administered.

Remove any mention of minors unless specific and detailed protections and protocols are worked out in regard to timelines and rapid notification of parents/guardian. Include the stipulation that parental/guardian permission must be obtained before any treatment is initiated (this applies to administering psychotropic drugs) and the parents/guardian are fully informed of the possible side effects of whatever psychotropic drug the professional wishes to administer.

////////////////////////////////

Sec 18 – on page 8 starting on line 22 - 47.30.805 (a) should be amended as follows – insert text in bold:

…legal holidays, **if the person is picked up on Wednesday or Thursday the hearing deadline is Monday, if person is picked up on Friday/Saturday the hearing deadline is Tuesday**, or any period …

//

Amend Section *13, **Sec. 47.30.707 Admission to and hold at a crisis stabilization center or crisis residential center; psychotropic medications; rights; notifications;** (a) at the end to include language to the effect of: any individual being admitted for 24 hour stabilization or being considered for additional commitment evaluation must also be evaluated for medication psychosis caused by currently prescribed drugs; self-medicating with other drugs or psychoactive substances; or suffering drug withdrawal psychosis and seek consultation with qualified medical personnel to address what is found. See Attachment 4 about medical causes of ailments that mimic psychiatric disorders.

//

Amend Section 13, **Sec. 47.30.709 Rights of respondents at crisis stabilization centers and crisis stabilization centers ; psychotropic medication; time. At the end of (d) add:** Psychotropic medication should be a last resort. Ascertain when was the last time a searching physical examination has been done, and run through a checklist of common known issues that can contribute to conditions that mimic psychiatric disorders. [material for this is the Loran Koran Exam that the State of California has used, the Incredible Walker Exam (both available on www.alternativementalhealth.com) and others listing medical causes)

//

Add *Sec 29. (a) Outcomes –. Health outcomes are essential to be tracked as part of the mental health systems day to day efforts and must go beyond system utilization to track the object effect of system efforts on the individual. Using an object scale such as the GAF – Global Assessment of Functioning one can readily observe level of function and communicate this level of functioning to legislators and non-mental health professionals and track program outcomes in human terms, with dignity and respect of their individuality.

(b) Require quarterly reports from all facilities described in this bill to report to Alaska Behavior Health who will combine data into one report for the Legislature. Example of possible health outcomes tracking system, using the "GAF" Global Assessment of Functioning scale.

//

Attachment #2

Existing mental health systems often continue to fail those seeking support.

Either because many people with psychosocial disabilities and with mental health conditions are still either lacking access to recovery-based support services, or because they are caught in a vicious cycle of violence in their interaction with them.

Would you seek mental health support from a system that denies you choice and control over decisions that affect you, lock you up and prevent you from having contact with friends and family? If you managed to overcome these challenges, could you go back to this system?
Let us consider two scenarios.

If a person in emotional distress is met with violence when searching for health care, it is fair to say they may never want to re-engage with such a service. Reoccurring lack of support increases the risk of exclusion, homelessness and further violence.

On the other hand, what if a person's encounter with the mental health system is one where their dignity and rights are respected? Where relevant professionals understand that how their intersecting identities impact how they access and navigate the system? A system that will not only empower an individual as an agent of their own recovery, but it will support their journey of health and well-being.

This system is based on human rights. It is an approach that promotes trust, enables recovery and provides both users and professionals with a framework in which their dignity and rights are valued and respected.
…

In line with the Convention on the Rights of Persons with Disabilities, there needs to be an urgent shift away from institutionalization and towards inclusion and the right to independent living in the community.

That requires greater investment in community-based support services that are responsive to people's needs Governments must also increase investments in narrowing human rights gaps that can lead to poor mental health – such as violence, discrimination and inadequate access to food, water and sanitation, social protection and education.

Michelle Bachelet - *UN High Commissioner for Human Rights <> End*

End Attachment #2

Attachment #3

Looking for a Medical Cause

When a person remains depressed despite normal efforts to remedy the problem, a physical source of the depression should be considered. This is particularly true in the case of debilitating or suicidal depression.
Physiological causes of depression are so common, in fact, that the American Assn. of Clinical Endocrinologists states, "The diagnosis of subclinical [without obvious signs] or clinical hypothyroidism must be considered in every patient with depression."

Physical sources of depression include:

- Nutritional deficiencies
- Lack of exercise
- Lack of sunshine
- Hypothyroidism
- Hyperthyroidism
- Fibromyalgia
- Candida (yeast infection)
- Poor adrenal function

Other hormonal disorders including:

- Cushing's Disease (excessive pituitary hormone production)
- Addison's disease (low adrenal function)
- High levels of parathyroid hormone
- Low levels of pituitary hormones
- Hypoglycemia
- Food Allergies
- Heavy metals (such as mercury, lead, aluminum, cadmium, and thallium)
- Selenium toxicity
- Premenstrual syndrome
- Sleep disturbances
- Dental problems
- TMJ (Temporo Mandibular Joint) Problems

Infections including:

- AIDS
- Influenza
- Mononucleosis
- Syphilis (late stage)
- Tuberculosis
- Viral hepatitis
- Viral pneumonia

Medical conditions including:

- Heart problems
- Lung disease
- Diabetes
- Multiple sclerosis
- Rheumatoid arthritis
- Chronic pain
- Chronic inflammation
- Cancer
- Brain tumors
- Head injury
- Multiple sclerosis
- Parkinson's disease
- Stroke
- Temporal lope epilepsy
- Systemic lupus erythematosus
- Liver disease

Drugs including:

- Tranquilizers and sedatives
- Antipsychotic drugs
- Amphetamines (withdrawal from)
- Antihistamines
- Beta-blockers
- High blood pressure medications
- Birth control pills
- Anti-inflammatory agents
- Corticosteroids (adrenal hormone agents
- Cimetidine
- Cycloserine (an antibiotic)
- Indomethacin
- Reserpine
- Vinblastine
- Vincristine

https://www.alternativementalhealth.com/the-physical-causes-and-solutions-of-depression-2

End Attachment #3

Attachment #4

Sample statute of physical examination to rule out non-psychiatric causes

Question: When does a patient need to be examined by a health practitioner?
Answer: Florida Statute 394.459 Rights of patients, Section (2) RIGHT TO TREATMENT, Subsection (c) states:

"(c) Each person who remains at a receiving or treatment facility for more than 12 hours shall be given a physical examination by a health practitioner authorized by law to give such examinations, within 24 hours after arrival at such facility."

It is important to understand that according to the Florida Administrative Code 65E-5.160 Right to Treatment that this examination must include a determination that abnormalities of thought, mood or behavior due to non-psychiatric causes have been ruled out.

"(3) The physical examination required to be provided to each person who remains at a receiving or treatment facility for more than 12 hours must include:

(a) A determination of whether the person is medically stable; and

(b) A determination that abnormalities of thought, mood, or behavior due to non-psychiatric causes have been ruled out."

It is medically known that there is a very real possibility that what seems to be a psychiatric problem can be caused by some physical illness with more than 100 medical disorders having been documented to mimic mental illness symptoms.

There are many different physical disorders that may lead a doctor to misdiagnose someone as having depression or bi-polar disorder such as influenza, infectious mononucleosis, viral pneumonia, cancer, sleep apnea and thyroid disease to name just a few.

Ideally this examination would be by a non-psychiatric and independent medical doctor and documented as having been administered to rule out non-psychiatric causes of thought, mood or behavior including the following tests to rule out physical ailments that can present as mental illness:

- sTSH (thyroid test)
- CBC (complete blood count)
- SGOT (liver function test)
- Serum albumin
- Serum calcium
- Vitamin B12
- Urinalysis
- 12 panel drug test

End