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IN THE SENATE

CS FOR SENATE BILL NO. 521 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act making a special appropriation to the Department of Health and Social Services for a state mental health rehabilitation center; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. The sum of \$3,000,000 is appropriated from the general fund to the Department of Health and Social Services for a development plan and the design for construction of a state mental health rehabilitation center at Fairbanks.

* Sec. 2. The department may not spend more than \$100,000 for a development plan for the center.

* Sec. 3. The appropriation made by this Act is for a capital project and is subject to AS 37.25.020.

* Sec. 4. This Act takes effect immediately in accordance with AS 01.-10.070(c).

Appropriated
No funds for design of a state mental health rehabilitation center shall be spent except upon certification from the Commissioner of the Department of Health and Social Services that a development plan has been completed and that pursuant to such plan the governor recommends to the legislature that funds be ~~appropriated~~ appropriated for construction of the center.

Original sponsor: Resources Committee

Funding Information

General Fund	\$3,000,000
Other Funds	-0-
	<u>\$3,000,000</u>

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

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the Department may not exceed the appropriation in Section 1

* Sec. 4. This Act takes effect immediately in accordance with AS 01.-10.070(c).

until the Governor has certified that the



STATE OF ALASKA
OFFICE OF THE GOVERNOR

BILL ANALYSIS

DEPARTMENT H&SS	DIVISION MH&DD	BILL NUMBER SB 521	SPONSOR Resources Committee
DEPARTMENT POSITION The Department of Health and Social Services supports the passage of SB 521			
PREPARED BY Dr. Philip Shapiro <i>PS</i>	DATE 3/30/84	COMMISSIONER'S SIGNATURE	DATE

SUMMARY

OTHER AGENCIES AFFECTED BY BILL Department of Education	CONSTITUENT GROUP(S) AFFECTED BY BILL Mentally ill children and adults and their families
ORGANIZATIONAL SUPPORT FOR BILL Fairbanks Alliance for the Mentally Ill Alaska Mental Health Associations	ORGANIZATIONAL OPPOSITION TO BILL Unknown

FISCAL IMPACT: NONE FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT

This bill proposes to make a capital appropriation in the amount of \$30 million in order to construct a residential facility in Fairbanks which would house approximately 33 chronically mentally ill adults and 80 acutely and chronically emotionally disturbed children and adolescents. The statutory authority for the DH&SS to operate this program is contained in a companion bill, SB 520.

ANALYSIS OF BILL/PROGRAM EFFECTS

Based upon the average cost of a hospital bed on a statewide basis of \$286 per day per patient, not including ancillary cost or medical costs. The figure of \$286 is considered adequate for operational costs of such a facility in Fairbanks by the DMH&DD. Thus, with a proposed total of 113 beds X \$286 per day X 365 days = \$11,796,070 for yearly operational costs of this new facility. Please see the attached Bill Analysis of SB 520 for additional information regarding program effects of SB 521.

AMENDMENTS PROPOSED

None recommended for SB 521

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS.



STATE OF ALASKA
OFFICE OF THE GOVERNOR

BILL ANALYSIS

DEPARTMENT H&SS	DIVISION MH&DD	BILL NUMBER SB 520	SPONSOR Resources Committee
DEPARTMENT POSITION The Department of Health and Social Services supports the passage of SB 520			
PREPARED BY Dr. Philip Shapiro	DATE 3/17/84	COMMISSIONER'S SIGNATURE	DATE

SUMMARY

OTHER AGENCIES AFFECTED BY BILL Department of Education	CONSTITUENT GROUP(S) AFFECTED BY BILL Mentally ill children and adults and their families
ORGANIZATIONAL SUPPORT FOR BILL Fairbanks Alliance for the Mentally Ill Alaska Mental Health Association	ORGANIZATIONAL OPPOSITION TO BILL Unknown

FISCAL IMPACT: NONE FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT
This bill will provide the statutory authority for the Department of Health and Social Services to operate a residential program for chronically mentally ill adults and children and adolescents that are emotionally disurbed and require specialized services in a residential center. Currently, these types of services for these groups of persons in Alaska are inadequate or non-existent.

ANALYSIS OF BILL/PROGRAM EFFECTS
Senate Bill 520 provides the statutory basis for the operation of a residential care facility for the chronically mentally ill adults and for a residential facility for emotionally disturbed children and adolescents. The construction of such a facility would allow the State to return emotionally disurbed children and adolescents from out-of-state placements. Additionally, it will result in a reduction in recidivism to API and an improved quality of life for the chronically mentally ill adult.

AMENDMENTS PROPOSED
The following amendments are proposed:

1. Reduce the standard for involuntary outpatient commitments.
2. Amend A.S. 47.30.690 to allow parents and guardians to voluntarily hospitalize children and adolescents for period in excess of 21 days.

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS.

POSITION PAPER

Senate Bill 520

"An Act relating to the establishment of a statewide mental health rehabilitation center; and providing for an effective date."

The apparent purpose of Senate Bill 520 is to create the statutory authority for a state-funded and state-operated residential facility for chronically mentally ill adults and children that require a variety of on-going social, educational, vocational, and health services in order to prevent their involuntary hospitalization at Alaska Psychiatric Institute as a result of recurring episodes of acute mental illness. This purpose is certainly commendable and is supported by the Division of Mental Health and Developmental Disabilities in the Department of Health and Social Services.

In developing the position of the Department of Health and Social Services on this bill, it has been necessary to examine its impact on the two categories of targeted patients separately as it is not programmatically possible to mix mentally ill adults with emotionally disturbed children in a way that will prove successful. The first section will be about adult residential care for the chronically mentally ill adult who requires residential care in order to remain free from the need of involuntary psychiatric hospitalization at the Alaska Psychiatric Institute. The second section in this position paper will be about the need for acute/chronic child or adolescent residential care for the emotionally disturbed, conduct disordered, substance abusing, or acting-out juvenile who is either in the custody of the Division of Family and Youth Services as a child in need of aid, or a delinquent child, or at risk of being in their custody as a result of these behaviors. These must be considered separately for purposes of understanding Senate Bill 520 and its potential effects on the Department of Health and Social Services.

Adult Residential Care

The adult residential care component of this proposal for a statewide mental health rehabilitation center is envisioned as a non-acute care facility for the chronically mentally ill adult who would benefit from out-of-home residential care and treatment. This is seen as a resource that would improve the quality of life for this group of persons, as well as possibly reducing the need for their periodic involuntary hospitalization at Alaska Psychiatric Institute as a result of episodes of acute psychiatric illness.

This may be especially effective if the statutes relating to involuntary outpatient commitment under A.S. 47.30.655-915 can be modified to make them more compatible with the need for a reduced standard of dangerousness to self or others for outpatient commitment of the mentally ill. Our experience has shown that by using the same standard for involuntary inpatient and outpatient commitment of the mentally ill, it is not practical to expect a community based, non-secure program to be able to accept and effectively treat the mentally ill persons under involuntary conditions. Frankly, they are simply

too sick to be able to cooperate with their treatment plan in an outpatient setting and present too great a risk of harm to themselves or others under the standard of dangerousness required for involuntary commitment.

By reducing the standard for involuntary outpatient commitment it would be possible to commit certain patients to this facility for residential care and treatment in an environment that is less restrictive than Alaska Psychiatric Institute.

In providing services for the chronically mental ill patient, the degree of illness and resulting danger to self or others varies over time. The amount and type of treatment that we are able to make available to these persons depends on the nature and extent of our statutory authority and the availability of our resources. The greater our ability to monitor and control the behaviors of these patients, the greater the chance of preventing episodes of acute distress and hospitalization.

Additionally, the facility will be available as a residential care center for the chronic mentally ill that voluntarily seeks placement. Such a facility as described in Senate Bill 520 would be capable of providing a comprehensive system of care, treatment, education, and training on a long term basis.

The concept of "community support systems" or "community case management" for the chronic patients is known to be an effective method of serving these patients. This bill would help to fill the extensive gap in that service system and will result in a greatly improved quality of life for the chronic mentally ill person and his family.

Acute/Chronic Child or Adolescent-Residential Care

The facility for the emotionally disturbed children and adolescents would have to be completely separate from the adult residential facility housing the chronically mentally ill. The facility for children and adolescents should be divided into two units. The first should be a short-term unit that would provide intensive mental health care for the acutely mentally ill child or adolescent. The second unit should be a residential or long-term unit for those emotionally disturbed children and adolescents who require a supervised residential/educational program in a structured setting.

The children and adolescents referred to these programs may be in the custody of the Division of Family and Youth Services as a child in need of aid or a delinquent child or they may be referred by their parents or guardian or some other agency such as a school district or court if the youth is involuntarily committed.

The long-term residential capacity of this facility will allow the approximately 40 children and adolescents currently in out-of-state facilities to be returned to Alaska for continued residential care and treatment closer to home. These children and adolescents have been sent out-of-state by the Department of Education for special education purposes and the Division of Family and Youth Services as delinquent children or children in need of aid. Most of these children are suffering from emotional disturbance and

require specialized resources for their care. They would be provided at this facility.

The following description of these children and their treatment is excerpted from the "Management and Treatment Philosophy on the Adolescent Unit" at Alaska Psychiatric Institute:

"Essentially, conduct disorder refers to youth who are acting out in a profound manner. The ordinary healthy and expected rebelliousness of adolescent years has turned to a severity that is obviously dangerous and inherently self and other destructive. The parents and family have lost control of their conduct disordered child in a major and agonizing way. Depression, anger, guilt, and fear have been released and are running rampant in the hearts of both child and parent. Such youngsters are generally using drugs and or alcohol, involved in sexual promiscuity, running away, and criminal behaviors. They are aggressive, violent, angry, frequently assaultive or homicidal, depressed and possibly suicidal. Some are living in the streets. Some are engaged in prostitution or pornography. Sexual molesting and fire setting behaviors are occasionally part of the picture.

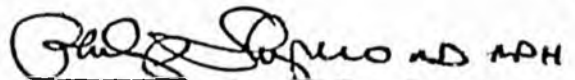
Since most of these children are utilizing the defenses of projection, denial, and blaming, and are therefore unable to admit themselves to the hospital on a voluntary basis, the Alaska State mental health commitment law must be instituted in order for the hospital staff to be given the right to contain these youths in a locked setting—a critical component in their care in the initial stages of treatment since running escapist behavior is a keystone of this syndrome. Since these children are either homicidal, suicidal, or gravely disabled or some combination of these, it is not difficult to get a commitment. Nor is it difficult to convince a judge that the child's life was in grave danger, that the parents had lost control, and that the hospital would serve the purpose of temporary parent until the patient had obtained sufficient self knowledge to regain control and therefore security and safety. Indeed, inpatient treatment for behaviorally disordered teenagers represents one of society's last lines of defense against repeated failures of the community to hold youngsters long and safely enough until they can achieve mastery over the conflicts which beset them. Often, children arrive after having lost their place at home, in school, in group and foster care, and their

choices are limited to hospital, jail, or streets. The first step then in the successful treatment of severe conduct disorder is to confine and contain the child behind a closed locked door. This serves to emphasize to the child and family that the individual is sick and is now a patient in a hospital as with any other severe life threatening illness. This is an important symbolic statement for the physician and treatment team to make as it may not be apparent to the family and patient that conduct disorder or extreme acting out is an illness and that it has a definitive treatment. In the initial interview the child is confronted with this in a clear manner not only with the and patient status in a hospital but with a verbal statement from the treatment team. The patients are told that they are ill, that the illness is severe, and that it is life threatening.

As can be seen from the description noted above, this is a group of disturbed young people that is extremely difficult to manage and treat. This is further complicated if the child or adolescent is not in the legal custody of the Department of Health and Social Services with a court order that authorizes institutional placement. In order for this facility to provide appropriate inpatient and residential care and treatment for periods longer than the 21 days currently allowed under the existing statute on a voluntary basis (A.S. 47.30.690), the law will have to be amended to permit voluntary admission on a longer term basis.

The Department of Health and Social Services supports the passage of Senate Bill 520 with the above noted recommendations.

Recommended by:



Philip Shapiro, M.D., Director
Division of Mental Health and
Developmental Disabilities

Date: _____

Approved by:

Robert London Smith, Ph.D.
Commissioner

Date: _____