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# COMMITTEE REPORT

## SENATE

FURTHER:

Date                     

Mr. President

The Committee on                      considered                     

and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for
- new title
- same title and recommends
- and attached a "LETTER OF INTENT"  NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to                      Committee

MEMBERS SIGNING  
DO PASS

MEMBERS HAVING  
OTHER RECOMMENDATIONS

                      
Chairman

                      
Chairman recommendation

FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST

Bill/Resolution No.: SB 346  
Title: "An Act relating to the treatment of mentally ill persons."  
Sponsor: Sen. Josephsen  
Requestor: Senate HESS  
Date of Request: 1/17/84

FISCAL DETAIL

Agency Affected: Department of Law  
Program Category Affected: General Government  
BRU, Program or Subprogram(s) Affected: Legal Services Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

N/A

RECEIVED

ANALYSIS: Attach a separate page for analysis

Prepared By: Richard I. Pegues, Director  
Division: Administrative Services  
Approved by Commissioner: Norman O. Gorsuch  
Agency: Department of Law

Phone: 465-3672  
Date: 1-18-84  
Date: 1-18-84

Distribution (by Agency preparing fiscal note):  
Legislative Finance  
Legislative Sponsor  
Requestor  
Office of Management and Budget  
Impacted Agency(ies)

Fiscal Note  
Analysis  
SB 346

January 18, 1984

This act amends the state's statutes covering the treatment of mentally ill persons. The amendment clarify existing law and provide additional safeguards for the general public and the relatives of mentally ill persons, while seeking to protect the legal rights of persons suffering from mental illness. The amendments will not require any additional legal services, over those currently being provided, and their enactment will not have a fiscal impact on the department's operations.

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST  
Bill/Resolution No.: SB 346  
Title: "An act relating to the treatment or mentally ill persons."  
Sponsor: Sen. Josephson & Halford  
Requestor: Senate HESS  
Date of Request: 1-20-84

FISCAL DETAIL  
Agency Affected: Public Safety  
Program Category Affected: Administration of Justice  
BRU, Program or Subprogram(s) Affected: Alaska State Troopers

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
<b>OPERATING</b>						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>	0.0	0.0	0.0	0.0	0.0	0.0
<b>CAPITAL</b>	0.0	0.0	0.0	0.0	0.0	0.0
<b>REVENUE</b>						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Francis C. Allan G.C.A. mck Phone: 269-5691  
 Division: Alaska State Troopers Date: 01/10/84  
 Approved by Commissioner: Robert Sundberg Date: 1-26-84  
 Agency: Public Safety

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

DEPARTMENT OF PUBLIC SAFETY

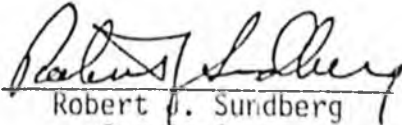
POSITION PAPER - SB 346

Support

January 19, 1984

SB 346 - "An act relating to the treatment of mentally ill persons."

This Bill provides law enforcement officers with the latitude to protect both the mentally ill person and the public from the actions of the mentally ill.

  
Robert J. Sundberg  
Commissioner

POSITION PAPER

Senate Bill No. 346

"An Act relating to the treatment of mentally ill persons."

In October, 1981, Chapter 84, SLA 1981 became effective. This act completely revised Alaska's involuntary commitment laws for mentally ill persons that required involuntary hospitalization or treatment. Upon its effective date, there was considerable concern that the Act was procedurally cumbersome which would require that an excessive amount of professional treatment staff time be consumed in filling out forms, testifying in court, and other non-treatment related activities. While the Act has proven workable and involuntary commitment of the mentally ill have continued to occur, there are a number of areas in the Act that have proven repeatedly troublesome since its effective date. Senate Bill 346 is an attempt to amend some of those troublesome provisions that have tended to inhibit or hamper the treatment of the involuntarily committed mentally ill patient.

The majority of the amendments that are proposed in Senate Bill 346 are technical rather than substantive in nature, a number of the amendments are intended to change the Act in a way that is seen by many as improving its effectiveness. Those amendments that are considered to require clarification are discussed below:

Page 1, Section 1, Line 20

During the period of time the Act has been in effect, many areas have applied literal interpretation to the requirement that "every" opportunity be afforded to respondents to accept voluntary treatment. The result has been instances in which a prospective involuntary patient has repeatedly refused to accept voluntary treatment until the court hearing is actually in progress or about to begin and then suddenly decides he will accept voluntary treatment. The court proceedings cease and the petition for commitment is dismissed. If, prior to arrival to API for involuntary admission, the patient changes his mind and again refuses voluntary treatment (as has been the case), the entire involuntary commitment process must be started anew.

This has been cause for considerable concern and confusion. The amendment offered would change "every" opportunity to "reasonable" opportunity to accept voluntary treatment. This would allow for some discretion in its interpretation. Thus, if a patient repeatedly refused voluntary treatment, the commitment process would proceed even if the patient requested voluntary treatment at a later time. This would insure that treatment would be possible and the expensive commitment process would not have to be repeated unnecessarily.

Page 2, Section 2, Line 7

Under the Act, the age of majority for purposes of accepting or rejecting voluntary treatment without the consent of a parent or guardian was set at 14 years old. This has created a number of difficulties especially for those children between the ages of 14 and 18 years of age.

POSITION PAPER  
Senate Bill No. 346  
Page 2

For example, a 14 year old child could present himself at API and request admission without the knowledge or approval of the parent or guardian. As A.S. 47.30.845 (Confidential Records) does not give the hospital the authority to release any information to the parents or guardians of a person 14 years of age or older without the permission of the patient, it may not be legal for us to tell parents or guardians the whereabouts or condition of their child.

Also, a 14 year old child that would benefit from evaluation or treatment at API but does not meet involuntary civil commitment standards may not be admitted at the request of the parents or guardian unless the child voluntarily agrees to accept treatment. Thus, some mentally ill children may not receive necessary mental health care and treatment even though their parents or guardian attempt to provide these services for them. In cases such as this, it becomes even more ludicrous if the Division of Family and Youth Services attempts to file a petition to have the court find the youth as a child in need of aid by alleging that the child's medical needs are being neglected. If the parents or guardian sought voluntary hospitalization of the child that is 14 years old but the child refused treatment, then parental neglect, which would support a finding of a child in need of aid status, is not possible.

The amendment proposed would change the age of majority under this section from 14 to 18 years of age. This would be consistent with other statutes that govern the care of treatment of these children and adolescents as well as correct these legal anomalies.

Page 3, Section 5, Line 12

This would increase the period of time for voluntary hospitalization of a minor by 9 days (from 21 to 30 days). This additional time will increase the ability of the hospital to provide a more thorough and comprehensive evaluation and treatment program for mentally ill children.

Page 3, Section 5, Line 22-23

This language would broaden the circumstances under which a minor may be accepted for admission at the hospital if the professional person in charge believes that hospitalization is necessary on a voluntary basis. This added provision could prove very helpful in addressing the treatment needs of mentally ill children and adolescents who are at risk of further deterioration and need hospitalization. Under the existing statutes, unless improvement in their condition can be reasonably expected, admission may not be possible. We believe this added provision will prove helpful in providing necessary care and treatment for this group of patients.

POSITION PAPER  
Senate Bill 346  
Page 3

Page 4, Section 6, Lines 6-26

The addition of this language provides needed clarification regarding the circumstances and procedures for releasing or retaining mentally ill minors with or without the consent of the parent or guardian. It is especially pertinent as there have been occasions when the safety of the child or others was questionable and the child was not committable but the parents or guardian have demanded immediate release of the child. This amendment will make it possible to insure the safety of all concerned prior to release of the minor.

Page 5, Section 7, Line 3

By granting mental health professionals the authority to take mentally ill persons into custody under an emergency situation and deliver them to an evaluation facility, a number of problems will be alleviated. Under the existing statutes, if a physician in an emergency room examines an individual that is brought to the hospital by relatives or friends, and the patient is clearly mentally ill and is in need of immediate hospitalization, the physician may have to call the police in order to have a peace officer take the patient into custody and sign an application for the patient's examination. This situation may occur in any hospital in Alaska including API.

Under the proposed amendment, the physician or any other health care professional that is included in the definition of a mental health professional under A.S. 47.30.915(11), can sign the application for examination under A.S. 47.30.705 and have the patient held in custody pending completion of the exam and receipt of an ex part order.

Page 5, Section 7, Lines 9-12

As written, this proposed amendment, if strictly interpreted, could tend to prohibit the completion of examination or evaluations of patients that were detained in jails or correctional centers even if qualified evaluation personnel were available. We certainly agree in principle that jails and correctional centers should not be used to hold the non-criminal, mentally ill; however, in practice, we have found that under certain exceptional circumstances, a jail or correctional center may be the only facility available to detain the patient at the local level for purposes of evaluation and insure the safety of the patient and the community.

It has been our experience that the utilization of these types of facilities is neither widespread nor indiscriminate and is used only on a very short-term basis. Nevertheless, when it is necessary to house patients in jails or correctional centers, we proceed with the examination, evaluation, and involuntary commitment process when the necessary resources are locally available. The time spent by these

POSITION PAPER  
Senate Bill 346  
Page 4

patients under these circumstances is then counted for purposes of the 24 hour and 72 hour time limit that is required for examinations and evaluations to occur by mental health professionals. This tends to insure that patients are not detained longer than necessary and treatment, if indicated, can commence immediately.

Consequently, we recommend that this amendment be deleted and that the existing language in A.S. 47.30.705 on lines 12-15 (in brackets) should be retained.

Page 5, Section 7, Line 24

This amendment would change the period of time for the first involuntary commitment from 21 to 30 days and is repeated throughout Senate Bill 346. The additional 9 days would tend to reduce the administrative workload of our treatment staff while having little or no effect on the period of time patients are actually involuntarily hospitalized.

Rather than interrupt treatment on the 21st day in order to undergo the 90-day commitment process, treatment could continue for an additional 9 days if necessary. This would allow medications and other forms of therapy an additional period of time to stabilize the patient, possibly resulting in a discharge of the patient between the 21st and 30th day.

Page 9, Section 10, Lines 17-19

This amendment is designed to insure that a less formal courtroom atmosphere is possible during the involuntary civil commitment process. This should make the commitment proceedings less painful and frightening to the mentally ill respondent.

Page 9, Section 10, Lines 27-28

The addition of this provision to allow a respondent to call his own experts or other witnesses to testify on his behalf is not seen as necessarily having an impact on the Division of Mental Health and Developmental Disabilities unless the respondent decides to call experts from API to testify on his behalf. It may, however, have a financial impact on the Alaska Court System if the respondent is indigent and the court has to pay the expenses of the experts and other witnesses called by the respondent on his behalf.

Page 12, Section 13, Line 7

This amendment would change the 120-day commitment to 180 days and is repeated throughout the bill. This change will reduce the administrative and procedural requirements necessary for the long-term, chronic mentally ill patients that require extended periods of involuntary hospitalization.

POSITION PAPER  
Senate Bill 346  
Page 5

Page 13, Section 16, Lines 23-26

This additional requirement for notification of a patients family or guardian as well as any person known to been threatened by the patient of his unauthorized absence from the treatment facility is supported by the Division of Mental Health and Developmental Disabilities. We feel that this is an appropriate and necessary measure in cases such as this.

Page 14, Section 18, Lines 8-9

The addition of this language is seen as necessary and will correct what appears to have been an oversight when the he Act was drafted. It simply makes specific that computations of time for a patient being evaluated or a patient being detained for evaluation do not include Saturdays, Sundays, legal holidays, or transportation time and are not to be included in the 72 or 48 hour time limitation prescribed by the Act.

Page 15, Section 19, Lines 6-7

This adds mental health professionals among those that may not be held civilly or criminally liable for detaining and transporting a person under the Act. This amendment is consistent with this section of the Act.

Page 15, Section 20, Lines 15-17

This amendment will require that an adult designated by the respondent must give informed consent in cases in which the patient is unable to give informed consent prior to certain treatments being authorized. We feel this is an appropriate addition to the Act.

Page 15, Section 21, Lines 28-29

This simply requires that an adult designated by the patient must be provided a copy of the patient's discharge plan. This is consistent with A.S. 47.30.845 under the existing statutes regarding confidential information.

Page 17, Section 24, Lines 6-8

This proposed amendment would clarify the circumstances under which the hospital may release confidential information and records to law enforcement agencies when they are concerned that a patient or ex-patient may present as an imminent danger to the community. Under certain circumstances, we feel it is in the best interests of the community and the patient to take such action.

POSITION PAPER  
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Page 6

Page 17, Section 24, Line 13

The addition of this language will include hospitals operated by the federal government, such as the PHS facilities, for use as evaluation facilities for purposes of the Act. Under the existing statutes, these facilities are not included in the definition of an evaluation facility and some of these federal facilities have not been able or willing to be utilized in this capacity.

Page 17, Section 24, Lines 21-25

This addition to the definition of a gravely disabled person will significantly clarify and improve our position with respect to the involuntary care and treatment of these patients. An additional period of hospitalization may help prevent further deterioration of gravely disabled persons in order to avoid or reduce the risk of further tragedy and/or agony.

Page 18, Section 27, Line 1

This amendment offered in the bill will reduce the standard upon which a potentially suicidal person may be taken into custody and involuntarily committed. It is our belief that this is both necessary and appropriate given our current rate of death by suicide in Alaska.

Page 18, Section 27, Lines 5-8

As in the previous section, this language will alter the standard for involuntary hospitalization of a person that may present as a danger to others or to the property of others. This may allow some seriously mentally ill persons to be involuntarily committed before they actually harm another person or another person's property.

Page 18, Section 28, Lines 17-20

This simply requires that a psychologist or a psychological associate must be trained specifically in clinical psychology in order to be considered a mental health professional for purposes of screening, examination, and evaluation under the Act.

Page 18, Section 28, Lines 22-24

This amendment is intended to include in the definition of mental health professionals those registered nurses that have experience in psychiatric nursing in a JCAH accredited psychiatric hospital for purposes of screening, examination, and evaluation under the Act. This is considered an appropriate addition to this definition.

POSITION PAPER  
Senate Bill 346  
Page 7

The Department of Health and Social Services generally supports the amendments contained in Senate Bill 346 and endorses its passage with the exceptions noted above.

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

Date: 1/30/84

Approved by: Robert London Smith  
Robert London Smith, Ph.D.  
Commissioner

Date: 1/30/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST  
Bill/Resolution No.: SB 346  
Title: An Act relating to the  
treatment of mentally ill persons  
Sponsor: Josepnsen and Halford  
Requestor: \_\_\_\_\_  
Date of Request: 1-11-84

FISCAL DETAIL Division of Mental Health  
Agency Affected: and Developmental Disabilities  
Program Category Affected: API  
BRU, Program or Subprogram(s) Affected: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis \* See Attached

Prepared By: James L. Scoles <sup>PS</sup> <sup>(R)</sup> Phone: 465-3370  
Division: Mental Health & Developmental Disabilities Date: 1-20-84

Approved by Commissioner: Robert London Smith Date: 1/30/84  
Agency: Dept. of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

The Division of Mental Health and Developmental Disabilities does not foresee any increase or decrease in expenditures as a result of the passage of SB 346 at this time. The primary purpose of this bill is mainly directed at reducing the procedural requirements of A.S. 47.30.655 - 47.30.915, changing the age of majority from 14 to 18 years of age, changing the period of time for the initial commitment from 21 to 30 days and the third period of commitment from 120 to 180 days, expanding the definition of peace officers to include mental health professionals, and slightly relaxing the standards for commitment.

We do not believe that any of these proposed amendments will increase or decrease the number of mentally ill persons that will require hospitalization. The amendments should, however, make it easier to commit the mentally ill which should result in more professional staff time available to provide direct patient care and treatment rather than excessive time being expended in the commitment process.

SECTIONAL ANALYSIS - DRAFT "AN ACT RELATING TO THE TREATMENT OF MENTALLY ILL PERSONS." by Senators Josephson and Halford

NOTE: Throughout the bill draft, the age of majority has been changed from 14 to 18, commitment time periods for computation purposes have been changed from 21, 90 and 120 days to 30, 90, and 180 days, and neutral words have been substituted for gender pronouns.

Section 1 Provides a word change to limit the endless paperwork from patients transferring in and out of voluntary status in order to leave against medical advice.

Section 2-5 Changes the age of majority under the title from 14 to 18, changes the commitment period for minors from 21 to 30 days, and eliminates sex gender pronouns. Section 4 also changes the term "immediate" to "timely" in order to avoid inoperable situations (eg. if a patient wants to leave in the middle of the night, the facility must call in a psychiatrist). Pg. 3, line 8 changes "notice of intent" to "request".

Section 5 (3) adds language to admission procedures to allow treatment of those minors whose condition would worsen without treatment.

Section 6 Provides options for the release of a minor, and options for the facility to keep a minor who is in danger of causing serious harm to self and others.

Section 7 Adds "mental health professional" to current law allowing a peace officer to take someone into custody for emergency detention. Also limits the use of correctional facilities for the mentally ill to situations requiring protective custody while awaiting transportation to a treatment facility.

Section 8 Changes the commitment time period from 21 to 30 days.

Section 9 The purpose of this section was to move the term "gravely disabled" after "mentally ill" (pg. 6, line 21). Other changes relate only to neutral pronouns and changing commitment time periods.

Section 10 Changes the 21 day commitment period to 30 days, and substitutes neutral pronouns in the section.

Section 11 Changes the commitment time period from 21 to 30 days. Subsection (4) relaxes the rules of evidence and allows for informal court proceedings. Subsection (9) allows respondent to call experts and witnesses to testify.

*Section 5 - subsection (c) allows  
an additional 30 day voluntary  
admission of a minor.*

- Section 12 Changes 21 day commitment to 30 day, and substitutes sex neutral pronouns.
- Section 13-14 Changes commitment time periods from 21 to 30 days; and from 120 days to 180 days. Pg. 12, line 9 corrects typo.
- Section 15 Adds a new section to the statute allowing a designated facility to administer medication or treatment that is consistent with Article 9 - Patients Rights.
- Section 16 Adds new language to the section relating to unauthorized absences to provide that the facility must notify the parent or guardian or a person threatened by the patient immediately upon discovery.
- Section 17 Adds a new section relating to the change of admission status from involuntary to voluntary if the responsible physician agrees that it is appropriate and that the change is made in good faith.
- Section 18 Adds to provisions for computation of time, specific references to AS 47.30.715 (Acceptance of order), and AS 47.30.685. Current interpretation of the law requires that a judge must be brought to the facility at these times, and many are unwilling to do so on a holiday or weekend. Also changes commitment time periods to be consistent with other sections.
- Section 19 Amends section relating to liability to include a mental health professional and transportation, to be consistent with Section 7.
- Section 20 Amends the section of law relating to informed consent for unusual procedures, to include informed consent of the parent or guardian in case the patient is unable to give informed consent.
- Section 21 New language specifies that the discharge plan shall be shared with the parent or guardian.
- Section 22 Adds a new section to patients' rights to include the right to a proper diet.
- Section 23 Limits the rights of the patient in areas of visitors, mail and access to a phone if the professional person in charge determines that it is not in the best interest of the patient or will cause harm to the patient or others.
- Section 24 Allows access to records to a law enforcement agency under special circumstances.
- Section 25 Adds federal facilities to the definition of "evaluation facility."

- Section 26 Expands the definition of "gravely disabled" to include persons who are not in imminent danger but whose lack of treatment would cause deterioration of their condition.
- Section 27 Expands definition of "likely to cause bodily harm" beyond recent attempts, to include threats and likelihood of injury in the near future.
- Section 28 Changes the requirements for a nurse to be classified as a mental health professional, as there are only two in the state with a Master's Degree in Psychiatric nursing. Changes the language for the qualifications of a Psychologist and Psychological Associate to conform with their licensing statutes.

Senate Health, Education & Social Services Committee  
October 14, 1983  
Anchorage

TOPIC: Mental Health Commitment Bill (Work draft of "An Act relating to the treatment of mentally ill persons.")

ATTENDANCE: Senators J. Josephson (Chairman), R. Halford  
Excused - P. Fischer; Absent - V. Fischer, H. Moss

The hearing was commenced at 9:15 by Chairman Josephson.

Introductory remarks by Chairman Josephson:

Previously we've heard testimony in Anchorage and recently in Fairbanks on this issue.

This new draft incorporates ideas from Department of Health and Social Services, family groups and others, particularly those who work with troubled children.

New draft incorporates these changes: involvement of correction system is reduced in terms of dealing with the mentally ill; age change from 14 to 18; time computations changed from 21-90-120 days to 30-90-180 days for commitment periods; commitment period for minors changed from 21 to 30 days; records can be made available to law enforcement agency if substantial concern over any danger to community; qualifier added to right to privacy and personal possessions - if professional in charge determines not in the best interest of patient or will pose a threat to safety, visitors and telephone calls can be denied; approval of psychologist would be added requirement for patient wanting to change from involuntary to voluntary; court proceeding would be as informal as possible; family and guardians would be notified if patient is absent without leave; form consent required of parent or guardian of patient's right relating to alternative treatments; and notification of parent or guardian of discharge plan.

Other areas you may wish to consider today; hearings for minors; equal protection of the law relating to minors; time period commitment for minors; designated facilities; involuntary outpatient commitment; use of correctional system for mentally ill; and transportation costs for voluntary committed people where cost: are paid for as required by statutes.

40

Jerry L. Schraider, M.D., Alaska Psychiatric Association

Appreciate the hearing being held, general reaction to working draft is supportive.

Have often been frustrated and confused over commitment law, mental health professionals are not all legalistically minded, don't have available legal counsel when working in these situations (often crisis situation) and must proceed best we can in interest of patient. Because of confusion, believes there's been some people that should've been committed who were not.

Will study draft further and hopes it will be submitted as legislation.

170 Ed Essa, Staff, Rep. Mae Tischer

Submitted letter addressed to Senator Josephson by Rep. Tischer stating that extensive research has suggested that nutritional deficiencies have a correlation with mental illness and that when deficiencies are identified and treated, improvements in the mental health of clients are made. Propose that the draft bill require extensive and mandatory nutritional analysis of each client be made upon admittance. This way the client is treated both mentally and physically.

190 Deborah B. Geeseman, M.D., private psychiatrist (formerly did work with children at API)

Supports most of what's in the bill. Suggested minor changes - 1) Pg 5, ln 19; instead of "21 days" should be 30 days. 2) Pg 4, ln 7; "the person" should be self.

Need a better working relationship with police force and understanding of what goes on with commitment laws.

Admission of minors - child under 14 cannot remain in hospital for evaluation or treatment for no more than 21 days (under current law) without having a commitment hearing. An adult who wants to be voluntary committed may stay in hospital as long as they want or treatment facility deems necessary. Then if they want to leave hospital, it becomes a legal issue.

For children, often a good evaluation cannot be made until after 3-4 weeks. Limited resources are available for treatment of children in Alaska. Only have one facility for extensive psychiatric treatment. Have some facilities for conduct and behavioral management of children (but full and have a waiting list).

260 Supports change in age from 14-18.

Pg 2, lns 23-29; not sure you need any of these three criteria, one just needs to make sure the person is mentally ill or gravely disabled. Or if it remains in #3 (pg 3, ln 1) should be "deteriorate further if" not "treated" (add not to sentence).

290 Sen. Josephson - While at API you noted that severe psychosis does not appear that often below the age of 14, correct?

Yes.

Sen. Josephson - What additional facilities do you feel Alaska needs for young children?

Difficult in state with our small population and distance from other states (where we could jointly share use of facilities). Presently we don't have a sizeable population of psychiatric young children. When we do, they will need a place, the only facility we have now is API. Would like to see other facilities that would address more extensively psychiatric needs of children.

As draft now stands, court has to get involved in 30 days, recommends 30 days be taken out. child could be a voluntary patient.

Many times children need evaluation when they encounter some trauma (ex: divorce of parents). If that evaluation goes beyond the time limit set, they could end up with commitment as legal statement on their record. If it remains on their record, can hamper their future.

Pg 3, Section 47.30.695; support it but has trouble with the wording. #2, lns 18-21, part (a)(b) (lns 22-29) - believes it to imply if child is dangerous, can still discharge them against medical advice. Dosen't feel its consistant. #2, ln 18; should read "treating physician," release of (should be added) "the minor" would be seriously detrimental to child's health that (should be added) "the treating physician may". (b) lns 26-29 the minor is likely to cause serious harm to self or others, or there's reason to believe the release could place the minor in immediate danger (should be added) "refuse to discharge".

60 Joseph Reum, Handicapped Services Coordinator, Municipality of Anchorage

Pg 4, ln 26 - "commitment hearing, to be held if needed", Who determines need?

Sen. Josephson - Depends whether patient is voluntary or involuntary.

80 Dr. Conrad, Superintendent, API

Submitted memorandum on admission statistics for FY'83.

Out of 1013 admissions, 500 were voluntary, 36% came involuntary under Title 47. Out of 100 involuntary patients, 73% have dropped out of involuntary channel before 72 hour limit.

Agree with Dr. Geeseman's comment on page 3 that paragraph 2a is inappropriate, not allowed that option with an adult.

Under present statute, cannot release information on history of violence to law enforcement agencies. In our judgement, release of this information (when there's concern about safety) might be helpful.

140 Patient would be better served by expeditious entry into treatment using physician's certificate. Most times used is after a suicide attempt.

150 Sen. Halford - In analysis of American Psychiatric Association guidelines, we don't allow certain types of evidence, we protect communication between patient and doctor. What kind of a problem does this bring up in involuntary commitment?

Has caused a problem by not allowing hearsay evidence at commitment hearing. Often it's highly relevant and meaningful evidence but due to rules of evidence not allowed because it's hearsay.

180 Often relatives and other people are frightened to testify for fear the person being committed will hold a grudge or seek revenge later. Also consider some people (to testify) live far away (would be expensive for transportation cost).

200 Sen. Josephson - What happens during, example a domestic conflict and people exaggerate testimony or state it falsely?

When it does occur, then don't rely on element of danger but fall back on object of evidence of mental illness. Do not proceed to commitment hearing if lacking evidence of mental illness.

210 In vast majority of cases, most do not go forward to hearing, and where there is mental illness, majority of patients accepts need for treatment. When cases do go to court, public defenders and probate masters become very involved.

240 Sen. Josephson - What is treated as confidential?

Commitment hearing itself is confidential.

260 David D. Samson, M.D., Psychiatric Supervisor, Anchorage Community Mental Health Center.

Mentally ill are more prone to be brought in for disturbing peace, public nuisance kinds of things, where their liberties are not essentially protected.

Concept of outpatient commitment should be addressed. What do you do when outpatients don't show up for their scheduled appointments?

Generally supportive of draft and comments that have also been made.

### PART III

Voluntary medication on outpatient is a problem. Sometimes people are crafty enough to manipulate the system and be released (these are the dangerous ones).

30 Natalie Gottstein, Executive Director, Alaska Mental Health Association

Commends Committee for making changes, particularly inclusion of physician to be able to institute commitment procedures and redefinition of gravely disabled.

Pg 2, ln 10; concerned about definition of "timely", what's considered timely?

Dr. Conrad - Would interpret to be 8-12 hours.

70 N. Gottstein - Pg 16, ln 5; definition of mental health professional - important people working in the bush (social workers, etc) be included in this definition. A further clarification of social worker might be in order due to so many areas of social work.

90 Sen. Josephson - There's another bill on licensing of social worker and we may run into some difficulty with that.

100 Sen. Josephson - Is there an official position by Mental Health Association on this?

Not on this, but we will make recommendations before January.

- 110 Sen. Halford - What does Association think in terms of communication between doctor and patient, should be available in commitment hearings or not?

Don't have an official position. My opinion - if hearings are closed, then in very specific and well defined instances, that privilege should be opened. In individuals right to receive treatment, the doctor's opinion certainly is an important matter.

- 150 Sen. Josephson - Question of changing or relaxing rule of confidentiality, would it have the effect of causing people not to tell doctors what they would otherwise say? Or would it have a useful affect in bringing these matters out into the commitment hearing? The real danger would be if patients refused to give information to their doctors for fear it would be used against them (in court). That people shouldn't be afraid to see a psychiatrist when they have problems.

These relaxations in confidentiality need to be carefully worded, possibly be limited to psychiatric people for involuntary commitment.

- 200 Dr. Jav Verkozen, clinical psychologist (private practice)

Pg 13, lns 27-28; issue of psychosurgery, lobotomy, or other comparable forms of treatment. Not specific with other comparable forms. Consider these types of barbarisms and should be done away with. Psychosurgery has been abused.

PART IV

- 80 Sen. Josephson - (to Dr. Conrad) Has there been any record keeping in Alaska of psychosurgery or lobotomy given?

Dr. Conrad - No, the only way would be to ask all the neurosurgeons. Electroshock - no one to my knowledge at API has been administered with it.

J. Verkozen - But it does go on regularly at Providence.

Pg 14, lns 19-23; suspension of people's rights; if you're going to do something to someone, need to be clear about it with the person and if it's not in their interest to know about it, then it shouldn't be done.

- 150 You can't treat people psychologically unless you get them involved in it. If somebody might be better off with something, it doesn't mean you can force it on them.

- 170 Pg 8, ln 20 (#4) "efficient" - efficient for what? For commitment? For civil liberty?

- 250 Pg 8, ln 15 (#2); Right to view and copy all petitions - they should be given copies and helped to understand it.

Pg 12, lns 25-27; good point that family or guardian be notified on patient's absence.

Pg 11, ln 14; Disagree with 180 days for commitment, more advantageous for longer length of time.

Pg 5, ln 22; "gravely disabled" - too broad.

Pg 6, lns 4-5; replace "maximum extent possible" with absent of violence.

PART V

Dr. Conrad - Two cases of patients at API treated involuntary:  
1. if violent to themselves or to others; 2. severely catonic people  
(who don't eat or drink)

J. Verkozen - Pg 6; objects to (e)(2) and (3), lns 14-18; aren't  
necessary.

Pg 13, ln 9; objects to 72 hours, procedure should be  
speeded up rather than be long.

Pg 4; notion of deputizing all physicians in state so they  
can commit someone. This authority should stay with the police.  
All physicians shouldn't have this type of power. You're just  
making a cosmetic change, you're still locking someone up.

80

Dr. Glade Birch, Acting Director, Anchorage Community Mental  
Health Center

It's a good document.

Balance of right of people to receive treatment and their  
civil liberties. That's the balance we're maintaining.

Regarding who has the authority to commit someone, remember  
we're talking about all Alaska (including the bush). Physician  
does have degree of training in recognizing mental illness, where  
police officer doesn't. To protect civil liberties of people,  
it's better for at least someone qualified in mental health to  
make determination of commitment.

As a neuropsychologist, be very careful before you write  
into statute prohibition against treatments.

150

Individuals released as outpatients from API, isn't a com-  
fortable solution to it. You may consider transitional living  
(intermediate type of commitment). (A transitional facility  
where they could receive supervision.)

Has reservations about having licensed social workers being  
able to commit someone (pg 4). You may get a social worker who  
has no actual diagnostic abilities.

180

Topic of confidentiality. Two solutions: 1) treatment (must  
maintain confidentiality in this); 2) examination with notice for  
commitment (person knows it is commitment, does not have to dis-  
close information, takes away effectiveness of examination).

190

Sen. Josephson - What a person discloses when he wants treatment  
is going to be in stream of what is revealed in commitment pro-  
cess, no way to unlearn that material.

That's why I tried to make the distinction. The disclosure  
of patient's statement when presenting himself for treatment  
needs to be protected. If someone is going to testify at commit-  
ment proceeding, may have to be a separate examination by another  
person.

200

Steve Harrison, Regional Administrator for South Central Region, Division of Mental Health

Agrees with Dr. Birch in including mental health professional in emergency detention. If we use a mental health professional, we should use those with national accreditation for social workers.

Law is workable, changes are good.

240

Frances Purdy, Mental Health Program Coordinator, Behavioral Health Division, Municipality of Anchorage

Thanks for nonsexist law.

Pg 3, Part a; lns 22-25 should be deleted, they should not be able to release someone who is dangerous.

Pg 12, lns 25-27; good idea to notify parents or guardians of patient's absence. May also want to add anyone that has been threatened by patient, also may add immediate notification instead of 3 hours.

Pg 14, lns 24-27; good idea.

Consider what other states have done with mental health professional being the office of involuntary commitment. Probably more important for Anchorage than for the bush. Impractical to have officer in bush for involuntary commitment. In Anchorage, specifically we're beginning to need an area of expertise in just emergency cases. Check into Washington state statutes. They have designated person who is trained to do reading of rights, is impartial, not hired by institution or other agency.

#### PART VI

Jim Parsons, Manager, Behavioral Health Division, Municipality of Anchorage (former member of licensing board of psychologists)

Concurs with Purdy's opinion of release of minors when we don't do that with adults.

Most of my concerns have been covered.

Pg 16; licensing law for psychiatrist is generic rather than specificity. There are some psychologist trained in areas other than clinical who may not have expertise in mental illness at all. May be a good idea to say licensed by state with adequate clinical training or something similar rather than clinical psychologist since we don't license in that sense.

Mention of social workers appears to be too broad. Perhaps should use national accreditation with it. Too broad to say experienced in field of mental illness rather than having some type of specific training in that area.

30

Cecilia Kleinkauf, Alaska Chapter, National Association of Social Workers

Pg 16; issue of professional social work, as included in definition of "mental health professional" - just received the draft copy and will have to be reviewed by board before Assoc. takes a position on it and makes recommendations.

Admission of minors at API - the bill, as it is, would constitute age discrimination on state in regards to minors. Minor has a constitutional right to liberty equal to adults. Unconstitutional to deprive minor of right to liberty for a greater amount of time than an adult (in institutionalizing). We have repeated this point at every hearing.

One item not covered in bill is protection of court for child's right regardless of his/her parent's right. Does not provide child the right to a court hearing which court then hears as to institutionalize the child. The bill leaves the right to child's parents and to mental health professional. Sometimes parents don't act in best interest of their children.

120 There are a number of children institutionalized at API whom mental health professionals say these children are not probably mentally ill but "there's no place else to put them".

The previous director of State Division of Mental Health testified at Senator Parr's Committee stating it is frequently difficult, if not impossible, to make definitive diagnosis with respect to mental illness in children.

130 Sen. Josephson - Which is an explanation as to why we have a longer period to evaluate. I don't think the Constitution requires that you cannot make classification if there is a rational basis for it.

250 Why is it ok to institutionalize a child without court's protection in mental illness, and in statutes of state, it's not ok to institutionalize without court's protection when it comes to delinquency?

#### PART VII

50 Grandfathering clause on social worker - the language and amendments proposed by National Association Social Work Chapter. Only spoke to baccalaureate level of social work. Individuals will not be grandfathered at master's level of social work with training in any other field. Anyone who is grandfathered, who wishes to be called a social worker and be licensed under social work law, could at maximum, only be licenses as a baccalaureate level. Only level grandfather amendments refer to.

60 Meeting was adjourned by Chairman Josephson at 12:50 pm.

# BARANOF MENTAL HEALTH CLINIC

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STANLEY T. LAUGHRIDGE, Ph.D.  
CLINICAL PSYCHOLOGIST

12-16-83

Honorable Joe Josephson  
Alaska State Legislature  
Pouch V  
Juneau, AK 99811

Dear Senator Josephson:

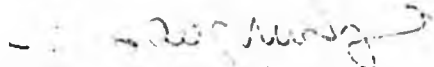
I have read the proposed draft bill that you are submitting to the legislature in the forth coming session. It contains precisely those very important amendments and stipulations that I have been trying to encourage for a number of years regarding mental health commitments.

If you will check the admission record of Sitka over the past six and a half years, that our clinic has been here; you will see that we have an extremely low admission rate. This is because we have treated people in our local hospitals rather than sending them to API. Often in doing so we have had great difficulty getting under the 72 hour limit before having to go into the court room. Usually within 72 hours, I am able to obtain the person's voluntary commitment but on those few cases where I am not able to do so we end up sending some to API that we could very easily have treated in our local hospitals.

Your bill will very nicely resolve that problem and should, if we in the mental health field do our part, reduce the admission rate to API dramatically.

Congratulations on your good work.

Cordial regards,

  
Stanley T. Laughridge, Ph. D.  
Clinical Psychologist

cc: Joe Adelmeyer, ACSW Supervisor  
Susan Will, R.N., M.S.

# CORDOVA COMMUNITY HOSPITAL MENTAL HEALTH AND ALCOHOL CLINIC

P.O. Box 160

Phone: (907) 424-7131

CORDOVA, ALASKA 99574

Senator Joe Josephson  
Alaska State Legislature  
Senate  
Pouch V.  
State Capitol  
Juneau, AK 99811

Oct. 27, 1983

RE: THE MENTAL HEALTH COMMITMENT LAW

Dear Senator Josephson:

We urge you to incorporate the changes proposed by the Department of Health and Social Services and the Alaska Psychiatric Association and in particular the amendment to add licensed psychologists in changing procedures for emergency detention for evaluation in Sec.47.30.705.

In our experience the present state of things in which a peace officer must be convinced that there is probable cause to believe that a person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to himself or others and should be taken into custody for evaluation is highly precarious. Just recently we had a case of a possible suicide and homicide situation in which help was delayed past a critical point because the peace officer did not believe the physician and licensed psychologist who were urging intervention. When it's a matter of arranging a flight before dark every minute is crucial. It is perhaps unfair to expect a peace officer to understand the dynamics of depression or paranoia without any particular training when years of post-graduate training and supervised experience are needed for a psychologist to do so. It is time Alaska made better use of the unique qualifications that psychologists do provide for intervention in and prevention of tricky situations.

Sincerely,

*Judy Ringenson-Knutsson*  
Judy Ringenson-Knutsson, Ph.D.  
Clinical Psychologist



*The Cordova Community Hospital*

STATE OF ALASKA  
THE LEGISLATURE

POUCH V STATE CAPITOL  
JUNEAU, ALASKA 99811  
907 465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

September 9, 1983

SUBJECT: Mental health commitment laws  
(Work Order No. 13-1516)

TO: Senator Joe Josephson  
Chairman, Senate Health, Education and  
Social Services Committee

FROM: Edward H. Hein *EHA*  
Legislative Counsel

You have asked for a comparison of the American Psychiatric Association's draft guidelines for psychiatric hospitalization of adults with Alaska's mental health commitment laws (AS 47.30.655 - 47.30.915). I have enclosed a section-by-section comparison, with the APA guidelines on the left-hand pages and the corresponding Alaska statutes on the right-hand pages. My comments follow.

In general, there are many similarities between the APA guidelines and Alaska law. Both provide for emergency or involuntary commitments, voluntary commitments, initial periods of detention followed by longer periods of extension, standards, hearings, patient rights, immunities for mental health professionals, and penalties for bad faith commitments. In most cases Alaska law appears to provide equal or better patient protections than those recommended by the APA.

The major specific differences between the guidelines and the statutes are as follows:

1. Emergency detention. Under APA section 4.A.2. a person taken into custody for emergency evaluation may not be placed in a jail or other correctional facility, except for protective custody purposes and only while awaiting transportation to a treatment facility. Under AS 47.30.705. a correctional facility may be used as an emergency evaluation facility if a regular evaluation facility is unavailable.

2. Petition for involuntary commitment. Under APA section 4.C. any "interested adult" may petition for an emergency psychiatric evaluation of another person. The APA does not define what "interested" means. Under AS 47.30.700 "any adult" may petition for involuntary commitment of another person.

3. Deadline for emergency examination. Under APA section 4.D.1. a treatment facility must examine a person under emergency detention "promptly" after arrival at the facility. Under AS 47.30.710 the examination and evaluation must be completed within 24 hours of arrival.

4. Advisement of rights. Under APA section 4.E. a treatment facility must notify a person admitted for emergency evaluation of the purposes and possible duration of the evaluation, as well as the person's legal rights relating to commitment. Under AS 47.30.725 there is no specific requirement of notice relating to the purposes and duration of evaluation. But the Alaska statute requires that notice be both oral and written and in a language the person understands.

5. Hearing after emergency detention. Under APA section 4.F. a person under emergency detention must receive a hearing before a court within five business days after being admitted to a facility. This right to a hearing may be waived in writing upon advice of counsel. The hearing is informal and is conducted under rules set by the court consistent with "fundamental fairness". After the hearing a person may be discharged by the court or committed for 30 days. Under AS 47.30.725 a person under emergency or involuntary detention has a right to a hearing within 72 hours of arrival at the facility. The person may not waive the right to a hearing, but may waive the 72-hour limit if the person is represented by counsel. However, the hearing must be held within seven calendar days of the person's arrival at the facility. The person has a right to communicate, immediately after arrival at the facility, with a guardian or other adult and with an attorney. At the hearing the person has a right to be represented by an attorney, to present evidence and to cross-examine witnesses. Subject to specified exceptions, the person has a right to be free of the effects of medicine or treatment before the hearing. After the hearing the person may be discharged or committed for a period of 21 days. Additional hearing rights are

specified elsewhere in the APA guidelines and the Alaska statutes.

6. Voluntary admission. Under APA section 5.A. a person believed to be mentally ill and in need of hospitalization may be admitted voluntarily if the person consents in writing after being advised of rights. The consent is effective for 60 days, but may be renewed for an unlimited number of periods of up to 180 days each. Under AS 47.30.670 the only requirements are that the person (1) in fact be suffering from mental illness, (2) be 14 years old or older, and (3) "voluntarily" signs the admission papers. A person under 14 years of age may be "voluntarily" admitted for a period of 21 days if (1) the minor's guardian or parent signs the admission papers and (2) the senior mental health professional at the facility concludes that specified criteria are met. Presumably the minor is automatically released after 21 days unless the minor is admitted again under the same requirements as for initial admittance.

7. Discharge from voluntary admission. Under APA section 5.B. any person voluntarily admitted must be discharged within five business days after submitting a written request for discharge, unless the treatment facility or the person's guardian files a petition for 30-day commitment. Under AS 47.30.685 - 47.30.695 a person who was voluntarily admitted to a treatment facility shall be discharged immediately upon submitting a written notice of intent to leave the facility. However, the treatment facility may hold the person for 48 hours after receiving an intent to leave notice in order to initiate involuntary commitment proceedings. In that case, the facility must give the person written notice of its intent to initiate the proceedings by the time the person would otherwise be released. A person who is under 14 years of age must be discharged immediately upon the request of the parent or guardian, unless the minor, if released, is likely to cause serious harm to himself or another as a result of a mental illness.

8. Conversion of status. Under APA section 5.C. a person who was committed involuntarily may change to a voluntary admittee with a psychiatrist's approval. No comparable provision exists in Alaska law.

9. Further periods of commitment. The APA guidelines provide for 30-day, 60-day, 90-day, and 180-day commitments. Alaska law provides for 21-day, 90-day, and 120-day

commitments. Each period of commitment is to be preceded by a hearing under both the APA guidelines and the Alaska statutes. The patient's rights at the hearing vary considerably, however, under the two different schemes. The most noticeable differences are that (1) the APA guidelines allows the use of hearsay evidence so long as it is relevant, while Alaska requires the use of civil rules of evidence; (2) the APA denies a patient's Fifth Amendment right to remain silent, while Alaska law specifically recognizes it; and (3) the APA does not allow the exclusion from evidence of privileged communications between the patient and psychiatrist or physician made during the course of evaluation or treatment, whereas Alaska law recognizes such an evidentiary privilege.

10. Petitions for further periods of commitment. Under both the APA guidelines and Alaska law, all commitments are initiated by the filing of a petition. Under APA section 6.A. a petition for a 30-day commitment of a person already at a treatment facility may be filed by the facility or by the person's "next of kin" or guardian. If the person is not currently committed, any "interested adult" may file a petition for a 30-day commitment of the person. The language of the guidelines does not make clear whether additional petitions may be filed for successive commitments of 30-days each. Under APA section 11.A. a person who "has been subject to" a 30-day commitment may be recommitted for an additional 60-day period upon a petition filed by the treatment facility or the person's "next of kin" or guardian. (The drafting here is imprecise and ambiguous. The phrase "has been subject to" could mean "has ever been subject to" or it could mean "is currently under" or it could mean "has met the criteria for".) Under APA section 11.B., a person committed for any period of time and who is dangerous to himself or herself may be committed for one additional period of "up to 90 days" upon a petition filed by the treatment facility or by the person's next of kin or guardian at any time before the current period of commitment expires. Under APA section 11.C., a person who "was committed for up to 30 days and is subject to 60-day recommitment" and who is likely to harm others may be committed for successive additional periods of 180 days each upon a petition filed by the person's next of kin or guardian, or by the state "upon advice of the treatment facility". Under AS 47.30.730, a petition for a 21-day commitment must be signed by two mental health professionals who have examined the person. It is not clear who may file

the petition. Under AS 47.30.740, a petition for a 90-day commitment may be filed by "the professional person in charge" while the person is under a 21-day commitment. Under AS 47.30.770 the "professional person in charge" may file a petition for a 120-day commitment of a person who is under a 90-day commitment. Successive commitments of 120 days each are authorized.

11. Informed consent. Under APA section 7, a treatment facility must obtain a patient's informed consent before administering medicine or treatment to a voluntary admittee in a non-emergency situation, unless the person lacks capacity to consent. A voluntary admittee may revoke consent in writing at any time except in an emergency. Under APA section 8, an involuntary admittee, or a voluntary admittee in an emergency, may be treated or given medicine without informed consent. Under AS 47.30.825, every mental patient has the right to know the name, purpose and side effects of medicine to be administered. In a "true medical emergency", surgery to save the "life, physical health, eyesight, hearing or member of the patient" may be performed without the consent of the patient, guardian or court. The law specifically recognizes an adult patient's right to not be operated on if the patient knowingly withholds consent on religious grounds.

12. Special therapies. Under APA section 8.C. experimental treatments, psychosurgery, aversive therapy or other special therapy designated by the appropriate state department may not be administered, except as provided by law or regulation. AS 47.30.825 provides that a lobotomy or psychosurgery may not be performed without specific informed consent, a full due process hearing, and a court order. Electro-convulsive therapy or aversive conditioning requires informed consent or, if the patient lacks substantial capacity to give informed consent, a court order. Under AS 47.30.830 experimental treatments involving any significant risk of physical or psychological harm are prohibited.

13. Patient rights. This is one area where the APA guidelines are more thorough than Alaska law. Under both schemes patients have rights to privacy, property, civil rights such as voting, mail, access to attorneys and visitors, and treatment consistent with the "least restrictive alternative" principle. APA section 10, however, also provides a right to "nutritionally sound and medically appropriate diet", a right to exercise and recreation, a

right to perform labor, and a right to be free from corporal punishment.

14. Discharge. Under APA section 12.F. a person may, as part of an individual treatment plan, be released from commitment at a facility to outpatient treatment. The person may, however, be returned to inpatient treatment for failure to comply with the outpatient treatment program requirements. APA section 15 provides that law enforcement or other appropriate authorities shall provide transportation of patients to and from a treatment facility. Under AS 47.30.825, a person upon discharge from a facility must be given a discharge plan suggesting, but not requiring, the kinds and amounts of treatment the person should have to maintain mental health. The person has a right to participate in formulating the discharge plan. Also, under AS 47.30.890 a person is entitled to "suitable clothing" upon discharge, and if indigent, to transportation to the person's permanent residence in the state and "a reasonable amount of money to meet immediate needs". See also AS 47.30.795.

15. Confidentiality. The APA guidelines adopt by reference the "Model Law on Confidentiality of Health and Social Service Records". AS 47.30.845 provides that patient records are confidential and not public records, and specifies the persons or agencies to whom records and information may be disclosed.

16. Grievance procedures. APA section 14.B. requires that treatment facilities establish "fundamentally fair" procedures for patients' grievances. Alaska statutes have no similar provision.

17. Immunities. Under APA section 18.A. employees of a treatment facility are not liable for acts or omissions within the scope of employment, absent willful misconduct or gross negligence. Other persons who act in good faith and with a reasonable basis are not liable for actions provided for under the guidelines. The guidelines disclaim any liability for actions by a patient who is absent from a treatment facility or who has been discharged. Finally, the guidelines disclaim any liability for failure to warn or notify anyone of a patient's discharge. Immunity under Alaska law is much more limited. Under AS 47.30.815 a person is not subject to criminal or civil liability for petitioning for evaluation or treatment of another person in

Senator Joe Josephson  
Page 7  
September 9, 1983

good faith and upon actual knowledge or reliable information. Also, four classes of officials may not be held civilly or criminally liable for detaining or releasing a person "at or before the end of" the period for which the person was committed, so long as the official acted in good faith and without gross negligence.

18. Penalties. APA section 18.B. provides that a civil fine, injunctive relief and money damages may be imposed or granted if a person (1) "knowingly and willfully gives substantial, false information or takes other wrongful action for the purpose of distorting, corrupting or interfering with the processes provided in this Act" or (2) commits, detains, discharges, or treats a patient, or otherwise affects a patient's "substantial rights" knowingly and willfully in substantial violation of the guidelines. AS 47.-30.815 makes it a class C felony to willfully initiate an involuntary commitment procedure without good cause.

19. Miscellaneous provisions. The last four pages of the comparison booklet (enclosed) consist of provisions of Alaska law for which there are no corresponding provisions in the APA guidelines. Note especially AS 47.30.760, providing for placement at the closest facility; AS 47.-30.765, providing for appeal of involuntary commitment orders; AS 47.30.875, providing for handling of nonresident patients; AS 47.30.880, adopting the Interstate Compact on Mental Health; and AS 47.30.895 - 47.30.900, disposition of personal property and money of patients who die while in custody or who leave a facility without authority. Note one error: AS 47.30.795, relating to outpatient care and appearing among the miscellaneous provisions, actually corresponds with APA section 12.F. and should have appeared opposite that section.

If you have any questions or comments, feel free to contact me at your convenience.

EHH:ljb

Enclosure  
29/002

# STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

POUCH H 01  
JUNEAU, ALASKA 99811

OFFICE OF THE COMMISSIONER

PHONE: 465-3030

RECEIVED

April 14, 1983

APR 18 1983

Document No. 83-152

Alaska Psychiatric Institute  
Administration Office

The Honorable Joe Josephson  
Senator  
Alaska State Legislature  
Pouch V  
Juneau, AK 99811

Dear Senator Josephson:

RE: AS 47.30.655 - 47.30.915  
(Involuntary Commitment Act for  
Mentally Ill Persons)

We appreciate the work you are undertaking and would like to add our comments to those you have already received regarding possible amendments to Alaska's recently enacted civil commitment statutes for mentally ill persons. As you know, the Division of Mental Health and Developmental Disabilities supports the general intent of the Act but feels it is procedurally too cumbersome. This seems to have resulted in treatment staff wasting their time in complying with procedures and filling out numerous forms rather than providing treatment for mentally ill persons.

I have enclosed a copy of our earlier suggested amendments that were prepared during the previous administration. The status of these suggested amendments is unknown to us. Upon review, however, I believe that you will agree that they are primarily designed to facilitate treatment. In addition, I am confident that the Attorney General's Office will be able to assist your staff in determining which forms, notices and procedures that are presently required can be deleted while still protecting the rights of the mentally ill.

Another area of extreme importance in the successful implementation of this Act has been the availability, or lack thereof, of detoxification facilities and other alcohol and substance abuse programs and services. Experience has shown that the emergency involuntary hospitalization at API of persons with a primary diagnosis of alcoholism has increased dramatically since the new Act became effective. This is cause for considerable concern to us as our bed space for legitimate psychiatric emergency cases is in extremely short supply. We believe that if additional alcoholism and substance abuse programs offering emergency

inpatient care were available, especially in Anchorage, that the number of referrals of intoxicated persons to API would be substantially reduced. You may be interested to know that the provisions of the Uniform Alcoholism and Intoxification Treatment Act (AS 47.37.010 - 47.37.270) have never been fully implemented, partially as a result of a lack of inpatient facilities that offer various types of alcoholism services and treatment.

The most utilized provision of the Uniform Alcoholism and Intoxification Treatment Act seems to have been what is called the "12-hour drunk law." This provision allows persons that are seriously incapacitated as a result of alcohol to be placed in a local jail or state correctional center for up to 12 hours with no criminal charges being filed. In the past, this has permitted law enforcement agencies the opportunity to take intoxicated persons into custody and house them in a jail or correctional center until the person has regained sobriety and is no longer in danger of harm as a result of his inebriated condition.

Unfortunately, as a consequence of the extreme shortage of bed space in all of Alaska's correctional centers, law enforcement agencies are no longer able to deliver these incapacitated persons to correctional facilities and have them held in custody until they are no longer incapacitated by alcohol. More simply put, as a result of serious overcrowding in our correctional systems, drunks are being taken to API and kept there until they sober up sufficiently to make a diagnosis. More often than not, the diagnosis reveals that they are suffering primarily from alcoholism and not a major mental illness. At that point they are discharged and referred elsewhere. This results in a serious misuse of the few psychiatric resources we have. It is our position that these limited resources should be exclusively available to the seriously mentally ill person that presents himself, or is presented, to Alaska's only designated psychiatric hospital.

In addition to the recommended amendments contained in the enclosure, as well as the previously mentioned concerns, we have listed below a number of other changes to the Act that we would like to support:

- 1) We recommend that the period of commitment be changed from 21 days, 90 days, and 120 days to 30 days, 90 days, and 180 days. It is our opinion that this would reduce the administrative workload of our treatment staff while having little or no effect on the period of time patient's are actually involuntarily committed.

Rather than interrupt treatment after 21 days in order to undergo the 90-day commitment process, treatment could continue for an additional 9 days if necessary. This would allow medications and other forms of therapy some additional time to stabilize the patient, possibly resulting in a discharge between the 21st and 30th day. The change from 120

days to 180 days is simply to reduce the administrative and procedural requirements necessary for the long-term, chronic mentally ill patients that require extended periods of hospitalization.

- 2) We propose that all references to a minor child be changed from age 14 to age 18 throughout the Act. Numerous situations have arisen as a consequence of this provision that indicate it has fostered confusion as well as placing young people and API in an awkward position with regard to their status. It is also not in concert with other provisions of Title 47 that address the care and treatment of minors in Alaska.
- 3) Under AS 47.30.730(a)(3), we recommend that the following language be added with regards to gravely disabled: "... or that painful or dangerous regression could be prevented and the respondent could maintain the capacity for self-reliance;...". It has been our experience that some gravely disabled individuals may not be expected to actually improve during hospitalization, but if left untreated can be expected to suffer substantially, even to the point of requiring permanent institutionalization as a result.
- 4) Under AS 47.30.840(4), (5), (6), and (7), we suggest that provision be made to restrict these rights in unusual circumstances in which harm to the patient or others may result if these rights are exercised. We propose adding "... unless the professional person in charge determines it is not in the best interests of the patient and will pose a threat to the safety or well being of the patient or others;..." to these sections.
- 5) We recommend that AS 47.30.845 be amended to add a provision that would allow confidential information or records to be disclosed to law enforcement agencies in emergency situations involving a current or former patient. In order to restrict this disclosure we suggest the following section be added: "(7) a law enforcement agency when there is substantiated concern over imminent danger to the community by a presumed mentally ill person."

This would allow the disclosure of information to law enforcement agencies that may be helpful in preventing needless injury or death occurring as a result of the actions of a mentally ill persons during an emergency situation.

- 6) An additional area that, in our opinion, should be revised is the area of involuntary outpatient commitment. Thusfar, there have only been a limited number of these types of commitments. It seems, however, that none have proven successful for various reasons. While the idea of involuntary outpatient

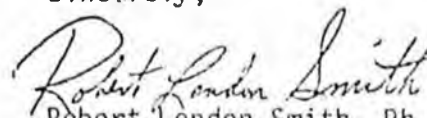
commitment appears sound, the provisions of the Act appear to militate against the successful utilization of this less restrictive alternative. Perhaps your proposed revision to the definition of "likely to cause serious harm" will have a positive influence on the successful use of outpatient commitment.

It should be noted, with regards to outpatient treatment, that AS 47.30.800(a) requires persons seeking conversion from involuntary outpatient commitment to inpatient commitment must have direct knowledge that the respondent is mentally ill or gravely disabled. If the respondent fails to report to the provider of service, than the provider will be unable to substantiate the allegations necessary to convert the commitment to inpatient treatment.

- 7) In AS 47.30.745(b), the last sentence should read "... not later than 90 days..." rather than "... not earlier ...." as it currently reads.
- 8) The final area in which we would recommend revision is the requirement that all patients be given the opportunity to be voluntarily admitted. We do not dispute the value of this option in the vast majority of cases that require psychiatric hospitalization; there are, however, instances in which it may not be wise or prudent to be required to offer or allow the voluntary admission of some patients to the hospital. Certainly, the substitution of "reasonable" for "every" in Section 1 of your draft is a step in the right direction. We would hope that it would be interpreted to mean in cases in which it was deemed unreasonable, that involuntary commitment proceedings would commence.

While I am confident that these recommendations for amendments do not represent a panacea for all that is wrong with such a complicated set of laws, I am certain that these, along with many other suggestions that you have received, represent a substantial improvement in providing for the care and treatment of Alaska's mentally ill. Again, I would like to thank you and your staff for giving this information your review and consideration. My staff and I look forward to working with you and other members of the Legislature in revising our civil commitment laws.

Sincerely,

  
Robert London Smith, Ph.D.  
Commissioner

Enclosure

John Taber  
Special Asst. to Commissioner  
Division of Management & Budget

October 27, 1982

Robert W. Marshall, M.D.  
Director  
Division of Mental Health &  
Developmental Disabilities

Legislative Changes  
AS 47.30.655 - 47.30.915)

The attached copy of Chapter 84, SLA 1982 has been revised by members of my staff to reflect changes that are necessary or desirable to more effectively provide services under the law. As you will note, changes are made at the bottom of the page with line number noted for easier reference.

With respect to the Transition Legislation Package, the only change to Chapter 143, SLA 1982 reads as follows:

Page 14, line 8. Change "...two psychiatrists or two forensic psychologists..." to read "...one psychiatrist or one forensic psychologist..."

As of this writing, we have literally had no experience with the new law and are not prepared to recommend any additional changes at this time.

I hope this information is helpful to you. If you have any questions concerning this, please don't hesitate to contact me.

RWT:prp

Attachment

# MEMORANDUM

# State of Alaska

TO: Dr. Conrad  
Superintendent

DATE: October 13, 1983

THRU: Corinne Carlson, ART  
Medical Record Administrator

FILE NO:

TELEPHONE NO:

FROM: Reta J Sullivan *RJS*  
Forensic Tech

SUBJECT: Admission Statistics for  
FY'83 & Statistics for  
Civil Commitments

## FISCAL YEAR 1983

Total admissions - 1013

		<u>% Total Admissions</u>
1. Number of patients admitted via POA	163	16%
2. Number of patients admitted via Ex Parte	155	15%
3. Number of patients admitted as Jud-47	50	5%
4. Number of patients admitted as Voluntary	496	49%
5. Number of admissions, other legal categories (i.e., E&O, T-12, CP, CT, etc.)	147	15%

## STATUS CHANGES

1. Number of POA to Ex Parte	35
2. Number of Ex Parte to 21-Day Commitment	78
3. Number of 21-Day Commitments to 90-Day	27
4. Number of 90-Day Commitments to 120-Day	6
5. Number of Jud-47 committed patients to Voluntary (73 from 21-Day) ( 4 from 90-Day) ( 1 from 120-Day)	78
6. Number of Voluntary to Ex Parte	58
7. Number Voluntary (M) to Ex Parte	11
8. Number of Correctional Transfers to Ex Parte	2

Fifty-five percent of the 21-day commitments went to a 90-day hearing. There were 39, 90-day commitment hearings scheduled. Of these, 27 were committed for 90 days, 5 were stipulated for 90 day placement at this facility, 4 signed voluntary before the hearing, 1 was discharged before the hearing, and 2 were found not-commitable.

Nineteen percent of the 90-day commitments were scheduled for a 120 day hearing. There were 8, 120 day hearings scheduled in all. Of these, 6 were committed for 120 days, 1 signed voluntary before the hearing, and 1 was committed to out-patient care for 120 days.

The following figures were taken from a random sample of 100 patients admitted to the hospital during the fiscal year 1983. Of every 100 persons who entered the hospital involuntarily under the terms of the civil commitment law, 48 were admitted on Peace Officer applications and 52 were admitted on Ex Parte Orders. Of these, 53 signed applications for voluntary admissions within 24 hours, 8 signed voluntary applications shortly thereafter, 12 were discharged as improved before a commitment hearing was necessary, and 27 petitions for 21-day commitment were filed. Of those, 27 were scheduled for hearings, 9 signed applications for voluntary admission before their hearing, 14 were committed for 21 days, 2 were found not-commitable, and 1 was committed to out-patient care for 21 days.

# Alaska State Legislature

SENATOR  
ROBERT H. ZIEGLER, SR.  
307 BAWDEN STREET  
KETCHIKAN, ALASKA 99901

While in Juneau  
POUCH V  
JUNEAU, ALASKA 99811



Senate

VICE CHAIRMAN  
SENATE RESOURCES COMMITTEE  
MEMBER  
SENATE JUDICIARY COMMITTEE  
WESTERN STATES LEGISLATIVE  
FORESTRY TASK FORCE  
WESTERN CONFERENCE COUNCIL  
OF STATE GOVERNMENTS

March 12, 1984

Senator Bill Ray, Chairman  
Senate Judiciary Committee  
Alaska State Legislature  
Juneau, Alaska

Re: SB 346, An Act relating to the  
treatment of mentally ill persons.

Dear Mr. Chairman:

I have attached copies of various materials I have received on the captioned bill. You will note, I am sure, as I did, that it appears to be highly controversial.

On balance, I am inclined to oppose the bill, for no one has ever bothered to make clear to me the need for the bill.

I had a letter from my friend "Pudge" the other day which we have somehow managed to mislay, but as I recollect her message, it was this: How come justification has to be given to hold an adult in custody for more than 72 hours but that a minor can be held for days on end without any such hearing?

For starters, I would suggest when you hold a hearing that you get some pro and con experts.

This is a pretty tough bill to digest and I am not sure that five lay persons can come to the right opinion without such help.

Very truly yours,

3

Robert H. Ziegler, Sr.

RHZ:lk

Enclosures

BILL SHEFFIELD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

POUCH H 0-1  
JUNEAU, ALASKA 99811  
PHONE:

DIVISION OF MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES

March 6, 1984

The Honorable Bill Sheffield  
Governor  
State of Alaska  
Pouch A  
Juneau, AK 99811

Dear Governor Sheffield:

Your Mental Health Advisory Council has been following the developments of Senate Bill Number 346 amending an Act entitled: "An act relating to the treatment of mentally ill persons." We are aware that many public hearings have occurred prior to its introduction January 11, 1984 by Senators Josephson and Halford. Additionally, individual professionals, the Alaska Psychiatric Association and the Alaska Psychological Association have had consultation and input into these revisions with strong support for these amendments. These amendments are thought to represent improvements in the treatment of adolescents and adults from the standpoint of both providers and consumers.

Your advisory Council heard today that this bill is being held "hostage" pending untold bargaining possibilities. Since these amendments would improve the quality of care and likely result in more efficiently and less cost for both the Mental Health and Judicial Divisions, it seems unfortunate to delay its enactment.

Your Mental Health Advisory Council recommends your support for the quick passage of this act. On behalf of all Council Members thank you for your consideration.

Sincerely,



Herbert G.W. Bischoff, Ph.D.  
Chairperson

Council Members

David R. Samson, M.D.  
Anchorage, Vice Chairperson  
Ann Egrass, McGrath  
Mabel Rosvold, Petersburg  
Alice Wardlow, Bethel  
Barbara T. Wihloborg, Fairbanks  
Robert Hunter, M.D., Mt. Edgecumbe  
Kevin C. Ritcnie, Juneau

cc: Bill Ray, Chairman, Judiciary Committee  
All Judiciary Committee Members  
HGWB/dmb

02008 POM ANCHORAGE AK 15 03-10 1037 RST

PMS SENATOR ROBERT ZIEGLER

JUNEAU AK

PLEASE DO NOT SUPPORT 88848. I AM OPPOSED TO THE NURSING  
STANDARDS REDUCTION CLAUSE.

JEAN BOGA

3105 WEST 31ST APT 1

ANCHORAGE AK 99503

3/8/84, SHIRLEE AHC LIO, 22466

THE FOLLOWING MESSAGE WAS RECEIVED IN THE U.S. MAIL BY THE ANCHORAGE LEGISLATIVE INFORMATION OFFICE.

TO: ?(SUGGEST THE MESSAGE BE GIVEN TO ALL SENATE MEMBERS?)

FROM: DENNIS GRUBA  
P.O. BOX 3064  
KENAI, AK 99611

'DEAR SIRs:

SENATE BILL 346 FOCUSES ON THE PROBLEM NOT THE SOLUTION. ✓  
A.P.I. PATIENTS NEED HELP WITH ALCOHOLISM, DRUG ADDICTION  
AND REPRESSED FEELINGS, NOT, MORE DRUGS, SCARE TACTICS, AND  
BEING LOCKED UP. YOUR BILL CREATES AN EVEN GREATER SENSE OF  
IMPENDING DOOM RATHER THAN AN ATMOSPHERE OF RECOVERY."

BY DENNIS GRUBA

\*\*\*\*\*

3/3/84, SHIRLEE AND LIO, 22466

THE FOLLOWING MESSAGE WAS RECEIVED IN THE U. S. MAIL BY THE ANCHORAGE LEGISLATIVE INFORMATION OFFICE.

TO: ALL MEMBERS  
ALASKA LEGISLATURE

FROM: JEFFREY N. JOHNS  
1102 WILD ROSE COURT  
ANCHORAGE, AK 99502

SUBJ: ✓ SB 346 (INCREASING THE POWERS OF PSYCHIATRISTS)

IT IS VERY DANGEROUS TO GIVE PSYCHIATRISTS POLICE POWERS. PSYCHIATRISTS HAVE A SUICIDE RATE 7 TIMES HIGHER THAN THE GENERAL POPULATION (FREEMAN, AMERICAN JOURNAL OF PSYCHIATRY). ELECTRIC SHOCK, PSYCHOSURGERY AND DRUGS CAUSE MEMORY LOSS, KILL BRAIN CELLS AND OTHER WISE HARM INDIVIDUALS. THESE FACTS ARE WELL DOCUMENTED. PLEASE OPPOSE THIS LEGISLATION.

/S/ JEFFREY N. JOHNS

\*\*\*\*\*  
3/3/84, SHIRLEE AND LIO, 22466

THE FOLLOWING MESSAGE WAS RECEIVED IN THE U. S. MAIL BY THE ANCHORAGE LEGISLATIVE INFORMATION OFFICE.

TO: ALL LEGISLATORS

FROM: SHERWIN A. START  
320 MCCARREY STREET, 'C'  
ANCHORAGE, AK 99504  
(H) 337-8988

SUBJ: ALASKA RAILROAD

\*BEING AN RAILROAD TRANSPORTATION PLANNER, THE LEGISLATURE IS DOING A MONUMENTAL DISSERVICE TO BOTH THE LEGISLATURE AND THE FUTURE GENERATIONS OF RESIDENTS OF THIS STATE BY PURCHASING THE ALASKA RAILROAD AS IT WILL NEVER OPERATE IN THE BLACK!!! THE FEDS HAVE WITHHELD OR ALTERED THE INFORMATION AS TO COST OF TAKEOVER BY SUBSTANTIAL AMOUNTS (UNDERESTIMATED-ESTIMATED). I FURTHER BELIEVE THAT THE VOTERS OF THE STATE SHOULD HAVE A CHANCE TO VOTE WHETHER WE SHOULD BUY IT OR NOT!!!

/S/ SHERWIN A START

\*\*\*\*\*

MSG 84-00022740 PRTY 1 03/09/84 12:54:26 ORIG: LF00 IN= 0005 OUT= 0074  
FROM: TRACIE/FBX TO: JUN INFO  
TARGET: LJHK SUBJ: POM

TO: SEN ZIEGLER, RAY, JOSEPHSON, ELIASON, PETTYJOHN  
REPS DAVIS, BETTISWORTH, KOPONEN, RINGSTAD, M.W. MILLER  
SENS BENNETT, FAHRENKAMP, MOSS

FR: MR. AND MRS. A. AARON, MEMBERS OF FBX ALLIANCE FOR MENTALLY ILL  
F. O. BOX 74132  
FBX, 99707-4132  
456-4407-H

RE: SB 346 TREATMENT OF MENTALLY ILL

MSG: FAMILIES OF THE MENTALLY ILL SUPPORT SB346, KNOWING THAT ITS PROVISIONS  
ARE WAYS TO ALLEVIATE SUFFERING, NOT EXPLOIT IT.

-----EOM

Amendments to SB 346

AS 47.30.840 Right to privacy and personal possessions is amended by adding new subsections to read:

(8) have the right to be free of corporal punishment;

(9) have the right to exercise and recreation;

(10) at any time have a telephone conversation with or be visited by ~~his~~ attorney;  
*THEIR AP*

(11) not be retaliated against or subjected to any adverse change of conditions or treatment solely because of assertion of rights under this Act.

Add a new section to read:

AS 47.30.856 Resolution of grievances. Every treatment facility shall establish a fair procedure for the assertion, resolution, and redress of patients' grievances, and shall have a patient representative or similar person who shall monitor patients' grievances and attempt to resolve problems and protect patients' interests.

Amend Section 22 of the bill (page 15, lines 22-27) to read:

(b) The patients' rights under (a) (4), (5) and (7) of this section may be suspended temporarily, following the initial evaluation period, if the professional person in charge of the patient determines it will pose a threat to the safety or well-being of the patient or others to grant the patient those rights.

*4/5/79*

# MEMORANDUM

# State of Alaska

TO: E. S. Rabeau, M.D.  
Deputy Commissioner - Health  
Office of the Commissioner

DATE: March 14, 1984

FILE NO:

TELEPHONE NO: 465-3370

FROM: Philip Shapiro, M.D.  
Director  
Division of Mental Health &  
Developmental Disabilities

SUBJECT: Typical API Child And  
Adolescent Admissions

The following are case summaries regarding typical admissions to the Children's and Adolescents Unit at the Alaska Psychiatric Institute.

1. First API admission: This 11-year-old boy has a history of oppositional behavior, playing with fire, school failure, marijuana use, and chronic stealing. He is referred by his mother and admitted with an application for voluntary admission. During the week prior to admission he had been placed at McLaughlin Youth Center for a stealing offense. He was felt to be too young for that program and was transferred to the Emergency Shelter, where he attempted to run away and upon being apprehended by staff there appeared to suffer from some kind of dissociative reaction. The Emergency Shelter felt that they could not contain him in their open program. The court first considered referring him to API with an order for psychiatric evaluation to assist in planning for him when he returns to court, but it was agreed by the attorneys present that mother would approach the hospital and admit him with an application for voluntary admission.
2. The first API admission. This 8-year-old girl with a history of extreme oppositional behavior at home and in school is referred by her father and stepmother who insisted that they were unable to contain her at home. We therefore referred her to the Division of Family and Youth Services, who has since assumed her custody and are in the process of seeking a placement for her.
3. This is the first API admission. This 8-year-old boy is referred by the Division of Family and Youth Services after repeated failures in foster care because of extremely aggressive behavior in the home. In his last foster home he did several hundred dollars' worth of damage, and exposed himself to dangerous situations by impulsively running away. He is referred by the Division for evaluation to determine the level of care he needs and to assist in finding a placement for him.
4. First API admission. This 4-year-old boy is referred by the Kotzebue Area School District. There is a history of medical and neurological problems. He is non-verbal. He suffers from seizures, is not toilet trained, is aggressive with spitting and biting, and is unable to be contained in school. His mother fears that she can no longer contain him in her home in their village. He is referred for evaluation to determine whether his difficulties are related to mental retardation, deafness, or social deprivation. It was requested of us that we assist the School District in evolving a program which would support his return home to his village.

5. The first API admission. This 10-year-old boy is referred to the hospital by his parents after he assaulted his 8-month-old brother by squeezing the child's neck and stomping on his face with his shoed foot. There is a history of extreme oppositional behavior at home and in school. He remained in his parents' custody and was returned to their care with the support of the local community mental health center.
6. The second API admission. This 10-year-old boy was referred by the Division of Family and Youth Services and Alaska Native Health Services due to repeated failures in foster and adoptive care and fear that he might assault his new young sibling. During the course of hospitalization, his custody was assumed by the Division of Family and Youth Services and he was placed in a residential treatment program.
7. The first API admission. This 12-year-old girl was admitted with an ex-parte order for psychiatric evaluation. Mother alleged that she had been raped three times during a period of a month while she was repeatedly away from home without supervision. There is a history of street drug and alcohol use, and of school problems. She was discharged to the custody of the Division of Family and Youth Services and placed in the Emergency Shelter after a period of evaluation.
8. The first API admission. This 12-year-old girl threatened suicide in her foster home by attempting to cut her wrists with a paring knife. She was hospitalized to assess the degree of suicidal potential and to assist the Division of Family and Youth Services in evolving a plan for her. She was discharged to their care.
9. Second API admission. This 12-year-old girl was referred by the Division of Family and Youth Services for repeatedly running away from the Emergency Shelter. It was felt at the Division that she was chronically exposing herself to dangerous situations on the street. Hospitalization was sought to contain her behavior and to provide help in assisting this girl in recovering from the suicide of her father after she told authorities he had sexually abused her. Discharged to the Division of Family and Youth Services and placed in foster care.
10. The first API admission for this 12-year-old girl. She was admitted on a referral from Providence Hospital after she had been treated for a purposeful overdose of insulin. She had attempted suicide two other times in a three-month period by either overdosing or withholding her insulin. There was a history of depression and difficult behavior at home and in school. During the course of hospitalization, we were able to document neglect, and referred her to the Division of Family and Youth Services. They assumed her custody and she was eventually placed in foster care.

11. This is the second API admission for this 16-year-old youngster from a small village. He was originally admitted with an ex-parte order because of suicidal behavior in his village. His treatment was not upheld, by the court and he was returned against recommendations of API staff. Several months later, he was returned again because of repeated suicide attempts, and this time his commitment was sustained by the court.

At the present time, this youngster has entered API for four months. While his suicidal ideation is abated, it is not recommended, yet, to return to his home village.

12. This is the sixth API admission for this 16-year-old female student. She was last placed in API in 1/83, and remained hospitalized until 11/83. She is gravely disabled and unable to care for herself. Her family is a multi-problem one, and is utterly unable to arrange for her care. During a period of several months, it was negotiated with the Division of Family and Youth Services that they assume her custody, and placement was arranged in a residential treatment program in Denver, Colorado. There were no residential programs in state which could contain and manage her behavior.

After several weeks of placement there, she was returned by that program and deemed to be too psychotic. At the present time, her prospects for discharge appear bleak, and we are re-exploring with the Division of Family and Youth Services to see whether some other more psychiatrically sophisticated program might be available to her.

13. This is the first API admission for this 17-year-old, young woman.

She had been living at the Emergency Shelter, and was escorted to API by the Emergency Shelter Social Worker, following a suicide attempt by slashing her wrists. The Shelter staff stated that they felt she needed more help than was available in that program, and requested that she be admitted to the hospital.

14. This is the second API admission for this 16-year-old male high school student.

E. S. Rabeau, M.D.  
Deputy Commissioner - Health

-4-

March 14, 1984

Just prior to this hospitalization, he had been incarcerated at MYC. He was seen there by psychiatric consultants, who recommended his placement here at the hospital. According to the Program Director for the Detention Unit at McLaughlin Youth Center, "His condition and behavior were so different from other residents on the Boys' Detention Unit, he tends then to react negatively, and they, in turn, tend to provoke and precipitate his behavior...His psychotic condition and bizarre behavior make him inappropriate for our setting, unhealthy for him, and disruptive to the Boys' Detention Unit program."

PS/mbc

cc: Norma Lang, Special Assistant - Legis.

# Alaska State Legislature

SENATOR  
ROBERT H. ZIEGLER, SR.  
307 BAWDEN STREET  
KETCHIKAN, ALASKA 99901

While in Juneau  
POUCH V  
JUNEAU, ALASKA 99811



Senate

VICE CHAIRMAN  
SENATE RESOURCES COMMITTEE

MEMBER  
SENATE JUDICIARY COMMITTEE

WESTERN STATES LEGISLATIVE  
FORESTRY TASK FORCE

WESTERN CONFERENCE COUNCIL  
OF STATE GOVERNMENTS

March 12, 1984

Senator Bill Ray, Chairman  
Senate Judiciary Committee  
Alaska State Legislature  
Juneau, Alaska

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Dear Mr. Chairman:

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3

Robert H. Ziegler, Sr.

RHZ:lk

Enclosures

BILL SHEFFIELD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

POUCH H 04  
JUNEAU, ALASKA 99811  
PHONE:

DIVISION OF MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES

March 6, 1984

The Honorable Bill Sheffield  
Governor  
State of Alaska  
Pouch A  
Juneau, AK 99811

Dear Governor Sheffield:

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Your Mental Health Advisory Council recommends your support for the quick passage of this bill. On behalf of all Council Members thank you for your consideration.

Sincerely,



Herbert G.W. Bischoff, Ph.D.  
Chairperson

Council Members

David R. Samson, M.D.  
Anchorage, Vice Chairperson  
Ann Egrass, McGrath  
Mabel Rosvold, Petersburg  
Alice Wardlow, Bethel  
Barbara T. Wihloborg, Fairbanks  
Robert Hunter, M.D., Mt. Edgecumbe  
Kevin C. Ritchie, Juneau

cc: Bill Ray, Chairman, Judiciary Committee  
All Judiciary Committee Members  
HGWB/dmb

02008 POM ANCHORAGE AK 15 03-10 1037 RST

PMS SENATOR ROBERT ZIEGLER

JUNEAU R.

PLEASE DO NOT SUPPORT 93346. I AM OPPOSED TO THE NURSING  
STANDARDS REDUCTION CLAUSE.

JEAN FOGR

3105 WEST 31ST APT 1

ANCHORAGE AK 99503

3/8/84, SHIRLEE AND LIO, 22466

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TO: ?(SUGGEST THE MESSAGE BE GIVEN TO ALL SENATE MEMBERS?)

FROM: DENNIS GRUBA  
P.O. BOX 3064  
KENAI, AK 99611

'DEAR SIRs:

SENATE BILL 346 FOCUSES ON THE PROBLEM NOT THE SOLUTION. ✓  
A.P.I. PATIENTS NEED HELP WITH ALCOHOLISM, DRUG ADDICTION  
AND REPRESSED FEELINGS, NOT, MORE DRUGS, SCARE TACTICS, AND  
BEING LOCKED UP. YOUR BILL CREATES AN EVEN GREATER SENSE OF  
IMPENDING DOOM RATHER THAN AN ATMOSPHERE OF RECOVERY."

BY DENNIS GRUBA

\*\*\*\*\*

3/8/84, SHIRLEE ANC LIO, 22466

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TO: ALL MEMBERS  
ALASKA LEGISLATURE

FROM: JEFFREY N. JOHNS  
1102 WILD ROSE COURT  
ANCHORAGE, AK 99502

SUBJ: ✓ SB 346 '(INCREASING THE POWERS OF PSYCHIATRISTS)'

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JEFFREY N. JOHNS

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3/8/84, SHIRLEE ANC LIO, 22466

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TO: ALL LEGISLATORS

FROM: SHERWIN A. START  
320 MCCARREY STREET, 'C'  
ANCHORAGE, AK 99504  
(H) 337-8988

SUBJ: ALASKA RAILROAD

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/S/ SHERWIN A START

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MSG 84-00022740 PRTY 1 03/09/84 12:54:26 ORIG: LF00 IN= 0005 OUT= 0074  
FROM: TRACIE/FBX TO: JUN INFO  
TARGET: LJHK SUBJ: POM

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TO: SEN ZIEGLER, RAY, JOSEPHSON, ELIASON, PETTYJOHN  
REPS: DAVIS, BETTISWORTH, KOPONEN, RINGSTAD, M.W. MILLER  
SENS BENNETT, FAHRENKAMP, MOSS

FR: MR. AND MRS. A. AARON, MEMBERS OF FBX ALLIANCE FOR MENTALLY ILL  
P.O. BOX 74132  
FBX, 99707-4132  
456-4407-H

RE: SB 346 TREATMENT OF MENTALLY ILL

MSG: FAMILIES OF THE MENTALLY ILL SUPPORT SB346, KNOWING THAT ITS PROVISIONS  
ARE WAYS TO ALLEVIATE SUFFERING, NOT EXPLOIT IT.

-----EOM

BILL SHEFFIELD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

POUCH H 04  
JUNEAU, ALASKA 99811  
PHONE:

DIVISION OF MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES

March 6, 1984

The Honorable Bill Sheffield  
Governor  
State of Alaska  
Pouch A  
Juneau, AK 99811

Dear Governor Sheffield:

Your Mental Health Advisory Council has been following the developments of Senate Bill Number 346 amending an Act entitled: "An act relating to the treatment of mentally ill persons." We are aware that many public hearings have occurred prior to its introduction January 11, 1984 by Senators Josephson and Halford. Additionally, individual professionals, the Alaska Psychiatric Association and the Alaska Psychological Association have had consultation and input into these revisions with strong support for these amendments. These amendments are thought to represent improvements in the treatment of adolescents and adults from the standpoint of both providers and consumers.

Your advisory Council heard today that this bill is being held "hostage" pending untold bargaining possibilities. Since these amendments would improve the quality of care and likely result in more efficiently and less cost for both the Mental Health and Judicial Divisions, it seems unfortunate to delay its enactment.

Your Mental Health Advisory Council recommends your support for the quick passage of this act. On behalf of all Council Members thank you for your consideration.

Sincerely,



Herbert G.W. Bischoff, Ph.D.  
Chairperson

Council Members

David R. Samson, M.D.  
Anchorage, Vice Chairperson  
Ann Egrass, McGrath  
Mabel Rosvold, Petersburg  
Alice Wardlow, Bethel  
Barbara T. Wihloborg, Fairbanks  
Robert Hunter, M.D., Mt. Edgecumbe  
Kevin C. Ritchie, Juneau

cc: Bill Ray, Chairman, Judiciary Committee  
All Judiciary Committee Members

HGWB/dmb

Senator Bill Ray, Chairman  
Senate Judiciary Committee  
State Capitol, Pouch V  
Juneau, Alaska 99811

March 7, 1984

Re: Senate Bill 346

I am writing to share my concern regarding several aspects of Senate Bill 346 "An Act Relating to the Treatment of Mentally Ill Persons." I am a registered nurse with a Master's in psychiatric nursing and ten years of experience in the mental health area. As a general comment, it is unclear as to what the proposed changes are intended to provide other than an enhancement of the treatment facility's ability to manage its clientele.

I am very concerned about the incarceration and loss of civil liberties of the mentally ill. The current retrenchment in the attitude about the treatment of the mentally ill in this bill is alarming given the many advancements that have been made in providing safe and humane approaches to their care. It would seem that there needs to be a distinction made in the legal language between those who are mentally ill and the appropriate treatment and those who are criminal and mentally ill and the associated loss of civil rights that accompanies criminal status. Most mentally ill persons are not criminals.

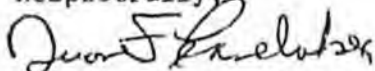
Specifically, Section 20 AS 47.30.840 (b) makes provisions for the professional in charge to suspend patients' rights under (a) (4) - (7). If rights can be suspended by such a professional person without the patient having access to counsel, then there were no rights in the first place. It is unclear as to what is meant by "in the best interests of the patient" and how these interests are determined specifically and by whom. I have not much faith in such a decision being made by a professional, given that the treatments that can be provided to the mentally ill are primarily supportive. There are no cures. In fact, there is now occurring an increase in the iatrogenic effects of treatments provided to the mentally ill. I do not mean to belabor the point, but treatment of the mentally ill consists of more than just prescribing and dispensing medications.

I am also concerned with the loss of rights taken from adolescents between the ages of 14 and 18. While treatment of this age group may be difficult, it is not a reason to remove their right to participate in self-determination. These changes are in Section AS 47.30.690. The implication is that this age group would not have the right to refuse treatment, even treatment that will have permanent effects upon them, such as psychosurgery and electroconvulsive therapy. These treatments are very serious in their consequence; and while they may be beneficial in the short term, they may be quite deleterious in the long term. In fact, I would propose a review board consisting of lay persons and professionals to approve such treatment prior to being administered.

In summary, I hope that serious review and consideration will be given to the possible effects of Senate Bill 346 upon the mentally ill and to the need for protecting their rights as citizens.

If you have any questions, feel free to contact me. Thank you for your serious consideration of my concerns.

Respectfully,



Duane F. Pennebaker, R.N., M.N., Ph.D.  
324 Pribilof  
Eagle River, Alaska 99577