

HOUSE
COMMITTEE REPORT

(7)

Date referred: 1/22/86

FURTHER REFERRALS: JUDICIARY

2/14
waived 2/7
added 2/5
Finance

Judiciary waived 2/7
Finance added 2/5

DATE: February 3, 1986

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee has considered SSB 412

"An Act relating to the chronically mentally ill."

and recommends:

- do pass
- do not pass
- do pass with attached amendment(s)
- no recommendation
- replace with CS SSB 412 (New) same title new title

and recommends do pass

further referral to the Finance Committee

- and attaches:
- letter of intent
 - first fiscal note sep 85
 - new fiscal note
 - zero fiscal note

SIGNING DO PASS:

Alto Kagan
Mr. Gruenberg
Katie Hurley
Robert L. Taylor
Frank W. Thompson

SIGNING OTHER RECOMMENDATIONS:

Rejection no rec
1 Alice Hanley - No-Rec.

Alto Kagan w. chairman
 Chairman
 Co-Chair Mr. Gruenberg

Final vote - Sep 85

Ford

Offered: 2/14/86
Referred: Finance

Original sponsor: H.M. Miller and Clocksin

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 412 (NESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the chronically mentally ill."

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

8 * Section 1. AS 47.30 is amended by adding new sections to read:

9 Sec. 47.30.545. TREATMENT OF THE CHRONICALLY MENTALLY ILL. The
10 department shall provide for community based and locally or regionally
11 coordinated care and treatment of the chronically mentally ill.

12 Sec. 47.30.547. COMMUNITY SUPPORT SERVICES FOR THE CHRONICALLY
13 MENTALLY ILL. Communities that provide eligible mental health ser-
14 vices for the chronically mentally ill may receive funds from the
15 department for the following program elements:

16 (1) a short-term residential treatment program for indivi-
17 duals experiencing an acute episode or a situational crisis requiring
18 temporary removal from their home environment;

19 (2) a long-term residential treatment program with a full
20 day treatment component for persons who require intensive support;

21 (3) a transitional residential treatment program designed
22 for persons who are able to take part in programs in the general
23 community, but who without continued support would be at risk of
24 returning to a hospital;

25 (4) a semi-supervised, independent, but structured living
26 arrangement for persons who without some support and structure would
27 be at risk of returning to the hospital;

28 (5) a day treatment program capable of providing services
29 for clients whose residential needs are being met but who require

1 additional or extended treatment services;

2 (6) supported work and vocational training programs that
3 provide opportunities for clients to experience the benefits of mean-
4 ingful and productive work experiences with graduated levels of skill
5 and energy required;

6 (7) socialization centers designed to serve a broad range
7 of clients, as well as persons living in the community in general.

8 Sec. 47.30.548. STANDARDS FOR COMMUNITY SUPPORT SERVICES FOR THE
9 CHRONICALLY MENTALLY ILL. Communities providing mental health ser-
10 vices shall meet and maintain the following treatment standards:

11 (1) facilities shall consist of small residential or day
12 treatment centers, in as close to a normal home or non-institutional
13 environment as possible without sacrificing client safety or care;

14 (2) staffing patterns shall reflect the cultural, linguis-
15 tic, and other social characteristics of the community, and shall
16 incorporate multidisciplinary professional staff to meet client diag-
17 nostic and treatment needs;

18 (3) programs shall be designed to encourage self-sufficient
19 and independent functioning through prevocational and vocational
20 training;

21 (4) programs shall promote client participation in plan-
22 ning, operating, and evaluating daily treatment and rehabilitation;

23 (5) programs shall be designed to coordinate with the
24 social service system as a whole and in particular shall be designed
25 to include the following three elements:

26 (A) emergency or crisis care in an emergency center or
27 at home by an emergency response team;

28 (B) an acute hospital for evaluation, diagnosis,
29 treatment and referral for persons who are in need of acute care;

1 and

2 (C) a case management system in which the case manager
3 serves as a coordinator of the various elements of the system and
4 as an advocate for the clients in the system; all case managers
5 shall be under direct supervision of a psychiatrist, psycholo-
6 gist, or a mental health clinician with a master's degree;

7 (6) programs shall contain standards for staff training,
8 including training in community outreach services and orientation in
9 cross-cultural issues.

10 * Sec. 2. AS 47.30.550 is amended by adding a new subsection to read:

11 (b) Notwithstanding (a) of this section, the department shall
12 purchase 100 percent of the eligible costs of services provided for
13 the chronically mentally ill, subject to the availability of state
14 funds to the department for implementing AS 47.30.520 - 47.30.620.

15 * Sec. 3. AS 47.30.570 is amended to read:

16 Sec. 47.30.570. ELIGIBLE COSTS; MAINTENANCE OF LOCAL EFFORT.
17 The department shall adopt regulations specifying the types of ser-
18 vices and program costs eligible for state participation. These regu-
19 lations shall include

20 (1) a provision excluding capital expenditures as eligible
21 costs; [AND]

22 (2) a requirement that the community entity contractor or
23 applicant agrees as a condition of contract approval that it will not
24 supplant existing local fund support of community mental health ser-
25 vices with funds received under AS 47.30.520 - 47.30.620 and that it
26 will continue local funding support of community mental health ser-
27 vices, in any year in which it contracts with the department, at a
28 level that is at least equal to the local funding support in the
29 previous year;

1 (3) a provision that costs of services provided to the
2 chronically mentally ill under AS 47.30.550(b) that are paid by
3 insurance, indemnity, or other third-party may not be included as
4 eligible costs.
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Introduced: 1/22/85
Referred: Health, Education &
Social Services and Judiciary

1 IN THE HOUSE BY M.M.MILLER AND CLOCKSIN
2 SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 412
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - SECOND SESSION
5 A BILL

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9 Sec. 47.30.545. TREATMENT OF THE CHRONICALLY MENTALLY ILL. The
10 department shall provide for community based and locally or regionally
11 coordinated care and treatment of the chronically mentally ill. The
12 department may enter into a contract with an eligible community entity
13 under which the department purchases community mental health services
14 for the chronically mentally ill from the entity if the local commu-
15 nity plan also provides for meeting and maintaining the following
16 treatment standards:

17 (1) facilities shall consist of small residential or day
18 treatment centers, in as close to a normal home or non-institutional
19 environment as possible without sacrificing client safety or care;

20 (2) staffing patterns shall reflect the cultural, linguis-
21 tic, sexual, and other social characteristics of the community, and
22 shall incorporate multidisciplinary professional staff to meet client
23 diagnostic and treatment needs;

24 (3) programs shall be designed to encourage self-sufficient
25 and independent functioning through prevocational and vocational
26 training; programs shall promote client participation in planning,
27 operating, and evaluating daily treatment and rehabilitation;

28 (4) programs shall be designed to coordinate with the
29 social service system as a whole and in particular shall be designed

1 to include the following two elements: (A) an acute hospital or a
2 crisis unit for evaluation, diagnosis, and disposition planning for
3 persons in psychiatric crisis; and (B) a case management system in
4 which the case manager serves as a coordinator of the various elements
5 of the system and as an advocate for the clients in the system; all
6 case managers shall be under direct supervision of a psychiatrist,
7 psychologist, or a mental health clinician with a master's degree;

8 (5) programs shall contain standards for staff training,
9 including training in community outreach services.

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21 community, but who without continued support would be at risk of
22 returning to a hospital;

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24 arrangement for persons who without some support and structure would
25 be at risk of returning to the hospital;

26 (5) a day treatment program capable of providing services
27 for clients whose residential needs are being met but who require
28 additional or extended treatment services;

29 (6) sheltered workshops that provide opportunities for

1 clients to experience the benefits of meaningful and productive work
2 experiences with graduated levels of skill and energy required;

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4 of clients, as well as persons living in the community in general.

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8 the chronically mentally ill, subject to the availability of state
9 funds to the department for implementing AS 47.30.520 - 47.30.620.

2/14 sup 85

STATE OF ALASKA 1986 LEGISLATIVE SESSION
FISCAL NOTE

Page 1 of 8

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSSHB 412 (HESS)
Title: An act relating to the chronically mentally ill

Sponsor: Mike Miller & Don Clocksin
Requestor: _____
Date of Request: _____

FISCAL DETAIL

Agency Affected: Div. of Mental Health & DD
BRU: Community Mental Health Grants Institutions and Administration

Components: Community Mental Health Grants Mental Health Administration

EXPENDITURES/REVENUES : (Thousands of Dollars)

| OPERATING | FY 86 | FY 87 | FY 88 | FY 89 | FY 90 | FY 91 |
|------------------------|-------|-----------------|-----------------|-----------------|-----------------|-----------------|
| PERSONAL SERVICES | | 319.7 | 331.5 | 343.8 | 356.5 | 369.7 |
| TRAVEL | | 39.2 | 40.7 | 42.2 | 43.7 | 45.3 |
| CONTRACTUAL SUPPLIES | | 4.8 | 5.0 | 5.2 | 5.4 | 5.6 |
| EQUIPMENT | | 1.3 | 1.4 | 1.5 | 1.6 | 1.7 |
| LAND & STRUCTURES | | | | | | |
| GRANTS, CLAIMS | | 9,635.0 | 9,991.4 | 10,361.0 | 10,744.4 | 11,141.9 |
| MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | | 10,000.0 | 10,370.0 | 10,753.7 | 11,151.6 | 11,564.2 |

| | | | | | | |
|---------|--|---|---|---|---|---|
| CAPITAL | | 0 | 0 | 0 | 0 | 0 |
|---------|--|---|---|---|---|---|

| | | | | | | |
|---------|--|---|---|---|---|---|
| REVENUE | | 0 | 0 | 0 | 0 | 0 |
|---------|--|---|---|---|---|---|

FUNDING : (Thousands of Dollars)

| | | | | | | |
|---------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| GENERAL FUND | | 10,000.0 | 10,370.0 | 10,753.7 | 11,151.6 | 11,564.2 |
| FEDERAL FUNDS | | | | | | |
| OTHER | | | | | | |
| TOTAL | | 10,000.0 | 10,370.0 | 10,753.7 | 11,151.6 | 11,564.2 |

POSITIONS :

| | | | | | | |
|-----------|--|-----|---|---|---|---|
| FULL-TIME | | 5 | 5 | 5 | 5 | 5 |
| PART-TIME | | (2) | | | | |
| TEMPORARY | | | | | | |

ANALYSIS : Attach a separate page if necessary

See Attachments

Prepared by: *Thomas R. Butler*
Division: *Mental Health & DD*

Phone: 465-3370
Date: 2/13/86

Approved by Commissioner: *John R. Pugh*
Agency: _____

Date: 2/13/86

Distribution (by Agency preparing fiscal note):

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

fcc

INTRODUCTION

The following discussion describes the Division's program proposal for the implementation of CSHB 412. The proposal calls for an augmentation of existing services as well as an expansion of new services to meet 50% of the potential need of the Chronically Mentally Ill (CMI) statewide at a cost of \$10,000,000.

Currently, 1394 chronically mentally ill persons are actively being served through the community mental health system on a statewide basis. This figure (1394) represents approximately 30% of the universe of persons at risk (5,500) and in need of services. Unfortunately, for the 1394 clients being served, the delivery system is still inadequate, piecemeal, fragmented, inaccessible and unavailable in some places, and lacks comprehensiveness. Therefore, the first level of priority is that of bringing the current system up to a basic level of services that will guarantee to every client a basic level of care to assure the maintenance of a minimum standard of protection, health and safety as well as a minimum standard of decency and dignity.

In addition, another 1300 clients would be identified from existing waiting lists and brought into the service delivery system. The basic level of services would also be available for these new clients. Thus the system would now be serving approximately 2700 clients or approximately 50% of the total population at risk.

After basic needs have been met, the service system would be expanded to provide differentiated services to meet the specific needs of clients based on diagnosed functional levels. Although the system would not be able to meet every need of a given client, a comprehensive range of services would be available to assure not only the maintenance of one's functional level, but to improve it, and perhaps achieve additional goals toward self-help and independence.

Naturally, to implement a new system, an administrative structure must be in place. Because an administrative system is already in place, our request for personnel, travel, supplies and equipment will be modest. Currently, two half-time regional administrators exist in Fairbanks and Juneau. These positions should be made fulltime.

These two positions will provide program monitoring, technical assistance, consultation and represents the Division's presence in the Northern and Southeast regions of the State.

For Anchorage and the Southcentral Region, 2 fulltime facility surveyors and one Regional Administrator are recommended. These surveyors would work out of the Anchorage Regional Office and provide coverage for Anchorage and the Southcentral, South Western and Western Regions of the State. The two regional administrators in Juneau will be taken to fulltime to assist in pre set-up of programs in those respective areas, and an additional position will be needed in Fairbanks to serve the Interior, Northern and North Western Regions of the State.

Personnel and Admin. Costs Within the
Mental Health Administration Component

| | | | |
|----|--|--------------|--------------|
| 1. | Juneau (Southeast Region) | | |
| | a) M.H. Clinician IV part-time to fulltime | | R-23L |
| | 01 salary and benefits | 43.7 | |
| | 02 travel | 4.6 | |
| | | <u>48.3</u> | 48.3 |
| 2. | Fairbanks (Northern Region) | | |
| | a) M.H. Clinician IV part-time to fulltime | | R-23L |
| | 01 salary and benefits | 50.2 | |
| | 02 travel | 4.6 | |
| | | <u>54.8</u> | 54.8 |
| | b) Health facilities surveyor 1-FTE | | R-18A |
| | 01 salary and benefits | 56.3 | |
| | 02 travel | 8.0 | |
| | 03 contractual | .6 | |
| | 04 supplies | .1 | |
| | | <u>65.0</u> | 65.0 |
| 3. | Anchorage (Southcentral Region) | | |
| | a) Mental Health Clinician IV FTE | | R-23A |
| | 01 salary and benefits | 67.8 | |
| | 02 travel | 8.0 | |
| | 03 contractual | 3.0 | |
| | 04 supplies | 1.0 | |
| | | <u>79.8</u> | 79.8 |
| | b) health facilities surveyors 2-FTE | | R-18A |
| | 01 salary and benefits | 101.7 | |
| | 02 travel | 14.0 | |
| | 03 contractual | 1.2 | |
| | 04 supplies | .2 | |
| | | <u>117.1</u> | 117.1 |
| | Total Administrative cost | | <u>365.0</u> |

PROGRAM ASSUMPTIONS

1. Every community mental health center would be given funds for a minimum service package for the chronically mentally ill. The minimum service package includes residential care and case management. A full time case manager will be available for 15 or more clients at a cost of \$36,000 per year, including benefits.

2. Residential care includes a variety of options such as transitional living center, supervised apartment living, group homes, and adult foster care. The cost will vary according to the choice of residential facility. Residential care is basic to one's well being and sense of worth and dignity.

3. Programs will experience a COLA of 3.7% annually.
4. Programs are not comprehensively funded, but they do meet basic needs as well as significant improvements toward client independence. Optimum funding for this population would approximate \$19,000,000 instead of the \$10,000,000 being recommended.
5. Not all services will be available in all communities; consequently, a client may have to travel to another site to receive all the services he/she may need.
6. In Southeast Alaska \$465,083.00 is for designated beds to be purchased in Juneau and Sitka. These will complement the designated beds available at Fairbanks for the Northern region and at Anchorage for the South Central area. This allows involuntary hospital care to be delivered in local facilities.
7. The data for this fiscal note came from the "Boston Study" a computerized data-based Statewide needs assessment of the CMI population in Alaska. Data and costs are available for the entire population in need or any portion thereof.
8. This program addresses approximately 50% of the population in need of services.

Services For The CMI Population

The services for the chronically mentally ill are divided into five major categories:

- CM: Case management which is the key to community support for the chronically mentally ill.
- RES: Residential services which include: Inpatient Hospitalization board and care, adult family care, halfway house, supervised apartments, and crisis/respice beds.
- TX: Treatment services which include: crisis, day treatment, out-patient psychotherapy, and medication management.
- RHB: Rehabilitation services which include: Training in daily living skills, socialization, pre-vocational and vocational training, and sheltered workshop experience.
- SUP: Support services which include: case management, support to the client's family, legal, recreation, and transportation.

Increment for Services for the Chronically Mentally Ill

| Mental Health Center | Clients Currently Served | 50% of Clients At-Risk | Description of Increment | Cost |
|----------------------|--------------------------|------------------------|--------------------------|-------------------|
| Aleut/Prib | 6 | 24 | CM, RES, TX | 38,520 |
| Anchorage | 625 | 1,245 | CM, RES, RHB, SUP, TX | 4,298,568 |
| Aniak | 3 | 7 | CM, RES, TX | 27,720 |
| Barrow | 19 | 40 | CM, RES, TX | 127,091 |
| Bethel | 92 | 78 | CM, RES, RHB, SUP, TX | 615,388 |
| Copper Cnt. | 2 | 10 | CM, TX | 18,000 |
| Cordove | 5 | 13 | CM, RES, TX | 27,720 |
| Craig | 6 | 13 | CM, RES, TX | 27,720 |
| Dillingham | 30 | 34 | CM, RES, RHB, SUP, TX | 200,670 |
| Fairbanks | 135 | 361 | CM, RES, RHB, SUP, TX | 0* |
| Ft. Yukon | 0 | 7 | CM | 18,000 |
| Galena | 13 | 12 | CM, RES, TX | 56,520 |
| Haines | 3 | 10 | CM, TX | 18,000 |
| Homer | 28 | 47 | CM, RES, RHB, SUP, TX | 187,292 |
| Juneau | 34 | 159 | CM, RES, RHB, SUP, TX | 646,775** |
| Kenai | 17 | 147 | CM, RES, RHB, SUP, TX | 491,164 |
| Ketchikan | 32 | 106 | CM, RES, RHB, SUP, TX | 354,517 |
| Kodiak | 58 | 67 | CM, RES, RHB, SUP, TX | 387,972 |
| Kotz | 7 | 33 | CM, RES, TX | 100,724 |
| McGrath | 9 | 7 | CM, RES, TX | 45,720 |
| Nome | 74 | 49 | CM, RES, RHB, SUP, TX | 494,986 |
| Seward | 53 | 49 | CM, RES, TX | 100,335 |
| Sitka | 30 | 42 | CM, RES, TX | 550,753** |
| Tanana | 7 | 6 | CM, RES, TX | 27,720 |
| Tok | 16 | 10 | CM, RES, TX | 57,520 |
| Valdez | 5 | 18 | CM, RES, TX | 27,720 |
| Wasilla | 85 | 205 | CM, RES, RHB, SUP, TX | 688,967 |
| Administration | | | | 364,928 |
| TOTAL* | 1,394 | 2,799 | | 10,000,000 |

*A comprehensive array of services for the chronically mentally ill in the Fairbanks area is currently funded through the Division of Mental Health and Developmental Disabilities base budget.

**Funds for Juneau and Sitka for designated beds are included.

Detail of Major Categories of Service and Cost follow

Detail of Major Categories of Service and Cost

Case Management Services (CM)

Costs: 1 Manager/15 clients @ 36,000 Per Year

1. Case Management services :
 - a. Screening and evaluation of potential clients to determine the client's eligibility for services, and provide a fixed point of entry into the services of the community support unit;
 - b. Individualized Treatment Plans for each client accepted for services. The plan includes the client's history; an assessment of the client's personal strengths and weaknesses; and a plan of action to meet the client's basic life needs and enhance or maintain the client's level of functioning.
 - c. Assistance in applying for aid for which the client is entitled. Staff will routinely help clients secure resources such as Social Security, general assistance, vocational rehabilitation, and housing subsidies.
 - d. Assume the leadership role in coordinating services with other agencies and resources. Resources other than agencies include: landlords, employers and volunteers.
 - e. Emotional support and counseling to clients throughout the provision of all other services listed; and
 - f. Assure that clients are informed about the 24-hour per day services that are available through the community mental health program and are trained in their use.
2. Outreach services to include:
 - a. Contact with psychiatric hospital to identify appropriate clients and to offer services to potential clients. With the cooperation of the hospitals, staff will participate in hospital discharge planning; and
 - b. Contacts at the client's residence and other community settings to help the client engage in treatment.
3. Medication management to include: Coordination with the client's physician to assure that the client's medication needs are met. Program staff will routinely observe and collect observations on the client's behavior and provide ongoing feedback to the client's physician.
4. Daily structure and support to include:
 - a. The provision or arranging for skill training. Skill training will as needed include, but not be limited to, household skills, money management, personal hygiene, and self-management of medications; and
 - b. Socialization activities for clients. These activities will be provided in formal settings where clients can develop communication skills and friendships.
5. Vocational skill development to include:
 - a. Referral of clients to vocational rehabilitation services, and working with those services to develop individual programs to meet the special needs of each client.
 - b. Outreach contact to clients who are working in community settings. Staff will provide back-up support to clients and their employers.

6. Residential resource development to include:
 - a. Assisting clients to find an appropriate (e.g., safe, sanitary) living situation.
 - b. Providing independent living skill training (cooking, hygiene, etc.) in the client's residence.
 - c. The program may use program funds to pay for rent deposits and basic housing needs when no other funds are available. These funds may be considered as loans to clients and mechanisms will be established to accept reimbursement from clients.
7. Throughout the provision of community support services, staff will observe and help secure the client's rights to confidentiality and treatment with human dignity.

TREATMENT SERVICES (TX)

1. Crisis/Emergency: These services include immediate, face-to-face 24-hour per day clinical care with the ability to admit clients to all service components of the local mental health system. Call back response to telephone emergencies must be within 15 minutes. \$ 60/hr.
2. Day Treatment: The treatment services which are provided include more than conventional out-patient treatment but less than 24-hour per day care. Treatment services are delivered for a minimum of two hours per day through a structured program which is related to the client's treatment plan. \$ 15/hr.
3. Out-patient psychotherapy: Therapeutic services provided on an individual or group basis according to the client's formal, written treatment plan. \$ 90/hr.
4. Medication Management: The evaluation and monitoring of medications by a physician. Also the dispensing of medication by nursing staff. \$130/hr.

REHABILITATION SERVICES (RHB)

1. ADL/Socialization: A planned treatment program which focuses on self care, community survival, and social interactions. \$ 15/hr.
2. Pre-vocational Training: A treatment program which focuses on the skills and behaviors necessary to begin vocational training or work experiences. \$ 15/hr.
3. Sheltered Workshop: A vocational training program that provides clients with valid work experiences. The work is performed at less than competitive skill and productivity levels. \$ 15/hr.

4. Vocational Training: A training program in which the goal for all participants is the achievement of competitive employment. The program provides clients with support and specific skill training. \$ 15/hr.

SUPPORT SERVICES (SUP)

1. Case management: The case manager is aware of the client's needs and resources and provides advocacy, resource management, personal support, and treatment coordination. \$ 40/hr.

2. Support to Family: The support provided to family members and significant other by mental health system personnel. \$ 65/hr.

3. Legal: Services provided by legal or mental health professionals during the commitment process. Also included are other legal services required by clients. \$100/hr.

4. Recreation: The activities involved in the constructive use of leisure time. \$ 15/hr.

5. Transportation: The transportation services which are used by a client. These may include services supported by the Department or any other transportation system. \$ 5/hr.

ALASKA STATE LEGISLATURE

14th Legislature SECOND Session
 SPONSOR SUBSTITUTE
 HOUSE BILL..... NO. 412..
 By M.M. MILLER, CLOCKSIN....

"An Act relating to the chron-
 ically mentally ill."

Mentally ill

Introduced in the House .1/22...., 1986.

HISTORY IN THE HOUSE

| | |
|--------|--|
| 1986 | Read first time and referred to Committee on |
| Jan 22 | HESS AND JUDICIARY |
| | Reported back with recommendation that |
| | Read second time and |
| | Read third time and |
| | PASS Effective Date |
| | Yeas Yeas |
| | Nays Nays |
| | Absent Absent |
| | Excused Excused |
| | Reconsideration |
| | PASS Effective Date |
| | Yeas Yeas |
| | Nays Nays |
| | Absent Absent |
| | Excused Excused |
| | Reported correctly engrossed |
| | Signed by Speaker |
| | Sent to Senate |

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

| | |
|----|--|
| 19 | Read first time and referred to Committee on |
| | Reported back with recommendation that |
| | Read second time and |
| | Read third time and |
| | PASS Effective Date |
| | Yeas Yeas |
| | Nays Nays |
| | Absent Absent |
| | Excused Excused |
| | Reconsideration |
| | PASS Effective Date |
| | Yeas Yeas |
| | Nays Nays |
| | Absent Absent |
| | Excused Excused |
| | Reported correctly engrossed |
| | Signed by President |
| | Returned to House |

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

| | |
|----|--|
| 19 | Received from Senate |
| | Concurred in Senate amendment thus adopting: VOTE |
| | Failed to concur in Senate amendment; asked Senate to recede VOTE |
| | Senate receded from amendment VOTE |
| | Senate failed to recede from amendment VOTE |
| | CC appointed by House |
| | CC appointed by Senate |
| | CC adopted by House VOTE |
| | CC adopted by Senate VOTE |
| | To enrolling Reported correctly enrolled Sent to Governor by Governor |
| | Filed with Lt. Governor |
| | Chapter No. |

Offered: 2/14/86
Referred: Finance

Original sponsor: M.M.Miller and Clocksin

1 IN THE HOUSE BY THE HEALTH, EDUCATION AND
2 CS FOR SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 412 (HESS) SOCIAL SERVICES COMMITTEE
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - SECOND SESSION
5 A BILL
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7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:
8 * Section 1. AS 47.30 is amended by adding new sections to read:
9 Sec. 47.30 545. TREATMENT OF THE CHRONICALLY MENTALLY ILL. The
10 department shall provide for community based and locally or regionally
11 coordinated care and treatment of the chronically mentally ill.
12 Sec. 47.30.547. COMMUNITY SUPPORT SERVICES FOR THE CHRONICALLY
13 MENTALLY ILL. Communities that provide eligible mental health ser-
14 vices for the chronically mentally ill may receive funds from the
15 department for the following program elements:
16 (1) a short-term residential treatment program for indivi-
17 duals experiencing an acute episode or a situational crisis requiring
18 temporary removal from their home environment;
19 (2) a long-term residential treatment program with a full
20 day treatment component for persons who require intensive support;
21 (3) a transitional residential treatment program designed
22 for persons who are able to take part in programs in the general
23 community, but who without continued support would be at risk of
24 returning to a hospital;
25 (4) a semi-supervised, independent, but structured living
26 arrangement for persons who without some support and structure would
27 be at risk of returning to the hospital;
28 (5) a day treatment program capable of providing services
29 for clients whose residential needs are being met but who require

1 additional or extended treatment services;

2 (6) supported work and vocational training programs that
3 provide opportunities for clients to experience the benefits of mean-
4 ingful and productive work experiences with graduated levels of skill
5 and energy required;

6 (7) socialization centers designed to serve a broad range
7 of clients, as well as persons living in the community in general.

8 Sec. 47.30.548. STANDARDS FOR COMMUNITY SUPPORT SERVICES FOR THE
9 CHRONICALLY MENTALLY ILL. Communities providing mental health ser-
10 vices shall meet and maintain the following treatment standards:

11 (1) facilities shall consist of small residential or day
12 treatment centers, in as close to a normal home or non-institutional
13 environment as possible without sacrificing client safety or care;

14 (2) staffing patterns shall reflect the cultural, linguis-
15 tic, and other social characteristics of the community, and shall
16 incorporate multidisciplinary professional staff to meet client diag-
17 nostic and treatment needs;

18 (3) programs shall be designed to encourage self-sufficient
19 and independent functioning through prevocational and vocational
20 training;

21 (4) programs shall promote client participation in plan-
22 ning, operating, and evaluating daily treatment and rehabilitation;

23 (5) programs shall be designed to coordinate with the
24 social service system as a whole and in particular shall be designed
25 to include the following three elements:

26 (A) emergency or crisis care in an emergency center or
27 at home by an emergency response team;

28 (B) an acute hospital for evaluation, diagnosis,
29 treatment and referral for persons who are in need of acute care;

1 and

2 (C) a case management system in which the case manager
3 serves as a coordinator of the various elements of the system and
4 as an advocate for the clients in the system; all case managers
5 shall be under direct supervision of a psychiatrist, psycholo-
6 gist, or a mental health clinician with a master's degree;

7 (6) programs shall contain standards for staff training,
8 including training in community outreach services and orientation in
9 cross-cultural issues.

10 * Sec. 2. AS 47.30.550 is amended by adding a new subsection to read:

11 (b) Notwithstanding (a) of this section, the department shall
12 purchase 100 percent of the eligible costs of services provided for
13 the chronically mentally ill, subject to the availability of state
14 funds to the department for implementing AS 47.30.520 - 47.30.620.

15 * Sec. 3. AS 47.30.570 is amended to read:

16 Sec. 47.30.570. ELIGIBLE COSTS; MAINTENANCE OF LOCAL EFFORT.
17 The department shall adopt regulations specifying the types of ser-
18 vices and program costs eligible for state participation. These regu-
19 lations shall include

20 (1) a provision excluding capital expenditures as eligible
21 costs; [AND]

22 (2) a requirement that the community entity contractor or
23 applicant agrees as a condition of contract approval that it will not
24 supplant existing local fund support of community mental health ser-
25 vices with funds received under AS 47.30.520 - 47.30.620 and that it
26 will continue local funding support of community mental health ser-
27 vices, in any year in which it contracts with the department, at a
28 level that is at least equal to the local funding support in the
29 previous year;

1 (3) a provision that costs of services provided to the
2 chronically mentally ill under AS 47.30.550(b) that are paid by
3 insurance, indemnity, or other third-party may not be included as
4 eligible costs.

C O R R E C T I O N

Discard C S S S H B * 412 (Hess)
and retain this corrected version.

Offered: 2/14/86
Referred: Finance

Original sponsor: M.M.Miller and Clocksin

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

1 IN THE HOUSE

2 CS FOR SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 412 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the chronically mentally ill."

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

8 * Section 1. AS 47.30 is amended by adding new sections to read:

9 Sec. 47.30.545. TREATMENT OF THE CHRONICALLY MENTALLY ILL. The
10 department shall provide for community based and locally or regionally
11 coordinated care and treatment of the chronically mentally ill.

12 Sec. 47.30.547. COMMUNITY SUPPORT SERVICES FOR THE CHRONICALLY
13 MENTALLY ILL. Communities that provide eligible mental health ser-
14 vices for the chronically mentally ill may receive funds from the
15 department for the following program elements:

16 (1) a short-term residential treatment program for individ-
17 uals experiencing an acute episode or a situational crisis requiring
18 temporary removal from their home environment;

19 (2) a long-term residential treatment program with a full
20 day treatment component for persons who require intensive support;

21 (3) a transitional residential treatment program designed
22 for persons who are able to take part in programs in the general
23 community, but who without continued support would be at risk of
24 returning to a hospital;

25 (4) a semi-supervised, independent, but structured living
26 arrangement for persons who without some support and structure would
27 be at risk of returning to the hospital;

28 (5) a day treatment program capable of providing services
29 for clients whose residential needs are being met but who require

1 additional or extended treatment services;

2 (6) supported work and vocational training programs that
3 provide opportunities for clients to experience the benefits of mean-
4 ingful and productive work experiences with graduated levels of skill
5 and energy required;

6 (7) socialization centers designed to serve a broad range
7 of clients, as well as persons living in the community in general.

8 Sec. 47.30.548. STANDARDS FOR COMMUNITY SUPPORT SERVICES FOR THE
9 CHRONICALLY MENTALLY ILL. Communities providing mental health ser-
10 vices shall meet and maintain the following treatment standards:

11 (1) facilities shall consist of small residential or day
12 treatment centers, in as close to a normal home or non-institutional
13 environment as possible without sacrificing client safety or care;

14 (2) staffing patterns shall reflect the cultural, linguis-
15 tic, and other social characteristics of the community, and shall
16 incorporate multidisciplinary professional staff to meet client diag-
17 nostic and treatment needs;

18 (3) programs shall be designed to encourage self-sufficient
19 and independent functioning through prevocational and vocational
20 training;

21 (4) programs shall promote client participation in plan-
22 ning, operating, and evaluating daily treatment and rehabilitation;

23 (5) programs shall be designed to coordinate with the
24 social service system as a whole and in particular shall be designed
25 to include the following three elements:

26 (A) emergency or crisis care in an emergency center or
27 at home by an emergency response team;

28 (B) an acute hospital for evaluation, diagnosis,
29 treatment and referral for persons who are in need of acute care;

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and

(C) a case management system in which the case manager serves as a coordinator of the various elements of the system and as an advocate for the clients in the system; all case managers shall be under direct supervision of a psychiatrist, psychologist, or a mental health clinician with a master's degree;

(6) programs shall contain standards for staff training, including training in community outreach services and orientation in cross-cultural issues.

* Sec. 2. AS 47.30.550 is amended by adding a new subsection to read:

(b) Notwithstanding (a) of this section, the department shall purchase 100 percent of the eligible costs of services provided for the chronically mentally ill, subject to the availability of state funds to the department for implementing AS 47.30.520 - 47.30.620.

* Sec. 3. AS 47.30.570 is amended to read:

Sec. 47.30.570. ELIGIBLE COSTS; MAINTENANCE OF LOCAL EFFORT. The department shall adopt regulations specifying the types of services and program costs eligible for state participation. These regulations shall include

(1) a provision excluding capital expenditures as eligible costs; [AND]

(2) a requirement that the community entity contractor or applicant agrees as a condition of contract approval that it will not supplant existing local fund support of community mental health services with funds received under AS 47.30.520 - 47.30.620 and that it will continue local funding support of community mental health services, in any year in which it contracts with the department, at a level that is at least equal to the local funding support in the previous year;

1 (3) a provision that costs of services provided to the
2 chronically mentally ill under AS 47.30.550(b) that are paid by
3 insurance, indemnity, or other third-party may not be included as
4 eligible costs.

Introduced: 1/22/86
Referred: Health, Education &
Social Services and Judiciary

1 IN THE HOUSE BY M.M.MILLER AND CLOCKSIN
2 SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 412
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - SECOND SESSION
5 A BILL

6 For an Act entitled: "An Act relating to the chronically mentally ill."
7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 47.30 is amended by adding new sections to read:

9 Sec. 47.30.545. TREATMENT OF THE CHRONICALLY MENTALLY ILL. The
10 department shall provide for community based and locally or regionally
11 coordinated care and treatment of the chronically mentally ill. The
12 department may enter into a contract with an eligible community entity
13 under which the department purchases community mental health services
14 for the chronically mentally ill from the entity if the local commu-
15 nity plan also provides for meeting and maintaining the following
16 treatment standards:

17 (1) facilities shall consist of small residential or day
18 treatment centers, in as close to a normal home or non-institutional
19 environment as possible without sacrificing client safety or care;

20 (2) staffing patterns shall reflect the cultural, linguis-
21 tic, sexual, and other social characteristics of the community, and
22 shall incorporate multidisciplinary professional staff to meet client
23 diagnostic and treatment needs;

24 (3) programs shall be designed to encourage self-sufficient
25 and independent functioning through prevocational and vocational
26 training; programs shall promote client participation in planning,
27 operating, and evaluating daily treatment and rehabilitation;

28 (4) programs shall be designed to coordinate with the
29 social service system as a whole and in particular shall be designed

1 to include the following two elements: (A) an acute hospital or a
2 crisis unit for evaluation, diagnosis, and disposition planning for
3 persons in psychiatric crisis; and (B) a case management system in
4 which the case manager serves as a coordinator of the various elements
5 of the system and as an advocate for the clients in the system; all
6 case managers shall be under direct supervision of a psychiatrist,
7 psychologist, or a mental health clinician with a master's degree;

8 (5) programs shall contain standards for staff training,
9 including training in community outreach services.

10 Sec. 47.30.547. COMMUNITY SUPPORT SERVICES FOR THE CHRONICALLY
11 MENTALLY ILL. Communities that provide eligible mental health ser-
12 vices for the chronically mentally ill may receive funds from the
13 department for the following program elements:

14 (1) a short-term residential treatment program for indivi-
15 duals experiencing an acute episode or a situational crisis requiring
16 temporary removal from their home environment;

17 (2) a long-term residential treatment program with a full
18 day treatment component for persons who require intensive support;

19 (3) a transitional residential treatment program designed
20 for persons who are able to take part in programs in the general
21 community, but who without continued support would be at risk of
22 returning to a hospital;

23 (4) a semi-supervised, independent, but structured living
24 arrangement for persons who without some support and structure would
25 be at risk of returning to the hospital;

26 (5) a day treatment program capable of providing services
27 for clients whose residential needs are being met but who require
28 additional or extended treatment services;

29 (6) sheltered workshops that provide opportunities for

1 clients to experience the benefits of meaningful and productive work
2 experiences with graduated levels of skill and energy required;

3 (7) socialization centers designed to serve a broad range
4 of clients, as well as persons living in the community in general.

5 * Sec. 2. AS 47.30.550 is amended by adding a new subsection to read:

6 (b) Notwithstanding (a) of this section, the department shall
7 purchase 100 percent of the eligible costs of services provided for
8 the chronically mentally ill, subject to the availability of state
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