

COMMITTEE REPORT
SENATE

FURTHER:

2/26/86

Date _____

Mr. President

The Committee on FINANCE considered SB 388
relating to the chronically mentally ill.

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

COMMITTEE REPORT

SENATE

FURTHER:

FINANCE

2/7/86

Date 2-25-86

Mr. President

The Committee on HESS considered SB 388 relating to the chronically mentally ill.

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 SB 388 (HESS)
new title
same title and recommends Do PASS
and attached a "LETTER OF INTENT"
reports it back without recommendation
recommends referral to Committee

MEMBERS SIGNING DO PASS

MEMBERS HAVING OTHER RECOMMENDATIONS

Joe P. Josephson
Allis Sturgulewski
Edna McVie

George Fahrenberg Do Pass
Chairman

Chairman recommendation

Offered: 2/26/86
Referred: Finance

Original sponsor: Fahrenkamp

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR SENATE BILL NO. 388 (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 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
30

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 for the chronically mentally ill shall meet and maintain the
11 following treatment standards:

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

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

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

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

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

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

29 (B) an acute hospital for evaluation, diagnosis,

1 treatment and referral for persons who are in need of acute care;
2 and

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

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

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

12 (b) Notwithstanding (a) of this section, the department shall
13 purchase 100 percent of the eligible costs of services provided for
14 the chronically mentally ill, subject to the availability of state
15 funds to the department for implementing AS 47.30.520 - 47.30.528.

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

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

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

23 (2) a requirement that the community entity contractor or
24 applicant agrees as a condition of contract approval that it will not
25 supplant existing local fund support of community mental health ser-
26 vices with funds received under AS 47.30.520 - 47.30.528 and that it
27 will continue local funding support of community mental health ser-
28 vices, in any year in which it contracts with the department, at a
29 level that is at least equal to the local funding support in the

1 previous year;

2 (3) a provision that costs of services provided to the
3 chronically mentally ill under AS 47.30.550(b) that are payable by
4 insurance, indemnity, or other third-party may not be included as
5 eligible costs.
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Introduced: 2/7/86
Referred: Health, Education and
Social Services, and Finance

1 IN THE SENATE

BY FAIRFENKAMP

2 SENATE BILL NO. 388

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

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1 (3) a provision that costs of services provided to the
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3 insurance, indemnity, or other third-party may not be included as
4 eligible costs.

ALASKA STATE LEGISLATURE

14th Legislature ... 2nd Session

SENATE BILL NO. 388

By FAHRENKAMP

"An Act relating to the chronically mentally ill."

Introduced in the Senate ... 2/7..., 19...86

HISTORY IN THE SENATE

19 86

Read first time and referred to Committee on

27

HESS & Finance

226

Reported back with HESS recommendation that *replace w/CS, & do pass, to Finance. F.H.*

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
Sent to House

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

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 Speaker
Returned to Senate

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19

Received from House

To enrolling

Reported correctly enrolled

Sent to Governor

..... by Governor

Filed with Lt. Governor

Chapter No.

STATE OF ALASKA 1986 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date : _____

REQUEST

Bill Resolution No. : SB 388
 Title : An act relating to the chronically mentally ill
 Sponsor : Bettve Fahrenkamp
 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	343.2	350.5	369.7
TRAVEL		39.2	40.7	42.2	43.7	45.2
CONTRACTUAL		4.2	5.0	5.2	5.4	5.6
SUPPLIES		1.3	1.4	1.5	1.6	1.7
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS		9,635.0	9,001.4	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. Krantz
 Division : Mental Health & DD

Phone : 465-3370
 Date : 2/24/86

Approved by Commissioner : John R. Poy
 Agency : Health & Social Services

Date : 2/27/86

Distribution (by Agency preparing fiscal note):

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

INTRODUCTION

The following discussion describes the Division's program proposal for the implementation of SP 388. 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 CostCase 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)

- | | |
|---|------------------|
| <p>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.</p> | <p>\$ 60/hr.</p> |
| <p>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.</p> | <p>\$ 15/hr.</p> |
| <p>3. Out-patient psychotherapy: Therapeutic services provided on an individual or group basis according to the client's formal, written treatment plan.</p> | <p>\$ 90/hr.</p> |
| <p>4. Medication Management: The evaluation and monitoring of medications by a physician. Also the dispensing of medication by nursing staff.</p> | <p>\$130/hr.</p> |

REHABILITATION SERVICES (RHB)

- | | |
|--|------------------|
| <p>1. ADL/Socialization: A planned treatment program which focuses on self care, community survival, and social interactions.</p> | <p>\$ 15/hr.</p> |
| <p>2. Pre-vocational Training: A treatment program which focuses on the skills and behaviors necessary to begin vocational training or work experiences.</p> | <p>\$ 15/hr.</p> |
| <p>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.</p> | <p>\$ 15/hr.</p> |

SB 388

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.

POSITION PAPER
SB 388

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

INTRODUCTION

Services for the chronically mentally ill population in Alaska continue to be plagued by inadequate or no programs, lack of funds for community services, continuing service fragmentation, and lack of workers to implement programs. Because of its small population, severe weather, and relatively young history, Alaska has not yet joined the rest of the nation in the severe problem of the homeless chronically mentally ill. Alaska can be grateful that it has been given a head start to plan for a situation which is inevitable.

Who are the chronically mentally ill in Alaska? By definition, a chronically mentally ill (CMI) person is one who has been officially diagnosed as having major psychiatric disorder with a documented history of chronicity and persistence, and which impairs the individual's occupational, family, social, and personal living skills. Frequently, the individual's behavior and/or circumstances are such that intervention by the State is warranted. Applying national mental health data which states that five percent of the population suffers from one or more mental disorders, Alaskan's population in need of services would be approximately 25,000. Currently about 10,000 persons are being seen in the Alaska Mental Health system - 1,200 at Alaska Psychiatric Institute (API), and 8,800 through the community mental health system.

The prevalence rate for the specific category under which the CMI falls is about one percent of the total population, or 25 percent of all mental disorders. This would suggest that there are approximately 5,500 persons in Alaska in the category of CMI.

CMI Study

During FY 86, the Division of Mental Health and Developmental Disabilities (DMHDD) compiled a scientific study (the Boston Study) of the numbers and functional categories of CMI who were receiving services within the mental health system during a specific period of the fiscal year. This study indicated that there were 1,394 CMI persons actively receiving services through the Division. The conclusion is inescapable - only about one third of the CMI population is being served by our present community mental health system, and those who are receiving services cannot depend on a comprehensive system of care that will meet their needs.

Function Levels	Numbers	Percent
1. Dangerous	71	5
2. Unable to function due to symptoms	99	7
3. Lacks activity of daily living skills	165	12
4. Lacks community living skills	207	15
5. Needs role support	418	30
6. Seeks treatment	366	26
7. Mental health system independent	68	5
	<u>1394</u>	<u>100</u>

The Boston Study of CMI identified the above seven functional levels among the CMI population, and designed service packages for individual clients at each functional level. Costs were also developed for each service package. To estimate the effectiveness of each service package, a set of outcome measures from the database was developed and assigned to each package. The current DMHDD budget for the planning population was also estimated. The goal of the study was to apply a computer model to these data in order to find affordable service strategies for the Division.

Budgetary Considerations

Several affordable strategies that would improve system benefit-cost were suggested. These strategies call for enriched service packages for clients at the lower levels of functioning. The goal is to improve overall client progress, reduce the need and dependency on inpatient beds (API), promote community-residential living, and increase the number of clients becoming independent of the mental health system.

The department estimates the cost of a statewide CMI program at \$10 million to serve approximately 50% of the total population at risk. Approximately 2,700 clients would be served in 27 communities across the state. About 1,300 new clients would be identified from existing waiting lists and brought into the service delivery system. In addition, services for the existing 1,394 clients served through the community mental health system would be improved to ensure a basic level of quality service.

In order to assure quality and consistency of service, the department would request administrative support to set-up the CMI system. By placing staff in regional areas and providing travel funds so they can travel to local program sites, program and delivery issues can be dealt with as they arise.

The Department recognizes the compelling need for increased services for the CMI, and supports HB 412. This bill mandates a continuum of services for the CMI population. The ultimate goal of the bill is to

help the CMI to reach their capacity to function as independently as possible within their local communities.

RECOMMENDED BY: Mel Henry
Mel Henry, Director
Division of Mental Health
and Developmental
Disabilities

DATE: 2/20/86

APPROVED BY: John R. Pugh
John R. Pugh, Commissioner
Department of Health and
Social Services

DATE: 2/20/86

Offered: 2/26/86
Referred: Finance

Original sponsor: Fahrenkamp

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR SENATE BILL NO. 388 (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 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 for the chronically mentally ill shall meet and maintain the
11 following treatment standards:

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

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

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

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

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

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

29 (B) an acute hospital for evaluation, diagnosis,

1 treatment and referral for persons who are in need of acute care;
2 and

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

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

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

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

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

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

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

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

1 previous year;

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

Introduced: 2/7/86
Referred: Health, Education and
Social Services and Finance

1 IN THE SENATE

BY FAHRENKAMP

2

SENATE BILL NO. 388

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

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FOURTEENTH LEGISLATURE - SECOND SESSION

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COMMITTEE REPORT
SENATE

FURTHER:

FINANCE

2/7/86

Date 2-25-86

Mr. President

The Committee on HESS considered SB 388
relating to the chronically mentally ill.

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 SB 388 (HESS)
- new title
- same title and recommends DO PASS
- 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

Joe P. Josephson
Willis Ferguson
Edna McVie

George Fahrenberg Do Pass
Chairman

Chairman recommendation _____