

HB

91

HOUSE COMMITTEE REPORT

(11)

Date referred: 4/15/87

FURTHER REFERRALS:

DATE: 4/27/87

The Finance Committee has considered HB 91

"An Act relating to the chronically mentally ill."

RECOMMENDS:

- replace with CS HB 91 (HESS) the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):

- fiscal impact same as previous fiscal note published 4/15/87
- zero fiscal note same as previous zero fiscal note published
- zero with analysis

SIGNING DO PASS:

SIGNING OTHER RECOMMENDATIONS:

FOURCOT [Signature]

BROWN [Signature]

FRANK [Signature]

ARSON [Signature]

BOYER [Signature]

WALLIS [Signature]

RIEGER [Signature] No Recommendation

ADAMS [Signature] - No Rec

[Signature]
Chairman's signature

R.O. 4/27/87
HFC

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

Bill Version: CS HB 91 (HESS)
Publish Date: _____

REQUEST: _____

Revision Date: April 11, 1987
Title: "An Act Relating to the Mentally 111 and Providing for an effective date."
Sponsor: _____
Requestor: _____

Agency Affected: Dept. Health and Social Services
BRU: _____
Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONNEL SERVICES		107.74	107.74	107.74	107.74	107.74
TRAVEL		9.0	9.0	9.0	9.0	9.0
CONTRACTUAL		3.0	3.0	3.0	3.0	3.0
SUPPLIES		1.26	1.26	1.26	1.26	1.26
EQUIPMENT		-0-	-0-	-0-	-0-	-0-
LAND & STRUCTURES		-0-	-0-	-0-	-0-	-0-
GRANTS, CLAIMS		1,879.0	1,879.0	1,879.0	1,879.0	1,879.0
MISCELLANEOUS		-0-	-0-	-0-	-0-	-0-
TOTAL OPERATING		2,000.0	2,000.0	2,000.0	2,000.0	2,000.0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		2,000.0	2,000.0	2,000.0	2,000.0	2,000.0
FEDERAL FUNDS						
OTHER						
TOTAL		2,000.0	2,000.0	2,000.0	2,000.0	2,000.0

POSITIONS:

FULL-TIME		2.0	2.0	2.0	2.0	2.0
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Prepared by: Mel Henry, Director
Division: Mental Health and Dev. Dis.

Phone: 455-3370
Date: April 11, 1987

Approved by Commissioner: Mary M. Munson
Agency: Dept. of Health & Social Services

Date: April 14, 1987

- Distribution (by preparer):
- Legislative Finance
 - Legislative Sponsor
 - Requestor
 - Office of Management and Budget
 - Impacted Agency(ies)
 - Senate Secretary

FISCAL NOTE
HB 91
Allocation of \$2 Million

Grants to Community Mental Health Centers

(1) Services to chronically mentally ill persons		\$ 1,401.5
° Case Management Services	864.0	
° Daily Structure and Support	144.0	
° Residential Services	393.5	
(2) Expand Services For Existing Community Mental Health Centers		180.0
(3) Services to youth with severe emotional, mental, and behavioral disturbances - Alaska Youth Initiative		250.0
(4) Training for Secondary Consumers		47.5
(5) Mental Health Administration		121.0
° Coordinator Chronically Mentally Ill	60.0	
° Alternate Care Coordinator	61.7	
TOTAL		\$ 2,000.0

FISCAL NOTE
HB 91

Personnel Services:

one (1) Mental Health Clinician II	Range 19	\$ 52,142.00
one (1) Alternative Care Coordinator	Range 20	\$ 55,598.00
		<u>\$107,740.00</u>

Travel:

Mental Health Clinician II	12 trips @ \$500	6,000.00
Alternative Care Coordinator	6 trips @ \$500	3,000.00
		<u>9,000.00</u>

Contractual:

Phone, copying, printing, 125/m x 12 x 2	<u>3,000.00</u>
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Supplies:

52.5/m. x 12 x 2	<u>1,260.00</u>
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Equipment:

-0-

Sub Total	\$ 121,000.00
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Grants:	\$1,879 000.00
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TOTAL	\$2,000,000.00
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FISCAL NOTE
HB 91
Allocation of \$2 Million

INTRODUCTION

The following discussion describes the Division's program proposal for the fiscal note of \$2.0 million for HB 91. The proposal calls for an augmentation of existing services as well as the establishment of new services to meet the unmet needs within the mental health system with a strong emphasis on the needs of those persons, both adults and children who are chronically mentally ill, and persons residing in rural communities.

Major Target Populations and Activities To Be Funded:

1. Persons with chronic mental illness.....	\$1,401.5
2. Expand Services For Existing Community MH Centers.....	180.0
3. Alaska Youth Initiative.....	250.0
4. Training for Secondary Consumers.....	47.5
5. Mental Health Administration.....	\$ <u>121.0</u>
Total	2,000.0

ASSUMPTIONS

- ° Appropriate community mental health services should be available as close to one's community as possible.

- Because of population size and limited resources, not every service will be available in every community. Services will be allocated on the concept of "Levels of Care". Clients may have to travel outside the immediate community to another service site to receive a given service.
- Funding allocation will be guided by, but not limited to the following factors:
 - need for mental health services, including populations at risk;
 - population density;
 - the sole provider of mental health services in the region;
 - economic consideration (poverty, cost of living);
 - presence of special populations, e.g., elderly, CMI, or youth;
 - performance record and motivation of the existing program.
- Funds will be allocated through the community mental health centers whenever possible.
- Programs are not comprehensively funded, but should meet basic needs. As more funds come on-line, new initiative will be started and existing programs augmented.

- ° The Division should retain some administrative flexibility to place additional resources, consistent with the state plan, to enhance a comprehensive base of services delivery in a given region.
- ° Fairness must be ensured so that all persons in need are served with emphasis on those in greatest need.

SERVICES TO THE CHRONICALLY MENTALLY ILL

Data from the statewide community mental health system indicate that of the 5,500 chronically mentally ill persons in need of services, only 1,145 (20%) are currently being served. While many services for Chronically Mentally Ill individuals have been developed over the past three years, the delivery system is still unavailable for some clients and lacks comprehensiveness. Therefore, the first level of priority for the allocation of new funds is that of bringing the current system up to a basic level of service that will guarantee to every client a minimum standard of protection, health and safety as well as a minimum standard of decency and dignity.

Methodology

The methodology for targeting populations and allocating funding is already a part of the Division's Five Year Comprehensive Plan, and management system. The plan calls for providing a basic level of care for persons seeking services. Basic services are case management, medication management, and daily structure and support. The mental health districts where the majority of the Chronically Mentally Ill individuals reside include Anchorage, Fairbanks, Wasilla, Juneau, Kenai, Ketchikan, Bethel, Kodiak, Nome, and Homer.

Case Management Services are the key to maintaining Chronically Mentally Ill individuals in the community. Case managers coordinate available resources and establish a supportive and trusting relationship with the Chronically Mentally Ill clients. In order to provide case management services to the clients in these mental health districts, 24 additional case managers must be hired. The average cost of a case manager is \$36,000 per year which will result in an over all cost of \$864,000.

Daily structure and support is a program which provides meaningful activities and training in community living skills for Chronically Mentally Ill clients. Some of the above mental health districts already have daily structure and support programs. In order for all of the larger centers to provide this service requires an additional \$180,000.

After these basic needs have been met, the Division would target residential services as the next highest priority. Assisting clients to find appropriate, safe and sanitary living arrangement is critical. The range of residential services includes Supervised Apartment, Group Home, Adult Board and Care Facilities and Adult Foster Care. An increase of \$393,500 would provide an additional 49 beds for Chronically Mentally Ill in the above communities.

EXPAND SERVICES TO EXISTING COMMUNITY MENTAL HEALTH CENTERS

This priority is to provide special grants to three communities with large chronically mentally ill populations and extended waiting lists of clients. These programs need additional clinicians to see clients in a timely manner.

Currently, these centers have waiting periods in excess of 6 weeks. In order to assist these centers meet the demand for services a Mental Health Clinician is proposed for Wasilla, Homer, and Anchorage. The total grant award would be \$180.0.

ALASKA YOUTH INITIATIVE

The Department is requesting \$250.0 to fund the Division of Mental Health's portion of the Alaska Youth Initiative. Alaska Youth Initiative serves Alaska's most disturbed youth. Most of the youth now being served in the pilot portion of the Initiative are severely mentally ill, and exhibit severe behavioral disturbances and management problems. Unfortunately, the Division of Mental Health and Developmental Disabilities has never had funds to serve these youth in community residential placements. The Department of Education and the Division of Family and Youth Services have been forced to send these youth out of Alaska to expensive placements far from their homes. The Initiative began by using blended funds from the Department of Education, Division of Family and Youth Services, and a small amount of federal funds from Mental Health and Developmental Disabilities.

The Initiative is coordinated by the Inter-Departmental Team, a group of senior staff from each agency. The agencies have proven that they can work together to develop coordinated, individualized services for these children. Many youth have been returned from out of state or prevented from leaving. Many new private sector jobs have been created to serve these youth, in communities all over the state. These funds would be combined with other State and local funds to assist in serving approximately 40 additional youth in their home communities, or as close to their communities as is possible.

Funds will be allocated through a Request For Proposal (RFP) process to residential care providers, therapeutic foster homes, and community mental health centers. Technical assistance, consultation and program monitoring will be carried out by the Initiative Program Coordinator and the Inter-Departmental Team.

TRAINING FOR SECONDARY CONSUMERS

Relatives and close friends who are involved with the care and treatment of persons who suffer severe and longterm mental illness are called secondary consumers. The mentally ill person is the primary consumer.

Families, neighbors and friends of chronically mentally ill persons have always played a significant role in providing care, support, advocacy and assistance. In an attempt to make them more effective in their informal roles as care givers and advocate, these families and friends need encouragement, support and assurance to know that they are not alone and that help is available when and where it is needed.

The Department will provide a grant of \$47,500 to the Alaska Alliance for the Mentally Ill to foster and encourage the development of a community support system through the education and training of secondary consumers throughout Alaska, especially in rural and bush communities.

The grant will be administered through the Community Mental Health BRU and be responsive to the regulations and requirements of the Division. Direct supervision will be provided by the Coordinator, Community Support Programs.

ADMINISTRATION

Administrative Support is requested in the amount of \$121.0 for two professional staff to provide the leadership necessary for the systematic arrangements of all the Chronically Mentally Ill components, including designation of agencies with fixed responsibilities for program planning, development, coordination, training, monitoring and evaluation. The leadership also involves coordination of services and training with the Department of Correction for all mentally ill offenders within the prison system.

Presently, central office administration is stretched to its limit and, without additional professional support, could not responsibly achieve the intended goals and objectives of the CMI program.

Original sponsor: Pourchot/Joint Special Committee
on Mental Health Trust Land

1 IN THE HOUSE BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 91 (HESS)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FIFTEENTH LEGISLATURE - FIRST SESSION
5 A BILL

6 For an Act entitled: "An Act relating to the mentally ill; and providing
7 for an effective date."

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

9 * Section 1. AS 47.30.520 is amended to read:

10 Sec. 47.30.520. LEGISLATIVE PURPOSE. It is the purpose of the
11 legislature in enacting the Community Mental Health Services Act to
12 provide a range of services for persons with mental or emotional
13 disturbances and to assist local communities in planning, organizing,
14 and financing community mental health services through locally devel-
15 oped, administered, and controlled community mental health programs.
16 It is further intended to better utilize existing resources at both
17 state and local levels in order to

18 (1) develop and implement plans for initiating maximum
19 mental health services based on demonstrated need for services in each
20 geographical planning area, as well as regionalized comprehensive
21 mental health services;

22 (2) improve the effectiveness of existing mental health
23 services;

24 (3) integrate state-operated and community mental health
25 programs into a unified mental health system;

26 (4) provide a means for participation by local communities
27 in the determination of the need for and the allocation of mental
28 health resources;

29 (5) establish a uniform ratio of local and state government

1 responsibility for financing mental health services;

2 (6) provide a means of allocating state mental health funds
3 according to community needs;

4 (7) encourage the full use of all existing public or pri-
5 vate agencies, facilities, personnel, and funds to accomplish these
6 objectives; and

7 (8) prevent unnecessary duplication and fragmentation of
8 services and expenditures.

9 * Sec. 2. AS 47.30 is amended by adding new sections to read:

10 Sec. 47.30.545. POPULATIONS TO BE SERVED. Within the limits of
11 available funds, a community mental health program shall provide
12 services set out in AS 47.30.546 to the following persons in the
13 following order:

14 (1) a person in one or more of the following categories:

15 (A) a person who is at immediate risk of hospitaliza-
16 tion for the treatment of a mental or emotional disturbance;

17 (B) a person who is in need of continuing services due
18 to a disturbance of a severe or persistent nature;

19 (C) a person who poses a hazard to the health and
20 safety of the person or others;

21 (D) a person who is under 18 years of age and

22 (i) is at immediate risk of removal from home for
23 treatment of a mental or emotional disturbance; or

24 (ii) exhibits behavior indicating a high risk of
25 developing a disturbance of a severe or persistent nature;

26 (2) a person who, because of the nature of the person's
27 illness, geographic location, or family income, is not capable of
28 obtaining assistance from the private sector;

29 (3) a person who is suffering from a mental or emotional

1 disturbance of a less severe or persistent nature that will not re-
2 quire hospitalization in the foreseeable future.

3 Sec. 47.30.546. SERVICES FOR MENTALLY AND EMOTIONALLY DISTURBED.

4 (a) Subject to the availability of funds, an entity eligible to
5 receive funds under AS 47.30.540 may receive funds from the department
6 for providing directly, or through another provider under contract
7 with the entity, one or more of the following program elements:

8 (1) outpatient treatment, which may include all or any of
9 the following:

10 (A) emergency services on a 24-hour basis;

11 (B) individual, family, and group psychotherapy and
12 counseling;

13 (C) screening and evaluation to determine the
14 patient's needs and for persons being considered for involuntary
15 commitment under AS 47.30.700 - 47.30.815;

16 (D) referral to other agencies;

17 (2) inpatient treatment for voluntary and involuntary
18 patients, as close as possible to the patient's home;

19 (3) consultation with organizations and providers;

20 (4) prevention and education services.

21 (b) An entity eligible to receive funds under AS 47.30.540 and
22 that provides eligible community mental health services for chronical-
23 ly mentally ill adults or severely mentally ill children may, in addi-
24 tion to funds received for program elements provided under (a) of this
25 section, receive funds from the department for one or more of the
26 following program elements:

27 (1) crisis stabilization services, which may include all or
28 any of the following:

29 (A) active community outreach;

- 1 (B) in-hospital contact;
- 2 (C) mobile crisis treatment teams of mental health
3 professionals;
- 4 (D) crisis beds to provide a short-term residential
5 program for persons experiencing an acute episode of mental
6 illness that requires temporary removal from a home environment;
- 7 (2) patient treatment services, which may include all or
8 any of the following:
- 9 (A) diagnosis, testing, and evaluation of medical
10 needs;
- 11 (B) medication monitoring;
- 12 (C) physical examinations;
- 13 (D) psychotropic medication;
- 14 (3) case management, which may include all or any of the
15 following:
- 16 (A) evaluation of patients' needs;
- 17 (B) development of individualized treatment plans;
- 18 (C) enhancement of patient access to available re-
19 sources and programs;
- 20 (D) development of interagency contacts and family
21 involvement;
- 22 (E) patient advocacy;
- 23 (4) daily structure and support, which may include all or
24 any of the following:
- 25 (A) daily living skills training;
- 26 (B) socialization activities;
- 27 (C) recreation;
- 28 (D) transportation;
- 29 (5) residential services, which may include all or any of

1 the following:

2 (A) crisis or respite care;

3 (B) board and care;

4 (C) foster care, group homes, halfway houses, or
5 supervised apartments;

6 (6) vocational services, which may include all or any of
7 the following:

8 (A) prevocational training;

9 (B) work adjustment;

10 (C) supported work;

11 (D) sheltered work;

12 (E) vocational training in which participants achieve
13 useful work experience.

14 Sec. 47.30.547. STANDARDS FOR COMMUNITY MENTAL HEALTH SERVICES.

15 An entity that provides community mental health services shall

16 (1) make services available at times and locations that
17 enable residents of the entity's service area to obtain services;

18 (2) ensure each client's right to confidentiality and
19 treatment with dignity;

20 (3) establish staffing patterns that reflect the cultural,
21 linguistic, and other social characteristics of the community and
22 that incorporate multidisciplinary professional staff to meet client
23 functional levels and diagnostic and treatment needs;

24 (4) promote client and family participation in formulating,
25 delivering, and evaluating treatment and rehabilitation.

26 * Sec. 3. AS 47.30.550 is repealed and reenacted to read:

27 Sec. 47.30.550. COST SHARING FORMULA; LIMITATIONS. (a) In a
28 district designated by the department as a poverty area, the depart-
29 ment may fund not more than 90 percent of the eligible costs of the

1 community mental health services to be furnished under an entity's
2 approved plan.

3 (b) In a district that has not been designated by the department
4 as a poverty area, the department may fund not more than 75 percent of
5 the eligible costs of the community mental health services to be
6 furnished under an entity's approved plan.

7 (c) Notwithstanding (a) and (b) of this section, if the depart-
8 ment determines that sufficient funds from other sources are unavail-
9 able, then the department shall fund the percent of the eligible costs
10 that is necessary in order to ensure that services for chronically
11 mentally ill adults and severely mentally ill children, and other
12 community mental health services to be furnished under an entity's
13 approved plan are made available by the entity. Funding under this
14 subsection is subject to the availability of legislative appropria-
15 tions for the purpose.

16 (d) Income earned by an entity through a community mental health
17 project funded under AS 47.30.520 - 47.30.620 shall be used, as ap-
18 proved by the department, to augment or enhance the entity's mental
19 health services.

20 * Sec. 4. AS 47.30.610(2) is amended to read:

21 (2) "poverty area" means a district in which 15 percent or
22 more of the population, based upon the most recent [1970] census data,
23 falls under 125 percent of the Office of Economic Opportunity poverty
24 guidelines.

25 * Sec. 5. AS 47.30.610 is amended by adding new paragraphs to read:

26 (3) "chronically mentally ill adult" means a person 18
27 years of age or older

28 (A) who has been diagnosed as having a schizophrenic,
29 major affective, or paranoid disorder, or other severe mental

1 disorder with a documented history of persistent psychotic symp-
2 toms not caused by substance abuse; and

3 (B) whose role functioning is impaired in at least two
4 of the following three ways:

5 (i) inability to function independently in the
6 role of worker, student, or homemaker;

7 (ii) inability to engage independently in personal
8 care or community living activities; or

9 (iii) inability to exhibit appropriate social
10 behavior, resulting in intervention by the mental health
11 system or judicial system;

12 (4) "severely mentally ill child" means a person under 18
13 years of age who

14 (A) is experiencing persistent psychotic symptoms not
15 caused by substance abuse and is receiving services that must be
16 continued for maximum therapeutic benefits; or

17 (B) exhibits severe behavioral, emotional, or social
18 disabilities that are sufficiently intense, severe, or disruptive
19 to lead to exclusion from home, school, or a therapeutic setting,
20 and whose behavior, upon the recommendation of a psychiatrist, is
21 considered likely to be seriously detrimental to the person's
22 growth or safety, or to the welfare of others.

23 * Sec. 6. AS 47.30.600 is repealed.

24 * Sec. 7. This Act takes effect July 1, 1987.

HB 91 RELATING TO THE MENTALLY ILL.

RATIONALE

1. Mental Health Lands lawsuit prompted review of Alaska's mental health program.
2. Interim Mental Health Commission and Special Legislative Committee concluded mental health services are in desperate need of expansion.
3. Persons with the most critical mental health problems should be the treatment priority.

SUMMARY

1. Establishes as the first priority for treatment mentally ill persons at risk of immediate hospitalization, in need of continuing services, who pose a hazard to their own or others health and safety, or who are under 18 and at immediate risk of removal from their home.
2. Lists services for which community mental health centers may receive state funds.
3. Allows the department to reduce or eliminate the 25% local match requirement for services for which sufficient funds from other sources are not available.
4. Defines chronically mentally ill adult and severely mentally ill child.

FISCAL NOTE

Allows for augmentation of existing services and establishment of new services to meet the unmet needs within the mental health system, with a strong emphasis on the needs of the chronically mentally ill and persons in rural communities.

CSHB 91 (HESS) RELATING TO THE MENTALLY ILL.

Sec. 1

AS 47.30.520. Amends purpose section of Community Mental Health Act to emphasize that a range of services will be provided.

Sec. 2

AS 47.30.545. Prioritizes populations community mental health centers must serve.

1st, people at risk of immediate hospitalization, in need of continuing services due to a persistent disturbance, or who pose a hazard to their own or others' health and safety, and children at immediate risk of removal from their home.

2nd, people least able of obtaining private sector assistance (because of nature of illness, income, or geographic location)

3rd, others.

AS 47.30.546. Lists the type of services for which community programs may receive state funds, including services specifically for the chronically mentally ill and severely mentally ill children.

AS 47.30.547. Outlines standards providers must meet.

Sec. 3

AS 47.30.550. Allows the department to pay the full cost of mental health services (rather than requiring a 25% match as under current law) if the department determines that sufficient funds from other sources are unavailable. Limits expenditure of program fees and 3rd party reimbursements to program enhancement.

Sec. 4

AS 47.30.610. Updates definition of "poverty area" to reference the most recent census data.

Sec. 5

AS 47.30.610. Defines "chronically mentally ill adult" and "severely mentally ill child".

Sec. 6

Repeals a section of temporary law.

Sec. 7

Immediate effective date.

NB 9/1/92

Mark Boren

The Sound and Fury of Mania



We parents of the mentally ill are a tongue-tied, self-castigating, silently grieving subculture

BY SASCHA GARSON

At 9 in the morning I took a front-row seat in Department 15 of the Superior Court in San Diego. I had not been subpoenaed nor am I a professional court watcher. A conservatorship hearing had been scheduled for my 45-year-old son, who graduated Phi Beta Kappa from Berkeley 24 years ago, and I was hoping there would be no glitch.

I have other perversities. When my son is jailed I relax; when he is hospitalized I feel relieved. I am not the only parent swimming against the current. We parents of the mentally ill are a tongue-tied, self-castigating, silently grieving subculture. Within our ranks, we understand each other's fears when an adult child disappears or constructs some get-rich-quick scheme that is on the wrong side of the law. With macabre humor born of pain, we chuckle when our children are hospitalized—even jailed. In a hospital, they will receive treatment for their illness; in jail, protection, perhaps, from being beaten or raped.

My son's behavior is not a personality defect. It has a medical name: manic-depressive disorder. A no-fault illness, it is basically a genetic and biochemical dysfunction. Society defines it as maladaptive behavior, yet within the framework of the disease there is logic. For example:

My son talks to cats in the street in front of my house. It's proper to pet and stroke them on our laps while watching TV, but when it takes place publicly, in an unusual context, neighbors summon the men in white jackets.

He goes into a bank, seats himself at the desk of a vice president, expounds on the evil bond between banks and money and demands immediate changes in the system. Police suddenly appear in response to a silent alarm because, although there has been no threat of bodily harm or evidence of a weapon, this man is opposed to money and may be dangerous.

He receives a citation for soliciting money in the street without a license. The police officer doesn't know that just an hour before, my saint had gone to an almost deserted street in the inner city and had strewn about all his small change because our religion recommends that the giver try to be anonymous to avoid shaming the poor. Withholding nothing for himself, he opens his full hands and heart to strangers and then asks others to help him with his own needs. The police are trained to enforce local regulations, not to be aware of the exhortations of the prophets. And so my son pays a \$50 fine that leaves him penniless for a month.

He had already paid Central Manor, the board-and-care facility whose residents provide for their own keep with the Supplemental Security Income (SSI) checks they receive because of mental disability.

Once, my Don Quixote decided to tilt against the Scholastic Aptitude Test (SAT). Not that he had a personal ax to grind—on the contrary, he had scored the maximum 800 on his verbals and had been able to choose between four scholarships. Filled only with zeal for his mission to benefit all aspiring college students, he managed to board an east-bound Greyhound bus in San Diego without paying. His goal was the SAT citadel in Princeton, N.J. In Brawley, Calif., roughly 70 miles ahead, his stowaway status was revealed and he was forced to get off.

These incidents may seem like escapades, pranks, fun and games. But when inspired by mania, they are undertaken with great seriousness. Worse things occur during a mania-heightened frenzy—baseless accusations, verbal abuse, assaultive behavior ranging from spitting at someone he despises to a slap or a punch because someone expresses different political views. There are threats; sometimes, but only rarely, actual mayhem. During a manic phase, there is little sleep. He burns with flaming energy and rage. He becomes a human battering ram, Samson pulling down pillars of destruction against the Philistines, consuming only himself until the illness causing the flagrant behavior is subdued by neuroleptic medication.

Handful of aspirin: Although I long for relief from the sound and fury of mania, I am more distressed when the pendulum swings and casts my son into a pit of depression. From that black hole of despair comes what seems to him to be the only hope for release: suicide. Alone in skid-row rooms from Minneapolis to San Francisco he has courted that surcease five times. Those attempts failed through sheer luck. There was the handful of aspirin that only made him ill; the furniture that didn't catch fire and only the varnish was scarred; the shower rod that broke under his weight as he tried to hang himself; the ingestion of lighter fluid that stopped short of the desired effect. In another try, the railroad train stopped in its tracks short of obliterating him.

How would any parent feel hearing about such attempts? There is vast relief that life prevailed over death. But it is combined with the deep understanding of the misery and suffering that sought extinction, with my desire to soothe and comfort, and with my always deeply felt but unspoken fear about the outcome of another downturn into clinical depression.

I sat alone in that courtroom, remembering the crises and near crises, the efforts to thwart danger to himself or others, powerless to prevent hoodlums from mocking, making sport of him, tearing his clothing while beating him to his knees.

Where are the others whose lives he has intimately touched? My son has two ex-wives, both of whom he abandoned when madness ruled; he has teenage children who cannot be expected to be parents to their father; he has a sister who avoids getting involved, and he has nieces and nephews who distance themselves from their uncle's countercultural lifestyle and unpredictably labile moods.

I sat alone last month, a 70-year-old mother, insulated in my carapace of emotional numbness. I waited for his name to be called in this bizarre graduation ceremony where the diploma certifies that he is not permitted to drive a car, purchase firearms or enter into a contract. I was relieved. And there was hope for my son yet, as well as the political process. He can still vote.

Garson is the author of "Out of Our Minds," a how-to-cope guide for patients and their families.

TABLE 7

OPERATING ESTIMATES FOR COMMUNITY SERVICES FOR ADULTS*

<u>Service</u>	<u>Individuals In Need</u>	<u>Individuals Served</u>	<u>Units of Service Per Individual</u>	<u>Occupancy</u>	<u>No. of Beds</u>		<u>Unit Cost</u>	<u>Annual Cost</u>
Case Management	5,500	2,750	52 hrs.	na**	na		\$ 18.00	\$ 2,574,000
Outreach	1,000	500	7 hrs.	na	na		15.00	52,500
Medication Management	3,960	1,980	12 hrs.	na	na		60.00	1,425,600
Structure and Support	5,500	2,750	204 hrs.	na	na		11.25	6,311,250
Vocational Training	3,960	990	960 hrs.	na	na		7.50	7,128,000
Board and Care	352	176	255 days	80%	154		22.00	1,236,620
Halfway House	436	218	365 days	80%	273		70.00	6,975,150
Foster Care	104	52	182.5 days	80%	33		22.00	764,990
Supervised Apartments	997	499	224 days	80%	383		30.00	4,193,850
Outpatient Services	65,327	13,065	8 hrs.	na	na		50.00	5,226,000
Prevention and Education (5% of Total)								<u>\$1,769,400</u>
TOTAL FOR ADULTS								\$37,157,360

OPERATING ESTIMATES FOR COMMUNITY SERVICES FOR CHILDREN AND ADOLESCENTS

<u>Service</u>	<u>Individuals In Need</u>	<u>Individuals Served</u>	<u>Units Of Service Per Individual</u>	<u>Occupancy</u>	<u>No. Of Beds</u>		<u>Unit Cost</u>	<u>Annual Cost</u>
Group Homes	234	70	365 days	100%	70		\$150.00	\$ 3,832,500
Specialized Foster Homes	625	188	365 days	100%	188		65.00	4,460,300
Home Based Services	4,330	1299	80 days	100%	na		40.00	4,156,800
Day Treatment	1,290	387	250 days	na	na		50.00	4,837,500
Respite Care	1,310	393	52 days	100%	56		65.00	1,328,340
Outpatient Services	10,960	3,288	10 hrs.	na	na		50.00	1,644,000
Case Management	2,660	798	26 hrs.	na	na		18.00	373,464
Supervised Apartments	55	17	365 days	100%	17		18.00	496,400
Prevention and Education (5% of Total)								<u>1,056,465</u>
TOTAL FOR CHILDREN AND ADOLESCENTS								\$22,185,769

OPERATING ESTIMATES FOR INPATIENT AND CRISIS SERVICES

<u>Service</u>	<u>Individuals In Need</u>	<u>Individuals Served</u>	<u>Units Of Service Per Individual</u>	<u>Occupancy</u>	<u>No. Of Beds</u>		<u>Unit Cost</u>	<u>Annual Cost</u>
Inpatient Care	634	634	30 days	80%	65		\$350.00	\$8,303,750
Crisis Beds	374	374	10 days	100%	20		120.00	876,000
Crisis Lines	10,000	10,000	1 call	na	na		30.00	300,000
Forensic	40	40	365 days	100%	40		400.00	5,840,000
TOTAL								\$15,319,750
Administration	na	na	na	na	na		na	\$ 2,677,200

TOTAL OPERATING COSTS FOR MENTAL HEALTH SYSTEM

\$77,340,079

CURRENT FUNDING (FY 1987 Revised)

(23,573,900)

TOTAL OPERATING NEW MONIES NEEDED

\$53,766,179

* Costs are best estimates only based on assumptions in text.
 ** Not applicable.

TABLE 8

POTENTIAL CAPITAL COSTS FOR
 MENTAL HEALTH SERVICES*
 (Children, Adolescents, Adults Combined)

<u>Service</u>	<u>Number Of Beds/Placements</u>	<u>Number of Sq/Ft Per Bed/Placement</u>	<u>Cost Per Square Foot</u>	<u>Total Cost</u>
Inpatient Care	65	445	\$285	\$ 8,243,625
Forensic Hospital	40	589	300	8,400,000
Crisis/Respite Service Center	20	445	285	2,536,500
Supervised Group Home/Halfway House	343	666	190	43,403,220
Board and Care	154	275	125	5,293,750
Supervised Apartments	400	450	125	22,500,000
Structure and Support/Day Treatment	205**	188	150	5,781,000
Transportation (Vans)	6,138	na	na	540,000
Vocational Training	114**	100	150	1,710,000
Outpatient Services	106**	188	150	2,989,200
Administration	14	150	\$150	315,000
TOTAL CAPITAL COST				\$101,712,295
RECURRING CAPITAL COST (For Ongoing Maintenance)				\$ 3,559,930
<u>TOTAL CAPITAL NEW MONIES</u>				\$105,272,225

* costs are approximate; it may be more effective to lease certain space

** numbers for client placement determined using the following calculation:

$$\frac{\text{number of individuals served} \times \text{units of service per individual}}{\text{total time per year per placement}}$$

Introduced: 1/30/87
Referred: Health, Education &
Social Services and Finance

BY POURCHOT BY REQUEST OF THE
JOINT SPECIAL COMMITTEE ON
MENTAL HEALTH TRUST LAND

1 IN THE HOUSE

2 HOUSE BILL NO. 91

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - FIRST 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. 47.30.546. 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. 47.30.547. 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 of 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 or psycholo-
7 gist, or a mental health clinician with a master's degree in a
8 field related to mental health;

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

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

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

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

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

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

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

1 level that is at least equal to the local funding support in the
2 previous year;

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

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