

LEG. FINANCE - BILLS 1981 - 1982 1613

SSSB 89 cont. - SB 100

1613

1 (3) the nature and extent of the harm to the child from abuse  
2 or neglect;

3 (4) the name and age and address of the person known or  
4 believed to be responsible for the harm to the child from abuse or  
5 neglect, if known;

6 (5) information that the department believes may be helpful  
7 in establishing the identity of the person believed to have caused the  
8 harm to the child from abuse or neglect.

9 (c) The Department of Law shall review the report of the depart-  
10 ment and, in consultation with the department, take appropriate action  
11 to protect the child from further harm.

12 \* Sec. 8. AS 47.17 is amended by adding a new section to read:

13 Sec. 47.17.064. PHOTOGRAPHS AND X-RAYS. The department or a  
14 person required under this chapter to report that a child suffered  
15 substantial harm as a result of physical abuse or neglect may without  
16 the permission of the parents and at the expense of the department

17 (1) take or have taken photographs of the areas of trauma  
18 visible on the child; and

19 (2) if medically indicated, have a radiological examination  
20 of the child performed.

21 \* Sec. 9. AS 47.17.070(1) is amended to read:

22 (1) "child abuse or neglect" means the physical injury or  
23 neglect, sexual abuse, or maltreatment of a child under the age of 18 by  
24 a person who is responsible for the child's welfare under circumstances  
25 which indicate that the child's health or welfare is harmed or threatened  
26 thereby;

27 \* Sec. 10. This Act takes effect July 1, 1982.  
28  
29

POSITION PAPER

CS FOR SENATE BILL NO. 89 (RULES) am

"An Act amending the child protection laws; and providing for an effective date."

The Department of Health and Social Services is in support of CS for Senate Bill No. 89 amending the child protection laws. Significant elements of the Bill include the addition of sexual abuse as one of the conditions under which the Department may assume emergency custody. Under current statute it is unclear whether the Department has the authority to assume emergency custody, and in cases of sexual abuse, children are often in danger of being pressured and of continuing to be abused unless they are removed from the home. Therefore, this amendment provides stronger protection to children who are being sexually abused or exploited.

This Bill also amends the child protection reporting statute to require school administrators and individuals involved in day care and foster care to report child abuse or neglect if they become aware of it in the performance of their duties. In addition, it permits the taking of photographs of the injuries to the child and, if medically indicated, of X-rays. It also provides a penalty for failure to report, which considerably strengthens the present law.

The Department wishes to point out a minor problem in this Bill. Section 1 was amended by the Rules Committee to eliminate mental harm from the previous wording. This has resulted in Subparagraph F (Lines 11-13, Page 1) being substantially the same as Subsection C in existing statute. The Department thus recommends that Section 1 be deleted from this Bill.

In summary, the Department believes this Bill, if passed, will provide greater protection to Alaskan children; and, therefore, the Department supports its passage.

RECOMMENDED BY: John R. Pugh  
John R. Pugh, Director  
Division of Family and  
Youth Services

DATE: 2/16/82

APPROVED BY: Heleh D. Beirne  
Heleh D. Beirne  
Commissioner

DATE: 2-17-82

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST  
Bill/Resolution No. CS for Senate Bill No. 89 (Rules) am  
Title "An Act amending the child protection laws; & providing for an eff. date."  
Requested by The Rules Committee Date

II. FISCAL DETAIL  
Agency Affected Department of Health and Social Services  
Program Category Affected   
BRU, Program, Or Subprogram(s) Affected   
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Source)	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

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

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

CS for Senate Bill No. 89 (Rules) am has no fiscal impact on the Department of Health and Social Services.

IV. DATE 2/16/82 PREPARED BY John R. Pugh, Director  
AGENCY Division of Family & Youth Services JCC  
Original: Legislative Finance PHONE 465-3170  
cc: Budget and Management  
Prime Sponsor (First Legislator Named)  
33-001 (Rev. 12/81)

Original sponsors: Parr, Fahrenkamp,  
Fischer and Stimson

Offered: 2/8/82

1 IN THE SENATE

BY THE RULES COMMITTEE

2

CS FOR SENATE BILL NO. 89 (Rules) am

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

TWELFTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled: "An Act amending the child protection laws; and pro-  
viding for an effective date."

7

8

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

9

\* Section 1. AS 47.10.010(a)(2) is amended by adding a new subparagraph  
to read:

10

11

(F) the child having suffered substantial physical abuse  
or neglect as a result of conditions created by the child's parent,  
guardian or custodian.

12

13

14

\* Sec. 2. AS 47.10.142(a) is amended by adding a new paragraph to read:

15

16

(4) the minor has been sexually abused under circumstances  
listed in AS 47.10.010(a)(2)(D).

17

\* Sec. 3. AS 47.17.010 is amended to read:

18

19

20

21

22

23

24

25

26

27

28

29

\* Sec. 4. AS 47.17.020(a)(2) is amended to read:

1 (2) school teachers and school administrative staff members;

2 \* Sec. 5. AS 47.17.020(a) is amended by adding a new paragraph to read:

3 (6) individuals involved in day care and foster care.

4 \* Sec. 6. AS 47.17 is amended by adding new sections to read:

5 Sec. 47.17.064. PHOTOGRAPHS AND X-RAYS. A person required under  
6 this chapter to report that a child suffered substantial harm as a  
7 result of physical abuse or neglect may without the permission of the  
8 parents

9 (1) take or have taken photographs of the areas of trauma  
10 visible on the child; and

11 (2) if medically indicated, have a radiological examination  
12 of the child performed.

13 Sec. 47.17.068. PENALTY FOR FAILURE TO REPORT. A person required  
14 to file a report of abuse or neglect under AS 47.17.020 who willfully or  
15 knowingly fails or refuses to report the harm required under AS 47.17.-  
16 020 is guilty of a class B misdemeanor.

17 \* Sec. 7. AS 47.17.070(1) is amended to read:

18 (1) "child abuse or neglect" means the physical injury or  
19 neglect, sexual abuse, sexual exploitation, or maltreatment of a child  
20 under the age of 18 by a person who is responsible for the child's  
21 welfare under circumstances which indicate that the child's health or  
22 welfare is harmed or threatened thereby;

23 \* Sec. 8. AS 47.17.070 is amended by adding a new paragraph to read:

24 (7) "sexual exploitation" mean

25 (A) permission or encouragement to a child for prosti-  
26 tution prohibited by AS 11.66.100 - 11.66.150 by a person responsi-  
27 ble for the child's welfare;

28 (B) permission, encouragement, or activity involved in  
29 the unlawful exploitation of a minor prohibited by AS 11.41.455 by

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

a person responsible for the minor's welfare.

\* Sec. 9. This Act takes effect July 1, 1982.



# COMMITTEE REPORT

## SENATE

FURTHER:

Finance

3/5/81

Date: 5-8-81

Mr. President:

COMMUNITY & REGIONAL

The Committee on AFFAIRS has had SB 94 making a special appropriation for a swimming pool at Bartlett High School

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

- as follows*
- do pass  do not pass
- do pass with attached amendments(s)
- replace with CS for \_\_\_\_\_  same title  
 new title
- and recommends \_\_\_\_\_
- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

1 Jergensen

2 Boyer

2 Arthur Stimpel

Wo De

1 Alan Selman (do pass)  
CHAIRMAN

COMMITTEE REPORT  
SENATE

FURTHER: Community & Regional Affairs and Finance

1/19/81

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

Mr. President:

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had SB 94 making a special appropriation for a swimming pool at Bartlett High School

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

- do pass  do not pass
- do pass with attached amendments(s)
- replace with CS for \_\_\_\_\_  same title  
 new title
- and recommends \_\_\_\_\_
- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

1 Lenny D. Stinson

1 Tom Kelb

Charles H. P.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

2 V. Fischer - no rec.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 Charles H. P.  
CHAIRMAN

<u>Funding Information</u>	
General Fund	\$5,800,000
Other Funds	-0-
	<u>\$5,800,000</u>

Introduced: 1/19/81  
 Referred: Health, Education &  
 Social Services, Community &  
 Regional Affairs and Finance

1 IN THE SENATE BY KELLY

2 SENATE BILL NO. 94

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation for a swimming  
 7 pool at Bartlett High School; and providing for an  
 8 effective date."

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

10 \* Section 1. The sum of \$5,800,000 is appropriated from the general fund  
 11 for payment as a grant to the Municipality of Anchorage for a 50 meter  
 12 indoor swimming pool at Bartlett High School.

13 \* Sec. 2. This Act takes effect immediately in accordance with AS 01.-  
 14 10.070(c).

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

ALASKA STATE LEGISLATURE

WELFTH Legislature FIRST... Session

SENATE ... BILL..... NO. 94.....

By ... KELLY.....

"An Act making a special appropriation for a swimming pool at Bartlett High School; and providing for an effective date."

Introduced in the Senate 1/19/ 91  
....., 19.....

HISTORY IN THE SENATE

19 81	Read first time and referred to Committee on																						
1 19	HESS, C & RA and Finance																						
3 5	Reported back with HESS-3 do recommendation that pass, 1 no																						
4 11	RA: 2 do pass, 2 no rec, to Finance																						
	Read second time and																						
	Read third time and																						
	<table border="0"> <tr> <td>PASS</td> <td>Effective Date</td> </tr> <tr> <td>Yeas</td> <td>Yeas</td> </tr> <tr> <td>Nays</td> <td>Nays</td> </tr> <tr> <td>Absent</td> <td>Absent</td> </tr> <tr> <td>Excused</td> <td>Excused</td> </tr> <tr> <td colspan="2">Reconsideration</td> </tr> <tr> <td>PASS</td> <td>Effective Date</td> </tr> <tr> <td>Yeas</td> <td>Yeas</td> </tr> <tr> <td>Nays</td> <td>Nays</td> </tr> <tr> <td>Absent</td> <td>Absent</td> </tr> <tr> <td>Excused</td> <td>Excused</td> </tr> </table>	PASS	Effective Date	Yeas	Yeas	Nays	Nays	Absent	Absent	Excused	Excused	Reconsideration		PASS	Effective Date	Yeas	Yeas	Nays	Nays	Absent	Absent	Excused	Excused
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																						
	<table border="0"> <tr> <td>PASS</td> <td>Effective Date</td> </tr> <tr> <td>Yeas</td> <td>Yeas</td> </tr> <tr> <td>Nays</td> <td>Nays</td> </tr> <tr> <td>Absent</td> <td>Absent</td> </tr> <tr> <td>Excused</td> <td>Excused</td> </tr> <tr> <td colspan="2">Reconsideration</td> </tr> <tr> <td>PASS</td> <td>Effective Date</td> </tr> <tr> <td>Yeas</td> <td>Yeas</td> </tr> <tr> <td>Nays</td> <td>Nays</td> </tr> <tr> <td>Absent</td> <td>Absent</td> </tr> <tr> <td>Excused</td> <td>Excused</td> </tr> </table>	PASS	Effective Date	Yeas	Yeas	Nays	Nays	Absent	Absent	Excused	Excused	Reconsideration		PASS	Effective Date	Yeas	Yeas	Nays	Nays	Absent	Absent	Excused	Excused
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. ....

Funding Information  
General Fund \$5,800,000  
Other Funds -0-  
\$5,800,000

Introduced: 1/19/81  
Referred: Health, Education &  
Social Services, Community &  
Regional Affairs and Finance

1 IN THE SENATE

BY KELLY

2 SENATE BILL NO. 94

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation for a swimming  
7 pool at Bartlett High School; and providing for an  
8 effective date."

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

10 \* Section 1. The sum of \$5,800,000 is appropriated from the general fund  
11 for payment as a grant to the Municipality of Anchorage for a 50 meter  
12 indoor swimming pool at Bartlett High School.

13 \* Sec. 2. This Act takes effect immediately in accordance with AS 01.-  
14 10.070(c).

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

COMMITTEE REPORT

HOUSE

(11)

FURTHER:

4/16/82

Mr. Speaker: (BESS referral waived 4/16/82)

Date: 4-17-82

The Committee on FINANCE has had CSSB 95 (C&RA)

"An Act relating to election of school board members."

under consideration and reports it back as follows:

- do pass  do not pass
- do pass with attached amendments(s)
- replace with <sup>H</sup>CS for CSSB 95 (C+RA)  same title  
 new title
- and recommends DO PASS
- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHAIRMAN**

Original sponsor: Ferguson by request

Offered: 4/16/82  
Referred: Health, Education &  
Social Services and Finance

BY THE COMMUNITY AND REGIONAL  
AFFAIRS COMMITTEE

1 IN THE SENATE

2 HOUSE CS FOR CS FOR SENATE BILL NO. 95 (C&RA)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to election of regional school board  
7 members."

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

9 \* Section 1. AS 14.08.041(d) is amended to read:

10 (d) Subject to (f) of this section, a regional [REGIONAL] school  
11 board member [MEMBERS] shall be elected at large by the qualified voters  
12 of the communities receiving educational services in the entire regional  
13 educational attendance area. However, each seat on the school board  
14 shall be designated by letter or number, and a candidate for regional  
15 school board must indicate the seat for which he is a candidate on his  
16 declaration of candidacy or other nomination papers when he files for  
17 office.

18 \* Sec. 2. AS 14.08.041 is amended by adding a new subsection to read:

19 (f) The voters residing within a regional educational attendance  
20 area may petition in accordance with AS 14.08.051(b) to have each  
21 regional school board member elected from a section of the area by the  
22 voters of that section.

23 \* Sec. 3. AS 14.08.051(a) is amended to read:

24 (a) The commissioner in consultation with the Department of Com-  
25 munity and Regional Affairs and the local communities may divide a  
26 regional educational attendance area into sections only for the purpose  
27 of nominating and electing regional school board members. If the voters  
28 in a regional educational attendance area favor election of regional  
29 school board members by sections under (b) of this section, the commis-

1 sioner in consultation with the Department of Community and Regional  
2 Affairs and the local communities shall divide the regional educational  
3 attendance area into sections for the purpose of nominating and electing  
4 regional school board members. If a regional attendance area is divided  
5 into sections each school board member shall represent, as nearly as  
6 practicable, an equal number of persons. The basis for the division of  
7 a regional educational attendance area into sections shall be the total  
8 population of the area as reported in the most recent decennial federal  
9 census. If the census is five years old or older, then other reliable  
10 population data, including but not limited to population estimates based  
11 on public school enrollments, public utility connections, registered  
12 voters or certified employment payrolls, shall be used as the basis for  
13 the division of the area into sections. Each section within a regional  
14 educational attendance area shall consist of compact, contiguous terri-  
15 tory and, as far as practicable, each section shall contain an integrated  
16 socio-economic, linguistically and culturally homogeneous area. In the  
17 division of the regional school attendance area into sections, consider-  
18 ation shall be given to the transportation and communication network to  
19 facilitate the administration of education and communication between  
20 communities that comprise the area. Whenever possible, municipalities,  
21 other governmental or regional corporate entities, drainage basins and  
22 other identifiable geographic features shall be used in describing the  
23 boundaries of the sections.

24 \* Sec. 4. AS 14.08.051(b) is amended to read:

25 (b) The division of a regional educational attendance area into  
26 sections [,] or subsequent recasting of the section boundaries [,] may  
27 be proposed by the regional school board or by a petition. The election  
28 of each regional school board member from a section by the voters of  
29 that section of a regional educational attendance area may be proposed

1 by petition. A petition under this section shall be filed with the  
2 director of elections and shall contain [CONTAINING] signatures of  
3 qualified voters in the area equal to 15 percent of the total vote cast  
4 in the most recent regional school board election. The division of the  
5 area into sections, election of each regional school board member from  
6 a section by the voters of that section, or subsequent recasting of  
7 section boundaries [,] is subject to approval by a majority of the  
8 qualified voters voting on the question in the regional educational  
9 attendance area at the next regular school board election or a special  
10 election called for that purpose, and takes effect at the next regular  
11 school board election.

12 \* Sec. 5. AS 14.08.051(e) is amended to read:

13 (e) If a regional educational attendance area has been divided  
14 into sections, board members shall be residents of the section from  
15 which they are elected. Board members [, BUT THEY] shall be elected by  
16 the qualified voters of the entire regional educational attendance  
17 area, unless the voters have approved election of members by the voters  
18 of the section under (b) of this section.

Original sponsor: Ferguson by request

Offered: 4/16/82  
Referred: Health, Education &  
Social Services and Finance

1 IN THE SENATE

BY THE COMMUNITY AND REGIONAL  
AFFAIRS COMMITTEE

2

HOUSE CS FOR CS FOR SENATE BILL NO. 95 (C&RA)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

TWELFTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled: "An Act relating to election of regional school board  
7 members."

8

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

9

\* Section 1. AS 14.08.041(d) is amended to read:

10

(d) Subject to (f) of this section, a regional [REGIONAL] school  
11 board member [MEMBERS] shall be elected at large by the qualified voters  
12 of the communities receiving educational services in the entire regional  
13 educational attendance area. However, each seat on the school board  
14 shall be designated by letter or number, and a candidate for regional  
15 school board must indicate the seat for which he is a candidate on his  
16 declaration of candidacy or other nomination papers when he files for  
17 office.

18

\* Sec. 2. AS 14.08.041 is amended by adding a new subsection to read:

19

(f) The voters residing within a regional educational attendance  
20 area may petition in accordance with AS 14.08.051(b) to have each  
21 regional school board member elected from a section of the area by the  
22 voters of that section.

23

\* Sec. 3. AS 14.08.051(a) is amended to read:

24

(a) The commissioner in consultation with the Department of Com-  
25 munity and Regional Affairs and the local communities may divide a  
26 regional educational attendance area into sections only for the purpose  
27 of nominating and electing regional school board members. If the voters  
28 in a regional educational attendance area favor election of regional  
29 school board members by sections under (b) of this section, the commis-

1 sioner in consultation with the Department of Community and Regional  
2 Affairs and the local communities shall divide the regional educational  
3 attendance area into sections for the purpose of nominating and electing  
4 regional school board members. If a regional attendance area is divided  
5 into sections each school board member shall represent, as nearly as  
6 practicable, an equal number of persons. The basis for the division of  
7 a regional educational attendance area into sections shall be the total  
8 population of the area as reported in the most recent decennial federal  
9 census. If the census is five years old or older, then other reliable  
10 population data, including but not limited to population estimates based  
11 on public school enrollments, public utility connections, registered  
12 voters or certified employment payrolls, shall be used as the basis for  
13 the division of the area into sections. Each section within a regional  
14 educational attendance area shall consist of compact, contiguous terri-  
15 tory and, as far as practicable, each section shall contain an integrated  
16 socio-economic, linguistically and culturally homogeneous area. In the  
17 division of the regional school attendance area into sections, consider-  
18 ation shall be given to the transportation and communication network to  
19 facilitate the administration of education and communication between  
20 communities that comprise the area. Whenever possible, municipalities,  
21 other governmental or regional corporate entities, drainage basins and  
22 other identifiable geographic features shall be used in describing the  
23 boundaries of the sections.

24 \* Sec. 4. AS 14.08.051(b) is amended to read:

25 (b) The division of a regional educational attendance area into  
26 sections [,] or subsequent recasting of the section boundaries [,] may  
27 be proposed by the regional school board or by a petition. The election  
28 of each regional school board member from a section by the voters of  
29 that section of a regional educational attendance area may be proposed

1 by petition. A petition under this section shall be filed with the  
2 director of elections and shall contain [CONTAINING] signatures of  
3 qualified voters in the area equal to 15 percent of the total vote cast  
4 in the most recent regional school board election. The division of the  
5 area into sections, election of each regional school board member from  
6 a section by the voters of that section, or subsequent recasting of  
7 section boundaries [,] is subject to approval by a majority of the  
8 qualified voters voting on the question in the regional educational  
9 attendance area at the next regular school board election or a special  
10 election called for that purpose, and takes effect at the next regular  
11 school board election.

12 \* Sec. 5. AS 14.08.051(e) is amended to read:

13 (e) If a regional educational attendance area has been divided  
14 into sections, board members shall be residents of the section from  
15 which they are elected. Board members [, BUT THEY] shall be elected by  
16 the qualified voters of the entire regional educational attendance  
17 area, unless the voters have approved election of members by the voters  
18 of the section under (b) of this section.

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSSB 95 (C&RA)

Title "An Act relating to election of school board members"

Requested by Senator Ferguson

Date 3/30/82

II. FISCAL DETAIL

Agency Affected Office of the Governor

Program Category Affected Division of Elections

BRU, Program, Or Subprogram(s) Affected Division of Elections

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		25.0	12.3	13.8	15.5	17.4
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>	<b>-0-</b>	<b>25.0</b>	<b>12.3</b>	<b>13.8</b>	<b>15.5</b>	<b>17.4</b>

FUNDING (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
GENERAL FUND		25.0	12.3	13.8	15.5	17.4
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS

No additional positions required.

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

Assume:

- No additional cost for the question concerning sectional division to be placed on the October 1982 REAA ballots.
- One-time mapping cost of 25.0 for sectional maps to be prepared during FY 83.
- Additional printing costs for separate sectional ballots beginning in FY 84 for the October 1983 REAA elections. (Currently 21 ballots; legislation would allow 62 separate ballots.) Formula for printing costs: 41 additional ballots x \$300/ballot = \$12,300.
- 12% inflation for printing of additional ballots each year.
- The absorption of other costs (advertising, staff time for ballot preparation, travel, etc.) within our detail budget requests.

IV. DATE 3/30/82

PREPARED BY Danith D. Arnoldt, Deputy Director  
AGENCY Office of the Gov., Division of Elections

Original: Legislative Finance

PHONE 586-6181

X

Offered: 3/3/82  
Referred: Health, Education  
& Social Services

Original sponsor: Ferguson by request

1 IN THE SENATE

BY THE COMMUNITY AND REGIONAL  
AFFAIRS COMMITTEE

2

CS FOR SENATE BILL NO. 95 (C&RA)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

TWELFTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled: "An Act relating to election of school board members."

7

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

8

\* Section 1. AS 14.08.041(d) is amended to read:

9

(d) Subject to (f) of this section, a regional [REGIONAL] school board member [MEMBERS] shall be elected at large by the qualified voters of the communities receiving educational services in the entire regional educational attendance area. However, each seat on the school board shall be designated by letter or number, and a candidate for regional school board must indicate the seat for which he is a candidate on his declaration of candidacy or other nomination papers when he files for office.

10

11

12

13

14

15

16

17

\* Sec. 2. AS 14.08.041 is amended by adding a new subsection to read:

18

(f) The voters residing within a regional educational attendance area may petition in accordance with AS 14.08.051(b) to have each regional school board member elected from a section of the area by the voters of that section.

19

20

21

22

\* Sec. 3. AS 14.08.051(a) is amended to read:

23

(a) The commissioner in consultation with the Department of Community and Regional Affairs and the local communities may divide a regional educational attendance area into sections only for the purpose of nominating and electing regional school board members. If the voters in a regional educational attendance area favor election of regional school board members by sections under (b) of this section, the commissioner in consultation with the Department of Community and Regional

24

25

26

27

28

29

1 Affairs and the local communities shall divide the regional educational  
2 attendance area into sections for the purpose of nominating and electing  
3 regional school board members. If a regional attendance area is divided  
4 into sections each school board member shall represent, as nearly as  
5 practicable, an equal number of persons. The basis for the division of  
6 a regional educational attendance area into sections shall be the total  
7 population of the area as reported in the most recent decennial federal  
8 census. If the census is five years old or older, then other reliable  
9 population data, including but not limited to population estimates based  
10 on public school enrollments, public utility connections, registered  
11 voters or certified employment payrolls, shall be used as the basis for  
12 the division of the area into sections. Each section within a regional  
13 educational attendance area shall consist of compact, contiguous terri-  
14 tory and, as far as practicable, each section shall contain an integrated  
15 socio-economic, linguistically and culturally homogeneous area. In the  
16 division of the regional school attendance area into sections, consider-  
17 ation shall be given to the transportation and communication network to  
18 facilitate the administration of education and communication between  
19 communities that comprise the area. Whenever possible, municipalities,  
20 other governmental or regional corporate entities, drainage basins and  
21 other identifiable geographic features shall be used in describing the  
22 boundaries of the sections.

23 \* Sec. 4. AS 14.08.051(b) is amended to read:

24 (b) The division of a regional educational attendance area into  
25 sections [,] or subsequent recasting of the section boundaries [,] may  
26 be proposed by the regional school board or by a petition. The election  
27 of each regional school board member from a section by the voters of  
28 that section of a regional educational attendance area may be proposed  
29 by petition. A petition under this section shall be filed with the

1 director of elections and shall contain [CONTAINING] signatures of  
2 qualified voters in the area equal to 15 percent of the total vote cast  
3 in the most recent regional school board election. The division of the  
4 area into sections, election of each regional school board member from  
5 a section by the voters of that section, or subsequent recasting of  
6 section boundaries [,] is subject to approval by a majority of the  
7 qualified voters voting on the question in the regional educational  
8 attendance area at the next regular school board election or a special  
9 election called for that purpose, and takes effect at the next regular  
10 school board election.

11 \* Sec. 5. AS 14.08.051(e) is amended to read:

12 (e) If a regional educational attendance area has been divided  
13 into sections, board members shall be residents of the section from  
14 which they are elected. Board members [, BUT THEY] shall be elected by  
15 the qualified voters of the entire regional educational attendance  
16 area, unless the voters have approved election of members by the voters  
17 of the section under (b) of this section.

18 \* Sec. 6. AS 14.12.030 is amended by adding a new subsection to read:

19 (e) A school board member shall be elected at large by the voters  
20 of the municipal school district. However, each seat on the school  
21 board shall be designated by letter or number, and a candidate for  
22 school board must indicate the seat for which he is a candidate on his  
23 declaration of candidacy or other nomination papers when he files for  
24 office.

25 \* Sec. 7. Within six months after the effective date of this Act, in each  
26 municipality that is a school district the school board members shall draw  
27 lots to determine the number or letter that each seat on the school board  
28 shall be designated. The drawing shall take place during a regular meeting  
29 of the school board.

COMMITTEE REPORT  
SENATE

5/14/81

FURTHER: None

Date: 5/27/81

Mr. President:

The Committee on FINANCE has had SB 100  
mentally ill persons

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

- do pass  do not pass
- do pass with attached amendments(s)
- replace with CS for SB 100 (TUD)  same title  
 new title
- and recommends NO PASS
- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CHAIRMAN

X  
5/27/81

Original sponsors: Parr, Stimson,  
and Fischer

Offered: 5/14/81  
Referred: Finance

1 IN THE SENATE BY THE JUDICIARY COMMITTEE

2 CS FOR SENATE BILL NO. 100 (Judiciary)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to mentally ill persons; 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 is amended by adding new sections to read:

10 ARTICLE 6. MENTAL HEALTH PROGRAM.

11 Sec. 47.30.655. PURPOSE. The purpose of this major revision of  
12 Alaska civil commitment statutes is to more adequately protect the legal  
13 rights of persons suffering from mental illness. The legislature has  
14 attempted to balance the individual's constitutional right to physical  
15 liberty and the state's interest in (1) protecting society from persons  
16 who are dangerous to others; and (2) protecting persons who are dan-  
17 gerous to themselves, by providing due process safeguards at all stages  
18 of commitment proceedings. In addition, the following principles of  
19 modern mental health care have guided this revision:

20 (1) that persons be given every opportunity to accept volun-  
21 tary treatment before involvement with the judicial system;

22 (2) that persons be treated in the least restrictive alter-  
23 native environment consistent with their treatment needs;

24 (3) that treatment occur as promptly as possible and as close  
25 to the individual's home as possible;

26 (4) that a system of mental health community facilities and  
27 supports be available;

28 (5) that patients be informed of their legal rights and be  
29 informed of and allowed to participate in their treatment program as

1 much as possible;

2 (6) that persons who are mentally ill but not dangerous to  
3 others be committed only if there is a reasonable expectation of im-  
4 proving their mental condition.

5 Sec. 47.30.660. POWERS AND DUTIES OF DEPARTMENT. The department  
6 is the mental health authority of the state and shall

7 (1) administer a comprehensive program for the prevention of  
8 mental illness and the care and treatment of the mentally ill, including  
9 inpatient and outpatient care and treatment and the procurement of  
10 services of specialists or other persons on a contractual or other  
11 basis;

12 (2) take the actions and undertake the obligations which are  
13 necessary to participate in federal grants-in-aid programs and accept  
14 federal or other financial aid from whatever sources for the study,  
15 examination, care, and treatment of the mentally ill;

16 (3) administer AS 47.30.655 - 47.30.915;

17 (4) designate, operate, and maintain treatment facilities  
18 equipped and qualified to provide inpatient and outpatient care and  
19 treatment for the mentally ill;

20 (5) provide for the placement of mentally ill patients in  
21 designated treatment facilities;

22 (6) enter into arrangements with governmental agencies for  
23 the care or treatment of the mentally ill in facilities of the govern-  
24 mental agencies in the state or in another state;

25 (7) enter into contracts with treatment facilities for the  
26 custody and care or treatment of the mentally ill;

27 (8) enter into contracts which incorporate safeguards consis-  
28 tent with AS 47.30.655 - 47.30.915 and the preservation of the civil  
29 rights of the patients with another state for the custody and care or

1 treatment of patients previously committed from this state under 48  
2 U.S.C., sec. 46 et seq., and P.L. 830, 84th Congress, 2nd Session, 70  
3 Stat. 709;

4 (9) prescribe the form of applications, records, reports,  
5 requests for release, and consents to medical or psychological treatment  
6 required by AS 47.30.655 - 47.30.915;

7 (10) require reports from the head of a treatment facility  
8 concerning the care of patients;

9 (11) visit each treatment facility at least annually to  
10 review methods of care or treatment for patients;

11 (12) investigate complaints made by a patient or an interested  
12 party on behalf of a patient;

13 (13) delegate upon mutual agreement to another officer or  
14 agency of it, or a political subdivision of the state, or a treatment  
15 facility designated, any of the duties and powers imposed upon it by  
16 AS 47.30.655 - 47.30.915; and

17 (14) adopt regulations to implement the provisions of AS 47.-  
18 30.655 - 47.30.915.

19 ARTICLE 7. VOLUNTARY ADMISSION FOR TREATMENT.

20 Sec. 47.30.670. STANDARDS FOR VOLUNTARY ADMISSION. A person 14  
21 years of age or older may be voluntarily admitted to a treatment facil-  
22 ity if he is suffering from mental illness and he voluntarily signs the  
23 admission papers.

24 Sec. 47.30.675. NOTICE OF RIGHTS. (a) Upon the application of a  
25 person for voluntary admission, or at the time a person admitted under  
26 AS 47.30.690 reaches the age of 14, he shall be given a copy of the  
27 following documents which shall be explained to him as necessary:

28 (1) notice of rights as set out in AS 47.30.825 - 47.30.865  
29 and an explanation of any document served upon him; and

1 (2) notice that should he desire to leave at a time when the  
2 treatment facility determines that he is mentally ill and as a result  
3 is likely to cause serious harm to himself or others or is gravely dis-  
4 abled, the facility could initiate commitment proceedings against him.

5 (b) If an applicant for voluntary admission does not understand  
6 English, the explanation shall be given in a language he understands.

7 Sec. 47.30.680. DISCHARGE OF VOLUNTARY PATIENTS. A patient who  
8 no longer meets the standards established in AS 47.30.670 shall be  
9 discharged from the treatment facility.

10 Sec. 47.30.685. NOTICE OF INTENT TO LEAVE FACILITY; COMMITMENT.  
11 A voluntary patient who is 14 years of age or older and who desires to  
12 leave a treatment facility must submit to the facility a written notice  
13 of intent to leave on a form provided to him by the facility. Upon  
14 immediate investigation, the patient shall be evaluated in writing and  
15 discharged immediately or given written notice that involuntary commit-  
16 ment proceedings will be initiated against him. The treatment facility  
17 may detain the patient for no more than 48 hours after receipt of the  
18 patient's notice of intent to leave in order to initiate involuntary  
19 commitment proceedings.

20 Sec. 47.30.690. ADMISSION OF MINORS UNDER 14 YEARS OF AGE. (a)  
21 A minor under the age of 14 may be admitted for 21 days evaluation,  
22 diagnosis, and treatment at a designated treatment facility if his  
23 parent or guardian signs the admission papers and if, in the opinion of  
24 the professional person in charge,

25 (1) he is gravely disabled or is suffering from mental ill-  
26 ness and as a result he is likely to cause serious harm to himself or  
27 others;

28 (2) there is no less restrictive alternative available for  
29 his treatment; and

1 (3) there is reason to believe that the patient's mental  
2 condition could be improved by the course of treatment.

3 (b) The minor may be released by the treatment facility at any  
4 time during the 21-day period if the professional person in charge or  
5 his designate mental health professional determines the minor would no  
6 longer benefit from continued hospitalization and the minor is not  
7 dangerous. The minor's parents or his guardian must be notified by the  
8 facility of the contemplated release and that, unless they initiate  
9 involuntary commitment proceedings, the minor will be released.

10 Sec. 47.30.695. NOTICE OF REQUEST FOR RELEASE OF MINORS UNDER 14  
11 YEARS OF AGE FROM DETENTION AND COMMITMENT. The parent or guardian of  
12 a minor who is less than 14 years of age may request and obtain imme-  
13 diate release of the minor at any time, unless as the result of mental  
14 illness, the minor is likely to cause serious harm to himself or  
15 others.

16 ARTICLE 8. INVOLUNTARY ADMISSION FOR TREATMENT.

17 Sec. 47.30.700. INITIATION OF INVOLUNTARY COMMITMENT PROCEDURES.

18 (a) Upon petition of any adult, a judge shall immediately conduct a  
19 screening investigation or direct a local mental health professional  
20 employed by the department or by a local mental health program which  
21 receives money from the department under AS 47.30.520 - 47.30.620 or  
22 another mental health professional designated by the judge, to conduct  
23 a screening investigation of the person alleged to be mentally ill and,  
24 as a result of that condition, alleged to be gravely disabled or to  
25 present a likelihood of serious harm to himself or others. Within 48  
26 hours after the completion of the screening investigation, a judge may  
27 issue an ex parte order orally or in writing, stating that there is  
28 probable cause to believe the respondent is mentally ill and that  
29 condition causes the respondent to be gravely disabled or to present a

1 likelihood of serious harm to himself or others. The court shall pro-  
2 vide findings on which the conclusion is based, appoint an attorney to  
3 represent the respondent, and may direct that a peace officer take the  
4 person into custody and deliver him to the nearest appropriate facility  
5 for emergency examination or treatment. The ex parte order shall be  
6 provided to the respondent and made a part of the respondent's clinical  
7 record. The court shall confirm an oral order in writing within 24  
8 hours after it is issued.

9 (b) The petition required in (a) of this section shall allege  
10 that the respondent is reasonably believed to present a likelihood of  
11 serious harm to himself or others or is gravely disabled as a result of  
12 mental illness and shall specify the factual information on which that  
13 belief is based including the names and addresses of all persons known  
14 to the petitioner who have knowledge of those facts through personal  
15 observation.

16 Sec. 47.30.705. EMERGENCY DETENTION FOR EVALUATION. A peace  
17 officer who has probable cause to believe that a person is gravely  
18 disabled or is suffering from mental illness and is likely to cause  
19 serious harm to himself or others of such an immediate nature that con-  
20 siderations of safety do not allow initiation of involuntary commitment  
21 procedures set out in AS 47.30.700, may cause the person to be taken  
22 into custody and delivered to the nearest evaluation facility. A  
23 correctional facility may be used as an emergency evaluation facility  
24 if an evaluation facility is not available. Upon arrival at the  
25 evaluation facility, the peace officer shall complete an application  
26 for examination of the person in custody and be interviewed by a mental  
27 health professional at the facility.

28 Sec. 47.30.710. EXAMINATION. (a) A respondent who is delivered  
29 under AS 47.30.700 or 47.30.705 for emergency examination and treatment

1 to an evaluation facility shall be examined and evaluated as to his  
2 mental and physical condition by a mental health professional and by a  
3 physician within 24 hours after arrival at the facility.

4 (b) If the mental health professional who performs the emergency  
5 examination has reason to believe that the respondent is (1) mentally  
6 ill and that condition causes the person to be gravely disabled or to  
7 present a likelihood of serious harm to himself or others, and (2) is  
8 in need of care or treatment, the mental health professional may hospi-  
9 talize him, or arrange for hospitalization, on an emergency basis. If  
10 a judicial order has not been obtained under AS 47.30.700, the mental  
11 health professional shall apply for an ex parte order authorizing  
12 hospitalization for evaluation.

13 Sec. 47.30.715. ACCEPTANCE OF ORDER. When a facility receives a  
14 proper order for evaluation, it must accept the order and the respondent  
15 for an evaluation period not to exceed 72 hours. The facility shall  
16 promptly notify the court of the date and time of the respondent's  
17 arrival. The court shall set a date, time and place for a 21-day com-  
18 mitment hearing, to be held if needed within 72 hours after the respon-  
19 dent's arrival, and the court shall notify the facility, the respondent,  
20 his attorney, and the prosecuting attorney of the hearing arrangements.  
21 Evaluation personnel, when used, shall similarly notify the court of  
22 the date and time when they first met with the respondent.

23 Sec. 47.30.720. RELEASE BEFORE EXPIRATION OF 72-HOUR PERIOD. If  
24 at any time in the course of the 72-hour period the mental health pro-  
25 fessionals conducting the evaluation determine that the respondent does  
26 not meet the standards for commitment specified in AS 47.30.700, the  
27 respondent shall be discharged from the facility or the place of evalu-  
28 ation by evaluation personnel and the petitioner and the court so noti-  
29 fied.

1           Sec. 47.30.725. COMMITMENT PROCEEDING RIGHTS; NOTIFICATION. (a)

2       When a respondent is detained for evaluation under AS 47.30.655 - 47.-  
3       30.915, he shall be immediately notified orally and in writing of his  
4       rights under this section. Notification shall be in a language under-  
5       stood by the respondent. His guardian, if any, and if the respondent  
6       requests, an adult designated by the respondent, shall also be notified  
7       of the respondent's rights under this section.

8           (b) Unless a respondent is released or voluntarily admits himself  
9       for treatment within 72 hours of his arrival at the facility or, if he  
10      is evaluated by evaluation personnel, within 72 hours from the beginning  
11      of his meeting with evaluation personnel, he is entitled to a court  
12      hearing to be set for not later than the end of that 72-hour period to  
13      determine whether there is cause to detain him after the 72 hours have  
14      expired for up to an additional 21 days on the grounds that he is  
15      gravely disabled or mentally ill and as a result presents a likelihood  
16      of serious harm to himself or others. The facility or evaluation  
17      personnel shall give notice to the court of the releases and voluntary  
18      admissions under AS 47.30.700 - 47.30.820.

19          (c) The respondent has a right to communicate immediately, at the  
20      department's expense, with his guardian, if any, or an adult designated  
21      by the respondent and the attorney designated in the ex parte order, or  
22      an attorney of the respondent's choice.

23          (d) The respondent has the right to be represented by an attorney,  
24      to present evidence, and to cross-examine witnesses who testify against  
25      him at the hearing.

26          (e) The respondent has the right to be free of the effects of  
27      medication and other forms of treatment to the maximum extent possible  
28      before the 21-day commitment hearing; however, the facility or evalua-  
29      tion personnel may treat him with medication under prescription by a

1 licensed physician or by a less restrictive alternative of his pre-  
2 ference if, in the opinion of a licensed physician in the case of  
3 medication, or of a mental health professional in the case of alterna-  
4 tive treatment, the treatment is necessary to

- 5 (1) prevent bodily harm to the respondent or others;  
6 (2) prevent such deterioration of the respondent's mental  
7 condition that subsequent treatment might not enable him to recover; or  
8 (3) allow the respondent to prepare for and participate in  
9 the proceedings.

10 (f) A respondent, if he is represented by counsel, may waive,  
11 orally or in writing, the 72-hour time limit on the 21-day commitment  
12 hearing and have the hearing set for a date no more than seven calendar  
13 days after his arrival at the facility. The respondent's counsel shall  
14 immediately notify the court of the waiver.

15 Sec. 47.30.730. PROCEDURE FOR 21-DAY COMMITMENT; PETITION FOR  
16 COMMITMENT. (a) In the course of the 72-hour evaluation period, a  
17 petition for commitment to a treatment facility may be filed in court.  
18 The petition must be signed by two mental health professionals who have  
19 examined the respondent, one of whom is a physician. The petition must

20 (1) allege that the respondent is mentally ill and as a  
21 result is likely to cause harm to himself or others or is gravely dis-  
22 abled;

23 (2) allege that the evaluation staff has considered but has  
24 not found that there are any less restrictive alternatives available  
25 that would adequately protect the respondent or others; or, if a less  
26 restrictive involuntary form of treatment is sought, specify the treat-  
27 ment and the basis for supporting it;

28 (3) allege with respect to a gravely disabled respondent  
29 that there is reason to believe that the respondent's mental condition

1 could be improved by the course of treatment sought;

2 (4) allege that a specified treatment facility or less re-  
3 strictive alternative that is appropriate to the respondent's condition  
4 has agreed to accept the respondent;

5 (5) allege that the respondent has been advised of the need  
6 for, but has not accepted, voluntary treatment, and request that the  
7 court commit the respondent to the specified treatment facility or less  
8 restrictive alternative for a period not to exceed 21 days;

9 (6) list the prospective witnesses who will testify in sup-  
10 port of commitment or involuntary treatment;

11 (7) list the facts and specific behavior of the respondent  
12 supporting the allegation in (1) of this subsection.

13 (b) A copy of the petition shall be serve' on the respondent, his  
14 attorney, and his guardian, if any, before the 21-day commitment hear-  
15 ing.

16 Sec. 47.30.735. 21-DAY COMMITMENT. (a) Upon receipt of a proper  
17 petition for commitment, the court shall hold a hearing at the date and  
18 time previously specified according to procedures set out in AS 47.30.-  
19 715.

20 (b) The hearing shall be conducted in a physical setting least  
21 likely to have a harmful effect on the mental or physical health of the  
22 respondent, within practical limits. At the hearing, in addition to  
23 other rights specified in AS 47.30.655 - 47.30.915, the respondent has  
24 the right

25 (1) to be present at the hearing; this right may be waived  
26 only with the respondent's informed consent; if the respondent is in-  
27 capable of giving informed consent, the respondent may be excluded from  
28 the hearing only if the court, after hearing, finds that the incapacity  
29 exists and that there is a substantial likelihood that the respondent's

1 presence at the hearing would be severely injurious to his mental or  
2 physical health;

3 (2) to view and copy all petitions and reports in the court  
4 file of his case;

5 (3) to have the hearing open or closed to the public as he  
6 elects;

7 (4) to be proceeded against according to the rules of evi-  
8 dence applicable to civil proceedings;

9 (5) to have an interpreter if he does not understand English;

10 (6) to present evidence on his behalf;

11 (7) to cross-examine witnesses who testify against him;

12 (8) to remain silent.

13 (c) At the conclusion of the hearing the court may commit the re-  
14 spondent to a treatment facility for not more than 21 days if it finds,  
15 by clear and convincing evidence, that the respondent is mentally ill  
16 and as a result is likely to cause harm to himself or others or is  
17 gravely disabled.

18 (d) If the court finds that there is a viable less restrictive  
19 alternative available and that the respondent has been advised of and  
20 refused voluntary treatment through the alternative, the court may  
21 order the less restrictive alternative treatment for not more than 21  
22 days if the program accepts the respondent.

23 (e) The court shall specifically state to the respondent, and  
24 give him written notice, that if commitment or other involuntary treat-  
25 ment beyond the 21 days is to be sought, the respondent shall have the  
26 right to a full hearing or jury trial.

27 Sec. 47.30.740. PROCEDURE FOR 90-DAY COMMITMENT FOLLOWING 21-DAY  
28 COMMITMENT. (a) At any time during the respondent's 21-day commitment,  
29 the professional person in charge, or his professional designee, may

1 file with the court a petition for 90-day commitment of that respondent.  
2 The petition must include all material required under AS 47.30.730(a)  
3 except that references to "21 days" shall be read as "90 days"; and

4 (1) allege that the respondent has attempted to inflict or  
5 has inflicted serious bodily harm upon himself or another since his  
6 acceptance for evaluation, or that he was committed initially as a  
7 result of conduct in which he attempted or inflicted serious bodily  
8 harm upon himself or another, or that he continues to be gravely dis-  
9 abled, or that he demonstrates a current intent to carry out plans of  
10 serious harm to himself or another;

11 (2) allege that the respondent has received appropriate and  
12 adequate care and treatment during his 21-day commitment;

13 (3) be verified by the professional person in charge, or his  
14 professional designee, during the 21-day commitment.

15 (b) The court shall have copies of the petition for 90-day com-  
16 mitment served upon the respondent, his attorney, and his guardian, if  
17 any. The petition for 90-day commitment and proofs of service shall be  
18 filed with the clerk of the court, and a date for hearing shall be set,  
19 by the end of the next judicial day, for not later than five judicial  
20 days from the date of filing of the petition. The clerk shall notify  
21 the respondent, his attorney, and the petitioner of the hearing date at  
22 least three judicial days in advance of the hearing.

23 (c) Findings of fact relating to the respondent's behavior made  
24 at a 21-day commitment hearing under AS 47.30.735 shall be admitted as  
25 evidence and may not be rebutted except that newly discovered evidence  
26 may be used for the purpose of rebutting the findings.

27 Sec. 47.30.745. 90-DAY COMMITMENT HEARING RIGHTS. (a) A respon-  
28 dent subject to a petition for 90-day commitment has, in addition to  
29 the rights specified elsewhere in this chapter, or otherwise applicable,

1 the rights enumerated in this section. Written notice of these rights  
2 shall be served on the respondent, his attorney, his guardian, if any,  
3 and may be served on an adult designated by the respondent at the time  
4 the petition for 90-day commitment is served. An attempt shall be made  
5 by oral explanation to insure that the respondent understands the  
6 rights enumerated in the notice. If the respondent does not understand  
7 English, the explanation shall be given in a language he understands.

8 (b) Unless the respondent is released or voluntarily admits him-  
9 self following the filing of a petition and before the hearing, he is  
10 entitled to a judicial hearing within five judicial days of the filing  
11 of the petition as set out in AS 47.30.740(b) to determine if he is  
12 mentally ill and as a result is likely to cause harm to himself or  
13 others, or if he is gravely disabled. If the respondent voluntarily  
14 admits himself following the filing of the petition, the voluntary  
15 admission constitutes a waiver of any hearing rights under AS 47.30.740  
16 or under AS 47.30.685. If at any time during the respondent's voluntary  
17 admission under this subsection, the respondent submits to the facility  
18 a written notice of intent to leave, the professional person in charge  
19 may file with the court a petition for 120-day commitment of the respon-  
20 dent under AS 47.30.770. The 120-day commitment hearing shall be  
21 scheduled for a date not earlier than 90 days after the respondent's  
22 voluntary admission.

23 (c) The respondent is entitled to a jury trial upon request filed  
24 with the court if the request is made at least two judicial days before  
25 the hearing. If the respondent requests a jury trial, the hearing may  
26 be continued for no more than 10 calendar days. The jury shall consist  
27 of six persons.

28 (d) If a jury trial is not requested, the court may still con-  
29 tinue the hearing at the respondent's request for no more than 10

1 calendar days.

2 (e) The respondent has a right to retain an independent licensed  
3 physician or other mental health professional to examine him and to  
4 testify on his behalf. Upon request by an indigent respondent, the  
5 court shall appoint an independent licensed physician or other mental  
6 health professional to examine him and testify on his behalf. The  
7 court shall consider an indigent respondent's request for a specific  
8 physician or mental health professional. A motion for the appointment  
9 may be filed in court at any reasonable time before the hearing and  
10 shall be acted upon promptly. Reasonable fees and expenses for expert  
11 examiners shall be determined by the rules of court.

12 (f) The proceeding shall in all respects be in accord with con-  
13 stitutional guarantees of due process and, except as otherwise specifi-  
14 cally provided in AS 47.30.700 - 47.30.915, the rules of evidence and  
15 procedure in civil proceedings.

16 (g) Until the court issues a final decision, the respondent shall  
17 continue to be treated at the treatment facility unless the petition  
18 for 90-day commitment is withdrawn. If no decision has been made  
19 within 20 days of filing of the petition, not including extensions of  
20 time due to jury trial or other requests by the respondent, he shall be  
21 released.

22 Sec. 47.30.750. CONDUCT OF HEARING. The hearing shall be con-  
23 ducted in the same manner, and with the same rights for the respondent,  
24 as set out in AS 47.30.735(b).

25 Sec. 47.30.755. COURT ORDER. (a) After the hearing and within  
26 the time limit specified in AS 47.30.745, the court may commit the  
27 respondent to a treatment facility for no more than 90 days if the  
28 court or jury finds by clear and convincing evidence that the respondent  
29 is mentally ill and as a result is likely to cause harm to himself or

1 others, or is gravely disabled.

2 (b) If the court finds that there is a less restrictive alterna-  
3 tive available and that the respondent has been advised of and refused  
4 voluntary treatment through the alternative, the court may order the  
5 less restrictive alternative treatment after acceptance by the program  
6 of the respondent for a period not to exceed 90 days.

7 Sec. 47.30.760. PLACEMENT AT CLOSEST FACILITY. Treatment shall  
8 always be available at a state-operated hospital; however, if space is  
9 available and upon acceptance by another treatment facility, a respon-  
10 dent who is committed by the court shall be placed by the department at  
11 the designated treatment facility closest to his home unless the court  
12 finds that

13 (1) another treatment facility in the state has a program  
14 more suited to the respondent's condition, and this interest outweighs  
15 the desirability of the respondent being closer to home;

16 (2) another treatment facility in the state is closer to the  
17 respondent's friends or relatives who could benefit him through their  
18 visits and communications; or

19 (3) the respondent wants to be further removed from his  
20 home, and the mental health professionals who sought his commitment  
21 concur in the desirability of removed placement.

22 Sec. 47.30.765. APPEAL. The respondent has the right to an  
23 appeal from any order of involuntary commitment. The court shall  
24 inform the respondent of this right.

25 Sec. 47.30.770. ADDITIONAL 120-DAY COMMITMENT. (a) The respondent  
26 shall be released from involuntary treatment at the expiration of 90  
27 days unless the professional person in charge files a petition for a  
28 120-day commitment conforming to the requirements of AS 47.30.740(a)  
29 except that all references to "21-day commitment" shall be read as 'the

1 previous 90-day commitment" and all references to "90-day commitment"  
2 shall be read as "120-day commitment".

3 (b) The procedures for service of the petition, notification of  
4 rights, and judicial hearing shall be as set out in AS 47.30.740 -  
5 47.30.750. If the court or jury finds by clear and convincing evidence  
6 that the grounds for 90-day commitment as set out in AS 47.30.755 are  
7 present, the court may order the respondent committed for an additional  
8 treatment period not to exceed 120 days from the date on which the  
9 first 90-day treatment period would have expired.

10 (c) Successive 120-day commitments are permissible on the same  
11 ground and under the same procedures as the original 120-day commitment.  
12 An order of commitment may not exceed 120 days.

13 (d) Findings of fact relating to the respondent's behavior made  
14 at a 21-day commitment hearing under AS 47.30.735, a 90-day commitment  
15 hearing under AS 47.30.750, or a previous 120-day commitment hearing  
16 under this section shall be admitted as evidence and may not be rebutted  
17 except that newly discovered evidence may be used for the purpose of  
18 rebutting the findings.

19 Sec. 47.30.775. COMMITMENT OF MINORS. The provisions of AS 47.-  
20 30.700 - 47.30.815 apply to minors. However, all notices required to  
21 be served on the respondent in AS 47.30.700 - 47.30.815 shall also be  
22 served on the parent or guardian of a respondent who is a minor, and  
23 parents or guardians of a minor respondent shall be notified that they  
24 may appear as parties in any commitment proceeding concerning the minor  
25 and that as parties they are entitled to retain their own attorney or  
26 have one appointed for them by the court. A minor respondent has the  
27 same rights to waiver and informed consent as an adult respondent under  
28 AS 47.30.655 - 47.30.915; however, he shall be represented by counsel  
29 in waiver and consent proceedings.

1           Sec. 47.30.780. EARLY DISCHARGE. The professional person in  
2 charge shall at any time discharge a respondent on the ground that the  
3 respondent is no longer gravely disabled or likely to cause serious  
4 harm as a result of mental illness. A certificate to this effect shall  
5 be sent to the court which shall enter an order officially terminating  
6 the involuntary commitment.

7           Sec. 47.30.785. AUTHORIZED ABSENCES. A respondent undergoing  
8 involuntary treatment on an inpatient basis under AS 47.30.700 - 47.30.-  
9 815 may be authorized to be absent from the treatment facility during  
10 times specified by the professional person in charge, or his profes-  
11 sional designee, when an authorization to be absent is in the best  
12 interests of the respondent and he is not likely to cause harm to  
13 himself or others.

14           Sec. 47.30.790. RETURN FROM UNAUTHORIZED ABSENCE. When a re-  
15 spondent undergoing involuntary treatment on an inpatient basis is  
16 absent from the treatment facility without, or in excess of, authoriza-  
17 tion under AS 47.30.785, the professional person in charge, or his  
18 professional designee, may contact the appropriate peace officers who  
19 shall take the respondent into custody and return him to the treatment  
20 facility. If it is determined by the professional person in charge to  
21 be necessary, a member of the treatment facility staff shall accompany  
22 the peace officers when they take the respondent into custody.

23           Sec. 47.30.795. INVOLUNTARY OUTPATIENT CARE FOR COMMITTED PERSONS.

24           (a) A respondent who was originally committed to involuntary inpatient  
25 care under AS 47.30.700 - 47.30.915 may be released before the expira-  
26 tion of his commitment period if a provider of outpatient care accepts  
27 him for specified outpatient treatment for a period of time not to  
28 exceed the duration of his commitment, and if the professional person  
29 in charge, or his professional designee, finds that

1 (1) it is not necessary to treat the respondent as an in-  
2 patient to prevent him from harming himself or others; and

3 (2) there is reason to believe that the respondent's mental  
4 condition would improve as a result of the outpatient treatment.

5 (b) A copy of the conditions for early release shall be given to  
6 the respondent, his attorney, his guardian, if any, the provider of  
7 outpatient care, and the court.

8 (c) If during the commitment period the provider of outpatient  
9 care determines that the respondent can no longer be treated on an  
10 outpatient basis because he is likely to cause harm to himself or  
11 others or is gravely disabled, the provider shall give the respondent  
12 oral and written notice that he must return to the treatment facility  
13 within 24 hours, with copies to the respondent's attorney, his guardian,  
14 if any, the court, and the inpatient treatment facility. If the respon-  
15 dent fails to arrive at the treatment facility within 24 hours after  
16 receiving the notice, the professional person in charge may contact the  
17 appropriate peace officers who shall take the respondent into custody  
18 and transport him to the facility. If it is determined by the profes-  
19 sional person in charge to be necessary, a member of the treatment  
20 facility staff shall accompany the peace officers when they take the  
21 respondent into custody.

22 (d) If the provider of outpatient care determines that the  
23 respondent will require continued outpatient care after the expiration  
24 of his commitment period, the provider may initiate further commitment  
25 proceedings as if he were the professional person in charge, and the  
26 provisions of AS 47.30.655 - 47.30.915 apply, except that provisions  
27 relating to inpatient treatment shall be read as applicable to out-  
28 patient treatment.

29 Sec. 47.30.800. CONVERSION OF INVOLUNTARY OUTPATIENT TREATMENT TO

1 INPATIENT COMMITMENT. (a) A respondent ordered by the court under the  
2 provisions of AS 47.30.700 - 47.30.915 to receive involuntary out-  
3 patient treatment may be required to undergo inpatient treatment when  
4 the provider of outpatient care finds that (1) the respondent is  
5 mentally ill and is likely to cause serious harm to himself or others  
6 or is still gravely disabled; (2) the respondent's behavior since the  
7 hearing resulting in court-ordered treatment indicates that he now  
8 needs inpatient treatment to protect himself or others; (3) there is  
9 reason to believe that the respondent's mental condition will improve  
10 as a result of inpatient treatment; and (4) there is an inpatient  
11 facility appropriate to the respondent's need which will accept him as  
12 a patient. Treatment for these respondents shall be available at  
13 state-operated hospitals at all times.

14 (b) Upon making the findings specified in (a) of this section,  
15 the provisions of AS 47.30.795(b) relating to notice and AS 47.30.745  
16 relating to hearing apply.

17 Sec. 47.30.805. COMPUTING PERIODS OF TIME. (a) Except as pro-  
18 vided in (b) of this section,

19 (1) computations of a 72-hour evaluation period do not in-  
20 clude Saturdays, Sundays, legal holidays, or any period of time neces-  
21 sary to transport the respondent to the treatment facility;

22 (2) a 21-day commitment period expires at the end of the  
23 21st day after the 72 hours following initial acceptance;

24 (3) a 90-day commitment period expires at the end of the  
25 90th day after the expiration of a 21-day period of treatment;

26 (4) a 120-day commitment period expires at the end of the  
27 120th day, after the expiration of a 90-day period of treatment or  
28 previous 120-day period, whichever is applicable.

29 (b) When a respondent has failed to appear or absented himself

1 contrary to any order properly made or entered under AS 47.30.655 -  
2 47.30.915, the relevant commitment period shall be extended for a  
3 period of time equal to the respondent's absence if written notice of  
4 absence is promptly provided to the respondent's attorney and his  
5 guardian, if there is one, and if, within 24 hours after the respondent  
6 has returned to the evaluation or treatment facility, written notice of  
7 the corresponding extension and the reason for it is given to the  
8 respondent, his attorney, his guardian, if any, and to the court.

9 Sec. 47.30.810. HABEAS CORPUS. Nothing in AS 47.30.655 - 47.30.-  
10 915 may be construed as limiting a person's right to a writ of habeas  
11 corpus.

12 Sec. 47.30.815. LIMITATION OF LIABILITY; PENALTY FOR FALSE APPLI-  
13 CATION. (a) A person acting in good faith upon either actual knowledge  
14 or reliable information who makes application for evaluation or treat-  
15 ment of another person under AS 47.30.700 - 47.30.915 is not subject to  
16 civil or criminal liability.

17 (b) The following persons may not be held civilly or criminally  
18 liable for detaining a person under AS 47.30.700 - 47.30.915 or for  
19 releasing a person under AS 47.30.700 - 47.30.915 at or before the end  
20 of the period for which the person was admitted or committed for evalu-  
21 ation or treatment if the persons have performed their duties in good  
22 faith and without gross negligence:

23 (1) an officer of a public or private agency;

24 (2) the superintendent, the professional person in charge,  
25 the professional designee of the professional person in charge, and the  
26 attending staff of a public or private agency;

27 (3) a public official performing functions necessary to the  
28 administration of AS 47.30.700 - 47.30.915;

29 (4) a peace officer responsible for detaining a person under

1 AS 47.30.700 - 47.30.915.

2 (c) A person who wilfully initiates an involuntary commitment  
3 procedure under AS 47.30.700 without having good cause to believe that  
4 the other person is suffering from a mental illness and as a result is  
5 gravely disabled or likely to cause serious harm to himself or others,  
6 is guilty of a felony.

7 ARTICLE 9. PATIENT RIGHTS.

8 Sec. 47.30.825. PATIENT RIGHTS; MEDICAL. Each patient who is  
9 receiving services under AS 47.30.655 - 47.30.915 has the following  
10 rights:

11 (1) A patient, or his counsel, guardian, or the adult desig-  
12 nated in accordance with AS 47.30.725 if the patient is mentally  
13 incapable of participation, is entitled to participate in formulating  
14 his individualized treatment plan and to participate in the evaluation  
15 process as much as possible, at minimum to the extent of requesting  
16 specific forms of therapy, inquiring why specific therapies are or are  
17 not included in his treatment program, and being informed as to his  
18 present medical and psychological condition and prognosis. The treating  
19 physician may not withhold any of this information from the patient.

20 (2) A patient has the right to know the name of medication  
21 that he is asked to take, what its purpose is, and what side effects  
22 may occur with this medication. If the patient is incapable of under-  
23 standing the purpose and side effects of the medication, the treating  
24 physician or mental health professional shall explain it to the  
25 patient's counsel or guardian, or if there is no guardian the adult  
26 designated in accordance with AS 47.30.725.

27 (3) A locked quiet room, or other form of physical restraint,  
28 may not be used, except as provided in this paragraph, unless a patient  
29 is likely to physically harm himself or others unless restrained. The

1 form of restraint used shall be that which is in the patient's best  
2 interest and which constitutes the least restrictive alternative avail-  
3 able. When practicable, the patient shall be consulted as to his pre-  
4 ference among forms of adequate, medically advisable restraints in-  
5 cluding medication, and his preference shall be considered. Nothing in  
6 this section is intended to limit the right of staff to use a quiet  
7 room at the patient's request or with his knowing concurrence when  
8 considered in the best interests of the patient. Patients placed in a  
9 quiet room or other physical restraint shall be checked at least every  
10 15 minutes or more often if good medical practice so indicates. Pa-  
11 tients in a quiet room must be visited by a staff member at least once  
12 every hour and must be given adequate food and drink and access to  
13 bathroom facilities. At no time may a patient be kept in a quiet room  
14 or other form of physical restraint against his will longer than neces-  
15 sary to accomplish the purposes set out in this paragraph. All uses of  
16 a quiet room or other restraint shall be recorded in the patient's  
17 medical record, the information including but not limited to the  
18 reasons for its use, the duration of use, and the name of the authoriz-  
19 ing staff member.

20 (4) A patient has the right to be free from unnecessary or  
21 excessive medication. Psychotropic medication shall be administered  
22 only on the order of a licensed physician when the physician determines  
23 that such medication is in the best interest of the patient or will  
24 prevent serious harm to others.

25 (5) A patient capable of giving informed consent has the  
26 absolute right to accept or refuse electro-convulsive therapy or aver-  
27 sive conditioning. A patient who lacks substantial capacity to make  
28 this decision may not be given such therapy or conditioning without a  
29 court order.

1 (6) In no event may treatment include psychosurgery, lobo-  
2 tomy, or other comparable form of treatment without specific informed  
3 consent of the patient, including a minor unless he is clearly too  
4 young or disabled to give an informed consent in which case the consent  
5 of his legal guardian is required. In addition, such treatment may not  
6 be given without a court order after hearing compatible with full due  
7 process.

8 (7) When, in the written opinion of a patient's attending  
9 physician, a true medical emergency exists and a surgical operation is  
10 necessary to save the life, physical health, eyesight, hearing or  
11 member of the patient, the professional person in charge, or his pro-  
12 fessional designee, may give consent to the surgical operation if time  
13 will not permit obtaining the consent of the proper relatives or  
14 guardian or appropriate judicial authority. However, an operation may  
15 not be authorized if the patient is not a minor and knowingly withholds  
16 consent on religious grounds.

17 (8) A patient upon discharge shall be given a discharge plan  
18 specifying the kinds and amount of care and treatment he should have  
19 after discharge and such other steps as he might take to benefit his  
20 mental health after leaving the facility. The patient shall have the  
21 right to participate, as far as practicable, in formulating his dis-  
22 charge plan. A copy of the plan shall be given to the patient, his  
23 guardian, the court if appropriate, and any follow-up agencies.

24 Sec. 47.30.830. PROHIBITION OF EXPERIMENTAL TREATMENTS. (a)  
25 Experimental treatments involving any significant risk of physical or  
26 psychological harm may not be administered to a patient.

27 (b) If the personnel of an evaluation or treatment facility are  
28 uncertain as to whether a proposed treatment is experimental or is  
29 experimental as applied to a particular patient or would involve a

1 significant risk of mental or physical harm to the patient, the matter  
2 may be referred to the commissioner of health and social services for a  
3 determination. The patient, his attorney, his guardian, if any, and an  
4 adult designated by the patient, shall, simultaneously with the referral  
5 to the commissioner, be provided with copies of all the documents by  
6 which the referral is made and shall have the opportunity to provide  
7 evidence to the commissioner on the question.

8 (c) A determination by the commissioner that a treatment is  
9 experimental and entails significant risks of mental or physical harm  
10 is binding upon all persons involved in the administration of treatment  
11 to a patient.

12 Sec. 47.30.835. CIVIL RIGHTS NOT IMPAIRED. (a) A person may not  
13 deny to a person who is undergoing evaluation or treatment under AS 47.-  
14 30.655 - 47.30.915 a civil right, including but not limited to, the  
15 right to free exercise of religion and the right to dispose of property,  
16 sue and be sued, enter into contractual relationships, and vote. A  
17 person who violates this subsection commits the crime of interference  
18 with constitutional rights under AS 11.76.110.

19 (b) Court-ordered evaluation or treatment under AS 47.30.655 -  
20 47.30.915 is not a determination of legal incapacity under AS 13.26.

21 Sec. 47.30.840. RIGHT TO PRIVACY AND PERSONAL POSSESSIONS. A  
22 person undergoing evaluation or treatment under AS 47.30.655 - 47.30.915  
23 shall

24 (1) not be photographed without his consent and that of his  
25 guardian if a minor, except that he may be photographed upon admission  
26 to a facility for identification and for administrative purposes of the  
27 facility; all photographs shall be confidential and may only be released  
28 by the facility to the patient or his designee unless a court orders  
29 otherwise;

1 (2) at the time of admission to an evaluation or treatment  
2 facility, have reasonable precautions taken by the staff to inventory  
3 and safeguard his personal property; a copy of the inventory signed by  
4 the staff member making it shall be given to the patient and made  
5 available to his attorney and any other person authorized by the  
6 patient to inspect the document;

7 (3) have access to an individual storage space for his  
8 private use while undergoing evaluation or treatment;

9 (4) be permitted to wear his own clothing, to keep and use  
10 his own personal possessions including his toilet articles if they are  
11 not considered unsafe for him or other patients who might have access  
12 to them, and to keep and be allowed to spend a reasonable sum of his  
13 own money for his own needs and comfort;

14 (5) be allowed to have visitors at reasonable times;

15 (6) have ready access to letter writing materials, including  
16 stamps, and have the right to send and receive unopened mail;

17 (7) have reasonable access to a telephone, both to make and  
18 receive confidential calls.

19 Sec. 47.30.845. CONFIDENTIAL RECORDS. Information and records  
20 obtained in the course of a screening investigation, evaluation,  
21 examination, or treatment are confidential and are not public records,  
22 except as the requirements of a hearing under AS 47.30.655 - 47.30.915  
23 may necessitate a different procedure. Information and records may be  
24 copied and disclosed under regulations established by the department  
25 only to

26 (1) a physician or a provider of health, mental health, or  
27 social and welfare services involved in caring for, treating, or  
28 rehabilitating the patient;

29 (2) the patient or an individual to whom the patient has

1 given written consent to have information disclosed;

2 (3) a person authorized by a court order;

3 (4) a person doing research or maintaining health statistics,  
4 if the anonymity of the patient is assured, and the facility recognizes  
5 the project as a bona fide research or statistical undertaking;

6 (5) the division of corrections in a case in which a prisoner  
7 confined to the state prison is a patient in the state hospital on  
8 authorized transfer either by voluntary admission or by court order;

9 (6) a governmental or law enforcement agency when necessary  
10 to secure the return of a patient who is on unauthorized absence from a  
11 facility where the patient was undergoing evaluation or treatment.

12 Sec. 47.30.850. EXPUNGEMENT OF RECORDS. Following the discharge  
13 of a respondent from a treatment facility or the issuance of a court  
14 order denying a petition for commitment, the respondent may at any time  
15 move to have all court records pertaining to the proceedings expunged  
16 on condition that he file a full release of all claims of whatever  
17 nature arising out of the proceedings and the statements and actions of  
18 persons and facilities in connection with the proceedings.

19 Sec. 47.30.855. POSTING OF RIGHTS. The rights set out in AS 47.-  
20 30.825 - 47.30.855 shall be prominently posted in all treatment facili-  
21 ties in places accessible to all patients. A patient who does not  
22 understand English shall have his rights explained to him in a language  
23 he understands.

24 Sec. 47.30.860. NOTICES IN LANGUAGES OTHER THAN ENGLISH. When  
25 practicable all documents and notices required by AS 47.30.655 -  
26 47.30.915 to be served on a respondent, or on his parents, guardian or  
27 adult designee, shall be explained in a language the person understands  
28 if he is not competent in English.

29 Sec. 47.30.865. DISCRIMINATION PROHIBITED. (a) The fact that a

1 person is or has been evaluated or treated for mental illness may not  
2 be a basis for discrimination in

3 (1) seeking employment;

4 (2) resuming or continuing professional practice or previous  
5 occupation;

6 (3) obtaining or retaining housing;

7 (4) obtaining or retaining licenses or permits, including  
8 but not limited to a motor vehicle license, motor vehicle operator's  
9 and chauffeur's license, and a professional or occupational license.

10 (b) Applications for positions, licenses, and housing may not  
11 contain requests for information concerning evaluation or treatment  
12 experiences.

13 (c) It is unlawful for a person to aid, abet, incite, compel, or  
14 coerce the doing of an act forbidden under this section or to attempt  
15 to do so.

16 ARTICLE 10. MISCELLANEOUS PROVISIONS.

17 Sec. 47.30.870. TRANSPORTATION. When a person is to be involun-  
18 tarily committed to a facility, the department shall arrange, and is  
19 authorized to pay for, the person's necessary transportation to the  
20 designated facility accompanied by appropriate persons and if necessary  
21 by a peace officer. The department shall pay return transportation of  
22 a person, his escorts, and if necessary a peace officer, after a deter-  
23 mination that the person is not committable, at the end of a commitment  
24 period, or at the end of a voluntary stay at a treatment facility  
25 following an evaluation conducted in accordance with AS 47.30.715.  
26 When advisable, one or more relatives or friends shall be permitted to  
27 accompany the person. The department may pay necessary travel, housing,  
28 and meal expenses incurred by one relative or friend in accompanying  
29 the person if the department determines that the person's best interests

1 require that he be accompanied by the relative or friend and the rela-  
2 tive or friend is indigent.

3 Sec. 47.30.875. NONRESIDENT PATIENTS. (a) The admission papers  
4 of a person who is admitted to a treatment facility under AS 47.30.655 -  
5 47.30.915 shall include a statement as to his residence. The department  
6 may return a patient who is not a resident of the state to the state of  
7 his residence with court approval if the person has been committed. If  
8 the state in which he has residence does not accept him as a patient,  
9 the person shall be treated as a resident of this state under the pro-  
10 visions of AS 47.30.655 - 47.30.915.

11 (b) To facilitate the return of nonresident patients the depart-  
12 ment may enter into a reciprocal agreement or compact with another  
13 state providing for the prompt return under appropriate supervision of  
14 residents of that state who are mentally ill. A mentally ill resident  
15 of this state who has been placed in a facility outside this state may  
16 be admitted with the approval of the department to a treatment facility  
17 in the state designated by the department. The department may enter  
18 into reciprocal agreements or contracts with another state providing  
19 for custody, care or treatment, or return of mentally ill residents of  
20 this state by the other state and for the custody and care or treatment  
21 of mentally ill residents of that state by this state on a reimbursable  
22 basis. A resident of this state who has been committed in another  
23 state and is returned in accordance with this section shall, within 72  
24 hours of his admission to the designated facility, be examined. After  
25 examination the mental health professional in charge shall release him  
26 or shall petition for involuntary commitment as prescribed in AS 47.30.-  
27 740.

28 (c) In taking action under (a) and (b) of this section, consider-  
29 ation shall be given to the best interests of the patient, particularly

1 to the relationship of the patient to his family, legal guardian, or  
2 friends to maintain relationships and encourage visits beneficial to  
3 the patient.

4 Sec. 47.30.885. RIGHTS OUTSIDE STATE. Nothing in AS 47.30.655 -  
5 47.30.915 alters or impairs the application or availability to a pa-  
6 tient, while hospitalized in another state under contractual arrange-  
7 ments entered in accordance with AS 47.30.655 - 47.30.915, of the  
8 rights, remedies or safeguards provided by the laws of this state.

9 Sec. 47.30.890. PROVISION FOR PERSONAL NEEDS UPON DISCHARGE. The  
10 department shall insure that

11 (1) a patient is not discharged from a treatment facility  
12 without suitable clothing; and

13 (2) a discharged indigent patient is furnished

14 (A) suitable transportation to his permanent residence  
15 in this state or to another suitable place at the discretion of  
16 the department; and

17 (B) a reasonable amount of money to meet his immediate  
18 needs.

19 Sec. 47.30.895. DISPOSITION OF PERSONAL PROPERTY AND UNCLAIMED  
20 MONEY. (a) Articles of personal property and unclaimed money in the  
21 custody of a treatment facility which belong to a patient who dies  
22 before discharge, or to a patient who leaves the hospital without  
23 authority, if unclaimed by the patient or his legal heirs or representa-  
24 tives within one year after the death or departure of the patient,  
25 shall be disposed of in the manner prescribed by the department and the  
26 proceeds shall be deposited in the state treasury.

27 (b) If a mentally ill individual has died in a foreign facility  
28 and the department desires to recover the patient's personal property  
29 under this section, the commissioner of health and social services or

1 his designated representative may secure the property and for that pur-  
2 pose only is designated the decedent's administrator. Property so  
3 recovered shall be disposed of as provided by law.

4 Sec. 47.30.900. DISPOSITION OF MONEY AND PERSONAL PROPERTY SUBJECT  
5 TO CLAIM. The department shall make diligent inquiry in every instance  
6 after departure without authority or death of a patient, to ascertain  
7 the whereabouts of the patient or that of his legal heirs or representa-  
8 tives, and shall turn over to the proper person the money or articles  
9 of personal property in the custody of the facility to the credit of  
10 the patient. Claims to the money or articles of personal property,  
11 including claims by the state, may be presented to the department at  
12 any time. If a claim other than by the state is established by clear  
13 and convincing evidence more than one year after the death or departure  
14 without authority of a patient, it shall be certified to the legisla-  
15 ture for consideration and the legislature may pay the claim.

16 Sec. 47.30.905. FEES AND EXPENSES FOR JUDICIAL PROCEEDINGS. (a)  
17 The witnesses, expert witnesses, and the jury in commitment proceedings  
18 under AS 47.30.655 - 47.30.915 are entitled to the fees, compensation,  
19 and mileage established by the administrative rules of court for other  
20 jurors and witnesses. Compensation, mileage, fees, transportation  
21 expenses for a respondent, and other expenses arising from evaluation  
22 and commitment proceedings shall be audited and allowed by the superior  
23 court of the judicial district in which the proceedings are held. To  
24 the extent that services of a peace officer are used to carry out the  
25 provisions of AS 47.30.655 - 47.30.915, he is entitled to fees and  
26 actual expenses from the same source and in the same manner as for his  
27 other official duties.

28 (b) An attorney appointed for a person under AS 47.30.655 - 47.-  
29 30.915 shall be compensated for his services as follows:

1           (1) the person for whom an attorney is appointed shall, if  
2 he is financially able under standards as to financial capability and  
3 indigency set by the court, pay the costs of the legal services;

4           (2) if the person is indigent under those standards, the  
5 costs of the services shall be paid by the state.

6           Sec. 47.30.910. LIABILITY FOR EXPENSE OF PLACEMENT IN A TREATMENT  
7 FACILITY. (a) A patient, or his legal representative acting in a  
8 representative capacity, or his spouse, or his parents if the patient  
9 is under the age of 18, shall pay or contribute to the payment of the  
10 charges for the care, transportation, and treatment of the patient when  
11 hospitalized under AS 47.30.655 - 47.30.915. Charges assessed after an  
12 order for commitment for treatment is issued and charges assessed when  
13 a patient is hospitalized at a facility operated by the department, or  
14 under a contract for services with the department, may not exceed the  
15 actual cost of the care and treatment. The department may order  
16 payment by the patient or by the person responsible for payment for the  
17 patient's care and treatment under this subsection, according to  
18 ability to provide for payment. The department may make necessary  
19 investigations to determine the ability to pay and may require sworn  
20 statements of income by the patient, or his legal representative acting  
21 in a representative capacity, or his spouse or parent. In the exercise  
22 of his discretion, the commissioner may impose full liability for the  
23 patient's actual cost of care and treatment on the patient, his legal  
24 representative, his spouse, or parent for refusal to supply a sworn  
25 statement of income. An order for payment shall be issued by the de-  
26 partment within six months after the date on which the charge was in-  
27 curred. The order shall remain in full force and effect unless modi-  
28 fied by subsequent court or department order. Liability under this  
29 subsection shall be determined as follows: a patient hospitalized under

1 AS 47.30.655 - 47.30.915, or the person responsible for payment of  
2 charges for the patient, may be required to pay according to his  
3 ability to provide for payment, and in the manner and proportion which  
4 the department finds is not detrimental to the patient's rehabilitation.  
5 The department shall, at any time that it determines the action will  
6 serve the best interests of the state and the patient or the person  
7 responsible for payment, relieve the patient or the person responsible  
8 for payment from liability for charges for the care, transportation,  
9 and treatment of the patient.

10 (b) As used in (a) of this section, the term "actual cost of the  
11 care and treatment" means either the rate provided for by a contract  
12 entered into under AS 47.30.655 - 47.30.915, or, in the absence of a  
13 contract, a daily rate approved by the department.

14 (c) The department may charge, or accept from a person money or  
15 property, for the care or treatment of an inpatient or outpatient or  
16 for other purposes, even if the payment is not required by an order of  
17 the department, so long as the total payments received do not exceed  
18 the actual cost of care or treatment.

19 (d) All money paid by the patient or on his behalf to the depart-  
20 ment under this section shall be deposited in the state treasury.

21 (e) If an order for payment is entered by the department under  
22 this section, and delinquency in the payment of any amount due the  
23 state under the order continues for a period of more than 30 days after  
24 the notification to the patient or the legal representative, spouse, or  
25 parent of the patient by the department, the state may proceed to col-  
26 lect the amounts due by appropriate proceedings. An action to enforce  
27 the collection of payments may only be brought within three years after  
28 the date of notification of a delinquent payment.

29 (f) The orders of the department issued under this section may

1 relate only to charges incurred after October 1, 1981.

2 Sec. 47.30.915. DEFINITIONS. In AS 47.30.655 - 47.30.915

3 (1) "commissioner" means the commissioner of health and  
4 social services;

5 (2) "court" means a superior court of the state;

6 (3) "department" means the Department of Health and Social  
7 Services;

8 (4) "designated treatment facility" means a hospital, clinic,  
9 institution, center, or other health care facility which has been  
10 designated by the department for the treatment or rehabilitation of  
11 mentally ill persons and for the receipt of these persons by court-  
12 ordered commitment, but does not include correctional institutions;

13 (5) "evaluation facility" means a health care facility that  
14 has been designated or is operated by the department to perform the  
15 evaluations described in AS 47.30.655 - 47.30.915; or a medical facility  
16 licensed under AS 18.20.020;

17 (6) "evaluation personnel" means mental health professionals  
18 designated by the department to conduct evaluations as prescribed in  
19 AS 47.30.655 - 47.30.915 who conduct evaluations in places in which no  
20 staffed evaluation facility exists;

21 (7) "gravely disabled" means a condition in which a person,  
22 as a result of mental illness, is in danger of physical harm arising  
23 from such complete neglect of basic needs for food, clothing, shelter,  
24 or personal safety as to render serious accident, illness or death  
25 highly probable if care by another is not taken;

26 (8) "inpatient treatment" means care and treatment rendered  
27 inside or on the premises of a treatment facility, or a part or unit of  
28 a treatment facility for a continual period of 24 hours or longer;

29 (9) "least restrictive alternative" means mental health

1 treatment facilities and conditions of treatment which are

2 (A) no more harsh, hazardous, or intrusive than neces-  
3 sary to achieve the treatment objectives of the patient; and

4 (B) involve no restrictions on physical movement nor  
5 supervised residence or inpatient care except as reasonably neces-  
6 sary for the administration of treatment or the protection of the  
7 patient or others from physical injury;

8 (10) "likely to cause serious harm" means a person who

9 (A) poses a substantial risk of imminent and substan-  
10 tial bodily harm to himself, as manifested by recent attempts at  
11 suicide or bodily harm;

12 (B) poses a substantial risk of imminent and substantial  
13 bodily harm to one or more other persons as manifested by behavior  
14 causing, or attempting harm, including, in regard to evaluations,  
15 at least one incident within 30 days before the filing of a peti-  
16 tion for emergency hospitalization; or

17 (C) demonstrates a current intent to carry out plans of  
18 serious harm to himself or another;

19 X (11) "mental health professional" means a psychiatrist or  
20 physician who is licensed to practice in this state or employed by the  
21 federal government; a clinical psychologist licensed by the state Board  
22 of Psychologists and Psychological Associate Examiners; a psychological  
23 associate with a clinical psychology or counseling specialty licensed  
24 by the Board of Psychologists and Psychological Associate Examiners; a  
25 registered nurse with a master's degree in psychiatric nursing, licensed  
26 by the State Board of Nursing; and a social worker with a master's  
27 degree in social work and experience in the field of mental illness;

28 (12) "mental illness" means an organic, mental, or emotional  
29 impairment which has substantial adverse effects on an individual's

1 ability to exercise conscious control of his actions or ability to  
2 perceive reality or to reason or understand; mental retardation, epi-  
3 lepsy, drug addiction, and alcoholism do not per se constitute mental  
4 illness, although persons suffering from these conditions may also be  
5 suffering from mental illness;

6 (13) "peace officer" includes a state police officer, muni-  
7 cipal or other local police officer, state, municipal, or other local  
8 health officer, public health nurse, United States marshal or deputy  
9 United States marshal, or a person authorized by the court;

10 (14) "provider of outpatient care" means a mental health pro-  
11 fessional or hospital, clinic, institution, center, or other health  
12 care facility who has been designated by the department to accept for  
13 treatment patients who are ordered to undergo involuntary outpatient  
14 treatment by the court or who are released early from inpatient commit-  
15 ments on condition that they undergo outpatient treatment;

16 (15) "screening investigation" means the investigation and  
17 review of facts which have been alleged to warrant emergency exam-  
18 ination or treatment, including interviews with the persons making the  
19 allegations, any other significant witnesses who can readily be con-  
20 tacted for interviews, and, if possible, the respondent, and an investi-  
21 gation and evaluation of the reliability and credibility of persons  
22 providing information or making allegations;

23 (16) "state" means a state of the United States, the District  
24 of Columbia, the territories and possessions of the United States, and  
25 the Commonwealth of Puerto Rico, and, with the approval of the United  
26 States Congress, Canada;

27 (17) "professional person in charge" means the senior mental  
28 health professional at a facility or his designee; in the absence of a  
29 mental health professional it means the chief of staff or a physician

1 designated by the chief of staff.

2 \* Sec. 2. AS 12.45.087(a) is amended to read:

3 (a) If a defendant has filed a notice of intention to rely on the  
4 defense of mental disease or defect excluding responsibility, or there  
5 is reason to doubt his fitness to proceed, or there is reason to believe  
6 that mental disease or defect of the defendant will otherwise become an  
7 issue in the cause, the court shall appoint at least one qualified  
8 psychiatrist, or a forensic psychologist certified by the American  
9 Board of Forensic Psychology, or shall request the superintendent of  
10 the Alaska Psychiatric Institute to designate at least one qualified  
11 psychiatrist, which designation may be or include himself, to examine  
12 and report upon the mental condition of the defendant. If the defen-  
13 dant has filed notice under AS 12.45.090(a) the report shall consider  
14 whether the defendant can still be committed under AS 12.45.090. The  
15 court may order the defendant to be committed to a hospital or other  
16 suitable facility for the purpose of the examination for not more than  
17 60 days or such longer period as the court determines to be necessary  
18 for the purpose and may direct that a qualified psychiatrist retained  
19 by the defendant be permitted to witness and participate in the exam-  
20 ination.

21 \* Sec. 3. AS 12.45.090 is repealed and reenacted to read:

22 Sec. 12.45.090. PROCEDURE AFTER RAISING DEFENSE OF MENTAL DISEASE  
23 OR DEFECT. (a) At the time the defendant files notice to raise the  
24 affirmative defense of mental disease or defect as excluding responsi-  
25 bility he shall also file notice as to whether if found not guilty by  
26 reason of mental disease or defect as excluding responsibility he will  
27 assert that he is not presently suffering from a mental disease or  
28 defect that causes him to be dangerous to the public peace or safety.

29 (b) If the defendant is found not guilty by reason of mental

1 disease or defect as excluding responsibility and he has not filed the  
2 notice required under (a) of this section, the court shall immediately  
3 commit him to the custody of the commissioner of health and social  
4 services.

5 (c) If the defendant is found not guilty by reason of mental  
6 disease or defect as excluding responsibility, and he has filed the  
7 notice required under (a) of this section, a hearing shall be held  
8 immediately after the verdict is returned to determine the necessity of  
9 further commitment. The hearing shall be held before the same trier of  
10 fact as the underlying charge, but if a jury was the trier of fact, the  
11 hearing shall be held before a jury of six drawn from the original jury  
12 in accordance with rules adopted by the supreme court. At the hearing,  
13 the defendant has the burden of proving by a preponderance of the  
14 evidence that he is not presently suffering from a mental disease or  
15 defect that causes him to be dangerous to the public. If the court or  
16 jury determines that the defendant has failed to meet his burden of  
17 proof, the court shall order the defendant committed to the custody of  
18 the commissioner of health and social services.

19 (d) A defendant committed under (b) or (c) of this section shall  
20 be held in custody for a period of time not to exceed the maximum term  
21 of imprisonment for the crime for which the defendant was acquitted  
22 under AS 12.45.083 or until the mental disease is cured or the defect  
23 corrected as determined at a hearing under (e) of this section.

24 (e) A defendant committed under (b) or (c) of this position may  
25 have the need for his continued hospitalization determined or redeter-  
26 mined under a petition filed in the superior court at intervals begin-  
27 ning no sooner than six months from his initial commitment and yearly  
28 thereafter. The burden and standard of proof at a hearing under this  
29 subsection is the same as at a hearing under (c) of this section except

1 that the defendant is not entitled to a jury unless he files a motion  
2 for a jury no later than 15 days before the date set for the hearing.  
3 A copy of all petitions for release shall be served on the attorney  
4 general at Juneau, Alaska. A copy shall also be served upon the attor-  
5 ney of record, if he is not the attorney general, who represented the  
6 state or a municipality at the time the defendant was first committed.

7 (f) Continued commitment following expiration of the maximum term  
8 of imprisonment for the crime for which the defendant was acquitted  
9 under AS 12.45.083 is governed by the standards pertaining to civil  
10 commitments as set out in AS 47.30.735.

11 (g) A person committed under this section may not be released  
12 during the term of commitment except upon court order following a  
13 hearing in accordance with (c) of this section. On the grounds that  
14 the defendant has been cured of the mental disease or defect and is no  
15 longer dangerous to public peace or safety the state may at any time  
16 request the court to hold a hearing to decide if the defendant should  
17 be released.

18 (h) The commissioner of health and social services or his autho-  
19 rized representative shall submit periodic written reports to the court  
20 on the mental condition of a person committed under this section.

21 \* Sec. 4. AS 12.45.110 is repealed and reenacted to read:

22 Sec. 12.45.110. COMMITMENT ON FINDING OF INCOMPETENCY. (a) When  
23 the trial court determines by a preponderance of the evidence, in  
24 accordance with AS 12.45.100, that a defendant is so mentally incompe-  
25 tent that he is unable to understand the proceedings against him or  
26 properly to assist in his own defense, the court shall order the pro-  
27 ceedings against him stayed, except as provided in (d) of this section,  
28 and may commit the defendant to the custody of the commissioner of  
29 health and social services or his authorized representative for further

1 evaluation and treatment until the defendant is mentally competent to  
2 stand trial, or until the pending charges against him are disposed of  
3 according to law, but in no event longer than 90 days.

4 (b) On or before the expiration of the initial 90-day period of  
5 commitment the court shall conduct a hearing to determine whether or  
6 not the defendant remains incompetent. If the court finds by a pre-  
7 ponderance of the evidence that the defendant remains incompetent, the  
8 court may recommit the defendant for a second period of 90 days. The  
9 court shall determine at the expiration of the second 90-day period  
10 whether the defendant has become competent. If at the expiration of  
11 the second 90-day period the court determines that the defendant con-  
12 tinues to be incompetent to stand trial, the charges against him shall  
13 be dismissed without prejudice and continued commitment of the defendant  
14 shall be governed by the provisions relating to civil commitments under  
15 AS 47.30.700 - 47.30.915 unless the defendant is charged with a crime  
16 involving force against a person and the court finds that the defendant  
17 presents a substantial danger of physical injury to other persons and  
18 that there is a substantial probability that the defendant will regain  
19 competency within a reasonable period of time, in which case the court  
20 may extend the period of commitment for an additional six months. If  
21 the defendant remains incompetent at the expiration of the additional  
22 six-month period, the charges shall be dismissed without prejudice and  
23 either civil commitment proceedings shall be instituted or the court  
24 shall order the release of the defendant. If the defendant remains  
25 incompetent for five years after the charges have been dismissed under  
26 this subsection, the defendant may not be charged again for an offense  
27 arising out of the facts alleged in the original charges, except if the  
28 original charge is murder.

29 (c) The defendant is not responsible for the expenses of hospital-

1        ization or transportation incurred as a result of his commitment under  
2        this section. Liability for payment under AS 47.30.910 does not apply  
3        to commitments under this section.

4            (d) A defendant receiving medication for either a physical or a  
5        mental condition may not be prohibited from standing trial, if the  
6        medication either enables him to understand the proceedings against him  
7        and to properly assist in his own defense or does not disable him from  
8        understanding the proceedings and assisting in his own defense.

9        \* Sec. 5. AS 12.45.115 is amended to read:

10            Sec. 12.45.115. DETERMINATION OF SANITY AFTER [RELEASE FROM]  
11        COMMITMENT. (a) When, in the medical judgment of the custodian of an  
12        accused person committed under AS 12.45.110 [AS 12.45.110(a)], the  
13        accused is considered to be mentally competent to stand trial, the  
14        committing court shall hold a hearing, after due notice, as soon as  
15        conveniently possible [AFTER RELEASE OF THE ACCUSED FROM CUSTODY]. At  
16        the hearing, evidence as to the mental condition of the accused may be  
17        submitted including reports by the custodian to whom the accused was  
18        committed for care.

19            (b) If at the hearing the court determines that the accused is  
20        presently mentally competent to understand the nature of the proceedings  
21        against him and [OR] to assist in his own defense, appropriate criminal  
22        proceedings may [SHALL] be commenced against the accused.

23            (c) If at the hearing the court determines that the accused is  
24        still presently mentally incompetent, the court shall recommit the  
25        accused in accordance with AS 12.45.110 [AS PROVIDED IN AS 12.45.-  
26        110(a)].

27            (d) A finding by the court that the accused is mentally competent  
28        to stand trial in no way prejudices the accused in a defense based on  
29        mental disease or defect excluding responsibility. This finding may

1 not be introduced in evidence on that issue or otherwise be brought to  
2 the notice of the jury.

3 \* Sec. 6. Except as provided in this Act, the provisions of AS 47.30.-  
4 660 - 47.30.815 enacted by sec. 1 of this Act do not in themselves impair  
5 any action taken in a proceeding pending under statutes in effect before  
6 October 1, 1981, nor do they apply retroactively to terminate the detention  
7 of a person previously committed under statutes in effect before October 1,  
8 1981. However, 90 days after October 1, 1981, the provisions of this Act  
9 apply to all persons committed under statutes in effect before October 1,  
10 1981.

11 \* Sec. 7. AS 47.30.010 - 47.30.170 and AS 47.30.190 - 47.30.340 are  
12 repealed.

13 \* Sec. 8. This Act takes effect October 1, 1981.  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

Rec'd 6/2/81

POSITION PAPER

COMMITTEE SUBSTITUTE  
FOR SENATE BILL NO. 100

"An Act relating to mentally ill persons; and providing for an effective date."

The Division of Mental Health and Developmental Disabilities fully endorses the principles of mental health care in the least restrictive setting and the protection for individual civil rights that are addressed in Committee Substitute for Senate Bill 100. The civil commitment process calls for a sensitive balance between the individual's right to the best possible psychiatric treatment, and society's right to be protected from those persons who are dangerous as a result of mental illness. Committee Substitute for Senate Bill 100 emphasizes treatment in the least restrictive alternatives close to home and provides for outpatient involuntary commitments. Periodic hearings are to be conducted in all involuntary hospitalizations.

The Department of Health and Social Services supports the passage of Committee Substitute for Senate Bill 100 with the following amendments:

Page 4, Line 21, 47.30.690 Change 21 days to 30 days. In addition, all subsequent references to 21 day commitment should be changed to 30 days.

Explanation: The 30 day commitment as established by Senate HESS allows hospital staff to monitor medications such as antidepressants and Lithium salts before the need for a second hearing. These medications require at least three weeks before they effect the behavior of most patients. In addition, this period of time will allow the hospital to properly evaluate, diagnose, and treat the mental disorder and in most cases avoid the necessity for a second commitment hearing. Presently, the average length of hospitalization for all patients (voluntary, involuntary, criminally committed, and evaluation and observation) at the Alaska Psychiatric Institute is 30-35 days. It should be emphasized that the 30 day commitment is only for patients not discharged prior to the 30th day or those that do not become voluntary patients.

Recommended by: Verner Stillner, M.D.  
Verner Stillner, M.D., M.P.H.  
Director, Division of Mental  
Health and Developmental  
Disabilities

Date: 5/26/81

Approved by: Helen D. Beirne  
Helen D. Beirne, Commissioner  
Department of Health and  
Social Services

Date: 5/26/81

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST  
 Bill/Resolution No. Senate Bill No. 100 (COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 100)  
 Title An Act Relating to Mentally Ill Persons.  
 Requested by \_\_\_\_\_ Date February 17, 1981

II. FISCAL DETAIL.  
 Agency Affected Department of Health and Social Services  
 Program Category Affected Health  
 BRU, Program, or Subprogram(s) Affected Alaska Psychiatric Institute, Admin. & Support Comm.  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars) Mental Health Center

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		99.6	108.6	118.4	129.0	146.6
200 TRAVEL		19.8	21.6	23.6	25.7	28.0
300 CONTRACTUAL		339.0	923.8	1,812.6	3,073.3	5,264.1
400 COMMODITIES		9.1	9.9	10.8	11.8	12.8
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>		467.5	1,063.9	1,965.4	3,239.8	5,451.5

FUNDING (Thousands of Dollars)

	467.5	1,063.9	1,965.4	3,239.8	5,451.5
GENERAL FUND					
FEDERAL FUNDS					
OTHER (Specify Fund Source)					

POSITIONS

	1	1	1	1	1
FULL TIME					
PART TIME	2	2	2	2	2
TEMPORARY					

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

The intent language in SB 100 emphasizes treatment close to home, least restrictive alternatives and protection of client rights. So far as is determined by the Division of Mental Health and Developmental Disabilities those persons who require involuntary commitment for treatment of mental illness are currently being served, therefore, no increase in the population to be served will result from SB 100. What is required is resources to support the increase of hearings and for the scope of implementation of the intent.

Costs to implement SB 100 are the costs of the increased number of court hearings, the field and medical staff training for the court related activity and an array of costs associated with the establishment of designated facilities. Each of these costs are individually described under their separate heading. In addition spectrum of designated facilities are presented as alternate levels of implementation. Each level provides for

IV. DATE February 17, 1981 PREPARED BY: Thomas R. Brown  
 AGENCY Department of Health and Social Services  
 PHONE 465-3370  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named) M&B Approval 1/17/81 Date 2/15/81

an increase in local capacity for treatment and evaluation.

### I. Hearings (BRU API)

Base data will be the actual API hospital records of 1023 admissions for FY 80. About 44% of these are involuntary civil admissions equal to 450 patients. Under the current system civil commitment progress hearings may take place 14 to 21 days following admission. Therefore, many of these 450 involuntary patients have become voluntary prior to a hearing date. About 120 hearings are actually scheduled each year. A number of the involuntary admissions to API are evaluated (screened) and released as not being mentally ill. We therefore conclude that SB 100 will, because of the required 72 hour hearing, the 90 day and the 120 day hearing, result in a minimum of 300 of the 72 hour hearings and an undetermined number of 90 and 120 day hearings. The evaluation and the preparation of reports to be available to the court at the more than 300 additional hearings will represent a major workload increase at API.

One half time psychiatrist	43.9	(Two mental health professionals must sign petition)
One half time psychologist	25.3	
One Clerk III	22.2	
Total Hearing Staff Cost	91.4	

### II. Training (BRU Administrative and Support Central Office)

SB 100 presents the function at a local level of accomplishing the preliminary screening and a possible evaluation for all cases taken into custody i.e., involuntary patients. It also will involve many physicians and mental health professionals in court processes and professional demands that are unfamiliar.

Local physicians will need training in recent advances in psychopharmacology and the assessment of medical basis of mental disorders. As these will frequently be general physicians who now do little psychiatric work this update should occur on a yearly basis to insure the best assessment and treatment.

Mental health professionals must be trained in their legal responsibilities to committed and evaluated patients under the act. They must know the legal definition of committable patients and how to assess patients for the commitment hearing. They must be offered a review of appropriate treatment approaches for patients likely to be committed under the act. This must be done on a yearly basis.

#### Costs:

22 physicians X \$451 each of travel and 3 day per diem	9,922.00
Facility, trainer and material costs.	2,500.00
Individual materials as hand-out etc.	550.00
Total training cost for M.D.	12,972.00
22 Mental health professional (same as above)	12,972.00
Forensic material development and distribution for 22 centers	3,000.00
Total training and development cost	28,944.00

### III. Designation Costs (BRU Community Mental Health)

All material will require annual update presentations. Additional costs for center-specific training and unique medical update can be funded through Federal Mental Health Manpower Development Grant sources when these 28.9 base matching funds are available.

Patient receipts recover 26.6% of the actual operating costs at API. It is assumed cost recovery for any designated facility would be similar. The State comprehensive health plan reports the combined cost (cost of a bed and all support services, such as medication, X-ray etc.) per patient day totals \$397 per patient day for Alaska non-federal acute care hospitals. We calculate that involuntary patient care at a designated facility has a potential to create a deficit of \$303 per day per patient, that being the cost incurred but not paid for by the patient. This must be reimbursed to the designated facility.

The health plan reports the cost of a hospital bed without support services to average \$175 per day. A bed must be in reserve at all times at a designated facility. Cost of a reserved bed is \$63,875 per year (175 X 365). When a prepaid and reserved bed is occupied the additional daily cost is \$128 (303 less 175). This is reimbursable to the facility as a non-recoverable patient care cost. We estimate that each designated facility will deliver 200 bed days of treatment and inpatient evaluation service at a cost to the State of \$25,600 (200 X 128). We further assume that two beds will be occupied for 30 days per year at a cost of \$9,090. (303 X 30).

Summary of designated costs:

"head of facility"		56,950.00
reserved bed		63,875.00
200 days patient care @ 128 per day	25,600	
30 days patient care @ 303 per day	<u>9,090</u>	
	34,690	
		<u>34,690.00</u>
Annual cost per facility		\$155,515.00

Levels of Implementation

Level I

A level 1 implementation for SB 100 would assume no additional designated facility beyond API. Cost at this level is limited to the costs for the additional hearings and field staff training.

Training	28.9
API staff	<u>91.4</u>
Level 1 total	120.3

Level II

A level 2 implementation would provide a designated facility in each of four judicial areas of Alaska. Nome, Juneau, Fairbanks in addition to the existing Anchorage API.

API hearing staff costs	91.4
Training and development cost	28.9
3 additional designated facilities	<u>466.5</u>
@ 155,515	
Level 2 cost	586.8

Level III

A level 3 implementation would provide a designated facility in each of the 10 superior court services districts and would locate a designated facility in Sitka, Ketchikan, Juneau, Kenai, Kodiak, Bethel, Nome, Kotzebue, and Fairbanks, in addition to API Anchorage;

API hearing staff costs	91.4
Training and development cost	28.9
9 designated facilities	
@ 155,515	<u>1,399.6</u>
Level 2 cost	1,519.9

Level IV

Level 4 implementation will provide a saturation of designated facilities. Evaluation with inpatient treatment capacity would be available in each of the existing 22 community mental health service districts.

API hearing staff costs	91.4
Training and development cost	28.9
21 designated facilities @ 155,515	<u>3,265.8</u>
Level 4 Cost	3,386.1

HB 100 Implementation Schedule

All costs are adjusted for 9% C.O.L.A. annually.

Year FY 82

- a. Hearing
- b. Training
- c. Partial level II designation (Fairbanks, Juneau)

Year FY 83

- a. Hearing
- b. Training
- c. Level II designation
- d. Partial level III designation (2 location)

Year FY 84

- a. Hearing
- b. Training
- c. Level II designation
- d. Level III designation (4 additional locations)

Year FY 85

- a. Hearing
- b. Training
- c. Level II designation
- d. Level III designation
- e. Partial level IV designation (5 locations)

Year FY 86

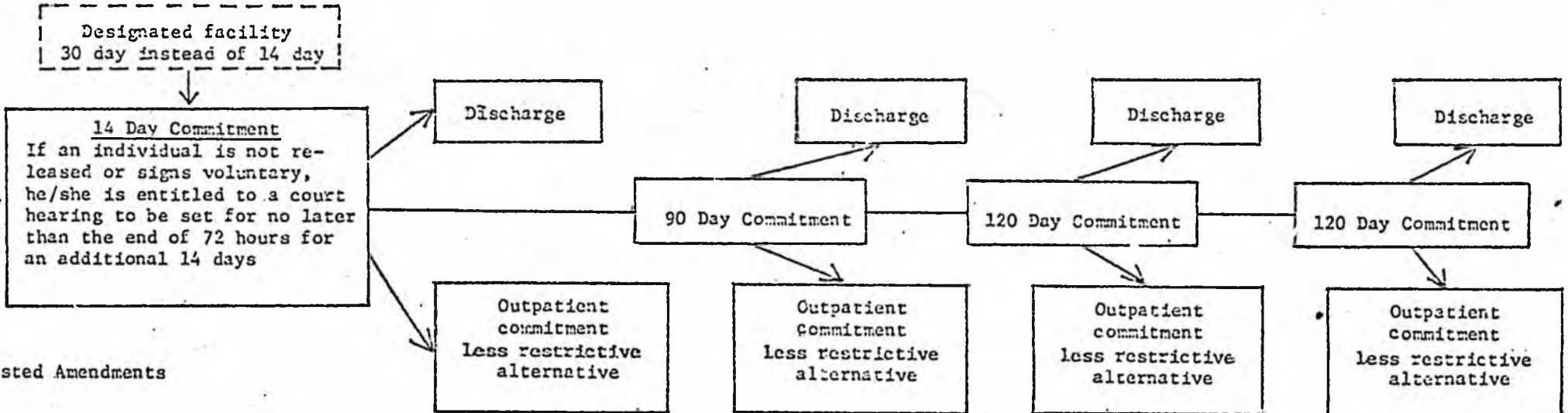
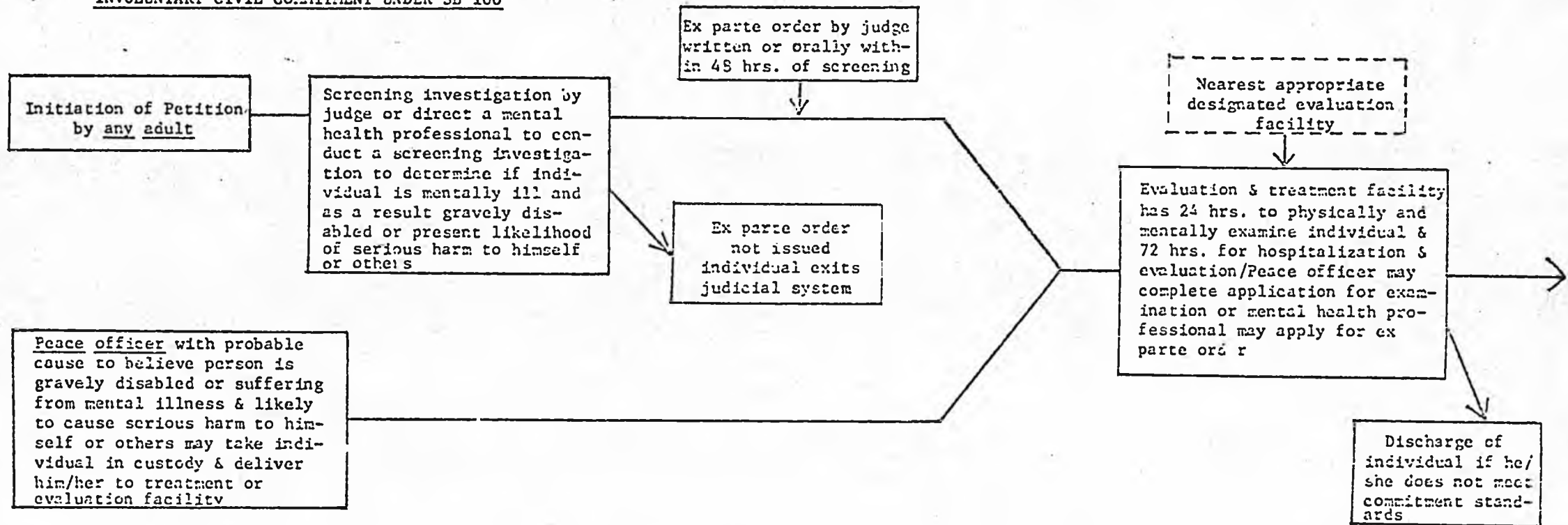
Total implementation 22 designated facilities

NOTE:

The cost of designation of a single facility adjusted by C.O.L.A. of 9% annually is:

FY 82	\$ 169,511
FY 83	184,767
FY 84	201,396
FY 85	219,522
FY 86	239,279

INVOLUNTARY CIVIL COMMITMENT UNDER SB 100



   = Suggested Amendments

SECTIONAL ANALYSIS

CSSB 100 (Jud.)

---

Section 1.

ARTICLE 6. MENTAL HEALTH PROGRAM.

The main thrusts of the bill are to balance an individual's constitutional right to liberty and the state's interest in protecting society from persons who are dangerous to others or to themselves. The Department of Health and Social Services is given the authority and responsibility for administering the program and supervising the facilities involved.

page 1 - 3

ARTICLE 7. VOLUNTARY ADMISSION FOR TREATMENT.

Sets a cutoff age of 14 years for a child being committed by parents, and specifies the rights of persons who voluntarily enter a mental health facility. This Article further provides that an adult may be released from voluntary treatment unless the mental health professionals initiate involuntary commitment proceedings, and that a child under 14 may be released on parent's request unless involuntary commitment proceedings are initiated.

page 3 - 5

ARTICLE 8. INVOLUNTARY ADMISSION FOR TREATMENT.

Describes the procedure for involuntary commitment. Upon petition by an adult, the judge initiates a screening investigation, and upon completion of it, may issue an order directing an evaluation. The petition must allege, and the judge must find, that there is probable cause to believe that the respondent is mentally ill and likely to cause serious harm to himself or others, or that he is gravely disabled. The evaluation must be conducted within 72 hours.

page 5 - 6

If the evaluation facility finds that the person is mentally ill and presents a danger to himself or others, or is gravely disabled, the facility shall notify the court so that a hearing on a 21-day commitment may be held. Two mental health professionals who have examined the respondent must sign the petition for commitment. If the person does not meet these tests, he must be released.

page 6 - 7

At the evaluation facility the respondent must be notified of his rights in a language he understands, and has a right to be free of medication at the time of the hearing.

page 8 - 9

page 9 - 11

At the court hearing for a 21-day commitment, the respondent has a right to be present, to have an attorney present evidence on his behalf, cross-examine witnesses, be silent, to have an interpreter if he does not understand English, and to have the hearing open or closed, as he elects. The court may commit, for not more than 21 days, if there is no less restrictive alternative available.

page 11 - 13

Following the 21-day commitment, there may be a 90-day commitment. The respondent has the same rights as for the 21-day commitment.

page 13 - 16

Following the 90-day commitment, there may be a series of 120-day commitments. In all of these the respondent has the same rights as he has under the 21-day commitment.

page 15 - 19

The respondent must be committed to the treatment facility nearest his home, if that is possible. He also may be given leave from the facility and may be released for specified outpatient care. He must be released if he is no longer gravely disabled or likely to cause serious harm as a result of mental illness.

page 20 - 21

This Article also contains a provision that the right of habeas corpus is not limited, and a provision to hold blameless those persons who act in good faith on a commitment procedure. It is a felony to wilfully initiate an involuntary commitment procedure without good cause.

#### ARTICLE 9. PATIENT RIGHTS.

page 21

This Article provides that the patient has a right to participate in his treatment program, to know about the medication he is asked to take, and not to be kept in a locked quiet room unless such restraint is necessary to keep him from harming himself or others. It further provides safeguards when the person must be so restrained.

page 22 - 23

Additional rights guaranteed are freedom from unnecessary or excessive medication, the right to refuse electroconvulsive therapy or aversive conditioning, and the prohibition of psychosurgery, lobotomy, or other such treatment, without a court order. The facility must prepare a discharge plan when the patient is released.

page 23 - 27

Experimental treatments which involve risk may not be administered, and the Commissioner of Health and Social Services must make a decision as to whether a treatment is experimental. A person who is undergoing evaluation treatment does not lose any of his or her civil rights, including

the right to privacy and personal possessions. Records obtained in evaluation and treatment are confidential. Rights must be posted in all treatment facilities, must be explained in a language the person understands, and discrimination on the basis of evaluation or treatment for mental illness is prohibited.

#### ARTICLE 10. MISCELLANEOUS PROVISIONS.

This Article provides that the State pays for necessary transportation in the case of involuntary commitment. it also provides that persons who are not residents of Alaska may be returned to the state of residence, and that the Department may enter into a reciprocal agreement or compact with another state concerning custody of mentally ill persons. A third provision is that a person whom the Department hospitalizes in another state under a contract keeps all the rights which Alaska guarantees.

Personal property and unclaimed effects of a patient who dies or leaves are kept by the Department for one year if they are not claimed by a legal heir.

Provision is made for paying the expenses of witnesses, peace officers, attorneys, and the jury, in commitment cases. The Department has the authority to charge for care, transportation, and treatment of a patient, but has the discretion to relieve the patient or other person responsible for payment if it is in the best interests of the state and the other party. Charges assessed may not exceed the actual cost of the care and treatment.

The final three pages of Article 10 are definitions. This is an important section. Definitions specify more precisely the grounds for involuntary commitment and which mental health professionals may sign involuntary commitment reports. There is also a definition of designated treatment facility, which is necessary if persons are to be hospitalized in some place other than API.

#### Section 2.

This section of the bill deals with a person being tried for a crime, who intends to rely on a defense of mental disease or defect. It closes a possible loophole so that a person found not guilty because of mental disease could not then automatically be set free.

page 27 - 29

page 29 - 30

page 30 - 32

page 32 - 35

page 36

Section 3.

Section 3 provides the procedure to be followed when a person has pleaded mental deficiency or defect and is found not guilty. There is an immediate hearing before the same trier of fact (judge or jury) and the defendant must prove by preponderance of the evidence that he is no longer dangerous to the public. He may not be committed for a longer period than he could have been under the criminal law, and he may be reevaluated no sooner than six months later and every year thereafter. He may not be released during the term of commitment except upon a court order following the hearing.

Section 4.

If the court determines that a defendant is so mentally incompetent that he cannot understand proceedings against him or assist in his own defense, the court shall stop the proceedings and commit the defendant to the custody of the Commissioner. Within 90 days the court holds a hearing to see if the defendant is still incompetent. If so, he may be committed for a second 90-day period. If at the end of the second 90-day period he continues to be incompetent to stand trial, the charges are dismissed and he is tried like any other mentally ill person. If the court finds that the defendant presents a danger to other persons, the period of commitment may be extended for six months. After five years the defendant may not be charged again.

Section 5.

This section comes into effect when a person committed under Section 4 is considered mentally competent to stand trial. The committing court holds a hearing, determines whether the accused is competent, and then begins criminal proceedings or recommits him.

Section 6.

The provisions of this bill do not affect action taken under statutes in effect before October 1, 1981, nor do they apply retroactively.

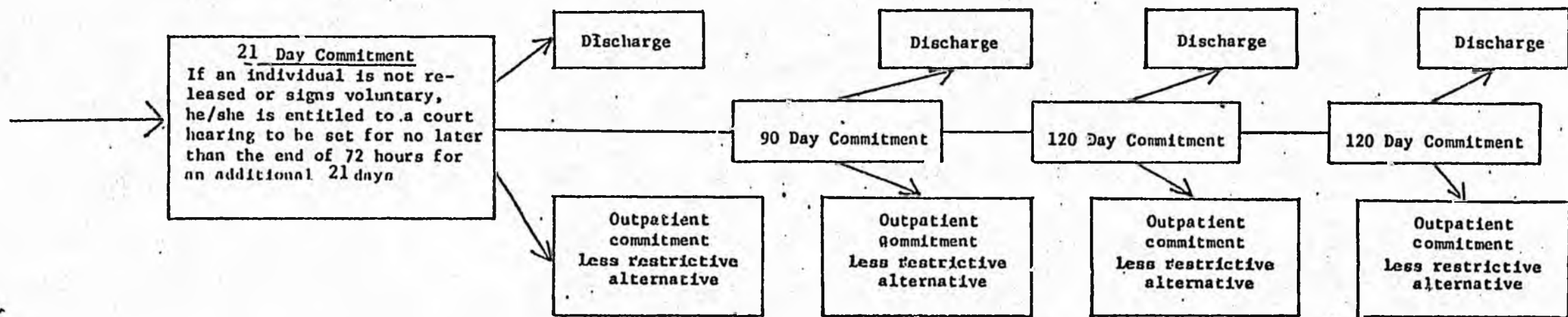
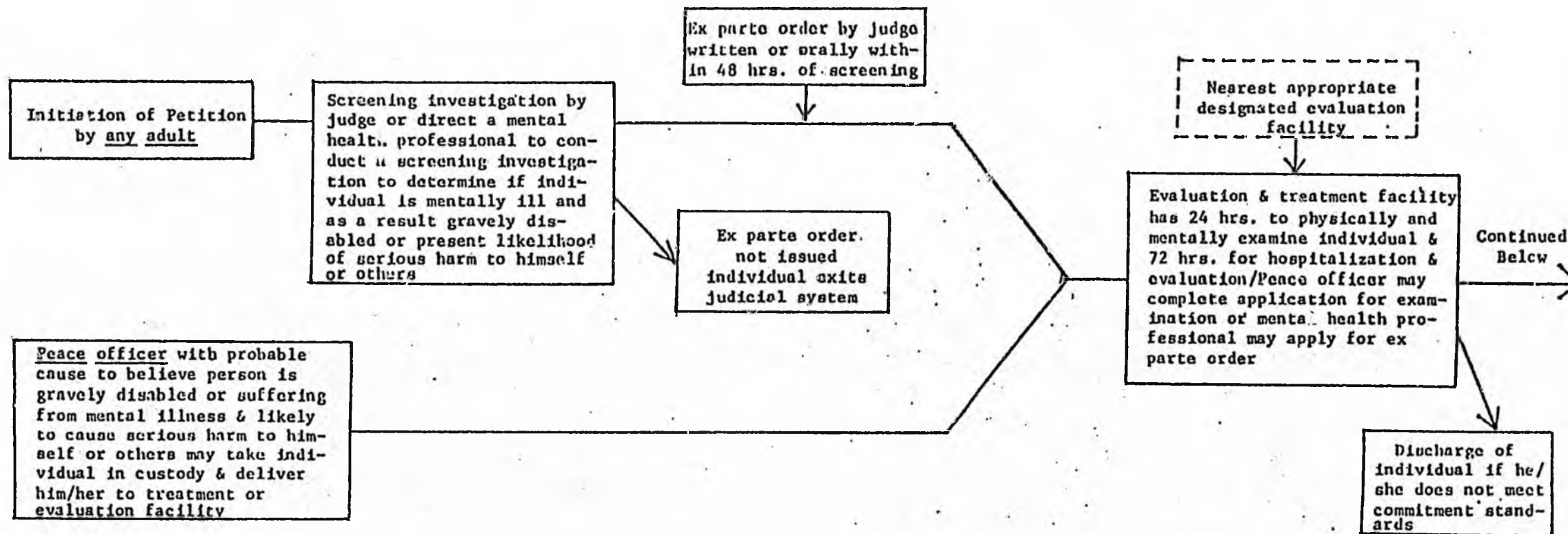
Section 7.

This section repeals the existing statutes on the mentally ill.

Section 8.

Effective date.

INVOLUNTARY CIVIL COMMITMENT UNDER SB 100



Original sponsors: Parr, Stimson, and  
Fischer

Offered: 3/31/81  
Referred: Judiciary

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2

CS FOR SENATE BILL NO. 100 (HESS)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

TWELFTH LEGISLATURE - FIRST SESSION

5

A BILL

6

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

7

8

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

9

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

10

ARTICLE 6. MENTAL HEALTH PROGRAM.

11

12

13

14

15

16

17

18

19

Sec. 47.30.655. PURPOSE. The purpose of this major revision of  
Alaska civil commitment statutes is to more adequately protect the legal  
rights of persons suffering from mental illness. The legislature has  
attempted to balance the individual's constitutional right to physical  
liberty and the state's interest in (1) protecting society from persons  
who are dangerous to others; and (2) protecting persons who are dan-  
gerous to themselves, by providing due process safeguards at all stages  
of commitment proceedings. In addition, the following principles of  
modern mental health care have guided this revision:

20

(1) that persons be given every opportunity to accept volun-  
tary treatment before involvement with the judicial system;

21

22

(2) that persons be treated in the least restrictive alter-  
native environment consistent with their treatment needs;

23

24

(3) that treatment occur as promptly as possible and as close  
to the individual's home as possible;

25

26

(4) that a system of mental health community facilities and  
supports be available;

27

28

(5) that patients be informed of their legal rights and be  
informed of and allowed to participate in their treatment program as

29

1 much as possible;

2 (6) that persons who are mentally ill but not dangerous to  
3 others be committed only if there is a reasonable expectation of im-  
4 proving their mental condition.

5 Sec. 47.30.660. POWERS AND DUTIES OF DEPARTMENT. The department  
6 is the mental health authority of the state and shall

7 (1) administer a comprehensive program for the prevention of  
8 mental illness and the care and treatment of the mentally ill, including  
9 inpatient and outpatient care and treatment and the procurement of  
10 services of specialists or other persons on a contractual or other  
11 basis;

12 (2) take the actions and undertake the obligations which are  
13 necessary to participate in federal grants-in-aid programs and accept  
14 federal or other financial aid from whatever sources for the study,  
15 examination, care, and treatment of the mentally ill;

16 (3) administer AS 47.30.655 - 47.30.915;

17 (4) designate, operate, and maintain treatment facilities  
18 equipped and qualified to provide inpatient and outpatient care and  
19 treatment for the mentally ill;

20 (5) provide for the placement of mentally ill patients in  
21 designated treatment facilities;

22 (6) enter into arrangements with governmental agencies for  
23 the care or treatment of the mentally ill in facilities of the govern-  
24 mental agencies in the state or in another state;

25 (7) enter into contracts with treatment facilities for the  
26 custody and care or treatment of the mentally ill;

27 (8) enter into contracts which incorporate safeguards consis-  
28 tent with AS 47.30.655 - 47.30.915 and the preservation of the civil  
29 rights of the patients with another state for the custody and care or

1 treatment of patients previously committed from this state under 48  
2 U.S.C., sec. 46 et seq., and P.L. 830, 84th Congress, 2nd Session, 70  
3 Stat. 709;

4 (9) prescribe the form of applications, records, reports,  
5 requests for release and consents to medical or psychological treatment  
6 required by AS 47.30.655 - 47.30.915;

7 (10) require reports from the head of a treatment facility  
8 concerning the care of patients;

9 (11) visit each treatment facility at least annually to  
10 review methods of care or treatment for patients;

11 (12) investigate complaints made by a patient or an interested  
12 party on behalf of a patient;

13 (13) delegate upon mutual agreement to another officer or  
14 agency of it, or a political subdivision of this state, or a treatment  
15 facility designated, any of the duties and powers imposed upon it by  
16 AS 47.30.655 - 47.30.915; and

17 (14) adopt regulations to implement the provisions of AS 47.-  
18 30.655 - 47.30.915.

19 ARTICLE 7. VOLUNTARY ADMISSION FOR TREATMENT.

20 Sec. 47.30.670. STANDARDS FOR VOLUNTARY ADMISSION. A person 14  
21 years of age or older may be voluntarily admitted to a treatment facil-  
22 ity if he is suffering from mental illness and he voluntarily signs the  
23 admission papers.

24 Sec. 47.30.675. NOTICE OF RIGHTS. (a) Upon the application of a  
25 person for voluntary admission, or at the time a person admitted under  
26 AS 47.30.690 reaches the age of 14, he shall be given a copy of the  
27 following documents which shall be explained to him as necessary:

28 (1) notice of rights as set out in AS 47.30.825 - 47.30.865  
29 and an explanation of any document served upon him; and

1 (2) notice that should he desire to leave at a time when the  
2 treatment facility determines that he is mentally ill and as a result  
3 is likely to cause serious harm to himself or others or is gravely dis-  
4 abled, the facility could initiate commitment proceedings against him.

5 (b) If the applicant for voluntary admission does not understand  
6 English, the explanation shall be given in a language he understands.

7 Sec. 47.30.680. DISCHARGE OF VOLUNTARY PATIENTS. A patient who  
8 no longer meets the standards established in AS 47.30.670 shall be  
9 discharged from the treatment facility.

10 Sec. 47.30.685. NOTICE OF INTENT TO LEAVE FACILITY; COMMITMENT.  
11 A voluntary patient who is 14 years of age or older and who desires to  
12 leave a treatment facility must submit to the facility a written notice  
13 of intent to leave on a form provided to him by the facility. Upon  
14 immediate investigation, the patient shall be evaluated in writing and  
15 discharged immediately or given written notice that involuntary commit-  
16 ment proceedings will be initiated against him. The treatment facility  
17 may detain the patient for no more than 48 hours after receipt of the  
18 patient's notice of intent to leave in order to initiate involuntary  
19 commitment proceedings.

20 Sec. 47.30.690. VOLUNTARY ADMISSION OF MINORS UNDER 14 YEARS OF  
21 AGE. (a) A minor under the age of 14 may be admitted for 30 days  
22 evaluation, diagnosis and treatment at a designated treatment facility  
23 if his parent or guardian signs the admission papers and if, in the  
24 opinion of the professional person in charge.

25 (1) he is gravely disabled or is suffering from mental ill-  
26 ness and as a result he is likely to cause serious harm to himself or  
27 others;

28 (2) there is no less restrictive alternative available for  
29 his treatment; and

1 (3) there is reason to believe that the patient's mental  
2 condition could be improved by the course of treatment.

3 (b) The minor may be released by the treatment facility at any  
4 time during the 30-day period if the professional person in charge or  
5 his designated mental health professional determines the minor would no  
6 longer benefit from continued hospitalization and the minor is not  
7 dangerous. The minor's parents or his guardian must be notified by the  
8 facility of the contemplated release and that, unless they initiate  
9 involuntary commitment proceedings, the minor will be released.

10 Sec. 47.30.695. NOTICE OF REQUEST FOR RELEASE OF MINORS UNDER 14  
11 YEARS OF AGE FROM VOLUNTARY DETENTION AND COMMITMENT. The parent or  
12 guardian of any minor who is less than 14 years of age may request and  
13 obtain immediate release of the minor at any time, unless as the result  
14 of mental illness, the minor is likely to cause serious harm to himself  
15 or others.

16 ARTICLE 8. INVOLUNTARY ADMISSION FOR TREATMENT.

17 Sec. 47.30.700. INITIATION OF INVOLUNTARY COMMITMENT PROCEDURES.

18 (a) Upon petition of any adult, a judge shall immediately conduct a  
19 screening investigation or direct a local mental health professional  
20 employed by the department or by a local mental health program which  
21 receives money from the department under AS 47.30.520 - 47.30.620 or  
22 another mental health professional designated by the judge, to conduct  
23 a screening investigation of the person alleged to be mentally ill and,  
24 as a result of that condition, alleged to be gravely disabled or to  
25 present a likelihood of serious harm to himself or others. Within 48  
26 hours after the completion of the screening investigation, a judge may  
27 issue an ex parte order orally or in writing, stating that there is  
28 probable cause to believe the respondent is mentally ill and that  
29 condition causes the respondent to be gravely disabled or to present a