

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1467 SHESS SB 100

467

SUMMARY FOR CSSN 100 (JUDICIARY) - AN ACT RELATING TO MENTALLY ILL PERSONS

This bill is a major revision of Alaska civil commitment statutes. Its purpose is to protect the legal rights of persons suffering from mental illness, protect society from persons who are dangerous to others, and protect persons who are dangerous to themselves.

The following principles of modern mental health care have guided this revision:

- (1) that persons be given every opportunity to accept voluntary treatment before involvement with the judicial system;
- (2) that persons be treated in the least restrictive alternative environment consistent with their treatment needs;
- (3) that treatment occur as promptly as possible and as close to the individual's home as possible;
- (4) that a system of mental health community facilities and supports be available;
- (5) that patients be informed of their legal rights and be informed of and allowed to participate in their treatment program as much as possible;
- (6) that persons who are mentally ill but not dangerous to others be committed only if there is a reasonable expectation of improving their mental condition.

The Department of Health & Social Services' powers and duties are listed on pages 2 and 3 of the bill.

Article 7, which begins on page 3, includes standards for voluntary admission for persons 14 or older and admission of minors under 14.

Beginning on page 5, Article 8 explains the process for involuntary commitment. It establishes a 72-hour evaluation period, a 21-day, 90-day, and 120-day commitment period. A court hearing is mandatory for each commitment period.

Article 9, which begins on page 21, lists patient rights. They include:

- (1) patient participation in a treatment plan;
- (2) the right to examine records;
- (3) the right to know the name of, and refuse medication;
- (4) the right to use a quiet room;
- (5) the right to refuse or accept shock therapy;
- (6) protection from psychosurgery and lobotomy;
- (7) the right to have life-saving surgery;
- (8) the right to participate in, and be given a discharge plan.

Additionally, Article 9 prohibits experimental treatments, establishes patient rights to privacy and personal possessions, and states that patient records remain confidential. It protects civil rights and prohibits discrimination of persons evaluated or treated for mental illness. All patient rights must be explained to patients in a language understood by the patient.

Article 10, which begins on page 27, explains miscellaneous provisions. They include: transportation, nonresident patients, patient rights outside the state, the disposition of personal effects, unclaimed funds, definitions, and commitment after a judgment of not guilty by reason of insanity or incompetency to stand trial.

Though not tried in a court, the current mental health statutes' constitutionality has been questioned by many. This bill would repeal AS 47.30.010 through 47.30.170 and AS 47.30.190 through 47.30.340.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 0
JUNEAU, ALASKA 99811
PHONE: 465-3030

April 14, 1981

Document# 107-81

Honorable Charles H. Parr
Chairman, Senate HESS Committee
Alaska State Legislature
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

COST OF CARE RATE HEARINGS REPORT TO THE LEGISLATURE

Alaska Statutes, Chapter 47.05.010(14), mandate a public meeting be held by the Department of Health and Social Services "in February to review, study, and propose the necessary levels of care and the rates it (the department) will pay to anyone for the services required during the succeeding year; before final adoption by the department, the proposed levels of care and the rates of payment shall be reviewed by the Legislature annually while in session."

The meetings to conform to the statutes were held during February, 1980 as required. Testimony was presented on both the rates of payments and the levels of care during the hearing process. Attachments 1 and 2 list the estimated rates which need to be paid during FY 1981 based upon testimony given by the providers. Funding in the Governor's FY 82 budget for both institutional and foster care is sufficient to meet the estimated expenditures.

The rates for Institutional Care reflected in Attachment 1 were developed using a 14% increment for salary increases and a 14% cost of living allowance for all expenditure categories other than salaries and benefits. These increases were requested by the majority of providers during the rate hearing.

The rates also reflect a 4.8% increment related to allowable FY 81 costs which were not covered in the provisional FY 81 rates. This is necessary because, under the statute, a provider's rate for FY 82 is set based upon the actual per diem cost experience in FY 81. This per diem cost is calculated by dividing the provider's total allowable costs for FY 81 by the actual census for FY 81. Thus, either unanticipated expenditures during FY 81 (such as increases in staffing mandated to meet wage laws) or lower than expected utilization of the facility (reducing the census) will increase the base upon which the FY 82 rate is set, beyond the increase normally expected due to inflation. An analysis of the providers' financial reports for the first six months of FY 81 and of anticipated utilization for the second six months indicate a 4.8% increment should be sufficient to allow for these factors.

Only two of the providers requested more than the 14% increment for salary increases and cost of living allowances. One requested an 18% increase and the other requested the 14% plus additional salary monies to allow for: 1) all full-time employees to earn at least \$18,000 annually; and 2) a 3% increase for a retirement plan as part of a 10% of salary retirement benefit.

The overwhelming testimony was in favor of a 14% increase. The CPI for Anchorage in 1980 was 12.5%. The Department of Health and Social Services recognizes the continuing impact of these high inflation rates and recommends to the legislature the granting of the 14% across the board rate increase. The CPI for 1981 is predicted to be equal to or more than the 1980 percentage.

Institutional Care Costs as Requested
by Providers at Hearings

<u>Institutional Care</u>	<u>Family Services (In-State)</u>	<u>Youth Services (Out-State)</u>	<u>Department Total</u>
Budgeted Amount	\$9,307,033	\$3,637,590	\$12,944,623
Estimated Cost	<u>6,747,166</u>	<u>2,891,621</u>	<u>9,638,787</u>
Balance	\$2,559,867	\$ 745,969	\$ 3,305,836

The Department prepared the FY 82 budget reflecting a 26.7% increment for allowable costs not covered in the provisional FY 81 rates and an 11.3% cost of living allowance. The actual institutional rates in FY 81 were considerably lower than expected permitting the Department to reduce the increment for allowable costs from 26.7% to 4.8%. In addition, we have recommended the 14% cost of living allowance which would be 2.7% higher than the budget figure. As a result, the estimated average daily rate for FY 82 would be \$105.63.

<u>Base FY 81 Provisional Rate</u>	<u>Adjustments for Allowable Expenditures not Included in Base Rate</u>	<u>Recommended COLA Increase</u>	<u>Estimated Provisional Average FY 82 Daily Rate</u>
\$87.00	+ 4.8%	+ 14%	= \$105.63

The 4.8% adjustment for allowable expenditures made by facilities during FY 81 is an estimate prior to development of audited rates. That factor is being utilized only because that proved to be the actual factor increase for the FY 81 provisional rate over the FY 80 rate. The adjustment factor for FY 80 over FY 79 was 9.8%, and for FY 79 over FY 78 was 22.8%. Thus, if the FY 82 adjustment factor actually exceeds 4.8%, a supplemental appropriation will need to be requested.

Foster Care rates were developed according to 7 AAC 50.720(c) assuming a 14% change in the Consumer Price Index during FY 81. Attachment 2 displays the projected rates for FY 1982.

Foster Care Costs

	<u>Family Services (In-State)</u>	<u>Youth Services (In-State)</u>	<u>Department Total (In-State)</u>
Budgeted Amount	\$2,488,519	\$520,699	\$3,009,218
Estimated Cost	<u>2,470,813</u>	<u>488,107</u>	<u>2,958,920</u>
Balance	\$ 17,706	\$ 32,592	\$ 50,293

Sincerely,



Helen D. Beirne
Commissioner

Enclosures

Projected Payments for Services
Full Cost of Care
FY 1982

IN-STATE ONLY

<u>PROVIDER</u>	<u>FY 81</u> <u>Provisional</u> <u>Rate</u>	<u>+</u>	<u>Allow Exp.</u> <u>Adjust.</u> <u>4.8%*</u>	<u>+</u>	<u>COLA</u> <u>Increase</u> <u>14%</u>	<u>=</u>	<u>FY 82</u> <u>Proposed</u> <u>Rate</u>	<u>+</u>	<u>State</u> <u>Census</u>	<u>=</u>	<u>Annual</u> <u>Cost</u>
Alaska Children's Services											
Anchorage Receiving Home	115.32		5.54		16.92		137.78		2,138		294,537.64
** Rabbit Creek	142.30		6.83		20.88		170.01		2,260		384,222.60
Aquarius Creek	89.90		4.32		20.53		114.75		1,518		174,190.50
Colletti House	81.24		3.90		11.92		97.06		1,348		130,836.88
North Star House	79.99		3.84		11.74		95.57		1,694		161,895.58
** Jesse Lee Home	124.47		5.97		18.26		148.70		12,178		1,810,868.60
Alaska Baptist Family Svce.Ctr.	60.35		2.90		8.86		72.11		1,366		98,502.26
*** Alaska Youth Village	72.30		3.47		10.61		86.38		6,836		494,242.80
Bethel Group Home	42.01		2.02		6.16		50.19		2,624		131,698.56
Bethel Receiving Home	64.02		3.07		9.39		76.48		1,610		123,132.80
Booth Memorial Home	113.60		5.45		16.67		135.72		4,800		651,456.00
Covenant High School	28.17		1.35		4.13		33.65		365		12,282.25
Hilltop Home	74.32		3.57		10.90		88.79		5,734		775,491.86
Juneau Receiving Home	76.89		3.69		11.28		91.86		4,176		383,607.36
** Kenai Peninsula Center	81.84		3.93		12.01		97.78		2,592		253,445.76
Ketchikan Children's Home											
Teen 1	59.55		2.86		8.74		71.15		3,596		255,855.40
Teen 2	68.12		3.27		9.99		81.38		3,162		257,323.56
Kodiak Baptist Mission	54.42		2.61		7.98		65.01		4,604		299,306.04
Nome Receiving Home	105.99		5.09		15.55		126.63		1,706		216,030.78
North Star Children's Home	54.02		2.59		7.93		64.54		4,055		261,709.70
North Slope Borough	106.05		5.09		15.56		126.70		2,048		259,481.60
Presbyterian Hospitality Hse.	98.34		4.72		14.43		117.49		7,398		869,191.02
** St. Jude Center	72.33		3.47		10.61		86.41		290		25,058.90
St. Mary's Mission	8.33		.40		1.22		9.95		457		4,547.15
Turning Point Boys' Ranch	84.33		4.05		12.37		100.75		13,624		1,372,618.00
Youth Advocates (Sitka Rec.)	38.39		1.84		5.63		45.66		1,368		62,736.48
Totals							<u>N/A</u>		<u>92,435</u>		<u>9,764,270.08</u>
Total - Averages							<u>\$105.63</u>		<u>253 FTE</u>		<u>9,764,270.08</u>

* 4.8% is only an estimate based on the adjustment for FY 81 over FY 80 and may be low. The adjustment for FY 80 over FY 79 was 9.8%, and for FY 79 over FY 78 was 22.8%. Thus a supplemental request may be necessary for FY 82.

** Contracts

*** Census estimates - not rec'd this date. This facility said to be closed to state children as of 4/1/81.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 Calculation of Foster Care Rates
 FY 1982

Multiplier for CPI Increase

CPI: March, 1980	223.5
January, 1981	240.1
March, 1981 - Projected	243.4

Multiplier:

CPI - March, 1981
 CPI - 1970

$$\frac{243.4}{111.5} = 2.1830$$

Multiplier for Regional Differentials

	14A Pay Schedule	Multiplier
Southeastern, Southern, Southcentral	1995	1.0000
Fairbanks	2291	1.1484
Bethel	2640	1.3232
Kotzebue	2736	1.3714

Calculation of Rates

Location	Age Group	1970 Annual	CPI Multiplier	Differential Multiplier	Annual	Monthly	Daily Rates
Southeastern	4 & under	1.935	2.1830	1.0000	4224	352	11.57
Southern	5 - 11	2.140	2.1830	1.0000	4672	389	12.80
Southcentral	11 & over	2.557	2.1830	1.0000	5582	465	15.29
Fairbanks:	4 & under	1.935	2.1830	1.1484	4850	404	13.29
	5 - 11	2.140	2.1830	1.1484	5365	447	14.70
	11 & over	2.557	2.1830	1.1484	6410	534	17.56
Bethel:	4 & under	1.935	2.1830	1.3233	5590	466	15.32
	5 - 11	2.140	2.1830	1.3233	6182	515	16.94
	11 & over	2.557	2.1830	1.3233	7387	616	20.24
Kotzebue	4 & under	1.935	2.1830	1.3714	5793	483	15.87
Barrow	5 - 11	2.140	2.1830	1.3714	6407	534	17.55
	11 & over	2.557	2.1830	1.3714	7655	638	20.97

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., M.P.H.
Director, Division of Mental Health and Developmental Disabilities

Date:

5/26/81

Approved by:


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.						
TOTAL		467.5	1,063.9	1,965.4	2,239.8	5,451.5

FUNDING (Thousands of Dollars)

	467.5	1,063.9	1,965.4	2,239.8	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 mental 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 headings. In addition spectrum of designated facilities are presented as alternate levels of implementation. Each level provides

IV. DATE February 17, 1981 PREPARED BY Thomas R. Bennett
 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 7/27/81 Date 2/18/81

an increase 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	<u>22.2</u>	
Total Hearing Staff Cost	<u>91.4</u>	

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.	<u>550.00</u>
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	<u>3,000.00</u>
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 2.9 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 \$25,000 (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"		50,950.00
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;

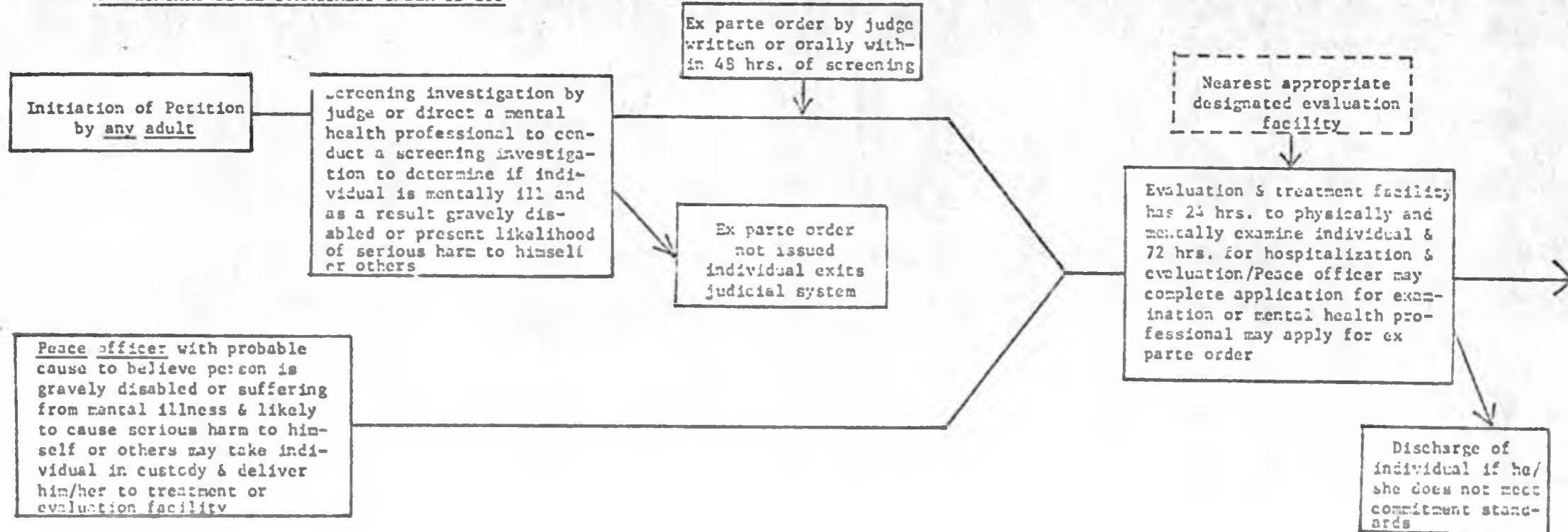
API hearing staff costs	91.4
Training and development cost	28.9
9 designated facilities	
@ 155,515	<u>1,399.6</u>
Level 3 cost	1,519.9

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.

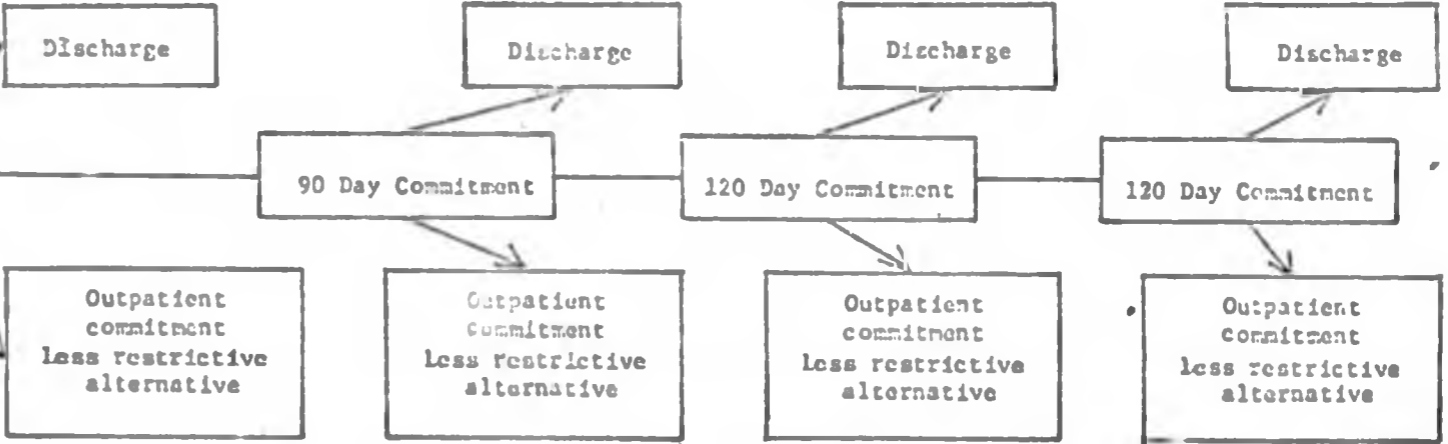
API hearing staff costs	91.4
Training and development cost	28.9
21 designated facilities @ 155,515	<u>3,265.8</u>
Level 4 Cost	3,386.1

INVOLUNTARY CIVIL COMMITMENT UNDER SB 100



Designated facility
30 day instead of 14 day

14 Day Commitment
If an individual is not released or signs voluntary, he/she is entitled to a court hearing to be set for no later than the end of 72 hours for an additional 14 days



☐ - Suggested Amendments

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

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 100
 Title An act relating to mentally ill persons
 Requested by Senator Parr Date January 28, 1981

II. FISCAL DETAIL

Agency Affected Administration
 Program Category Affected Justice
 BRU, Program. or Subprogram(s) Affected Public Defender - Third District
 (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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		53.0	58.3	64.1	70.5	77.6
200 TRAVEL						
300 CONTRACTUAL		4.0	4.4	4.8	5.3	5.9
400 COMMODITIES		.5	.6	.6	.7	.7
500 EQUIPMENT		1.0	1.1	1.2	1.3	1.5
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		58.5	64.4	70.7	77.8	85.7

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		58.5	64.4	70.7	77.8	85.7
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		1.0	1.0	1.0	1.0	1.0
PART TIME						
TEMPORARY						

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

This bill would increase the workload of the Public Defender as it relates to the caseload at Alaska Psychiatric Institute by three times the present caseload. There are currently 4 to 6 hearings per week at API. The work involved in these hearings occupies the time of one attorney one-half time. It is estimated that there would be a total of 18 hearings per week and that the additional hearings would require the addition of an Attorney III full time. Other costs are associated with the addition of the new position. Costs for FY 83 and beyond are based on 10% inflation.

IV. DATE 1-29-81

PREPARED BY Judy Crondahl
 AGENCY Administration
 PHONE 465-2277

Original: Legislative Finance
 cc: Budget and Management
 Pri: Sponsor (First Legislator Named)
 Senator Parr ✓

33-001 (Rev. 12/80)
 Keith Specking

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 100

Title "An Act relating to mentally ill persons: and providing for an effective"

Requested by _____ Date 2/18/81
date"

II. FISCAL DETAIL

Agency Affected Department of Law

Program Category Affected General Government

BRU, Program, or Subprogram(s) Affected Legal Services

(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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		52.3	56.5	61.0	65.9	71.2
200 TRAVEL		3.0	3.2	3.5	3.8	4.1
300 CONTRACTUAL		3.1	3.2	3.5	3.8	4.1
400 COMMODITIES			1.1	1.2	1.3	1.4
500 EQUIPMENT		1.0				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		61.8	64.0	69.2	74.8	80.8

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		61.8	64.0	69.2	74.8	80.8
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		1.0	1.0	1.0	1.0	1.0
PART TIME						
TEMPORARY						

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

Enactment of SB 100, which will provide a greatly increased mental commitment process, will require an equivalent increase in attorney time to represent the state during the hearing process. It has been estimated that there will be an increase of seven hearing hours per week which will also require 14+ hours of additional attorney preparation time. Increased Public Defender representation anticipates additional appeals from commitment rulings which, in turn, will require further attorney time. We therefore believe that the full-time service of an Attorney III (Range 22) will be needed at Anchorage, to implement the state's statutory responsibilities under this Act.

An inflation factor of 8 percent has been used for succeeding years' projected expenses.

IV. DATE February 18, 1981 PREPARED BY Richard I. Pezunas, Jr., Adm. Svcs.

AGENCY Department of Law
PHONE 465-3605

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 100

Title An Act Relating to Mentally Ill Persons

Requested by Senate HESS Committee Date 2/15/81

II. FISCAL DETAIL

Agency Affected Alaska Court System

Program Category Affected Administration of Justice

BRU, Program, or Subprogram(s) Affected Alaska Court System

(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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		30.4	43.8	47.3	51.1	55.2
200 TRAVEL						
300 CONTRACTUAL		28.1	40.5	43.7	47.2	51.0
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		58.5	84.3	91.0	98.3	106.2

FUNDING (Thousands of Dollars)

GENERAL FUND		58.5	84.3	91.0	98.3	106.2
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME		.9	.9	.9	.9	.9
TEMPORARY						

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

The fiscal impact of SB 100 on the Alaska Court System will come in two areas: 1) increased number of hearings will require additional professional and clerical staff time; 2) the Court System, when requested, must appoint and pay for independent physicians to examine patients prior to the hearing held within 14 days of their commitment.

The Court System, in conjunction with the staff of API, has developed rough estimates of the number of additional hearings required under SB 100. These estimates are:

72 hour hearing - 100-150/year

14 day hearing - 100/year

90 day hearing - 10-20/year

IV. DATE 2/25/81

PREPARED BY 

AGENCY Alaska Court System - Administration

PHONE 264-0545

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

Fiscal Note: SB 100 (Cont'd.)

At the present time, the court is conducting 150-200 hearings per year, which require an average of two afternoons per week for three hours. Hearings are conducted at API, and the Probate Master and In-Court Clerk for the Court System travel to API for the hearings. It is projected that the increase of approximately 250 hearings/year will require a 30 percent increase in available time for the Probate Master and In-Court Clerk.

In addition to in-court time, the calendaring, noticing, and clerical follow-up of the additional hearings will require approximately 30 percent of a full-time clerical position.

The personnel cost associated with this bill is therefore:

Probate Master	(Range 24)	\$59,952 x 30% =	17,986
In-Court Clerk	(Range 12)	24,756 x 30% =	7,427
Court Clerk	(Range 10)	19,356 x 30% =	5,807
			<u>31,220</u>
		Benefits at 30%	<u>9,366</u>
			<u>\$40,586</u>

The cost to the Court System for psychiatric examination by independent physicians is projected as follows:

150 evaluations at \$250 = \$37,500

The projected fiscal impact for FY 82 reflects 75 percent of a total year's cost, due to the October 1, 1981 effective date. The following years are projected at 8 percent inflation increases.

FISCAL NOTE

I. REQUEST

Bill/Resolution No. 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.						
TOTAL		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					

II. 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 K. 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 [Signature] Date 3/18/81

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	<u>22.2</u>	
Total Hearing Staff Cost	<u>91.4</u>	

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.	<u>550.00</u>
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	<u>3,000.00</u>
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 \$103 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

ESTEP & LI

ATTORNEYS AT LAW
2110 EXCHANGE BUILDING
SECOND AVENUE & MARION STREET
SEATTLE, WASHINGTON 98104

LONDON R. ESTEP
CHI-DOOH LI
ROBERT N. TULLOCH

OF COUNSEL:
JAMES C. WALDO
RONALD G. BROWN

(206) 682-365
CABLE 'ZENAS SEATTLE'
TELEX 329473 BURGESS SEA

May 15, 1981

Senator Parr
State Capitol
Pouch V
Juneau, AK 99811

Dear Senator Parr:

I am aware that Senate Bill 100 is presently pending in your legislature and that action moving the bill out of committee and through both Houses of the legislature must take place within days if the bill is to become law this year. I urge you to give it immediate attention and get it into law.

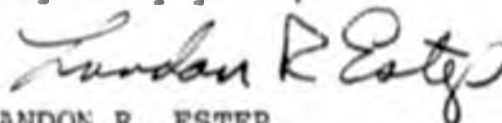
I have been active for many years handling legal cases dealing with the rights of the mentally ill and have served on several governmental commissions charged with revising the involuntary treatment laws and procedures of this state. I am a draftsman of the present Washington Involuntary Treatment Act.

It seems clear that your present statute would not stand a judicial test of constitutionality. It is lacking in numerous procedural and substantive rights the courts have held essential. A 1976 study by Dr. Darold A. Treffart and Richard W. Krajeck, published in Forensic Psychiatry, indicates Alaska's present law conforms with the provisions of the Model Commitment Statute in only nine of forty elements.

Senate Bill 100, on the other hand, is a thoughtful and well-drafted alternative which, to the best of my knowledge, satisfies presently articulated constitutional requirements for involuntary treatment procedures. There is a vast difference between this and the present law. A failure to substitute this bill for the present law would be to completely ignore the rights and interests of the mentally ill.

I urge you to do what you can to get Senate Bill 100 into law.

Very truly yours,



LONDON R. ESTEP

LRE:kt

alaska
state
hospital
association

319 Seward St., Juneau, Alaska 99801 (907) 586-1790

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

President
Sister Barbara Haase
Ketchikan General Hospital
Ketchikan

President Elect
Tom Mungen
Fairbanks Memorial Hospital
Fairbanks

Secretary/Treasurer
Ron Pavellas
Alaska Hospital & Medical
Center
Anchorage

Immediate Past President
Al Campbell
Providence Hospital
Anchorage

Executive Director
Dennis L. DeWitt
Juneau

June 2, 1981

The Honorable Fred Brown
House of Representatives
Pouch V, State Capitol Building
Juneau, Alaska 99811

Dear Representative Brown:

The Alaska State Hospital Association has reviewed CSSB 100 and wishes to inform you of our support.

Senate Bill 100 is a valuable step forward in protecting a mental patient's rights while at the same time providing the ability to provide sometimes necessary involuntary treatment. In addition, this measure provides a means for nonstate hospitals to become designated to provide involuntary mental treatment so that these services can be offered at facilities other than the Alaska Psychiatric Institute in Anchorage. This legislation is long over due. Prompt action by the House Judiciary Committee could make this legislation law this year. We believe that such an action would be in the best interest of the citizens of Alaska.

Sincerely,


Dennis L. DeWitt
Executive Director

DLD/b

cc: House Judiciary Committee
Senator Charles Parr

alaska
state
hospital
association

SB 100 file

319 Seward St., Juneau, Alaska 99801 (907) 586-1790
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

President
Judy Barbara Maslar
Ketchikan General Hospital
Ketchikan

April 24, 1981

President Elect
Tom Mingen
Fairbanks Memorial Hospital
Fairbanks

Secretary/Treasurer
Ron Pavellas
Alaska Hospital's Medical
Center
Anchorage

The Honorable Jay Hammond
Governor of the State of Alaska
Pouch A
Juneau, Alaska 99811

Immediate Past President
Al Cameroso
Providence Hospital
Anchorage

Dear Governor Hammond:

Executive Director
Dennis L. DeWitt
Juneau

The Alaska State Hospital Association wishes to take this opportunity to inform you of our support for CSSB 100 (Judiciary) which is before you for your consideration.

Senate Bill 100 is a valuable step forward in protecting the rights of mental patients while at the same time providing the ability to provide sometimes necessary involuntary treatment. In addition, this measure provides a means for non-state hospitals to become designated to provide involuntary mental treatment so that these services can be offered at facilities other than the Alaska Psychiatric Institute in Anchorage.

I was involved in many of the hours of work which were spent on this bill. While no one would claim it to be the perfect piece of legislation, I assure you that it is legislation of which we can be proud. There is a general belief, in my judgement, by all those who were involved in this bill that it will work and that it will protect individual rights and provide for a high quality of patient care.

The Alaska State Hospital Association respectfully requests that you sign this measure into law.

Sincerely,



Dennis L. DeWitt
Executive Director

cc: Senator Charles Farr

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. Committee Substitute for Senate Bill No. 100
 Title "An Act relating to mentally ill persons;..."
 Requested by _____ Date _____

II. FISCAL DETAIL
 Agency Affected Department of Public Safety
 Program Category Affected Administration of Justice
 BRU, Program, or Subprogram(s) Affected Detachments & CIB, Judicial Services, Academy
 (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 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		1,158.2	1,660.5	1,793.7	1,936.8	2,091.7
200 TRAVEL		1,544.4	2,203.2	2,379.5	2,569.9	2,775.5
300 CONTRACTUAL		277.8	334.5	361.3	390.2	421.4
400 COMMODITIES		59.6	78.3	84.6	91.4	98.7
500 EQUIPMENT		465.2				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		3,505.2	4,276.5	4,618.7	4,988.3	5,387.3

FUNDING (Thousands of Dollars)

GENERAL FUND		3,505.2	4,276.5	4,618.7	4,988.3	5,387.3
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		25	25	25	25	25
PART TIME						
TEMPORARY						

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

The Division review of the potential impact of this Bill upon its operations indicates the need for twenty-five additional Troopers to transport individuals to and from A.P.I. as ordered by Judges and Magistrates whom we assume will take advantage of the provisions of this bill to solve the problem that presently exist relating to alcohol and drug abuse, child abuse, alcohol and non-alcohol aggressive behavior problems, domestic violence problems and possibly divorce and child custody cases. An inflation factor of 8% is added each year after F.Y. '82.

See the attached schedules for supporting financial data.

IV. DATE May 6, 1981 PREPARED BY Francis C. Allan Francis C. Allan
 AGENCY Administrative Services/Alaska State Troopers
 PHONE 269-5691
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

PROJECTED FIRST YEAR COSTS

CODE	DESCRIPTION	BASIC TROOPER COSTS (1)	TRAVEL COSTS (2)	TIMES 1ST YEAR % (3)	ACADEMY BRU Costs (4)	1ST YEAR TOTALS
100	Personal Services	1,537,525		1,153,144	5,068	1,158,212
200	Travel		2,040,000	1,530,000	14,364	1,544,364
300	Contractual	309,725		232,294	45,500	277,794
400	Commodities	72,500		54,375	5,175	59,550
500	Equipment	465,250		465,250		465,250
TOTAL		2,385,000	2,040,000	3,435,063	70,107	3,505,170

SUBSEQUENT YEARLY BASE COSTS

100	Personal Services	1,537,525
200	Travel	2,040,000
300	Contractual	309,725
400	Commodities	72,500
TOTAL		<u>3,959,750</u>

- (1) These costs are for twenty-five Troopers. See the attached schedule for individual costs.
- (2) Travel expenses are expected to be high. They are based upon the movement of approximately 500 people each fiscal year in each Detachment. Approximately 30% of the costs are anticipated to be for "bush" charter flights. Detachment breakdown is as follows:

"A" Detachment	\$540,000
"B" & "C" Detachments	150,000
"D" Detachment	540,000
"E" Detachment	540,000
Anchorage J.S.	270,000
	<u>\$2,040,000</u>

- (3) The bill is due to come into effect on October 1, 1981. Thus only three quarters of FY82 yearly costs would be incurred in all line items except equipment.
- (4) These amounts represent the cost of training the twenty-five Troopers at the Public Safety Academy in Sitka. Because of the large number of Troopers required, an additional class would need to be held.

TROOPER COSTS

PERSONAL SERVICES - 100

TROOPER 76-E

\$3,164 x 12 months =	\$37,968
+ 208 hours OT @ \$28.33	5,893
Shift Differential 3.75%	<u>1,428</u>
Sub Total	\$45,289
+ 27.33% Benefits	12,437
+ 6.65% FICA	1,975
+ \$150 per month - Health Benefits	<u>1,800</u>

TOTAL PERSONAL SERVICES

\$61,501

TRAVEL & PER DIEM - 200

See separate discussion.

CONTRACTURAL - 300

Telephone/Postage \$60 per month X 12	720
Photo Processing, \$25 per month X 12	300
PSEA Physical Exam, Average	300
Uniform PSEA Cleaning Allowance	425
HWCF Vehicle - Monthly Cost Replacement \$347 month + 2,000 miles X .27 cents 887 X 12	10,644

TOTAL CONTRACTUAL

12,389

COMMODITIES - 400

Uniforms/with all accessories; jacket, hats, handcuffs, etc.	1,600
Film Supplies + Office Supplies	700
Vehicle Accessories - Blankets, tire chains, snow tires, flares, etc.	600

TOTAL COMMODITIES

2,900

EQUIPMENT - 500

Patrol Vehicle - initial cost	10,750
Portable Light	200
Underhood Speaker	200
Car Radio	3,000
Siren/Amplifier	200
MX 360 Radio-Portable w/charger	3,000
Moving Radar Gun	600
Firearms (revolver, shotgun & rifle)	660

TOTAL EQUIPMENT

18,610

TOTAL TROOPER COST TO THE BRU

\$95,400

Academy Costs

	Student Costs	Class Cost	Total
100 Personal Services		5,068	5,068
200 Travel		14,364	14,364
300 Contractual	1,820 X 25 = 45,500		45,500
400 Commodities	207 X 25 = 5,175		5,175
TOTALS	<u>2,027 X 25 = 50,675</u>	<u>19,432</u>	<u>70,107</u>

Special Note: The Department of Health & Social Services, Division of Mental Health, felt that there will be a minimal impact in terms of an increase in involuntary commitments. However, the experience of the Alaska State Troopers in dealing with the judiciary leads this Department to the conclusion that the impact of this bill, if enacted, will be widespread in terms of involuntary evaluation. It is believed that an estimated 2500 additional people statewide would come under this bill, requiring Trooper escorts and the associated transportation costs.

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.

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.

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.

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.

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.

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page 6 - 7

page 8 - 9

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.

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

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.

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.

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.

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.

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.

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

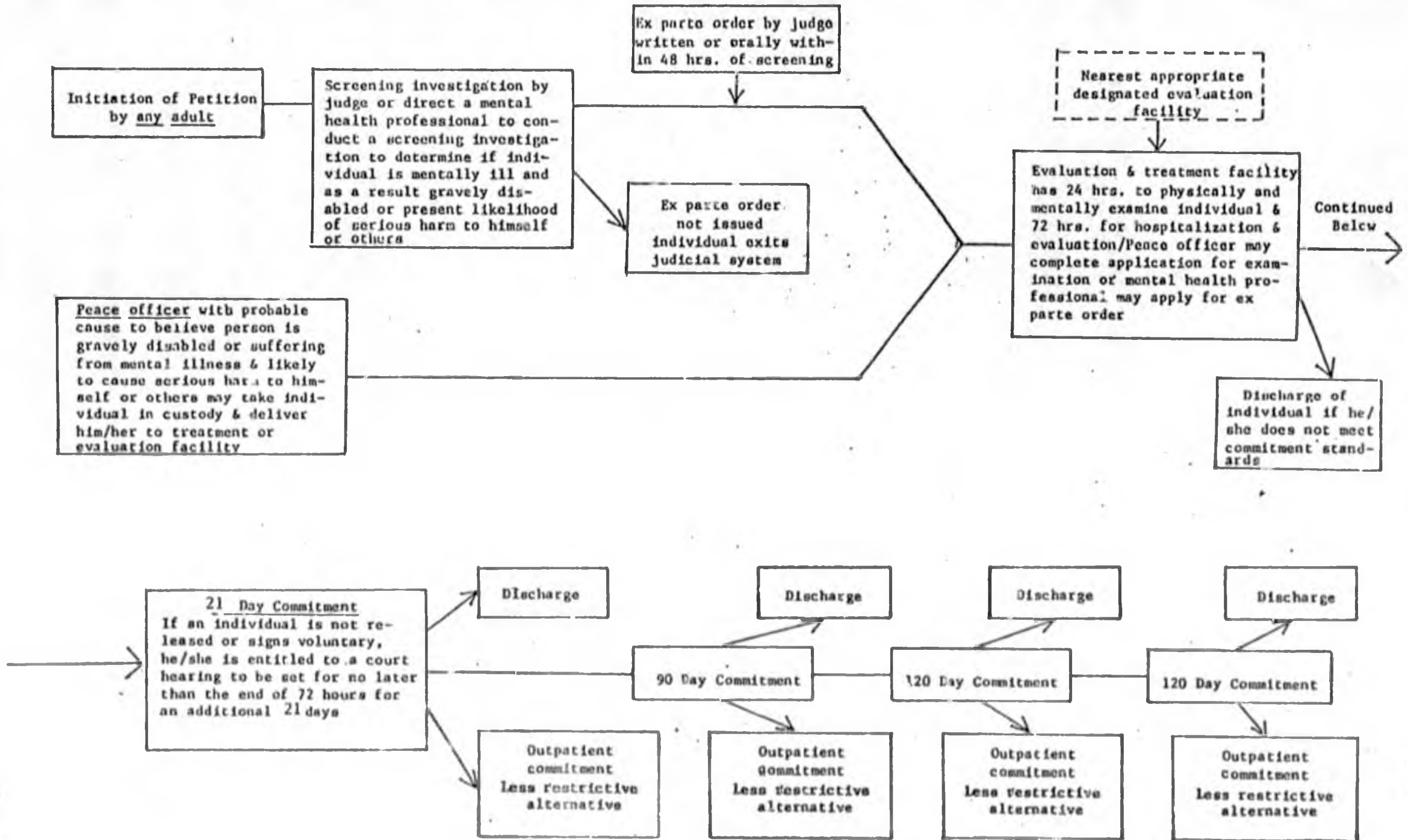
page 29 - 30

page 30 - 32

page 32 - 35

page 36

INVOLUNTARY CIVIL COMMITMENT UNDER SB 100



SB 100 file

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, Clinic & 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	921.8	1,812.6	3,073.3	5,264.1
400 COMMODITIES		9.1	2.9	10.8	11.8	12.8
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		467.5	1,063.9	1,965.4	3,239.8	5,451.5

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		467.5	1,063.9	1,965.4	3,239.8	5,451.5
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		1	1	1	1	1
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 of implementation

IV. DATE February 17, 1981 PREPARED BY Thomas R. Brown
AGENCY Dept. of Health and Social Services
PHONE 465-3370

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Neil R. McMillin MFB Approval 2/18/81 Date 2/18/81

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 open 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 H.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

I.I. 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 have 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 \$103 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 3 cost	1,519.9

Level IV

Level 4 implementation will provide a maturation 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

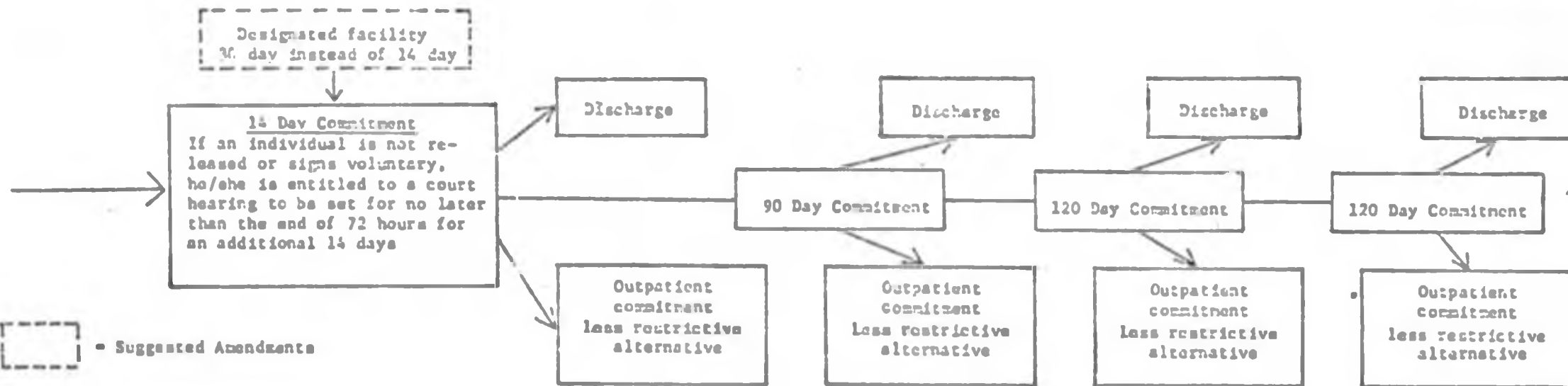
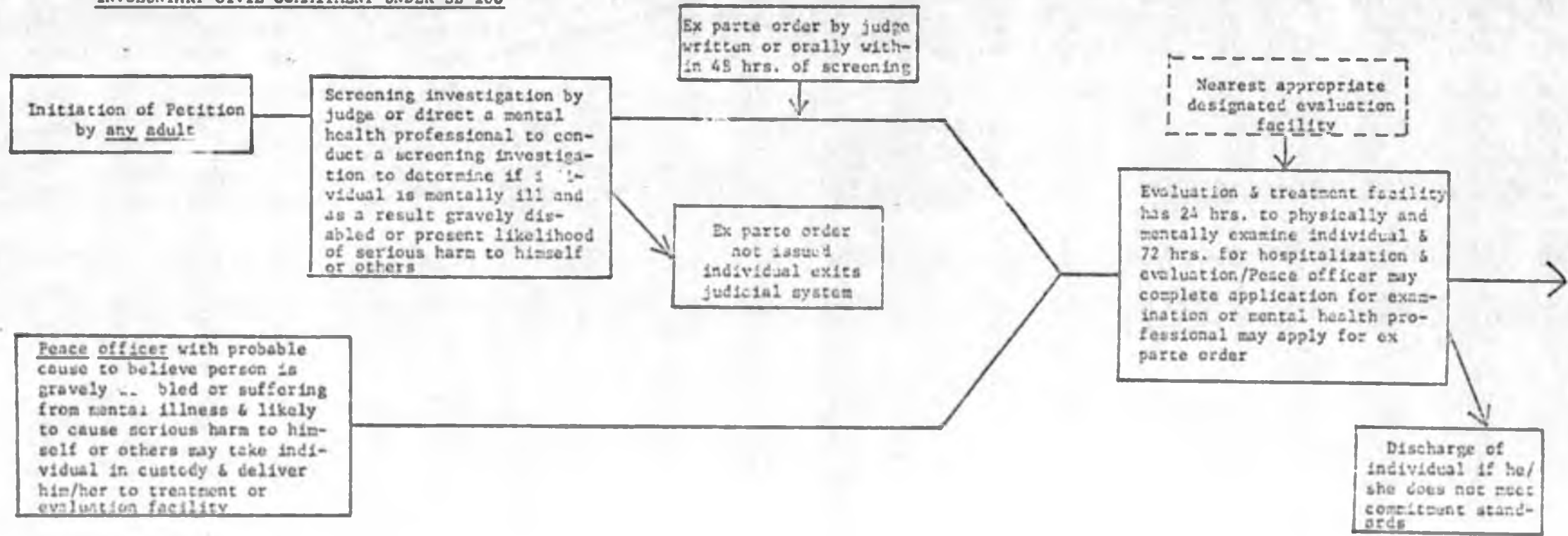
Total implementation 22 designated facilities

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	219,527
FY 86	239,279

INVOLUNTARY CIVIL COMMITMENT UNDER SB 100



 = Suggested Amendments

ASSOCIATION OF SCIENTOLOGISTS FO
701 VANCE BLDG
SEATTLE WA 98101



Mailgram®



4-060527S134 05/14/81 ICS IPMRNCZ CSP AHGA
2066224563 MOM TDFN SEATTLE WA 187 05-14 0721P EST

SENATOR PARR
STATE CAPITOL
POUCH V
JUNEAU AK 99811

THIS IS A CONFIRMATION COPY OF THE MESSAGE SENT TO GOVERNOR HAMMOND:

I AM COMMUNICATING TO YOU REGARDING SB 100, GENTLEMEN, AS YOU WILL PROBABLY BE THE KEY INDIVIDUAL SHAPING THE FUTURE OF YOUR CITIZENS REGARDING MENTAL HEALTH IN YOUR STATE. I HAVE A RATHER SPECIALIZED LAW PRACTICE IN SEATTLE DEALING WITH ABUSES OF THE COMMITMENT PRACTICE OF THE STATE, AND SERVE AS THE LEGAL ADVISOR OF THE CITIZENS COMMISSION ON HUMAN RIGHTS.

I UNDERSTAND THAT SB 100 HAS BEEN INTRODUCED INTO THE SENATE AFTER A SIMILAR BILL HAS PASSED THE HOUSE DURING THE LAST THREE SESSIONS. THIS BILL IS FAR AND AWAY SUPERIOR TO THE PRESENT LAW, AND SHOULD BE PUSHED THROUGH IMMEDIATELY.

IN MY DEALINGS AS A LAWYER IN NUMEROUS COMMITMENT CASES IN WASHINGTON, I HAVE RUN ACROSS FREQUENT VIOLATIONS OF RIGHTS OF PATIENTS, AND INSTANCES OF VIOLENT FORCED TREATMENT WHICH I BELIEVE NO LAW CAN BE STRONG ENOUGH OUTSIDE OF TOTAL BANNING OF THIS KIND OF "HELP". SB 100 IS A STRONG STEP IN THE RIGHT DIRECTION, AND SHOULD BE WAY TO INSURE BETTER CARE FOR YOUR RESIDENTS.

SINCERELY,
RICHARD B SANDERS, ESO

CC: SENATOR PARR
SENATOR DANFORTH
SENATOR BENNETT

1935 EST

WACOM-P 130

March 30, 1981

Mr. Robert D. Bowers, Chairman
Mental Health Advisory Council
Room 222, Mackay Building
338 Denali Street
Anchorage, Alaska 99501

Dear Mr. Bowers:

Thank you for your letter of March 17 about SB 100.

The bill should have been out of the Committee by now, but was delayed in Legal Services, and we found a few errors when we finally got it. Hopefully it will be in the Judiciary Committee this week.

I certainly appreciate the support you have given in this attempt to improve mental treatment for all of our citizens.

Sincerely,

Charles H. Parr

CHP:vc



ALASKA MENTAL HEALTH ASSOCIATION

1030 W. 26th Ave., #1

~~5001 Cordova Street #301~~

Telephone 276-1705

Anchorage, Alaska 99503

A Division of the National Mental Health Association

April 27, 1981

Hon. Senator Pat Rodey, Chairman
Senate Judiciary
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Pat:

The more I think about my testimony the other day, the less satisfied I am that I made clear our support of SB 100. It is a very fine piece of legislation from our point of view and it is high time Alaska's Commitment Statutes are constitutional.

However, we would hope for a superior bill that more fully satisfies the Purpose, so beautifully stated in the bill itself.

If our suggested amendments do not meet with the approval of the legislators, we shall be content with the bill as is for the time being.

Sec. 47.30.690, Page 4, Line 20: The word "voluntary" should be omitted as it is difficult to conceive a youngster 14 or under voluntarily committing himself/herself to a mental facility.

Sec. 47.30.705, Page 6, Line 22: Since a person evidencing obvious mental problems that might require commitment, and the conditions could be exacerbated by confinement in a cell, we feel the wording in this section should strongly suggest that a correctional facility may be used only when NOTHING of a less restrictive nature can be found, including a hospital.

Sec. 47.30.715, Page 7, Line 16: At this point and in all following sections where reference is made to the second commitment period as a 30-day commitment, we strongly urge that it be changed back, as in the original bill, to a 14-day commitment. Considerations of convenience for the Court calendar pale when the rights of an individual's freedom are at stake. In many, if not most, instances, the individuals are guilty of no crime and great care must be taken to ensure due process. Although the policy at the Alaska Psychiatric Institute has been the last several years to guard and protect patients' rights, we feel it should be written into the law to prevent possible abuse in the future. Exceptions could be written into the bill to take into account those times when distances and travel arrangements need

to be considered.

Sec. 47.30.845, Page 25, Line 7: CONFIDENTIAL RECORDS. The patient should also be able to obtain one copy of his/her medical records at no cost. Since the patient is party to his/her treatment plan, there is no reason to deny access to the medical records.

Sec. 47.30.825, Page 21, Paragraph (2): The patient should also have the right to refuse medication unless Court ordered. The national trend is in this direction and we should wisely follow this trend. Again, with the patient an integral part of the treatment plan, the choice should be available to him/her.

With or without these suggested ammendments, SB 100 should be passed this session. It is a milestone piece of legislation of which Alaska can be proud.

We look forward to quick passage.

Sincerely yours,



Natalie Gottstein
Executive Director

cc: Sen. Don Bennett
Sen. Carles Parr
Sen. George Hohman
Sen. Bill Ray

persons/groups who have commented
on SB 100 (HB 472 - HB 2) :

Dept. Health & Social Services

Dept. Law

Alaska Court System

Public Defender

Alaska Legal Services

Alaska Mental Health Association

Governor's Mental Health Advisory Council

Alaska State Hospital Association

Public Hearings were held in Fairbanks,
Anchorage, Kodiak, Ketchikan, Juneau & Soldotna.

Elder Person's Action Group

Mouneluk Association

Central Peninsula Mental Health Association

Bristol Bay Area Health Care

Dept. Public Safety

Baranof Mental Health Clinic

Tanana Valley Bar Association

Alaska Association of Social Workers

Alaska ^{Psychiatric} Association of ~~Psychiatrists~~

Citizen Commission on Human Rights
(Washington State)

as of 5-26-81

API revokes passes to criminally insane

by Maureen Blewett
Times Writer

Alaska Psychiatric Institute has revoked its policy of allowing unescorted passes for patients declared not guilty by reason of insanity, the hospital superintendent said Tuesday.

The change comes in the wake of the confession by a 34-year-old patient at the institute that he killed four teen-agers while on a pass to work at Sears Roebuck and Co. The patient, Charles Louman Meach III, had been declared not guilty by reason of insanity after the beating death of Robert Alexander Johnson in 1973.

Meach was to appear in Superior Court Tuesday on a request by his public defender to be returned to API. Although a District Court judge ordered Meach to jail last week, officials at Sixth Avenue Jail, the state's only pre-trial facility, have refused to say whether Meach is being held there.

Dr. Harold Conrad, API superintendent, said two patients — Meach and another person — were allowed passes at the time of the murders. No unescorted passes will be allowed until the institute and the state have revised the law and policies involving patients declared not guilty by reason of insanity, Conrad said.

In other developments Tuesday, the Department of Law in Anchorage has proposed a law requiring mentally ill defendants to serve prison time after they have been declared cured of their illness.

The proposal would also:

- Make it harder to successfully claim a defendant was not guilty of criminal conduct because he was insane when a crime was committed. Under the proposal, a person who did not understand he was attacking a human being would be allowed to plead insanity as a defense. An example would be if a murder defendant believed he was attacking the ghost of his mother rather than a living human being.

- Make it more difficult for a defendant declared not guilty by

reason of insanity to leave a mental institution. The proposal would require the defendant to prove he was no longer suffering from any mental illness. "Mental illness" would mean any condition that increases the chances the defendant might be a danger.

- Allow a court to find a defendant guilty but mentally ill. An example would be a defendant who knew he was doing something wrong. This defendant would be one who might shoot a person, thinking the person was Hitler.

- Put a guilty but mentally ill patient in prison to serve the remainder of his term once he had been declared cured of his mental illness.

The proposal, written by special prosecutors Tim Petumenos and David Mannheimer with API forensic psychiatrist Dr. David Coons, is in the hands of Alaska's chief prosecutor, Dan Hickey.

*green marks Steve Kepens concerns (3618)
(from Stulgulewski's office)*

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."

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:

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ARTICLE 6. MENTAL HEALTH PROGRAM.

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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:

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21

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

22

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

24

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

26

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

28

29

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

*economically reasonable
Charlie's NO!*

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 source 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, report.,
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 *DH&SS Should't loose responsi*

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 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 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 ^{mental health} 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 served 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. *no jury? NO for a 21-day commitment only?*
17 Upon receipt of a proper
18 petition for commitment, the court shall hold a hearing at the date and
19 time previously specified according to procedures set out in AS 47.30.-
20 715.

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

26 (i) to be present at the hearing; this right may be waived
27 only with the respondent's informed consent; if the respondent is in-
28 capable of giving informed consent, the respondent may be excluded from
29 the hearing only if the court, after hearing, finds that the incapacity
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~~ ^{full hearing or jury} (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. *low? person in charge has to*
o "okay" it

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 *can't change 21 -> 90* may be used for the purpose of rebutting the findings. *why?*

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. *legal word? or is 10 days the max for a hearing?*

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

Postponed

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. *is appeal part of due process*

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). *jury trial?*

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

*NO
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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

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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, ^{lower cost?} 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. ?^{class} C felony - 5 yr. MAX

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.

Standard term

example - stuff to make alcoholic vomit

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 r-habilitating 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 "a"
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 (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 inter lous 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 endant 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 12.45.063 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 section 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. 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 incomp-
25 etent 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-