

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 8672

2486

HJ

SB

312

-

SB

346

2486

Office of Public Advocacy  
 Analysis of  
 Proposed FY 85 Budget

	FULL YEAR COSTS	ADJUSTMENTS FOR PARTIAL YEAR FY 85		FY 85 PROPOSED BUDGET
100 PERSONNEL	1,247.6	Guardians (remain on Court System payroll for FY 85)	(328.9)	
		20% Vacancy due to phase-in process	(192.1)	726.6
200 TRAVEL	110.0	20% Reduction due to phase-in process	(22.0)	88.0
300 CONTRACTUAL				
Space leases for 26 employees @ 200 sq. ft. @ \$2.40/sq. ft.	124.8	20% Reduction due to phase-in process	(25.0)	99.8
Equipment rental, phones, postage, etc.	45.0	20% Reduction due to phase-in process	(9.0)	36.0
Visitors, experts, contracted attorneys in remote locations, third-party conflict attorneys (based on information from ACS)	600.0	20% Reduction due to phase-in process	(120.0)	480.0
		RSA to AK Court System for Guardians and overhead	429.0	429.0
		RSA to AK Court System for payments to attorneys during start up	413.2	413.2
400 COMMODITIES	28.5	20% Reduction due to phase-in process	(5.7)	22.8
500 EQUIPMENT		New equipment and new office furniture	30.9	30.9
600 MISCELLANEOUS		Extraordinary travel, moving costs and other costs of setting up new agency	69.2	69.2
	2,155.9			2,395.5

1.	POSITION TITLE Accounting Technician I	RANGE/STEP 12A	BARG. UNIT GGII	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION   STAFF MONTHS   RP NUMBER   PCN NUMBER PET   12     New	BRU PRIORITY	LOCATION AWA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL   ADDITION	JUSTIFICATION					
4.	TYPE OF EXPENDITURE		AMOUNT				
	1	2	3				
	PERSONAL SERVICES						
5.	Salary	23,676					
6.	Benefits	4,052					
7.	Supplemental Benefits	1,451					
8.	Fixed Benefits	2,630					
9.	TOTAL PERSONAL SERVICES	01	31,809				
10.	Travel	02					
11.	Contractual	03					
12.	Commodities	04					
13.	Equipment	05					
14.	Other						
15.	TOTAL COST		31,809				
16.	RECEIPT CODE	FUNDING SOURCE					
17.		Federal Receipts 1002					
18.		G.F. Match 1003					
19.		General Funds 1004	31,809				
20.		I-A Receipts 1005					
21.		Program Receipts 1028					
		Other					
FOR BSM USE ONLY							
4A KEY NUMBER							

This position will provide Administrative Support in Accounting, Payroll and Professional Contract Services for the Statewide Public Advocate Offices.

8/1B1/0204-01/1

**13** REQUEST FOR NEW POSITION

AGENCY Department of Administration  
 PROGRAM Centralized Administrative Svs.  
 BRU Centralized Administrative Svs.  
 COMPONENT Administrative Services

Page      of       
 Revised Date     

**FY 85**

1.	POSITION TITLE Accounting Technician I				RANGE/STEP 12A	BARG. UNIT GSU	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.	
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRN PRIORITY	LOCATION AWA	ELECTION DISTRICT	LEG.			
3.	CONTINUATION LEVEL				JUSTIFICATION						
4.	TYPE OF EXPENDITURE			AMOUNT							
	1		2		3						
	PERSONAL SERVICES										
5.	Salary		23,676								
6.	Benefits		4,052								
7.	Supplemental Benefits		1,451								
8.	Fixed Benefits		2,630								
9.	TOTAL PERSONAL SERVICES		01		31,809						
10.	Travel		02								
11.	Contractual		03								
12.	Commodities		04								
13.	Equipment		05								
14.	Other										
15.	TOTAL COST				31,809						
	RECEIPT CODE				FUNDING SOURCE						
16.					Federal Receipts 1002						
17.					G.F. Match 1003						
18.					General Funds 1004						
19.					I-A Receipts 1005						
20.					Program Receipts 1028						
21.					Other						
FOR BSM USE ONLY											
4A KEY NUMBER _____											

This position will provide Administrative Support in Accounting, Payroll and Professional Contract Services for the Statewide Public Advocate Offices.

8/1B1/0204-01 2

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Centralized Administrative Svs.  
 BRU Centralized Administrative Svs.  
 COMPONENT Administrative Services

Page \_\_\_\_\_ of \_\_\_\_\_  
 Revised Date \_\_\_\_\_

**FY 85**

1.	POSITION TITLE Legal Secretary I				RANGE/STEP 10A	BARG. UNIT GGU	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION AWA	ELECTIC? DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE				AMOUNT					
	1		2		3					
	PERSONAL SERVICES									
5.	Salary		20,976							
6.	Benefits		3,590							
7.	Supplemental Benefits		1,286							
8.	Fixed Benefits		2,630							
9.	TOTAL PERSONAL SERVICES		01	28,482						
10.	Travel		02							
11.	Contractual		03							
12.	Commodities		04							
13.	Equipment		05							
14.	Other									
15.	TOTAL COST			28,482						
	RECEIPT CODE	FUNDING SOURCE								
16.		Federal Receipts	1002							
17.		G.F. Match	1003							
18.		General Funds	1004	28,482						
19.		I-A Receipts	1005							
20.		Program Receipts	1028							
21.		Other								
FOR B2M USE ONLY										
4A KEY NUMBER										

This position will provide the Legal Secretary Services in the new Juneau-Ketchikan office which will replace the present private attorney contracts.

8/1R1/0204-01/2

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
PROGRAM Due Process  
BRU Public Advocate  
COMPONENT Public Advocate

Page      of       
Revised Date     

**FY 85**

1.	POSITION TITLE Attorney IV				RANGE/STEP 24A	BARG. UNIT PX	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION AMA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE				AMOUNT					
	1		2		3					
	PERSONAL SERVICES									
5.	Salary		53,568							
6.	Benefits		9,168							
7.	Supplemental Benefits		2,550							
8.	Fixed Benefits		2,630							
9.	TOTAL PERSONAL SERVICES		01		67,916					
10.	Travel		02							
11.	Contractual		03							
12.	Commodities		04							
13.	Equipment		05							
14.	Other									
15.	TOTAL COST				67,916					
	RECEIPT CODE				FUNDING SOURCE					
16.					Federal Receipts 1002					
17.					G.F. Match 1003					
18.					General Funds 1004					
19.					I-A Receipts 1005					
20.					Program Receipts 1028					
21.					Other					
					67,916					
FOR BSM USE ONLY										
4A KEY NUMBER										

This position represents indigent defendants in felonies, appeals and misdemeanors; serves as guardian ad litem and provides representation in civil matters.

This position serves as senior attorney in this location with some travel necessary to other locations in this judicial district.

8/1B1/0204-01/4

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page      of       
 Revised Date     

**FY 85**

1.	POSITION TITLE Legal Secretary I				RANGE/STEP 10A	BARG. UNIT GGH	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.						
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION FBA	ELECTION DISTRICT	LEG.								
3.	CONTINUATION LEVEL				JUSTIFICATION											
4.	TYPE OF EXPENDITURE				<p>This position will provide the Legal Secretary Services in the new Anchorage office which will replace the present private attorney contracts.</p>											
	1		2								3					
	PERSONAL SERVICES															
5.	Salary		20,976													
6.	Benefits		3,590													
7.	Supplemental Benefits		1,286													
8.	Funded Benefits		2,630													
9.	TOTAL PERSONAL SERVICES		01								28,482					
10.	Travel		02													
11.	Contractual		03													
12.	Commodities		04													
13.	Equipment		05													
14.	Other															
15.	TOTAL COST										28,482					
	RECEIPT CODE										FUNDING SOURCE					
16.					Federal Receipts		1002									
17.					G.F. Match		1003									
18.					General Funds		1004		28,482							
19.					I-A Receipts		1005									
20.					Program Receipts		1028									
21.					Other											
FOR BSA USE ONLY																
4A KEY NUMBER																

8/1B1/0204-01/5

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page      of       
 Revised Date           

**FY 85**

1.	POSITION TITLE Attorney IV				RANGE/STEP 24A	BARG. UNIT PX	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCR NUMBER New	BRU PRIORITY	LOCATION EBA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL		ADDITION		JUSTIFICATION					
4.	TYPE OF EXPENDITURE			AMOUNT						
	1			2			3			
	PERSONAL SERVICES									
5.	Salary		53,568							
6.	Benefits		9,168							
7.	Supplemental Benefits		2,550							
8.	Fixed Benefits		2,630							
9.	TOTAL PERSONAL SERVICES		01	67,916						
10.	Travel		02							
11.	Contractual		03							
12.	Commodities		04							
13.	Equipment		05							
14.	Other									
15.	TOTAL COST			67,916						
16.	RECEIPT CODE	FUNDING SOURCE								
17.		Federal Receipts 1002								
18.		G.F. Match 1003								
19.		General Funds 1004		67,916						
20.		I-A Receipts 1005								
21.		Program Receipts 1028								
		Other								
FOR BSM USE ONLY 4A KEY NUMBER _____										

8/1B1/0204-01/6

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page \_\_\_\_\_ of \_\_\_\_\_  
 Revised Date \_\_\_\_\_

**FY 85**

1.	POSITION TITLE <b>Attorney IV</b>	RANGE/STEP <b>24A</b>	BARG. UNIT <b>PX</b>	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.		
2.	TYPE OF POSITION <b>PFT</b>	STAFF MONTHS <b>12</b>	RP NUMBER	PCN NUMBER <b>New</b>	BRU PRIORITY <b>FBA</b>	LOCATION <b>FBA</b>	ELECTION DISTRICT		
3.	CONTINUATION LEVEL		ADDITION		JUSTIFICATION				
4.	Type of Position		AMOUNT		<p>This position represents indigent defendants in felonies, appeals and misdemeanors; serves as guardian ad litem and provides representation in civil matters.</p> <p>This position serves as senior attorney in this location with some travel necessary to other locations in this judicial district.</p>				
5.	PERSONAL SERVICES								
6.	Salary	<b>53,568</b>							
7.	Benefits	<b>9,168</b>							
8.	Supplemental Benefits	<b>2,550</b>							
9.	Fixed Benefits	<b>2,630</b>							
10.	Total PERSONAL SERVICES	<b>01</b>	<b>67,916</b>						
11.	Travel	<b>02</b>							
12.	Contractual	<b>03</b>							
13.	Commodities	<b>04</b>							
14.	Equipment	<b>05</b>							
15.	Other								
16.	TOTAL COST		<b>67,916</b>						
17.	RECEIPT CODE	FUNDING SOURCE							
18.		Federal Receipts 1002							
19.		G.F. Match 1003							
20.		General Funds 1004		<b>67,916</b>					
21.		I-A Receipts 1005							
22.		Program Receipts 1028							
23.		Other							
FOR BSM USE ONLY									
4A KEY NUMBER _____									

8/1B1/0204-01/7

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration

PROGRAM Due Process

BRU Public Advocate

COMPONENT Public Advocate

Page \_\_\_\_\_ of \_\_\_\_\_

Revised Date \_\_\_\_\_

**FY 85**

1.	POSITION TITLE Attorney IV	RANGE/STEP 24A	BARG. UNIT PX	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION EBA	ELECTION DISTRICT
3.	CONTINUATION LEVEL	ADDITION	JUSTIFICATION				
4.	TYPE OF EXPENDITURE		AMOUNT				
	1	2	3				
	SERVICES						
5.	Salary	53,568					
6.	Benefits	9,168					
7.	Supplemental	2,550					
8.	Fixed Benefit	2,630					
9.	TOTAL PERSONNEL SERVICES	01	67,916				
10.	Travel	02					
11.	Contractual	03					
12.	Commodities	04					
13.	Equipment	05					
14.	Other						
15.	TOTAL COST		67,916				
16.	RECEIPT CODE	FUNDING SOURCE					
17.		Federal Receipts	1002				
18.		G.F. Match	1003				
19.		General Funds	1004	67,916			
20.		I-A Receipts	1005				
21.		Program Receipts	1028				
		Other					
FOR BSM USE ONLY							
4A KEY NUMBER							

This position represents indigent defendants ... felonies, appeals and misdemeanors; serves as guardian ad litem and provides representation in civil matters.

This position serves as senior attorney in this location with some travel necessary to other locations in this judicial district.

8/1B1/0204-01/8

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration

PROGRAM Due Process

BRU Public Advocate

COMPONENT Public Advocate

**FY 85**

Page      of     

Revised Date

1.	POSITION TITLE <b>Attorney III</b>				RANGE/STEP <b>22A</b>	BARG. UNIT <b>PX</b>	FORM 12 PAGE/LINE	COV.	APPROV.	DISAPP.
2.	TYPE OF POSITION <b>PFT</b>	STAFF MONTHS <b>12</b>	RP NUMBER	PCN NUMBER <b>New</b>	BRU PRIORITY	LOCATION <b>EBA</b>	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE				AMOUNT					
	1		2		3					
	PERSONAL SERVICES									
5.	Salary		46,800							
6.	Benefits		8,009							
7.	Supplemental Benefits		2,550							
8.	Fired Benefits		2,630							
9.	Total PERSONAL SERVICES		01	59,989						
10.	Travel		02							
11.	Contractual		03							
12.	Commodities		04							
13.	Equipment		05							
14.	Other									
15.	TOTAL COST			59,989						
16.	RECEIPT CODE	FUNDING SOURCE								
17.		Federal Receipts 1002								
18.		G.F. Match 1003								
19.		General Funds 1004		59,989						
20.		I-A Receipts 1005								
21.		Program Receipts 1028								
		Other								
FOR BSM USE ONLY										
4A KEY NUMBER										

This position represents indigent defendants in misdemeanors when the Public Defender Agency cannot represent the defendant because of conflict; serves as guardian ad litem in cases identified by office as containing routine factual and legal issues; represents parties in civil matters.

Requires travel to other locations in this judicial district.

8/161/0204-01/9

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page 01  
 Revised Date \_\_\_\_\_

**FY 85**

1.	POSITION TITLE Attorney III				RANGE/STEP 22A	BARG. UNIT PX	FORM 12	PAGE/LINE	GOV.	APPRD.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION ERA	ELECTION	DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION						
4.	TYPE OF EXPENDITURE			AMOUNT							
	1	2		3							
	PERSONAL SERVICES										
5.	Salary	46,800									
6.	Benefits	8,009									
7.	Supplemental Benefits	2,550									
8.	Fired Benefits	2,630									
9.	TOTAL PERSONAL SERVICES	01		59,989							
10.	Travel	02									
11.	Contractual	03									
12.	Commodities	04									
13.	Equipment	05									
14.	Other										
15.	TOTAL COST			59,989							
	RECEIPT CODE	FUNDING SOURCE									
16.		Federal Receipts 1002									
17.		G.F. Match 1003									
18.		General Funds 1004		59,989							
19.		I-A Receipts 1005									
20.		Program Receipts 1028									
21.		Other									
FOR BSM USE ONLY											
4A KEY NUMBER											

This position represents indigent defendants in misdemeanors when the Public Defender Agency cannot represent the defendant because of conflict; serves as guardian ad litem in cases identified by office as containing routine factual and legal issues; represents parties in civil matters.

Requires travel to other locations in this judicial district.

8/181/0204-01/10

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page      of       
 Revised Date                     

**FY 85**

1.	POSITION TITLE Legal Secretary I				RANGE/STEP 10A	BARG. UNIT GGU	FORM 12	PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION EBA	ELECTION DISTRICT		LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION						
4.	TYPE OF EXPENDITURE				AMOUNT						
	1		2		3						
	PERSONAL SERVICES										
5.	Salary		20,976								
6.	Benefits		3,590								
7.	Supplemental Benefits		1,286								
8.	Fixed Benefits		2,630								
9.	TOTAL PERSONAL SERVICES		01		28,482						
10.	Travel		02								
11.	Contractual		03								
12.	Commodities		04								
13.	Equipment		05								
14.	Other										
15.	TOTAL COST				28,482						
16.	RECEIPT CODE	FUNDING SOURCE									
17.		Federal Receipts 1002									
18.		G.F. Match 1003									
19.		General Funds 1004		28,482							
20.		I-A Receipts 1005									
21.		Program Receipts 1028									
		Other									
FOR BSM USE ONLY											
4A KEY NUMBER											

This position will provide the Legal Secretary Services in the new Juneau-Ketchikan office which will replace the present private attorney contracts.

8/1B1/0204-01/11

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
PROGRAM Due Process  
BRU Public Advocate  
COMPONENT Public Advocate

Page      of       
Revised Date     

**FY 85**

1.	POSITION TITLE Administrative Officer			RANGE/STEP 17A	BARG. UNIT Supervisory	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION EFF	STAFF MONTHS 12	RF NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION EBA	ELECTION DISTRICT	LEG.	
3.	CONTRIBUTION LEVEL			JUSTIFICATION					
4.	TYPE OF EXPENDITURE			AMOUNT					
	1	2	3						
	PERSONAL SERVICES								
5.	Salary	33,888							
6.	Benefits	5,800							
7.	Supplemental Benefits	2,077							
8.	Fixed Benefits	2,630							
9.	TOTAL PERSONAL SERVICES	01	44,395						
10.	Travel	02							
11.	Contractual	03							
12.	Commodities	04							
13.	Equipment	05							
14.	Other								
15.	TOTAL COST		44,395						
16.	RECEIPT CODE	FUNDING SOURCE							
17.		Federal Receipts 1002							
18.		G.F. Match 1003							
19.		General Funds 1004		44,395					
20.		I-A Receipts 1005							
21.		Program Receipts 1028							
		Other							
FOR BSM USE ONLY									
4A KEY NUMBER									

The position will serve as the Statewide Administrative Supervisor for the Public Advocacy Agency. Duties to include budget preparation, Office Management and other Administrative Duties.

8/1B1/0204-01/12

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page      of       
 Revised Date     

**FY 85**

1.	POSITION TITLE Attorney VI				RANGE/STEP 26A	BARG. UNIT PX	FORM 12 PAGE/LINE	COV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION ERA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE				AMOUNT					
	1		2		3					
	PERSONAL SERVICES									
5.	Salary	59,532								
6.	Benefits	10,188								
7.	Supplemental Benefits	2,550								
8.	Other Benefits	2,630								
9.	TOTAL PERSONAL SERVICES	01		74,900						
10.	Travel	02								
11.	Contractual	03								
12.	Commodities	04								
13.	Equipment	05								
14.	Other									
15.	TOTAL COST			74,900						
16.	RECEIPT CODE	FUNDING SOURCE								
17.		Federal Receipts 1002								
18.		G.F. Match 1003								
19.		General Funds 1004		74,900						
20.		I-A Receipts 1005								
21.		Program Receipts 1028								
		Other								
FOR BSM USE ONLY										
4A KEY NUMBER										

Directs the Office of Public Advocacy Agency, hires employees, sets up the organization and manages the Agency.

Handles similar types of cases as the Attorney IV position but in smaller volume due to administrative responsibilities.

8/181/0204-01/13

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
PROGRAM Due Process  
BRU Public Advocate  
COMPONENT Public Advocate

Page      of       
Revised Date     

**FY 85**

1.	POSITION TITLE Investigator				RANGE/STEP 16A	BARG. UNIT PX	FORM 12 PAGE/LINE	GOV.	APPRDV.	DISAPP.		
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION FBA	ELECTION DISTRICT	LCG.				
3.	CONTINUATION LEVEL				JUSTIFICATION							
4.	TYPE OF EXPENDITURE				<p>Develops facts and interviews witnesses in criminal and civil cases. Assists Attorneys appointed as guardian ad litem in home studies. Requires travel as assigned in this judicial district.</p>							
	1		2								3	
	PERSONAL SERVICES											
5.	Salary		31,032									
6.	Benefits		5,311									
7.	Supplemental Benefits		1,902									
8.	Fixed Benefits		2,630									
9.	TOTAL PERSONAL SERVICES		01								40,875	
10.	Travel		02									
11.	Contractual		03									
12.	Commodities		04									
13.	Equipment		05									
14.	Other											
15.	TOTAL COST										40,875	
	RECEIPT CODE	FUNDING SOURCE										
16.		Federal Receipts 1002										
17.		G.F. Match 1003										
18.		General Funds 1004		40,875								
19.		I-A Receipts 1005										
20.		Program Receipts 1028										
21.		Other										
FOR BSM USE ONLY												
4A KEY NUMBER												

8/1B1/0204-01/14

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page      of       
 Revised Date           

**FY 85**

1.	POSITION TITLE Investigator				RANGE/STEP 16A	LT UNIT F-A	FORM 12 PAGE/LINE	COV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION EBA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE				AMOUNT					
	1		2		3					
	PERSONAL SERVICES									
5.	Salary	31,032								
6.	Benefits	5,311								
7.	Supplemental Benefits	1,902								
8.	Fired Benefits	2,630								
9.	TOTAL PERSONAL SERVICES	01		40,875						
10.	Travel	02								
11.	Contractual	03								
12.	Commodities	04								
13.	Equipment	05								
14.	Other									
15.	TOTAL COST			40,875						
	RECEIPT CODE	FUNDING SOURCE								
16.		Federal Receipts 1002								
17.		G.F. Match 1003								
18.		General Funds 1004		40,875						
19.		I-A Receipts 1005								
20.		Program Receipts 1028								
21.		Other								
FOR BSM USE ONLY										
4A KEY NUMBER										

Develops facts and interviews witnesses in criminal and civil cases. Assists Attorneys appointed as guardian ad litem in home studies. Requires travel as assigned in this judicial district.

8/1B1/0204-01/15

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page      of       
 Revised Date     

**FY 85**

1.	POSITION TITLE Attorney IV				RANGE/STEP 24A	BARG. UNIT PY	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION JPA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL				ADDITION		JUSTIFICATION			
4.	Type of Expenditure			AMOUNT			<p>This position represents indigent defendants in felonies, appeals and misdemeanors; serves as guardian ad litem and provides representation in civil matters.</p> <p>This position serves as senior attorney in this location with some travel necessary to other locations in this judicial district.</p>			
5.	PERSONAL SERVICES									
6.	Salary	61,548								
7.	Benefits	10,533								
8.	Supplemental Benefits	2,550								
9.	Fixed Benefits	2,630								
10.	TOTAL PERSONAL SERVICES	01		77,261						
11.	Travel	02								
12.	Contractual	03								
13.	Commodities	04								
14.	Equipment	05								
15.	Other									
16.	TOTAL COST			77,261						
17.	FUNDING SOURCE									
18.	Federal Receipts 1002									
19.	G.F. Match 1003									
20.	General Funds 1004				77,261					
21.	I-A Receipts 1005									
22.	Program Receipts 1028									
23.	Other									

FOR BSM USE ONLY  
4A KEY NUMBER

8/1B1/0204-01/17

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advocate  
 COMPONENT Public Advocate

Page      of       
 Revised Date     

**FY 85**

1.	POSITION TITLE Attorney III				RANGE/STEP 22A	BARG. UNIT PX	FORM 12 PAGE/LINE	COV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRD PRIORITY	LOCATION JBA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE				AMOUNT					
	1		2		3					
	PERSONAL SERVICES									
5.	Salary		53,568							
6.	Benefits		9,168							
7.	Supplemental Benefits		2,550							
8.	Fixed Benefits		2,630							
9.	TOTAL PERSONAL SERVICES		01		67,916					
10.	Travel		02							
11.	Contractual		03							
12.	Commodities		04							
13.	Equipment		05							
14.	Other									
15.	TOTAL COST				67,916					
	RECEIPT CODE				FUNDING SOURCE					
16.					Federal Receipts 1002					
17.					G.F. Match 1003					
18.					General Funds 1004					
19.					I-A Receipts 1005					
20.					Program Receipts 1028					
21.					Other					
					67,916					
FOR BSM USE ONLY										
4A KEY NUMBER _____										

8/1B1/0204-01-18

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
PROGRAM Due Process  
BRU Public Advocate  
COMPONENT Public Advocate

Page \_\_\_\_\_ of \_\_\_\_\_  
Revised Date \_\_\_\_\_

**FY 85**

1.	POSITION TITLE Legal Secretary I				RANGE/STEP 10A	BARG. UNIT GGU	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER New	BRU PRIORITY	LOCATION JBA	ELECTION DISTRICT	LEG.		
3.	CONTINUATION LEVEL				JUSTIFICATION					
4.	TYPE OF EXPENDITURE			AMOUNT						
	1	2		3						
	PERSONAL SERVICES									
5.	Salary	23,676								
6.	Benefits	4,052								
7.	Supplemental Benefits	1,451								
8.	Fixed Benefits	2,630								
9.	TOTAL PERSONAL SERVICES	01		31,809						
10.	Travel	02								
11.	Contractual	03								
12.	Commodities	04								
13.	Equipment	05								
14.	Other									
15.	TOTAL COST			31,809						
16.	RECEIPT CODE	FUNDING SOURCE								
17.		Federal Receipts 1002								
18.		G.F. Match 1003								
19.		General Funds 1004		31,809						
20.		I-A Receipts 1005								
21.		Program Receipts 1028								
		Other								
FOR B&M USE ONLY										
4A KEY NUMBER										

8/1B1/0204-01/19

**13** REQUEST FOR  
NEW POSITION

AGENCY Department of Administration  
 PROGRAM Due Process  
 BRU Public Advccate  
 COMPONENT Public Advocate

Page      of       
 Revised Date     

**FY 85**

S

B

3 4 6

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

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

REQUEST

Bill/Resolution No.: SB 345  
Title: "An act relating to the treatment of mentally ill persons."  
Sponsor: Sen. Josephson & Halford  
Requestor: Senate HESS  
Date of Request: 1-20-84

FISCAL DETAIL

Agency Affected: Public Safety  
Program Category Affected: Administration of Justice  
BRU, Program or Subprogram(s) Affected: Alaska State Troopers

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 CRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

This Bill provides law enforcement officers with the latitude to protect both the mentally ill person and the public from the actions of the mentally ill.

ANALYSIS: Attach a separate page for analysis

Prepared By: Francis C. Allan G.C.A. mck Phone: 260-5601  
Division: Alaska State Troopers Date: 01/10/84

Approved by Commissioner: Robert Sundberg Date: 1-26-84  
Agency: Public Safety

Distribution (by Agency preparing fiscal note):

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

JUSTICE - Andy/SJS

12/1/83

FISCAL NOTE

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

REQUEST

Bill/Resolution No.: SB 346  
 Title: "An Act relating to the treatment of mentally ill persons."  
 Sponsor: Sen. Josephsen  
 Requestor: Senate HCSS  
 Date of Request: 1/17/84

FISCAL DETAIL

Agency Affected: Department of Law  
 Program Category Affected: General Government  
 BRU, Program or Subprogram(s) Affected: Legal Services Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
<b>OPERATING</b>						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
<b>CAPITAL</b>						
<b>REVENUE</b>						

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>						

POSITIONS:

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

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS:

This act amends the state's statutes covering the treatment of mentally ill persons. The amendment clarify existing law and provide additional safeguards for the general public and the relatives of mentally ill persons, while seeking to protect the legal rights of persons suffering from mental illness. The amendments will not require any additional legal services, over those currently being provided, and their enactment will not have a fiscal impact on the department's operations.

Prepared By: Richard I. Pegues, Director Phone: 465-3672  
 Division: Administrative Services Date: 1-18-84  
 Approved by Commissioner: Norman O. Gorsuch Date: 1-18-84  
 Agency: Department of Law

*LAW-Analysis*

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

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

REQUEST  
Bill/Resolution No.: SB 346  
Title: An Act relating to the  
treatment or mentally ill persons  
Sponsor: Josepnsen and Halford  
Requestor: \_\_\_\_\_  
Date of Request: 1-11-84

FISCAL DETAIL Division of Mental Health  
Agency Affected: and Developmental Disabilities  
Program Category Affected: API

BRU, Program or Subprogram(s) Affected: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis \* See Attached

Prepared By: James L. Scoles <sup>PS</sup> <sup>(R)</sup> Phone: 465-3370 <sup>JCC</sup>  
Division: Mental Health & Developmental Disabilities Date: 1-20-84

Approved by Commissioner: Robert London Smith Date: 1/30/84  
Agency: Dept. of Health & Social Services

Distribution (by Agency preparing fiscal note):

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

HEALTH-ANALYSIS  
12/1/83

The Division of Mental Health and Developmental Disabilities does not foresee any increase or decrease in expenditures as a result of the passage of SB 346 at this time. The primary purpose of this bill is mainly directed at reducing the procedural requirements of A.S. 47.30.655 - 47.30.915, changing the age of majority from 14 to 18 years of age, changing the period of time for the initial commitment from 21 to 30 days and the third period of commitment from 120 to 180 days, expanding the definition of peace officers to include mental health professionals, and slightly relaxing the standards for commitment.

We do not believe that any of these proposed amendments will increase or decrease the number of mentally ill persons that will require hospitalization. The amendments should, however, make it easier to commit the mentally ill which should result in more professional staff time available to provide direct patient care and treatment rather than excessive time being expended in the commitment process.



# ALASKA MENTAL HEALTH ASSOCIATION

2611 Fairbanks Street, Suite A  
Telephone 276-1705

Anchorage, Alaska 99503

*A Division of the National Mental Health Association*

February 29, 1984

Senator Joe Josephson  
Pouch V  
State Capitol  
Juneau, Alaska 99811

Dear Senator Josephson:

On February 15, 1984, I was involved in an emergency commitment situation which occurred at approximately 4:30 p.m., and which I think exemplifies one of the basic problems with the current commitment law. A patient came to the Fairbanks Community Mental Health Center for treatment and expressed an intent to kill herself. After evaluating her, the mental health professional called Carol Davis, the Probate Clerk who ordinarily handles these cases for the Magistrate. Ms. Davis stated she could not order an involuntary emergency commitment after hours because she could not do the paperwork. She would give the order if a physician at the hospital requested it. She advised the Center to call the police and have them exercise their authority to Emergency Commit the patient.

When the municipal police arrived, they said they knew they could commit, but refused to exercise their power because it is their agency's policy to avoid this responsibility except when they "encounter" a person in the usual course of their duties. They appeared to feel that the court system was "dumping" the responsibility on their shoulders after hours.

As you know, under current law, neither the mental health professional or a physician can act in this type of situation alone. In fact, the policemen involved were aware of this and also aware that they were the only ones empowered to act alone. Needless to say, this stalemate tied up the mental health professional - who was forced to cancel other patients - the court representative, and the police. It was finally resolved by an extra-legal (in my opinion) act. The police officer said that he would transport the patient to the Fairbanks hospital emergency room if the emergency room doctor would agree to see her and, in effect, authorize the involuntary transport. This freed the Center to resume its activities and seemed to shift the responsibility to the hospital.

I think you can see that the Mental Health Center and the patients are caught in a kind of territorial dispute between the municipal police and the court

Senator Joe Josephson

February 29, 1984

Page 2

system. Since both of these systems feel free to operate independently, the "system" of care breaks down. It results in one emergency commitment system for 9:00 a.m. to 5:00 p.m., and another for 5:01 p.m. to 8:59 a.m. A similar stand-off has occurred in Anchorage, although the situation in Fairbanks is more complicated because the system must depend upon a private hospital.

The provision in the revised commitment bill which reinstates the physician certificate (or mental health professional certificate) would alleviate this problem.

It would also be alleviated if the courts and the police would work cooperatively.

Sincerely,



Jerry L. Schrader, M.D.

President, Alaska Mental Health Association

cc: Chief Mathew Kiernan  
Charles M. Mac Gibson  
Phyllis Vanairsdale

# STATE OF ALASKA

**DEPT. OF HEALTH AND SOCIAL SERVICES**  
**OFFICE OF THE COMMISSIONER**

BILL SHEFFIELD, GOVERNOR

POUCH H 01  
JUNEAU, ALASKA 99811  
PHONE: 465-3030

April 14, 1983

Document No. 83-152

The Honorable Joe Josephson  
Senator  
Alaska State Legislature  
Pouch V  
Juneau, AK 99811

Dear Senator Josephson:

RE: AS 47.30.655 - 47.30.915  
(Involuntary Commitment Act for  
Mentally Ill Persons)

We appreciate the work you are undertaking and would like to add our comments to those you have already received regarding possible amendments to Alaska's recently enacted civil commitment statutes for mentally ill persons. As you know, the Division of Mental Health and Developmental Disabilities supports the general intent of the Act but feels it is procedurally too cumbersome. This seems to have resulted in treatment staff wasting their time in complying with procedures and filling out numerous forms rather than providing treatment for mentally ill persons.

I have enclosed a copy of our earlier suggested amendments that were prepared during the previous administration. The status of these suggested amendments is unknown to us. Upon review, however, I believe that you will agree that they are primarily designed to facilitate treatment. In addition, I am confident that the Attorney General's Office will be able to assist your staff in determining which forms, notices and procedures that are presently required can be deleted while still protecting the rights of the mentally ill.

Another area of extreme importance in the successful implementation of this Act has been the availability, or lack thereof, of detoxification facilities and other alcohol and substance abuse programs and services. Experience has shown that the emergency involuntary hospitalization at API of persons with a primary diagnosis of alcoholism has increased dramatically since the new Act became effective. This is cause for considerable concern to us as our bed space for legitimate psychiatric emergency cases is in extremely short supply. We believe that if additional alcoholism and substance abuse programs offering emergency

inpatient care were available, especially in Anchorage, that the number of referrals of intoxicated persons to API would be substantially reduced. You may be interested to know that the provisions of the Uniform Alcoholism and Intoxification Treatment Act (AS 47.37.010 - 47.37.270) have never been fully implemented, partially as a result of a lack of inpatient facilities that offer various types of alcoholism services and treatment.

The most utilized provision of the Uniform Alcoholism and Intoxification Treatment Act seems to have been what is called the "12-hour drunk law." This provision allows persons that are seriously incapacitated as a result of alcohol to be placed in a local jail or state correctional center for up to 12 hours with no criminal charges being filed. In the past, this has permitted law enforcement agencies the opportunity to take intoxicated persons into custody and house them in a jail or correctional center until the person has regained sobriety and is no longer in danger of harm as a result of his inebriated condition.

Unfortunately, as a consequence of the extreme shortage of bed space in all of Alaska's correctional centers, law enforcement agencies are no longer able to deliver these incapacitated persons to correctional facilities and have them held in custody until they are no longer incapacitated by alcohol. More simply put, as a result of serious overcrowding in our correctional systems, drunks are being taken to API and kept there until they sober up sufficiently to make a diagnosis. More often than not, the diagnosis reveals that they are suffering primarily from alcoholism and not a major mental illness. At that point they are discharged and referred elsewhere. This results in a serious misuse of the few psychiatric resources we have. It is our position that these limited resources should be exclusively available to the seriously mentally ill person that presents himself, or is presented, to Alaska's only designated psychiatric hospital.

In addition to the recommended amendments contained in the enclosure, as well as the previously mentioned concerns, we have listed below a number of other changes to the Act that we would like to support:

- 1) We recommend that the period of commitment be changed from 21 days, 90 days, and 120 days to 30 days, 90 days, and 180 days. It is our opinion that this would reduce the administrative workload of our treatment staff while having little or no effect on the period of time patient's are actually involuntarily committed.

Rather than interrupt treatment after 21 days in order to undergo the 90-day commitment process, treatment could continue for an additional 9 days if necessary. This would allow medications and other forms of therapy some additional time to stabilize the patient, possibly resulting in a discharge between the 21st and 30th day. The change from 120

days to 180 days is simply to reduce the administrative and procedural requirements necessary for the long-term, chronic mentally ill patients that require extended periods of hospitalization.

- 2) We propose that all references to a minor child be changed from age 14 to age 18 throughout the Act. Numerous situations have arisen as a consequence of this provision that indicate it has fostered confusion as well as placing young people and API in an awkward position with regard to their status. It is also not in concert with other provisions of Title 47 that address the care and treatment of minors in Alaska.
- 3) Under AS 47.30.730(a)(3), we recommend that the following language be added with regards to gravely disabled: "... or that painful or dangerous regression could be prevented and the respondent could maintain the capacity for self-reliance;...". It has been our experience that some gravely disabled individuals may not be expected to actually improve during hospitalization, but if left untreated can be expected to suffer substantially, even to the point of requiring permanent institutionalization as a result.
- 4) Under AS 47.30.840(4), (5), (6), and (7), we suggest that provision be made to restrict these rights in unusual circumstances in which harm to the patient or others may result if these rights are exercised. We propose adding "... unless the professional person in charge determines it is not in the best interests of the patient and will pose a threat to the safety or well being of the patient or others;..." to these sections.
- 5) We recommend that AS 47.30.845 be amended to add a provision that would allow confidential information or records to be disclosed to law enforcement agencies in emergency situations involving a current or former patient. In order to restrict this disclosure we suggest the following section be added: "(7) a law enforcement agency when there is substantiated concern over imminent danger to the community by a presumed mentally ill person."

This would allow the disclosure of information to law enforcement agencies that may be helpful in preventing needless injury or death occurring as a result of the actions of a mentally ill persons during an emergency situation.

- 6) An additional area that, in our opinion, should be revised is the area of involuntary outpatient commitment. Thusfar, there have only been a limited number of these types of commitments. It seems, however, that none have proven successful for various reasons. While the idea of involuntary outpatient

April 14, 1983

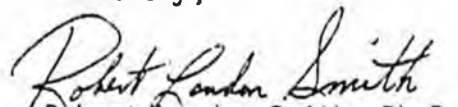
commitment appears sound, the provisions of the Act appear to militate against the successful utilization of this less restrictive alternative. Perhaps your proposed revision to the definition of "likely to cause serious harm" will have a positive influence on the successful use of outpatient commitment.

It should be noted, with regards to outpatient treatment, that AS 47.30.800(a) requires persons seeking conversion from involuntary outpatient commitment to inpatient commitment must have direct knowledge that the respondent is mentally ill or gravely disabled. If the respondent fails to report to the provider of service, then the provider will be unable to substantiate the allegations necessary to convert the commitment to inpatient treatment.

- 7) In AS 47.30.745(b), the last sentence should read "... not later than 90 days..." rather than "... not earlier ...." as it currently reads.
- 8) The final area in which we would recommend revision is the requirement that all patients be given the opportunity to be voluntarily admitted. We do not dispute the value of this option in the vast majority of cases that require psychiatric hospitalization; there are, however, instances in which it may not be wise or prudent to be required to offer or allow the voluntary admission of some patients to the hospital. Certainly, the substitution of "reasonable" for "every" in Section 1 of your draft is a step in the right direction. We would hope that it would be interpreted to mean in cases in which it was deemed unreasonable, that involuntary commitment proceedings would commence.

While I am confident that these recommendations for amendments do not represent a panacea for all that is wrong with such a complicated set of laws, I am certain that these, along with many other suggestions that you have received, represent a substantial improvement in providing for the care and treatment of Alaska's mentally ill. Again, I would like to thank you and your staff for giving this information your review and consideration. My staff and I look forward to working with you and other members of the Legislature in revising our civil commitment laws.

Sincerely,

  
Robert London Smith, Ph.D.  
Commissioner

Enclosure

RECEIVED

POSITION PAPER

Senate Bill No. 346

"An Act relating to the treatment of mentally ill persons."

In October, 1981, Chapter 84, SLA 1981 became effective. This act completely revised Alaska's involuntary commitment laws for mentally ill persons that required involuntary hospitalization or treatment. Upon its effective date, there was considerable concern that the Act was procedurally cumbersome, which would require that an excessive amount of professional treatment staff time be consumed in filling out forms, testifying in court, and other non-treatment related activities. While the Act has proven workable and involuntary commitment of the mentally ill have continued to occur, there are a number of areas in the Act that have proven repeatedly troublesome since its effective date. Senate Bill 346 is an attempt to amend some of those troublesome provisions that have tended to inhibit or hamper the treatment of the involuntarily committed mentally ill patient.

The majority of the amendments that are proposed in Senate Bill 346 are technical rather than substantive in nature, a number of the amendments are intended to change the Act in a way that is seen by many as improving its effectiveness. Those amendments that are considered to require clarification are discussed below:

Page 1, Section 1, Line 20:

During the period of time the Act has been in effect, many areas have applied literal interpretation to the requirement that "every" opportunity be afforded to respondents to accept voluntary treatment. The result has been instances in which a prospective involuntary patient has repeatedly refused to accept voluntary treatment until the court hearing is actually in progress or about to begin and then suddenly decides he will accept voluntary treatment. The court proceedings cease and the petition for commitment is dismissed. If, prior to arrival to API for involuntary admission, the patient changes his mind and again refuses voluntary treatment (as has been the case), the entire involuntary commitment process must be started anew.

This has been cause for considerable concern and confusion. The amendment offered would change "every" opportunity to "reasonable" opportunity to accept voluntary treatment. This would allow for some discretion in its interpretation. Thus, if a patient repeatedly refused voluntary treatment, the commitment process would proceed even if the patient requested voluntary treatment at a later time. This would insure that treatment would be possible and the expensive commitment process would not have to be repeated unnecessarily.

Page 2, Section 2, Line 7:

Under the Act, the age of majority, for purposes of accepting or rejecting voluntary treatment without the consent of a parent or guardian was set at 14 years old. This has created a number of difficulties especially for those children between the ages of 14 and 18 years of age.

POSITION PAPER  
Senate Bill No. 346  
Page 2

For example, a 14 year old child could present himself at API and request admission without the knowledge or approval of the parent or guardian. As A.S. 47.30.845 (Confidential Records) does not give the hospital the authority to release any information to the parents or guardians of a person 14 years of age or older without the permission of the patient, it may not be legal for us to tell parents or guardians the whereabouts or condition of their child.

Also, a 14 year old child that would benefit from evaluation or treatment at API but does not meet involuntary civil commitment standards may not be admitted at the request of the parents or guardian unless the child voluntarily agrees to accept treatment. Thus, some mentally ill children may not receive necessary mental health care and treatment even though their parents or guardian attempt to provide these services for them. In cases such as this, it becomes even more ludicrous if the Division of Family and Youth Services attempts to file a petition to have the court find the youth as a child in need of aid by alleging that the child's medical needs are being neglected. If the parents or guardian sought voluntary hospitalization of the child that is 14 years old but the child refused treatment, then parental neglect, which would support a finding of a child in need of aid status, is not possible.

The amendment proposed would change the age of majority under this section from 14 to 18 years of age. This would be consistent with other statutes that govern the care of treatment of these children and adolescents as well as correct these legal anomalies.

Page 3, Section 5, Line 12

This would increase the period of time for voluntary hospitalization of a minor by 9 days (from 21 to 30 days). This additional time will increase the ability of the hospital to provide a more thorough and comprehensive evaluation and treatment program for mentally ill children.

Page 3, Section 5, Line 22-23,

This language would broaden the circumstances under which a minor may be accepted for admission at the hospital if the professional person in charge believes that hospitalization is necessary on a voluntary basis. This added provision could prove very helpful in addressing the treatment needs of mentally ill children and adolescents who are at risk of further deterioration and need hospitalization. Under the existing statutes, unless improvement in their condition can be reasonably expected, admission may not be possible. We believe this added provision will prove helpful in providing necessary care and treatment for this group of patients.

POSITION PAPER  
Senate Bill 346  
Page 3

Page 4; Section 6, Lines 6-26

The addition of this language provides needed clarification regarding the circumstances and procedures for releasing or retaining mentally ill minors with or without the consent of the parent or guardian. It is especially pertinent as there have been occasions when the safety of the child or others was questionable and the child was not committable but the parents or guardian have demanded immediate release of the child. This amendment will make it possible to insure the safety of all concerned prior to release of the minor.

Page 5, Section 7, Line 3

By granting mental health professionals the authority to take mentally ill persons into custody under an emergency situation and deliver them to an evaluation facility, a number of problems will be alleviated. Under the existing statutes, if a physician in an emergency room examines an individual that is brought to the hospital by relatives or friends, and the patient is clearly mentally ill and is in need of immediate hospitalization, the physician may have to call the police in order to have a peace officer take the patient into custody and sign an application for the patient's examination. This situation may occur in any hospital in Alaska including API.

Under the proposed amendment, the physician or any other health care professional that is included in the definition of a mental health professional under A.S. 47.30.915(11), can sign the application for examination under A.S. 47.30.705 and have the patient held in custody pending completion of the exam and receipt of an ex part order.

Page 5, Section 7, Lines 9-12

As written, this proposed amendment, if strictly interpreted, could tend to prohibit the completion of examination or evaluations of patients that were detained in jails or correctional centers even if qualified evaluation personnel were available. We certainly agree in principle that jails and correctional centers should not be used to hold the non-criminal, mentally ill; however, in practice, we have found that under certain exceptional circumstances, a jail or correctional center may be the only facility available to detain the patient at the local level for purposes of evaluation and insure the safety of the patient and the community.

It has been our experience that the utilization of these types of facilities is neither widespread nor indiscriminate and is used only on a very short-term basis. Nevertheless, when it is necessary to house patients in jails or correctional centers, we proceed with the examination, evaluation, and involuntary commitment process when the necessary resources are locally available. The time spent by these

POSITION PAPER  
Senate Bill 346  
Page 4

patients under these circumstances is then counted for purposes of the 24 hour and 72 hour time limit that is required for examinations and evaluations to occur by mental health professionals. This tends to insure that patients are not detained longer than necessary and treatment, if indicated, can commence immediately.

Consequently, we recommend that this amendment be deleted and that the existing language in A.S. 47.30.705 on lines 12-15 (in brackets) should be retained.

Page 5, Section 7, Line 24

This amendment would change the period of time for the first involuntary commitment from 21 to 30 days and is repeated throughout Senate Bill 346. The additional 9 days would tend to reduce the administrative workload of our treatment staff while having little or no effect on the period of time patients are actually involuntarily hospitalized.

Rather than interrupt treatment on the 21st day in order to undergo the 90-day commitment process, treatment could continue for an additional 9 days if necessary. This would allow medications and other forms of therapy an additional period of time to stabilize the patient, possibly resulting in a discharge of the patient between the 21st and 30th day.

Page 9, Section 10, Lines 17-19

This amendment is designed to insure that a less formal courtroom atmosphere is possible during the involuntary civil commitment process. This should make the commitment proceedings less painful and frightening to the mentally ill respondent.

Page 9, Section 10, Lines 27-28

The addition of this provision to allow a respondent to call his own experts or other witnesses to testify on his behalf is not seen as necessarily having an impact on the Division of Mental Health and Developmental Disabilities unless the respondent decides to call experts from API to testify on his behalf. It may, however, have a financial impact on the Alaska Court System if the respondent is indigent and the court has to pay the expenses of the experts and other witnesses called by the respondent on his behalf.

Page 12, Section 13, Line 7

This amendment would change the 120-day commitment to 180 days and is repeated throughout the bill. This change will reduce the administrative and procedural requirements necessary for the long-term, chronic mentally ill patients that require extended periods of involuntary hospitalization.

POSITION PAPER  
Senate Bill 346  
Page 5

Page 13, Section 16, Lines 23-26

This additional requirement for notification of a patient's family or guardian as well as any person known to be threatened by the patient of his unauthorized absence from the treatment facility is supported by the Division of Mental Health and Developmental Disabilities. We feel that this is an appropriate and necessary measure in cases such as this.

Page 14, Section 18, Lines 8-9

The addition of this language is seen as necessary and will correct what appears to have been an oversight when the Act was drafted. It simply makes specific that computations of time for a patient being evaluated or a patient being detained for evaluation do not include Saturdays, Sundays, legal holidays, or transportation time and are not to be included in the 72 or 48 hour time limitation prescribed by the Act.

Page 15, Section 19, Lines 6-7

This adds mental health professionals among those that may not be held civilly or criminally liable for detaining and transporting a person, under the Act. This amendment is consistent with this section of the Act.

Page 15, Section 20, Lines 15-17

This amendment will require that an adult designated by the respondent must give informed consent in cases in which the patient is unable to give informed consent prior to certain treatments being authorized. We feel this is an appropriate addition to the Act.

Page 15, Section 21, Lines 28-29

This simply requires that an adult designated by the patient must be provided a copy of the patient's discharge plan. This is consistent with A.S. 47.30.845 under the existing statutes regarding confidential information.

Page 17, Section 24, Lines 6-8

This proposed amendment would clarify the circumstances under which the hospital may release confidential information and records to law enforcement agencies when they are concerned that a patient or ex-patient may present as an imminent danger to the community. Under certain circumstances, we feel it is in the best interests of the community and the patient to take such action.

POSITION PAPER  
Senate Bill 346  
Page 6

Page 17, Section 24, Line 13

The addition of this language will include hospitals operated by the federal government, such as the PHS facilities, for use as evaluation facilities for purposes of the Act. Under the existing statutes, these facilities are not included in the definition of an evaluation facility and some of these federal facilities have not been able or willing to be utilized in this capacity.

Page 17, Section 24, Lines 21-25

This addition to the definition of a gravely disabled person will significantly clarify and improve our position with respect to the involuntary care and treatment of these patients. An additional period of hospitalization may help prevent further deterioration of gravely disabled persons in order to avoid or reduce the risk of further tragedy and/or agony.

Page 18, Section 27, Line 1

This amendment offered in the bill will reduce the standard upon which a potentially suicidal person may be taken into custody and involuntarily committed. It is our belief that this is both necessary and appropriate given our current rate of death by suicide in Alaska.

Page 18, Section 27, Lines 5-8

As in the previous section, this language will alter the standard for involuntary hospitalization of a person that may present as a danger to others or to the property of others. This may allow some seriously mentally ill persons to be involuntarily committed before they actually harm another person or another person's property.

Page 18, Section 28, Lines 17-20

This simply requires that a psychologist or a psychological associate must be trained specifically in clinical psychology in order to be considered a mental health professional for purposes of screening, examination, and evaluation under the Act.

Page 18, Section 28, Lines 22-24

This amendment is intended to include in the definition of mental health professionals those registered nurses that have experience in psychiatric nursing in a JCAH accredited psychiatric hospital for purposes of screening, examination, and evaluation under the Act. This is considered an appropriate addition to this definition.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER  
Senate Bill 346  
Page 7

The Department of Health and Social Services generally supports the amendments contained in Senate Bill 346 and endorses its passage with the exceptions noted above.

Recommended by: Philip Shapiro  
Philip Shapiro, M.D.,  
Director, Division of Mental  
Health and Developmental  
Disabilities

Date: 1/30/84

Approved by: Robert London Smith  
Robert London Smith, Ph.D.  
Commissioner

Date: 1/30/84

SECTIONAL ANALYSIS OF CSSB 346 (JUD)am - AN ACT RELATING TO THE TREATMENT OF MENTALLY ILL PERSONS BY Josephson and Faiks.

NOTE: Throughout the bill, the age of majority has been changed from 14 to 18, commitment time periods have been from 21, 90 and 120 days to 30, 90, and 180 days, and neutral words have been substituted for gender pronouns.

- Section 1 Provides a word change ("every" to "reasonable") to limit the endless paperwork from patients transferring in and out of voluntary status.
- Section 2-5 Changes the age of majority under the title from 14 to 18 to make this statute consistent with others dealing with juveniles. Section 4 also changes the term "immediate" to "timely" in order to avoid the inoperable situations caused by literal interpretation of the language. Section 5(b) provides for the appointment of a guardian ad litem for each minor to monitor appropriateness of placement. Subsection (3) adds language to admission procedures to allow treatment of those minors whose condition could worsen if untreated.
- Section 6 Provides options for the release of a minor, and options to keep a minor in danger of harming self or others. (Statutory basis for procedure currently used at A.P.I.)
- Section 7 Adds "mental health professional" to current law allowing peace officers to take someone into custody for emergency evaluation. It also limits the use of a correctional facility for the mentally ill, providing only emergency protective custody while awaiting transportation to an evaluation facility.
- Section 8-9 and 10 Technical amendments concerning time computations and neutral language to comply with other sections of this bill.
- Section 11 Adds to respondents rights in a 30 day commitment hearing; that the rules of evidence and civil procedure be applied in an informal way; that experts and other witnesses may testify on the respondent's behalf.
- Section 12, 13 and 14 Time computation changes.
- Section 15 Adds a new section providing that medication and treatment may be administered to an involuntarily committed patient in compliance with patient's rights.
- Section 16 Provides new language to the statute dealing with unauthorized absences providing that a parent, guardian or a person known to have been threatened by the patient will be immediately notified.
- Section 17 Adds a new section to the statute relating to the change of status from involuntary to voluntary, providing that the physician must agree that the transfer is appropriate and must be made in good faith.

- Section 18 Provides that acceptance of order, and 48 hour detention period time computations will not include weekends and holidays.
- Section 19 Amends liability section to include a mental health professional who detains and transports a patient.
- Section 20 Provides that an adult designated as a guardian shall be provided with a copy of a patient's discharge plan.
- Section 21 Adds a new section to the law providing that a patient has the right to a nutritionally sound and medically appropriate diet.
- Section 22 Adds to the patient's rights section of law, additional rights to:  
be free of corporal punishment;  
exercise and recreation;  
at any time have a visit or phone conversation with an attorney;  
not be retaliated against for assertion of rights.
- Section 23 Allows for temporary suspension of certain patient rights (wearing personal clothing, phone calls, visitors and recreation) only after the initial evaluation period, if there is a threat to the patient or others.
- Section 24 Allows access to confidential records by a law enforcement agency if there is substantial concern over imminent danger from a presumed mentally ill person.
- Section 25 Includes federal facilities in the definition of "evaluation facility".
- Section 26 Expands the definition of "gravely disabled" to include persons who are not in imminent danger, but whose lack of treatment would cause deterioration of their condition.
- Section 27 Expands the definition of "likely to cause serious harm" beyond recent attempts to include threats and likelihood of injury in the near future.
- Section 28 Changes language relating to psychologists and psychological associates, to be consistent with their licensing statute, which indicates that they do not have a "specialty designation" but have training in clinical psychology.
- Section 29 Definition of mental illness.

# ALASKA STATE SENATE

JOE P. JOSEPHSON  
DISTRICT G - ANCHORAGE  
1526 F STREET  
ANCHORAGE, ALASKA 99501  
(907) 277-4419



COMMITTEES  
HEALTH, EDUCATION & SOCIAL SERVICES (CHAIR)  
JUDICIARY (VICE CHAIR)  
FINANCE  
MAJORITY CAUCUS (CHAIR)

April 12, 1984

The Honorable Mae Tischer  
Alaska State House of Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Representative Tischer:

SB 346, relating to the treatment of mentally ill persons has passed the Senate and has been referred to your committee.

This bill is the result of a year and a half of work by the Senate, and addresses the concerns of all who testified in the many hearings conducted around the state.

I was pleased to incorporate your amendment for the right to a nutritionally sound and medically appropriate diet (Section 21). A significant amount of new patients' rights will be added to the mental health commitment law with the passage of this bill.

My interest in this legislation was sparked by input from family grounds of the chronically mentally ill, the Alaska Mental Health Association and the Alaska Psychiatric Association. The major revision in the law of 1981 brought about dramatic changes in the treatment of the mentally ill, and I see SB 346 as a refinement of those provisions.

I am enclosing some backup material on this legislation for your perusal. I know this is a difficult and emotional issue, but I find that this bill has a broad base of support.

I will be happy to meet with you at any time to discuss this issue.

With best wishes, I am

Sincerely,

A handwritten signature in dark ink, appearing to read "Joe P. Josephson".

Joe P. Josephson

JPJ/ndc

Enclosure

Alaska State Legislature

REP. MAE TISCHER  
CHAIRMAN



POUCH V  
STATE CAPITAL  
JUNEAU, ALASKA 99811  
(907) 465-3777

House of Representatives  
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

M E M O R A N D U M

May 16, 1984

TO: All Members of the House HESS Committee  
Senator Joe Josephson, Sponsor, SB 346  
Senator Jan Faiks, Sponsor, SB 346  
Dr. Phil Shapiro, Director, Division of Mental  
Health and Developmental Disabilities  
All Interested Persons

FROM: Representative Mae Tischer, Chairman, House HESS *MT*

RE: Version 3, Proposed House CS for CS for Senate Bill  
346 (HESS)

Attached please find a copy of Version 3 of a proposed House HESS CS for CS for Senate Bill 346, "An Act relating to the treatment of mentally ill persons."

The amendments to the bill, indicated with blue highlighting on the attached draft, are found on the pages and lines indicated below. A brief explanation of the effect of each amendment is provided. Please note that page and line references are to Version 3, House CS for CS for Senate Bill 346 (HESS), dated May 15, 1984.

1. Page 1, line 20: This phrase was slightly reworded so as to give added emphasis to the requirement that persons be given ample opportunity to accept voluntary treatment.
2. Page 3, lines 24 - 26: This sentence was rewritten so as to accommodate a couple of substantive and technical amendments: (a) at the request of the Court System, the words "under AS 25.24.310" (circled on line 25 of the draft) were inserted in order to clarify the legal mechanics for the appointment of guardians ad litem as described in this section; (b) the words "as soon as possible" (circled on line 26 of the draft) were inserted so as to require the prompt appointment of a guardian ad litem for each minor.

3. Page 3, lines 28 and 29: As in amendment 2(a) above, the words "under AS 25.24.310" were inserted at the request of the Court System in order to clarify the legal mechanics for the appointment of guardians ad litem under this section.
4. Page 4, lines 11 - 15: This amendment would require a treatment facility to inform as soon as possible the parent or guardian of a minor under 18 years of age if the minor is detained at or admitted or committed to the treatment facility.
5. Page 13, lines 27 and 28: The catch line for AS 47.30.790 was changed so as to more accurately reflect the contents of the section.
6. Page 16, lines 4 - 16: This set of amendments would require a treatment facility to evaluate all patients present in the facility for more than 72 hours to determine if any individual patients have nutritional deficiencies. In conjunction with the original requirement that the treatment facility provide a nutritionally sound diet, this amendment further requires the facility to take appropriate steps to correct any identified deficiencies.
7. Page 20, line 11: This amendment merely returns the language in the bill to the way it appears in present law, deleting the reference to "a psychologist trained in clinical psychology."
8. Page 20, lines 17 - 18: This amendment inserts the word "substantial" before the word "experience," the effect of which would be the application of a higher standard (requiring substantial experience, instead of some possibly lesser degree of experience) when determining the kind of social worker who would be qualified to act as a "mental health professional."
9. Page 20, line 18: This amendment, meant as a purely technical amendment, changes the phrase "experience in the field of mental illness" to "experience in the field of mental health."
10. Page 20, lines 27 - 29; Page 21, lines 1 - 3: This amendment inserts temporary law requiring the division of mental health and developmental disabil-

Version 3, Proposed HCS CSSB 346 (HESS)  
May 16, 1984  
Page 3

ities to review the literature concerning orthomolecular psychiatric methods (nutritional therapy) in order to determine their potential uses in the treatment and diagnosis of mentally ill persons in the state; and to submit the report to the legislature by February 1, 1985.

Amendments 1, 2(b), 5, 7, 8 and 9 are found in Version 3 of the proposed House HESS Committee Substitute only. Amendments 2(a), 3, 4, 6 and 10 (in substance) have appeared in one or more of the earlier versions of the proposed House HESS Committee Substitute.

Please review this proposed CS and share your suggestions or comments with me as soon as possible. If there are no additional suggestions or comments, this will be the Version of the bill which we will discuss and hopefully move out during our next HESS meeting. I would appreciate receiving your response as soon as possible.

Attachment

Alaska State Legislature

REP. MAE TISCHER  
CHAIRMAN



POUCH V  
STATE CAPITAL  
JUNEAU, ALASKA 99811  
(907) 455-3777

House of Representatives  
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

M E M O R A N D U M

May 16, 1984

TO: All Members of the House HESS Committee  
Senator Joe Josephson, Sponsor, SB 346  
Senator Jan Faiks, Sponsor, SB 346  
Dr. Phil Shapiro, Director, Division of Mental  
Health and Developmental Disabilities  
All Interested Persons

FROM: Representative Mae Tischer, Chairman, House HESS *MT*

RE: Version 3, Proposed House CS for CS for Senate Bill  
346 (HESS)

Attached please find a copy of Version 3 of a proposed House HESS CS for CS for Senate Bill 346, "An Act relating to the treatment of mentally ill persons."

The amendments to the bill, indicated with blue highlighting on the attached draft, are found on the pages and lines indicated below. A brief explanation of the effect of each amendment is provided. Please note that page and line references are to Version 3, House CS for CS for Senate Bill 346 (HESS), dated May 15, 1984.

1. Page 1, line 20: This phrase was slightly reworded so as to give added emphasis to the requirement that persons be given ample opportunity to accept voluntary treatment.
2. Page 3, lines 24 - 26: This sentence was rewritten so as to accommodate a couple of substantive and technical amendments: (a) at the request of the Court System, the words "under AS 25.24.310" (circled on line 25 of the draft) were inserted in order to clarify the legal mechanics for the appointment of guardians ad litem as described in this section; (b) the words "as soon as possible" (circled on line 26 of the draft) were inserted so as to require the prompt appointment of a guardian ad litem for each minor.

3. Page 3, lines 28 and 29: As in amendment 2(a) above, the words "under AS 25.24.310" were inserted at the request of the Court System in order to clarify the legal mechanics for the appointment of guardians ad litem under this section.
4. Page 4, lines 11 - 15: This amendment would require a treatment facility to inform as soon as possible the parent or guardian of a minor under 18 years of age if the minor is detained at or admitted or committed to the treatment facility.
5. Page 13, lines 27 and 28: The catch line for AS 47.30.790 was changed so as to more accurately reflect the contents of the section.
6. Page 16, lines 4 - 16: This set of amendments would require a treatment facility to evaluate all patients present in the facility for more than 72 hours to determine if any individual patients have nutritional deficiencies. In conjunction with the original requirement that the treatment facility provide a nutritionally sound diet, this amendment further requires the facility to take appropriate steps to correct any identified deficiencies.
7. Page 20, line 11: This amendment merely returns the language in the bill to the way it appears in present law, deleting the reference to "a psychologist trained in clinical psychology."
8. Page 20, lines 17 - 18: This amendment inserts the word "substantial" before the word "experience," the effect of which would be the application of a higher standard (requiring substantial experience, instead of some possibly lesser degree of experience) when determining the kind of social worker who would be qualified to act as a "mental health professional."
9. Page 20, line 18: This amendment, meant as a purely technical amendment, changes the phrase "experience in the field of mental illness" to "experience in the field of mental health."
10. Page 20, lines 27 - 29; Page 21, lines 1 - 3: This amendment inserts temporary law requiring the division of mental health and developmental disabil-

Version 3, Proposed HCS CSSB 346 (HESS)  
May 16, 1984  
Page 3

ities to review the literature concerning orthomolecular psychiatric methods (nutritional therapy) in order to determine their potential uses in the treatment and diagnosis of mentally ill persons in the state; and to submit the report to the legislature by February 1, 1985.

Amendments 1, 2(b), 5, 7, 8 and 9 are found in Version 3 of the proposed House HESS Committee Substitute only. Amendments 2(a), 3, 4, 6 and 10 (in substance) have appeared in one or more of the earlier versions of the proposed House HESS Committee Substitute.

Please review this proposed CS and share your suggestions or comments with me as soon as possible. If there are no additional suggestions or comments, this will be the Version of the bill which we will discuss and hopefully move out during our next HESS meeting. I would appreciate receiving your response as soon as possible.

Attachment

# ALASKA STATE SENATE

JOE P. JOSEPHSON  
DISTRICT G - ANCHORAGE  
1526 F STREET  
ANCHORAGE, ALASKA 99501  
(907) 277-4419



COMMITTEES  
HEALTH, EDUCATION & SOCIAL SERVICES (CHAIR)  
JUDICIARY (VICE CHAIR)  
FINANCE  
MAJORITY CAUCUS (CHAIR)

April 12, 1984

The Honorable Mae Tischer  
Alaska State House of Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Representative Tischer:

SB 346, relating to the treatment of mentally ill persons has passed the Senate and has been referred to your committee.

This bill is the result of a year and a half of work by the Senate, and addresses the concerns of all who testified in the many hearings conducted around the state.

I was pleased to incorporate your amendment for the right to a nutritionally sound and medically appropriate diet (Section 21). A significant amount of new patients' rights will be added to the mental health commitment law with the passage of this bill.

My interest in this legislation was sparked by input from family grounds of the chronically mentally ill, the Alaska Mental Health Association and the Alaska Psychiatric Association. The major revision in the law of 1981 brought about dramatic changes in the treatment of the mentally ill, and I see SB 346 as a refinement of those provisions.

I am enclosing some backup material on this legislation for your perusal. I know this is a difficult and emotional issue, but I find that this bill has a broad base of support.

I will be happy to meet with you at any time to discuss this issue.

With best wishes, I am

Sincerely,

A handwritten signature in cursive script, appearing to read "Joe P. Josephson".

Joe P. Josephson

JPJ/ndc

Enclosure

SECTIONAL ANALYSIS OF CSSB 346 (JUD)am - AN ACT RELATING TO THE TREATMENT OF MENTALLY ILL PERSONS BY Josephson and Faiks.

NOTE: Throughout the bill, the age of majority has been changed from 14 to 18, commitment time periods have been from 21, 90 and 120 days to 30, 90, and 180 days, and neutral words have been substituted for gender pronouns.

- Section 1 Provides a word change ("every" to "reasonable") to limit the endless paperwork from patients transferring in and out of voluntary status.
- Section 2-5 Changes the age of majority under the title from 14 to 18 to make this statute consistent with others dealing with juveniles. Section 4 also changes the term "immediate" to "timely" in order to avoid the inoperable situations caused by literal interpretation of the language. Section 5(b) provides for the appointment of a guardian ad litem for each minor to monitor appropriateness of placement. Subsection (3) adds language to admission procedures to allow treatment of those minors whose condition could worsen if untreated.
- Section 6 Provides options for the release of a minor, and options to keep a minor in danger of harming self or others. (Statutory basis for procedure currently used at A.P.I.)
- Section 7 Adds "mental health professional" to current law allowing peace officers to take someone into custody for emergency evaluation. It also limits the use of a correctional facility for the mentally ill, providing only emergency protective custody while awaiting transportation to an evaluation facility.
- Section 8-9 and 10 Technical amendments concerning time computations and neutral language to comply with other sections of this bill.
- Section 11 Adds to respondents rights in a 30 day commitment hearing; that the rules of evidence and civil procedure be applied in an informal way; that experts and other witnesses may testify on the respondent's behalf.
- Section 12, 13 and 14 Time computation changes.
- Section 15 Adds a new section providing that medication and treatment may be administered to an involuntarily committed patient in compliance with patient's rights.
- Section 16 Provides new language to the statute dealing with unauthorized absences providing that a parent, guardian or a person known to have been threatened by the patient will be immediately notified.
- Section 17 Adds a new section to the statute relating to the change of status from involuntary to voluntary, providing that the physician must agree that the transfer is appropriate and must be made in good faith.

- Section 18 Provides that acceptance of order, and 48 hour detention period time computations will not include weekends and holidays.
- Section 19 Amends liability section to include a mental health professional who detains and transports a patient.
- Section 20 Provides that an adult designated as a guardian shall be provided with a copy of a patient's discharge plan.
- Section 21 Adds a new section to the law providing that a patient has the right to a nutritionally sound and medically appropriate diet.
- Section 22 Adds to the patient's rights section of law, additional rights to:  
be free of corporal punishment;  
exercise and recreation;  
at any time have a visit or phone conversation with an attorney;  
not be retaliated against for assertion of rights.
- Section 23 Allows for temporary suspension of certain patient rights (wearing personal clothing, phone calls, visitors and recreation) only after the initial evaluation period, if there is a threat to the patient or others.
- Section 24 Allows access to confidential records by a law enforcement agency if there is substantial concern over imminent danger from a presumed mentally ill person.
- Section 25 Includes federal facilities in the definition of "evaluation facility".
- Section 26 Expands the definition of "gravely disabled" to include persons who are not in imminent danger, but whose lack of treatment would cause deterioration of their condition.
- Section 27 Expands the definition of "likely to cause serious harm" beyond recent attempts to include threats and likelihood of injury in the near future.
- Section 28 Changes language relating to psychologists and psychological associates, to be consistent with their licensing statute, which indicates that they do not have a "specialty designation" but have training in clinical psychology.
- Section 29 Definition of mental illness.

# STATE OF ALASKA

**DEPT. OF HEALTH AND SOCIAL SERVICES**  
**OFFICE OF THE COMMISSIONER**

BILL SHEFFIELD, GOVERNOR

POUCH H 01  
JUNEAU, ALASKA 99811  
PHONE: 465-3030

April 14, 1983

Document No. 83-152

The Honorable Joe Josephson  
Senator  
Alaska State Legislature  
Pouch V  
Juneau, AK 99811

Dear Senator Josephson:

RE: AS 47.30.655 - 47.30.915  
(Involuntary Commitment Act for  
Mentally Ill Persons)

We appreciate the work you are undertaking and would like to add our comments to those you have already received regarding possible amendments to Alaska's recently enacted civil commitment statutes for mentally ill persons. As you know, the Division of Mental Health and Developmental Disabilities supports the general intent of the Act but feels it is procedurally too cumbersome. This seems to have resulted in treatment staff wasting their time in complying with procedures and filling out numerous forms rather than providing treatment for mentally ill persons.

I have enclosed a copy of our earlier suggested amendments that were prepared during the previous administration. The status of these suggested amendments is unknown to us. Upon review, however, I believe that you will agree that they are primarily designed to facilitate treatment. In addition, I am confident that the Attorney General's Office will be able to assist your staff in determining which forms, notices and procedures that are presently required can be deleted while still protecting the rights of the mentally ill.

Another area of extreme importance in the successful implementation of this Act has been the availability, or lack thereof, of detoxification facilities and other alcohol and substance abuse programs and services. Experience has shown that the emergency involuntary hospitalization at API of persons with a primary diagnosis of alcoholism has increased dramatically since the new Act became effective. This is cause for considerable concern to us as our bed space for legitimate psychiatric emergency cases is in extremely short supply. We believe that if additional alcoholism and substance abuse programs offering emergency

inpatient care were available, especially in Anchorage, that the number of referrals of intoxicated persons to API would be substantially reduced. You may be interested to know that the provisions of the Uniform Alcoholism and Intoxification Treatment Act (AS 47.37.010 - 47.37.270) have never been fully implemented, partially as a result of a lack of inpatient facilities that offer various types of alcoholism services and treatment.

The most utilized provision of the Uniform Alcoholism and Intoxification Treatment Act seems to have been what is called the "12-hour drunk law." This provision allows persons that are seriously incapacitated as a result of alcohol to be placed in a local jail or state correctional center for up to 12 hours with no criminal charges being filed. In the past, this has permitted law enforcement agencies the opportunity to take intoxicated persons into custody and house them in a jail or correctional center until the person has regained sobriety and is no longer in danger of harm as a result of his inebriated condition.

Unfortunately, as a consequence of the extreme shortage of bed space in all of Alaska's correctional centers, law enforcement agencies are no longer able to deliver these incapacitated persons to correctional facilities and have them held in custody until they are no longer incapacitated by alcohol. More simply put, as a result of serious overcrowding in our correctional systems, drunks are being taken to API and kept there until they sober up sufficiently to make a diagnosis. More often than not, the diagnosis reveals that they are suffering primarily from alcoholism and not a major mental illness. At that point they are discharged and referred elsewhere. This results in a serious misuse of the few psychiatric resources we have. It is our position that these limited resources should be exclusively available to the seriously mentally ill person that presents himself, or is presented, to Alaska's only designated psychiatric hospital.

In addition to the recommended amendments contained in the enclosure, as well as the previously mentioned concerns, we have listed below a number of other changes to the Act that we would like to support:

- 1) We recommend that the period of commitment be changed from 21 days, 90 days, and 120 days to 30 days, 90 days, and 180 days. It is our opinion that this would reduce the administrative workload of our treatment staff while having little or no effect on the period of time patient's are actually involuntarily committed.

Rather than interrupt treatment after 21 days in order to undergo the 90-day commitment process, treatment could continue for an additional 9 days if necessary. This would allow medications and other forms of therapy some additional time to stabilize the patient, possibly resulting in a discharge between the 21st and 30th day. The change from 120

days to 180 days is simply to reduce the administrative and procedural requirements necessary for the long-term, chronic mentally ill patients that require extended periods of hospitalization.

- 2) We propose that all references to a minor child be changed from age 14 to age 18 throughout the Act. Numerous situations have arisen as a consequence of this provision that indicate it has fostered confusion as well as placing young people and API in an awkward position with regard to their status. It is also not in concert with other provisions of Title 47 that address the care and treatment of minors in Alaska.
- 3) Under AS 47.30.730(a)(3), we recommend that the following language be added with regards to gravely disabled: "... or that painful or dangerous regression could be prevented and the respondent could maintain the capacity for self-reliance;...". It has been our experience that some gravely disabled individuals may not be expected to actually improve during hospitalization, but if left untreated can be expected to suffer substantially, even to the point of requiring permanent institutionalization as a result.
- 4) Under AS 47.30.840(4), (5), (6), and (7), we suggest that provision be made to restrict these rights in unusual circumstances in which harm to the patient or others may result if these rights are exercised. We propose adding "... unless the professional person in charge determines it is not in the best interests of the patient and will pose a threat to the safety or well being of the patient or others;..." to these sections.
- 5) We recommend that AS 47.30.845 be amended to add a provision that would allow confidential information or records to be disclosed to law enforcement agencies in emergency situations involving a current or former patient. In order to restrict this disclosure we suggest the following section be added: "(7) a law enforcement agency when there is substantiated concern over imminent danger to the community by a presumed mentally ill person."

This would allow the disclosure of information to law enforcement agencies that may be helpful in preventing needless injury or death occurring as a result of the actions of a mentally ill persons during an emergency situation.

- 6) An additional area that, in our opinion, should be revised is the area of involuntary outpatient commitment. Thusfar, there have only been a limited number of these types of commitments. It seems, however, that none have proven successful for various reasons. While the idea of involuntary outpatient

April 14, 1983

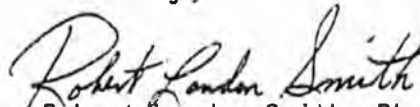
commitment appears sound, the provisions of the Act appear to militate against the successful utilization of this less restrictive alternative. Perhaps your proposed revision to the definition of "likely to cause serious harm" will have a positive influence on the successful use of outpatient commitment.

It should be noted, with regards to outpatient treatment, that AS 47.30.800(a) requires persons seeking conversion from involuntary outpatient commitment to inpatient commitment must have direct knowledge that the respondent is mentally ill or gravely disabled. If the respondent fails to report to the provider of service, than the provider will be unable to substantiate the allegations necessary to convert the commitment to inpatient treatment.

- 7) In AS 47.30.745(b), the last sentence should read "... not later than 90 days..." rather than "... not earlier ..." as it currently reads.
- 8) The final area in which we would recommend revision is the requirement that all patients be given the opportunity to be voluntarily admitted. We do not dispute the value of this option in the vast majority of cases that require psychiatric hospitalization; there are, however, instances in which it may not be wise or prudent to be required to offer or allow the voluntary admission of some patients to the hospital. Certainly, the substitution of "reasonable" for "every" in Section 1 of your draft is a step in the right direction. We would hope that it would be interpreted to mean in cases in which it was deemed unreasonable, that involuntary commitment proceedings would commence.

While I am confident that these recommendations for amendments do not represent a panacea for all that is wrong with such a complicated set of laws, I am certain that these, along with many other suggestions that you have received, represent a substantial improvement in providing for the care and treatment of Alaska's mentally ill. Again, I would like to thank you and your staff for giving this information your review and consideration. My staff and I look forward to working with you and other members of the Legislature in revising our civil commitment laws.

Sincerely,

  
Robert London Smith, Ph.D.  
Commissioner

Enclosure

RECEIVED

POSITION PAPER

Senate Bill No. 346

"An Act relating to the treatment of mentally ill persons."

In October, 1981, Chapter 84, SLA 1981 became effective. This act completely revised Alaska's involuntary commitment laws for mentally ill persons that required involuntary hospitalization or treatment. Upon its effective date, there was considerable concern that the Act was procedurally cumbersome which would require that an excessive amount of professional treatment staff time be consumed in filling out forms, testifying in court, and other non-treatment related activities. While the Act has proven workable and involuntary commitment of the mentally ill have continued to occur, there are a number of areas in the Act that have proven repeatedly troublesome since its effective date. Senate Bill 346 is an attempt to amend some of those troublesome provisions that have tended to inhibit or hamper the treatment of the involuntarily committed mentally ill patient.

The majority of the amendments that are proposed in Senate Bill 346 are technical rather than substantive in nature, a number of the amendments are intended to change the Act in a way that is seen by many as improving its effectiveness. Those amendments that are considered to require clarification are discussed below:

Page 1, Section 1, Line 20:

During the period of time the Act has been in effect, many areas have applied literal interpretation to the requirement that "every" opportunity be afforded to respondents to accept voluntary treatment. The result has been instances in which a prospective involuntary patient has repeatedly refused to accept voluntary treatment until the court hearing is actually in progress or about to begin and then suddenly decides he will accept voluntary treatment. The court proceedings cease and the petition for commitment is dismissed. If, prior to arrival to API for involuntary admission, the patient changes his mind and again refuses voluntary treatment (as has been the case), the entire involuntary commitment process must be started anew.

This has been cause for considerable concern and confusion. The amendment offered would change "every" opportunity to "reasonable" opportunity to accept voluntary treatment. This would allow for some discretion in its interpretation. Thus, if a patient repeatedly refused voluntary treatment, the commitment process would proceed even if the patient requested voluntary treatment at a later time. This would insure that treatment would be possible and the expensive commitment process would not have to be repeated unnecessarily.

Page 2, Section 2, Line 7:

Under the Act, the age of majority, for purposes of accepting or rejecting voluntary treatment without the consent of a parent or guardian was set at 14 years old. This has created a number of difficulties especially for those children between the ages of 14 and 18 years of age.

POSITION PAPER  
Senate Bill No. 346  
Page 2

For example, a 14 year old child could present himself at API and request admission without the knowledge or approval of the parent or guardian. As A.S. 47.30.845 (Confidential Records) does not give the hospital the authority to release any information to the parents or guardians of a person 14 years of age or older without the permission of the patient, it may not be legal for us to tell parents or guardians the whereabouts or condition of their child.

Also, a 14 year old child that would benefit from evaluation or treatment at API but does not meet involuntary civil commitment standards may not be admitted at the request of the parents or guardian unless the child voluntarily agrees to accept treatment. Thus, some mentally ill children may not receive necessary mental health care and treatment even though their parents or guardian attempt to provide these services for them. In cases such as this, it becomes even more ludicrous if the Division of Family and Youth Services attempts to file a petition to have the court find the youth as a child in need of aid by alleging that the child's medical needs are being neglected. If the parents or guardian sought voluntary hospitalization of the child that is 14 years old but the child refused treatment, then parental neglect, which would support a finding of a child in need of aid status, is not possible.

The amendment proposed would change the age of majority under this section from 14 to 18 years of age. This would be consistent with other statutes that govern the care of treatment of these children and adolescents as well as correct these legal anomalies.

Page 3, Section 5, Line 12

This would increase the period of time for voluntary hospitalization of a minor by 9 days (from 21 to 30 days). This additional time will increase the ability of the hospital to provide a more thorough and comprehensive evaluation and treatment program for mentally ill children,

Page 3, Section 5, Line 22-23.

This language would broaden the circumstances under which a minor may be accepted for admission at the hospital if the professional person in charge believes that hospitalization is necessary on a voluntary basis. This added provision could prove very helpful in addressing the treatment needs of mentally ill children and adolescents who are at risk of further deterioration and need hospitalization. Under the existing statutes, unless improvement in their condition can be reasonably expected, admission may not be possible. We believe this added provision will prove helpful in providing necessary care and treatment for this group of patients.

POSITION PAPER  
Senate Bill 346  
Page 3

Page 4, Section 6, Lines 6-26

The addition of this language provides needed clarification regarding the circumstances and procedures for releasing or retaining mentally ill minors with or without the consent of the parent or guardian. It is especially pertinent as there have been occasions when the safety of the child or others was questionable and the child was not committable but the parents or guardian have demanded immediate release of the child. This amendment will make it possible to insure the safety of all concerned prior to release of the minor.

Page 5, Section 7, Line 3

By granting mental health professionals the authority to take mentally ill persons into custody under an emergency situation and deliver them to an evaluation facility, a number of problems will be alleviated. Under the existing statutes, if a physician in an emergency room examines an individual that is brought to the hospital by relatives or friends, and the patient is clearly mentally ill and is in need of immediate hospitalization, the physician may have to call the police in order to have a peace officer take the patient into custody and sign an application for the patient's examination. This situation may occur in any hospital in Alaska including API.

Under the proposed amendment, the physician or any other health care professional that is included in the definition of a mental health professional under A.S. 47.30.915(11), can sign the application for examination under A.S. 47.30.705 and have the patient held in custody pending completion of the exam and receipt of an ex part order.

Page 5, Section 7, Lines 9-12

As written, this proposed amendment, if strictly interpreted, could tend to prohibit the completion of examination or evaluations of patients that were detained in jails or correctional centers even if qualified evaluation personnel were available. We certainly agree in principle that jails and correctional centers should not be used to hold the non-criminal, mentally ill; however, in practice, we have found that under certain exceptional circumstances, a jail or correctional center may be the only facility available to detain the patient at the local level for purposes of evaluation and insure the safety of the patient and the community.

It has been our experience that the utilization of these types of facilities is neither widespread nor indiscriminate and is used only on a very short-term basis. Nevertheless, when it is necessary to house patients in jails or correctional centers, we proceed with the examination, evaluation, and involuntary commitment process when the necessary resources are locally available. The time spent by these

POSITION PAPER  
Senate Bill 346  
Page 4

patients under these circumstances is then counted for purposes of the 24 hour and 72 hour time limit that is required for examinations and evaluations to occur by mental health professionals. This tends to insure that patients are not detained longer than necessary and treatment, if indicated, can commence immediately.

Consequently, we recommend that this amendment be deleted and that the existing language in A.S. 47.30.705 on lines 12-15 (in brackets) should be retained.

Page 5, Section 7, Line 24

This amendment would change the period of time for the first involuntary commitment from 21 to 30 days and is repeated throughout Senate Bill 346. The additional 9 days would tend to reduce the administrative workload of our treatment staff while having little or no effect on the period of time patients are actually involuntarily hospitalized.

Rather than interrupt treatment on the 21st day in order to undergo the 90-day commitment process, treatment could continue for an additional 9 days if necessary. This would allow medications and other forms of therapy an additional period of time to stabilize the patient, possibly resulting in a discharge of the patient between the 21st and 30th day.

Page 9, Section 10, Lines 17-19

This amendment is designed to insure that a less formal courtroom atmosphere is possible during the involuntary civil commitment process. This should make the commitment proceedings less painful and frightening to the mentally ill respondent.

Page 9, Section 10, Lines 27-28

The addition of this provision to allow a respondent to call his own experts or other witnesses to testify on his behalf is not seen as necessarily having an impact on the Division of Mental Health and Developmental Disabilities unless the respondent decides to call experts from API to testify on his behalf. It may, however, have a financial impact on the Alaska Court System if the respondent is indigent and the court has to pay the expenses of the experts and other witnesses called by the respondent on his behalf.

Page 12, Section 13, Line 7

This amendment would change the 120-day commitment to 180 days and is repeated throughout the bill. This change will reduce the administrative and procedural requirements necessary for the long-term, chronic mentally ill patients that require extended periods of involuntary hospitalization.

Page 13, Section 16, Lines 23-26

This additional requirement for notification of a patient's family or guardian as well as any person known to be threatened by the patient of his unauthorized absence from the treatment facility is supported by the Division of Mental Health and Developmental Disabilities. We feel that this is an appropriate and necessary measure in cases such as this.

Page 14, Section 18, Lines 8-9

The addition of this language is seen as necessary and will correct what appears to have been an oversight when the Act was drafted. It simply makes specific that computations of time for a patient being evaluated or a patient being detained for evaluation do not include Saturdays, Sundays, legal holidays, or transportation time and are not to be included in the 72 or 48 hour time limitation prescribed by the Act.

Page 15, Section 19, Lines 6-7

This adds mental health professionals among those that may not be held civilly or criminally liable for detaining and transporting a person, under the Act. This amendment is consistent with this section of the Act.

Page 15, Section 20, Lines 15-17

This amendment will require that an adult designated by the respondent must give informed consent in cases in which the patient is unable to give informed consent prior to certain treatments being authorized. We feel this is an appropriate addition to the Act.

Page 15, Section 21, Lines 28-29

This simply requires that an adult designated by the patient must be provided a copy of the patient's discharge plan. This is consistent with A.S. 47.30.845 under the existing statutes regarding confidential information.

Page 17, Section 24, Lines 6-8

This proposed amendment would clarify the circumstances under which the hospital may release confidential information and records to law enforcement agencies when they are concerned that a patient or ex-patient may present as an imminent danger to the community. Under certain circumstances, we feel it is in the best interests of the community and the patient to take such action.

POSITION PAPER  
Senate Bill 346  
Page 6

Page 17, Section 24, Line 13

The addition of this language will include hospitals operated by the federal government, such as the PHS facilities, for use as evaluation facilities for purposes of the Act. Under the existing statutes, these facilities are not included in the definition of an evaluation facility and some of these federal facilities have not been able or willing to be utilized in this capacity.

Page 17, Section 24, Lines 21-25

This addition to the definition of a gravely disabled person will significantly clarify and improve our position with respect to the involuntary care and treatment of these patients. An additional period of hospitalization may help prevent further deterioration of gravely disabled persons in order to avoid or reduce the risk of further tragedy and/or agony.

Page 18, Section 27, Line 1

This amendment offered in the bill will reduce the standard upon which a potentially suicidal person may be taken into custody and involuntarily committed. It is our belief that this is both necessary and appropriate given our current rate of death by suicide in Alaska.

Page 18, Section 27, Lines 5-8

As in the previous section, this language will alter the standard for involuntary hospitalization of a person that may present as a danger to others or to the property of others. This may allow some seriously mentally ill persons to be involuntarily committed before they actually harm another person or another person's property.

Page 18, Section 28, Lines 17-20

This simply requires that a psychologist or a psychological associate must be trained specifically in clinical psychology in order to be considered a mental health professional for purposes of screening, examination, and evaluation under the Act.

Page 18, Section 28, Lines 22-24

This amendment is intended to include in the definition of mental health professionals those registered nurses that have experience in psychiatric nursing in a JCAH accredited psychiatric hospital for purposes of screening, examination, and evaluation under the Act. This is considered an appropriate addition to this definition.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER  
Senate Bill 346  
Page 7

The Department of Health and Social Services generally supports the amendments contained in Senate Bill 346 and endorses its passage with the exceptions noted above.

Recommended by: Philip Shapiro  
Philip Shapiro, M.D.,  
Director, Division of Mental  
Health and Developmental  
Disabilities

Date: 11/30/84

Approved by: Robert London Smith  
Robert London Smith, Ph.D.  
Commissioner

Date: 11/30/84



# ALASKA MENTAL HEALTH ASSOCIATION

2611 Fairbanks Street, Suite A  
Telephone 276-1705

Anchorage, Alaska 99503

*A Division of the National Mental Health Association*

February 29, 1984

Senator Joe Josephson  
Pou h V  
State Capitol  
Juneau, Alaska 99811

Dear Senator Josephson:

On February 15, 1984, I was involved in an emergency commitment situation which occurred at approximately 4:30 p.m., and which I think exemplifies one of the basic problems with the current commitment law. A patient came to the Fairbanks Community Mental Health Center for treatment and expressed an intent to kill herself. After evaluating her, the mental health professional called Carol Davis, the Probate Clerk who ordinarily handles these cases for the Magistrate. Ms. Davis stated she could not order an involuntary emergency commitment after hours because she could not do the paperwork. She would give the order if a physician at the hospital requested it. She advised the Center to call the police and have them exercise their authority to Emergency Commit the patient.

When the municipal police arrived, they said they knew they could commit, but refused to exercise their power because it is their agency's policy to avoid this responsibility except when they "encounter" a person in the usual course of their duties. They appeared to feel that the court system was "dumping" the responsibility on their shoulders after hours.

As you know, under current law, neither the mental health professional or a physician can act in this type of situation alone. In fact, the policemen involved were aware of this and also aware that they were the only ones empowered to act alone. Needless to say, this stalemate tied up the mental health professional - who was forced to cancel other patients - the court representative, and the police. It was finally resolved by an extra-legal (in my opinion) act. The police officer said that he would transport the patient to the Fairbanks hospital emergency room if the emergency room doctor would agree to see her and, in effect, authorize the involuntary transport. This freed the Center to resume its activities and seemed to shift the responsibility to the hospital.

I think you can see that the Mental Health Center and the patients are caught in a kind of territorial dispute between the municipal police and the court

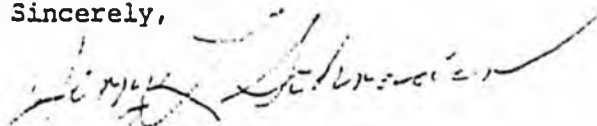
Senator Joe Josephson  
February 29, 1984  
Page 2

system. Since both of these systems feel free to operate independently, the "system" of care breaks down. It results in one emergency commitment system for 9:00 a.m. to 5:00 p.m., and another for 5:01 p.m. to 8:59 a.m. A similar stand-off has occurred in Anchorage, although the situation in Fairbanks is more complicated because the system must depend upon a private hospital.

The provision in the revised commitment bill which reinstates the physician certificate (or mental health professional certificate) would alleviate this problem.

It would also be alleviated if the courts and the police would work cooperatively.

Sincerely,



Jerry L. Schrader, M.D.  
President, Alaska Mental Health Association

cc: Chief Mathew Kiernan  
Charles M. Mac Gibson  
Phyllis Vanairsdale

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

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

REQUEST  
Bill/Resolution No.: SB 346  
Title: "An act relating to the treatment of mentally ill persons."  
Sponsor: Sen. Josephson & Halford  
Requestor: Senate HESS  
Date of Request: 1-20-84

FISCAL DETAIL  
Agency Affected: Public Safety  
Program Category Affected: Administration of Justice  
BRU, Program or Subprogram(s) Affected: Alaska State Troopers

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 CRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

This Bill provides law enforcement officers with the latitude to protect both the mentally ill person and the public from the actions of the mentally ill.

ANALYSIS: Attach a separate page for analysis

Prepared By: Francis C. Allan G.C.A. mck Phone: 269-5601  
Division: Alaska State Troopers Date: 01/19/84  
Approved by Commissioner: Robert J. Sundberg Date: 1-26-84  
Agency: Public Safety

Distribution (by Agency preparing fiscal note):

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

Justice - Andy/SJS

12/1/83

- FISCAL NOTE

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

REQUEST

Bill/Resolution No.: SB 346  
 Title: "An Act relating to the treatment of mentally ill persons."  
 Sponsor: Sen. Josephsen  
 Requestor: Senate HFSS  
 Date of Request: 1/17/84

FISCAL DETAIL

Agency Affected: Department of Law  
 Program Category Affected: General Government  
 BRU, Program or Subprogram(s) Affected: Legal Services Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
<b>OPERATING</b>						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
500 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
900 MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-

<b>CAPITAL</b>						
----------------	--	--	--	--	--	--

<b>REVENUE</b>						
----------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>						

POSITIONS:

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

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS:

This act amends the state's statutes covering the treatment of mentally ill persons. The amendment clarify existing law and provide additional safeguards for the general public and the relatives of mentally ill persons, while seeking to protect the legal rights of persons suffering from mental illness. The amendments will not require any additional legal services, over those currently being provided, and their enactment will not have a fiscal impact on the department's operations.

Prepared By: Richard I. Pegues Director Phone: 465-3672  
 Division: Administrative Services Date: 1-18-84

Approved by Commissioner: Norman O. Gorsuch Date: 1-18-84  
 Agency: Department of Law

*Zero LAW Analysis*

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

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

REQUEST  
Bill/Resolution No.: SB 346  
Title: An Act relating to the  
treatment of mentally ill persons  
Sponsor: Josephson and Halford  
Requestor: \_\_\_\_\_  
Date of Request: 1-11-84

FISCAL DETAIL Division of Mental Health  
Agency Affected: and Developmental Disabilities  
Program Category Affected: API  
BRU, Program or Subprogram(s) Affected: \_\_\_\_\_

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis \* See Attached  
Prepared By: James L. Scoles <sup>PS</sup> <sup>(R)</sup> Phone: 465-3370  
Division: Mental Health & Developmental Disabilities Date: 1-20-84  
Approved by Commissioner: Robert London Smith Date: 1/30/84  
Agency: Dept of Health & Social Services

Distribution (by Agency preparing fiscal note):  
Legislative Finance  
Legislative Sponsor  
Requestor  
Office of Management and Budget  
Impacted Agency(ies)

HEALTH-ANALYSIS  
12/1/83

The Division of Mental Health and Developmental Disabilities does not foresee any increase or decrease in expenditures as a result of the passage of SB 346 at this time. The primary purpose of this bill is mainly directed at reducing the procedural requirements of A.S. 47.30.655 - 47.30.915, changing the age of majority from 14 to 18 years of age, changing the period of time for the initial commitment from 21 to 30 days and the third period of commitment from 120 to 180 days, expanding the definition of peace officers to include mental health professionals, and slightly relaxing the standards for commitment.

We do not believe that any of these proposed amendments will increase or decrease the number of mentally ill persons that will require hospitalization. The amendments should, however, make it easier to commit the mentally ill which should result in more professional staff time available to provide direct patient care and treatment rather than excessive time being expended in the commitment process.

Alaska State Legislature

REP. MAE TISCHER  
CHAIRMAN



POUCH V  
STATE CAPITAL  
JUNEAU, ALASKA 99811  
(907) 465-3777

House of Representatives  
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

MEMORANDUM

5-25-, 1984

TO: Chairman, House Judiciary Committee  
FROM: Representative Mae Tischer, Chairman, House HESS *MT*  
RE: Back-up materials for SB 346 *by law*

Attached please find back-up material obtained by the House HESS Committee staff on the bill described above.

I hope this material is valuable to your committee as you consider this legislation. If my staff or I may be of additional assistance, please feel free to contact my office at x 3777.

Attachment

COMMITTEE REPORT

HOUSE

(7)

FURTHER: JUDICIARY

4/11/84

Date: May 24, 1984

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSSB 346 (Jud) am

"An Act relating to the treatment of mentally ill persons."

under consideration and recommends:

- do pass  do not pass
- do pass with attached amendments(s)
- replace with <sup>H</sup>CS for CSSB 346 (HESS)  same title
- new title

and recommends \_\_\_\_\_

- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation  Zero Fiscal Note Attached
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING

DO PASS

Max Tischer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERS HAVING

OTHER RECOMMENDATIONS:

Ken Uehly (NO REC.)

T.H. Martin (No Rec)

Mike Davis NO REC

Nita Korman no rec.

Peter Dora needs amendment

Sam Vestinger no

Max Tischer

CHAIRMAN

NUTRITION AND ORTHOMOLECULAR THERAPY

Nov. 1983

Prepared for the

APA Commission on Psychiatric Therapies

## NUTRITION AND ORTHOMOLECULAR THERAPY

Nutrition is a branch of biology which studies the requirements for foods, their composition, and the processes by which they are converted into energy and the tissue growth and repair required for health and life. Prior to about 1750, nutrition was naturalistic and ethno-pharmacological. Plant and animal foods of unknown chemical composition were eaten in diets which varied greatly from culture to culture. Centuries of trial and error had demonstrated their value or danger. Certain foods were designated by Hippocrates to have special curative properties which were useful in the treatment of many of man's illnesses. Others were poisonous or tabooed for unknown reasons. In the period from 1750 to 1900, as chemistry developed, foods were simply classified chemically as carbohydrates, proteins, fats and the non-combustible ash. Attempts to raise animals on diets containing only these quickly showed the inadequacy of this simple classification. The golden age of nutrition occurred between 1900 and 1950. When the need for micronutrients was discovered, a conceptual revolution occurred with the insight that much of man's illness resulted from the absence of significant dietary constituents. To the established infectious and toxic theories of illness were added the deficiency diseases. With the discovery of vitamins, essential amino acids and trace elements, the nature of common diseases like pellagra, beri beri, scurvy, nutritional anemia and protein malnutrition were quickly understood. The development of quantitative standards for daily requirements of these nutrients for man, animals, and plants stimulated revolutionary changes in food production and several major public health triumphs. It is difficult to recognize that less than 50 years ago there were more than 200,000 cases of pellagra annually in this country. Mortality from this illness averaged 33% and about 10% of the beds in insane asylums

the country were occupied by demented patients with this illness. In the South, where pellagra was endemic because of the staple diet of corn, fatback and molasses, from 1/3 to 1/2 of the state mental hospital population had physical symptoms of pellagra and dementia (1). Pellagra was also very common among sharecroppers and in prisons, orphanages, and other state institutions. The discovery in 1937 that vitamin B<sub>3</sub> (niacin) was the antipellagra vitamin and the subsequent fortification of most cereal products with this vitamin made pellagra virtually absent in this country. Clinical nutritional research was greatly accelerated in World War II because of the need to develop adequate military rations. It led to the semi-quantitative determination of human needs for most nutrients. It was so successful that World War II was the first war in which more combat troops died from war injuries than from malnutrition and infection (2). The spin-offs to civilian nutrition were large. Today, nutritional science is sufficiently advanced so that, in this country, malnutrition is uncommon and when it does occur, it is likely a function of poverty, alcoholism, or self-selected inadequate diets. This is not true in the Third World where millions of children are stillborn, retarded, or die within the first few years of life because of the unavailability of adequate calories, protein, or micronutrients (3). In the world as a whole, malnutrition today remains as large a public health problem as infectious disease with which it constantly interacts.

In the richer, industrialized world, research in nutrition has moved into more specialized areas. In medicine, there have been significant advances in the study of the nutritional needs of special populations like pregnant women, premature infants, and the elderly. Vitamin requirements have been shown to increase when some drugs are administered for treatment of tumors, convulsions,

or even contraceptive purposes (4). Great advances have been made in furnishing the nutritional requirements of postsurgical patients or those with severe burns by total parenteral feeding. Specialized nutritional needs have been found for some patients with ophthalmological or dermatological disease. Genetic illnesses, like phenylketonuria, have been found to be clinically responsive to minimizing the intake of the amino acid phenylalanine. Rare genetic autosomal recessive illnesses characterized by mental retardation and multiple somatic defects have been found. These can be prevented or cured by the daily administration of very large quantities of particular vitamins (3,5,6).

Nutritional theories of the etiology of common mental illness and behavior disorders and treatments based on these theories are very controversial.

Nevertheless, new diagnostic methods have shown that several psychiatric illnesses may be complicated by nutritional deficiency and may respond to nutritional supplementation. We shall discuss these below. These are all reviewed in an excellent text, Nutritional Support of Medical Practice (7). A comprehensive review is offered in the five volumes entitled Nutrition and the Brain (8).

Many natural foods, especially those from plants, contain chemicals which are biologically active and may be either toxic or therapeutically useful. Many of these substances have been identified and isolated in pure form and now are useful products in our pharmacological armamentarium. In the industrialized world, food chemists supplement natural foods with nutrients and also with natural and synthetic additives which enhance the taste and appearance of foods and diminish spoilage, thus enhancing their useful distribution. Residues from synthetic herbicides and insecticides used to increase crop production and steroids and

antibiotics used to increase animal food production may appear in our food. Because of this, there has arisen the quasi-nutritional subspecialty of nutritional toxicology designed to protect the public from foods which might contain dangerous chemicals like mercury in fish or selenium in wheat or foods to which chemicals are purposely added during processing. There has also been increasing interest in what might be called nutritional pharmacology. Selected, specific nutrients like the amino acids tyrosine and tryptophan or the quaternary ammonium compound choline can be fed in doses greatly above their usual intake levels in order to elevate neurotransmitters in the brain. Such precursor therapy is actively under investigation and its interest to psychiatry will be discussed below. Although the substances used are natural and even essential in our daily diet in small quantities, quantities employed in precursor therapy are so much greater than are ordinarily required that we choose to call the use of the substances in these quantities "pharmacological." Moreover, their biological effects at high concentrations may be different from and unrelated to their primary action. For example, nicotinic acid and nicotinamide have identical nutritional value as vitamin B<sub>3</sub>. In very high doses, nicotinic acid causes vasodilation and lowers blood cholesterol; nicotinamide does not. These actions of nicotinic acid at high doses are considered pharmacological (9).

There is also included under the rubric of nutrition, the study of food allergy and hypersensitivity to either specific foods or to commercial additives. Reactive hypoglycemia, generally attributed to the use of high carbohydrate diets which result in the over-production of insulin which, in turn, leads to hypoglycemia has also been studied in relation to clinical states as diverse as panic disorders, depression, and aggression leading to crime and delinquency (10,11).

Along with the slow, cautious, and steady advances in nutrition, there continues to be what we call "pseudonutrition". Nutritional fads have been promulgated in the lay press, in books, and in a few journals. These attribute many common somatic and psychiatric complaints to inadequate or toxic diets. They promise much: enhancing longevity, diminishing the risk of, or improving the treatment of cancer, heart disease, and the major mental illnesses with appropriate dietary therapies. These generally unproven treatments are especially popular among those with illnesses which are chronic and for which conventional medical or psychiatric treatment is slow, not yet fully adequate, and often, expensive. Patients with cancer and mental illness seem to be extraordinarily susceptible to seduction by these claims. Substantial efforts and quantities of time and money have been spent in scientific trials to test the claims of nutritional faddists. Despite many negative results, the claims persist. We shall, therefore, devote some time and space to a discussion of the theory which underlies the claims of the therapeutic value of orthomolecular psychiatry, additive free diets, hypoglycemic diets, and diets designed to eliminate substances to which patients claim to be hypersensitive and which they feel may cause the major mental illnesses.

## Nutritional Principles

Man, as an evolutionary product of the animal kingdom, has nutritional needs similar to those of other mammals. The complex foods he eats are digested to simpler molecules which are then absorbed and resynthesized under genetic interactions to the multitude of compounds of which he is made. Maintenance of body temperature, movement, growth, repair and reproduction require energy supplied mainly by the oxidation of carbohydrate and fat. Metabolic end products like exhaled carbon dioxide or urinary nitrogen metabolites need constant replacement from dietary intake. Even the body minerals are constantly turning over metabolically and must be replaced by ingested food. For growth and development, a positive balance of calories and essential nutrients must be supplied. For adult maintenance the balance should be zero. Control of appetite and food intake involves a complex set of sensors and feedback systems in the brain and endocrine organs which are beyond the scope of this chapter.

Despite the capacity of each species to synthesize the myriad of compounds unique to it, some things must be supplied in the diet. These include water, the major anions and cations of the cellular fluids and skeleton, and trace elements like copper, manganese, cobalt, fluorine, vanadium, selenium, and zinc. Ten amino acids cannot be synthesized and must be furnished. They are needed for the synthesis of proteins and other nitrogenous compounds. Thirteen vitamins are required, four of these are fat soluble, eight are members of the vitamin B complex and vitamin C is uniquely required by man, primates, the guinea pig, an East Indian bat, and a bird. It is a remarkable testimony to the synthetic capacities of the body that the thousands of compounds of which we are made can all be synthesized from approximately two dozen organic compounds furnished in the diet.

Several features of man's nutrition deserve comment. First, as mentioned previously, he is quite rare in requiring vitamin C. The evolutionary purpose of this is not known. Second, he is an omnivore who eats a greater variety of foods than any other known species except perhaps the rat. Undoubtedly, this offers a great evolutionary advantage since it permits man to survive on the indigenous food of any region on earth. Third, he is apparently the only species whose choice of diets is determined by taste, smell, color, appearance, and even texture. He is the only animal for whom eating is both a necessity and an aesthetic experience. In contrast to most animals who eat the same food every day of their lives, man constantly seeks variety and, whenever possible, gets it. The aesthetic qualities of food have had interesting social consequences. For example, it may be argued that Columbus discovered America while looking for food additives; that is, the spices that help to preserve food and enhance its taste and color. In the industrialized United States, food companies compete vigorously to produce products which are more attractive than their competitors even though they are nutritionally equivalent. This is done with food additives. Many of the food fads are based upon presumed, but unproven, hazards created by commercial food processing. Man still attributes to foods magical properties which can hurt or help him.

Fourth, the precise nutritional requirements for man are less well known than they are for the domesticated animals which supply his food. There are several reasons for this. Experiments can be done on food animals which cannot be done safely with man. Animals are bred to be genetically homogeneous and efficient in their conversion of food to milk, eggs, or edible animal protein. Their daily activities and energy output are much more closely regulated than are those

of man. Finally, the economics of the food industry make it essential to know the minimum food requirements of animals for maximum growth and marketability. Despite the difficulties in precisely determining the nutritional requirements of man, reasonable estimates have been made since 1941, by the Food and Nutrition Board, National Research Council of the National Academy of Sciences. These are revised every five years; the 9th edition (121) was published in 1980. It offers recommended daily allowances (RDA) for calories, protein, minerals, and vitamins for men, women, and children. The RDA are not minimal requirements. Recognizing substantial variance in man's nutritional needs because of genetic heterogeneity and living habits, they are calculated by the Board to exceed average nutritional needs by a "safe margin" allowing for individual differences in a basically healthy population. The magnitude of the safety factor is substantial. For example, the minimal requirement for folic acid is estimated to be about 50micrograms per day; the RDA is 400micrograms. The RDA has been accepted by the American Medical Association (122) and is used by the Food and Drug Administration for food labelling. It is also the basis on which the Department of Agriculture and the United States Public Health Service established national food programs and nutritional educational programs. The RDA can be found in most standard texts of medicine, pharmacology, and biochemistry (3,4,7).

In an affluent society, man's omnivorous appetite and his wish for variety makes it easy to obtain a nutritionally sound, balanced diet. RDA requirements are generally met by diets which offer a mixture of four food groups in adequate proportions. These groups are (1) Fruits, vegetables, and fruit juices; (2) Grains and grain products; (3) Meats and meat products; (4) Milk and milk products.

Such diets offer adequate nutrients as well as taste and variety. When they are consumed, vitamin or mineral supplementation is not required. Impoverished populations here or abroad who subsist largely on grain and who have no variety in their diets generally need supplementation with vitamins, minerals, and other proteins.

Under special conditions of illness, severe dieting, heavy alcohol consumption, stress, pregnancy or lactation, supplementation may be desirable with modest quantities of vitamins. Massive supplementation with megadoses of vitamins is required only in three conditions. (1) In the genetic vitamin dependency or insufficiency illnesses, (2) When there are transport difficulties for nutrients in the gut or across other cell membranes, and (3) When antivitamin antimetabolites are used as in the treatment of cancer.

Some orthomolecular psychiatrists believe that the brain may have nutritional requirements so much larger than the other body tissues that cerebral avitaminosis may exist and may account for much major mental illness.

But, malnutrition generally produces mental changes along with somatic changes like weight loss or anemia. In early or minimal nutritional deficiencies mental changes may occasionally appear before readily observable physical changes ensue. But, careful examination will reveal lowered blood or tissue levels of vitamins or minerals. The mental changes associated with vitamin deficiency are nonspecific. Perusal of the literature shows that weakness, irritability, anxiety, anorexia, lassitude, depression, apathy, anergia, headache, dizziness and inability to concentrate have been reported in subjects or patients with mild deficiency of any of the water soluble

vitamins. When the deficiency is severe, memory loss, disorientation, delusions, hallucinations, and other signs of dementia may appear.

Clinical ecologists, advocates of the Feingold diet, and some orthomolecular psychiatrists believe that in some individuals, the brain may be uniquely allergic or hypersensitive to certain foods, food additives, or other environmental chemicals. Such hypersensitivity is considered by them to be related to hyperkinesis in children and a variety of illnesses including schizophrenia, depression, anxiety, drug addiction and antisocial behavior.

But, allergy or hypersensitivity when it exists involves the whole body and is manifested by physical symptoms like asthma and urticaria as well as by nonspecific mental complaints.

In the following sections we shall discuss: Consequences of protein calorie malnutrition, psychiatric manifestations of deficiencies of some of the B complex vitamins and the use of amino acids in pharmacological doses as precursors of neurotransmitters. Finally, we shall devote the remainder of the chapter to an examination of what we call "pseudonutrition" in relation to psychiatric practice.

## Protein Calorie Malnutrition

Many studies conducted in impoverished societies have shown that severe, prolonged protein calorie malnutrition is especially devastating to infants and children and that the consequences are prolonged and likely irreversible. The results of such studies have been summarized in several excellent monographs derived from international conferences on this subject (12,13). The reasons for this high vulnerability is the rapid growth of the human brain in infancy and the effects of malnutrition on its growth and development. Winnick (14) has shown that, in the human, the number of brain cells increases linearly from gestation until birth and then more slowly until about 10 months of age, at which time it virtually stops. Cell size, in contrast to cell number, continues to increase for several years. Myelination occurs rapidly at birth and is still occurring at two years. The weight of the brain increases rapidly through gestation and the first two years of life, its rate of growth diminishes thereafter, but adult weight is not reached until adolescence. Studies on the brains of children who have died from malnutrition show that children dying from marasmus in the first two years of life have from 15 to 50% fewer brain cells than normal children of comparable age. Children with kwashiorkor who become malnourished after being taken off the breast in the second or third year of life have a normal number of brain cells, but the size of the cells is diminished (15). Studies of the behavior of children who survive early malnutrition show that such children have profound disturbances in the acquisition of language, motor skills, interpersonal relationships, and adaptive and motivational behavior. Memory defects have also been found (12,14). Most of these studies have been limited to children studied only a few years after recovery from malnutrition. However,

an ongoing longitudinal study by Cravioto and DeLicardi (16) should ultimately give an answer to the question of whether or not the damaging consequences of early malnutrition are truly irreversible. If they are, it would lead to a vicious cycle in which malnutrition during infancy results in a large pool of poorly functioning people who, because of their poor level of functioning, rear their children under conditions destined to produce a new generation of malnourished people (14,16). Children born in the poverty that leads to malnutrition also live in social and family environments which are themselves capable of retarding mental and behavioral development. Some ingenious experiments on rats, conducted by Francova (13) have shown that protein deficient rats, raised with their mothers and litter mates show about 20% decrement in exploratory activity. Rats on normal diets that have restricted optical and acoustical stimuli show about a 30% decrement in exploratory activity. Rats deprived of both protein and environmental stimuli show a 90% decrement. The effects of both types of deprivation simultaneously are thus more than additive; they are synergistic. The introduction of an "aunt," a nonpregnant virgin female, into the cages of protein deprived infant rats elevated their performance to that of normal rats, even though such a "mother's helper" did not lactate and was unable to offer food. She did, however, stimulate them by grooming and retrieving them. DeLicardi and Cravioto have conducted experiments which led to similar conclusions in impoverished children from an agricultural community in Central America. In this population, 83% of the children showed no clinical signs of malnutrition, 11% showed mild and moderate malnutrition, and 5% showed severe malnutrition. Yet, the families of all of the children had approximately equal incomes, land, and food. Therefore, no correlation could be established between the amount of food available to the