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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT ANCHORAGE

In the Matter of the Necessity)
for the Hospitalization of:)
)
L [REDACTED] M [REDACTED])
Respondent.)
_____)

Case No. 3AN-16-01656PR

**PETITION FOR 90-DAY
COMMITMENT**

As a mental health professional who has examined the respondent, the petitioner alleges that:

1. The respondent is mentally ill and as a result is
 - likely to cause harm to himself/herself or others.
 - gravely disabled as previously alleged in the Petition for 30-Day Commitment.

2. The respondent:
 - continues to be gravely disabled and there is reason to believe that the respondent's mental condition could be improved by a continued course of treatment.
 - has attempted to inflict or has inflicted serious bodily harm upon himself/herself or another since his/her acceptance for evaluation.
 - was committed initially as a result of conduct in which he/she attempted or inflicted serious bodily harm upon himself/herself or another.
 - demonstrates a current intent to carry out plans of serious harm to himself/herself or another.

3. The evaluation staff has considered, but has not found, any less restrictive alternatives available that would adequately protect the respondent or others.

4. ALASKA PSYCHIATRIC INSTITUTE is an appropriate treatment facility for the respondent's condition and has agreed to accept the respondent.

5. The respondent has received appropriate and adequate care and treatment during his/her 30-day commitment.

6. The respondent has been advised of the need for, but has not accepted, voluntary treatment.

The petitioner respectfully requests the court to commit the respondent to the above-named treatment facility for not more than 90 days.

Case No. 3AN-16-01656PR

The facts and specific behavior of the respondent supporting the above allegations are:

Patient has been diagnosed with Schizophrenia and continues to present with symptoms of psychosis, disorganized and pressured speech, affective dysregulation, and delusional thought processes. Patient has threatened to harm others, and has made specific threats to harm certain people once she is released from API.

Patient is currently at Alaska Psychiatric Institute on a Title 12 Commitment for Competency Restoration and refuses to take psychotropic medication. The patient has been at Alaska Psychiatric Institute for some time and the petitioner is familiar with the patient.

Patient has shown some improvement, however, she continues to be resistant to treatment and has frequent outbursts of aggressive and disruptive behavior, such as spitting on staff and others, as well as kicking and throwing things at other patients. Further, patient is still presenting with delusional thought processes, such as thinking that her medications are comparable to heroin.

The following persons are prospective witnesses, some or all of whom will be asked to testify in favor of the commitment of the respondent at the hearing:

- Kaichen McRae, PhD
- Dianna Rehn, PsyD
- Kristy Becker, PhD
- Cynthia Montgomery, ANP

August 10, 2016
Date

Howard F. Detwiler, Jr.
Signature of Professional Person In Charge
or that Person's Professional Designee

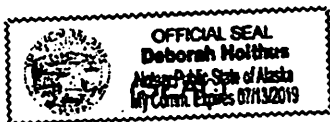
HOWARD F. DETWILER, JR., MD
Print Name and Title

I certify that on 8/10/16
Copies of this form were sent to:
AG, API, CV, Gottstein
Clerk: B

Verification

Petitioner says on oath or affirms that petitioner has read this petition and believes all statements made in the petition are true.

Subscribed and sworn to or affirmed before me at Anchorage
Alaska on August 10, 2016
(date)



Deborah Holthues
Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: 7/13/2019

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT

IN THE MATTER OF THE)
NECESSITY OF THE)
HOSPITALIZATION OF:)
L.M.)

CONFIDENTIAL

No. 3AN-16-01656 PR

VOLUME I

TRANSCRIPT OF PROCEEDINGS

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DISCLAIMER

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THE COURT: Based on the arguments of the parties and the testimony I've received, I'll find under AS 47.37.055, Ms. [REDACTED] has been found by clear and convincing evidence to be mentally ill and as a result she is likely to cause harm to others. Under subsection (b), if the Court finds there is a less-restrictive alternative available, and the Respondent has been advised of and refused voluntary treatment through the alternative, the Court may order the less-restrictive alternative treatment after acceptance by the program of the Respondent for a period not to exceed 90 days.

Less restrictive alter -- least restrictive alternative means mental health treatment facilities and/or conditions of treatment that are no more harsh, hazardous, or intrusive than necessary to achieve the treatment objectives of the patient, and they involve no restrictions on physical movement or supervised residents or inpatient care, except as reasonably necessary for the administration of treatment or the protection of the patient or others from physical injury.

Given the findings by the jury that she is likely to cause harm for another, a less-restrictive alternative would have to,

1 under that definition, I believe, protect others from physical
2 injury and none -- and I would find -- and I find this by clear
3 and convincing evidence, that none of the less-restrictive
4 alternatives that have been proposed by the respondent or would
5 otherwise be available will protect and be able to protect the
6 -- the public from the danger to others that Ms. [REDACTED]
7 currently proposes.

8 While CHOICES, once she stabilizes, may be able to do
9 that, while un-stabilized they are unable to do that. They
10 can't watch her 24/7. Even Dr. Wolf suggested that
11 stabilization would be necessary. That that might include
12 medication. The idea of crisis lines and stuff are not going
13 to protect the public from the harm of delusions where Ms.
14 [REDACTED] might believe she's being chased by others and cause
15 traffic accidents by her belief that others are out to get her
16 and she reacts in a physical manner that's led to the assault
17 charges.

18 The -- when she become agitated, she becomes agitated
19 rapidly, and calling lines and other things are not sufficient
20 to protect the public from outcomes that might occur when she
21 becomes rapidly agitated and reacts. That could cause others
22 to react to her, but it causes her to take actions that pose
23 risks to the public, which is why the jury has found her to be
24 a danger to others by clear and convincing evidence.

25 And so other than a facility like API that is locked and

1 it provides 24/7 care, I do not believe that there is less-
2 restrictive alternative under her current status. I reject the
3 idea that there's a constitutional right that would require the
4 state to fund particular kinds of programs. There would be
5 separation of powers issues, I believe. And I certainly do not
6 believe I've had sufficient evidence that would suggest to me
7 all the reasons that that facility was de-funded, went out of
8 business, whatsoever, but it no longer exists. And the
9 legislature is entitled to make choices of how the state spends
10 its money within certain confines.

11 I also do not believe that the treatment at API to date
12 has been inappropriate or has not -- or that there's been an
13 opportunity to determine the efficacy of the treatment. The
14 fact of the matter is, is that API is not a long term facility
15 and intended to be that. It's intended to be a short term
16 facility that stabilizes people and then moves them into the
17 community while stabilized. And that hasn't really been given
18 a fair chance to proceed yet in this case. The medication,
19 based on the testimony, has not had a full opportunity to reach
20 an effective level where one could see whether there was
21 stabilization.

22 There was some period of time where it appears that
23 medication was helping Ms. [REDACTED] although I will say that
24 that's still somewhat up in the air. Medication oftentimes
25 takes a while to figure out dosage and the right medication and

1 the interactions of medication, and I don't think there's been
2 an opportunity given the legal proceedings of where when Ms.
3 ██████ was unwilling and has been unwilling to take medication
4 on her own, she -- there was an order for her to be involuntary
5 (sic) medicated. That was stayed for a period of time at the
6 request -- with the understanding that Ms. ██████ was
7 requesting that so she could take an appeal to the Alaska
8 Supreme Court to see if they would stay the order for
9 medication, which I allowed.

10 Once she was on medication, she was on it for awhile and
11 then she went off the medication because either the 30-day
12 petition was being set to expire -- although it would have been
13 my understanding that medication could have continued once the
14 90-day petition was filed. But it also was done because of a
15 request that Ms. ██████ not be medicated during these
16 proceedings. And so my understanding is she's currently not
17 being medicated. That has -- because of that, the medication
18 -- the efficacy of any medication has not been fully explored.

19 And while there may be competency groups that were
20 designed to restore her to competency and that other part of
21 these legal proceedings, I don't really think that API was seen
22 as a place where psychotherapy was going to have any
23 significant effect. It in my mind was clearly designed as a
24 medication oriented facility to stabilize her on medication and
25 then move her into less-restrictive alternatives. That hasn't

1 happened yet. And as long as she remains a danger to the
2 community, to others, I think API is the only facility that is
3 available.

4 12:55:57

5 (This portion previously transcribed)

6 1:04:09

7 **END OF REQUESTED PORTION**

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TRANSCRIBER'S CERTIFICATE

I, Kathleen Amand, hereby certify that the foregoing pages numbered 3 through 152 are a true, accurate, and complete transcript of proceedings in Case No. 3AN-16-01656 PR, In the Matter of the Necessity of the Hospitalization of: L.M., transcribed by me from a copy of the electronic sound recording to the best of my knowledge and ability.

November 7, 2016
Date

Kathleen Amand
Kathleen Amand, Transcriber