NAMI Alaska
National Alliance on Mental Illness
Affiliates in Anchorage, Fairbanks, Juneau, and North Slope
Serving all of Alaska

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Testimony to the Senate Health and Social Services Committee re: **SB 124**, "An Act relating to admission to and detention at a subacute mental health facility."

Good afternoon Members of the Senate Health and Social Services Committee:

My name is Shirley Holloway. I serve as the Vice President for NAMI Alaska, as well as the President of the NAMI National Board. I have served on the State Board of Education, and am a former Commissioner of Education and Early Development for the State of Alaska. I found NAMI after the loss of my daughter to mental illness.

As background, NAMI (the National Alliance for Mental Illness) is the largest grassroots mental health organization in the nation, with a mission of providing advocacy, education, support, and public awareness so that all individuals and families affected by mental illness can build better lives. NAMI Alaska was created in 1984, and serves the entire state, with Affiliates in Anchorage, Fairbanks, Juneau and the North Slope. These volunteer-centered organizations work in their communities to raise awareness and no cost to participants education, advocacy, and support group programs.

I am testifying today on behalf of NAMI National, as well as NAMI Alaska, in support of SB 124 relating to admission to and detention at a subacute mental health facility as part of the overall '*Crisis Now*' Initiative, and most of all, as a parent.

Alaska primarily relies upon law enforcement, EMS, and hospital emergency rooms to serve people in behavioral health crisis, and most communities do not have the appropriate facilities and services where officers can take people to receive appropriate care. This legislation will help to create a full continuum of behavioral health crisis response services, particularly at the appropriate lower levels of care.

This legislation will allow Alaska to more fully implement proven crisis response improvements, including the nationally recognized Crisis Now model, by allowing first responders to bring an individual in crisis to a low to no barrier or "no wrong door" crisis stabilization center instead of an emergency room.

The current approach to crisis care is patchwork and delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks, resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and suicide. A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach.[1]

[1] (From SAMHSA report)

The *Crisis Now* model is a continuum of three components that are already working in many communities to prevent suicide, reduce wait times in emergency rooms and correctional settings, and to provide the best supports for individuals in crisis.

The Crisis Now model includes:

- A regional or statewide crisis call center coordinated with the upcoming 988 crisis line;
- Centrally deployed 24/7 mobile crisis teams to respond in-person to individuals in crisis;
- And a 23-hour and short-term stabilization center , or 'subacute center' as this bill refers to, providing a safe and appropriate behavioral health crisis placement for those who cannot be stabilized by the initial call center or mobile crisis team response.

This new approach to addressing mental health crises follows the national guidelines for behavioral Health Crisis Care using best practices endorsed by SAMHSA (Substance Abuse and Mental Health Services Administration), US Department of Health and Human Services. These guidelines were developed on the experience of veteran crisis system leaders and administrators as well as the individuals and families who have relied on these supports on their worst days. They are science-based, real-world tested best-practice guidance to the behavioral health field.

We applaud the Alaska Mental Health Trust for its thorough analysis and consideration of the best framework suited for Alaska. While the first implementation will be in Anchorage, Fairbanks and the MatSu, it will be important to consider the needs and requirements of the rural communities throughout the state in the future.

My testimony is personal. This is not an abstract concept for me. I had a beautiful, talented daughter who lived with mental illness that I lost by suicide.

For someone in crisis, there can now be an alternative to jail, API, and hospital emergency rooms.

A more systemic response is needed and this legislation is critical to getting us where we need to be, to develop a comprehensive mental health response system.

This is not a magic bullet but it is a critical first step, absolutely essential, to moving us toward a more compassionate, effective way of providing real help to ALASKANS WHO FIND THEMSELVES helpless in the midst of a mental health crisis.

SB 124 is part of an overall continuum of care necessary to implement *Crisis Now*.

Thank you for considering the importance of this legislation. In these challenging times, it is now more important than ever to take action to address how we as communities and as a state are going to address a very vulnerable population who live with mental illness and provide guidance and hope to all individuals who are impacted.