

# IMPLEMENTING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

House Bill 172 Mental Health Facilities & Meds  
House Judiciary Committee

May 14, 2021



Trust  
Alaska Mental Health  
Trust Authority

# Change is Needed

Currently, Alaskans in crisis are primarily served by law enforcement, emergency rooms, and other restrictive environments

- Behavioral health crisis response is outside the primary scope of training for law enforcement, and reduces focus on crime prevention
- Limited Designated Evaluation & Treatment (DET) capacity in four communities: Juneau (BRH), Fairbanks (FMH), Mat-Su (MSRH), Anchorage (API)
- Emergency rooms are not designed for and can be overstimulating to someone in an acute psychiatric crisis

## ***Physical Health Emergency***



# HB172 is a Path Forward

## HB172 will:

- Effectuate a “No Wrong Door” approach to stabilization services
- Enhance options for law enforcement and first responders to efficiently connect Alaskans in crisis to the appropriate level of crisis care
- Support more services designed to stabilize individuals who are experiencing a mental health crisis
  - ✓ 23-hour crisis stabilization centers
  - ✓ Short-term crisis residential centers

## *Behavioral* Health Emergency

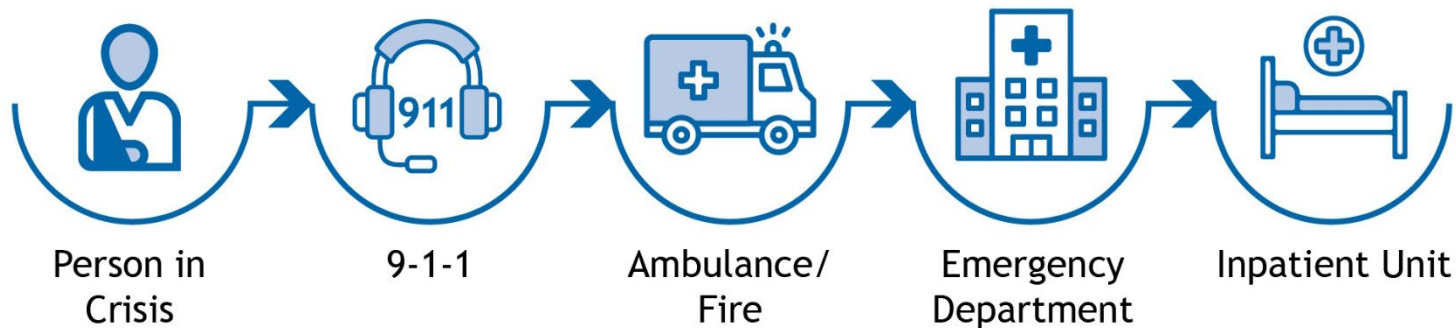


# Building Blocks of Psychiatric Crisis System Reform

- **SB74 - Medicaid Reform (2016)**
  - ✓ Improve Access, quality, outcomes, and contain costs
- **1115 Behavioral Health Waiver**
  - ✓ Targets resources and services to “super utilizers”
  - ✓ Provides flexibility in community behavioral health services and supports
  - ✓ Creates new crisis service types that promote interventions in the appropriate settings and at the appropriate levels
- **System must be intentionally designed and promote a “no wrong door” philosophy**

# GOAL: Design and implement a behavioral health crisis response system analogous to the physical health system

## *Physical* Health Emergency



## *Behavioral* Health Emergency



# Stakeholder Engagement



Healthcare  
Providers

State  
Agencies

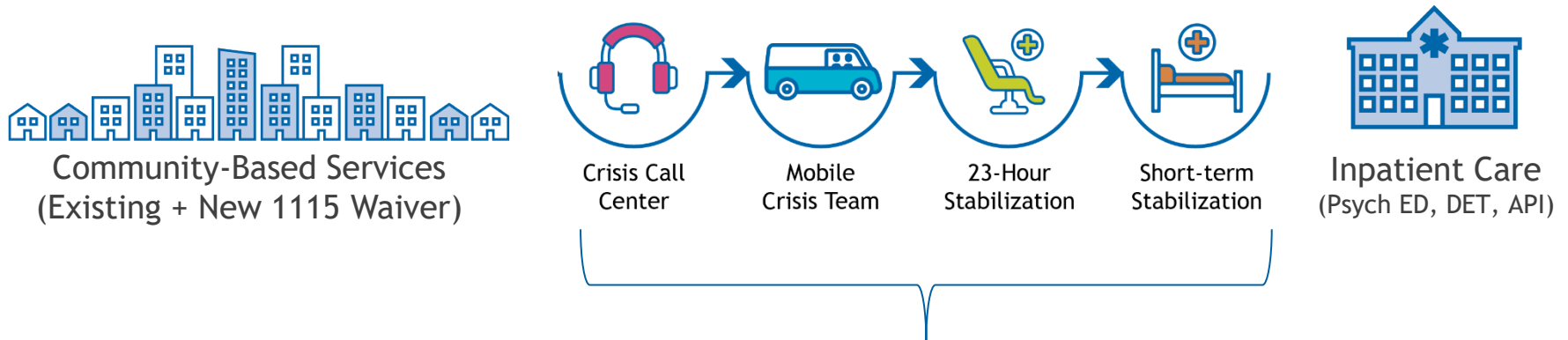
Law  
Enforcement  
and First  
Responders

Beneficiary  
Advocates  
and  
Nonprofits

Local  
Governments

Tribal  
Organizations

# Enhanced Psychiatric Crisis Continuum of Care



Adding acute intervention services reduces cycling  
Connection to appropriate community services at any point

# Crisis Stabilization Center (23 hour)

Provides prompt, medically monitored crisis observation and psychiatric stabilization services

- No wrong door - walk-in, referral, and first responder drop off
- Staffed 24/7, 365 with a multi-disciplinary team
- High engagement/Recovery oriented (Peer Support)
- Immediate assessment and stabilization to avoid higher levels of care where possible
- Safe and secure
- Coordination with community-based services





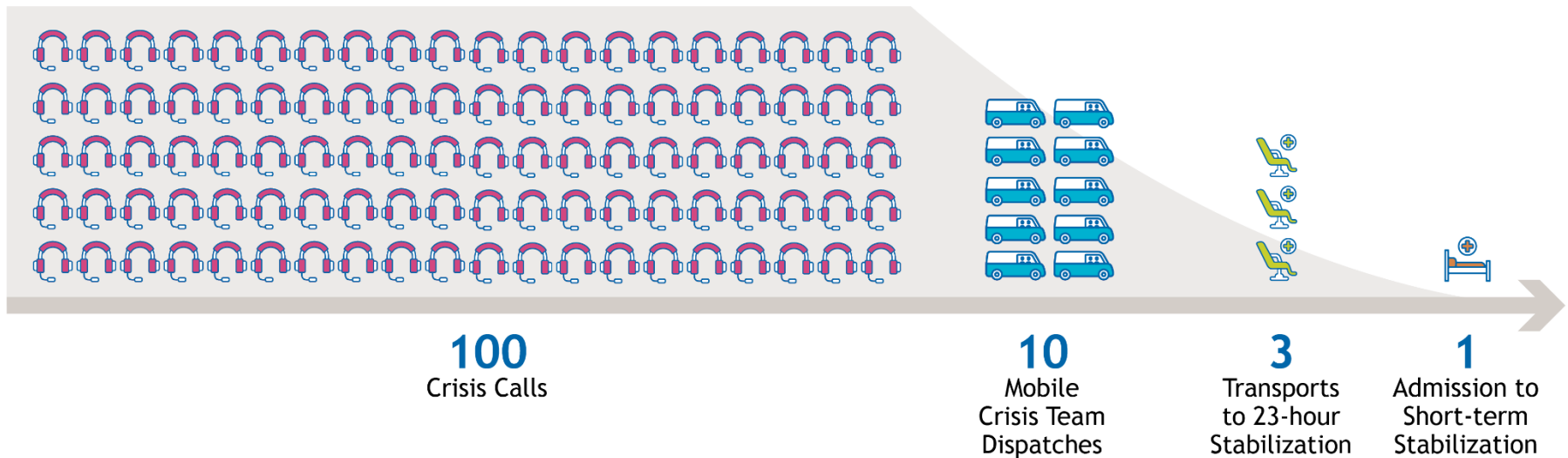
# Short-Term Crisis Residential Stabilization Center

A 24/7 medically monitored, short-term, crisis residential program that provides psychiatric stabilization

- Safe and secure - serves voluntary and involuntary placements
- High engagement/Recovery oriented (Peer Support)
- Multi-disciplinary treatment team
- Short-term with 16 or fewer beds
- Stabilize and restore - avoid need for inpatient hospitalization where possible
- Coordination with community-based services



# Enhanced crisis response would reduce the number of people entering the most restrictive levels of care



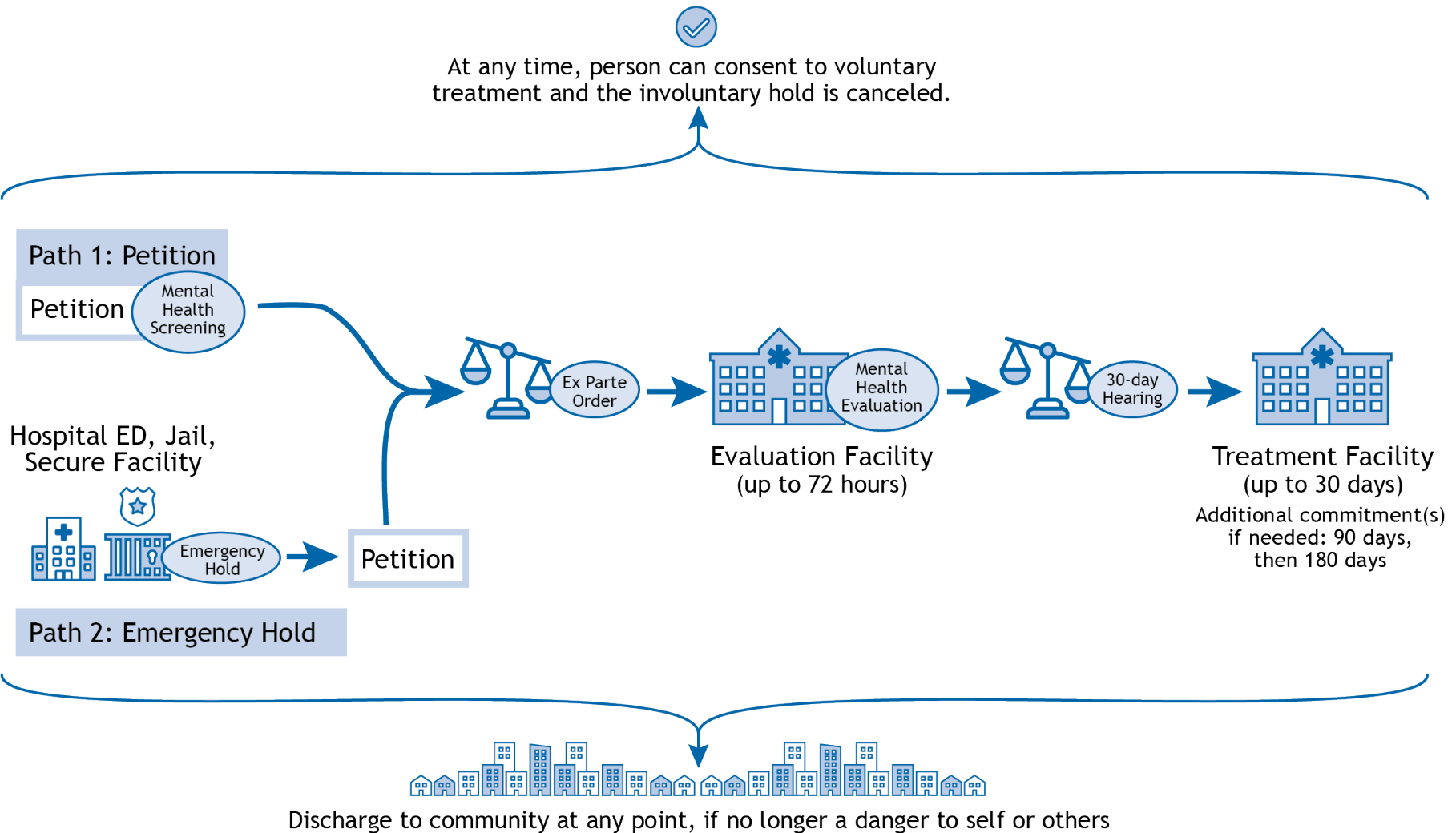
# Alaska Statute Title 47

Collaborative Approach to Improving  
our Response to Alaskans in a Behavioral  
Health Crisis

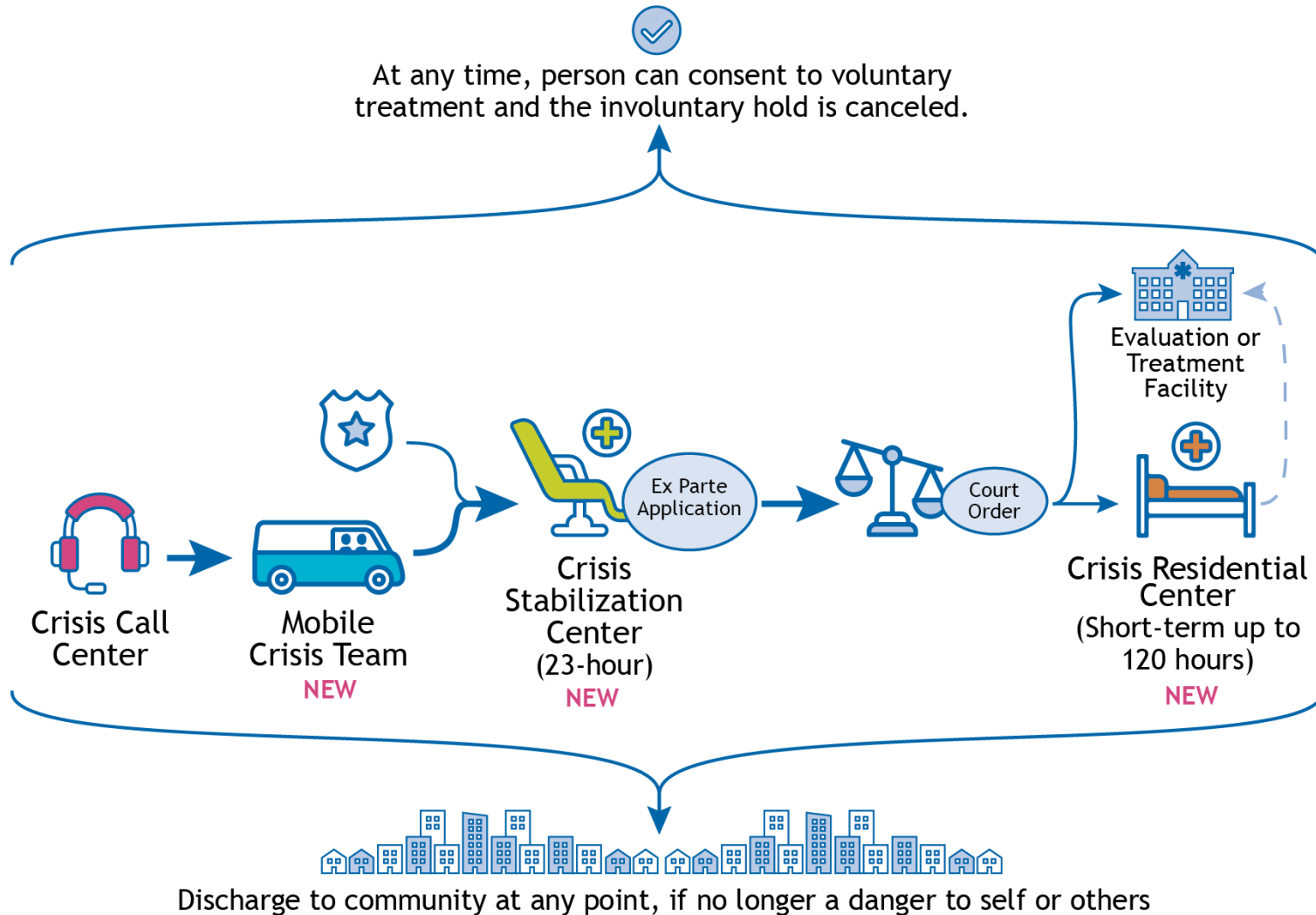
**HB172 Mental Health Facilities & Meds**

# Current Flow for Involuntary Commitment

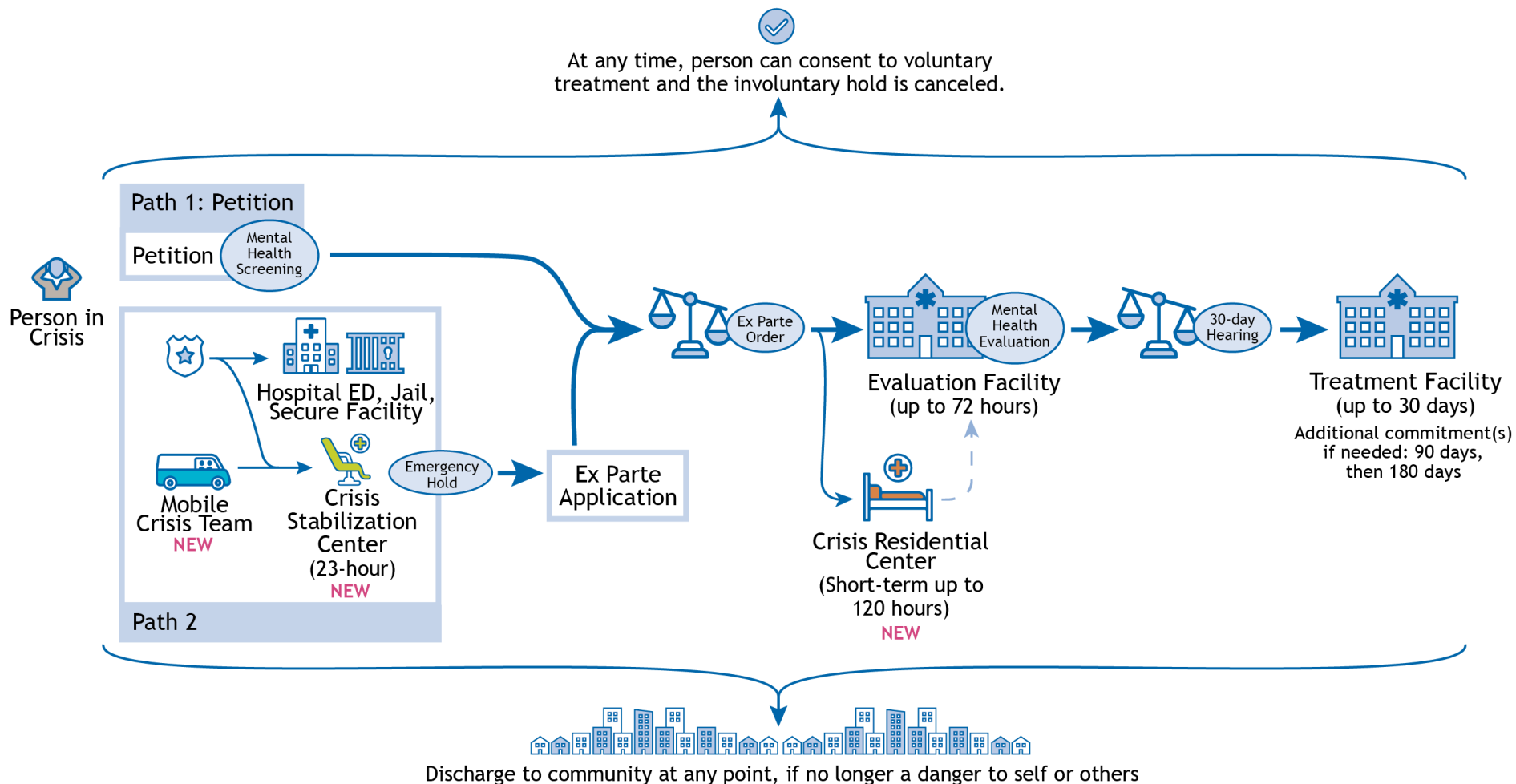
At any time, person can consent to voluntary treatment and the involuntary hold is canceled.



# Proposed Statutory Changes



# Flow for Involuntary Commitment with Statutory Changes



# Key Takeaways

## HB172 Does:

- Provide law enforcement with additional tools to protect public safety
- Expand the number of facilities that can conduct a 72-hour evaluation
- Add a new, less restrictive level of care
- Facilitate a faster and more appropriate response to a crisis, expand the types of first responders that can transport an individual in crisis to an appropriate crisis facility
- Create a “no wrong door” approach to providing medical care to a person in psychiatric crisis

## HB172 Does Not:

- Interfere with an officer’s authority or ability to make an arrest
- Change who has the current statutory authority to administer crisis medication
- Change current statutory authority for who can order an involuntary commitment
- Reduce the individual rights of the adult or juvenile in crisis; the parents’ rights of care for their child; or existing due process rights of the individual in crisis

Thank you

# Questions?

[alaskamentalhealthtrust.org/crisisnow](http://alaskamentalhealthtrust.org/crisisnow)



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