

# TRANSFORMING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

**HB 172 Mental Health Facilities & Meds**  
**House Health and Social Services Committee**

March 8, 2022



**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:

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

### *Behavioral* Health Emergency



# Building Blocks of Psychiatric Crisis System Reform

## 1) SB74 - Medicaid Reform (2016)

- ✓ Improve Access, quality, outcomes, and contain costs

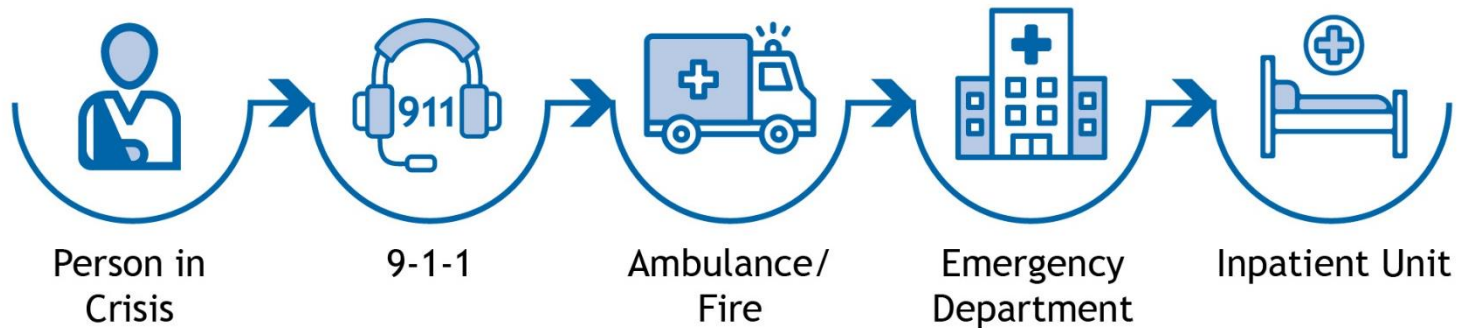
## 2) 1115 Behavioral Health Waiver

- ✓ 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

## 3) 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

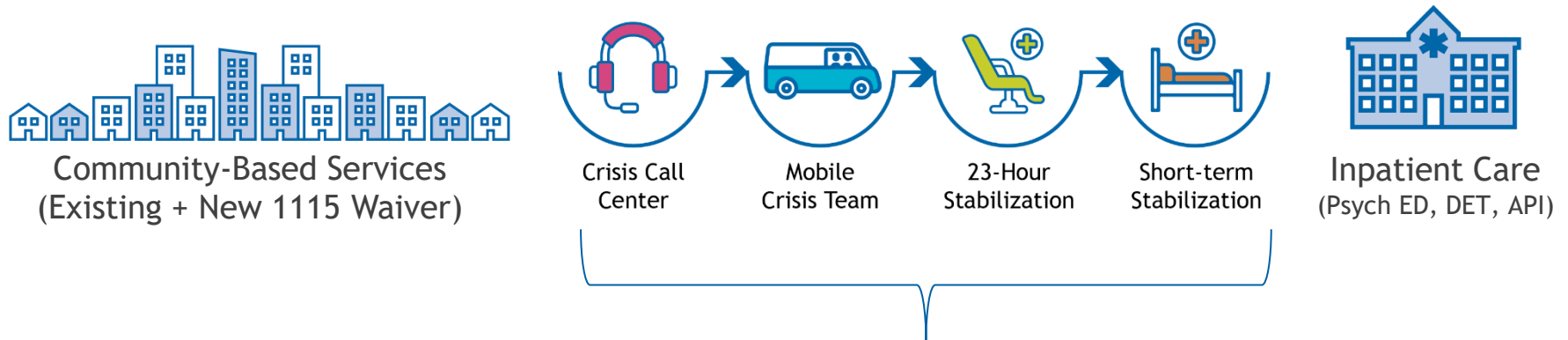
Law  
Enforcement  
and First  
Responders

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





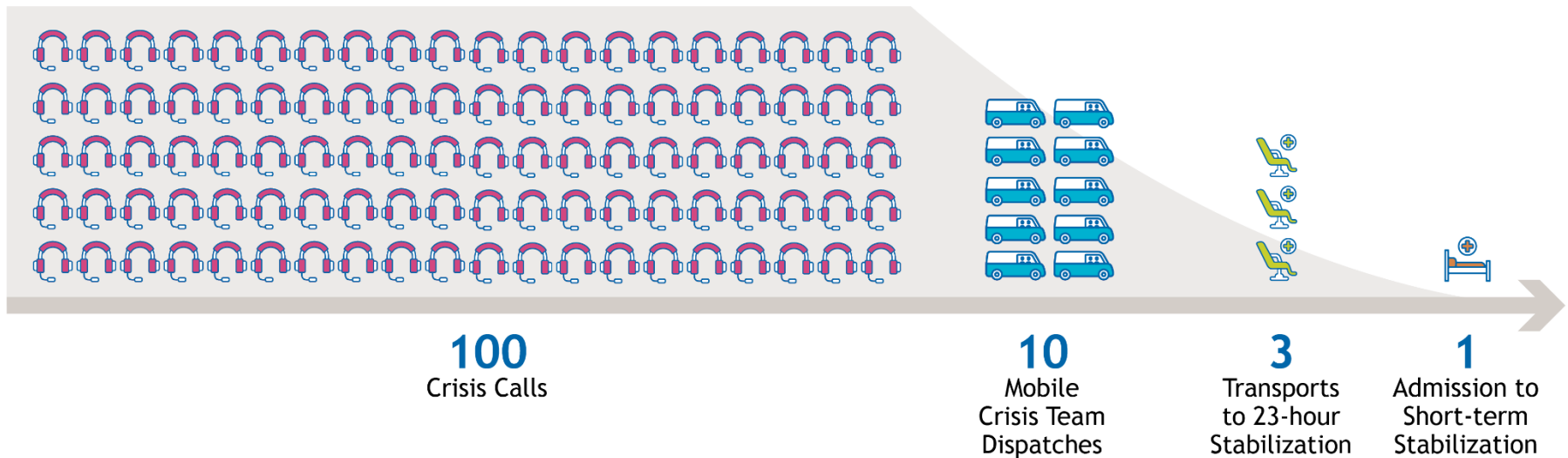
# Short-Term Crisis Residential Stabilization Center

**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 Transforming  
our Response to Alaskans in a Behavioral  
Health Crisis

**HB172 Mental Health Facilities & Meds**

# Key Takeaways

## **HB172 Does:**

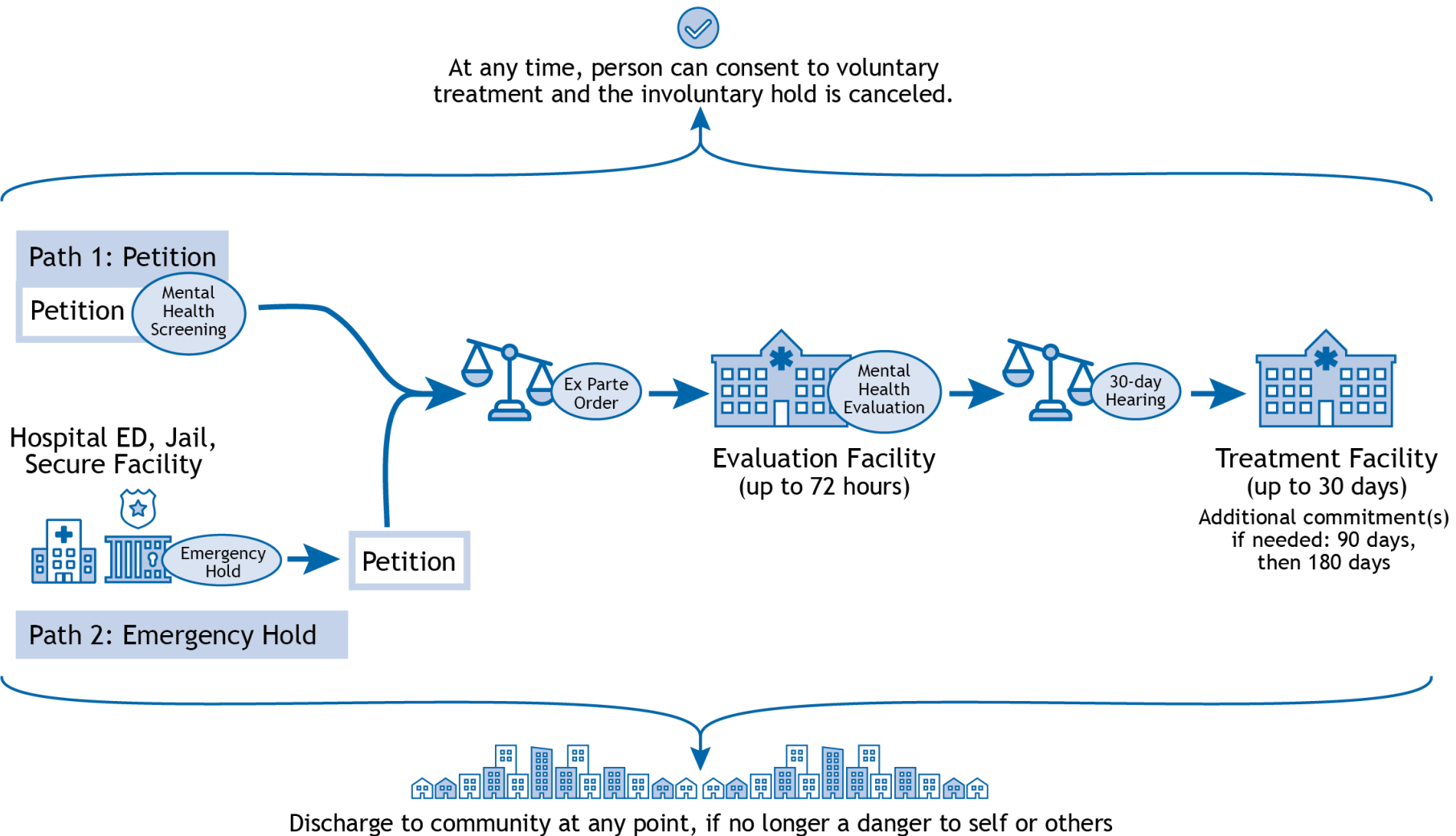
- ✓ Create a “no wrong door” approach to providing medical care to a person in psychiatric crisis
- ✓ Provide law enforcement with additional tools to protect public safety
- ✓ Expand the number of facilities that can conduct a 72-hour evaluation
- ✓ Add a new, less restrictive level of care
- ✓ Facilitate 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

## **HB172 Does Not:**

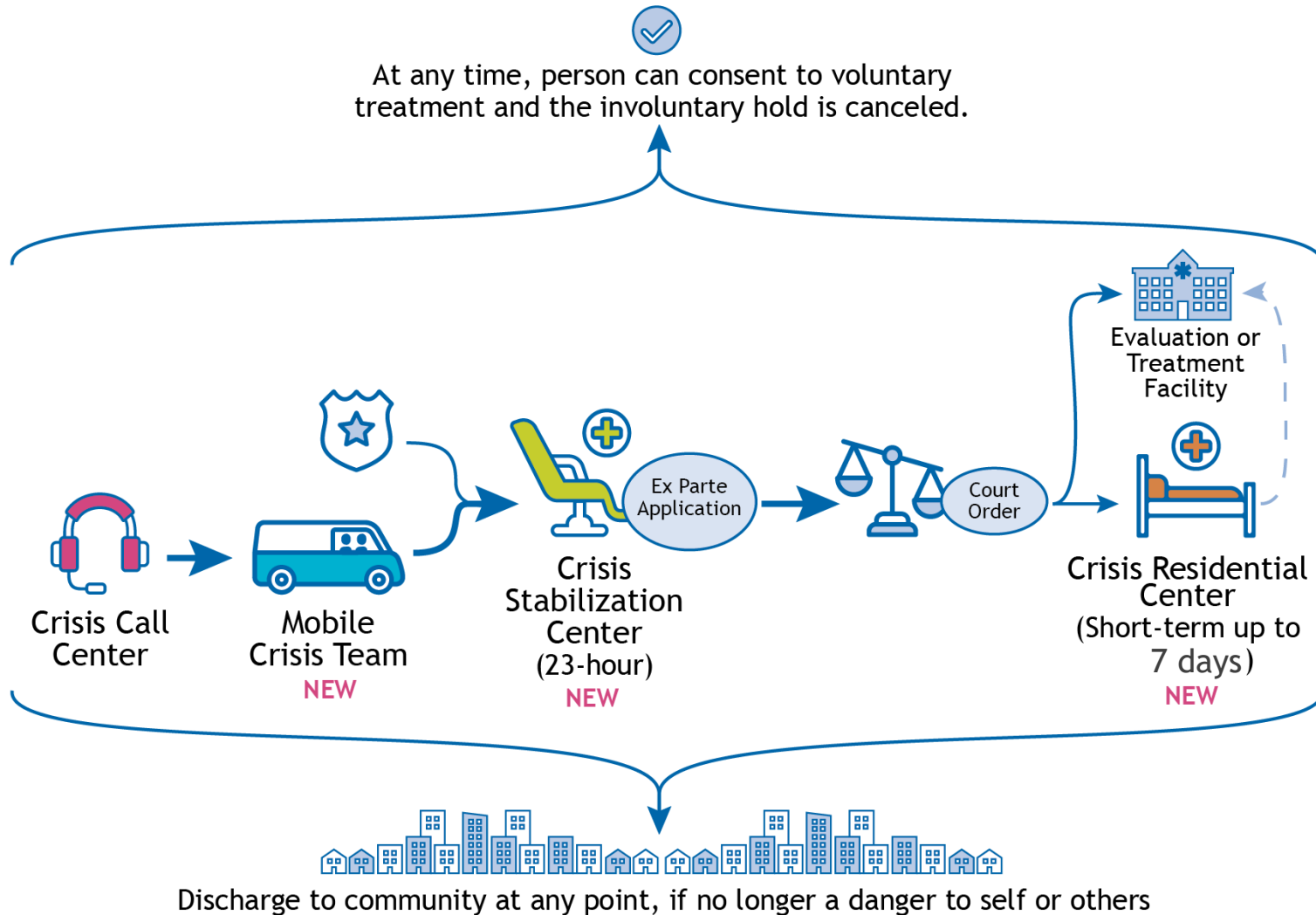
- ✓ Interfere with an officer’s authority or ability to make an arrest
- ✓ Change who has the current statutory authority to administer crisis medication
- ✓ Change current statutory authority for who can order an involuntary commitment
- ✓ Reduce the individual rights of the adult or juvenile in crisis;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

# Current Flow for Involuntary Commitment

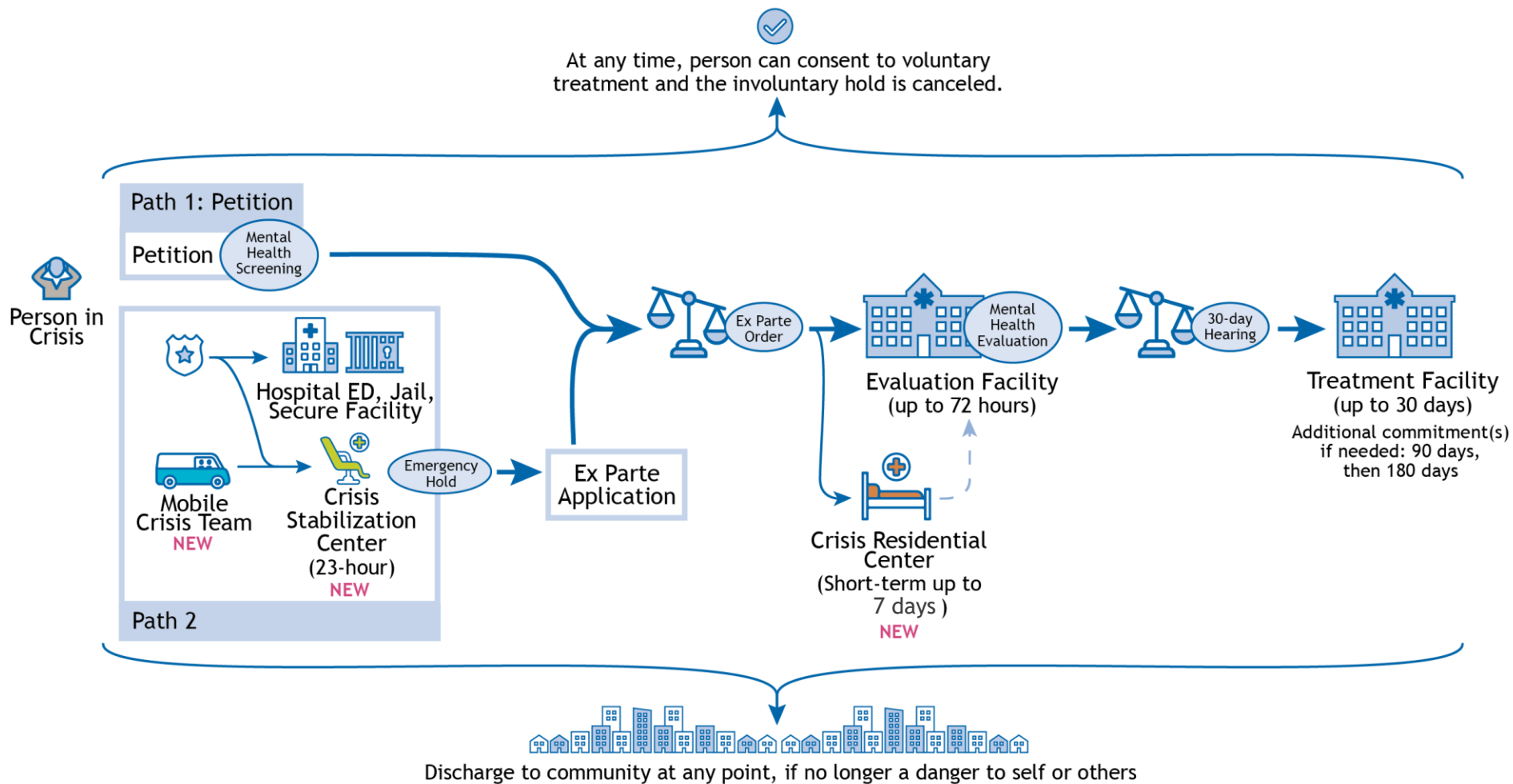
At any time, person can consent to voluntary treatment and the involuntary hold is canceled.



# Proposed Statutory Changes



# Flow for Involuntary Commitment with Statutory Changes



# (H) Judiciary Committee Substitute HB172

## Key Improvements

- 1) Adds new language for a “health officer”, newly defined in Section 22
- 2) Changes length of stay from up to 5 days to up to 7 days at a Short-term Crisis Residential Center
- 3) Adds provisions for protecting patient rights
  - ✓ 72 hrs. clock for an ex-parte hearing starts when a person (respondent) is delivered to a Crisis Stabilization or Crisis Residential Center;
  - ✓ Attorney is appointed for the respondent;
  - ✓ Court shall notify the respondent’s guardian, if any
  - ✓ Computation for seven-days at a Short-term Crisis Residential Center includes, time the respondent was receiving care at a Crisis Stabilization Center, if applicable
- 4) Adds a new section (Sec. 26) directing the Department of Health & Social Services and the Alaska Mental Health Trust Authority to submit a report and recommendations to the Legislature regarding patient rights.
  - ✓ Patient grievance and appeal policies
  - ✓ Data collection on patient grievances, appeals and the resolution
  - ✓ Patient reports of harm, restraint and the resolution



Thank you

# Questions?

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



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