Testimony on Senate Bill 124 and House Bill 172, 3/23/22

Committee Chair and committee members, My name is Dorrance Collins. There must be additions to SB124 and HB172.

The Alaska Legislature has a 60-year history of passing loosely written laws that have facilitated the mistreatment of disabled psychiatric patients.

Psychiatric patient grievance law AS47.30.847 simply states that facilities shall create a grievance procedure. The eleven rights given to psychiatric patient AS47.30.840 and the gender choice of staff for intimate care law AS18.20.095--- all three of these laws have no state enforcement mechanism and do very little to protect disabled psychiatric patients.

One of the additions to SB124 and HB172 that I am requesting should be a requirement that statistics of the number and type of psychiatric patient complaints and injuries and the number and type of traumatic events experienced by psychiatric patients be kept by psychiatric facilities and shared with the general public and the Legislature.

There is a provision in SB124 and HB172 that a study must be done to determine if the state should keep statistics, improve the grievance rights, etc. for disabled psychiatric patients. The study has already been done in states with best practice. In my opinion, the Department of Health and Social Services is simply stalling for time because they do not want to improve the rights for disabled psychiatric patients. If they did want to improve rights, they would call for an independent study that would determine if the disabled in Alaska have fair rights and protections.

As a note: Independent studies were done to determine if API should be privatized and if staff at API were properly protected. As of now there has been no independent psychiatric patient exit polls and no independent studies if the disabled are properly protected and given fair rights.

Please make these necessary additions to SB124 and HB172.

Mental Health Advocates, Dorrance Collins, 3240 Penland Pkwy, Sp. 35, Anchorage, AK. 99508 [redacted]

Testimony on HB172 and SB124, 3/23/22

To the Chair, Committee members. My name is Faith Myers, and I am with Mental Health Advocates.

To save money and protect disabled psychiatric patients, there must be additions to HB172 and SB 124.

In 2003, there was a national trend to recognize institutional trauma and the damage that it causes disabled psychiatric patients.

In my experience, the Department of Health and Social Services and others over the last decade have seriously opposed keeping and sharing statistics of institutional trauma. And the reason for the opposition lies in Medicaid/ Medicare and state Ombudsman's reports:

A young lady, a patient at the Alaska Psychiatric Institute was sexually assaulted. She was left to sit half-naked in the tv room, and then got up and wandered back to her room. The perpetrator was released with no charges. That is institutional trauma.

Staff at API were accused of turning a blind eye to patient-on-patient assaults. And it was determined that staff on patient assaults were not properly reported. In both cases, that is institutional trauma.

It was determined that patients at API were not able to file a grievance in a fair way. That in itself may not be institutional trauma, but it allows psychiatric facilities to keep secret instances of institutional trauma.

Additions need to be made to HB172 and SB124 that requires any psychiatric facility or unit where a person stays overnight and can be provided or given psychotropic medication must provide the Department of Health and Social Services the following statistics weekly: The number and type of patient injuries and the cause, the number and type of patient complaints and the resolution, the number and type of traumatic events experienced by patients within a psychiatric facility or unit as defined by being strapped to a gurney, placed in isolation, placed in restraints, including handcuffs during transportation or being physically restrained. DHSS must make the statistics readily available to the Alaska Legislature and the general public.

Mental Health Advocates, Faith J. Myers, 3240 Penland Pkwy, Sp. 35, Anchorage, AK. 99508. [redacted]

Reference Information: 2 documents:
"On being Invisible in the Mental Health System," by Ann F. Jennings, Ph.D., 1994.
"Trauma within the Psychiatric Setting; A Preliminary Empirical Report," by Karen J. Cusack, Ph.D., and others, 2003.
In the months I spent locked in the Alaska Psychiatric Institute I was often denied basic rights and unnecessarily mistreated, to the point that when I left API, I had to seek treatment for institutional trauma.
DHSS sent staff to testify against the "necessary gender choice of staff for intimate care" law, which passed in 2008.
DHSS has ignored recommendations from the state Ombudsman, the API Advisory Board and others.
Up to 47% of the individuals that are locked in a psychiatric facility will experience trauma that may cause or exacerbate post-traumatic stress disorder. PTSD is one of the costliest mental disorders in America. Keeping and sharing incidents of institutional trauma would be part of the solution.
The CEO of API once stated that patients should wait until they leave API before they receive treatment for institutional trauma, which goes against every best practice rule.
Ombudsman's Reports are available concerning API; starting in 2008—it was pointed out that DHSS had not investigated a psychiatric patient's complaint in 5 years. With a little research, all the reports are available from Disability Law Center, Medicaid/ Medicare, the state Ombudsman, etc.

Starting in the 1950's, when psychiatric patients were shipped to Oregon, there was no state accountability for what happened to patients. There was no record of the number and type of psychiatric patient complaints and injuries or the number and type of traumatic events.
Seventy years later, the state, the Legislature and others are sending patients to dozens of private, locked psychiatric facilities and units with no requirement that they keep and share necessary patient statistics.

Southcentral Foundation
Est. 1982

Vision
A Native Community that enjoys physical, mental, emotional and spiritual wellness.

Mission
Working together with the Native Community to achieve wellness through health and related services.

Customer-Owners
Serving over 65,000 Alaska Native and American Indian People

Communities Served
Anchorage Service Unit and 55 Tribes to Include:

Anchorage
Chickaloon
Eklutna
Igiugig
Iliamna
Kenaitze
Knik
Kokhanok
Matanuska-Susitna Borough
McGrath
Newhalen
Nanilchik
Seldovia
St. Paul Island
Tyonek

Services Offered
Over 90 Community-Based Programs Including:
Medical
Behavioral
Dental
Co-Own and Co-Manage the Alaska Native Medical Center

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Karen Caindec, Chairperson
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Thomas Huhndorf, Secretary
Charles Akers, Treasurer
Greg Encelewski, Sr., Director
Sandra Haldane, Director
Dr. Jessie Marrs, Director
Dr. Terry Simpson, Director
Lisa Wade, Director

President and CEO
April Kyle, MBA

Tribal Authority
Cook Inlet Region, Inc.

April 6, 2022

Governor Michael Dunleavy
Alaska State Capitol
Juneau, AK 99801
<Delivered Electronically>

RE: Support for HB172/SB 124 Mental Health Facilities & Meds

Dear Governor Dunleavy,

Thank you for introducing House Bill 172 and Senate Bill 124, the "Crisis Now" legislation. Southcentral Foundation (SCF) supports the passage of the House Judiciary Committee Substitute for House Bill 172 which establishes the legal framework for the operation of crisis stabilization and crisis residential centers throughout Alaska. I share your concern that crisis facilities, programs, and services need to be stood up across Alaska as soon as possible, especially considering the behavioral health impacts of the pandemic.

The behavioral health continuum of care in Alaska is in dire need of investment and reform. The state agencies and private sector groups that have worked to establish crisis services are to be commended. Right now, the continuum of care mostly consists of outpatient clinical services, a few hospital-based facilities, and the Alaska Psychiatric Institute (API). Alaskans facing a psychiatric emergency often cannot access care at API or hospital facilities leading to long waits in emergency departments or jails. These crisis programs will help fill major gaps in that continuum and give Alaskans the care they need in the environment that best suits them and creates a "no wrong door" approach to providing medical care to a person in psychiatric crisis.

Southcentral Foundation, together with partners in the health care system, is eager to develop programs and facilities that meet the needs of the community. In fact, SCF is currently planning and designing a crisis stabilization center on the Alaska Native Medical Center campus which we jointly manage with the Alaska Native Tribal Health Consortium as we continue to build out the behavioral health continuum. Additionally, we are planning and developing the concept of an intermediate care facility which could house a crisis residential center.

With these programs in development, the legal framework found in HB172/SB 124 is timely and passage vital for these programs to operate successfully. SCF, along with other program operators standing up these services across the state, will rely on the laws and policies that will be enacted by the legislation to run crisis services safely and effectively. SCF strongly urges passage of this bill during this legislative session to allow crisis services to meet the needs of all recipients—voluntary and involuntary—by giving clinicians the options needed to deliver care in the best way possible.

Thank you for championing House Bill 172 and Senate Bill 124. SCF stands with you and partners to urge all legislators to take the time to understand the issues facing the behavioral health system and why this is so important to accomplish this legislative session. Alaskans depend on it, please act quickly to pass this legislation into law.

Sincerely,
SOUTHCENTRAL FOUNDATION

April Kyle, MBA
President and CEO

Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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ALEUTIAN PRIBILOF ISLANDS ASSOCIATION

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CHICKALOON VILLAGE TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN INDIAN COMMUNITY

KODIAK AREA NATIVE ASSOCIATION

MANIILAQ ASSOCIATION

METLAKATLA INDIAN COMMUNITY

MT. SANFORD TRIBAL CONSORTIUM

NATIVE VILLAGE OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE OF TYONEK

NINILCHIK TRADITIONAL COUNCIL

NORTON SOUND HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL FOUNDATION

SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM HEALTH CORPORATION

VALDEZ NATIVE TRIBE

April 6, 2022

The Honorable Michael J. Dunleavy
Office of the Governor
State of Alaska
3rd Floor, State Capitol
Juneau, AK 99801

RE: Support for Committee Substitute House Bill 172

Dear Governor Dunleavy,

Thank you for introducing House Bill 172 and Senate Bill 124, the "Crisis Now" legislation. The Alaska Native Health Board (ANHB)[1] fully supports the passage of the House Judiciary Committee Substitute for House Bill 172 which establishes the legal framework for the operation of crisis stabilization and crisis residential centers throughout Alaska. We share your concern that crisis facilities, programs and services need to be stood up across Alaska as soon as possible, especially considering the behavioral health impacts of the pandemic.

The behavioral health continuum of care in Alaska is in dire need of investment and reform. The state agencies and private sector groups that have worked on establishing crisis services are to be commended. Right now, the continuum of care mostly consists of outpatient clinical services, a few hospital-based facilities, and API.

Alaskans facing a psychiatric emergency often cannot access care at API or hospital facilities leading to long waits in emergency departments or jails. Both of these locations are not staffed or designed to provide needed services to individuals experiencing a behavioral health emergency. These crisis programs will help plug major gaps in that continuum and give Alaskans the care they need in the environment that best suits them.

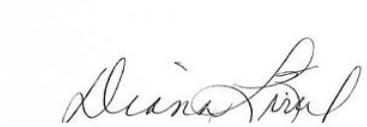
[1] ANHB was established in 1968 with the purpose of promoting the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of tribal health programs that serve all of the 229 Tribes and 180,000 Alaska Native and American Indian people throughout the state. The ATHS administers clinical and public health programs for AI/AN people throughout the state of Alaska. As the statewide tribal health advocacy organization, ANHB supports Alaska's Tribes and Tribal programs achieve effective consultation and communication with state and federal agencies on matters of concern."

Several Tribal Health Organizations are planning to develop programs and facilities that meet the behavioral health care needs of the community which includes crisis stabilization centers and crisis residential center. Southcentral Foundation is currently planning and designing a crisis stabilization center on the Alaska Native Medical Center campus which will be jointly managed with the Alaska Native Tribal Health Consortium.

With these programs in development the legal framework found in CSHB 172 is timely and passage vital in order for these programs to operate successfully. Providers standing up these services will rely on the laws and policies that will be enacted by the legislation to safely and effectively operate crisis services. ANHB strongly urges the passage of this law in this legislative session to allow crisis services to meet the needs of all recipients (voluntary and involuntary) by giving providers the options needed to deliver care in the best way possible.

Thank you for championing House Bill 172 and Senate Bill 124. ANHB stands with you and partners to urge all legislators to take the time to understand the issues facing the behavioral health system and why this is so important to accomplish this legislative session. Alaskans depend on it, please act quickly to pass this legislation into law. Should you have questions regarding our letter you may contact ANHB by e-mail at anhb@anhb.org or by phone at (907) 729-7510.

Duk'idli (Respectfully),



Diana L. Zirul, Tribally-Elected Leader, Kenaitze Tribal Council
Chair, Alaska Native Health Board
ATHC Co-Lead Negotiator, Alaska Tribal Health Compact

CC: House Finance Committee

RECOVER
ALASKA

March 28, 2022

Dear members of the House Finance Committee,

Thank you for your consideration of House Bill 172, an important piece of legislation that is critical to full implementation of the "Crisis Now" framework. Recover Alaska strongly supports HB 172 and its companion, SB 124, to enable key pieces of the Crisis Now framework to legally operate in Alaska.

Recover Alaska is a multi-sector action group working to reduce excessive alcohol use and its harms across the state. Our vision is for Alaskans to live free from the harms of substance misuse, so we are all empowered to achieve our full potential. Our organization supports effective policies and programs, from prevention to trauma-informed crisis intervention, to supporting many paths toward recovery and well-being. Mental health and substance use disorders are highly correlated, with many of the same underlying causes including exposure to trauma, genetics, and brain injuries.

Every day, people throughout Alaska experience behavioral health crises. The Alaska Careline, our state's suicide prevention crisis line, receives more than 20,000 calls annually. Alaska's suicide rate is twice the national average (DHSS Vital Statistics, 2019), so making this service easily available is critical to saving lives. When an individual experiences a behavioral health crisis in our state, they often end up in jail or in emergency departments. These settings are not designed for behavioral health crisis stabilization. Approximately 1 in 4 patients in hospital emergency departments have a behavioral health diagnosis (ASHNHA, 2019). The Crisis Now framework offers an opportunity to address behavioral health crises in an appropriate setting, with services provided by people with extensive behavioral health training.

The Crisis Now framework provides a dedicated response for people experiencing behavioral health issues and includes a crisis call center, a mobile crisis team, 23-hour stabilization and short-term stabilization and seeks to resolve crises as close to home as possible. If an individual cannot remain safe in their home or in the community, Crisis Now facilities (23-hour and short-term stabilization) are designed to accept everyone, regardless of diagnosis or willingness to engage in treatment. A core tenet of Crisis Now is "no wrong door," meaning an individual will not be turned away, regardless of diagnosis.

HB 172 and its companion SB 124 are critical parts of Crisis Now by allowing additional facility types to provide 72-hour evaluations for people held involuntarily, and expands options available to the court, if an individual needs further treatment. Under current statute, the court's only option for clients needing treatment beyond a 72-hour evaluation period is a 30-day commitment. HB 172 will provide an option for a 7-day commitment at a crisis residential center.

Implementation of Crisis Now will reduce pressure on our police departments, incarceration facilities, emergency departments and court systems. It also provides an appropriate response to a person in a vulnerable position. It is a compassionate, effective, and evidence-based approach. HB 172 will improve access to treatment throughout the state. I urge you to pass this bill and help serve people in crisis. Thank you for your consideration and your service to our state.

Tiffany Hall
Executive Director, Recover Alaska