



DISABILITY LAW CENTER

3330 Arctic Boulevard, Suite 103
Anchorage, AK 99503

www.dlcak.org

March 8, 2022

by scan and e-mail to Senate.Health.And.Social.Services@akleg.gov

The Honorable David Wilson
Chair, Senate Health and Social Services Committee
State Capitol
120 Fourth St., M/S 3100
Juneau, Alaska 99801-1182

Re: Proposed CSSB 124 (CS Work Draft V.B)

Dear Chairman Wilson and Members of the Health and Social Services Committee:

Thank you very much for the opportunity to testify and to present written testimony about the significant revisions to SB 124, which follow from the House Judiciary Committee's substitute for its HB 172.

The overall purpose of SB 124 is to build into Alaska law support for the Crisis Now system of helping people who are experiencing mental health crises. Crisis Now would supplement, and to some extent replace, a current system where much short-term treatment depends on involuntary holds at, or outside, a limited number of evaluation facilities, whose main mission is to see whether someone ought to file a petition for the person to be committed to a treatment facility for up to 30 days. This system is cumbersome, subject to delays, and has resulted in people being held in hospital emergency rooms and even jails awaiting admission to an evaluation facility – which led to our court case, filed in the fall of 2018 and settled in summer 2020.

As we noted last year, 2021, SB 124 would make it much easier for people in crisis to get short-term mental health treatment, and would help to ensure that if someone may need civil commitment, the person's wait can be at a crisis residential center which can provide some of the services the person needs.

The new version of SB 124 makes this process simpler and more rational, and does a better job of protecting people's rights.

One major improvement is the clarification that in every case where someone wants to hold a person involuntarily for more than a few hours, there will be a court order providing the person with a court-appointed lawyer. That was an issue with last year's versions, and this year's version fixes it.

A second major improvement is that no matter where you go – a crisis residential center or an evaluation facility like API, Fairbanks Memorial, or Bartlett – if the system wants to hold you for more than 72 hours, there needs to be a hearing within those 72 hours at which the petitioner will have to show why you should continue to be held, as dangerous to yourself or others or as gravely disabled, and you and your lawyer can argue against your being held any longer than 72 hours.

THE PROTECTION AND ADVOCACY SYSTEM FOR THE STATE OF ALASKA

Phone (907) 565-1002

1-800-478-1234

Fax (907) 565-1000

In our view that is an acceptable trade-off for another change in the bill, which is extending the maximum involuntary stay at a crisis residential center to seven days. You would only be subject to the second half of that seven-day stay if a court had authorized this after a hearing at which you and your lawyer could participate.

The new version of the bill now calls for a report, from the Trust and the Department, about the statutes that govern patient rights and possible improvements to them. Disability Law Center looks forward to being part of the diverse stakeholder group identified in the committee substitute. We think that this will be a valuable step forward in protecting patient rights. We also think the time to move forward with a Crisis Now bill is now, this session. As modified, SB 124 is a good bill, the changes over the interim and in House Judiciary have improved it, and we at Disability Law Center urge you to enact it.

Sincerely,



Mark Regan
Legal Director



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Public Safety

OFFICE OF THE COMMISSIONER
James E. Cockrell

5700 East Tudor Road
Anchorage, Alaska 99507-1225
Main: 907.269.4542

150 3rd Street
PO Box 111200
Juneau, Alaska 99811-1200
Main: 907.465.4322
Fax: 907.465.4362

March 8, 2022

The Honorable David Wilson
Chair, Senate HSS Committee
Alaska State Capitol Room 121
Juneau AK 99801-1182

The Honorable Shelley Hughes
Vice-Chair, Senate HSS Committee
Alaska State Capitol Room 30
Juneau, AK 99801-1182

Subject: Letter of Support for SB 124 Mental Health Facilities & Meds

Dear Chair Wilson, Vice-Chair Hughes, and Members of the Senate Health & Social Services Committee:

I write to you to express the Department of Public Safety's (DPS) support for Senate Bill 124.

DPS views law enforcement's response to mental health calls as a serious priority and supports subacute mental health facilities for people experiencing mental health crises. Troopers often respond to incidents where people are experiencing suicidal thoughts, manic or delusional episodes, depression, or situations where the person isn't safe due to consumption of drugs or alcohol and poses a risk of harm to themselves or others.

These interactions present challenges for law enforcement officers who often must choose between taking the person to the hospital or to jail, when neither seems appropriate. For law enforcement officers, these situations can create tension between their duty to serve and their duty to protect.

Trooper investigations sometimes reveal no crime, but the subject needs immediate assistance; this type of occurrence is when a crisis stabilization center can offer an alternative to inappropriate placement in jails, full-scale medical services, or being left to suffer.

First responders spend excessive amounts of time waiting to make transfers at emergency holding places. This can be difficult and frustrating for officers and yet is a common experience many State Troopers face. Often an officer is seeking care for an individual in crisis, who has not committed a crime, but must keep them in their custody until they are able to find a safe disposition. This means that person is in handcuffs in the back of a law enforcement vehicle.

Troopers respond to rapidly evolving situations and must use the tools, facilities, and services available at the time. This bill creates additional options that are a better resource for the individual in crisis and an additional option for promptly connecting people to the care needed, enabling law enforcement to efficiently get back to community public safety.

Under the proposed statutory changes law enforcement would be able to take individuals in mental health crisis to 23-hour crisis stabilization centers or crisis residential centers as an additional option to local emergency rooms or jail.

SB 124 will ensure people get appropriate care swiftly, keep them out of jails and emergency rooms, and minimize the impact on first responders.

Through training and collaboration with stakeholders, the centers described in SB 124 are the best place to take a person in mental health crisis who is perceived to be a harm to themselves or others. This is an enhancement to our existing options in the community which are limited by what currently exists in law.

I urge your prompt and favorable action on this bill.

Sincerely,



James E. Cockrell
Commissioner



3760 Piper Street
P.O. Box 196604
Anchorage, AK 99508
t: (907) 562-2211
providence.org

March 8, 2022

The Honorable Senator David Wilson
Chair, Senate Health & Social Services Committee
State Capitol, Room 121
Juneau, AK 99801

Electronic Letter

RE: Providence Alaska Supports Senate Bill 124: MENTAL HEALTH FACILITIES & MEDS

Dear Senator Wilson,

Providence Alaska has set the standard for modern health care in Alaska for more than 100 years. Today we remain the state's largest health care and behavioral health provider, and the largest private employer, with nearly 5,000 caregivers across Alaska. As the Regional Director of Behavioral Health for Providence Alaska, I write in support of Senate Bill 124.

Alaskans experiencing behavioral health crisis face a fractured and often frustrating lack of available services. Multiple stakeholder groups comprised of providers, hospitals, tribal health, advocacy groups and government have been collaborating to find solutions and to begin building out our continuum of care. There is no one solution, but rather a series of steps that must be taken to address the growing need and to safely care for Alaskans experiencing behavioral health struggles.

SB 124 is an opportunity for system transformation and to build on the growing momentum and stakeholder engagement to better serve the most vulnerable Alaskans.

The reality is that individuals who are experiencing a mental health crisis or an acute behavioral health problem are often not in an appropriate care environment. We struggle with an inadequate system of care that forces many Alaskans to languish and for their health to worsen while waiting for appropriate treatment. Emergency medical services, hospital emergency departments, and law enforcement are being relied on to serve individuals experiencing a behavioral health crisis. Already crowded emergency rooms serve as a holding place with the hope that a bed or treatment option may open in another facility. As a result, some spend upwards of two-weeks, in a windowless emergency room, waiting for treatment options or to begin a path toward recovery. This broken system is not only more costly, but also prevents the delivery of the right care at the right time.

The right care at the right time

SB 124 allows for the expansion of crisis stabilization centers and allows more time for stabilization. A medical examination is provided by a mental health professional within three hours of an individual's arrival at the center. This includes both mental health and substance use disorders. Under the current system, many Alaskans in crisis are never seen by a mental health professional and they rarely get care for both a substance use disorder and mental health diagnosis. Crisis stabilization centers offer prompt care for people who need immediate support and observation and to improve symptoms of distress. The goal is to resolve crisis and to avoid not only the emergency department and/or unnecessary incarceration, but to reduce suffering resulting from a lack of supports.

Extending the timeframe to stabilize, and to identify and engage in a treatment plan, from 72 hours to 120-hours can reduce commitments by allowing for more time for stabilization. With more time available to focus on deescalating the existing crisis, there is greater support for the transition to a voluntary and comprehensive treatment plan. These are critical steps toward recovery and avoiding repeated crisis and readmission.

Supporting the Alaska Psychiatric Institute

Crisis stabilization centers combine a community behavioral health model of care and a safe setting designed to care for people in acute behavioral health crisis. Designing a model that allows for crisis stabilization care delivery for up to 7 days supports the Alaska Psychiatric Institute by reducing potential transfers to API. More than half of API stays are 7-days or less; even if a fraction of these clients could be served in crisis stabilization centers, there would be decreased demand on API to provide short-stay services, allowing for the state psychiatric hospital to be available for Alaskans who need long-term treatment.

API is the only in-state provider of long-term and higher-acuity care, yet more than half of their clients can be better served in the community. The short-stay model at API as resulted in a high-volume of highly acute patients in large units, coupled with quick turnovers of patients without sufficient time to fully stabilize them. The recent Ombudsman report ¹ highlighted this model as contributing to unsafe working conditions.

The U.S. Supreme Court determined that under the Americans with Disabilities Act, individuals with mental disabilities have the right to live in the community, rather than in institutions. Anchorage Superior Court Judge William Morse ruled in 2019² that Alaska's practice of detaining people held on civil psychiatric holds in jails due to API's inability to treat them, has caused irreparable harm and it should end. Caring for Alaskans in community-based crisis stabilization centers, reduces API volume and frees the state facility to serve the most acute and chronically ill. This helps fulfill the requirements of the Morse settlement agreement and SB 124 is a step toward decriminalizing mental health, providing the ability to stabilize and treat those in severe crisis closer to home.

¹ [February 2022 Ombudsman Investigation Alaska Psychiatric Institute](#)

² [October 2019 Anchorage Superior Court Judge William Morse Ruling](#)

Path toward transformation and better serving Alaskans

Providence Alaska has partnered with the Alaska Mental Health Trust Authority, Southcentral Foundation, Anchorage emergency medical services, the Anchorage Police Department, and other key stakeholders to advocate for change. As part of this process, we have evaluated and planned for an intentional design of low-to-no barrier crisis stabilization services. Providence is working to become the designated (non-tribal health) Crisis Now stabilization provider in Anchorage. We have pledged and invested significant resources because we know this is the right thing to do for our most vulnerable friends, neighbors, and family members. But we need your help to allow this vision to take shape.

SB 124 allows us to begin the transformation process and to better serve Alaskans. We can build on the exciting partnerships and momentum coming together to create a better vision and to better care for Alaskans with behavioral health conditions across the State of Alaska.

Thank you for your service to our state and I encourage support of SB 124.

Sincerely,

A handwritten signature in black ink that reads "Renee Rafferty". The script is fluid and cursive, with the first name "Renee" and last name "Rafferty" clearly legible.

Renee Rafferty, MS, LPC
Regional Director of Behavioral Health Services
Providence Alaska

Cc: Steve Williams, Alaska Mental Health Trust Authority
Katy Baldwin-Johnson, Alaska Mental Health Trust Authority
April Kyle, Southcentral Foundation
Michelle Baker, Southcentral Foundation
Tom Chard, Alaska Behavioral Health Association
Jared Kosin, Alaska State Hospital and Nursing Home Association
Commissioner Adam Crum, Alaska Department of Health & Social Services
Heather Carpenter, Alaska Department of Health & Social Services



American College of
Emergency Physicians®

ALASKA CHAPTER
ADVANCING EMERGENCY CARE 

The Honorable Mike Dunleavy
Governor
3rd Floor, State Capitol
Juneau, AK 99801

Dear Governor Dunleavy:

Thank you for introducing HB 172/SB 124. We represent members of the Alaska Chapter of the American College of Emergency Physicians (ACEP). We strongly support the Crisis Now model of mental health crisis care and support passage of this bill which would help facilitate adoption of this model in Alaska.

Alaska, as well as much of the US, is facing a trend of increasing mental health crises. Emergency department visits have increased for mental health emergencies. There is also not enough capacity to care for these patients at other acute facilities which results in patients boarding for days and in extreme cases weeks in an Emergency Department room. These types of emergencies include patients with depression, suicidal ideation, suicide attempts, psychosis, behavioral disorders and substance use disorders. Often these patients are at risk of immediate harm to themselves or others.

For patients in mental health crisis, prolonged stays in the emergency department are less than ideal and can often worsen the underlying mental health issues. Usually for patient and staff safety the patients are kept in secure rooms with little interaction with peers and are provided minimal therapy while awaiting assessment and transfer to appropriate mental health facilities. Emergency departments have done their best to accommodate these patients but are tasked with providing many other types of medical care and are not designed to be optimal therapeutic environments for multi day stays for patients experiencing an acute mental health crisis.

The large increase in visits for mental health emergencies and delayed transfer of these patients to appropriate facilities has been very taxing for emergency departments. These patients often have longer stays in the emergency department and consume more resources than other patients which disrupts care to patients visiting the emergency department for medical emergencies. These patients require 1:1 observation, which takes a dedicated ED Tech or Nurse away from being able to care for other ED patients. When beds are occupied for multiple days, waiting rooms fill up with patients who are sick or injured awaiting evaluation. Law enforcement and EMS personnel have also spent more time and resources with individuals

in mental health crisis diverting them from other emergent situations and duties in the community.

Implementation of the Crisis Now model, which includes crisis stabilization centers, in other states has been proven to be beneficial first and foremost for patients in mental health crisis. These environments are designed to be optimized for mental health, allow space for cooling off and deescalation, and have the right services for either a short or prolonged stay. This leads to improved outcomes for these patients with more rapid resolution of their crisis. It also has enhanced the delivery of vital emergency department, law enforcement, and EMS operations for the community. Law enforcement and EMS resources have been more available to the community for other emergencies. Emergency departments have had increased capacity to treat other conditions as well.

As part of ensuring the safety of patients in mental health crisis and staff members who treat these patients it is essential that staff have access to medications and restraints when necessary for patients in extreme crisis. As emergency physicians we daily treat patients in mental health crisis and have all regularly witnessed injuries to both patients and staff and significant property destruction from patients in extreme crisis. Utilizing physical and chemical restraints is a tool of absolute last resort after all other interventions have failed, but unfortunately there are times when these less restrictive interventions do fail. The experience of crisis stabilization centers in other states has actually shown a decrease in the rates at which these interventions are needed, due to the fact that these environments are tailored to the care of these patients.

The medications used for acute stabilization of patients in extreme mental health crisis with violent behavior are used only briefly to calm and sedate the patient in order to ensure the safety of the patient and treating staff. Often only a single dose of the medication is required. These medications have been shown to be very safe and effective. Many of these medications are used to provide sedation for procedures or surgery or are used to treat other conditions like migraine headaches, and nausea/vomiting.. While the goal of treating patients in a mental health crisis is to use physical or chemical restraints as little as possible, they are vital tools for safe operation of a crisis stabilization center and we are pleased to see these facilities are given this tool in this statute.

Again we strongly support HB 172/SB 124 and are grateful for its introduction. We believe that it will pave the way for improving treatment of Alaskans experiencing mental health crises and enhance emergency department, law enforcement, and EMS capacity . There will still be work to do to make sure these patients get ongoing outpatient non-crisis care, have safe housing, as well as treatment for co-occurring substance use disorders, but this is an important step on the way to optimizing mental health care in Alaska.

Thank you for your time,
Thomas Quimby MD

Thomas Quimby MD

American College of Emergency Physicians (ACEP), Alaska Chapter Vice President

Nicholas Papacostas MD



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ACEP, Alaska Chapter President

cc: Commissioner Adam Crum
Akis Gialopsos, Legislative Director
Heather Carpenter, Health Care Policy Advisor

Signature: Thomas Quimby
Thomas Quimby (Mar 11, 2022 22:11 AKST)

Email: tom.quimby@gmail.com

Alask ACEP Crisis Now Support

Final Audit Report

2022-03-12

Created:	2022-03-11
By:	Nicholas Papacostas (npapacostas@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAIEkRTJKKSikmfihdh3SOlbzyfkCzXbff

"Alask ACEP Crisis Now Support" History



Document created by Nicholas Papacostas (npapacostas@gmail.com)

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ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION

Electronic Mail

March 15, 2022

Senator David Wilson, Chair
Senate Health and Social Services Committee
State Capitol Building
120 4th Street
Juneau, AK 99801

RE: ASHNHA Supports Senate Bill 124

Dear Senator Wilson:

The Alaska State Hospital & Nursing Home Association (ASHNHA) is a membership organization representing Alaska's hospitals, nursing homes, home health and hospice agencies, and other health care partners. Our mission is to advance the shared interests of the health care industry to build an innovative, sustainable system of care for all Alaskans.

ASHNHA supports SB 124, which seeks to implement crisis stabilization services that will prove critical to improving Alaska's behavioral health system and our overall continuum of care. Allowing for facilities to support individuals in behavioral health crisis situations will offer additional supports to those in need, reduce stigma surrounding mental health, and promote resilience within our community by meeting people where they are in their darkest moments.

Alaska's hospitals see the impact of mental health crises every single day. The lack of availability of behavioral health services translates to challenges for finding an appropriate placement, and often results in patients waiting in hospital emergency departments for days and sometimes weeks until care becomes available.

Stakeholder groups comprised of providers, hospitals, tribal health, advocacy groups and government have been collaborating to find solutions and to begin building out Alaska's behavioral health continuum of care. There is no single solution, but rather a series of steps that must be taken to address the growing need to safely care for Alaskans experiencing behavioral health struggles. SB 124 is one such critical step to addressing these growing needs and advancing system transformation.

We urge the swift passage of SB 124 to allow for a more robust continuum of behavioral health care services for our communities. Thank you for your consideration and service to our state.

Sincerely,

Jared C. Kosin, JD, MBA
President & CEO



March 17, 2022

Senator David Wilson, Chair
Senate Health and Social Services Committee
Alaska State Senate
Juneau, Alaska 99801

Re: Testimony in support of HB172/SB 124 – Subacute Treatment Facilities

Dear Senator Wilson and members of the Senate Health and Social Services Committee,

Please include this testimony in support of Senate Bill 124/House Bill 172 regarding Subacute Treatment Facilities into the Senate HSS committee records.

NAMI Alaska is part of NAMI, the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

In fact, mental illness affects more than 1 in 5 adults (50 million people) in the U.S. In Alaska, that translates to over 108,000 individuals – more than three times the population of Juneau! We know first-hand how those with mental health challenges can struggle with an inadequate system of care, especially those who are experiencing a behavioral health crisis. Emergency rooms and jails are not the appropriate 'holding rooms' to assist those individuals who need professional evaluation and treatment in an expedient fashion. We need to reimagine our crisis response system to one that offers help, not handcuffs.

Subacute treatment facilities, (or crisis stabilization centers) are a proven care alternative offering prompt support and evaluation to assist with the real issues of why the individual was brought there in the first place, evaluating what resources they may require, and taking steps to help resolve their mental health challenges.

We support the work of the Alaska Mental Health Trust Authority and the collaborative efforts of multiple stakeholders including emergency service responders, hospitals and health care providers, and Trust beneficiaries throughout the state who are a part of making the *Crisis Now* initiative work in their communities. There is still much work to be done, and this legislation is an important step in the continuum of care for mental health. We look forward to a future where this type of behavioral health system is in place throughout Alaska.

We strongly support HB172/SB124 and ask you to support this important legislation.

Respectfully,

Ann Ringstad, MPA
Executive Director

NAMI Alaska • PO Box 201753 • Anchorage, AK 99520-1753
(907)277-1300 • Fax (907)277-8456 • alaskanami@gmail.com

cc: Steve Williams, CEO, Alaska Mental Health Trust Authority
Katie Baldwin-Johnson, Senior Program Officer, Alaska Mental Health Trust Authority

NAMI (*National Alliance on Mental Illness*) is the nation's largest grassroots mental health organization dedicated to building better lives for millions of Americans affected by mental illness. Our mission is to end the stigma of mental illness. NAMI advocates for access to mental health services, treatment, support, and research and is committed to raising awareness and building hope. NAMI Alaska is the statewide umbrella organization for Alaska's four local and regional NAMI Affiliates including NAMI Anchorage, NAMI Fairbanks, NAMI Juneau and NAMI North Slope. As the state chapter, NAMI Alaska has helped people affected by mental illness since 1984. We envision a state where all people affected by mental illness live healthy, fulfilling lives supported by a caring, culturally sensitive community.

Tom Chard
Chief Executive Officer
Alaska Behavioral Health Association (ABHA)
P.O. Box 32917 Juneau, Alaska 99803
907-321-5778
tom@alaskabha.org



March 16, 2022

Esteemed Members of Senate Health and Social Services:

The Alaska Behavioral Health Association (ABHA) is committed to advancing access to quality, cost-effective mental health and substances abuse treatment for all people in need across the state, whether in remote, rural, or urban areas. ABHA supports the SB124 (ver. A) because it is an opportunity for system transformation and the much-needed growth & investment in community behavioral health services.

Alaska's current system of care is inadequate, fragile and unable to provide crisis care effectively. Currently, law enforcement, emergency medical services, and hospitals are relied on to serve individuals experiencing a behavioral health crisis. Superior Court Judge William Morse ruled in 2019 that Alaska's practice of detaining people held on civil psychiatric holds in jails due to API's inability to treat them, has caused irreparable harm and it should end. SB124 seeks to support the development of new services that can grow within the community behavioral health footprint, ensuring that community members receive timely behavioral health care.

We support the efforts of SB124 because it is a great step forward in creating a new vision for the system of care. The escalating costs communities pay for not investing in a comprehensive crisis system are unsustainable; manifesting as demands on law enforcement, other first responders, justice systems, emergency departments, service providers of all types, and public and private payers.

ABHA supports the efforts of the Department of Health & Social Service and the Alaska Mental Health Trust Authority in bringing the community together to evaluate the challenges in the system of care, creating a broad vision for change, and working to develop SB124. Engagement and collaboration with ABHA and the behavioral health providers will help ensure the goal of the legislation is successfully implemented and behavioral health emergencies are treated effectively. Please reach out to us with questions about the impact of bill or any behavioral health concern.

Thank You,

A handwritten signature in blue ink, appearing to read "Tom Chard", is located below the "Thank You," text.

Tom Chard
Chief Executive Officer (CEO)
Alaska Behavioral Health Association (ABHA)



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

**Department of
Health and Social Services**

GOVERNOR'S COUNCIL ON DISABILITIES
& SPECIAL EDUCATION

550 W. 7th Avenue, Suite 1230
Anchorage, Alaska 99501
Main: 907.269.8990

April 19th, 2022

Senator Roger Holland
Chair, Senate Judiciary Committee
Via Email: Senator.roger.holland@akleg.gov

RE: SB124 – Mental Health Facilities & Meds

Senator Holland,

The Governor's Council on Disabilities and Special Education (the Council) fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the state DD Council, the Council works with Senior and Disabilities Services and other state agencies to ensure that people with intellectual and developmental disabilities (I/DD) and their families receive the services and supports that they need, as well as participate in the planning and design of those services. Our council membership is composed of self-advocates and family members of individuals with intellectual and development disabilities (60%), as well as agency and partner representatives (40%). One of the duties of the state DD Council is providing comments on proposed recommendations that may have an impact on individuals with intellectual and/or developmental disabilities and their families.

We want to offer a strong statement of support for SB124 and urge legislators to pass it.

It has been recognized that many in Alaska are suffering from mental health crises, and often those individuals wind up in the criminal justice and penal systems. Our current system is overly reliant on having law enforcement respond to crisis situations. Despite increased emphasis on responder training and supports, many law enforcement officers are neither equipped nor trained to properly deliver mental health crisis care and their presence often increases the stress and anxiety of an individual in crisis and can be stigmatizing.

There is a better way. Systemic quality crisis care includes high tech crisis call centers, non-law enforcement mobile crisis response teams, crisis stabilization centers, and the community. These quality crisis systems can be further enhanced by harnessing data and technology, drawing on the wisdom of individuals with lived experience, delivering services where the person is, and providing evidence-based suicide prevention and mental health care. Perhaps the most potent element of this system is the increased emphasis on the humanity of those who are most vulnerable.

Sincerely,

Myranda Walso

Myranda Walso
Executive Director, GCDSE

A handwritten signature in black ink, appearing to read "Art DeLaune".

Art DeLaune
GCDSE Legislative Committee Chair



April 11, 2022

Senate Health and Social Services Committee
Alaska State Capitol
Juneau, AK. 99801

Dear Senators Wilson, Hughes, Costello, Reinbold and Begich,

On behalf of the Mat-Su Health Foundation and its Board of Directors, I am writing to express support for SB 124, "Mental Health Facilities and Meds." The Mat-Su Health Foundation shares ownership in Mat-Su Regional Medical Center and invests its profits from that partnership back into the community to improve the health and wellness of Alaskans living in the Mat-Su.

Over the last several years the Mat-Su Health Foundation (MSHF) published three reports examining the care that Borough residents receive when they are experiencing a behavioral health crisis. The reports were the result of an ongoing research project called a Behavioral Health Environmental Scan (BHES). It was conducted in response to the foundation's 2013 Community Health Needs Assessment that ranked mental and emotional health and substance abuse as the Borough's highest-priority health concerns.

The first report in the BHES report focused on the Mat-Su's crisis response system, which includes ambulances, law enforcement, and hospital emergency rooms. The report demonstrated that the current system of care is not adequately meeting the needs of local residents seeking behavioral health treatment. Many people do not receive behavioral health care until they have reached the point of crisis. Care provided to individuals who are in crisis in an emergency department is often less effective than other types of care provided in a nonhospital setting by behavioral health professionals, yet there are gaps in the availability of these services. Based upon this data gathered for the study, thirteen recommendations were presented in the report. Many of those recommendations have already been implemented, including Medicaid Expansion to make behavioral health care available to more people, the provision of crisis intervention team training for law enforcement and emergency responders, hospital and other crisis system staff, and trauma-informed training for first responders. Transformation of the behavioral health crisis system according to the "Crisis Now" model is the next logical step, and SB 124 lays the groundwork for this.

SB 124 will give law enforcement and first responders an appropriate option for people in crisis to receive short-term mental health treatment quickly, keeping them out of jails and emergency rooms, and better serving the needs of both the person in crisis and the first responders dispatched to help them. This collaborative "no wrong door" approach will expand the number of facilities that can conduct a 72-hour evaluation, add a new, less restrictive level of care, and lead to faster, more appropriate response to crisis events.

We thank you in advance for moving this important legislation forward.

Sincerely,

Elizabeth Ripley
President and CEO