



# DISABILITY LAW CENTER

3330 Arctic Boulevard, Suite 103  
Anchorage, AK 99503

[www.dlcak.org](http://www.dlcak.org)

March 7, 2022

by scan and e-mail to [House.Health.And.Social.Services@akleg.gov](mailto:House.Health.And.Social.Services@akleg.gov)

The Honorable Liz Snyder  
The Honorable Tiffany Zulkosky  
Co-Chairs, House Health and Social Services Committee  
State Capitol  
120 Fourth St., M/S 3100  
Juneau, Alaska 99801-1182

Re: CSHB 172 (JUD)

Dear Co-Chairs Snyder and Zulkosky 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 HB 172, which have led to the Judiciary Committee's substitute now pending before you.

The overall purpose of HB 172 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, HB 172 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 HB 172 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 Judiciary Committee substitute 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. CSHB 172 (JUD) 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



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

March 7, 2022

The Honorable Representative Liz Snyder  
Co-Chair, House Health & Social Services Cte  
State Capitol Room 421  
Juneau, AK 99801

The Honorable Representative Tiffany Zulkosky  
Co-Chair, House Health & Social Services Cte  
State Capitol Room 416  
Juneau, AK 99801

Electronic Letter

RE: Providence Alaska Supports House Bill 172: MENTAL HEALTH FACILITIES & MEDS

Dear Representatives Snyder and Zulkosky,

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 House Bill 172.

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.

HB 172 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**

HB 172 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 <sup>1</sup> 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 2019<sup>2</sup> 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 HB 172 is a step toward decriminalizing mental health, providing the ability to stabilize and treat those in severe crisis closer to home.

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<sup>1</sup> [February 2022 Ombudsman Investigation Alaska Psychiatric Institute](#)

<sup>2</sup> [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.

HB 172 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 HB 172.

Sincerely,

A handwritten signature in black ink that reads "Renee Rafferty". The script is cursive and fluid, 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  
Heather Carpenter, Alaska Department of Health & Social Services

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



Esteemed Members of House 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 services to all people in need across the state, whether in remote, rural, or urban areas. ABHA supports the CSHB 172/B 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. CSHB 172 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 CSHB 172 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 CSHB 172. 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 positioned above the printed name.

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



## Electronic Mail

March 15, 2022

Representative Elizabeth Snyder, Co-Chair  
Representative Tiffany Zulkosky, Co-Chair  
House Health and Social Services Committee  
State Capitol Building  
120 4th Street  
Juneau, AK 99801

### **RE: ASHNHA Supports House Bill 172**

Dear Co-Chairs Snyder and Zulkosky:

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 HB 172, 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. HB 172 is one such critical step to addressing these growing needs and advancing system transformation.



ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION

We urge the swift passage of House Bill 172 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





#### **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	Matanuska-
Chickaloon	Susitna Borough
Eklutna	McGrath
Igiugig	Newhalen
Iliamna	Ninilchik
Kenaitze	Seldovia
Knik	St. Paul Island
Kokhanok	Tyonek

#### **Services Offered**

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

#### **Board of Directors**

Karen Caindec, Chairperson  
Roy M. Huhndorf, Vice Chairman  
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.

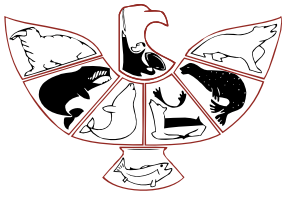
Southcentral Foundation, together with partners in the health care system, is eager to develop programs and facilities that meet the needs of the community. In fact, SCF is currently planning and designing a crisis stabilization center on the Alaska Native Medical Center campus which we jointly manage 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

☎ 907.729.7510 📠 907.729.7506 • 4000 Ambassador Drive, Suite 101 • Anchorage, Alaska 99508 • [www.anhb.org](http://www.anhb.org)

April 6, 2022

The Honorable Michael J. Dunleavy  
Office of the Governor  
State of Alaska  
3<sup>rd</sup> 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)<sup>1</sup> 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.

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<sup>1</sup> 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.”

ALASKA NATIVE TRIBAL  
HEALTH CONSORTIUM

ALEUTIAN PRIBILOF  
ISLANDS ASSOCIATION

ARCTIC SLOPE  
NATIVE ASSOCIATION

BRISTOL BAY AREA  
HEALTH CORPORATION

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

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](mailto:anhb@anhb.org) or by phone at (907) 729-7510.

Duk'idli (Respectfully),

A handwritten signature in cursive script, appearing to read "Diana Zirul".

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



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

## Department of Health and Social Services

GOVERNOR'S COUNCIL ON DISABILITIES  
& SPECIAL EDUCATION

550 W. 7<sup>th</sup> Avenue, Suite 1230  
Anchorage, Alaska 99501  
Main: 907.269.8990

April 19<sup>th</sup>, 2022

Representative Kelly Merrick  
Co-Chair, House Finance Committee  
[representative.kelly.merrick@akleg.gov](mailto:representative.kelly.merrick@akleg.gov);

Representative Foster  
Co-Chair, House Finance Committee  
[Representative.neal.foster@akleg.gov](mailto:Representative.neal.foster@akleg.gov);

RE: HB172 – Mental Health Facilities & Meds

Representatives Merrick & Foster,

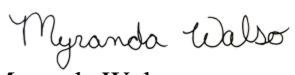
The Governor's Council on Disabilities and Special Education (the Council) fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the state DD Council, the Council 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 HB172 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  
Executive Director, GCDSE

  
Art DeLaune  
GCDSE Legislative Committee Chair



April 22, 2022

Representatives Kelly Merrick and Neal Foster  
Co-Chairs  
House Finance Committee  
Alaska State Legislature  
Juneau, Alaska 99801

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

Dear Co-Chairs Merrick and Foster and members of the House Finance Committee,

*Please include this testimony on the record in support of House Bill 172 regarding Subacute Treatment Facilities.*

Mental illness affects more than one in five 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. This legislation will allow Alaska to more fully implement proven crisis response improvements as part of the *Crisis Now* model of care. 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. The guidelines are science-based, real-world tested best-practices guidance to the behavioral health field.

The level of need in our communities is high. Our behavioral health system is fragile, overburdened with the incidence of crises associated with violence, suicide, alcohol, methamphetamine, and opioid overdose, mental illness, and homelessness, all of which continue to escalate while service capacity has diminished. The emergency system of care is often responding to mental health or substance use disorder crises and there are not enough resources.

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

There are many partnerships formed to make this new crisis delivery system happen, including Providence Health, the Anchorage Fire Department, Anchorage Police Department, Alaska Mental Health Trust Authority, Southcentral Foundation, and other key stakeholders throughout Alaska.

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,

A handwritten signature in dark ink, appearing to read "Ann Ringstad". The signature is fluid and cursive, with the first name "Ann" and last name "Ringstad" clearly distinguishable.

Ann Ringstad, MPA  
Executive Director

cc: Steve Williams, CEO, Alaska Mental Health Trust Authority  
Katie Baldwin-Johnson, Chief Operating 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.*





ONE SEALASKA PLAZA, SUITE 200 • JUNEAU, ALASKA 99801  
TEL (907) 586-1325 • FAX (907) 463-5480 • [WWW.AKML.ORG](http://WWW.AKML.ORG)

Member of the National League of Cities and the National Association of Counties

May 2, 2022

In support of Crisis Now legislation (SB124 and HB172):

AML is supportive of legislation that strengthens Alaska's behavioral health system, including through further implementation of Crisis Now.

We understand the legislation to give law enforcement and any designated emergency responder the ability to take someone having a behavioral health crisis to a facility designed to meet those needs.

Even in small communities, where someone is having a behavioral health crisis the local behavioral health service providers in that community can help before crisis gets out of hand. This important role serves to de-escalate a situation with a carefully managed response.

In remote cities, when law enforcement have a Title 47 arrest, there are no local solutions and detainees must be housed and transported to Juneau, Anchorage, Fairbanks, or Wasilla, where there are designated evaluation and treatment centers. While there is additional work to undertake to expand the number of beds available in small communities, beds alone are not enough – the current law presents few options other than the DET or jail. This means that hospitals and community jails are holding at-risk individuals, rather than them having access to the type of care they need.

This law will allow the whole state to work together so that the services are available in the small rural communities, even as larger communities are choosing to utilize the Crisis Now model. Together we'll have to find additional solutions to meet the unique needs of each community.

AML members passed a resolution in support more comprehensive solutions to public health, recognizing the needs in Alaska's communities. We view this SB124 and HB172 as a step toward that goal and encourage its passage.

Respectfully,

Nils Andreassen  
Executive Director





April 22, 2022

RE: True North Recovery Supports House Bill 172: MENTAL HEALTH FACILITIES & MEDS

Dear Chair and Committee Members,

Thank you for your consideration of House Bill 172, the "Crisis Now" legislation. True North Recovery (TNR) supports the passage for H172 which establishes the legal framework for the operation of crisis stabilization and crisis residential centers throughout Alaska.

True North Recovery is currently providing mobile crisis services in Fairbanks Alaska, in partnership with Alaska Behavioral Health. Our peer support professionals are dispatched with a mental health clinician to the individual in crisis to bring resolution and provide an opportunity for intervention at a less intensive level of care. We have had great successes with individuals engaged with our mobile crisis team at time of contact and follow up, yet without adequate community resources and crisis stabilization centers, there is no long-term resolution. It is essential to have 23-hour and short-term stabilization offering a safe, supportive and appropriate behavioral health crisis placement for those who cannot be stabilized by call center clinicians or mobile crisis team response.

Implementation of the full crisis now model means people experiencing a behavioral health crisis get the right care, in the right setting, when they need it, just like we expect individual experiencing a physical health crisis.

True North Recovery is a recovery community organization that provides residential treatment, intensive outpatient, outpatient, multiple recovery residences, case management, reentry services, crisis stabilization and community collaboration in the MatSu Valley and currently expanding into Fairbanks.

We know that same day access and engagement with "no wrong door" to behavioral health services is essential for Alaskans to find and sustain their recovery pathway from substance use and mental health disorders. Too many of our loved ones and community members have been lost to accidental overdose, suicide, and untreated illness. Crisis stabilization and crisis residential centers are a crucial aspect to fill this gap in the behavioral continuum of care.

We urge you to pass House Bill 172. Alaskans depend on it. Thank you for this opportunity to give voice to such a crucial piece of legislation.

Sincerely,

A handwritten signature in black ink that reads "Kara Nelson". The signature is fluid and cursive, with the first name "Kara" being more prominent than the last name "Nelson".

Kara Nelson

Director of Development and Public Relations

True North Recovery, Inc.