



Alaska State Legislature

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House Bill 290 Sponsor Statement v. S

“An Act establishing an alternative to arrest procedure for persons in acute episodes of mental illness; relating to emergency detention for mental health evaluation; and relating to licensure of crisis stabilization centers.”

In Alaska and across the nation, we face challenges in how we address people in our communities who struggle with mental illness, substance abuse, homelessness, and poverty. Police and other first responders have frequent contact with people in the midst of a mental illness or substance abuse crisis. House Bill 290 adds a much-needed intermediate treatment option for those suffering from a mental health or substance abuse crisis and gives our public safety professionals an essential alternative to improve public safety.

People living with serious mental illnesses or emotional disabilities are subject to periodic, recurrent psychiatric emergencies or “crises” that require prompt medical attention and stabilization. SAMHSA, the Substance Abuse and Mental Health Services Administration, has found that certain factors exacerbate these crises: lack of access to essential services and supports, coexisting substance abuse disorders, unstable housing and homelessness, and poverty.

The burden of dealing with those in crisis often falls on individuals and organizations whose primary duties lay outside the traditional scope of psychiatric stabilization. Police officers, hospital emergency departments, correctional facilities, and social service providers are often on the front line of dealing with those experiencing mental health crises when comprehensive community-based mental health services are insufficient. In fact, the Alaska Department of Corrections is the state’s largest mental health provider, with 40% of their inmate population suffering from diagnosable mental health and/or substance use disorder. These individuals and organizations are already at capacity in dealing with their primary functions in public safety, health, and non-behavioral health services. Dealing with behavioral health crises, which often involve “repeat” patients, puts increasing strain on police departments, corrections facilities, and hospital emergency rooms.

Frequently, hospital emergency rooms and correctional facilities are not best-suited to treat those experiencing psychiatric crises. Both settings can further traumatize those already in crisis, and emergency rooms don’t always have the proper behavioral health staff to deal with those in crisis. Many who arrive at emergency rooms may benefit from intervention services that don’t involve hospital admission.

Out of every 100 people experiencing a behavioral health crisis, 90 can be stabilized via a crisis phone hotline. Of the 10 who can’t be stabilized via crisis line, approximately 7 can be stabilized

by a mobile crisis team dispatched to the individual in the community and for those individuals not able to be stabilized with mobile crisis team intervention, approximately 3 will need transfer to a 23-hour crisis observation/stabilization center. Most individuals will be stabilized at that level and only a small number might need longer term services through a sub-acute residential crisis center, or transition to inpatient psychiatric care.

House Bill 290 takes positive steps to address these challenges through crisis stabilization centers. First, it authorizes DHSS to license crisis stabilization centers. Second, it adds an alternative criminal procedure that authorizes police officers to take individuals to a crisis stabilization center as an alternative to arrest.

Crisis stabilization centers are an emerging component to address the unmet need for intermediate services for those experiencing a behavioral health or substance abuse crisis. Created by the National Association of State Mental Health Directors, the National Council for Behavioral Health, RI International, and Suicide Prevention Groups as the “Crisis Now” model, crisis stabilization centers are community-based interventions to better serve those experiencing intermediate mental health crises.

These facilities are open 24 hours a day, 7 days a week, 365 days a year; are staffed by mental health professionals; and are designed to provide prompt mental health evaluation and stabilization. No facilities currently exist in Alaska. HB 290 authorizes the Department of Health and Social Services to write regulations to permit and license crisis stabilization centers in Alaska. Once the regulations are in place, it is anticipated that interested providers will open crisis stabilization centers in Alaska’s communities.

House Bill 290 amends the Code of Criminal Procedure to allow police officers who have probable cause to arrest an individual to elect to take the person to a crisis stabilization center as an alternative to jail. Using the crisis stabilization alternative would require the police officer to find that the person was experiencing a mental health or substance abuse crisis and that treatment at a crisis intervention center would lead to a better outcome from both a treatment and public safety perspective. Even if a person is taken to a crisis stabilization center, they can still be prosecuted for alleged criminal activity and the officer or the prosecuting authority may file the original charges.