



Governor Mike Dunleavy  
STATE OF ALASKA

April 9, 2021

The Honorable Louise Stutes  
Speaker of the House  
Alaska State Legislature  
State Capitol, Room 208  
Juneau, AK 99801-1182

Dear Speaker Stutes:

Under the authority of Article III, Section 18, of the Alaska Constitution, I am transmitting a bill relating to subacute mental health facilities (AS 47.30).

Subacute mental health facilities are facilities designed to evaluate, stabilize, and treat an individual experiencing behavioral health crisis in a short-term, intensive, and recovery-oriented way so that the individual has the chance to avoid inpatient hospitalization. Although two such facilities exist in current law – a crisis stabilization center and a crisis residential center - this bill would further define those facility types and set out what each may do in relationship to existing in-hospital evaluation and treatment options in the context of involuntary commitment.

Currently, law enforcement, emergency medical services, and hospitals are being relied on to serve individuals experiencing a behavioral health crisis. Expanding subacute facilities and crisis stabilization services will allow law enforcement to focus on crime prevention and public safety, rather than psychiatric crises and provide an opportunity to divert these individuals to the appropriate level of behavioral health treatment.

Without these services, law enforcement is often the first to respond to individuals having a behavioral health crisis, which is largely outside of their primary scope of training. Increasing the availability of crisis stabilization services will also help to better align public safety resources within the Department of Corrections, and the Alaska Court System.

This bill adds a new section to AS 47.30 that would solely address subacute mental health facilities, including how an individual may be admitted and detained, the rights and notification available to an individual, and how a facility may administer psychotropic medication to an individual.

The Honorable Louise Stutes

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Specifically, this bill allows for admission to, and a stabilization hold, of an individual at a crisis stabilization center for up to 23 hours and 59 minutes. It also requires that a mental health professional examine an individual within three hours of the individual's arrival at the center. If the professional person in charge has a probable cause belief that a detained individual's crisis will be resolved during admission to a crisis residential center, a mental health professional would have to apply to the court for permission for the crisis residential center to detain the individual for a period of up to 120 hours. The stay at the facility would be for evaluation, stabilization, and treatment.

If the professional person in charge at a crisis residential center has a probable cause belief that an individual's behavioral health crisis requires hospitalization for evaluation, a mental health professional would be required to apply to the court for an order authorizing hospitalization for evaluation. In this way, the bill would lay out the role of each subacute mental health facility and the terms by which an individual receives progressive care.

To achieve the benefit of using subacute mental health facilities as a diversion to hospitalization, this bill refines AS 47.30.705(c) by requiring a peace officer to take an individual to a crisis stabilization center if one exists in the service area served by the peace officer, even if an evaluation facility is available. "Service area" helps define the reach of this section now that emergency medical technicians, paramedics, and firefighters are added to the definition of "peace officer" in Section 12.

This bill would make subacute mental health facilities a new type of licensed facility, and it directs the Department of Health and Social Services to adopt regulations to implement the provisions of this bill and existing statutes in AS 47.30.700 – 47.30.915.

I urge your prompt and favorable action on this measure.

Sincerely,



Mike Dunleavy  
Governor

Enclosure



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of  
Health and Social Services

OFFICE OF THE COMMISSIONER

Juneau

P.O. Box 110601  
350 Main Street, Suite 404  
Juneau, Alaska 99811-0601  
Main: 907.465.3030  
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March 7, 2022

The Honorable Liz Snyder  
The Honorable Tiffany Zulkosky  
Co-Chairs, House Health and Social Services Committee  
Alaska House of Representatives  
Alaska State Capitol Room 421  
Juneau, AK 99801

Dear Representatives:

I am writing to request a hearing in the House Health and Social Services Committee for House Bill (HB) 172 Mental Health Facilities & Meds at your earliest convenience.

With this request, I am providing the following documents associated with HB 172:

- HB 172 (Version 32-GH1730\O)
- HB 172 HHSS Presentation 3.7.2022
- HB 172 Transmittal Letter
- HB 172 Sectional Analysis (Version 32-GH1730\O)
- HB 172 Explanation of Changes (Ver. A to Ver. O)
- HB 172 Definitions in AS 47.30.915
- HB 172 Supporting Document – Disability Law Center Letter 3.7.2022
- HB 172 Infographics – Proposed Statutory Changes to Title 47
- HB 172 Fiscal Notes:
  - Fiscal Note 4: DPS – Alaska State Troopers – Alaska State Trooper Detachment
  - Fiscal Note 5: JUD – Alaska Court System – Trial Courts
  - Fiscal Note 6: DOH – Medicaid Services – Medicaid Services
  - Fiscal Note 7: DFCS – Inpatient Mental Health – Designated Evaluation and Treatment
  - Fiscal Note: DOA – Legal and Advocacy Services – Public Defender Agency

Heather Carpenter, Health Care Policy Advisor for the Department of Health and Social Services will work with you to answer questions, coordinate testimony, and generally facilitate the bill's consideration in the House Health and Social Services Committee. Ms. Carpenter may be reached at 907-465-3228.

Thank you for your consideration of this request.

Sincerely,



Adam Crum  
Commissioner

cc: Vasilios Gialopsos, Legislative Director, Office of Governor Mike Dunleavy  
Al Wall, Deputy Commissioner, DHSS  
Gennifer Moreau-Johnson, Director, Division of Behavioral Health, DHSS  
Steve Williams, Chief Executive Officer, Alaska Mental Health Trust Authority

**CS FOR HOUSE BILL NO. 172(JUD)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-SECOND LEGISLATURE - SECOND SESSION

**BY THE HOUSE JUDICIARY COMMITTEE**

**Offered: 2/28/22**

**Referred: Health and Social Services, Finance**

**Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to crisis stabilization centers, crisis residential centers, and subacute**  
2 **mental health facilities; relating to the administration of psychotropic medication in a**  
3 **crisis situation; relating to licensed facilities; and providing for an effective date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 \* **Section 1.** AS 12.25.031(a) is amended to read:

6 (a) As an alternative to arrest, a peace officer may, at the officer's discretion,  
7 deliver a person to a crisis stabilization center, **a crisis residential center**, or an  
8 evaluation facility or decline to arrest the person if

9 (1) the arresting officer believes in good faith that the person is  
10 suffering from an acute behavioral health crisis; and

11 (2) the person voluntarily agrees to be taken to a crisis stabilization  
12 center, **a crisis residential center**, or an evaluation facility or to promptly seek  
13 outpatient mental health treatment.

14 \* **Sec. 2.** AS 12.25.031(b) is amended to read:

1 (b) Notwithstanding (a) of this section, a peace officer may, as an alternative  
 2 to arrest, take a person into emergency custody under AS 47.30.705 and deliver the  
 3 person to a crisis stabilization center, **a crisis residential center**, or an evaluation  
 4 facility.

5 \* **Sec. 3.** AS 12.25.031(c) is amended to read:

6 (c) Delivery of a person to a crisis stabilization center, **a crisis residential**  
 7 **center**, or an evaluation facility for examination under (a) of this section does not  
 8 constitute an involuntary commitment under AS 47.30 or an arrest.

9 \* **Sec. 4.** AS 12.25.031(d) is amended to read:

10 (d) Before a person delivered to a crisis stabilization center, **a crisis**  
 11 **residential center**, or an evaluation facility under (a) or (b) of this section is released  
 12 to the community, a mental health professional shall make reasonable efforts to inform  
 13 the arresting officer of the planned release if the officer has specifically requested  
 14 notification and provided the officer's contact information to the crisis stabilization  
 15 center, **crisis residential center**, or evaluation facility.

16 \* **Sec. 5.** AS 12.25.031(f) is amended to read:

17 (f) An agreement to participate in outpatient treatment or to be delivered to a  
 18 crisis stabilization center, **a crisis residential center**, or an evaluation facility under  
 19 (a) of this section

20 (1) may not require a person to stipulate to any facts regarding the  
 21 alleged criminal activity as a prerequisite to participation in a mental health treatment  
 22 alternative;

23 (2) is inadmissible in any criminal or civil proceeding; and

24 (3) does not create immunity from prosecution for the alleged criminal  
 25 activity.

26 \* **Sec. 6.** AS 12.25.031(g) is amended to read:

27 (g) If a person violates an agreement to be delivered to a crisis stabilization  
 28 center, **a crisis residential center**, or an evaluation facility or to seek outpatient  
 29 treatment under (a) of this section,

30 (1) a mental health professional shall make reasonable efforts to  
 31 inform the arresting officer of the person's decision to leave the crisis stabilization

1 center, **crisis residential center**, or evaluation facility; and

2 (2) the original charges may be filed or referred to the prosecutor, as  
3 appropriate, and the matter may proceed as provided by law.

4 \* **Sec. 7.** AS 12.25.031(i)(1) is amended to read:

5 (1) "crisis stabilization center" **has the meaning given in**  
6 **AS 47.32.900** [MEANS A FACILITY LICENSED UNDER AS 47.32 THAT MEETS  
7 THE DEFINITION OF "CRISIS STABILIZATION CENTER" IN AS 47.32.900];

8 \* **Sec. 8.** AS 12.25.031(i) is amended by adding a new paragraph to read:

9 (4) "crisis residential center" has the meaning given in AS 47.32.900.

10 \* **Sec. 9.** AS 18.65.530(c) is amended to read:

11 (c) A peace officer is not required to make an arrest of a person under (a) of  
12 this section if the officer has received authorization from a prosecuting attorney in the  
13 jurisdiction in which the offense under investigation arose

14 (1) not to arrest the person; or

15 (2) to deliver the person to a crisis stabilization center, **a crisis**  
16 **residential center**, or an evaluation facility as provided in AS 12.25.031(b).

17 \* **Sec. 10.** AS 18.65.530(g) is amended to read:

18 (g) A peace officer who delivers a person to a crisis stabilization center, **a**  
19 **crisis residential center**, or evaluation facility under (c) of this section shall provide  
20 the peace officer's contact information to the crisis stabilization center, **crisis**  
21 **residential center**, or evaluation facility and, if the peace officer is notified under  
22 AS 12.25.031(d) of a planned release of the person, shall make reasonable efforts to  
23 inform the victim of a crime committed under (a)(1) or (2) of this section of the  
24 planned release.

25 \* **Sec. 11.** AS 47.30.705(a) is amended to read:

26 (a) A peace officer, **health officer, mental health professional, or physician**  
27 **assistant licensed by the State Medical Board to practice in this state**, [A  
28 PSYCHIATRIST OR PHYSICIAN WHO IS LICENSED TO PRACTICE IN THIS  
29 STATE OR EMPLOYED BY THE FEDERAL GOVERNMENT, OR A CLINICAL  
30 PSYCHOLOGIST LICENSED BY THE STATE BOARD OF PSYCHOLOGIST  
31 AND PSYCHOLOGICAL ASSOCIATE EXAMINERS] who has probable cause to

1 believe that a person is gravely disabled or is suffering from mental illness and is  
 2 likely to cause serious harm to self or others of such immediate nature that  
 3 considerations of safety do not allow initiation of involuntary commitment procedures  
 4 set out in AS 47.30.700, may cause the person to be taken into custody **by a peace**  
 5 **officer or health officer** and delivered to the nearest crisis stabilization center, **crisis**  
 6 **residential center**, [AS DEFINED IN AS 47.32.900 OR THE NEAREST] evaluation  
 7 facility, **or treatment facility**. A person taken into custody [FOR EMERGENCY  
 8 EVALUATION] may not be placed in a jail or other correctional facility except for  
 9 protective custody purposes and only while awaiting transportation to a crisis  
 10 stabilization center, **crisis residential center, evaluation facility**, or treatment facility.  
 11 However, [EMERGENCY] protective custody under this section may not include  
 12 placement of a minor in a jail or secure facility. The peace officer, **health officer**,  
 13 [OR] mental health professional, **or physician assistant** shall complete an application  
 14 for examination of the person in custody and be interviewed by a mental health  
 15 professional at the crisis stabilization center, **crisis residential center**, evaluation  
 16 facility, or treatment facility.

17 \* **Sec. 12.** AS 47.30.705 is amended by adding a new subsection to read:

18 (c) When delivering a person to a crisis stabilization center, crisis residential  
 19 center, evaluation facility, or treatment facility under (a) of this section, a peace officer  
 20 or health officer shall give priority to a crisis stabilization center or crisis residential  
 21 center if one exists in the service area served by the peace officer or health officer.

22 \* **Sec. 13.** AS 47.30 is amended by adding new sections to read:

23 **Sec. 47.30.707. Admission to and hold at a crisis stabilization center.** (a)

24 Except as provided in (b) of this section, when a crisis stabilization center admits a  
 25 respondent under AS 47.30.705, the crisis stabilization center may hold the respondent  
 26 at the center for a period not to exceed 23 hours and 59 minutes. A mental health  
 27 professional shall examine the respondent within three hours after the respondent  
 28 arrives at the center.

29 (b) If the professional person in charge at the crisis stabilization center  
 30 determines that there is probable cause to believe that the respondent's acute  
 31 behavioral health crisis will be resolved during admission to a crisis residential center



1 and the respondent is not willing to voluntarily go to the crisis residential center, a  
2 mental health professional may submit an ex parte application to the court under  
3 AS 47.30.700 for detention at the crisis residential center. Based on the application, if  
4 the court finds that probable cause exists to believe that the respondent's acute  
5 behavioral health crisis will be resolved during admission to a crisis residential center,  
6 the court shall grant the application. If the court finds no probable cause, the court  
7 shall order the respondent released.

8 **Sec. 47.30.708. Admission to and detention at a crisis residential center. (a)**

9 A respondent who is delivered under AS 47.30.700 - 47.30.707 to a crisis residential  
10 center for emergency examination and treatment shall be examined and evaluated as to  
11 mental and physical condition by a mental health professional within three hours after  
12 arrival at the facility.

13 (b) The mental health professional who performs the emergency examination  
14 under (a) of this section may admit the respondent to the crisis residential center if the  
15 mental health professional has probable cause to believe that

16 (1) the respondent is mentally ill and that condition causes the  
17 respondent to be gravely disabled or to present a likelihood of serious harm to self or  
18 others; and

19 (2) the respondent's acute behavioral health crisis will be resolved  
20 during admission to the crisis residential center.

21 (c) If a mental health professional admits a respondent to a crisis residential  
22 center and a judicial order has not been obtained, the mental health professional may  
23 apply for an ex parte order under AS 47.30.700 authorizing admission to the crisis  
24 residential center. Based on the application, if the court finds that probable cause  
25 exists to believe that the respondent is suffering an acute behavioral health crisis and  
26 the respondent's acute behavioral health crisis will be resolved during admission to a  
27 crisis residential center, the court shall grant the application. If the court finds no  
28 probable cause, the court shall order the respondent released.

29 (d) When, under (c) of this section, the court grants an application to admit a  
30 respondent to a crisis residential center, the court shall set a time for a hearing, to be  
31 held if needed within 72 hours after the respondent's arrival at the crisis stabilization

1 center or the crisis residential center, whichever is earlier, and the court shall notify  
2 the respondent, the respondent's attorney, the respondent's guardian, if any, the  
3 petitioner's attorney, if any, and the attorney general of the time and place of the  
4 hearing. Computation of the 72-hour period at a crisis residential center before a  
5 hearing does not include Saturdays, Sundays, and legal holidays. The hearing shall be  
6 held at the crisis residential center in person, by contemporaneous two-way video  
7 conference, or by teleconference, absent extraordinary circumstances. If a hearing is  
8 held by contemporaneous two-way video conference, only the court may record the  
9 hearing. In this subsection, "contemporaneous two-way video conference" means a  
10 conference among people at different places by means of transmitted audio and visual  
11 signals, using any communication technology that allows people at two or more places  
12 to interact simultaneously by way of two-way video and audio transmission.

13 (e) In the course of the 72-hour period, a petition for 30-day commitment or  
14 for seven-day detention at a crisis residential center may be filed in court. A petition  
15 for 30-day commitment must conform with AS 47.30.730. A petition for seven-day  
16 detention at a crisis residential center must be signed by two mental health  
17 professionals, one of whom must be a physician, who have examined the respondent.  
18 A copy of the petition shall be served on the respondent, the respondent's attorney, and  
19 the respondent's guardian, if any, before the hearing. The petition for detention must

20 (1) allege that the respondent is suffering an acute behavioral health  
21 crisis and, as a result, is likely to cause harm to self or others or is gravely disabled;

22 (2) allege that resolution of the respondent's acute behavioral health  
23 crisis is likely during the admission to the crisis residential center;

24 (3) allege that the respondent has been advised of the need for, but has  
25 not accepted, voluntary treatment, and request that the court order the respondent to be  
26 detained at the crisis residential center for up to seven days following the respondent's  
27 arrival at the crisis stabilization center or the crisis residential center, whichever is  
28 earlier;

29 (4) list prospective witnesses; and

30 (5) list specific facts and describe behavior of the respondent  
31 supporting the allegations in (1) - (3) of this subsection.

1 (f) If, at a hearing held under (d) of this section, the court reviews a petition  
 2 for 30-day commitment, the court shall hold the next hearing in accordance with  
 3 AS 47.30.735. If the court grants the petition for 30-day commitment, the respondent  
 4 may remain at the crisis residential center until admission to a designated treatment  
 5 facility.

6 (g) If, at a hearing held under (d) of this section, the court reviews a petition  
 7 for seven-day detention at a crisis residential center, the respondent has the rights  
 8 listed in AS 47.30.735(b)(1) - (9). At the conclusion of a hearing on a petition for  
 9 seven-day detention at a crisis residential center, the court

10 (1) may order the respondent detained at the crisis residential center  
 11 for up to seven days following the respondent's arrival at the crisis stabilization center  
 12 or the crisis residential center, whichever is earlier, if the court finds there is probable  
 13 cause to believe that

14 (A) the respondent is suffering an acute behavioral health crisis  
 15 and, as a result, is likely to cause harm to self or others or is gravely disabled;  
 16 and

17 (B) the respondent's acute behavioral health crisis will be  
 18 resolved during admission to the crisis residential center;

19 (2) shall order the respondent released, if the court finds no probable  
 20 cause.

21 **Sec. 47.30.709. Rights of respondents at crisis stabilization centers and**  
 22 **crisis residential centers; psychotropic medication; time.** (a) If at any time during a  
 23 respondent's hold at a crisis stabilization center or detention at a crisis residential  
 24 center the professional person in charge determines that the respondent does not meet  
 25 the standard for a hold or detention, the respondent may no longer be held or detained.  
 26 The professional person in charge shall notify the petitioner and the court, if  
 27 applicable.

28 (b) When a respondent is held at a crisis stabilization center or detained at a  
 29 crisis residential center, the respondent has the rights identified in AS 47.30.725 and,

30 (1) if an adult, the rights identified under AS 47.30.817 - 47.30.838,  
 31 47.30.840 - 47.30.850, and 47.30.855 - 47.30.865; and

1 (2) if a minor, the rights identified in AS 47.30.700 - 47.30.815.

2 (c) A respondent subject to an involuntary stabilization hold or detention at a  
3 crisis stabilization center or crisis residential center may, at any time, convert to  
4 voluntary status if the professional person in charge agrees that

5 (1) the respondent is an appropriate patient for voluntary status; and

6 (2) the conversion is made in good faith.

7 (d) A crisis stabilization center or crisis residential center may administer  
8 psychotropic medication to an involuntarily held or detained respondent only in a  
9 manner that is consistent with AS 47.30.838.

10 (e) Computation of a 23-hour and 59-minute holding time at a crisis  
11 stabilization center includes Saturdays, Sundays, and legal holidays, but does not  
12 include any period of time necessary to transport a respondent to a crisis stabilization  
13 center. Computation of a seven-day detention at a crisis residential center includes  
14 Saturdays, Sundays, and legal holidays, but does not include any period of time  
15 necessary to transport a respondent to a crisis residential center.

16 \* **Sec. 14.** AS 47.30.710 is amended to read:

17 **Sec. 47.30.710. Examination; hospitalization.** (a) A respondent who is  
18 delivered under AS 47.30.700 - 47.30.705 to an evaluation facility [, EXCEPT FOR  
19 DELIVERY TO A CRISIS STABILIZATION CENTER AS DEFINED IN  
20 AS 47.32.900,] for emergency examination and treatment shall be examined and  
21 evaluated as to mental and physical condition by a mental health professional and by a  
22 physician within 24 hours after arrival at the facility. [A RESPONDENT WHO IS  
23 DELIVERED UNDER AS 47.30.705 TO A CRISIS STABILIZATION CENTER  
24 SHALL BE EXAMINED BY A MENTAL HEALTH PROFESSIONAL AS  
25 DEFINED IN AS 47.30.915 WITHIN THREE HOURS AFTER ARRIVING AT THE  
26 CENTER.]

27 (b) If the mental health professional who performs the emergency examination  
28 **under (a) of this section** has reason to believe that the respondent is [(1)] mentally ill  
29 and that condition causes the respondent to be gravely disabled or to present a  
30 likelihood of serious harm to self or others, and **the respondent** [(2)] is in need of care  
31 or treatment, the mental health professional may

1                   **(1) admit the respondent to a crisis residential center;**  
 2                   **(2) hospitalize the respondent;** [,] or  
 3                   **(3) arrange for hospitalization, on an emergency basis [.** IF A  
 4 JUDICIAL ORDER HAS NOT BEEN OBTAINED UNDER AS 47.30.700, THE  
 5 MENTAL HEALTH PROFESSIONAL SHALL APPLY FOR AN EX PARTE  
 6 ORDER AUTHORIZING HOSPITALIZATION FOR EVALUATION].

7 \* **Sec. 15.** AS 47.30.710 is amended by adding new subsections to read:

8                   (c) If a mental health professional hospitalizes a respondent or arranges for the  
 9 hospitalization of a respondent under (b) of this section and a judicial order has not  
 10 been obtained under AS 47.30.700, the mental health professional shall apply for an  
 11 ex parte order authorizing the hospitalization for evaluation.

12                   (d) If a mental health professional readmits a respondent to an evaluation  
 13 facility after a discharge from a subacute mental health facility, the respondent is not  
 14 willing to remain at the evaluation facility on a voluntary basis, and a judicial order  
 15 has not been obtained under AS 47.30.700, the mental health professional shall apply  
 16 for an ex parte order authorizing hospitalization for evaluation. Unless otherwise  
 17 ordered by the court upon receiving the application for an ex parte order, the  
 18 respondent shall remain at the evaluation facility until the court issues a decision on  
 19 the application of an ex parte order.

20 \* **Sec. 16.** AS 47.30.715 is amended to read:

21                   **Sec. 47.30.715. Procedure after order.** When **an evaluation** [A] facility  
 22 receives a proper order for evaluation, it shall accept the order and the respondent for  
 23 an evaluation period not to exceed 72 hours. The **evaluation** facility shall promptly  
 24 notify the court of the date and time of the respondent's arrival. The court shall set a  
 25 date, time, and place for a 30-day commitment hearing, to be held if needed within 72  
 26 hours after the respondent's arrival, and the court shall notify the **evaluation** facility,  
 27 the respondent, **the respondent's guardian, if any,** the respondent's attorney, [AND]  
 28 the **petitioner's** [PROSECUTING] attorney, **if any, and the attorney general** of the  
 29 **time and place of the** hearing [ARRANGEMENTS]. Evaluation personnel, when  
 30 used, shall similarly notify the court of the date and time when they first met with the  
 31 respondent.

1 \* **Sec. 17.** AS 47.30.805 is amended to read:

2 **Sec. 47.30.805. Computation, extension, and expiration of periods of time.**

3 (a) Except as provided in (b) of this section,

4 (1) computations of a 72-hour evaluation period under **AS 47.30.708**  
 5 **or 47.30.715** [AS 47.30.715] or a 48-hour detention period under AS 47.30.685 do not  
 6 include Saturdays, Sundays, legal holidays, or any period of time necessary to  
 7 transport the respondent to the treatment facility;

8 (2) **a seven-day detention at a crisis residential center expires at**  
 9 **the end of the seventh day following the respondent's arrival at the crisis**  
 10 **stabilization center or the crisis residential center, whichever is earlier;**

11 (3) a 30-day commitment period expires at the end of the 30th day  
 12 after the 72 hours following initial acceptance;

13 (4) [(3)] a 90-day commitment period expires at the end of the 90th  
 14 day after the expiration of a 30-day period of treatment;

15 (5) [(4)] a 180-day commitment period expires at the end of the 180th  
 16 day, after the expiration of a 90-day period of treatment or previous 180-day period,  
 17 whichever is applicable.

18 (b) When a respondent has failed to appear or been absent through the  
 19 respondent's own actions contrary to any order properly made or entered under  
 20 AS 47.30.660 - 47.30.915, the relevant commitment period shall be extended for a  
 21 period of time equal to the respondent's absence if written notice of absence is  
 22 promptly provided to the respondent's attorney and guardian, if **any** [THERE IS  
 23 ONE], and if, within 24 hours after the respondent has returned to the evaluation or  
 24 treatment facility, written notice of the corresponding extension and the reason for it is  
 25 given to the respondent and the respondent's attorney and guardian, if any, and to the  
 26 court.

27 \* **Sec. 18.** AS 47.30.838(c) is amended to read:

28 (c) If crisis situations as described in (a)(1) of this section occur repeatedly, or  
 29 if it appears that they may occur repeatedly, the evaluation facility, **crisis stabilization**  
 30 **center, crisis residential center,** or designated treatment facility may administer  
 31 psychotropic medication during **not** [NO] more than three crisis periods without the

1 patient's informed consent only with court approval under AS 47.30.839.

2 \* **Sec. 19.** AS 47.30 is amended by adding a new section to read:

3 **Sec. 47.30.912. Regulations.** The department shall adopt regulations to  
4 implement AS 47.30.700 - 47.30.915.

5 \* **Sec. 20.** AS 47.30.915(7) is amended to read:

6 (7) "evaluation facility" means a **hospital or crisis residential center**  
7 [HEALTH CARE FACILITY] that has been designated or is operated by the  
8 department to perform the evaluations described in AS 47.30.660 - 47.30.915, or a  
9 medical facility [LICENSED UNDER AS 47.32 OR] operated by the federal  
10 government **that performs evaluations**;

11 \* **Sec. 21.** AS 47.30.915(15) is amended to read:

12 (15) "peace officer" **has the meaning given in AS 01.10.060(a)**  
13 [INCLUDES A STATE POLICE OFFICER, MUNICIPAL OR OTHER LOCAL  
14 POLICE OFFICER, STATE, MUNICIPAL, OR OTHER LOCAL HEALTH  
15 OFFICER, PUBLIC HEALTH NURSE, UNITED STATES MARSHAL OR  
16 DEPUTY UNITED STATES MARSHAL, OR A PERSON AUTHORIZED BY THE  
17 COURT];

18 \* **Sec. 22.** AS 47.30.915 is amended by adding new paragraphs to read:

19 (21) "crisis residential center" has the meaning given in AS 47.32.900;

20 (22) "crisis stabilization center" has the meaning given in  
21 AS 47.32.900;

22 (23) "health officer" means a state, municipal, or other local health  
23 officer, public health nurse, emergency medical technician, paramedic, firefighter, or a  
24 person authorized by the court to carry out AS 47.30.660 - 47.30.915;

25 (24) "subacute mental health facility" has the meaning given in  
26 AS 47.32.900.

27 \* **Sec. 23.** AS 47.32.010(b) is amended to read:

28 (b) This chapter and regulations adopted under this chapter apply to the  
29 following entities:

30 (1) ambulatory surgical centers;

31 (2) assisted living homes;

- 1 (3) child care facilities;  
 2 (4) child placement agencies;  
 3 (5) foster homes;  
 4 (6) freestanding birth centers;  
 5 (7) home health agencies;  
 6 (8) hospices, or agencies providing hospice services or operating  
 7 hospice programs;  
 8 (9) hospitals;  
 9 (10) intermediate care facilities for individuals with an intellectual  
 10 disability or related condition;  
 11 (11) maternity homes;  
 12 (12) nursing facilities;  
 13 (13) residential child care facilities;  
 14 (14) residential psychiatric treatment centers;  
 15 (15) runaway shelters;  
 16 (16) rural health clinics;  
 17 (17) **subacute mental health facilities** [CRISIS STABILIZATION  
 18 CENTERS].

19 \* **Sec. 24.** AS 47.32.900 is amended by adding a new paragraph to read:

20 (23) "subacute mental health facility" means a facility, or a part or unit  
 21 of a facility, that has been designed to evaluate, stabilize, and treat, on a short-term,  
 22 intensive, and recovery-oriented basis, and without the use of hospitalization,  
 23 individuals experiencing an acute behavioral health crisis, including a crisis  
 24 stabilization center and a crisis residential center; in this paragraph,

25 (A) "crisis residential center" means a subacute mental health  
 26 facility that has a maximum stay of seven days;

27 (B) "crisis stabilization center" means a subacute mental health  
 28 facility that has a maximum stay of 23 hours and 59 minutes.

29 \* **Sec. 25.** AS 47.32.900(5) is repealed.

30 \* **Sec. 26.** The uncodified law of the State of Alaska is amended by adding a new section to  
 31 read:



1 REPORT TO THE LEGISLATURE. (a) One year after the effective date of this Act,  
2 the Department of Health and Social Services and the Alaska Mental Health Trust Authority  
3 shall submit a joint report to the senate secretary and chief clerk of the house of  
4 representatives and notify the legislature that the report is available. The report must

5 (1) include an assessment of the current state, federal, and accrediting body  
6 requirements for psychiatric patient rights, including patient grievance and appeal policies and  
7 procedures; the assessment must address the adequacy of these policies and procedures and  
8 the practical challenges patients face in availing themselves of these rights;

9 (2) identify and recommend any additional changes to state statutes,  
10 regulations, or other requirements that could enhance patient rights, particularly involving  
11 involuntary admissions, involuntary medications, and the practical ability of patients to avail  
12 themselves of their rights; and

13 (3) assess and recommend any needed changes to current processes for data  
14 collection and reporting of patient grievances and appeals, patient reports of harm and  
15 restraint, and the resolution of these matters.

16 (b) The process used by the Department of Health and Social Services and the Alaska  
17 Mental Health Trust Authority to develop the assessment and recommendations under (a) of  
18 this section must include convening a diverse stakeholder group that includes members  
19 representing patients with lived experience, patient advocates, the Disability Law Center of  
20 Alaska, providers of psychiatric services, the ombudsman, the Alaska Mental Health Board,  
21 the Department of Health and Social Services, and the Alaska Mental Health Trust Authority.  
22 A draft assessment and any recommendations must be made available for public comment,  
23 and any comments must be given due consideration before the production and transmittal of  
24 the final report.

25 \* **Sec. 27.** The uncodified law of the State of Alaska is amended by adding a new section to  
26 read:

27 TRANSITION: LICENSING. Notwithstanding AS 47.32.010(b), as amended by sec.  
28 23 of this Act, the Department of Health and Social Services shall consider a valid non-  
29 expired license issued before the effective date of sec. 23 of this Act to a facility identified as  
30 a crisis stabilization center as a license for a subacute mental health facility until that license  
31 is renewed, suspended, or revoked.

1     \* **Sec. 28.** The uncodified law of the State of Alaska is amended by adding a new section to  
2 read:

3             TRANSITION: REGULATIONS. The Department of Health and Social Services may  
4 adopt regulations to implement this Act. The regulations take effect under AS 44.62  
5 (Administrative Procedure Act) but not before the effective date of the law implemented by  
6 the regulation.

7     \* **Sec. 29.** Section 28 of this Act takes effect immediately under AS 01.10.070(c).



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**House Bill 172**  
**Mental Health Facilities & Meds**  
**Sectional Analysis (Ver. O)**

**Section 1:** Amends AS 12.25.031(a) to add a “crisis residential center” as another facility a peace officer may deliver a person to as an alternative to arrest. An officer may, at their discretion, deliver a person to a crisis stabilization center, crisis residential center, or evaluation facility instead of arresting them if the officer believes that the person is suffering from an acute episode of mental illness and if the person voluntarily agrees to be taken to a crisis stabilization center or evaluation facility.

**Section 2:** Conforming amendment AS 12.25.031(b) to add a “crisis residential center” as another facility a peace officer may take a person into emergency custody under AS 47.30.705 as an alternative to arrest.

**Section 3:** Conforming amendment to AS 12.25.031(c) to include “crisis residential center” in the alternative to arrest statutes (AS 12.25.031); makes it clear that delivery of a person to a crisis stabilization center, a crisis residential center, or an evaluation facility under these provisions does not constitute an involuntary commitment under AS 47.30 or an arrest.

**Section 4:** Conforming amendment to AS 12.25.031(d), alternative to arrest statutes; requires a mental health professional to make reasonable efforts to inform the arresting officer before they release a person delivered to a crisis stabilization center, crisis residential center, or an evaluation facility under this provision if the officer has specifically requested notification.

**Section 5:** Conforming amendment to AS 12.25.031(f) to include “a crisis residential center” in the alternative to arrest statutes (AS 12.25.031)

**Section 6:** Conforming amendment to AS 12.25.031(g) to include “a crisis residential center” in the alternative to arrest statutes.

**Section 7:** Amends the alternative to arrest statutes (AS 12.25.031) to update the definition of “crisis stabilization center” to have the meaning given in AS 47.32.900, which is updated in Section 24.

**Section 8:** Adds a definition for “crisis residential center” to the alternative to arrest statutes in AS 12.25.031.

**Section 9:** Conforming amendment to AS 18.65.530(c) to add “a crisis residential center” to the Mandatory

arrest for Crimes for Domestic Violence, Violation of Protective Orders, and Violation of Conditions of Release statutes (AS 18.65.530). This section of law provides that a peace officer is not required to make an arrest under AS 18.65.530(a) if the officer has authorization from a prosecuting attorney in the jurisdiction in which the offense under investigation arose to deliver the person to a crisis stabilization center, a crisis residential center, or an evaluation facility as provided in AS 12.25.031.

**Section 10:** Conforming amendment to AS 18.65.530(g) to add “a crisis residential center” to the Mandatory Arrest for Crimes Involving Domestic Violence, Violation of Protective Orders, and Violation of Conditions of Release statutes (AS 18.65.530). This section requires a peace officer who delivers a person to a crisis stabilization center, a crisis residential center, or evaluation facility to leave their contact information with the crisis stabilization center or evaluation facility and, if notified of a release from crisis stabilization under AS 12.25.031(d), to make reasonable efforts to inform the victim of a crime under (a)(1) and (2) of AS 18.65.530.

**Section 11:** Amends AS 47.30.705(a) to expand the category of who can cause a person to be taken into custody for delivery to a crisis stabilization center, a crisis residential center, evaluation facility, or treatment facility. The new language would allow a “health officer” as newly defined in Section 22, the existing “mental health professional” as defined in AS 47.30.915(13), or a physician assistant licensed by the State Medical Board to practice in this state, in addition to a peace officer to take someone into custody.

Clarifies that a person is taken “into custody” by a peace officer or health officer and then delivered to the nearest crisis stabilization center, crisis residential center, evaluation facility or treatment facility.

Clarifies that a person taken into custody may not be placed in jail or other correctional facility except for protective custody purposes while they await transportation to a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility.

**Section 12:** Adds a new subsection (c) to AS 47.30.705 that requires a peace officer or health officer to prioritize delivery to a crisis stabilization center if one exists in the area served by the peace officer or health officer.

**Section 13:** Adds a new section AS 47.30.707 for admission to and detention at a crisis stabilization center with the following options and rights for a patient:

- (a) Requires a mental health professional to examine the patient (respondent) delivered to a crisis stabilization center within 3 hours after arrival when a patient (respondent) is delivered pursuant to AS 47.30.705 and specifies that a hold may last no longer than 23 hours and 59 minutes.
- (b) Creates a new process for evaluation, stabilization, and treatment at crisis residential centers which provides a less restrictive alternative to traditional involuntary commitment holds at a Designated Evaluation and Treatment Facility (DET) or the Alaska Psychiatric Institute (API). If there is probable cause to believe the person’s crisis could be stabilized by admitting to a crisis residential center, the mental health professional in charge at the 23-hour, 59-minute crisis stabilization center can apply to the court for an ex parte detention order after which the person could be detained at a crisis residential center for no more than 7 days.

Adds a new section AS 47.30.708 for admission to and detention at a crisis residential center with the following options and rights for a patient:

- (a) Requires a mental health professional to examine the patient's (respondent) mental and physical condition within 3 hours after arrival.
- (b) Allows the mental health professional who performs the emergency examination under (a) to admit the patient (respondent) to the crisis residential center if:
  - 1. The patient (respondent) is mentally ill and that condition causes the respondent to be gravely disabled or to present a likelihood of serious harm to self or others; and
  - 2. The patient's (respondent's) acute behavioral health crisis will be resolved during admission to the crisis residential center.
- (c) Allows the mental health professional to apply for an ex parte order under AS 47.30.700 if admission is made to a crisis residential center and a judicial order has not been obtained. Sets forth that the court will grant an application if there is probable cause to believe that the patient's (respondent's) acute behavioral health crisis will be resolved during admission to a crisis residential center.
- (d) Requires the court to set a time for a 72-hour evaluation hearing to be held if needed within 72 hours after the patient's (respondent's) arrival to the crisis stabilization center or crisis residential center, whichever is earlier, if a court grants admission to a crisis residential center under (c). Sets out the parties the court must notify of the time and place of the hearing. Provides for the computation of time of the 72-hour period, which does not include Saturdays, Sundays, and legal holidays. Requires hearings to be held at the crisis residential center in person by contemporaneous two-way video conference or by teleconference.
- (e) Sets forth the requirements for a petition filed in court for a 30-day commitment or for detention at a crisis stabilization center. Requires a petition for a 30-day commitment to confirm with AS 47.30.730, which is the statute regarding petitions for 30-day commitment to a treatment facility. Specifies the items that must be included in any petition.
- (f) Provides for the court reviewing a 30-day commitment petition under (d) to hold the next hearing in accordance with AS 47.30.735. If the 30-day commitment petition is granted, allows the patient (respondent) to remain at the crisis residential center until admission to a designated treatment facility.
- (g) Provides for patients' rights listed in AS 47.30-735(b)(1)-(9) when the court is reviewing a petition for detention under (d) to a crisis residential center. Allows the court to order a patient (respondent) to be detained at a crisis residential center for up to seven days from the date of first admission to a crisis stabilization center or crisis residential center if the court has probable cause to believe:
  - A. The patient (respondent) is mentally ill and that condition causes the respondent to be gravely disabled or to present a likelihood of serious harm to self or others; and
  - B. The patient's (respondent's) acute behavioral health crisis will be resolved during admission to the crisis residential center.

Adds a new section AS 47.30.709. Rights of respondents at crisis stabilization centers and crisis residential centers; psychotropic medication; time.

- (a) Requires that if at any time during an involuntary hold at a crisis stabilization center or crisis residential center, the patient (respondent) no longer meets the standards for a stabilization hold or detention, that they no longer be held or detained and the court notified if applicable.
- (b) Provides for the patient's (respondent's) rights when being involuntarily held at a crisis stabilization center or crisis residential center.

- (c) Allows for the patient (respondent) to convert to voluntary status for care.
- (d) Allows a crisis stabilization center or crisis residential center to administer crisis psychotropic medication consistent with the practice permitted in AS 47.30.838 for evaluation and designated treatment facilities.
- (e) Adds language to clarify how time is calculated in this section for the 23-hour, 59- minutes holding period at a crisis stabilization center and the seven-day detention at a crisis residential center.

In this section “professional person in charge” has the meaning given in AS 47.30.915(17).

**Section 14:** Provides clarifying edits to AS 47.30.710 to remove references to a “crisis stabilization center” because new AS 47.30.707 and AS 47.30.708 address this process under Section 13.

Adds language to allow a mental health professional, after examination, to either:

1. Admit the person to a crisis residential center;
2. Hospitalize the respondent; or
3. Arrange for emergency hospitalization.

**Section 15:** Adds a new subsection (c) to AS 47.30.710 to require application for an ex parte order if a judicial order is not in place.

Adds a new subsection (d) requiring a mental health professional to apply for an ex parte order if a patient (respondent) is readmitted to an evaluation facility after discharge from a subacute mental health facility and is not willing to stay voluntarily. Requires the patient (respondent) to stay at the evaluation facility until the court issues a decision on the ex parte application.

**Section 16:** Amends AS 47.30.715 to clarify that orders for evaluation are directed to “evaluation facilities” and to require admission of the patient (respondent) for a 72-hour evaluation to determine if a petition for 30-day commitment should be filed. Clarifies the individuals that are required to be notified by the court of the hearing arrangements.

**Section 17:** Amends AS 47.30.805(a), a computation of time statute, to include computation for proceedings or transportation to a crisis residential center. Adds a new computation for a seven-day detention at a crisis residential center.

**Section 18:** Amends AS 47.30.838(c) to include crisis stabilization center and crisis residential center as a type of facility authorized to administer psychotropic crisis medication when there is a crisis situation where the patient requires immediate medication to prevent significant physical harm to themselves or others. Current law allows a facility to administer three periods of crisis medication without further court approval, but also states a facility should consider the patient’s view on how to manage future crises.

**Section 19:** Adds a new section to AS 47.30 to require the department to adopt regulations to implement these changes to the involuntary commitment statutes.

**Section 20:** Amends AS 47.30.915(7) to clarify that “evaluation facility” means a department-designated hospital or crisis residential center that has been designated to perform evaluations, or a medical facility operated by the federal government that performs evaluations.

**Section 21:** Amends the definition of “peace officer” in AS 47.30.915(15) to have the meaning given in AS 01.10.060(a).

**Section 22:** Amends AS 47.30.915 to provide definitions:

- “crisis residential center” has the meaning given in AS 47.32.900.
- “crisis stabilization center” has the meaning given in AS 47.32.900.
- “health officer” means a state, municipal, or other local health officer, public health nurse, emergency medical technician, paramedic, firefighter, or a person authorized by the court to carry out AS 47.30.660-47.30.915. This definition removed “state, municipal, or other local health officers, public health nurse, or a person authorized by the court to carry out AS 47.30.700-AS 47.30.915” from the current definition of “peace officer” found in AS 47.30.915(7), adds emergency medical technician, paramedic, and firefighter, and creates a new term for all of these providers.
- “subacute mental health facility” is defined in AS 47.32.900.

**Section 23:** Amends the licensing statutes in AS 47.32.010(b) to change “crisis stabilization centers” to “subacute mental health facilities.”

**Section 24:** Adds a new paragraph to AS 47.32.900 to define “subacute mental health facilities” in the licensing statutes and provides for “crisis residential centers” and “crisis stabilization centers” as subtypes of “subacute mental health facilities.”

- “crisis residential center” means a subacute mental health facility that has a maximum stay of seven days.
- “crisis stabilization center” means a subacute mental health facility that has a maximum stay of 23 hours and 59 minutes.

**Section 25:** Repeals AS 47.32.900(5), the current definition for “crisis stabilization centers” since it is replaced with the new definition in Section 24.

**Section 26:** Adds a new section to the uncodified law to require the department and the Alaska Mental Health Trust Authority to submit a joint report to the Legislature one year after the effective date of the act. The report shall assess current state, federal, and accrediting body requirements for psychiatric patient rights, including patient grievances and appeal policies, data collection and reporting of patient grievances and appeals, patient reports of harm and restraint, and the resolution of these matters. The report must include recommendations. The process to assess and provide recommendations for needed changes must include the convening of a diverse stakeholder group and require a robust public comment process.

**Section 27:** Adds a new section to the uncodified law to clarify that DHSS will consider previously issued “crisis stabilization center” licenses as a license for “subacute mental health facility.”

**Section 28:** Adds a new section to the uncodified law to allow the department to adopt transition regulations to implement this act.

**Section 29:** Provides for an immediate effective date for the bill.



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**House Bill 172**  
**Mental Health Facilities & Meds**  
**Explanation of Changes**

**Version A to Version O (HJUD)**

- Title Changes (Page 1, lines 1 – 4)
- Sections 1-8 (Page 1, line 5 – Page 3, line 9)
  - New sections which are conforming amendments to the Alternative to arrest statutes in AS 12.25.031 to add a “crisis residential center” as another facility a peace officer may deliver a person to as an alternative to arrest.
- Section 9 & 10 (Page 3, lines 10 – 24)
  - Adds new sections, which are conforming amendments to add “a crisis residential center” to the Mandatory arrest for Crimes for Domestic Violence, Violation of Protective Orders, and Violation of Conditions of Release statutes (AS 18.65.530).
- Section 11 (Page 3, line 25 – Page 4, line 16)
  - Adds the term “health officer” on Page 4, lines 5 and 12, which is a newly defined term found in Section 22. This change was required due to changing the definition of “peace officer” to be consistent with that definition found in other locations in statute.
  - Adds the term “crisis residential center” on Page 4, lines 5, 10, and 15 for additional clarity
  - Adds the term “treatment facility” on Page 4, line 7
  - Removes the term “subacute mental health facility” on Page 4, lines 10 & 15 and instead uses the specific subtypes of “crisis stabilization center” and “crisis residential center” for additional clarity
  - Adds “physician assistant” on Page 4, line 13 as an individual that can complete an application for examination of the person in custody along with “peace officer, health officer, and mental health professional.”
- Section 13 (Page 4, line 22 – Page 8, line 15)
  - Overall, amended section in order to have statutes specific to either crisis stabilization centers or crisis residential centers instead of using the umbrella term “subacute mental health facility.” Also adds a statute specific to rights of respondents.
  - Updated title to Sec. 47.30.707 to “Admission to and hold at a crisis stabilization center” on Page 4, line 23
  - Changed “shall” to “may” on Page 5, line 2
  - New Sec. 47.30.708 “Admission to and detention at a crisis residential center” on Page 5, line 8



- New subsection requiring the court to set a time for a hearing to be held if needed within 72 hours after the respondent’s arrival at the crisis stabilization center or crisis residential center, whichever is earlier – Page 5, line 29 – Page 6, line 12.
- New subsections outlining the court petition and hearing processes for a 30-day commitment or seven-day detention at a crisis residential center – Page 6, line 13 – Page 7, line 20.
- New Sec. 47.30.709 “Rights of respondents at crisis stabilization centers and crisis residential centers; psychotropic medication; time.” – Page 7, line 21
- Amended and clarified which rights were applicable to adults and which rights are applicable to minors on Page 7, line 30 – Page 8, line 1
- Changed “subacute mental health facility” to be “crisis stabilization center” on Page 8, line 12
- Changed “120-hour detention” to “seven-day” detention on page 8, line 13 and made it specific to “crisis residential centers.
- Section 14 (Page 8, line 16 – Page 9, line 6)
  - Removes “admission to crisis residential center” from the statute title of Sec. 47.30.710 since it is now covered in Section 13 under Sec. 47.30.708.
  - Adds “the respondent” on Page 8, line 30 for additional clarity
  - Removed the option to “Hold the respondent at a crisis stabilization center” since that is now covered in Section 13 under Sec. 47.30.707.
  - Removed from Ver. A “readmit the respondent to a crisis residential center; if the readmission occurs within 24 hours of an admission under this paragraph, the crisis residential center shall obtain prior authorization from the department.”
- Section 15 (Page 9, lines 7 – 19)
  - Amended subsection (d) on lines 12 – 19 to be specific to a respondent being readmitted to an evaluation facility after discharge from a subacute mental health facility (either a crisis stabilization center or a crisis residential center) and the respondent is not willing to remain at evaluation facility on a voluntary basis. Removed from Ver. A the readmission hearing to be held within 48 hours since the mental health professional must apply for an ex parte order authorizing hospitalization for evaluation, which will start a new 72-hour evaluation period.
- Section 16 (Page 9, lines 20 – 31)
  - Removed “when it may safely do so” from line 22.
  - Adds “evaluation” to lines 23 and 26 for more clarity
  - Adds “the respondent’s guardian, if any” as someone the court must notify to the time and place of a 30-day commitment hearing on line 27
  - Changes “prosecuting” to “petitioner’s attorney, if any” on line 28
  - Adds “the attorney general” as someone the court must notify to the time and place of a 30-day commitment hearing on line 28
  - Adds “time and place of the” and removes “arrangements” specific to the hearing details on line 29
- Section 17 (Page 10, lines 1-26)
  - Adds “AS 47.30.708” to line 4 to account for 72-hour evaluations at crisis residential centers.
  - Removes “a 48-hour hearing deadline under AS 47.30.710, or a 24-hour readmission period under AS 47.30.710” from lines 4-9 since those elements were removed from Sections 14 & 15.
  - Removes “or crisis residential center” from line 9.

- Adds new time computation for a “seven-day detention” on lines 8-10.
- Renumbers to conform to changes
- Legislative drafter added in subsection (b) on lines 18-26 and changed “there is one” to “any” on line 22.
- Section 18 (Page 10, line 27 – Page 11, line 1)
  - Changed “subacute mental health facility” to “crisis stabilization center, crisis residential center” on Page 10, lines 29 & 30
  - Changed “no” to “not” on Page 10, line 31
  - Removed from Ver. A the language found in section 9, lines 22 – 31 that would have allowed a patient to give informed consent for more than three crisis periods at a time they were capable of giving informed consent. This change keeps the use and length of time for psychotropic medication as it is in statute today.
- Section 20 (Page 11, lines 5 – 10)
  - Adds back in language to the definition of “evaluation facility” and further clarifies it to read “or a medical facility operated by the federal government that performs evaluations” on lines 8-10. This will ensure tribally run facilities can be included in this definition.
- Section 21 (Page 11, lines 11-17)
  - Changes the definition of “peace officer” to have the meaning given in AS 01.10.060(a)
- Section 22 (Page 11, lines 18 – 26)
  - Updates the definition of “crisis residential center” to have the meaning given in AS 47.32.900. (line 19)
  - Updates the definition of “crisis stabilization center” to have the meaning given in AS 47.32.900. (lines 20-21)
  - Creates a new term and provides a definition for “health officer.” This definition removed “state, municipal, or other local health officers, public health nurse, or a person authorized by the court to carry out AS 47.30.700-AS 47.30.915” from the current definition of “peace officer” found in AS 47.30.915(7), and added emergency medical technician, paramedic, and firefighter to create a new term for all of these providers. (lines 22-24)
  - Renumbered definitions as a conforming change
- Section 24 (Page 12, lines 19 – 28)
  - Fixes typo in “recovery-oriented” on line 22
  - Removed word “inpatient” to describe “hospitalization” on line 22
  - Adds “including a crisis stabilization center and a crisis residential center” on lines 23 and 24 as a drafting style preference
  - Updates the definition of “crisis residential center” on lines 25 and 26 to mean a subacute mental health facility that has a maximum stay of seven days.
  - Updates the definition of “crisis stabilization center” on lines 27 and 28 to mean a subacute mental health facility that has a maximum stay of 23 hours and 59 minutes.
- Section 26 (Page 12, line 30 – Page 13, line 24)
  - Adds a new section directing the Department of Health and Social Services and the Alaska Mental Health Trust Authority to submit a report and recommendations to the Legislature regarding patient rights.

# Fiscal Note

State of Alaska  
2022 Legislative Session

Bill Version: HB 172  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: CSHB172-DOA-PDA-2-18-22  
Title: MENTAL HEALTH FACILITIES & MEDS  
Sponsor: RLS BY REQUEST OF THE GOVERNOR  
Requester: House Judiciary

Department: Department of Administration  
Appropriation: Legal and Advocacy Services  
Allocation: Public Defender Agency  
OMB Component Number: 1631

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2023	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2023 Request	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
<b>OPERATING EXPENDITURES</b>	<b>FY 2023</b>	<b>FY 2023</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>
Personal Services	415.4		415.4	415.4	415.4	415.4	415.4	415.4
Travel	2.6		2.6	2.6	2.6	2.6	2.6	2.6
Services	60.2		60.2	60.2	60.2	60.2	60.2	60.2
Commodities	4.4		4.4	4.4	4.4	4.4	4.4	4.4
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>482.6</b>	<b>0.0</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>

## Fund Source (Operating Only)

1004 Gen Fund (UGF)	482.6		482.6	482.6	482.6	482.6	482.6	482.6
<b>Total</b>	<b>482.6</b>	<b>0.0</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>	<b>482.6</b>

## Positions

Full-time	4.0		4.0	4.0	4.0	4.0	4.0	4.0
Part-time								
Temporary								

## Change in Revenues

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2022) cost:** 0.0 *(separate supplemental appropriation required)*

**Estimated CAPITAL (FY2023) cost:** 0.0 *(separate capital appropriation required)*

**Does the bill create or modify a new fund or account?** No  
*(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)*

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

## Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: <u>Samantha Cherot, Public Defender</u>	Phone: <u>(907)334-4414</u>
Division: <u>Public Defender Agency</u>	Date: <u>02/18/2022</u>
Approved By: <u>Leslie Isaacs, Administrative Services Director</u>	Date: <u>03/04/2022</u>
Agency: <u>Department of Administration</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

BILL NO. CSHB 172

**Analysis**

This bill allows non-hospital facilities to be designated as “evaluation facilities” for involuntary commitment, expanding capacity for psychiatric stabilization and treatment. Establishing crisis residential centers for providing short term treatment and evaluation for those experiencing a mental health crisis should alleviate some burdens on public safety and current facilities with limited capacity.

Patients subject to psychiatric holds have a right to legal representation in some circumstances and this would continue for those utilizing these centers. The Public Defender Agency would continue representing people who are facing involuntary commitment proceedings or determinations in these facilities, as it does presently for those in hospital facilities throughout Alaska. With the creation of more facilities where clients may be located, and these holds litigated, the Agency will need increased attorney and staff capacity for clients representation. The hearing schedules for these types of hearings are often in conflict with other court calendars, and the clients often need immediate and in person contact to best communicate with their attorneys. Additionally, commitment proceedings require extensive staff time to track and monitor orders and release dates on behalf of clients as these vulnerable Alaskans may not be able to effectively monitor these dates on their own.

The Agency will need the following positions to address the increased workload:

Add Attorney 1-4 (range 24, Anchorage)

Personal Services - \$152.0  
Indirect rates- \$13.7  
Case costs (experts, transcripts, etc.) -\$5.4  
Travel -\$2.6  
Commodities - \$1.1

Add Paralegal 2 (range 16, Anchorage)

Personal Services - \$95.6  
Indirect rates- \$13.7  
Commodities - \$1.1

Add Paralegal 2 (range 16, Palmer)

Personal Services - \$95.6  
Indirect rates- \$13.7  
Commodities - \$1.1

Add Law Office Assistant 1 (range 11, Fairbanks)

Personal Services - \$72.2  
Indirect rates- \$13.7  
Commodities - \$1.1

# Fiscal Note

State of Alaska  
2022 Legislative Session

Bill Version:	CSHB 172(JUD)
Fiscal Note Number:	7
(H) Publish Date:	2/28/2022

Identifier: HB172-DFCS-IMH-2-11-2022  
 Title: MENTAL HEALTH FACILITIES & MEDS  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: (H) JUD

Department: Department of Family and Community Services  
 Appropriation: Inpatient Mental Health  
 Allocation: Designated Evaluation and Treatment  
 OMB Component Number: 3355

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2023 Appropriation Requested	Included in Governor's FY2023 Request	Out-Year Cost Estimates					
			FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
<b>OPERATING EXPENDITURES</b>								
Personal Services	94.9		113.9	113.9	113.9	113.9	113.9	113.9
Travel	3.2		3.2	3.2	3.2	3.2	3.2	3.2
Services	108.0		108.0	108.0	108.0	108.0	108.0	108.0
Commodities	19.0		4.0	4.0	4.0	4.0	4.0	4.0
Capital Outlay								
Grants & Benefits	600.0		1,500.0	2,700.0	2,700.0	2,700.0	2,700.0	3,900.0
Miscellaneous								
<b>Total Operating</b>	<b>825.1</b>	<b>0.0</b>	<b>1,729.1</b>	<b>2,929.1</b>	<b>2,929.1</b>	<b>2,929.1</b>	<b>2,929.1</b>	<b>4,129.1</b>

## Fund Source (Operating Only)

1007 I/A Rcpts (Other)	150.0		300.0	300.0	300.0	300.0	300.0	300.0
1037 GF/MH (UGF)	675.1		1,429.1	2,629.1	2,629.1	2,629.1	2,629.1	3,829.1
<b>Total</b>	<b>825.1</b>	<b>0.0</b>	<b>1,729.1</b>	<b>2,929.1</b>	<b>2,929.1</b>	<b>2,929.1</b>	<b>2,929.1</b>	<b>4,129.1</b>

## Positions

Full-time	1.0		1.0	1.0	1.0	1.0	1.0	1.0
Part-time								
Temporary								

## Change in Revenues

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2022) cost:** 0.0 (separate supplemental appropriation required)

**Estimated CAPITAL (FY2023) cost:** 0.0 (separate capital appropriation required)

**Does the bill create or modify a new fund or account?** No  
 (Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
 If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/24

## Why this fiscal note differs from previous version/comments:

This fiscal note has been updated to reflect FY23 and the change to the Department of Family and Community Services. Changes include reassessment of DES/DET facility costs; an increase in the number of projected DES/DET facilities to include non-DSH eligible tribal entities; and the inclusion of 1 FTE and legal fees.

Prepared By:	Clinton Lasley, Deputy Commissioner	Phone:	(907)465-3030
Division:	Office of the Commissioner	Date:	01/07/2022
Approved By:	Sylvan Robb, Assistant Commissioner	Date:	01/24/22
Agency:	Department of Health and Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

## Analysis

Introduction of this bill is required to fulfill the department's obligations under the settlement in Case No. 3AN-18-9814 CI with the Disability Law Center (DLC) on September 3, 2020. The settlement includes a requirement that the department improve capacity for individuals to receive timely evaluations and treatment in the least restrictive settings.

Crisis stabilization services will free up public safety resources for police and Alaska State Troopers, Corrections, and the Court System.

The current system relies on law enforcement, emergency medical services (EMS), and hospital emergency rooms to serve people in behavioral health crisis. Crisis stabilization services provide an opportunity to divert individuals experiencing a behavioral health emergency to the appropriate level of behavioral health treatment.

Without these services, law enforcement officers are often the first to respond and continually engage with individuals in behavioral health crisis, which is largely outside of their scope of training. Increasing the availability of crisis stabilization services across Alaska allows law enforcement to focus more on crime prevention and other law enforcement activities.

This bill allows a new facility type to seek departmental designation to become evaluation facilities for involuntary commitment, similar to current Designated Evaluation and Stabilization (DES) and Designated Evaluation and Treatment (DET) centers, thereby expanding capacity for psychiatric stabilization and treatment.

State regulatory guidance currently allows only hospitals to be designated as DES/DET entities. This bill authorizes DES/DET like services to be implemented at non-hospital locations if designated by the department in advance of state regulation updates. The department will adopt regulations as soon as possible, on or before 7/1/2024. The updated regulations will allow DES facilities to qualify for federal Disproportionate Share Hospital (DSH) funding.

Funding used to support DES/DET hospitals leverages the DSH fund source, which is also limited to hospitals.

Because not all individuals subject to a civil commitment have insurance, this fiscal note analysis reflects the costs associated with those individuals who are not covered by a payor – including private insurance or Medicaid – but require services through a facility designated as a DES/DET. The 1115 Behavioral Health Medicaid Waiver (1115 Waiver) will pay for DES/DET services when 1115 Waiver crisis stabilization services are provided by a Medicaid provider with an 1115 Waiver specialty and the patient is a Medicaid patient.

The non-hospital locations contemplated in this bill include a 23-hour crisis observation and stabilization center. A 23-hour crisis observation and stabilization center will provide prompt observation and stabilization services to individuals presenting with acute symptoms of emotional distress for up to 23-hours and 59 minutes in a secure environment. A short-term crisis residential center is a medically monitored short-term residential program in a facility that provides 24/7 psychiatric stabilization. This fiscal note serves to compensate providers when there is no other payor source, in an amount that is sufficient to pay for DES/DET services.

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

BILL NO. HB172

**Analysis**

While a significant number of service recipients will be Medicaid eligible, not all recipients seeking services will be Medicaid eligible, meaning not all costs incurred will be reimbursable by Medicaid. A facility operating as a DES/DET does not have the option to refuse service, and therefore will incur unpaid costs. DES/DET facilities use the “no wrong door” approach, where any individual, regardless of their ability to pay, will receive services when an individual is ordered there by the court as a civil commitment.

Traditionally, the department utilizes DSH funding for hospitals that are designated as a DES/DET to cover the costs associated with providing uncompensated care to individuals who do not have a payor source for services. DSH funding is a combination of state and federal funding, with the federal portion limited to hospitals and the state portion defined in Alaska Administrative Code. The proposed DES/DET facilities in this bill that are not hospitals or that are tribal entities will not qualify for the federal match portion of DSH funding per federal regulations.

Funding will need to be available to cover the services for which federal DSH funding is not available and also to cover individuals with no payor source. Without this funding, it is unlikely that new entities (non-hospitals and tribal entities) will become DES/DET providers. The funding reflected in this fiscal note reflects the estimated cost to the department to cover state general funded DES/DET facilities, as no federal match would be available.

In FY 2022, a new Executive Order was introduced that restructures the Department of Health and Social Services (DHSS) into two departments: the Department of Health (DOH) and the Department of Family & Community Services (DFCS). After the restructure, the administration of DES/DET will transition from the Division of Behavioral Health (DBH), DOH to DFCS.

DES / DET Facility Uncompensated Care Costs							
		FY23	FY24	FY25	FY26	FY27	FY28
A	# of DSH qualifying facilities	1	2	2	2	2	2
B	Fed DSH (in Medicaid Services fiscal note)	\$150	\$300	\$300	\$300	\$300	\$300
C	UGF match for DSH (this fiscal note)	\$150	\$300	\$300	\$300	\$300	\$300
D	# of Non-DSH qualifying facilities	1	3	7	7	7	11
E	UGF funding for facilities in lieu of DSH (this fiscal note)	\$300	\$900	\$2,100	\$2,100	\$2,100	\$3,300
A+D	# of Total DSH facilities	2	5	9	9	9	13
B	Fed total (Medicaid Services fiscal note)	\$150	\$300	\$300	\$300	\$300	\$300
C+E	UGF total (page 1 this fiscal note)	\$450	\$1,200	\$2,400	\$2,400	\$2,400	\$3,600

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

BILL NO. HB172

### Analysis

Some new DES/DET facilities will not qualify for the federal share of Disproportionate Share Hospital (DSH) funding, because not all facilities are hospitals and some of the facilities will be tribal hospitals which do not qualify for DSH per federal regulations. The department anticipates that it will cost \$300.0 per new DES/DET facility that is added. This amount reflects the average of DES/DET expenditures from a look back period of 3 years. An average estimate was used due to an anticipated decrease in the utilization of DES/DET services as a result of 23-hour crisis stabilization services.

In FY23, the state anticipates that one hospital and one non-hospital will stand up DES/DET services. The hospital will be eligible for 50% federal match of the estimated \$300.0. The one non-hospital will require 100% state funding of the estimated \$300.0.

In FY24, the state anticipates that there will be one hospital and two non-hospitals to stand up these services. The hospital will be eligible for 50% federal match of the estimated \$300.0. The two non-hospitals will require 100% state funding.

In FY25 - FY27, the state anticipates that tribal entities will stand up these services in rural Alaska. Tribal entities are not eligible for federal match. Therefore, state funding will need to cover the additional four DES/DET entities anticipated for FY25. The state anticipates that this amount will stay consistent from FY25 to FY27.

In FY28, the state anticipates that more tribal entities, in increasingly rural areas, may provide DES/DET services through 23-hour crisis stabilization services. Therefore, state funding increases in FY28 to cover four additional DES/DET entities.

The interagency receipts are supported with federal receipts in the Medicaid appropriation.

#### **Additional costs associated with implementing HB 172:**

**Personal Services:** 1 full-time employee (FTE) is needed at an annual cost of \$113.9. The salary amount will be prorated in FY23 to reflect a September 1, 2022 hire date.

*Health Program Manager II*

Range 19 Step C based in Anchorage

Salary: \$68,270 Benefits: \$45,598 Total: \$113,868.

**Travel:** Administrative site visits to assist with licensure process: \$3.2 annually

**Services:** Reimbursable Services Agreement (RSA) to the Department of Law, Civil Division at an annual estimated cost of \$90,000. The Department of Law Civil Division will provide legal services for the Department of Health, Division of Behavioral Health (DBH) at the Office of Management and Budget approved FY 2022 rate of \$169.16 per attorney hour and \$109.22 per paraprofessional hour. In addition, DOH/DBH will reimburse Law for direct case costs including but not limited to case specific travel, contractual costs, materials, courier, processing fees, etc. to total an additional \$18,000.00 per year.

**Commodities:** \$19.0 for FY23 to purchase IT equipment and additional office supplies for the new position and then \$4.0 for subsequent years



# Fiscal Note

State of Alaska  
2022 Legislative Session

Bill Version:	CSHB 172(JUD)
Fiscal Note Number:	6
(H) Publish Date:	2/28/2022

Identifier: HB172-DOH-MS-2-11-2022  
 Title: MENTAL HEALTH FACILITIES & MEDS  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: (H) JUD

Department: Department of Health  
 Appropriation: Medicaid Services  
 Allocation: Medicaid Services  
 OMB Component Number: 3234

### Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2023	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2023 Request	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
<b>OPERATING EXPENDITURES</b>	<b>FY 2023</b>	<b>FY 2023</b>						
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits	150.0		300.0	300.0	300.0	300.0	300.0	300.0
Miscellaneous								
<b>Total Operating</b>	<b>150.0</b>	<b>0.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>

### Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	150.0		300.0	300.0	300.0	300.0	300.0	300.0
<b>Total</b>	<b>150.0</b>	<b>0.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>	<b>300.0</b>

### Positions

Full-time								
Part-time								
Temporary								

### Change in Revenues

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2022) cost:** 0.0 *(separate supplemental appropriation required)*

**Estimated CAPITAL (FY2023) cost:** 0.0 *(separate capital appropriation required)*

**Does the bill create or modify a new fund or account?** No  
*(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)*

### ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
 If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/24

### Why this fiscal note differs from previous version/comments:

This fiscal note has been updated to reflect FY23 and the change to the Department of Health. Changes include reassessment of DES/DET costs.

Prepared By:	Linnea Osborne, Manager	Phone:	(907)465-6333
Division:	Finance and Management Services	Date:	01/07/2022
Approved By:	Sylvan Robb, Assistant Commissioner	Date:	01/24/22
Agency:	Department of Health and Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

## Analysis

Introduction of this bill is required to fulfill the department's obligations under the settlement in Case No. 3AN-18-9814 CI with the Disability Law Center (DLC) entered into on September 3, 2020. The settlement includes a requirement that the department improve capacity for individuals to receive timely evaluations and treatment in the least restrictive settings. Crisis stabilization services will free up public safety resources for Police and Alaska State Troopers, Corrections, and the Court System.

Our current system relies on law enforcement, emergency medical services (EMS), and hospital emergency rooms to serve people in behavioral health crisis. Crisis stabilization services provide an opportunity to divert individuals experiencing a behavioral health emergency to the appropriate level of behavioral health treatment.

Without these services, law enforcement officers are often the first to respond and continually engage with individuals in behavioral health crisis, which is largely outside of their scope of training. Increasing the availability of crisis stabilization services across Alaska allows law enforcement to focus more on crime prevention and other law enforcement activities.

This bill allows a new facility type to seek departmental designation to become "evaluation facilities" for involuntary commitment, similar to current Designated Evaluation and Stabilization (DES) and Designated Evaluation and Treatment (DET) centers, thereby expanding capacity for psychiatric stabilization and treatment.

State regulatory guidance currently allows only hospitals to be designated as DES/DET entities. This bill authorizes DES/DET like services to be implemented at non-hospital locations if designated by the department in advance of state regulation updates. The department will adopt regulations as soon as possible, on or before 7/1/2024.

The non-hospital locations contemplated in this bill include a 23-hour crisis observation and stabilization center. A 23-hour crisis observation and stabilization center will provide prompt observation and stabilization services to individuals presenting with acute symptoms of acute or emotional distress for up to 23-hours and 59 minutes in a secure environment. A short-term crisis residential center is a medically monitored short-term residential program in a facility that provides 24/7 psychiatric stabilization.

The department estimates that two new hospitals, that qualify for disproportionate share funding (DSH), will seek departmental designation to become a DES/DET facility. This fiscal note analysis reflects the increase in federal receipts that will be needed for new DES/DET facilities that are hospitals and that qualify to receive DSH funding. As DSH funding is composed of a state and federal match, this fiscal note reflects the DSH federal match which is funded through Medicaid. We estimate that \$100.0 in federal receipts will be needed in FY2022 for the first new hospital, and that an additional \$100.0 in federal receipts will be needed in FY2023 for a second DES/DET hospital. This results in a total federal receipt increase of \$200.0 for FY2023 and beyond. This amount reflects the lowest average of DES/DET expenditures from a look back period of 5 years. The lowest average was used due to an anticipated decrease in the utilization of DES/DET services as a result of 23-hour crisis stabilization services.

While a significant number of service recipients will be Medicaid eligible, not all recipients seeking services will be Medicaid eligible and not all costs incurred will be reimbursable by Medicaid. A facility operating as a DES/DET does not have the option to refuse service, and therefore will incur unpaid costs. DES/DET facilities use the "no wrong door" approach, where any individual, regardless of their ability to pay, will receive services when ordered there by a court as a civil commitment. Once an individual is court ordered to a DES/DET, the facility is responsible for evaluation and treatment, as well as payment for qualified staff to deliver DES/DET services, even if the client has no insurance payor.

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

BILL NO. HB172

**Analysis**

The 1115 Behavioral Health Medicaid Waiver (1115 Waiver) will pay for DES/DET services when the 1115 Waiver crisis stabilization services are provided by a Medicaid provider with an 1115 Waiver specialty and the patient is a Medicaid patient. The estimated uptick in Medicaid recipients receiving Medicaid services in these new facilities has already been included as part of the Medicaid budget and is not included as part of this fiscal note. This fiscal note serves to compensate providers when there is no other payor source, in an amount that is sufficient to pay for DES/DET services.

# Fiscal Note

State of Alaska  
2022 Legislative Session

Bill Version:	CSHB 172(JUD)
Fiscal Note Number:	4
(H) Publish Date:	2/28/2022

Identifier: HB172-DPS-DET-02-16-22  
 Title: MENTAL HEALTH FACILITIES & MEDS  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: (H) Judiciary

Department: Department of Public Safety  
 Appropriation: Alaska State Troopers  
 Allocation: Alaska State Trooper Detachments  
 OMB Component Number: 2325

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2023	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2023 Request	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
<b>OPERATING EXPENDITURES</b>	<b>FY 2023</b>	<b>FY 2023</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Fund Source (Operating Only)

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Positions

Full-time								
Part-time								
Temporary								

## Change in Revenues

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2022) cost:** 0.0 (separate supplemental appropriation required)

**Estimated CAPITAL (FY2023) cost:** 0.0 (separate capital appropriation required)

**Does the bill create or modify a new fund or account?** No  
 (Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
 If yes, by what date are the regulations to be adopted, amended or repealed?

## Why this fiscal note differs from previous version/comments:

Updated for SLA2022 fiscal note template.

Prepared By: Kelly Howell, Special Assistant to the Commissioner  
 Division: Commissioner's Office  
 Approved By: April Andrews, Acting Administrative Services Director  
 Agency: Department of Public Safety

Phone: (907)269-5618  
 Date: 02/16/2022  
 Date: 02/16/22

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

**Analysis**

This bill proposes changes to AS 47.30 relating to mental health to further define crisis stabilization centers and crisis residential centers.

The bill provides that in cases where probable cause exists, a peace officer will take into custody and transport certain persons to a subacute mental health facility, evaluation facility, or treatment facility. The bill also adds a new subsection to AS 47.30.705 to require a peace officer to give priority for transport to a crisis stabilization center if one exists in the community served by the peace officer.

Should this bill pass, the Department of Public Safety (DPS) does not current anticipate an increase in costs as the facilities defined in statute to not yet exist. As services are expanded across the state as proposed in this bill, DPS will continue to monitor potential increases in costs particularly as they relate to travel and transport costs and overtime. Therefore a zero fiscal note is being submitted.

# Fiscal Note

State of Alaska  
2022 Legislative Session

Bill Version:	CSHB 172(JUD)
Fiscal Note Number:	5
(H) Publish Date:	2/28/2022

Identifier: HB172CS(JUD)-JUD-ACS-02-17-22  
 Title: MENTAL HEALTH FACILITIES & MEDS  
 Sponsor: RLS BY REQUEST OF THE GOVERNOR  
 Requester: House Judiciary

Department: Judiciary  
 Appropriation: Alaska Court System  
 Allocation: Trial Courts  
 OMB Component Number: 768

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2023	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2023 Request	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
<b>OPERATING EXPENDITURES</b>	<b>FY 2023</b>	<b>FY 2023</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>
Personal Services	165.5		165.5	165.5	165.5	165.5	165.5	165.5
Travel								
Services	4.0		4.0	4.0	4.0	4.0	4.0	4.0
Commodities	3.0		3.0	3.0	3.0	3.0	3.0	3.0
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>172.5</b>	<b>0.0</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>

**Fund Source (Operating Only)**

1004 Gen Fund (UGF)	172.5		172.5	172.5	172.5	172.5	172.5	172.5
<b>Total</b>	<b>172.5</b>	<b>0.0</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>	<b>172.5</b>

**Positions**

Full-time	2.0		2.0	2.0	2.0	2.0	2.0	2.0
Part-time								
Temporary								

**Change in Revenues**

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2022) cost:** 0.0 *(separate supplemental appropriation required)*

**Estimated CAPITAL (FY2023) cost:** 0.0 *(separate capital appropriation required)*

**Does the bill create or modify a new fund or account?** 0  
*(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? NA  
 If yes, by what date are the regulations to be adopted, amended or repealed? NA

**Why this fiscal note differs from previous version/comments:**

Updated to account for House Judiciary Committee substitute, version W.
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Prepared By:	Nancy Meade, General Counsel	Phone:	(907)463-4736
Division:	Alaska Court System	Date:	02/17/2022 12:00 PM
Approved By:	Nancy Meade for Stacey Marz, Administrative Director	Date:	02/17/22
Agency:	Alaska Court System		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2022 LEGISLATIVE SESSION

## Analysis

The Judiciary Committee substitute for House Bill 172 establishes an alternative placement option for individuals experiencing mental health crises. When a peace officer or medical professional determines that a person who could otherwise be arrested (sec. 1) or who is experiencing a mental health crisis requiring intervention, but that it is not necessary to initiate an involuntary mental health commitment process, the person can instead be admitted to a subacute mental health facility to be held and stabilized.

A person who is admitted to one of the crisis stabilization centers involuntarily will be examined and, if a mental health professional seeks to have the person detained longer, will be the subject of an ex parte application to the court (sec. 13; AS 47.30.707(b)) to have them detained for up to seven days in a crisis residential center. Then, if the court grants the ex parte application, the court must set a hearing within 72 hours of the first admission to a facility, and the court must notify a list of interested persons of the hearing. (Sec. 13; AS 47.30.708(d)). House Bill 172 will require the court system to respond quickly to these emergency detentions, and to do so in many cases on an ex parte basis.

In addition, CSHB 172 requires the court system to provide notice to a list of interested persons when an initial hearing is set in an involuntary mental commitment proceeding. (Sec. 16; AS 47.30.715)

To implement the legislation, the court system will need to prepare appropriate forms for parties and judges to use, establish procedures and workflow processes, draft clerical instructions, make changes to CourtView data entry fields, and provide training to judicial officers and clerks. The court system anticipates that it can accomplish these implementation tasks with minimal fiscal impact.

The court system is unable to determine the number of individuals who may be subject to these proceedings, and how many additional or different court hearings may be required. Therefore, the overall fiscal impact of these operational changes is not able to be determined.

The new requirements for the court to notify the respondent's guardian (this is, if the respondent was previously found to be in need of protection and the court therefore appointed a guardian for the person) when a crisis center admission is sought, as well as when an involuntary mental commitment has begun, is a task that will require additional clerical staff to accomplish. This is largely because the majority of mental commitment proceedings, and most likely a majority of the crisis center admissions created by HB 172, are filed with the court system during non-traditional work hours. The Anchorage court is staffed by a magistrate to handle these filings on nights and weekends; that magistrate is quite busy also handling after-hours domestic violence protective order filings, emergency child in need of aid filings, other emergency protective proceeding filings, bail hearings, arrest and search warrant applications, etc. The additional new task of researching the respondents' status as a protected person, and notifying the guardian of the next hearing, cannot reasonably be performed by that magistrate in light of his or her other obligations, and so will need to be handled by a clerk. The court anticipates that the existing probate staff during the daytime can assist with the notification tasks for some of these proceedings, but having existing staff do so for all the after-hours proceedings is not feasible.

This fiscal note will therefore cover two Range 12 clerks to share the hours on weekends and nights so that the added tasks called for by HB 172 can be adequately accomplished.

**AS 47.30.915 - Definitions for Alaska Involuntary Commitment Statutes  
HB 172 - Mental Health Facilities & Meds**

**AS 47.30.915. Definitions**

**In AS 47.30.660 - 47.30.915**

- (1) "**adjudication of mental illness or mental incompetence**" means a court order finding that a person is
  - (A) not guilty by reason of insanity or guilty but mentally ill under AS 12.47.040;
  - (B) incompetent to stand trial for a criminal offense under AS 12.47.100 - 12.47.120; or
  - (C) a danger to self or others, or is gravely disabled because of incapacity, incompetence, mental illness, dementia, or some other cause;
  
- (2) "**commissioner**" means the commissioner of health and social services;
  
- (3) "**court**" means a superior court of the state;
  
- (4) "**department**" means the Department of Health and Social Services;
  
- (5) "**designated treatment facility**" or "**treatment facility**" means a hospital, clinic, institution, center, or other health care facility that has been designated by the department for the treatment or rehabilitation of mentally ill persons under AS 47.30.670 - 47.30.915 but does not include correctional institutions;
  
- (6) "**disability resulting from an involuntary commitment or an adjudication of mental illness or mental incompetence**" means the prohibition against the possession of a firearm or ammunition under 18 U.S.C. 922(g)(4) that results from an involuntary commitment or adjudication of mental illness or mental incompetence;
  
- (7) "**evaluation facility**" means a health care facility that has been designated or is operated by the department to perform the evaluations described in AS 47.30.660 - 47.30.915, or a medical facility licensed under AS 47.32 or operated by the federal government;
  
- (8) "**evaluation personnel**" means mental health professionals designated by the department to conduct evaluations as prescribed in AS 47.30.660 - 47.30.915 who conduct evaluations in places in which no staffed evaluation facility exists;
  
- (9) "**gravely disabled**" means a condition in which a person as a result of mental illness
  - (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or
  - (B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person's previous ability to function independently;



**AS 47.30.915 - Definitions for Alaska Involuntary Commitment Statutes  
HB 172 - Mental Health Facilities & Meds**

(10) "**inpatient treatment**" means care and treatment rendered inside or on the premises of a treatment facility, or a part or unit of a treatment facility, for a continual period of 24 hours or longer;

(11) "**least restrictive alternative**" means mental health treatment facilities and conditions of treatment that

(A) are no more harsh, hazardous, or intrusive than necessary to achieve the treatment objectives of the patient; and

(B) involve no restrictions on physical movement nor supervised residence or inpatient care except as reasonably necessary for the administration of treatment or the protection of the patient or others from physical injury;

(12) "**likely to cause serious harm**" means a person who

(A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm;

(B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or

(C) manifests a current intent to carry out plans of serious harm to that person's self or another;

(13) "**mental health professional**" means a psychiatrist or physician who is licensed by the State Medical Board to practice in this state or is employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; an advanced practice registered nurse or a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing; a marital and family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who

(A) has a master's degree in the field of mental health;

(B) has at least 12 months of post-masters working experience in the field of mental illness; and

(C) is working under the supervision of a type of licensee listed in this paragraph;

(14) "**mental illness**" means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of the individual's actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, or both, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness;

**AS 47.30.915 - Definitions for Alaska Involuntary Commitment Statutes  
HB 172 - Mental Health Facilities & Meds**

(15) "**peace officer**" includes a state police officer, municipal or other local police officer, state, municipal, or other local health officer, public health nurse, United States marshal or deputy United States marshal, or a person authorized by the court;

(16) "**persons with mental disorders**" has the meaning given in AS 47.30.610;

(17) "**professional person in charge**" means the senior mental health professional at a facility or that person's designee; in the absence of a mental health professional it means the chief of staff or a physician designated by the chief of staff;

(18) "**provider of outpatient care**" means a mental health professional or hospital, clinic, institution, center, or other health care facility designated by the department to accept for treatment patients who are ordered to undergo involuntary outpatient treatment by the court or who are released early from inpatient commitments on condition that they undergo outpatient treatment;

(19) "**screening investigation**" means the investigation and review of facts that have been alleged to warrant emergency examination or treatment, including interviews with the persons making the allegations, any other significant witnesses who can readily be contacted for interviews, and, if possible, the respondent, and an investigation and evaluation of the reliability and credibility of persons providing information or making allegations;

(20) "**state**" means a state of the United States, the District of Columbia, the territories and possessions of the United States, and the Commonwealth of Puerto Rico, and, with the approval of the United States Congress, Canada.

# TRANSFORMING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

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

March 8, 2022



Trust  
Alaska Mental Health  
Trust Authority

# Change is Needed

Currently, Alaskans in crisis are primarily served by law enforcement, emergency rooms, and other restrictive environments

- ✓ Behavioral health crisis response is outside the primary scope of training for law enforcement, and reduces focus on crime prevention
- ✓ Limited Designated Evaluation & Treatment (DET) capacity in four communities: Juneau (BRH), Fairbanks (FMH), Mat-Su (MSRH), Anchorage (API)
- ✓ Emergency rooms are not designed for and can be overstimulating to someone in an acute psychiatric crisis

## *Physical Health Emergency*



# HB172 is a Path Forward

## HB172 will:

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

## *Behavioral* Health Emergency



# Building Blocks of Psychiatric Crisis System Reform

## 1) SB74 - Medicaid Reform (2016)

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

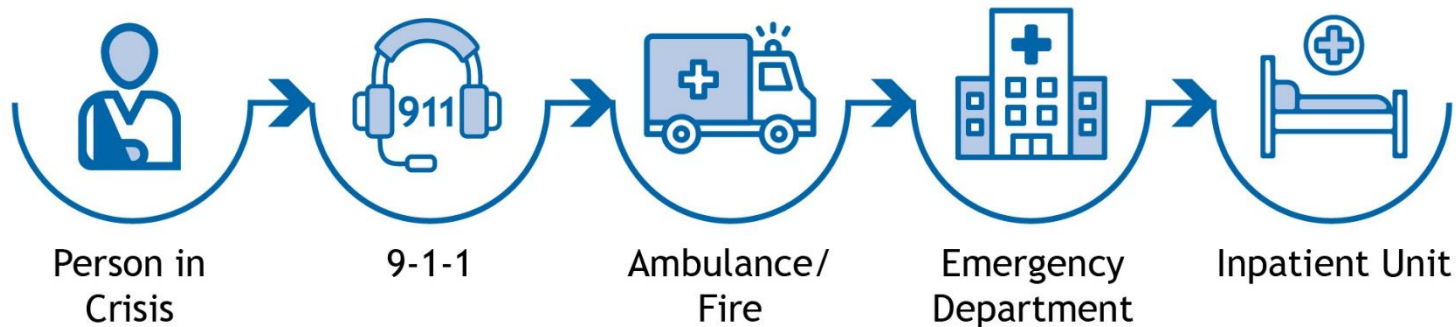
## 2) 1115 Behavioral Health Waiver

- ✓ Targets resources and services to “super utilizers”
- ✓ Provides flexibility in community behavioral health services and supports
- ✓ Creates new crisis service types that promote interventions in the appropriate settings and at the appropriate levels

## 3) System must be intentionally designed and promote a “no wrong door” philosophy

# GOAL: Design and implement a behavioral health crisis response system analogous to the physical health system

## *Physical Health* Emergency



## *Behavioral Health* Emergency



# Stakeholder Engagement

Healthcare  
Providers

State  
Agencies

Law  
Enforcement  
and First  
Responders

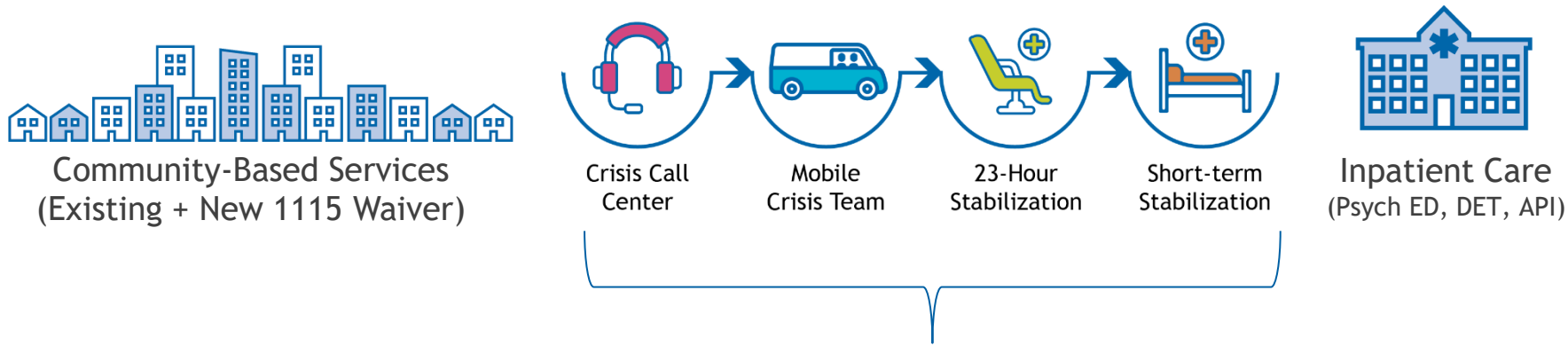
Beneficiary  
Advocates  
and  
Nonprofits

Local  
Governments

Tribal  
Organizations



# Enhanced Psychiatric Crisis Continuum of Care



Adding acute intervention services reduces cycling  
Connection to appropriate community services at any point

# Crisis Stabilization Center (23 hour)

**Provides prompt, medically monitored crisis observation and psychiatric stabilization services**

- ✓ No wrong door - walk-in, referral, and first responder drop off
- ✓ Staffed 24/7, 365 with a multi-disciplinary team
- ✓ High engagement/Recovery oriented (Peer Support)
- ✓ Immediate assessment and stabilization to avoid higher levels of care where possible
- ✓ Safe and secure
- ✓ Coordination with community-based services



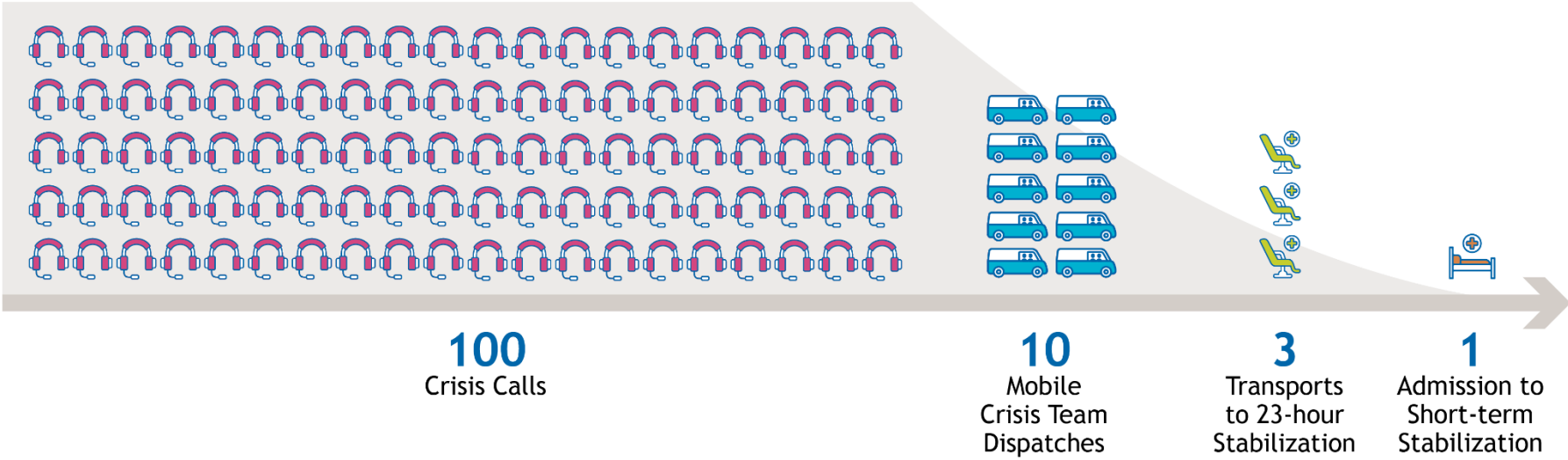
# Short-Term Crisis Residential Stabilization Center

A 24/7 medically monitored, short-term, crisis residential program that provides psychiatric stabilization

- ✓ Safe and secure - serves voluntary and involuntary placements
- ✓ High engagement/Recovery oriented (Peer Support)
- ✓ Multi-disciplinary treatment team
- ✓ Short-term with 16 or fewer beds
- ✓ Stabilize and restore - avoid need for inpatient hospitalization where possible
- ✓ Coordination with community-based services



# Enhanced crisis response would reduce the number of people entering the most restrictive levels of care



# Alaska Statute Title 47

Collaborative Approach to Transforming  
our Response to Alaskans in a Behavioral  
Health Crisis

**HB172 Mental Health Facilities & Meds**

# Key Takeaways

## **HB172 Does:**

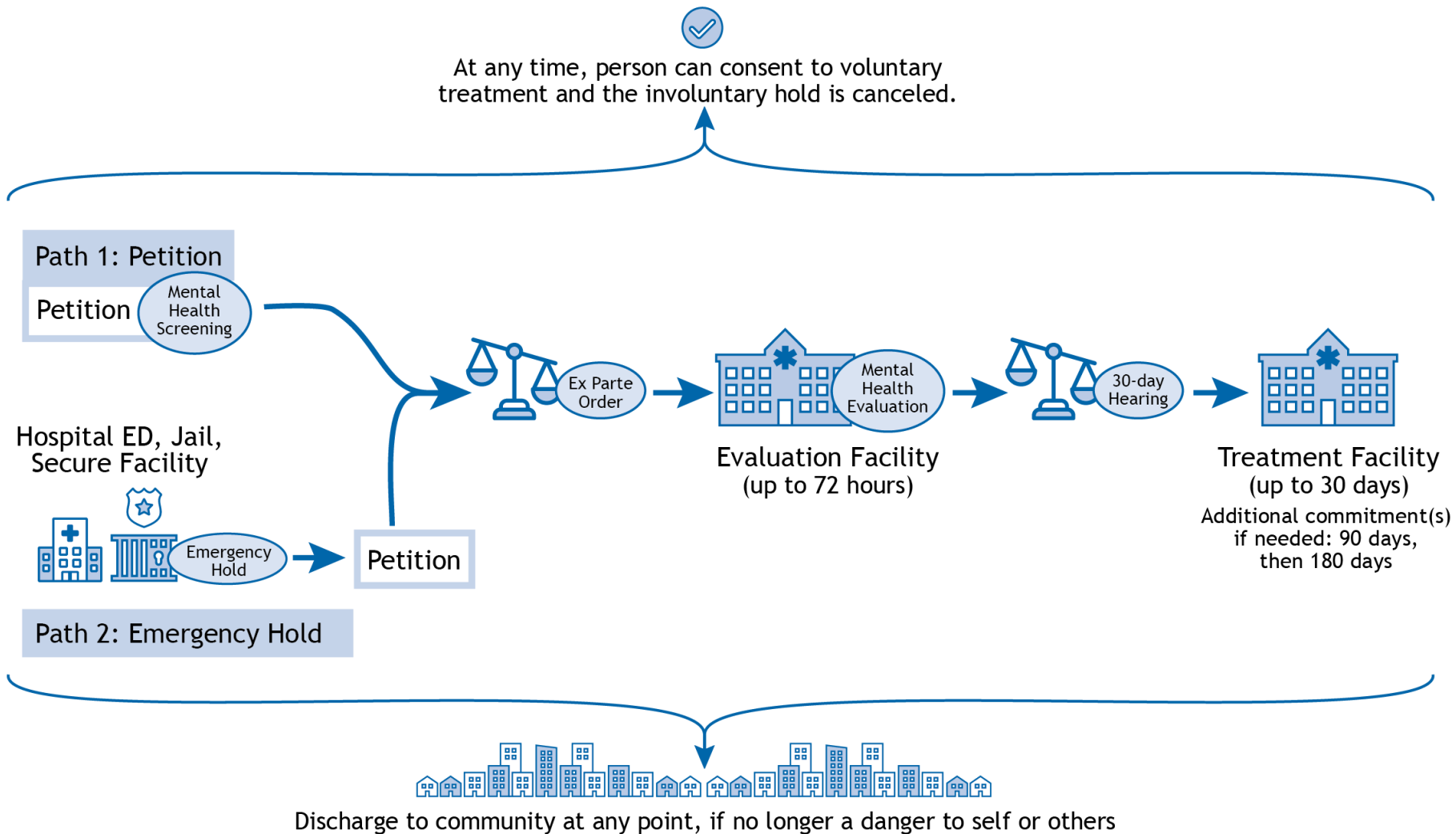
- ✓ Create a “no wrong door” approach to providing medical care to a person in psychiatric crisis
- ✓ Provide law enforcement with additional tools to protect public safety
- ✓ Expand the number of facilities that can conduct a 72-hour evaluation
- ✓ Add a new, less restrictive level of care
- ✓ Facilitate a faster and more appropriate response to a crisis, expand the types of first responders that can transport an individual in crisis to an appropriate crisis facility

## **HB172 Does Not:**

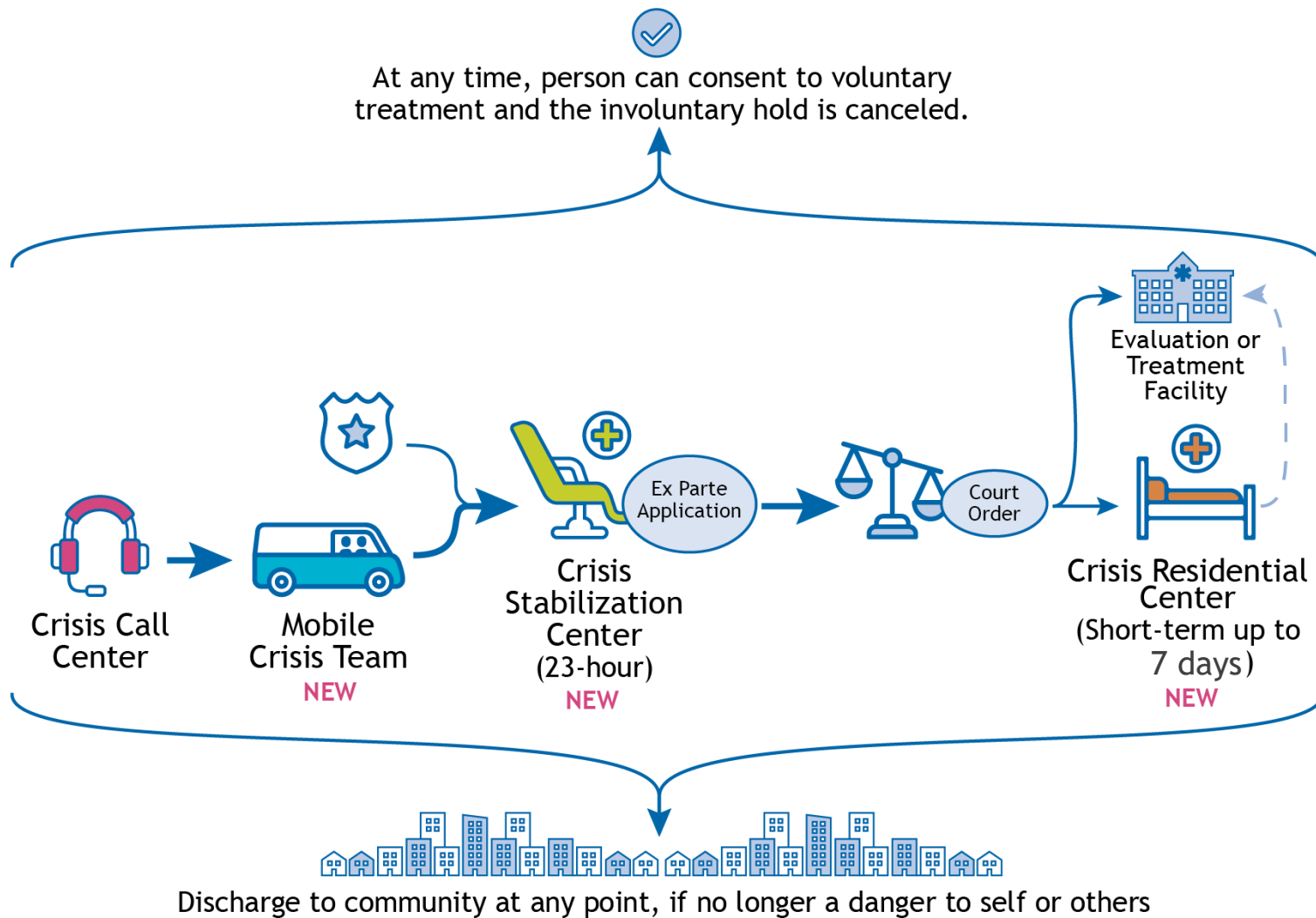
- ✓ Interfere with an officer’s authority or ability to make an arrest
- ✓ Change who has the current statutory authority to administer crisis medication
- ✓ Change current statutory authority for who can order an involuntary commitment
- ✓ Reduce the individual rights of the adult or juvenile in crisis;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

# Current Flow for Involuntary Commitment

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

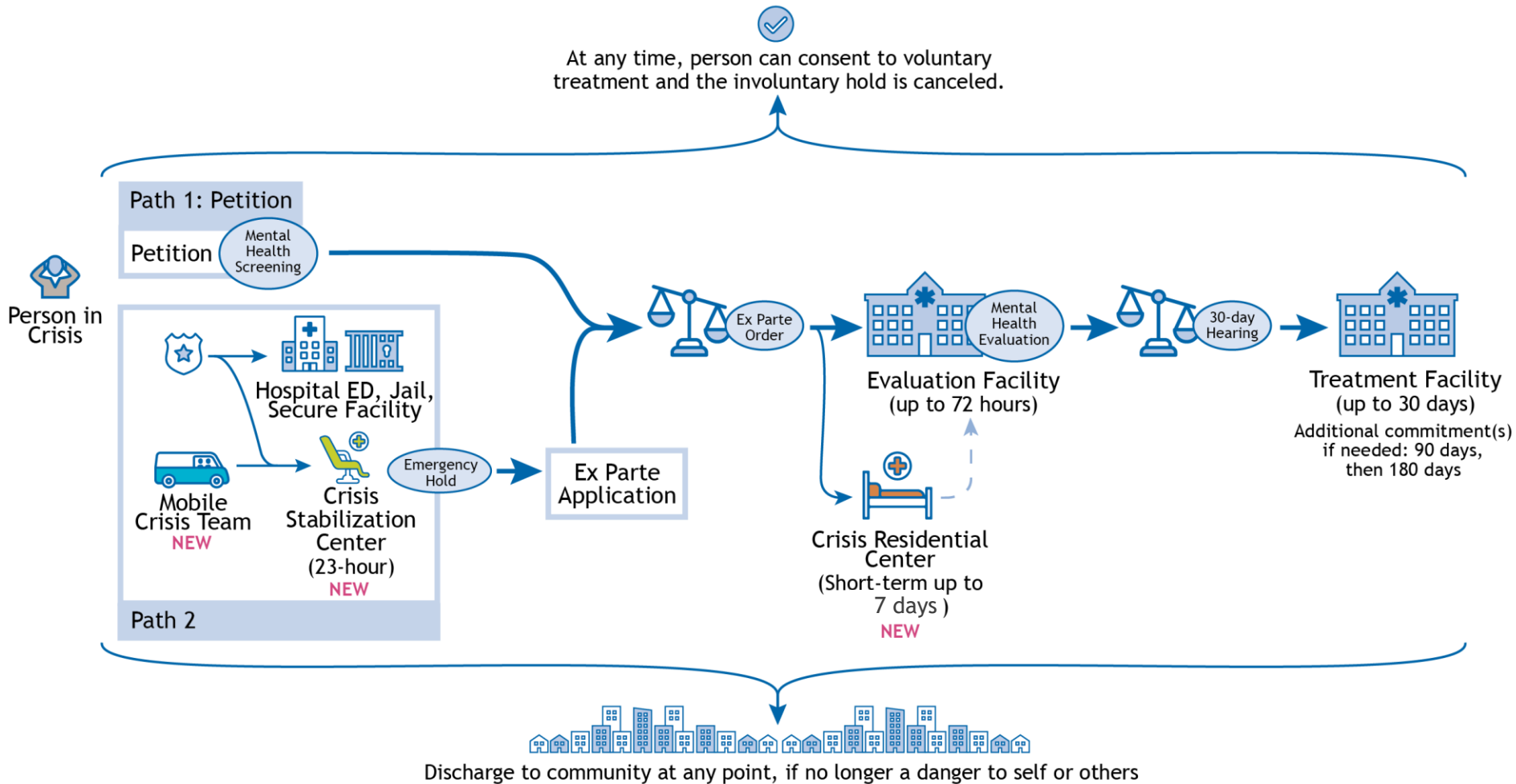


# Proposed Statutory Changes





# Flow for Involuntary Commitment with Statutory Changes



# (H) Judiciary Committee Substitute HB172

## Key Improvements

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

Thank you

Questions?

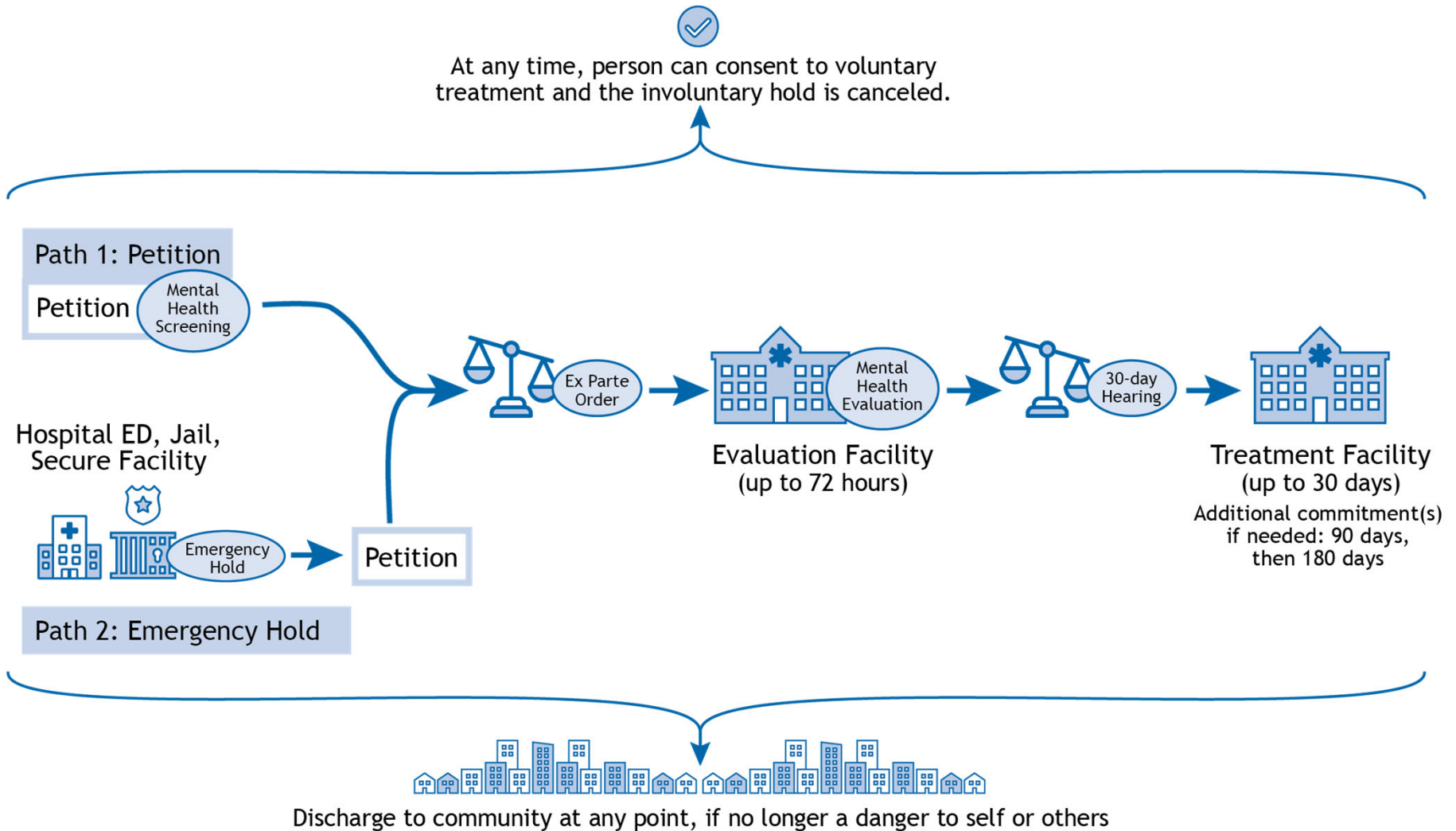
[alaskamentalhealthtrust.org/crisisnow](http://alaskamentalhealthtrust.org/crisisnow)



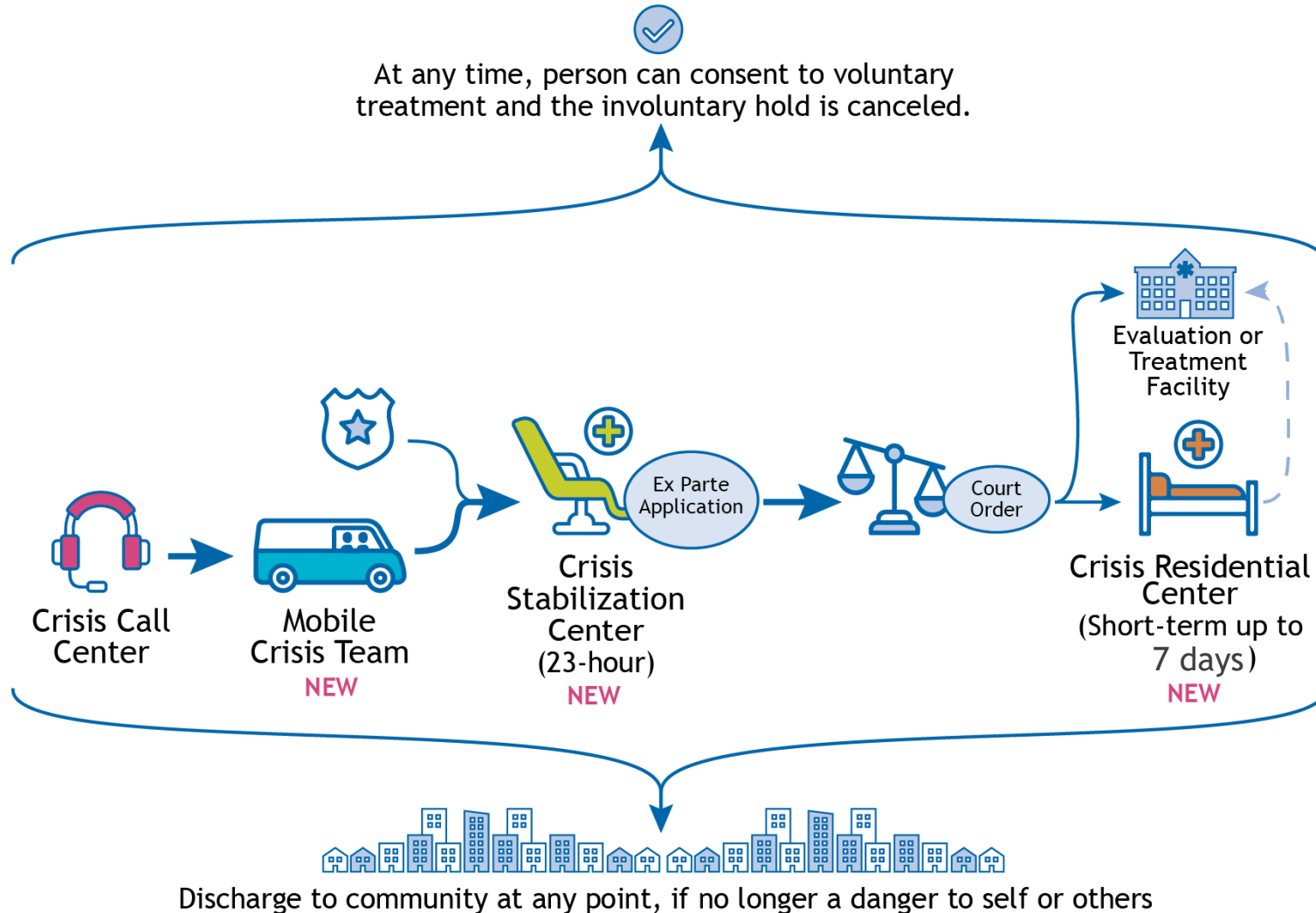
Alaska Department of  
**Health and Social Services**

**Trust**  
Alaska Mental Health  
Trust Authority

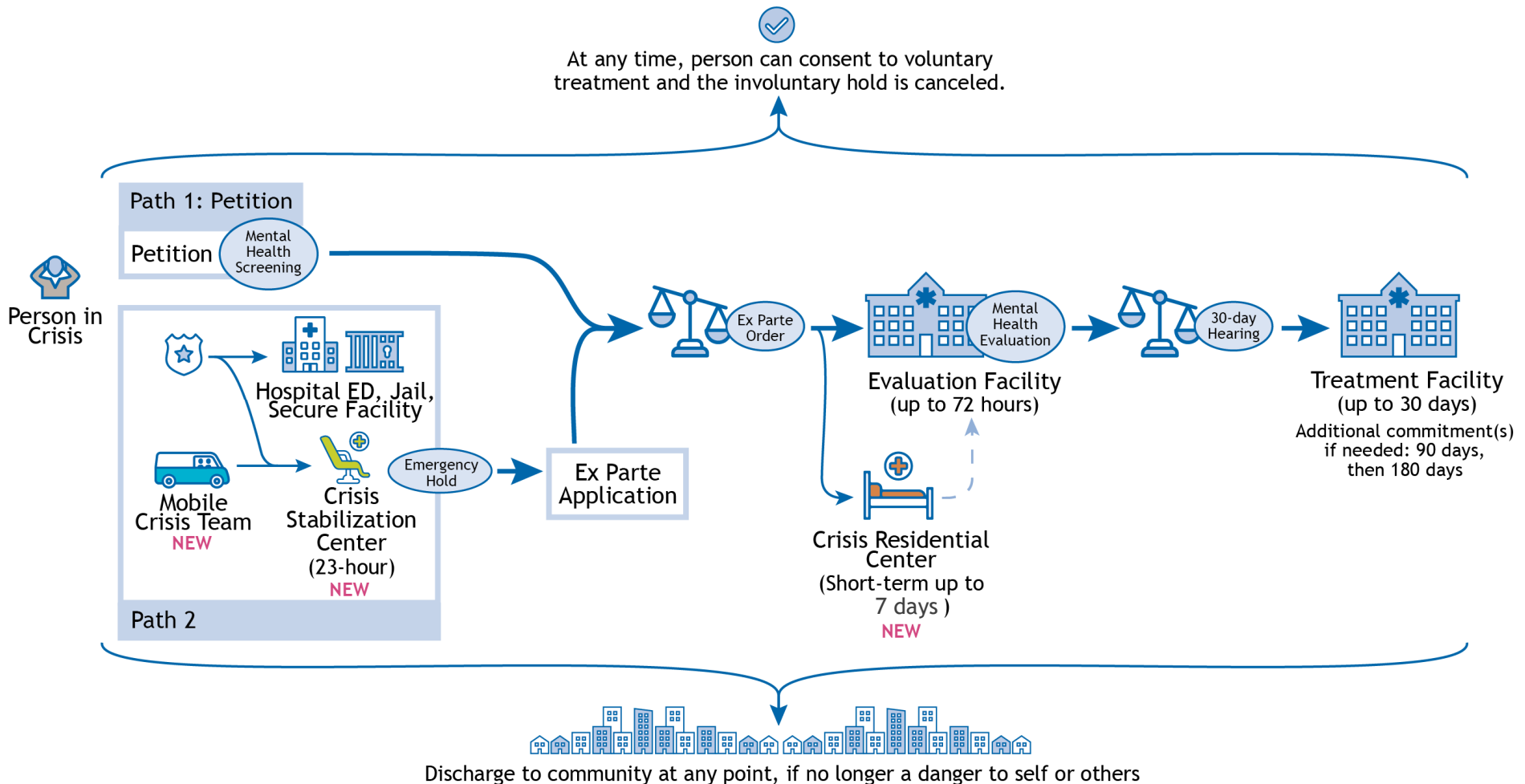
# Current Flow for Involuntary Commitment



# Proposed Statutory Changes to Title 47



# Flow for Involuntary Commitment with Statutory Changes





# DISABILITY LAW CENTER

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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