American College of Emergency Physicians®

ALASKA CHAPTER
ADVANCING EMERGENCY CARE

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

Dear Governor Dunleavy:

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

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

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

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

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

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

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

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

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

Thank you for your time,
Thomas Quimby MD

Thomas Quimby MD

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

Nicholas Papacostas MD

ACEP, Alaska Chapter President

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Alask ACEP Crisis Now Support

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