



DISABILITY LAW CENTER

3330 Arctic Boulevard, Suite 103
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March 7, 2022

by scan and e-mail to 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

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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



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providence.org

March 7, 2022

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

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

Electronic Letter

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

Dear Representatives Snyder and Zulkosky,

Providence Alaska has set the standard for modern health care in Alaska for more than 100 years. Today we remain the state's largest health care and behavioral health provider, and the largest private employer, with nearly 5,000 caregivers across Alaska. As the Regional Director of Behavioral Health for Providence Alaska, I write in support of House Bill 172.

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

HB 172 is an opportunity for system transformation and to build on the growing momentum and stakeholder engagement to better serve the most vulnerable Alaskans.

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

The right care at the right time

HB 172 allows for the expansion of crisis stabilization centers and allows more time for stabilization. A medical examination is provided by a mental health professional within three hours of an individual's arrival at the center. This includes both mental health and substance use disorders. Under the current system, many Alaskans in crisis are never seen by a mental health professional and they rarely get care for both a substance use disorder and mental health diagnosis. Crisis stabilization centers offer prompt care for people who need immediate support and observation and to improve symptoms of distress. The goal is to resolve crisis and to avoid not only the emergency department and/or unnecessary incarceration, but to reduce suffering resulting from a lack of supports.

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

Supporting the Alaska Psychiatric Institute

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

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

The U.S. Supreme Court determined that under the Americans with Disabilities Act, individuals with mental disabilities have the right to live in the community, rather than in institutions. Anchorage Superior Court Judge William Morse ruled in 2019² that Alaska's practice of detaining people held on civil psychiatric holds in jails due to API's inability to treat them, has caused irreparable harm and it should end. Caring for Alaskans in community-based crisis stabilization centers, reduces API volume and frees the state facility to serve the most acute and chronically ill. This helps fulfill the requirements of the Morse settlement agreement and HB 172 is a step toward decriminalizing mental health, providing the ability to stabilize and treat those in severe crisis closer to home.

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

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

Path toward transformation and better serving Alaskans

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

HB 172 allows us to begin the transformation process and to better serve Alaskans. We can build on the exciting partnerships and momentum coming together to create a better vision and to better care for Alaskans with behavioral health conditions across the State of Alaska.

Thank you for your service to our state and I encourage support of HB 172.

Sincerely,

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

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

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

Tom Chard
Chief Executive Officer
Alaska Behavioral Health Association (ABHA)
P.O. Box 32917 Juneau, Alaska 99803
907-321-5778
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Esteemed Members of House Health and Social Services:

The Alaska Behavioral Health Association (ABHA) is committed to advancing access to quality, cost-effective mental health and substances abuse treatment services to all people in need across the state, whether in remote, rural, or urban areas. ABHA supports the CSHB 172/B because it is an opportunity for system transformation and the much-needed growth & investment in community behavioral health services.

Alaska's current system of care is inadequate, fragile and unable to provide crisis care effectively. Currently, law enforcement, emergency medical services, and hospitals are relied on to serve individuals experiencing a behavioral health crisis. Superior Court Judge William Morse ruled in 2019 that Alaska's practice of detaining people held on civil psychiatric holds in jails due to API's inability to treat them, has caused irreparable harm and it should end. CSHB 172 seeks to support the development of new services that can grow within the community behavioral health footprint, ensuring that community members receive timely behavioral health care.

We support the efforts of CSHB 172 because it is a great step forward in creating a new vision for the system of care. The escalating costs communities pay for not investing in a comprehensive crisis system are unsustainable; manifesting as demands on law enforcement, other first responders, justice systems, emergency departments, service providers of all types, and public and private payers.

ABHA supports the efforts of the Department of Health & Social Service and the Alaska Mental Health Trust Authority in bringing the community together to evaluate the challenges in the system of care, creating a broad vision for change, and working to develop CSHB 172. Engagement and collaboration with ABHA and the behavioral health providers will help ensure the goal of the legislation is successfully implemented and behavioral health emergencies are treated effectively. Please reach out to us with questions about the impact of bill or any behavioral health concern.

Thank You,

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

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



Electronic Mail

March 15, 2022

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

RE: ASHNHA Supports House Bill 172

Dear Co-Chairs Snyder and Zulkosky:

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

ASHNHA supports HB 172, which seeks to implement crisis stabilization services that will prove critical to improving Alaska's behavioral health system and our overall continuum of care. Allowing for facilities to support individuals in behavioral health crisis situations will offer additional supports to those in need, reduce stigma surrounding mental health, and promote resilience within our community by meeting people where they are in their darkest moments.

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

Stakeholder groups comprised of providers, hospitals, tribal health, advocacy groups and government have been collaborating to find solutions and to begin building out Alaska's behavioral health continuum of care. There is no single solution, but rather a series of steps that must be taken to address the growing need to safely care for Alaskans experiencing behavioral health struggles. HB 172 is one such critical step to addressing these growing needs and advancing system transformation.



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION

We urge the swift passage of House Bill 172 to allow for a more robust continuum of behavioral health care services for our communities. Thank you for your consideration and service to our state.

Sincerely,

Jared C. Kosin, JD, MBA
President & CEO