

TRANSFORMING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

HB 172 Mental Health Facilities & Meds
Senate Finance Committee

May 12, 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

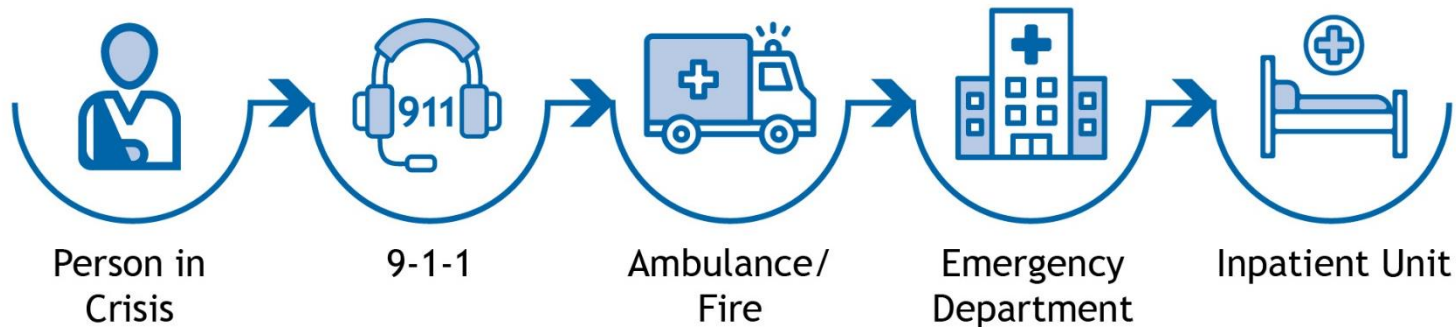
2) 1115 Behavioral Health Waiver

- ✓ 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

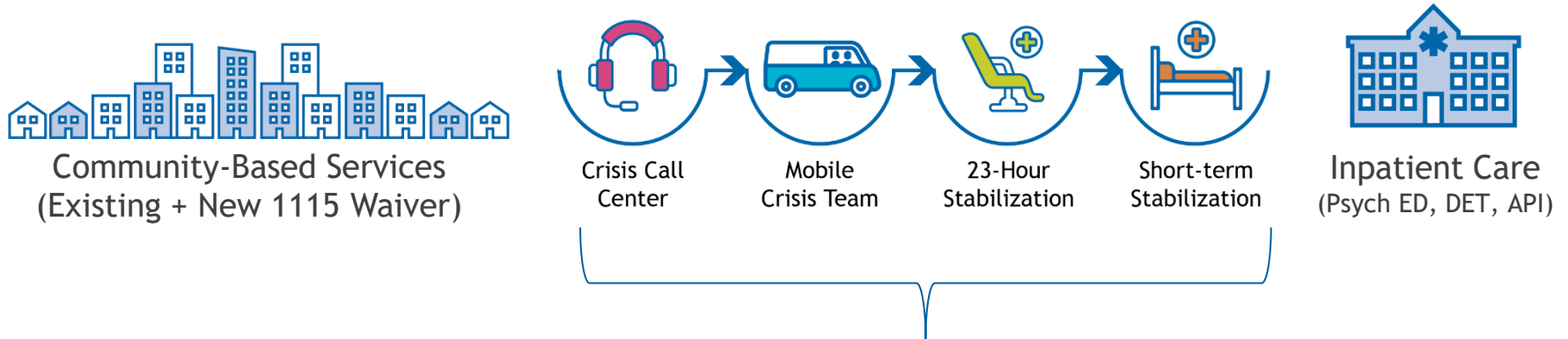
Law
Enforcement
and First
Responders

Beneficiary
Advocates
and
Nonprofits

Local
Governments

Tribal
Organizations

Enhanced Psychiatric Crisis Continuum of Care



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



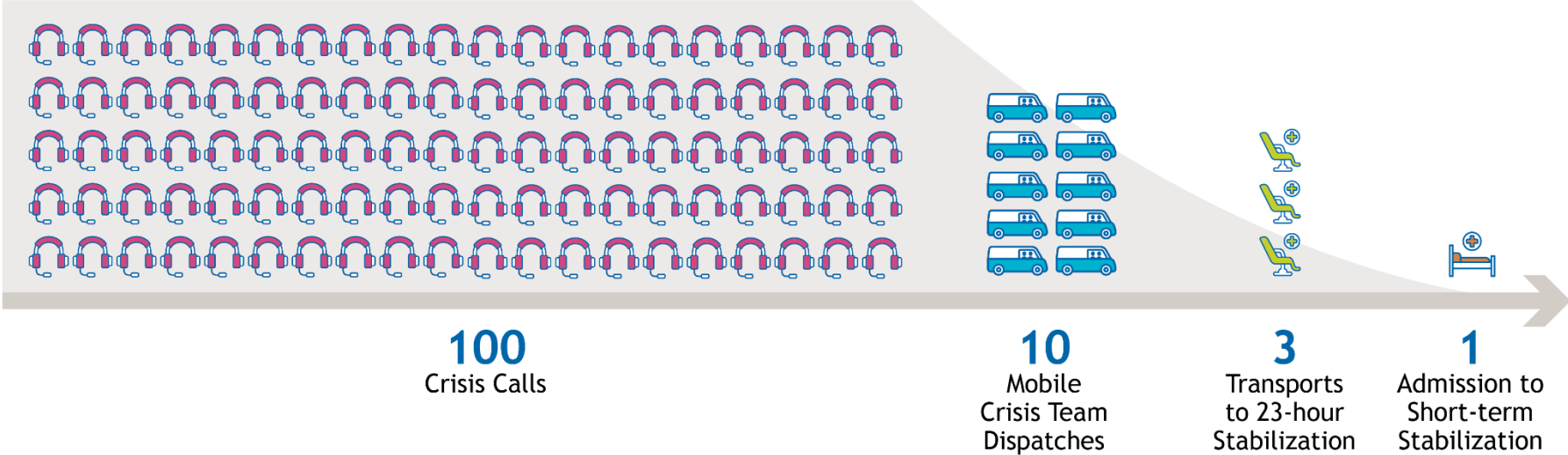
Short-Term Crisis Residential Stabilization Center

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:

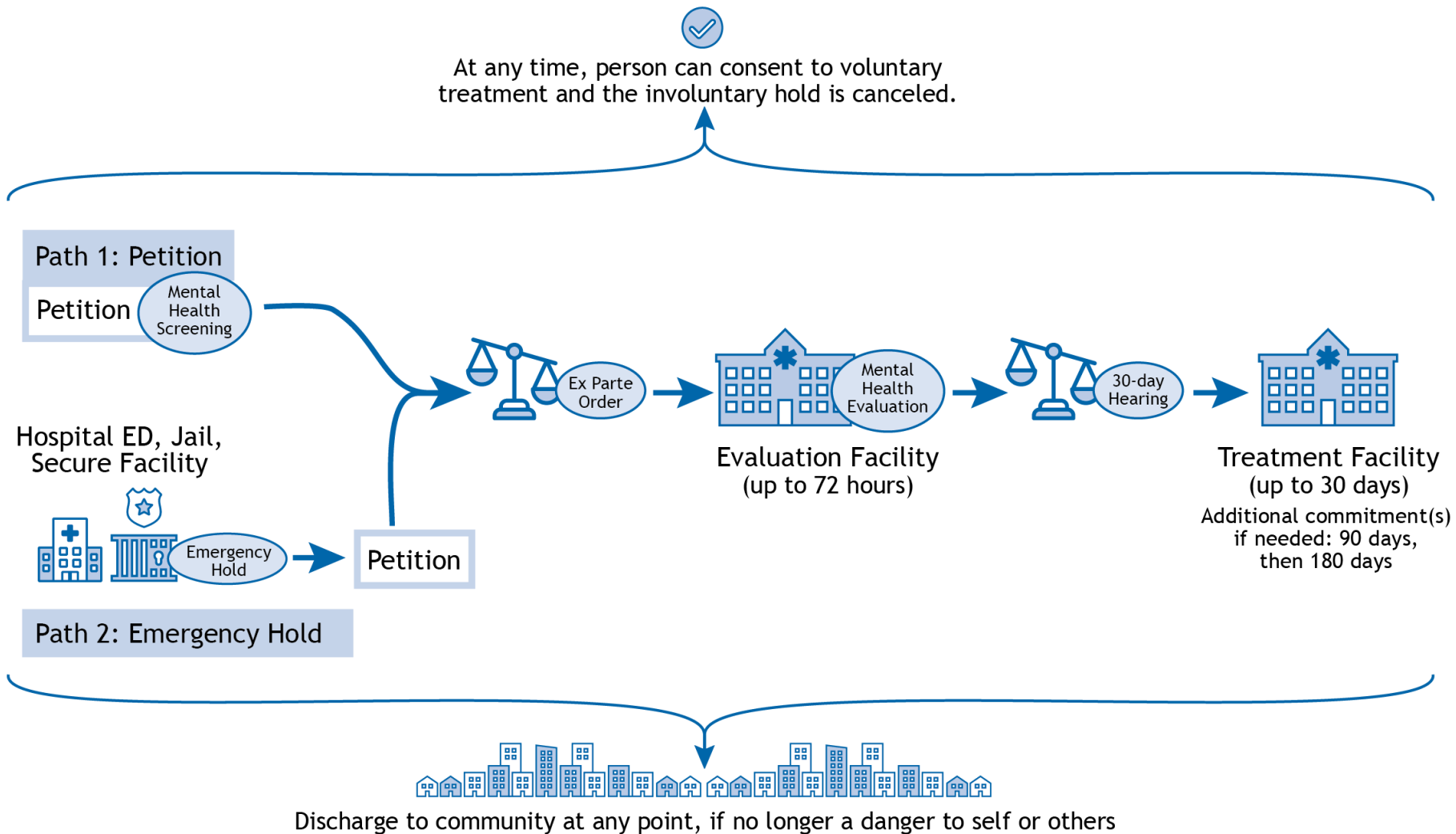
- ✓ Create a “no wrong door” approach to providing medical care to a person in psychiatric crisis
- ✓ Provide law enforcement with additional tools to protect public safety
- ✓ Expand the number of facilities that can conduct a 72-hour evaluation
- ✓ Add a new, less restrictive level of care
- ✓ Facilitate 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:

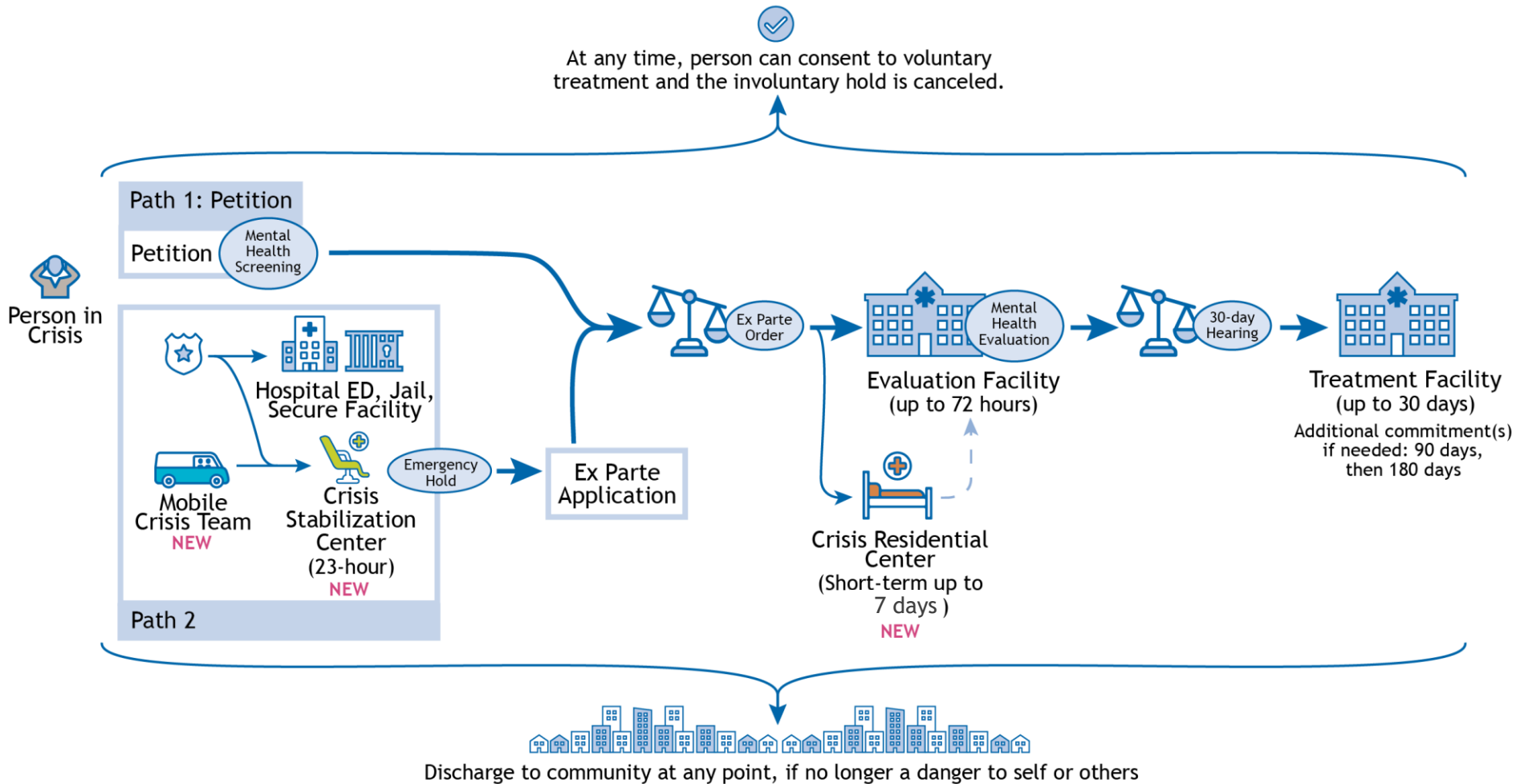
- ✓ Interfere with an officer’s authority or ability to make an arrest
- ✓ Change who has the current statutory authority to administer crisis medication
- ✓ Change current statutory authority for who can order an involuntary commitment
- ✓ Reduce the individual rights of the adult or juvenile in crisis;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



Flow for Involuntary Commitment with Statutory Changes



HB 172 Committee Substitute Highlights (ver. D.A)

Key Improvements

- 1) Adds new language for a “health officer”, newly defined in Section 26
- 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. 30) directing the Department of Health, Department of Family and Community 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
 - ✓ Requirements that could improve patient outcomes and enhance patient rights

HB 172 Committee Substitute Highlights (ver. D.A)

Key Improvements Continued

- 5) Adds requirement that notifications in the alternative to arrest statutes also go to the peace officer's employing agency to ensure victim notification will happen even if the arresting officer is off duty. (Sections 4, 6, and 10)
- 6) Addresses statutes found unconstitutional by the Alaska Court System to align with the court rulings.
 - ✓ Amends the definition of “gravely disabled” in AS 47.30.915(9) (Section 24)
 - ✓ Clarifies standards for court to order administration of non-crisis medication (Sections 20 & 21)
- 7) New section that clarifies the Public Defender statutes and their role as the attorneys the Court will appoint in all proceedings under AS 47.30.
- 8) Amended the computation of time for both hospitals and crisis residential centers to have the evaluation period end at 5:00 pm the next business day after Saturdays, Sundays and legal holidays if a patient would be held longer than 72 consecutive hours (Sections 14 & 18)

Thank you

Questions?

alaskamentalhealthtrust.org/crisisnow



Alaska Department of
Health and Social Services

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