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House Bill 172
Mental Health Facilities & Meds
Sectional Analysis (Version 32-GH1730\A)

Section 1: Amends AS 12.25.031(i)(1) to define “crisis stabilization center” as a subacute mental health facility that has a maximum stay of 23 hours and 59 minutes.

Section 2: 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 or an evaluation facility. The new language would allow “a ‘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.

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

Replaces “crisis stabilization center” with “subacute mental health facility” to align with the definitions in Section 15 which categorize crisis stabilization center as a subtype of a subacute mental health facility.

Section 3: Adds a new subsection (c) to AS 47.30.705 that requires a peace officer to prioritize delivery to a crisis stabilization center if one exists in the area served by the peace officer.

Section 4: Adds a new section AS 47.30.707 for admission to and detention at a subacute mental health facility with the following options and rights for a patient:

- (a) Creates legal parameters for emergency admission and holds at a 23-hour 59-minute crisis stabilization center. It also requires a mental health professional to examine the patient (respondent) delivered to a crisis stabilization center within 3 hours after arrival.
- (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 120 hours.

- (c) Retains the option to use the current process of application for an ex parte order for delivery to a hospital designated as a DET (such as API) if the individual is determined to still be in acute behavioral health crisis and needs further evaluation.
- (d) Requires that if at any time during an involuntary hold at a subacute mental health facility, the patient (respondent) no longer meets the standards for a stabilization hold or detention, that they be released.
- (e) Provides for the patient's (respondent's) rights when being involuntarily held at a subacute mental health facility.
- (f) Allows for the patient (respondent) to convert to voluntary status for care.
- (g) Allows a subacute mental health facility to administer crisis psychotropic medication consistent with the practice permitted in AS 47.30.838 for evaluation and designated treatment facilities.
- (h) Adds language to clarify how time is calculated in this section for the 23-hour, 59- minutes and 120-hour periods.

Section 5: Provides clarifying edits to AS 47.30.710 and adds language to allow admission to subacute mental health facilities (in addition to evaluation facilities).

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

1. Hold the person at a crisis stabilization center;
2. Admit the person to a crisis residential center;
3. Readmit the person to a crisis residential center if it is within 24 hours of a previous admission with department prior authorization;
4. Hospitalize the respondent; or
5. Arrange for emergency hospitalization.

Section 6: 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) outlining the patient's (respondent's) right to request a court hearing and receive representation by a public defender if the patient (respondent) is readmitted within 24 hours of a discharge and is not willing to stay voluntarily.

Section 7: Amends AS 47.30.715 to clarify the facility type as an "evaluation facility" and to require admission of the patient (respondent) when it is safe to do so for a 72-hour evaluation to determine if a petition for 30-day commitment should be filed.

Section 8: Amends AS 47.30.805(a), a computation of time statute, to include computation for proceedings or transportation to a crisis residential center.

Section 9: Amends AS 47.30.838(c) to include the subacute mental health facility type 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; the amendment clarifies

that a patient may give advance consent to more than three periods of crisis medication, with the caveat that the patient may subsequently withdraw consent for future crisis medication.

Section 10: 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 11: Amends AS 47.30.915(7) to clarify that “evaluation facility” means a department-designated hospital *or* crisis residential center.

Section 12: Amends the definition of “peace officer” in AS 47.30.915(15) to include “emergency medical technician; paramedic; or firefighter.”

Section 13: Amends AS 47.30.915 to provide definitions:

- “subacute mental health facility” is defined in AS 47.32.900.
- “crisis residential center” means a subacute mental health facility that has a maximum stay of 120 hours.
- “crisis stabilization center” means a subacute mental health facility that has a maximum stay of 23 hours and 59 minutes.

Section 14: Amends the licensing statutes in AS 47.32.010(b) to change “crisis stabilization centers” to “subacute mental health facilities.”

Section 15: Adds a new paragraph to AS 47.32.900 to define “subacute mental health facility” in the licensing statutes.

Section 16: Repeals AS 47.32.900(5).

Section 17: 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 18: Adds a new section to the uncodified law to allow the department to adopt regulations to implement this act.

Section 19: Provides for an immediate effective date for the bill.