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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 April 9, 2021 Page 2 of 2

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