

AK Medical Freedom Symposium

A dark blue silhouette of the state of Alaska is centered on the slide. Overlaid on the map are several small, light blue stars. The text 'SESSION 3: DANGERS LURKING IN HB 172' is written in large, bold, yellow capital letters across the center of the map.

SESSION 3: DANGERS LURKING IN HB 172

*MC & Moderator:
Robyn Rene' Bjork*

AK Medical Freedom Symposium



**ROBYN
BJORK**



Dangers Lurking in HB 172 New LAW in Alaska

Presenter: Robyn Rene' Bjork
Alaska Medical Freedom Symposium, Sept 17, 2022



INTRODUCED BY GOVERNOR DUNLEAVY

ALASKA HOUSE OF REPRESENTATIVES: HB 172

ALASKA SENATE: SB 124

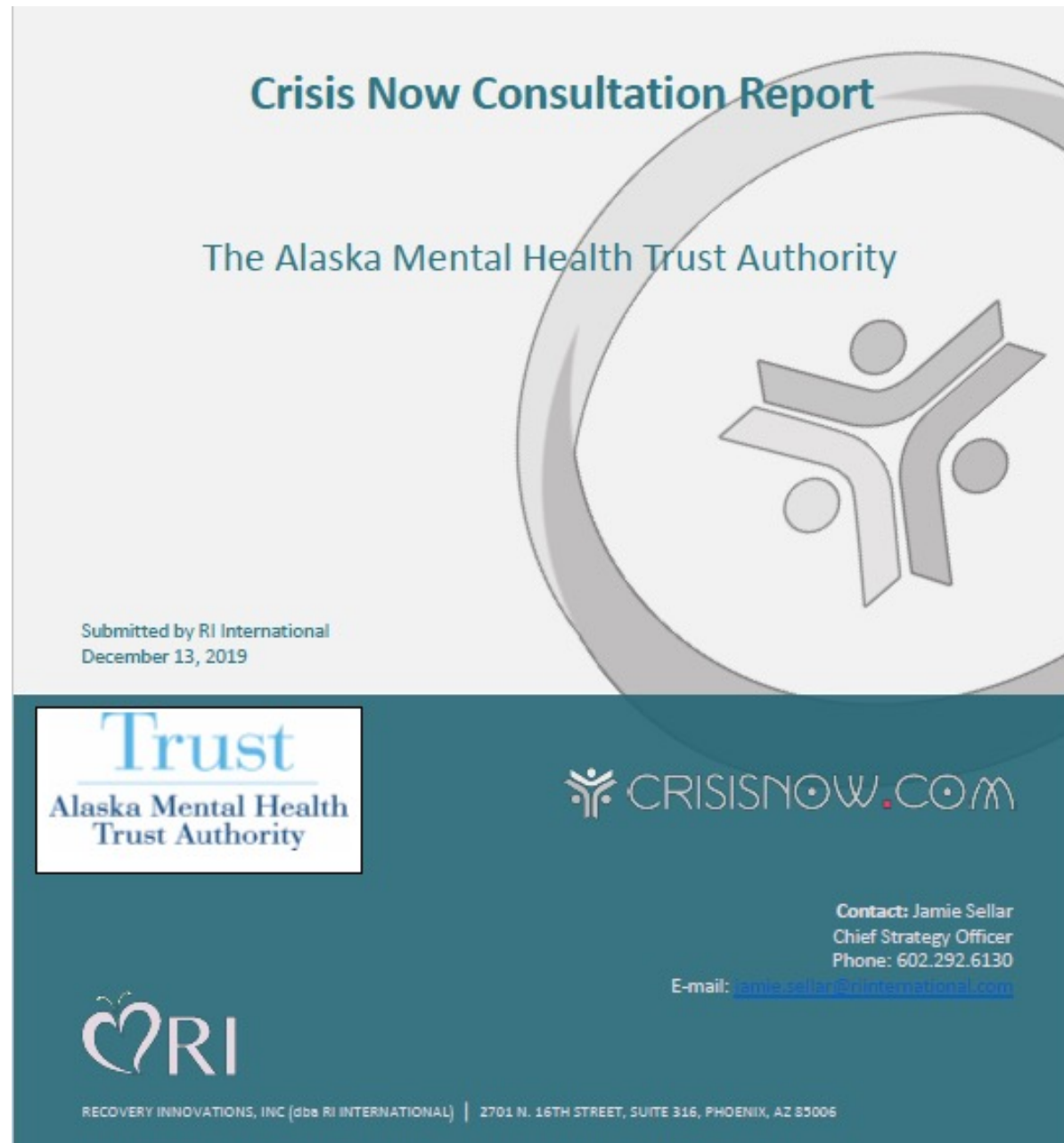


PASSED BY HOUSE & SENATE

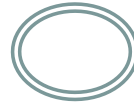
**SIGNED INTO LAW
BY GOVERNOR DUNLEAVY
ON JULY 18, 2022**

88pg Consultation
report by
RI International
Dec 13, 2019

**Recommendations
Based on
Crisis Now Model**

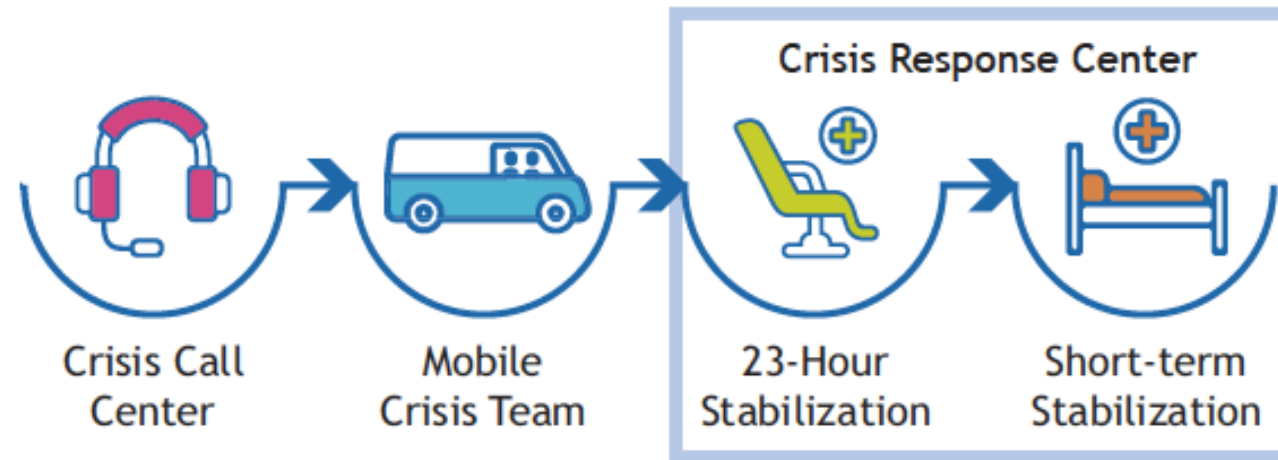


CRISIS NOW MODEL



What is the Crisis Now Framework?

Someone to Talk to, Someone to Respond and a Place to Go



National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit (2020)



crisisnow.com



- **“Mental health crises and suicidality** often are rooted in trauma. These crises are **compounded when crisis care involves loss of freedom,** noisy and crowded environments and/or the use of **force.** These situations **can actually re-traumatize individuals** at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.”

Source: National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit (2020)

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit (2020)



crisisnow.com



- Law Enforcement and Crisis Response—An Essential Partnership
- **“Police officers are critical to mobile crisis services** as well; either (1) **providing support in potentially dangerous situations** (Geller, Fisher, & McDermeit, 1995) when the need is assessed or (2) as a referral source delivering warm hand-offs to crisis mobile teams.”

Source: National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit (2020)



CRISIS NOW MODEL

- 90% Handled by Call-In Center – 988 Crisis Hotline
- 7% Handled on-site by Mobile Crisis Team
- 3% Transported to Crisis Stabilization Center (Voluntarily)
“Only a **tiny fraction** is an involuntary situation”

“tiny fraction which are involuntary situations”:

1. Persons who are incoherent/incapacitated → EMS → Hospital ER
2. Persons who are violent, committing a crime → Law Enforcement
3. **“fraction of the tiny fraction”**
Persons who are at serious risk who have not committed a crime & refuse help. (A controlled process was already in place before HB 172)

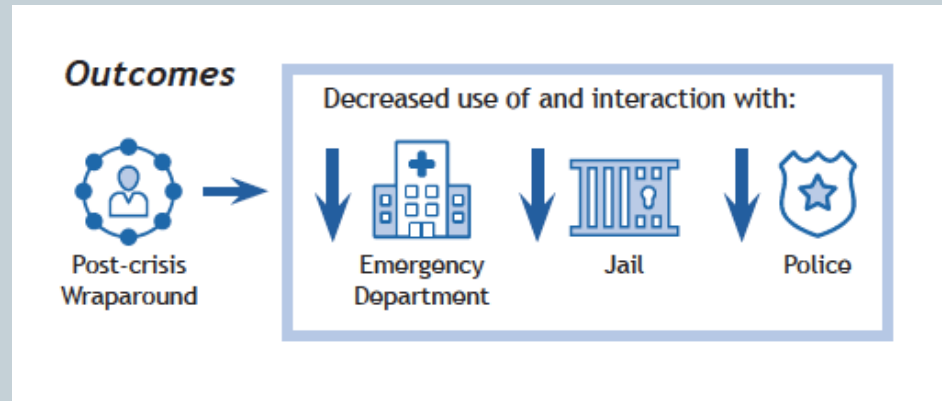


So.....



- Almost 100% are achievable Voluntary Admissions
- Therefore, **CRISIS NOW MODEL** could have been **effectively integrated into *Alaska Statutes, Article 8. Voluntary Admission for Treatment.***
- This would have effectively reduced the burden on law enforcement and expanded needed services and points of entry

**BUT THAT IS NOT
WHAT HAPPENED!**



- ◆ **CRISIS NOW was NOT incorporated into Alaska Statutes, Article 8. Voluntary Admission for Treatment**
- ◆ **Instead, Article 9, Involuntary Detainment (Mental Health Arrest) was greatly EXPANDED!**

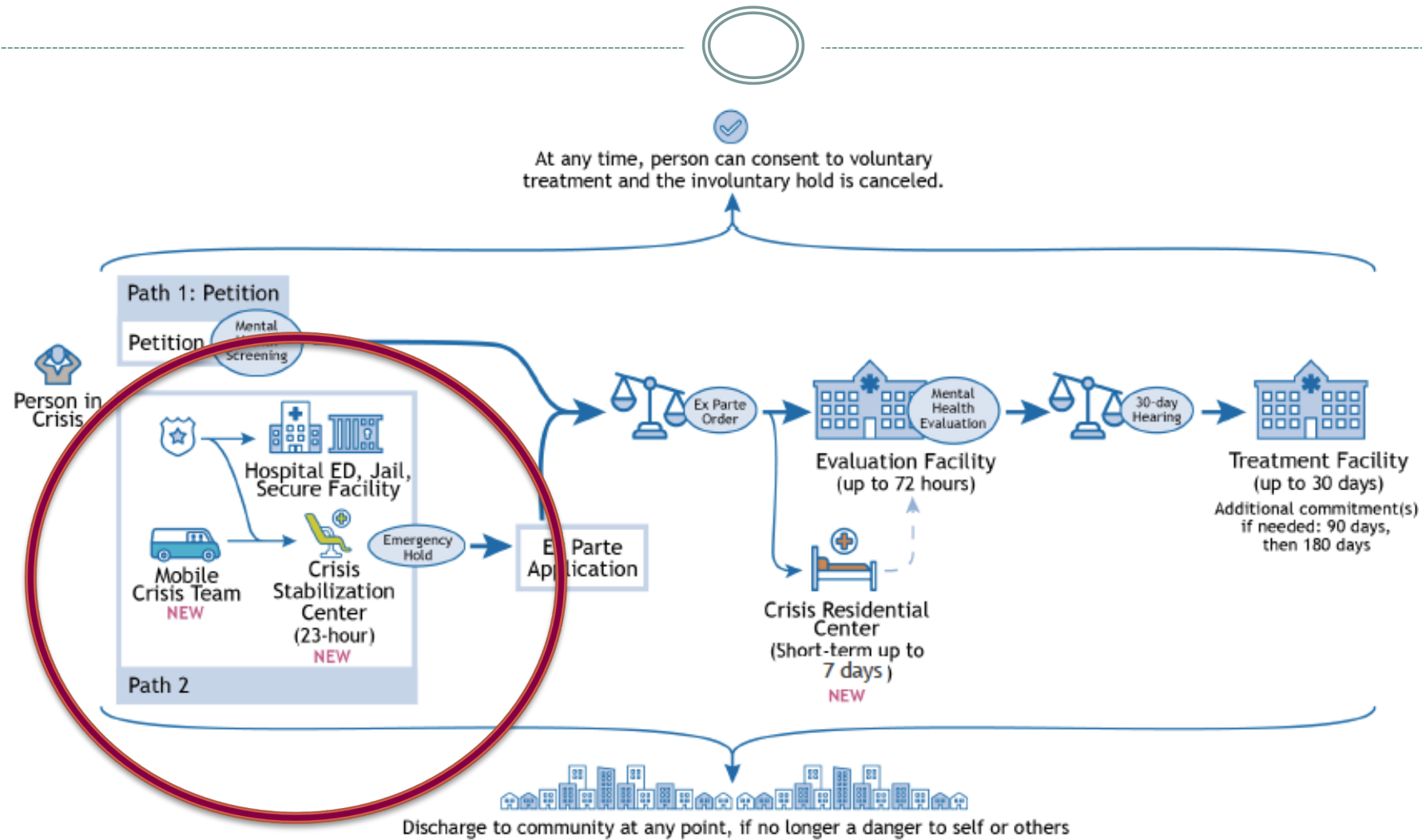


Involuntary Detainment = Mental Health Arrest



- A parallel system was created for involuntary detainment
- Entry into the system can be triggered through a 988 hotline
- Entry into the system can be initiated through healthcare and childcare centers
- Mobile teams can be dispatched to your door, or any point of entry
- A broad spectrum of professionals were given the lawful authority to make a judgment call regarding your mental health status
- A broad spectrum of professionals were given the lawful authority to forcibly take you into custody against your will and transport you to a mental health facility (mental health arrest) for evaluation and detainment

NEW MENTAL HEALTH ARREST



988 HOTLINE



- Launched July 16, 2022
- New three-digit number for suicide and mental health crises
- Biden-Harris Administration increased federal money for this initiative from \$24 million to \$432 million
- The \$432 million included \$105 million in grant funding to states and territories, provided by the American Rescue Plan
- **Anonymous**

Source: <https://www.samhsa.gov/newsroom/press-announcements/20220715/us-transition-988-suicide-crisis-lifeline-begins-saturday>

PRIOR TO HB 172

Article 9. Involuntary Admission for Treatment.



- **Sec. 47.30.700. Initial involuntary commitment procedures.**
- **PETITION a JUDGE**
 - An adult alleges respondent is reasonably believed to present a likelihood of serious harm to self or others...as a result of mental illness
 - must specify the **factual information** on which that belief is based including the **names and addresses** of all persons known to the petitioner who have knowledge of those facts through **personal observation**.
- **JUDGE**/local mental health professional immediately conducts **screening investigation. Provides findings**
- If appropriate, **Ex parte order** for involuntary detainment
- **Attorney** appointed to represent the respondent
- **Peace officer** takes the respondent into custody and transports to nearest facility for emergency examination or treatment.

NEW - HB 172 LAW

MENTAL HEALTH ARREST Authority Expanded



- **Sec. 47.30.705. Emergency detention for evaluation.**
(a) is amended to read:
- (a) A **peace officer, health officer, mental health professional, or physician assistant** licensed by the State Medical Board to practice in this state who has **probable cause to believe** that a person is gravely disabled or is **suffering from mental illness** and is **likely to cause serious harm** to self or others of such immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700, may cause the person to be **taken into custody by a peace officer or health officer** and delivered to the nearest crisis stabilization center, crisis residential center, evaluation facility, or treatment facility.

HB 172 LAW – WHO CAN MAKE A MENTAL HEALTH ARREST?

- **Peace Officer:**

- State Troopers;
- Municipality Police
- Village Public Safety Officer
- Regional Public Safety Officer
- US Marshal or Deputy Marshal
- Officer whose duty it is to enforce and preserve the public peace

- **(NEW) Health Officer:**

- **Federally certified health care provider**
- **Public health nurse**
- **Emergency medical technician**
- **Paramedic**
- **Firefighter**
- **Person authorized by the court to carry out AS 47.30.660 - 47.30.915**

HB 172 LAW – WHO CAN MAKE A MENTAL HEALTH ARREST?

- **(NEW) Mental Health Professional:**

- Psychiatrist
- Physician
- Clinical Psychologist
- **Psychological Associate**
- **Advanced Practice RN**
- **RN with a master's degree in psychiatric nursing**
- **Physician Assistant**

- **(NEW) Mental Health Professional (cont.):**

- **Marital and Family Therapist**
- **Professional Counselor**
- **Clinical Social Worker**
- **Person with master's degree & 12 months of post-masters working experience in the field of mental illness under the supervision of one of the above**

HB 172 LAW – FACILITIES SUBJECT TO MENTAL HEALTH ARREST LAW

- **Clinical Settings:**

- Ambulatory surgical centers
- Assisted living homes
- Home health agencies
- Hospice services
- Hospitals
- Nursing facilities
- Rural health clinics
- Intermediate care facilities for individuals with an intellectual disability or related condition
- Residential psychiatric treatment centers

- **Other Settings:**

- Childcare facilities
- Freestanding birth centers
- Maternity homes
- Residential childcare facilities



PROBABLE CAUSE TO BELIEVE
SUFFERING FROM MENTAL ILLNESS
LIKELY TO CAUSE SERIOUS HARM



Mental Illness Definition



- Sec. 47.30.915. Definitions.
- (14) “mental illness” means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of the individual's actions or ability to perceive reality or to reason or understand;



Mental Illness Diagnoses



- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR, 2022)
- Handbook used by health care professionals in the United States as the authoritative guide to the diagnosis of mental disorders
- **297 Codes in DSM-5** (2013 version)
- According to NIH, “Nearly one in five U.S. adults live with a mental illness”

DSM-5 Mental Disorders You May Not Know About



- Z59.2 Discord with neighbor, lodger, or landlord
- Z62.820 Parent-child relational problem
- Z62.891 Sibling relational problem
- Z55.9 Academic or educational problem
- F43.20 Adjustment disorder, unspecified
- Z62.29 Upbringing away from parents
- Z65.8 Religious or spiritual problem
- Z63.4 Uncomplicated bereavement
- Z91.82 Personal history of military deployment

DSM-5 Mental Disorders You May Not Know About

- F45.21 Illness anxiety disorder
- Z91.19 Nonadherence to medical treatment
- F40.231 Specific phobia, Fear of injections & transfusions



DSM-5 Mental Disorders You May Not Know About

- Z59.0 Homelessness
- F42 Hoarding disorder
- Z59.1 Inadequate housing
- Z59.6 Low income



NEW HB 172 LAW: Mental Health Arrest → Crisis Stabilization Center

- * Sec. 16. AS 47.30 is amended by adding new sections to read:
- Sec. 47.30.707. Admission to and hold at a crisis stabilization center. (a) Except as provided in (b) of this section, when a crisis stabilization center admits a respondent under AS 47.30.705, **the crisis stabilization center may hold the respondent** at the center for a period not to exceed **23 hours and 59 minutes.**



NEW HB 172 LAW Admission Report

- **Article 9. Involuntary Admission for Treatment. Sec. 47.30.705. Emergency detention for evaluation.**
- (a) A **peace officer, health officer, mental health professional, or physician assistant...** shall **complete an application** for examination of the person in custody and **be interviewed** by a mental health professional at the crisis stabilization center, crisis residential center, evaluation facility, or treatment facility.



Psychotropic Medication Administration



- Sec. 47.30.838. Psychotropic medication in crisis situations.
- (a) Except as provided in (c) and (d) of this section, an evaluation facility or designated treatment **facility may administer psychotropic medication to a patient without the patient's informed consent**, regardless of whether the patient is capable of giving informed consent, only if
 - (1) there is a **crisis situation, or an impending crisis situation**, that requires immediate use of the medication to preserve the life of, or prevent significant physical harm to, the patient or another person, as determined by a physician, physician assistant, or advanced practice registered nurse



NEW HB 172 LAW: “Person in charge” → Crisis Residential Center

- * Sec. 16. AS 47.30 is amended by adding new sections to read:
- Sec. 47.30.707. Admission to and hold at a crisis stabilization center.
 - (a) A **mental health professional shall examine the respondent** within three hours after the respondent arrives at the center.
 - (b) If the professional person in charge at the crisis stabilization center **determines** that there is **probable cause to believe** that the respondent **has a mental illness and is suffering an acute behavioral health crisis** and, as a result, is **likely to cause serious harm to self or others** or is gravely disabled, the respondent's acute behavioral health crisis will be resolved during admission to a crisis residential center or evaluation facility, and the **respondent is not willing to voluntarily** go to the crisis residential center or evaluation facility, a mental health professional may submit an ex parte application to the court under this section for **detention at the crisis residential center or evaluation facility**.

NEW HB 172 LAW: “Person in charge”



- Sec. 47.30.915. Definitions.
- “**professional person in charge**” means the senior mental health professional at a facility or that person's designee; in the absence of a mental health professional it means the **chief of staff** or a physician designated by the chief of staff;

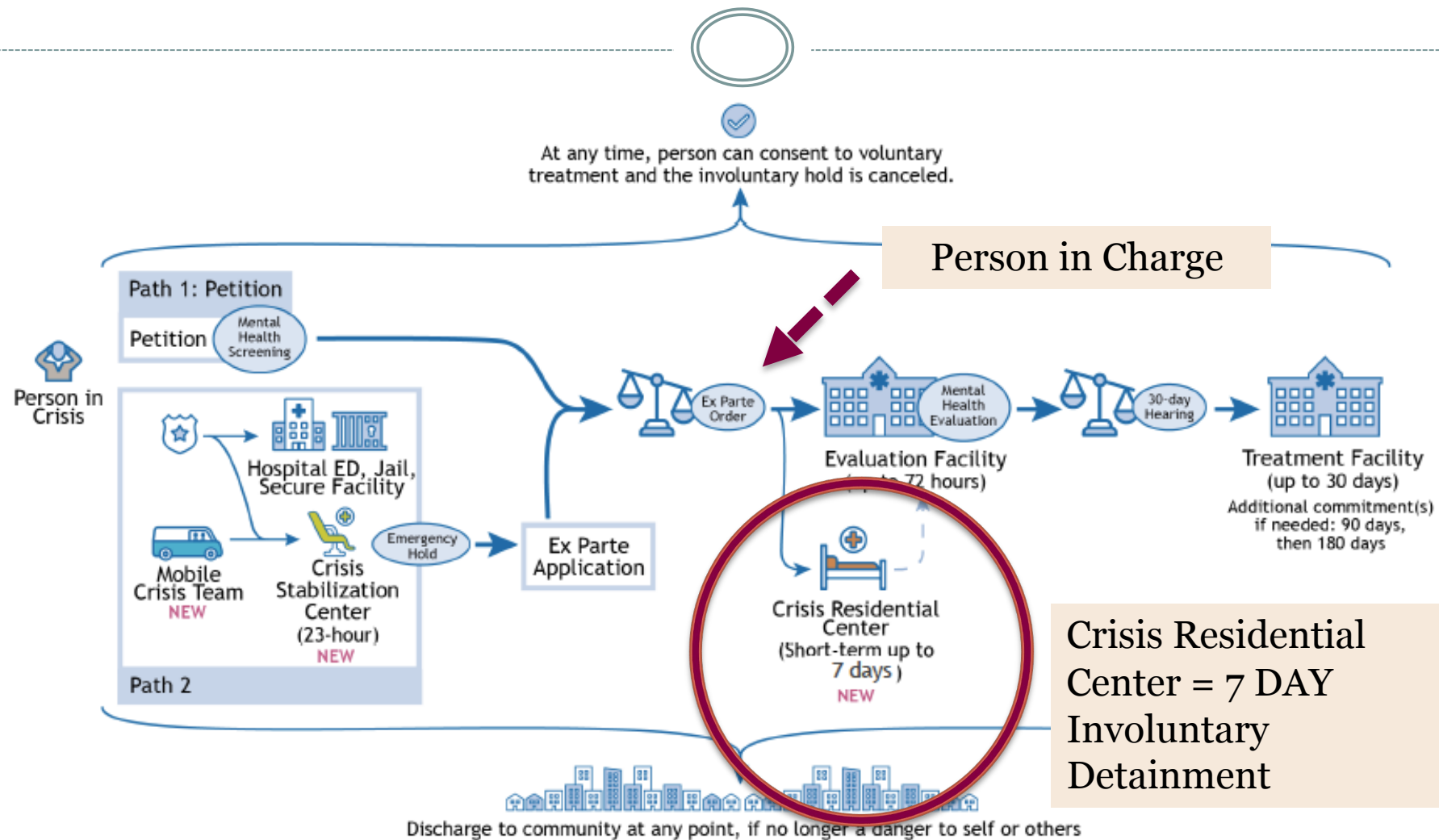


Involuntary Detainment @ Crisis Residential Center without Court Order



- Sec. 47.30.708. Admission to and detention at a crisis residential center.
- If a **mental health professional admits a respondent to a crisis residential center and a judicial order has not been obtained** under AS 47.30.707, the mental health professional **may apply for an ex parte order** under this section **authorizing admission to the crisis residential center.**

NEW INVOLUNTARY DETAINMENT



Commitment



- Sec. 47.30.707. Admission to and hold at a crisis stabilization center.
- Crisis Stabilization Center 23hrs, 59mins Involuntary Detainment → (ex parte application to the court) → Crisis Residential Center & **Attorney** Appointed
- **Crisis Residential Center 7days → hearing (within 72hrs) set for commitment procedures**
- 30 Day Commitment +
- 90 Day Commitment +
- 180 Day Commitment

TRANSFORMING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

SB 124 Mental Health Facilities & Meds

Senate Judiciary Committee

April 27, 2022



Key Takeaways

SB124 Does:

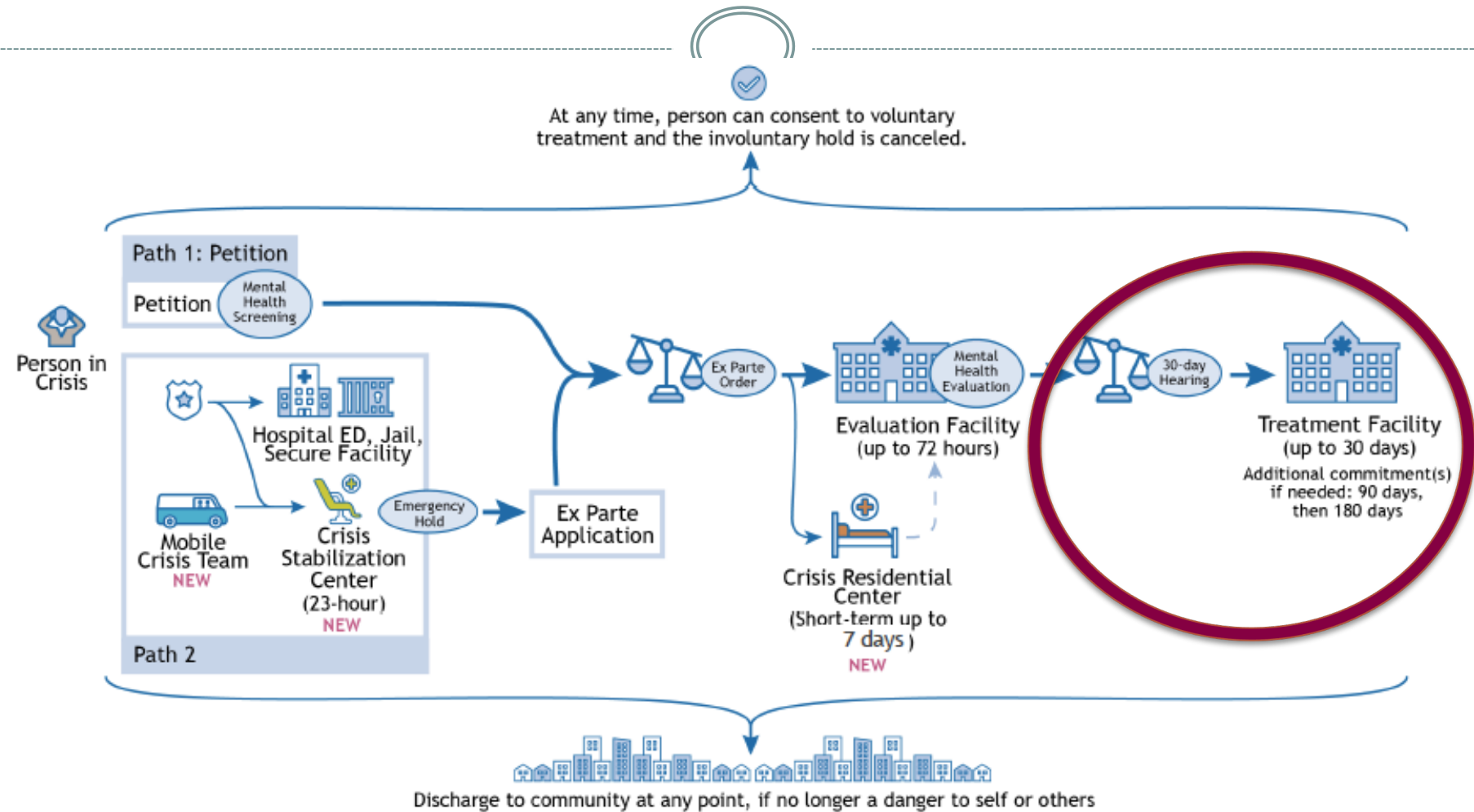
- ✓ Create a “no wrong door” approach to providing medical care to a person in psychiatric crisis
- ✓ Provide law enforcement
- ✓ Expand the number of
- ✓ Add a new, less restrictive
- ✓ Facilitate a faster and types of first response appropriate crisis fac

DECEPTIVE! While 30/90/180 Day “COMMITMENT” procedure did not change, up to 7 Day INVOLUNTARY DETAINMENT (Mental Health Arrest) drastically changed

SB124 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

COMMITMENT



Involuntary Detainment of Minors Without Parental Consent



- * Sec. 12. AS 47.30.693 is amended to read:
- Sec. 47.30.693. Notice to parent or guardian [OF MINOR]. When a minor under 18 years of age is detained at or admitted or committed to a treatment facility, the facility **shall inform the parent or guardian of the location of the minor** as soon as possible after the arrival of the minor at the facility.



Payment



- Sec. 47.30.910. Payment of patient expenses.
- (a) A patient, the patient's spouse, or the patient's parent if the patient is under 18 years of age shall pay the charges for the care, transportation, and treatment of the patient

<https://www.akleg.gov/basis/statutes.asp#47.30.910>, accessed 09/10/22



No Liability for Mental Health Arrest



- Sec. 47.30.815. Limitation of liability; bad faith application a felony.
- (b) The following persons **may not be held civilly or criminally liable for detaining a person** under AS 47.30.700 — 47.30.915 or for releasing a person under AS 47.30.700 — 47.30.915 at or before the end of the period for which the person was admitted or committed for evaluation or treatment if the persons have performed their duties **in good faith and without gross negligence**:
 - (1) an officer of a public or private agency;
 - (2) the superintendent, the professional person in charge, the professional designee of the professional person in charge, and the attending staff of a public or private agency;
 - (3) a public official performing functions necessary to the administration of AS 47.30.700 — 47.30.915;
 - (4) a peace officer or mental health professional responsible for detaining or transporting a person under AS 47.30.700 — 47.30.915.

Enforcement



- * Sec. 38. The uncodified law of the State of Alaska is amended by adding a new section to read:
- **TRANSITION: REGULATIONS.** The Department of Health and Social Services, the **Department of Health**, or the Department of Family and Community Services, as applicable, may adopt regulations to **implement this Act**. The regulations take effect under AS 44.62 (Administrative Procedure Act) but not before the effective date of the law implemented by the regulation.

HB 172 LAW “NO WRONG DOOR” Policy

Article 9 Mental Health Arrest



Should Have Been “OPEN DOOR” Policy

Article 8 Voluntary Admission



WHO SAID “NO!” TO MENTAL HEALTH ARREST HB 172?



- **Senate Nays: Reinbold, Shower, Stedman**
- **House Nays: Eastman, Kurka**



Pushed HB 172 THROUGH THE SENATE



Senator Shelley Hughes
Senate Majority Leader

Email:

Senator.Shelley.Hughes@akleg.gov

District: F

Party: Republican

Toll-Free: 800-565-3743

- **REPEAL HB 172!**
- **I AM A CONSTITUENT**

SENATOR HUGHES VOTED YES TO
“MENTAL HEALTH ARREST” HB 172

HB 172

“MENTAL HEALTH ARREST”



INTRODUCED BY
GOVERNOR DUNLEAVY

SIGNED INTO LAW
BY GOVERNOR DUNLEAVY
ON JULY 18, 2022

REPEAL
HB 172!



“May the God of hope fill you with all joy and peace as you trust in Him, so that you may overflow with hope by the power of the Holy Spirit.” Rom 15:13