

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
THIRD JUDICIAL DISTRICT AT ANCHORAGE

DOES,

Plaintiffs,

v.

STATE OF ALASKA,

Defendant.

THE DISABILITY LAW CENTER  
OF ALASKA, INC.,

Plaintiff,

v.

STATE OF ALASKA; DEPARTMENT  
OF HEALTH AND SOCIAL  
SERVICES; JAY BUTLER as  
Commissioner of the Department of  
Health and Social Services, in his  
official capacity; DIVISION OF  
BEHAVIORAL HEALTH; Gennifer  
Moreau-Johnson, in her official capacity  
as Acting Director of the Division of  
Behavioral Health; and ALASKA  
PSYCHIATRIC INSTITUTE; DUANE  
MAYES as Chief Executive Officer, in  
his official capacity,

Defendants.

Case No. 3AN-18-9814 CI

NOTICE REGARDING MATERIALS TO BE ADDRESSED AT ORAL ARGUMENT

*Does v. State of Alaska; Disability Law Center v. State of Alaska.*  
Notice Regarding Materials to be Addressed at Oral Argument  
Case No. 3AN-18-9814 CI

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DISABILITY LAW CENTER OF ALASKA

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This is to notify the Court and counsel that at oral argument DLC will be making references to the most recent "Psychiatric Inpatient, Crisis, ER" statement from the Division of Behavioral Health; to House Bill 303, which was introduced this past Friday by the Administration and is attached as Exhibit 1, along with the Governor's transmittal letter, which may be found at pages 1723-25 of the House Journal; and finally, DLC will make reference the State of Alaska FY2019 Governor's Operating Budget Summary for the Department of Health and Social Services Designated Evaluation and Treatment Component dated December 15, 2017.

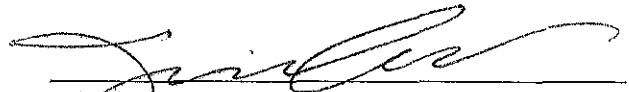
The Psychiatric Inpatient, Crisis, ER statement from today, March 3, 2020, available at <https://bedcount.dhss.alaska.gov/BedCount/statewide.aspx?ProgramType=PICE> and attached as Exhibit 2, will give the Court a baseline from which to measure progress, or lack of it, in the State's implementation of the remedial plan ordered by the Court.

Meanwhile, HB 303 proposes, among other things, a new statutory framework that would significantly limit State responsibility for people who are being held for evaluation at hospitals but who are not being admitted to State-operated evaluation facilities (i.e., API) because those facilities are at capacity. The bill would also allow for individuals to be held in correctional facilities when other facilities, including DETs/DESSs, are unable to safely admit patients. This proposed legislation would substantially undercut the requirements of this Court's October 21, 2019 order. Plaintiff Disability Law Center does not suggest that the State intends to follow HB 303 rather than the Court's order. Instead, our point is that HB 303 shows how necessary it is that the State follow current law on ex parte holds and civil commitment procedures, as interpreted by the Supreme Court in *Gabriel C.*

The budget document, attached as Exhibit 3, bears on the issue of timely notice of respondents in DOC custody. Page two of this document states "[t]he processes now in place...ensure that within the first few hours of an issued Title 47 court order, the State is aware of any person sitting in jail awaiting transfer on that 72-hour hold for a mental health evaluation." That claim was made in 2017.

Dated: March 3, 2020.

Respectfully submitted,



Disability Law Center of Alaska  
Joanna L. Cahoon (ABA #1405034)  
Mark Regan (ABA #8409081)

Certificate of Service

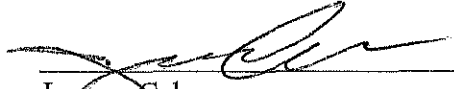
The undersigned certifies that the foregoing document was served by U.S. MAIL and ELECTRONIC MAIL on the following, this 3rd day of March 2020.

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Legislature(2019 - 2020)

## 2020-02-28 HOUSE JOURNAL

[Full Journal](#)

2020-02-28

House Journal

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HB 303

HOUSE BILL NO. 303 by the House Rules Committee by request of the Governor, entitled:

"An Act relating to involuntary commitment procedures; relating to protective custody at a correctional facility or jail; relating to transportation of individuals held for involuntary admission for mental health treatment; and providing for an effective date."

was read the first time and referred to the Health & Social Services and Judiciary Committees.

The following fiscal note(s) apply:

1. Zero, Dept. of Corrections
2. Zero, Dept. of Health & Social Services

The Governor's transmittal letter dated February 27 follows:

"Dear Speaker Edgmon:

Under the authority of Article III, Section 18, of the Alaska Constitution, I am transmitting a bill relating to involuntary mental health commitment procedures.

This bill would take four significant steps towards our common goal of improving mental health treatment in the State.

First, this bill would clarify what happens when a person is held in protective custody at a correctional facility or jail. Protective custody is only authorized after a person is involuntarily committed to a

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facility for a mental health evaluation and while the person is waiting for transportation, when a designated treatment facility, an evaluation facility, a crisis stabilization center, or a health care facility, lack the capacity to safely admit the person within a reasonable amount of time. This temporary hold would not constitute an arrest, nor would the correctional facility make any record to indicate that there was an arrest, ensuring protection of the person's rights while protecting public safety. The correctional facility would use its available resources to protect the person's health and safety, including providing

EXHIBIT 1  
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physical and mental health treatment, either in person or using telehealth.

Second, this bill provides a clear process to ensure that a person is only held in protective custody for a very limited time. Under this mechanism, the Department is notified as soon as practicable when a person enters protective custody and provides re-evaluation of the person every 48 hours, after which it provides a written update to the court. Additionally, the court must conduct a review hearing within 96 hours of placement in protective custody to ensure there is still probable cause to hold the person.

Third, this bill would clarify the times during which the Department of Health and Social Services has custody of the person who is subject to an ex parte order. Specifically, the bill would clarify that the Department only has custody when a patient is admitted to the Alaska Psychiatric Institute (API) or while the person is in the transportation arranged by the Department of Health and Social Services to a designated evaluation or treatment facility. The bill would further clarify that the Department does not have custody after the person's discharge from API, upon the person's admission to a non-state-owned designated evaluation or treatment facility, or when the person is in protective custody.

Finally, this bill would allow a mental health evaluation facility to observe a person who is being held involuntarily for an entire 72-hour period before a person's court hearing. Currently, the hearing happens within the 72-hour period, so the court does not have the benefit of a full evaluation period. This amendment would allow the facility and the court to make a fully-informed decision as to whether the person should be held for an additional 30-day period. The bill would do this

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by extending the time within which a court must hold a 30-day hearing from 72 hours to 96 hours, and allowing a facility to hold the person in between the completion of the 72-hour evaluation and the hearing time.

I urge your prompt and favorable action on this measure.

Sincerely,  
/s/  
Mike Dunleavy  
Governor"

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**HOUSE BILL NO. 303**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FIRST LEGISLATURE - SECOND SESSION

BY THE HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

Introduced: 2/28/20

Referred: Health & Social Services, Judiciary

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to involuntary commitment procedures; relating to protective custody**  
2   **at a correctional facility or jail; relating to transportation of individuals held for**  
3   **involuntary admission for mental health treatment; and providing for an effective date."**

4   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5    \* **Section 1.** AS 47.30.705(a) is amended to read:

6           (a) A peace officer, a psychiatrist or physician who is licensed to practice in  
7           this state or employed by the federal government, or a clinical psychologist licensed  
8           by the state Board of Psychologist and Psychological Associate Examiners who has  
9           probable cause to believe that a person is gravely disabled or is suffering from mental  
10          illness and is likely to cause serious harm to self or others of such immediate nature  
11          that considerations of safety do not allow initiation of involuntary commitment  
12          procedures set out in AS 47.30.700, may cause the person to be taken into custody and  
13          delivered to the nearest evaluation facility. Emergency [A PERSON TAKEN INTO  
14          CUSTODY FOR EMERGENCY EVALUATION MAY NOT BE PLACED IN A



JAIL OR OTHER CORRECTIONAL FACILITY EXCEPT FOR PROTECTIVE CUSTODY PURPOSES AND ONLY WHILE AWAITING TRANSPORTATION TO A TREATMENT FACILITY. HOWEVER, EMERGENCY] protective custody under this section may not include placement of a minor in a jail or secure facility. The peace officer or mental health professional shall complete an application for examination of the person in custody and be interviewed by a mental health professional at the facility.

\* Sec. 2. AS 47.30 is amended by adding a new section to read:

**Sec. 47.30.706. Protective custody at a correctional facility or jail.** (a) A person who is suffering from a mental illness and for whom the court has issued an ex parte order for detention and evaluation under AS 47.30.700 or who has been taken into custody under AS 47.30.705 shall be taken to a designated treatment facility or an evaluation facility. If neither a designated treatment facility nor an evaluation facility has the capacity to safely admit the person, a mental health professional or peace officer shall take the person to a crisis stabilization center or a health care facility, if one is available in the community. If all the facilities listed in this subsection lack the capacity to safely admit the person within a reasonable amount of time, the person may be taken to the nearest correctional facility or jail for emergency protective custody while awaiting transportation to a treatment facility or evaluation facility.

(b) Protective custody under this section must, to the extent practicable, be limited to the time necessary to transport the person to a clinically appropriate designated treatment facility or evaluation facility for admission.

(c) A correctional facility or jail shall as soon as practicable notify the department if a person is placed in protective custody under this section. Upon notification, the department shall arrange admission and transport for the person to a clinically appropriate designated treatment facility or evaluation facility.

(d) If a person is held in a correctional facility or jail under this section for more than 48 hours and the department does not have a plan to transport the person to a clinically appropriate designated treatment facility or evaluation facility for admission within 12 hours, the department shall provide a mental health professional to evaluate the person every 48 hours to determine whether probable cause still exists

1 under AS 47.30.700 or 47.30.705 to hold the person pending transport. A mental  
 2 health professional conducting the evaluation may be an employee of the department  
 3 or a contractor. If the mental health professional determines that the hold must  
 4 continue, the department shall create a plan for transfer to a clinically appropriate  
 5 designated treatment facility or evaluation facility. The plan must consider whether  
 6 delays or capacity issues will impact transfer.

7 (e) After an evaluation under (d) of this section, the department shall notify  
 8 the court in writing that the person

9 (1) has been released from custody because there is no longer probable  
 10 cause to hold the person under AS 47.30.700 or 47.30.705; or

11 (2) must remain in protective custody because there is still probable  
 12 cause for the hold under AS 47.30.700 or 47.30.705; the department shall include in  
 13 the notice the department's plan for transfer and the reason that the transfer has not yet  
 14 occurred.

15 (f) At any time while the person is in protective custody under this section, but  
 16 not later than 96 hours after placement at the correctional facility or jail, the court shall  
 17 conduct a review hearing to hear evidence on whether probable cause continues to  
 18 exist to hold the person and whether continued custody under this section is  
 19 appropriate.

20 (g) When a person is taken into protective custody under this section, the  
 21 correctional facility or jail

22 (1) shall make reasonable efforts to provide for and protect the health  
 23 and safety of the person with the resources available at the correctional facility or jail;  
 24 reasonable efforts include providing physical and mental health treatment in person or,  
 25 at the discretion of the correctional facility or jail, using telehealth; and

26 (2) may take reasonable steps for the protection of the person, staff,  
 27 and inmates at the correctional facility or jail, including, at the discretion of the  
 28 correctional facility or jail, a full search of the person.

29 (h) Protective custody under this section does not constitute an arrest and the  
 30 correctional facility or jail may not make an entry or other record that indicates that  
 31 the person has been arrested or charged with a crime. A confidential record may be

made when necessary to meet the administrative needs of the correctional facility or jail, including for statistical purposes. Information about the person, including medical and health information, shall be made available to the department, the court system, and the public defender agency upon request.

(i) In this section,

(1) "person" means an individual 18 years of age or older;

(2) "telehealth" has the meaning given in AS 47.05.270(e).

\* **Sec. 3.** AS 47.30.715 is amended to read:

**Sec. 47.30.715. Procedure after order.** When a facility receives a proper order for evaluation, it shall accept the order and the respondent for an evaluation period not to exceed 72 hours. The facility shall promptly notify the court of the date and time of the respondent's arrival. The court shall set a date, time, and place for a 30-day commitment hearing, to be held if needed within 96 [72] hours after the respondent's arrival. The date and time set for the hearing must provide adequate time for the facility to fully evaluate a respondent, up to the full 72 hours allotted. The [, AND THE] court shall notify the facility, the respondent, the respondent's attorney, and the prosecuting attorney of the hearing arrangements. Evaluation personnel, when used, shall similarly notify the court of the date and time when they first met with the respondent.

\* **Sec. 4.** AS 47.30.725(b) is amended to read:

(b) Unless a respondent is released or voluntarily admitted for treatment within 72 hours of arrival at the facility or, if the respondent is evaluated by evaluation personnel, within 72 hours from the beginning of the respondent's meeting with evaluation personnel, the respondent is entitled to a court hearing to be set for not later than 96 hours after the respondent's arrival at the facility. A respondent who is not released or voluntarily admitted for treatment within 72 hours may not be released from a facility until the hearing. The purpose of the hearing is [THE END OF THAT 72-HOUR PERIOD] to determine whether there is cause for detention after the 72 hours have expired for up to an additional 30 days on the grounds that the respondent is mentally ill, and as a result presents a likelihood of serious harm to the respondent or others, or is gravely disabled. The facility or

1 evaluation personnel shall give notice to the court of the releases and voluntary  
2 admissions under AS 47.30.700 - 47.30.815.

3 \* **Sec. 5.** AS 47.30.725(f) is amended to read:

4 (f) A respondent, if represented by counsel, may waive, orally or in writing,  
5 the 96-hour [72-HOUR] time limit on the 30-day commitment hearing and have the  
6 hearing set for a date not [NO] more than seven calendar days after arrival at the  
7 facility. The respondent's counsel shall immediately notify the court of the waiver.

8 \* **Sec. 6.** AS 47.30 is amended by adding a new section to read:

9 **Sec. 47.30.727. Custody of the department.** (a) Under this chapter, the  
10 department is determined to have custody of a person who is the subject of an ex parte  
11 order during the following times:

12 (1) upon admission to and until discharge from the state-run designated  
13 evaluation and treatment facility;

14 (2) when the department or its representative takes physical control of  
15 the person to transport the person to a designated treatment facility or evaluation  
16 facility; custody under this paragraph ends upon admission to the designated  
17 evaluation or treatment facility, unless the person is admitted to the facility under (1)  
18 of this subsection.

19 (b) In this section, "custody" means that the department is responsible for the  
20 physical and mental care of a person.

21 \* **Sec. 7.** AS 47.30.870 is amended to read:

22 **Sec. 47.30.870. Transportation.** When a person is to be involuntarily  
23 committed to a facility, but before the person is taken into custody by the  
24 department, the department shall arrange, and [IS AUTHORIZED TO] pay for, the  
25 person's necessary transportation to the designated facility. When the department  
26 takes a person into custody, the department shall arrange for the person to be  
27 accompanied by appropriate persons and, if necessary, by a peace officer. The  
28 department shall pay for return transportation of a person, the person's escorts, and, if  
29 necessary, a peace officer, after a determination that the person is not committable, at  
30 the end of a commitment period, or at the end of a voluntary stay at a treatment facility  
31 following an evaluation conducted in accordance with AS 47.30.715. When advisable,

1 one or more relatives or friends shall be permitted to accompany the person. The  
2 department may pay necessary travel, housing, and meal expenses incurred by one  
3 relative or friend in accompanying the person if the department determines that the  
4 person's best interests require that the person be accompanied by the relative or friend  
5 and the relative or friend is indigent.

6 \* **Sec. 8.** AS 47.30.915 is amended by adding a new paragraph to read:

7 (21) "crisis stabilization center" means a designated location operated  
8 by a qualified provider and certified by the department to provide short-term, direct  
9 mental health services that assist with deescalating the severity of a person's level of  
10 distress or need for urgent care associated with a mental health disorder.

11 \* **Sec. 9.** The uncodified law of the State of Alaska is amended by adding a new section to  
12 read:

13 **APPLICABILITY.** (a) AS 47.30.705(a), as amended by sec. 1 of this Act, and  
14 AS 47.30.870, as amended by sec. 7 of this Act, apply to a person 18 years of age or older  
15 taken into custody on or after the effective date of this Act.

16 (b) AS 47.30.715, as amended by sec. 3 of this Act, and AS 47.30.725(b), as amended  
17 by sec. 4 of this Act, apply to court hearing dates set on or after the effective date of this Act.

18 \* **Sec. 10.** This Act takes effect immediately under AS 01.10.070(c).

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## Psychiatric Inpatient, Crisis, ER

**Statewide Bed Availability:** The information provided on this website is for general informational purposes only. It does not reflect real-time changes in patient numbers or acuity. Accordingly, capacity and bed availability numbers can change substantially between daily updates. Please contact the specific facility for accurate and up-to-date availability.

### Anchorage Region

Facility Information		Bed Availability	
<b>Facility:</b>	<a href="#">API - Adolescent Unit</a>	Total Number of Beds/Total Capacity:	0
<b>Program:</b>	SOA/DHSS/API	Number Of Beds Occupied:	0
<b>Community:</b>	Anchorage	Number of Beds Available:	0
<b>Level:</b>	Adolescents Acute Care	Number Of People On The Wait List:	1
<b>Gender:</b>	CO	Estimated Days Wait Time For Next Available Bed:	11
		Updated: 3/02/2020 10:22 AM	
<b>Facility:</b>	<a href="#">API - Adult Civil Units</a>	Total Number of Beds/Total Capacity:	40
<b>Program:</b>	SOA/DHSS/API	Number Of Beds Occupied:	35
<b>Community:</b>	Anchorage	Number of Beds Available:	5
<b>Level:</b>	Adult Acute Care	Number Of People On The Wait List:	9
<b>Gender:</b>	CO	Estimated Days Wait Time For Next Available Bed:	5
		Updated: 3/02/2020 10:18 AM	
<b>Facility:</b>	<a href="#">API - Forensic Unit</a>	Total Number of Beds/Total Capacity:	10
<b>Program:</b>	SOA/DHSS/API	Number Of Beds Occupied:	11
<b>Community:</b>	Anchorage	Number of Beds Available:	0
<b>Level:</b>	Adult Secure	Number Of People On The Wait List:	22
<b>Gender:</b>	CO	Estimated Days Wait Time For Next Available Bed:	90
		Updated: 3/02/2020 10:23 AM	
<b>Facility:</b>	<a href="#">Providence Crisis Recovery Center (CRC)</a>	Total Number of Beds/Total Capacity:	16
<b>Program:</b>	Providence	Number Of Beds Occupied:	10
<b>Community:</b>	Anchorage	Number of Beds Available:	6
<b>Level:</b>	Observation Care	Number Of People On The Wait List:	0
<b>Gender:</b>	CO	Estimated Days Wait Time For Next Available Bed:	1
		Updated: 3/03/2020 1:08 AM	
<b>Facility:</b>	<a href="#">Providence Psychiatric Emergency Room</a>	Total Number of Beds/Total Capacity:	7
<b>Program:</b>	Providence	Number Of Beds Occupied:	7
<b>Community:</b>	Anchorage	Number of Beds Available:	0
<b>Level:</b>	Emergency Room & Triage	Number Of People On The Wait List:	3
<b>Gender:</b>	CO	Estimated Days Wait Time For Next Available Bed:	2

EXHIBIT 2  
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## Northern Region

Facility Information		Bed Availability	
Facility:	<u>Fairbanks Memorial Hospital MH Unit - General</u>	Total Number of Beds/Total Capacity:	16
Program:	Foundation Health	Number Of Beds Occupied:	13
Community:	Fairbanks	Number of Beds Available:	0
Level:	Adult Acute Care	Number Of People On The Wait List:	3
Gender:	CO	Estimated Days Wait Time For Next Available Bed:	3
		Updated: 2/18/2020 9:56 AM	
Facility:	<u>Fairbanks Memorial Hospital MH Unit - Intensive</u>	Total Number of Beds/Total Capacity:	4
Program:	Foundation Health	Number Of Beds Occupied:	2
Community:	Fairbanks	Number of Beds Available:	0
Level:	Adult Acute Care	Number Of People On The Wait List:	2
Gender:	CO	Estimated Days Wait Time For Next Available Bed:	3
		Updated: 2/18/2020 9:56 AM	

## Southcentral Region

## Southeast Region

Facility Information		Bed Availability	
Facility:	<u>Bartlett Regional Hospital Mental Health Unit</u>	Total Number of Beds/Total Capacity:	12
Program:	BRH	Number Of Beds Occupied:	11
Community:	Juneau	Number of Beds Available:	1
Level:	Adult Acute Care	Number Of People On The Wait List:	
Gender:	CO	Estimated Days Wait Time For Next Available Bed:	
		Updated: 3/02/2020 8:02 AM	

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 EXHIBIT 2

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# **State of Alaska FY2019 Governor's Operating Budget**

## **Department of Health and Social Services Designated Evaluation and Treatment Component Budget Summary**



## Component: Designated Evaluation and Treatment

### Contribution to Department's Mission

Hospital-based designated evaluation and treatment services are provided to Alaskans experiencing mental health crises when the needs of those individuals in crisis exceed the treatment capacities of their local communities, including the service options of their grant-funded comprehensive behavioral health center staff, and when, as a result, these individuals are court-ordered to a designated evaluation and treatment facility for involuntary evaluation and/or treatment. Designated evaluation and treatment services are generally provided as close to each individual's home as possible, as promptly as possible, in a manner that informs the individual of his/her rights, and allows him/her to participate, to the extent possible, in their own treatment.

### Core Services

- The Designated Evaluation and Treatment component provides fee-for-service funding on a payer-of-last resort basis to designated local community hospitals. These designated hospitals provide involuntary evaluation and treatment services to people court-ordered under Alaska Statute 47.30.655 – 47.30.915, and to people who meet commitment criteria but have agreed to voluntary services in lieu of commitment under Alaska Statute 47.31.010(b)(1)(B).
- A Designated Evaluation and Treatment facility may provide up to 72 hours of inpatient psychiatric evaluation; seven to ten days of crisis stabilization and treatment services; and 30 to 40 days of Inpatient psychiatric hospital services as close to the consumer's home, family, and support systems as possible. Component funding also supports consumer and escort travel to the designated hospitals and back to their discharge placement.
- Designated Evaluation and Stabilization / Designated Evaluation and Treatment psychiatric emergency services are a costly component within the division's continuum of behavioral health services and are essential to controlling admissions to Alaska Psychiatric Institute, Alaska's only public psychiatric hospital.
- There are Designated Evaluation and Stabilization hospitals located in Bethel and Ketchikan (Yukon Kuskokwim Delta Regional Hospital and PeaceHealth Ketchikan Medical Center) and Designated Evaluation and Treatment hospitals located in the Northern Interior and Southeast Alaska regions (Fairbanks Memorial Hospital and Bartlett Regional Hospital). DET hospitals feature self-contained behavioral health units within each of their hospitals including full psychiatric care.

### Major Component Accomplishments in 2017

- The processes now in place, resulting from close cooperation and coordination between the Attorney General's Office and the Division of Behavioral Health, ensure that within the first few hours of an issued Title 47 court order, the state is aware of any person sitting in jail awaiting transfer on that 72-hour hold for a mental health evaluation. Significant, immediate efforts are made to arrange transport of that person in jail on the earliest possible flight to the nearest appropriate evaluation hospital.

### Key Component Challenges

While DES and DET services are a significant aspect of the division's continuum of behavioral health services, these services are subject to significant and enduring challenges:

- Funding: The Affordable Care Act took full effect in 2014, the current and primary funding source for Alaska's Designated Evaluation and Treatment (*not* stabilization) services – Medicaid Disproportionate Share Hospital (DSH) funds – will be reduced, as the DSH funds are scheduled to decline under the Affordable Care Act between 2016 and 2022.
- Facilities: Communities often lack adequate facilities or the professional staff necessary to safely stabilize persons experiencing local behavioral health emergencies. Local responders have sometimes detained people in local jails pending transport.

- **Workforce:** Designated Evaluation and Stabilization and Designated Evaluation and Treatment facilities and local community behavioral health centers will continue to struggle with workforce issues including staff shortages and turnover. There is a need for ongoing training in the management of psychiatric emergencies and the short-term stabilization and treatment process.
- **Functioning Partnerships:** Maintaining functioning partnerships between local hospitals and community behavioral health providers and other key social service agencies, in order to facilitate efficient and effective shared responses to local behavioral health emergencies, is a significant, continuing challenge.
- **Response Time:** With the adoption of revised Alaska Court System forms relative to the emergency detention and involuntary commitment of persons experiencing a behavioral health crisis, the Division of Behavioral Health now faces significant pressure (both monetary and legal) to arrange transport of those persons subject to court-ordered involuntary 72-hour evaluation holds within 24 hours of the time and date of the court order.
- **Expansion of Designated Hospitals:** Over 80 percent of the Alaska Psychiatric Institute's annual admissions come from the Mat-Su Valley and Anchorage Bowl. The inability to successfully attract and fund new hospitals to provide Designated Evaluation and Stabilization and Designated Evaluation and Treatment services in these areas creates a backlog of court-ordered patients awaiting transfer to the Alaska Psychiatric Institute from hospital emergency rooms statewide.

### **Significant Changes in Results to be Delivered in FY2019**

- For the first time in many years, the Division is aware that there is interest by local hospitals both in Mat-Su and Anchorage) to provide Designated Evaluation and Treatment beds at these two facilities. Mat-Su Regional has submitted a Certificate of Need (CON) Application to build a 36-room psychiatric unit on the campus of the Mat-Su Regional Hospital, with agreement to provide DET services at this facility. Alaska Regional has submitted a Certificate of Need Application for a 24-bed expansion of its hospital; these 24 beds will be dedicated to psychiatric evaluation and treatment, with half of those beds (12) to be dedicated as DET beds. Either addition would greatly assist in diminishing the admissions pressures on Alaska Psychiatric Institute.

### **Statutory and Regulatory Authority**

AS 47.07.030	Medical Services to be Provided
AS 47.07.040	State Plan for Provision of Medical Assistance
AS 47.07.073	Uniform Accounting, Budgeting, and Reporting
AS 47.30.520 - 620	Community Mental Health Services Act
AS 47.30.655 - 915	State Mental Health Policy
AS 47.30.011 - 061	Mental Health Trust Authority
7 AAC 43.687	Disproportionate Share Hospital
7 AAC 150.170(8)	Allowable Reasonable Operating Costs
7 AAC 150.180	Methodology and Criteria for Additional Payments as a Disproportionate Share Hospital
7 AAC 78	Grant Programs
7 AAC 71	Community Mental Health Services
7 AAC 72	Civil Commitment
13 AAC 60.010 – 900	Licensing of Security Guards and Security Guard Agencies
AS 18.65.400 – 490	Police Protection

### **Contact Information**

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**Component Detail All Funds**  
**Department of Health and Social Services**

**Component:** Designated Evaluation and Treatment (1014)  
**RDU:** Behavioral Health (483)

Non-Formula Component

	FY2017 Actuals	FY2018 Conference Committee	FY2018 Authorized	FY2018 Management Plan	FY2019 Governor	FY2018 Management Plan vs FY2019 Governor	
71000 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
72000 Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
74000 Commodities	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
75000 Capital Outlay	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Benefits	1,934.3	3,794.8	3,794.8	3,794.8	3,794.8	0.0	0.0%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>1,934.3</b>	<b>3,794.8</b>	<b>3,794.8</b>	<b>3,794.8</b>	<b>3,794.8</b>	<b>0.0</b>	<b>0.0%</b>
<b>Fund Sources:</b>							
1037GF/MH (UGF)	1,934.3	3,794.8	3,794.8	3,794.8	3,794.8	0.0	0.0%
<b>Unrestricted General (UGF)</b>	<b>1,934.3</b>	<b>3,794.8</b>	<b>3,794.8</b>	<b>3,794.8</b>	<b>3,794.8</b>	<b>0.0</b>	<b>0.0%</b>
<b>Designated General (DGF)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Federal Funds</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Positions:</b>							
Permanent Full Time	0	0	0	0	0	0	0.0%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	0	0	0	0	0	0	0.0%

**Change Record Detail - Multiple Scenarios with Descriptions**  
**Department of Health and Social Services**

**Component:** Designated Evaluation and Treatment (1014)  
**RDU:** Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2018 Conference Committee To FY2018 Authorized *****												
FY2018 Conference Committee												
1037 GF/MH	ConfCom	3,794.8	0.0	0.0	0.0	0.0	0.0	3,794.8	0.0	0	0	0
		3,794.8										
	Subtotal	3,794.8	0.0	0.0	0.0	0.0	0.0	3,794.8	0.0	0	0	0
***** Changes From FY2018 Management Plan To FY2019 Governor *****												
	Totals	3,794.8	0.0	0.0	0.0	0.0	0.0	3,794.8	0.0	0	0	0

**Line Item Detail (1676)**  
**Department of Health and Social Services**  
**Grants, Benefits**

**Component:** Designated Evaluation and Treatment (1014)

Line Number	Line Name		FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
7000	Grants, Benefits		1,934.3	3,794.8	3,794.8
Object Class	Servicing Agency	Explanation	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
		<b>7000 Grants, Benefits Detail Totals</b>	<b>1,934.3</b>	<b>3,794.8</b>	<b>3,794.8</b>
7002	Benefits	Travel, Physician, and Hospital Psychiatric Emergency Services	1,934.3	3,794.8	3,794.8

**Revenue Detail (1681)**  
**Department of Health and Social Services**

**Component:** Designated Evaluation and Treatment (1014)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2017 Actuals	FY2018 Management Plan	FY2019 Governor
6037 GF/MH (1037 GF/MH)			5.8	0.0	0.0
6122 General Fund Mental Health - Prior Year Reimbursement Recvry			5.8	0.0	0.0