

**REPORT TO THE LEGISLATURE: HB172**

**Introduction:**

The Alaska Mental Health Trust Authority (Trust), in partnership with the Alaska Department of Health and the Department of Family and Community Services, is seeking letters of interest from qualified parties capable of and interested in preparing a report for submission to the legislature. The final report will focus on improving rights of psychiatric patients in Alaska, and the project would include organization and facilitation of stakeholder involvement.

**Background Information:**

During the 32nd session of the Alaska State Legislature, House Bill 172 “Mental Health Facilities and Medications” was passed and subsequently signed into law by Governor Dunleavy (July 18, 2022). HB 172 creates an opportunity for behavioral health crisis response system transformation. HB 172 supports immediate response mechanisms such as crisis response teams and defines a licensing and legal structure for new facilities such as crisis stabilization centers (up to 23 hour stay) and crisis residential centers (up to 7 days stay) to assist individuals suffering from an acute mental health crisis. HB 172 also creates an alternative to involuntary hospitalization for people likely to be stabilized within 7 days. Patient rights are a priority within this new structure.

HB 172 is critical for the implementation of Alaska’s Behavioral Health crisis continuum of care. The legislation is a result of collaborative and intentional efforts by the Department of Health and Social Services (which will continue with both the new Department of Health and the Department of Family and Community Services), the Alaska Mental Health Trust Authority, public safety, community providers, and patient advocates to transform Alaska’s behavioral health system to better serve the most vulnerable Alaskans and their families.

**Psychiatric Response System Overview: History**

In Alaska, Designated Evaluation and Stabilization (DES) facilities provide evaluation and stabilization for up to seven days. DET hospitals provide both evaluation and treatment. Individuals can only be committed to a DET. Prior to 1981, the Alaska Psychiatric Institute (API) was the only designated psychiatric facility in the state, meaning it was the only facility in Alaska that could involuntarily hospitalize people for behavioral health evaluation and treatment. In 1981 Fairbanks Memorial Hospital and Bartlett Regional Hospital in Juneau also became Designated Evaluation and Treatment (DET) hospitals – and the state remained limited to three DET facilities for many years. It is possible for other hospitals to provide these DET services. However, hospitals must voluntarily apply for designation to evaluate individuals to determine if they meet criteria for involuntary civil commitment.

In 1981, Alaska adopted a decentralized system of behavioral health care in a major revision of the civil commitment statutes. The rationale behind this approach was that in-community services would be developed which would reduce the need for institutional care. In practice, however, Alaska's system of behavioral health community services has never been robust enough to meet the needs of Alaskans. Unfortunately, the number of Alaskans needing mental health services has risen, while recruiting and retaining mental health providers and substance abuse providers has only become more difficult. These problems have resulted in increasing pressure on API, the court system, the Department of Corrections, public safety, and hospitals, including emergency departments. Too frequently, emergency departments and correctional facilities have been the only available 24/7 option for someone in a behavioral health crisis.

#### *Current State of Psychiatric Crisis Services*

Since their inception, the DES/DET beds have been the primary means of treatment for those with acute psychiatric needs. Both Fairbanks Memorial Hospital and Bartlett Regional Hospital in Juneau have been DET facilities for years, with both accepting voluntary and involuntary patients. Mat-Su Regional Hospital became a DET facility in early 2020. Of the hospitals operating inpatient mental health beds, Fairbanks Memorial Hospital operates 20 beds, Bartlett Regional Hospital operates 12 beds, and Mat-Su Regional Hospital operates 16 beds. Non-DES/DET hospitals are supported by community-based Psychiatric Emergency Services (PES) grantees funded through the Division of Behavioral Health, who can evaluate whether an individual meets criteria to be held pending transport for further evaluation or treatment.

Nationally, over the last several years, there has been a large rise in patients presenting with behavioral health challenges. With the nationwide shortage of behavioral health providers, there simply are not enough community-based providers to meet these needs, including medication prescription and management and all types of talk-based therapy. Given the increase in cases and the lack of a full continuum of care for behavioral health emergencies in the state, many components of this system are continually stretched beyond capacity.

Psychiatric care cannot solely rest upon acute crisis management within DET facilities under the involuntary commitment process.

In partnership with the Alaska Mental Health Trust and other partners, the state has for the past several years been establishing crisis stabilization services. These services have precedent in other states (for example, Georgia and Arizona), and have been successfully implemented through the development of crisis stabilization services as discussed below.

#### *A Comprehensive System of Crisis Care*

A number of states have or are in the process of implementing crisis care reform, designed to provide an intermediary, diversionary level of care in the least restrictive setting and earliest moment possible to support individuals in crisis. With this in place, individuals do not have to escalate to the highest level of care to have their needs addressed. These states rely on several common core components:

1. A regional or statewide crisis call center that coordinates in real time with the other components to connect patients, providers, and families to services;
2. Centrally deployed, 24/7 mobile crisis teams (ideally, a clinician and a peer) to respond in-person to individuals in crisis; and

3. 23-hour and short-term stabilization centers, which may be operated separately or jointly, offering a safe, supportive and appropriate behavioral health crisis placement for those who cannot be stabilized by call center clinicians or mobile crisis team response.

The Department of Health and the Department of Family and Community Services are successfully partnering with the Trust and community stakeholders on implementation of the first two components. The Division of Behavioral Health is leading a coalition focused on organizing a statewide crisis call center which would direct calls to Alaska's existing Careline (<https://carelinealaska.com/>) suicide prevention call line to the simpler number 988. There are mobile crisis response teams already working in Anchorage and Fairbanks.

However, until now Alaska could not implement the third component to stand up 23-hour and short-term crisis stabilization centers due to the limitations of our state law. Our historical model was singularly focused on the designated hospital system and did not have specific provisions for psychiatric response centers outside of the historical structure. Crisis response centers are designed to provide immediate stabilization and support, which in other states has decreased the need for inpatient admissions, medications, and restraints. It is because of these challenges that HB 172 was introduced and passed.

These mechanisms would help provide a less restrictive option for those in crisis, and reduce the number of individuals in crisis who are held at emergency rooms, jails, or psychiatric hospitals.

Under the statutory changes in HB 172, individuals in mental health crisis can easily access crisis stabilization centers (23-hour stay) or crisis residential centers (up to 7-day stay). The crisis centers will also provide law enforcement, EMS, and families with a place to take individuals in crisis other than local emergency departments. The crisis stabilization centers can triage, treat, or refer to the appropriate level of care, rather than individuals waiting in an emergency department that is not structurally equipped to provide therapeutic behavioral health care, or being escalated immediately to the highest level of care (such as being committed to one of the four psychiatric hospitals that are Designated Evaluation & Treatment Facilities). The vast majority of Alaskans who seek behavioral health care do so voluntarily, but when a person is in crisis and unable to ask for help, HB 172 allows for a more nimble and responsive psychiatric crisis response system that does not require hospitalization.

#### Report to the Legislature

As HB 172 made its way through the Legislature, concerns were raised by mental health advocates about pre-existing challenges with the civil commitment system and protections for patient rights. The legislature, Trust, and the state collaborated in creating a requirement for a joint report that would address these concerns and direct continued system improvement.

The bill directs the Trust, the Department of Health (DOH) and the Department of Family and Community Services (DFCS) to submit a report to the legislature, which will also be available to the public. The joint report of findings are due to the senate secretary and chief clerk of the house of representatives by October 2023. This report will be developed through stakeholder input and considering public comments, and must contain the following components:

1. A comprehensive assessment of current state, federal, and accrediting body requirements for psychiatric patient rights;

2. Recommendations for changes to laws and requirements that could improve patient outcomes and enhance patient rights;
3. Assessment and recommendations relating to data collection and reporting; and
4. Identification of data and statistical collection methods.

HB 172 requires the State Departments and the Trust to use a process that convenes a diverse stakeholder group that includes members representing patients with lived experience, patient advocates, the Disability Law Center of Alaska, providers of psychiatric services, the State of Alaska Ombudsman, and the Alaska Mental Health Board as key informants in the development of the report and final recommendations to the legislature.

The draft report will be made available for public comment prior to finalization.

The following link to the state of Alaska Department of Health website includes House Bill 172 as well as additional background on the initiative, and frequently asked questions published September 19, 2022:

<https://health.alaska.gov/Commissioner/Documents/PDF/Crisis-Stabilization-in-Alaska-HB-172.pdf>

A report to the legislature is due one year after effective date HB 172 was signed into law. Prior to final submittal, stakeholders must be engaged, the draft of the assessment and recommendations must be made available for public comment, and comments must be given due consideration before the production and transmittal of the final report on or by October 16, 2023

The anticipated timeline follows:

Contract start	January 2023
<ul style="list-style-type: none"> <li>• Workgroup meetings</li> <li>• Legal review/research</li> <li>• Key informant interviews/presentations</li> <li>• Assessment of inpatient facilities</li> </ul>	1/1/23-5/31/23 (5 months)
Drafting report/editing	June 2023
Finalize report for public comment	July 2023
Post for public comment	7/30/23 – 8/20/23
Public comment consideration/editing report	9/1/23 – 9/15/23
Finalize/review Report/approval	9/17-23 – 9/29/23
Report DUE to legislature	10/16/23

**Anticipated Scope of Work:**

This Request for Letters of Information is seeking information from potential offerors about project management contract resources, qualifications, methodology and cost to complete the report to the legislature. See pages 18-19 of HB 172 for report details.

**Preferred Minimum Qualifications:**

- Knowledge of and experience in operation of psychiatric hospital and inpatient settings that serve individuals through involuntary commitment processes.
- Competence with Alaska state statutes, regulations, or other resources that will support efforts to improve patient outcomes and enhance patient rights, particularly involving involuntary admissions, and involuntary medications.
- Substantive knowledge of and experience with accrediting bodies (such as CMS, Joint Commission).
- Capacity and competence to perform detailed multi-state research for comparison and evaluation of Alaska's system.
- High level of competence and experience with data analysis, collection, and statistical methodologies.
- Understanding of trauma informed care principles and principles of modern mental health care.
- Ability to conduct a full analysis within the context of constitutional due process principles and statutory rights and remedies.

**Response Information:**

Interested parties must submit a written response, including answers to the identified questions and detail on relevant experience and qualifications. **Responses must be received by 1:30 P.M. Alaska Prevailing Time on Monday, October 31, 2022.** Responses may be sent by U.S. mail, courier, or e-mail to the address listed below.

Based on the elements outlined in the scope of work please address the following:

1. Is anything missing or confusing in the anticipated scope of work?
2. Describe a methodology and structure to organize and accomplish the scope of work.
3. Describe the necessary skill sets, experience, and composition of a contract team needed to gather, review, assess, facilitate process, and develop final recommendations.
4. Describe recommended organization and structure for project and mechanisms for tracking work related materials, meeting summaries, relevant reports/documents and tracking/managing objectives of workgroup(s) within necessary timeframes.
5. Describe a manageable yet thorough and inclusive process for ensuring the right representatives are engaged in the project while meeting the intent as defined in HB 172.
6. Propose estimated costs associated with scope of work, desired deliverables and timelines. Include an overall anticipated budget with itemization details.

All questions must be directed to the procurement officer listed below via email.

**Alaska Mental Health Trust Authority**

Valette Keller, Procurement Officer  
3745 Community Park Loop, Suite 200  
Anchorage, AK 99508  
[valette.keller@alaska.gov](mailto:valette.keller@alaska.gov)  
907-269-6039

It is the responsibility of the interested party to follow up with the procurement officer shown above to ensure that response was received prior to the time and date specified at the top of this RFI.

**BIDDERS/OFFERORS WITH DISABILITIES:** The State of Alaska complies with Title II of the Americans with Disabilities Act of 1990. Individuals with disabilities who may need auxiliary aids, services, and/or special modifications to submit a Letter of Interest should contact the Procurement Officer named above, no later than Monday, October 24, 2022.

**Important Notice:**

This Request for Interest does not constitute a formal solicitation. The Trust is not responsible for any costs associated with the preparation of responses. The issuance of the RFI provides no guarantee that the Trust will proceed with a formal solicitation. However, the information obtained from this request may be used to prepare a purchase, contract, or solicitation in the future.