

Trust

Alaska Mental Health
Trust Authority

Crisis Now
Transforming Crisis Services

Alaska's Crisis

- Absence of full continuum including community based services
- Reduction in API capacity
- Psychiatric boarding- Emergency Departments/Department of Corrections
- Police intervention
- Seeking a framework
- National Association of State Mental Health Program Directors (NASMHPD)
- 1115 Behavioral Health Waiver
- Crisis Now Model



Status

- Secured contract with RI International
- Engagement of key stakeholders - Anchorage, Mat-Su, and Fairbanks
- Assess crisis continuum and services
- Completed recommendations late November
 - How to optimize crisis resource design and allocations to move efficiently to meet the needs of the community
 - Find opportunities to reduce overall healthcare costs, psychiatric boarding, law enforcement resources and incarceration of individuals when mental health treatment is the preferred intervention.



Crisis Now



- Surgeon General in 2014 declared BH crisis a national priority
- Convened 30 thought leaders in the field (RI International, Lifeline, Action Alliance)
- 2016- White paper released: Crisis Now, Transforming Services is Within Our Reach
- RI International was one of the first entities to incorporate the Crisis Now elements into practice

Traditional Community Crisis Flow

Police

- The untrained MH workforce.
- Typically, escalated crisis initially



Individuals, Friends, Family Walk-In

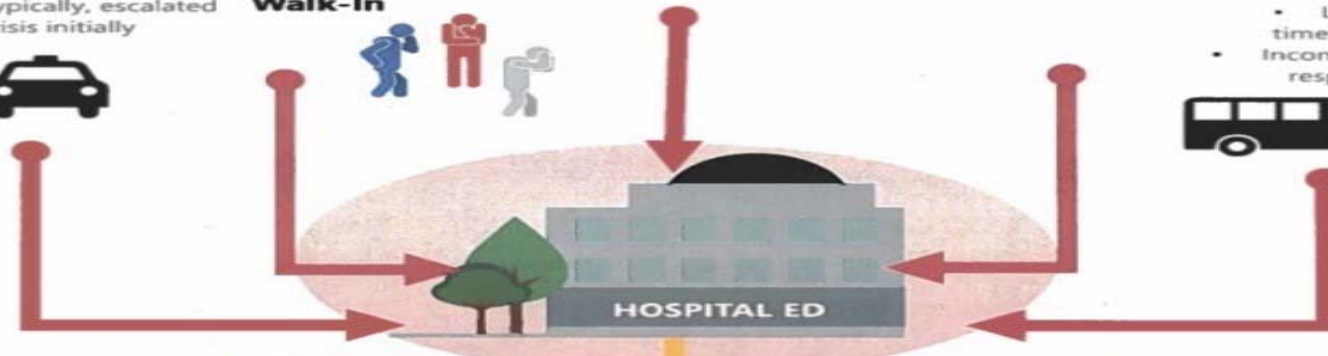


Primary Care & Social Services

Crisis Call Lines

Mobile Outreach

- Few locations
- Limited timeframes
- Inconsistent responses



ACUTE SERVICES

- Extreme cases only where capacity exists
- Interminable waits common



REFERRED ELSEWHERE

- Outpatient Mental Health
- Community Resources
- Detoxification/Substance Abuse Services

SERVICES DECLINED

- Referred back to community/natural supports
- No therapeutic support
- Incarceration/Relocation



Where's the Choke Point in the Usual Approach?

Radically transforming mental health

Good crisis care prevents suicide and provides help for those in distress. It cuts the cost of care, reduces the need for psychiatric acute care, hospital ED visits and police overuse.



What is the Crisis Now model?

Four core services in a crisis continuum
deployed as full partners with law
enforcement, hospitals, community and
first responders.





Crisis Now Video

Core Elements of Crisis Care

- Regional or statewide crisis call centers coordinating in real time
- Centrally deployed, 24/7 mobile crisis
- Short-term, “sub-acute” residential stabilization programs
- Essential crisis care principles and practices



AZ outcome highlights

Maricopa County, Arizona

- 37 FTE Police Officers Engaged in Public Safety Instead of Mental Health Transportation/Security
- A Reduction of 45 Cumulative Years of Psychiatric Boarding (creating a savings to hospitals of \$37 million in avoided costs/losses)
- Reduced Potential State Acute Care Inpatient Expense by \$260 million



Questions?

