Trust

Alaska Mental Health Trust Authority






Data Update: Crisis Now and Suicide Data Overview

Alaska Crisis Now System

- This approach provides:
  - Someone to Talk To: 24/7 statewide Crisis Call Centers (988 Careline)
  - Someone to Respond: Mobile Crisis Teams providing in-person support
  - A Safe Place for Help: Crisis stabilization facilities offering short-term recovery
- Crisis Now aims to reduce unnecessary emergency room use and law enforcement involvement, providing trauma-informed, peer-supported care that saves lives and advances suicide prevention.
- This presentation reviews data and outcomes from 2023–2024, connecting crisis response with suicide prevention to support strategic Trust investments.

Crisis Now Overview: Alaska Mental Health Trust Continuum Components

988 & Careline:

- 24/7 coverage of 907 area code.
- Call volumes tripled since 988 launch (2022).

MCT/MIH:

- Active in Anchorage, Mat-Su, Fairbanks, Kenai, Ketchikan, and Juneau

Crisis Stabilization Centers:

- 23-hour and short-term stabilization
- Designed as trauma-informed, no-wrong-door care alternatives.

Alaska 211:

- 24/7 statewide helpline connects callers to social, health, and crisis services.
- Serves as an entry point linking callers to Careline, and crisis services.

Alaska Crisis Now Snapshot

Statewide Impact (2023–2024)

- Crisis calls up sharply; 39,951 answered in 2024 (99% resolved by phone)
- 10,093 mobile responses, 84% resolved in the community

Anchorage: 7,727+ mobile responses; 89% community resolution

Fairbanks: 800 mobile responses; 84% resolution

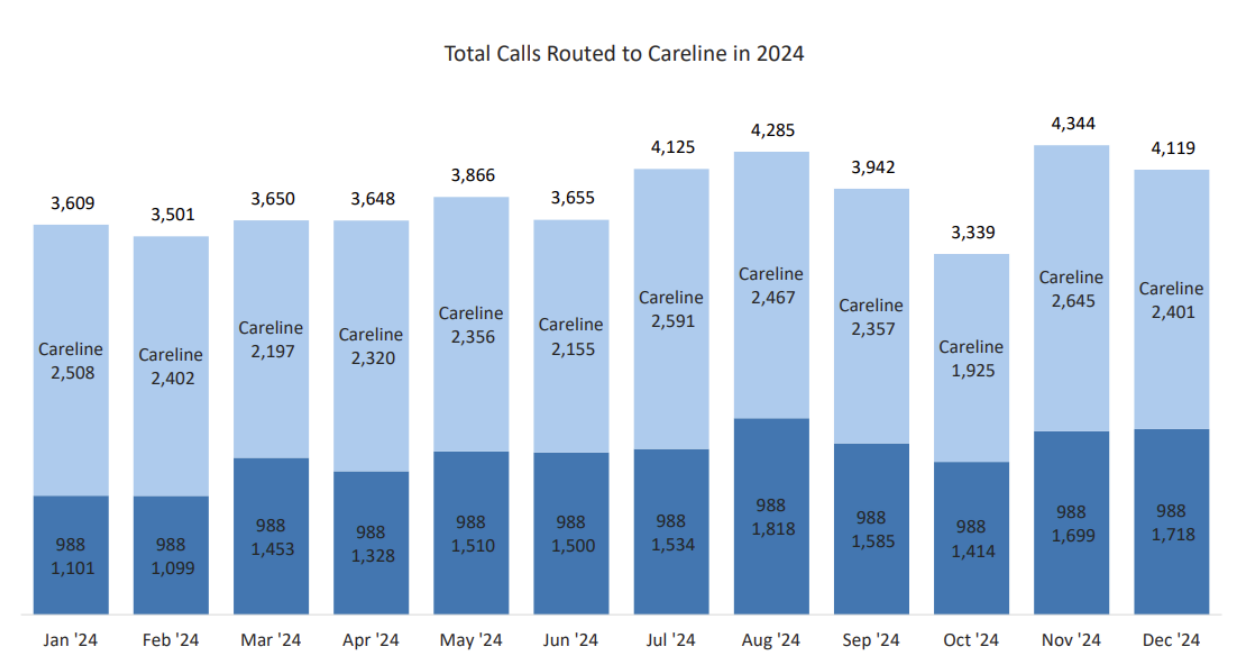
Mat-Su: 506 mobile responses; 80% resolution

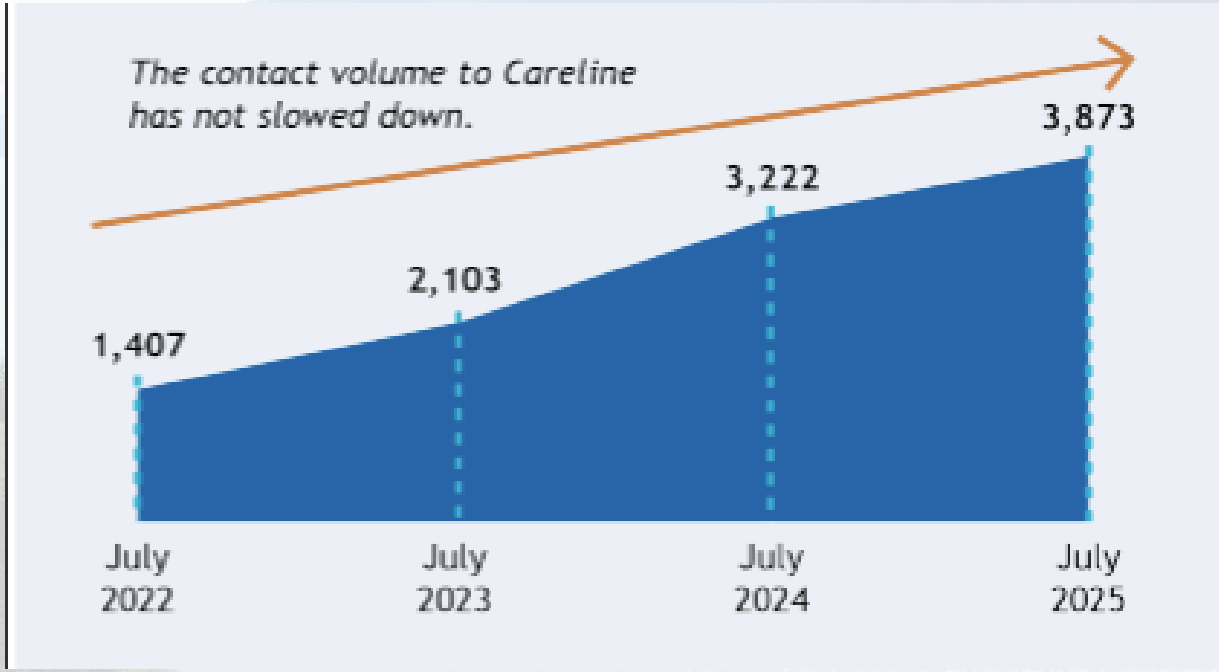
System Growth: New MCT/MIH programs in Juneau, Ketchikan, Kotzebue, Soldotna; expanded stabilization and peer-led services

Alaska 211: 24/7 statewide helpline, 47,000+ connections in 2024; links callers to Careline and crisis supports (1,564 MH and SUD referrals in 2023; 1,856 in 2024)

Source: *Crisis-Now-Implementation-Report-2024.pdf*; *Newsletter-March-2024pdf.*

Careline & 988 calls 2022-2025





Careline Presenting Issues and Outcomes, 2024

Presenting Issues

1. Mental Health
2. Loneliness
3. Relationships
4. Anxiety
5. Emotional Distress

Outcomes for Careline Contacts

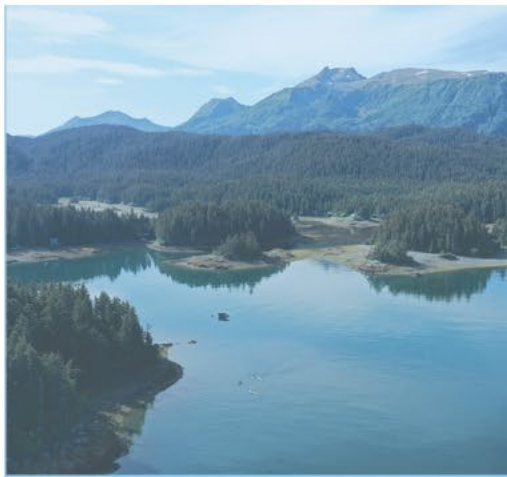
1. Will call again if in crisis
2. Thanked the careline staff
3. Seemed more relaxed
4. Said they felt better
5. Identified helpful behaviors

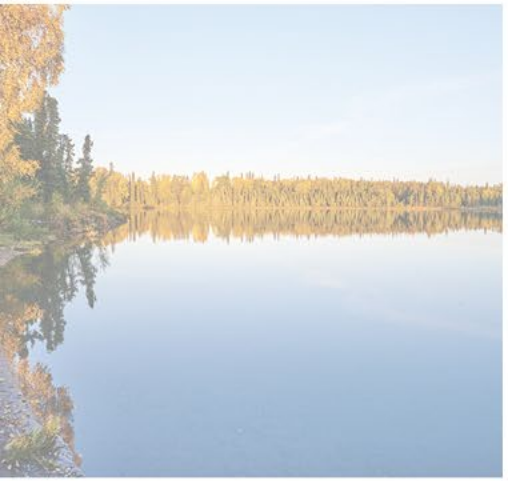
How Much: True North Recovery MCT

- 379 unique Trust beneficiaries served
- Age distribution: majority 25-64 years; gender roughly equal (182 females, 197 males).
- 100% of calls screened for suicidality; 137 required triage.
- 79 completed behavioral health assessments; 109 calls involved de-escalation.
- Peer support provided in all calls; 386 referrals made for additional services.
- 186 calls included family/natural support collaboration; 181 calls included transportation.
- Crisis planning: 156 calls referred to Launch Pad; 63 initiated care plans; 214 follow-up contacts made.
- Calls distributed across shifts: Day (224), Evening (218), Night (63).
- Total calls: 505 dispatched, 1184 HopeLine, 218 hospital consults, 789 resource requests.

How Well: True North Recovery MCT

- Expanded Capacity & Collaboration
  - Expanded response area and crisis call volume doubled.
  - Built strong partnerships with APD, AST, and local agencies; added lead Mental Health Clinician role.
  - Handled dispatched 911 calls, incoming Hope Line calls, and direct hospital referrals.
- Rapid and Reliable Response
  - 100% of crisis calls responded to within 1 hour.
  - Average response time: 23 minutes.
  - 87% of crisis responses resolved in the community (439 of 506 calls).
- Quality Follow-Up
  - 44% of unique individuals (169 of 379) received follow-up from a Peer Support Professional within 48 hours.
  - 31% of those followed up reported improved quality of life after MCT involvement.
- Effective Support/Connections
  - 25% of beneficiaries engaged in further treatment.
  - 19 individuals received immediate housing support; 55% of calls involved housed clients.
  - 186 MCT calls provided family members with resource connections.





Is Anyone Better Off: True North Recovery MCT

• Engaged in Treatment	98 people (25%); 79 with TNR programs
• Immediate Housing Support	19 people (4%) housed through TNR/emergency or DV shelter
• Calls Reported as Housed	55% overall
• Family Members Supported	186 families/resources via MCT; 789 HopeLine calls
• Crisis Resolved in Community	439 calls (87% of responses)
• Resolved by MCT	433 calls (85.7%); 6 by other first responders; 32 transported to ER
• Quality of Life Improved	157 people (31% of those followed up)

Participant Voices:

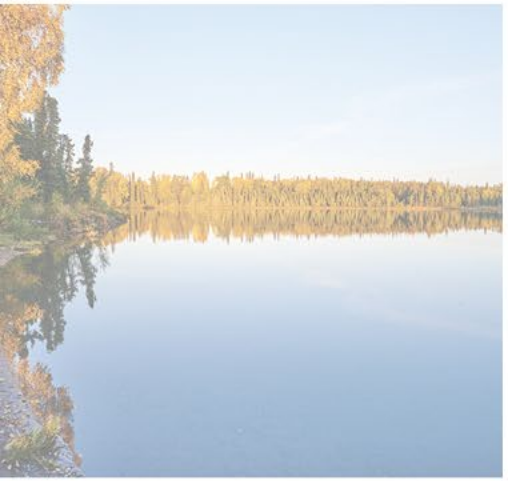
- “After MCT helped me get a hotel room and a peer to talk to, I got back into treatment. I’m finally working again after years of being homeless.”
- “My son’s crisis was overwhelming, but the team helped us find a safe place and actually followed up so we weren’t left alone. I feel like we have hope again.”

How Much: Alaska Behavioral Health MCT

- 629 beneficiaries served
- Triage and screening for suicidality: 375 beneficiaries
- Assessment: 375 beneficiaries (data available from March 2024 onward)
- De-escalation/resolution (safety plans, respite, detox): 187 beneficiaries
- Peer support encounters successfully completed: 115 beneficiaries
- Coordination with medical and behavioral health services (referrals): 229 beneficiaries
- Collaboration with families and natural supports (secondary beneficiaries noted): 398
- Information and referrals (including housing and other categories): 258 beneficiaries

How Well: Alaska Behavioral Health MCT

- Outreach with the North Pole Police Department, State Troopers, and fire departments, leading to a record increase in dispatched calls
- Improved interface with EMS, reducing frequent calls by connecting individuals to appropriate care and resources.
- Follow-up Success: 115 unduplicated clients received follow-up after 48 hours by Peer Support Professionals, representing 38% of all peer support encounters attempted, with the remainder being clients who refused or failed to follow up.



Is Anyone Better Off: Alaska Behavioral Health MCT

- Referrals and triage data offer valuable insights into service reach and engagement.
  - 258 referrals to recovery supports, housing, employment, and other treatment services, reflecting efforts to connect individuals with ongoing resources.
  - Triage and screening for suicidality were performed in 375 encounters, indicating a robust assessment process to identify critical needs early.

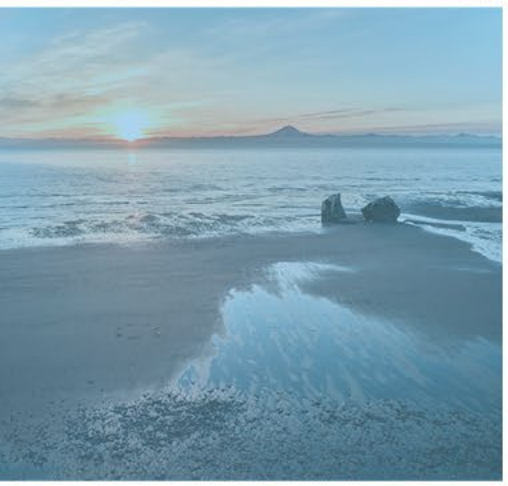
Alaska Suicide Mortality Data
Data Sources & Methods: HAVRS & AKVDRS

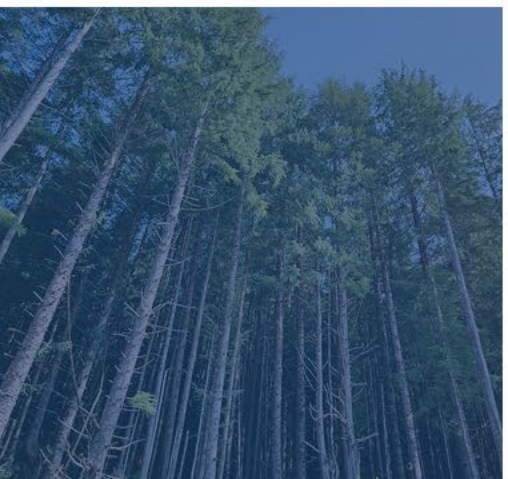
HAVRS (Hospital & Violence Reporting System):

- Collects hospital and clinical data on injury and violent deaths.
- Provides injury mechanisms, patient info, and outcomes complementary to AKVDRS data.

AKVDRS (Alaska Violent Death Reporting System)

- Active Alaska surveillance system modeled on NVDRS.
- Collects data from death certificates, medical examiner, law enforcement, EMS, hospital, and media.
- Includes suicides, homicides, and accidental firearms.
- Uses standardized coding with detailed circumstances, toxicology, and demographics.
- Calculates rates using state population data.
- Faces challenges due to Alaska's geography and jurisdictional diversity.

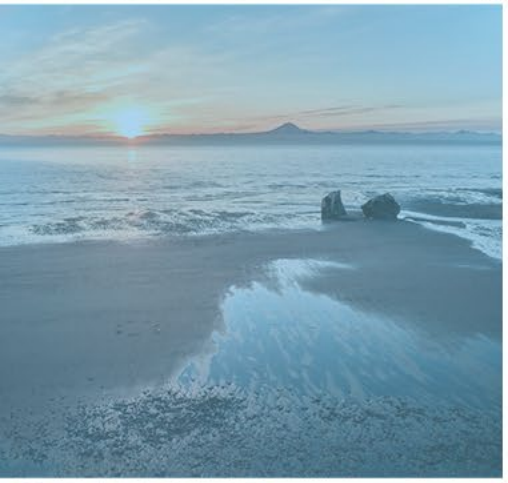


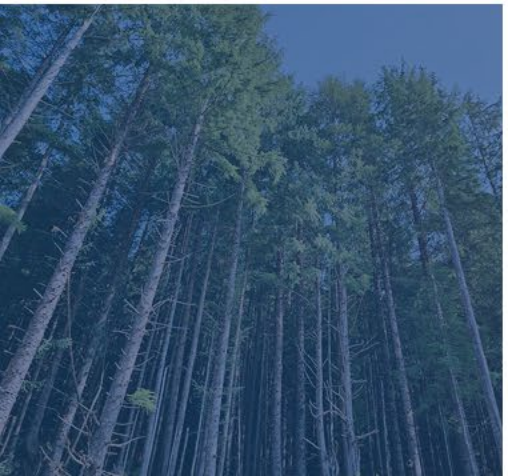


Suicide and Years of Potential Life Lost (YPLL) in Alaska, 2024

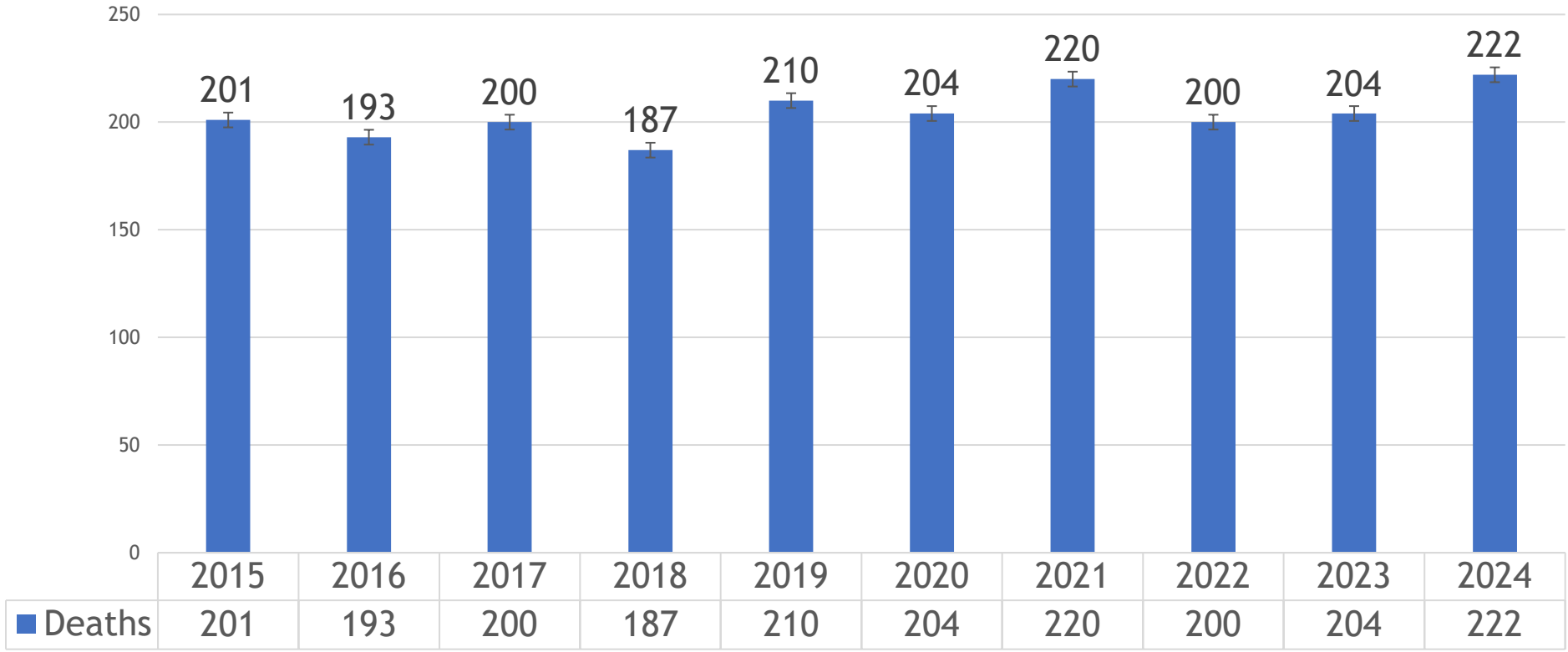
- Suicide is the third leading cause of premature death in Alaska, with 7,437 years of potential life lost (YPLL) in 2024.
- Each suicide results in an average loss of 33.5 years of life, reflecting its impact on younger populations.
- Males and Alaska Native communities experience the highest suicide rates and YPLL.
- Youth and young adults aged 15-44 are the most affected age groups.
- Firearms are the leading method of suicide in Alaska.

Source: Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records. (2025, October 16). Alaska Vital Statistics 2024 Annual Report. https://health.alaska.gov/media/wrbjik3l/2024-alaska-vital-statistics-annual-report.pdf



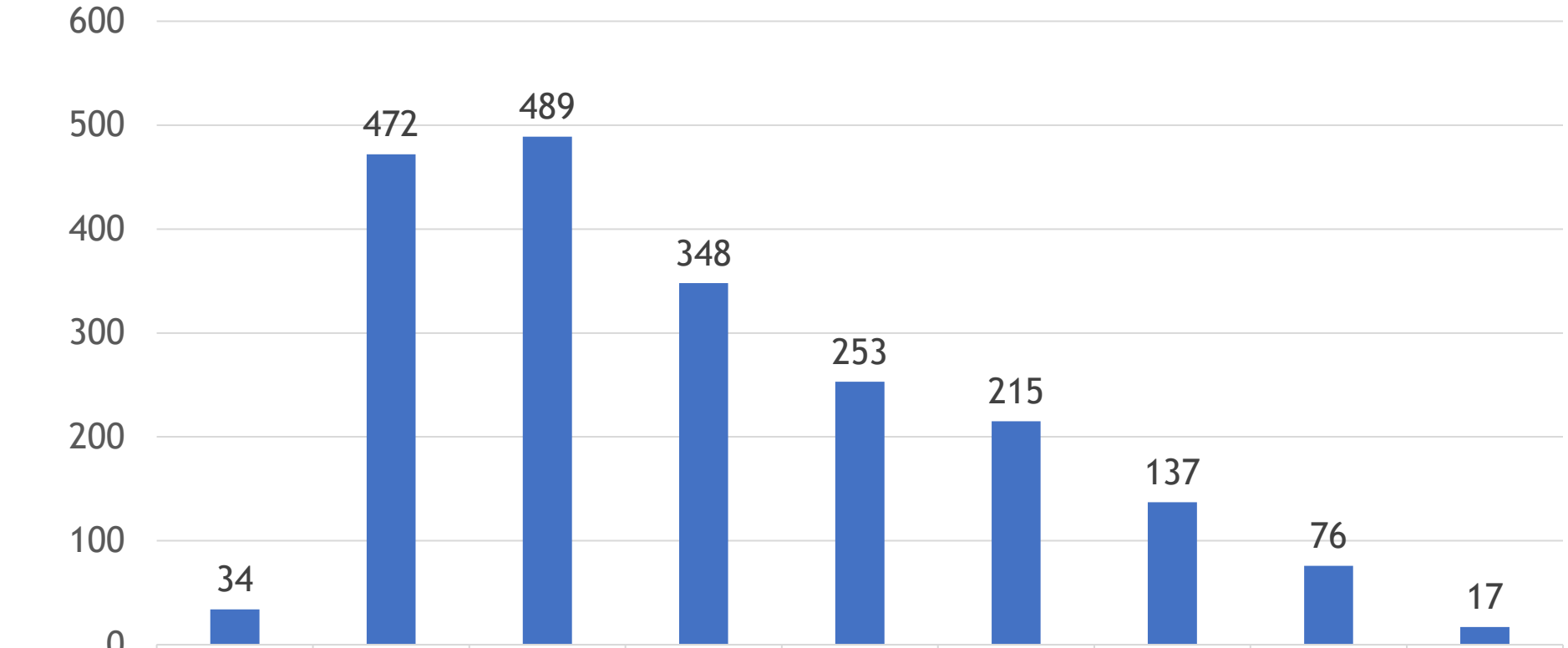


Alaska Resident Suicide Mortality 2015-2024

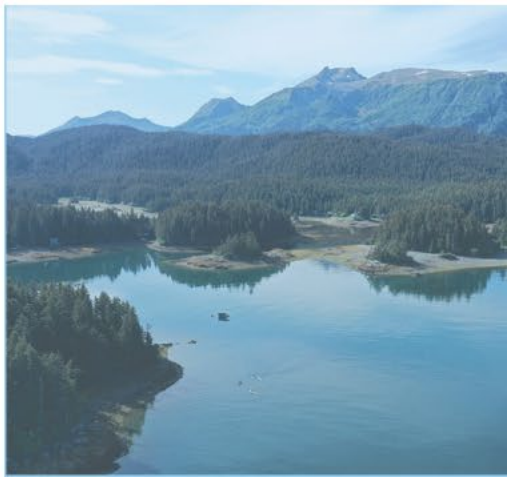


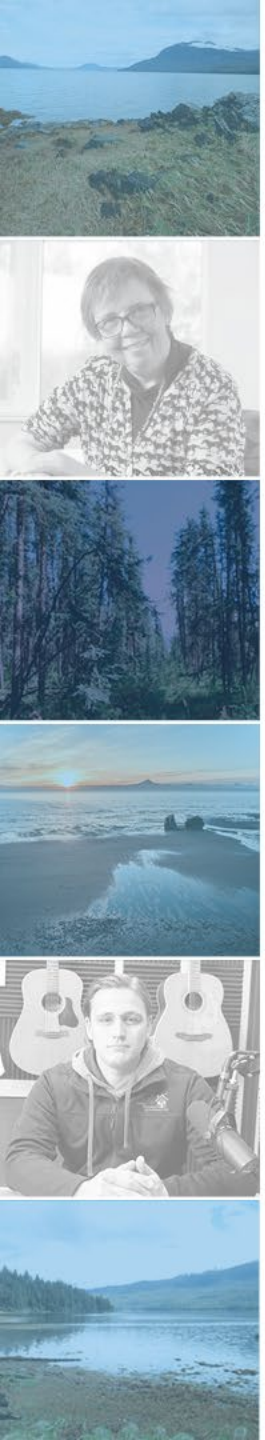
Source: HAVRS

Total Deaths by Age Group 2015-2024

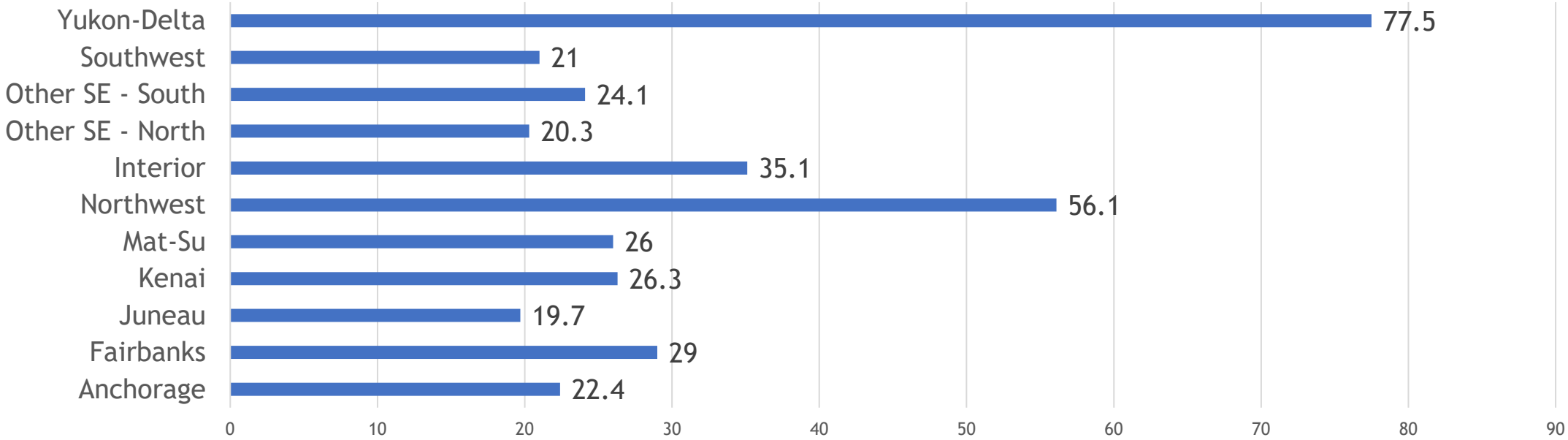


Source: HAVRS





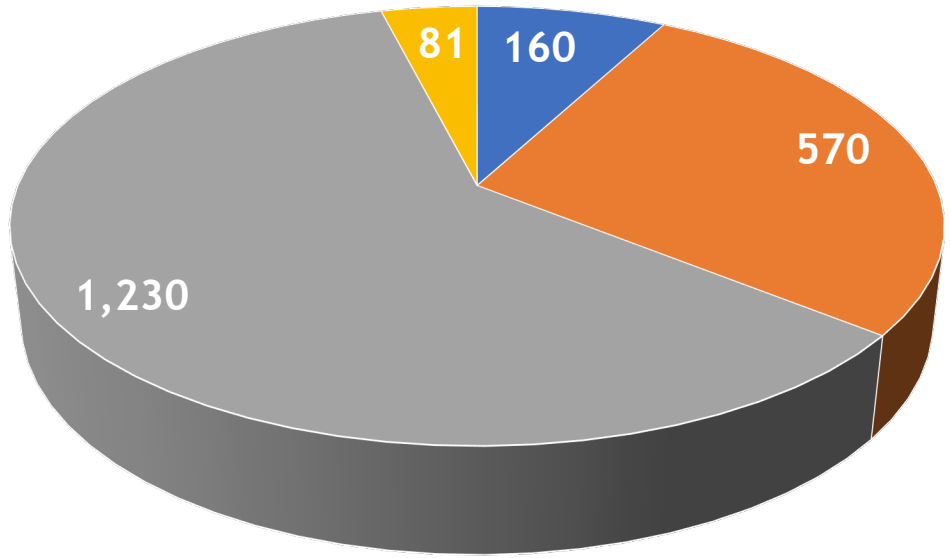
Suicide Rates by Region 2015-2024



	Anchorage	Fairbanks	Juneau	Kenai	Mat-Su	Northwest	Interior	Other SE - North	Other SE - South	Southwest	Yukon-Delta
Rate	22.4	29	19.7	26.3	26	56.1	35.1	20.3	24.1	21	77.5

Source: HAVRS

Suicides by Method 2015-2024



Poisoning Suffocation Firearm Other

Source: HAVRS

Alaska Violent Death Reporting System (AKVDRS)

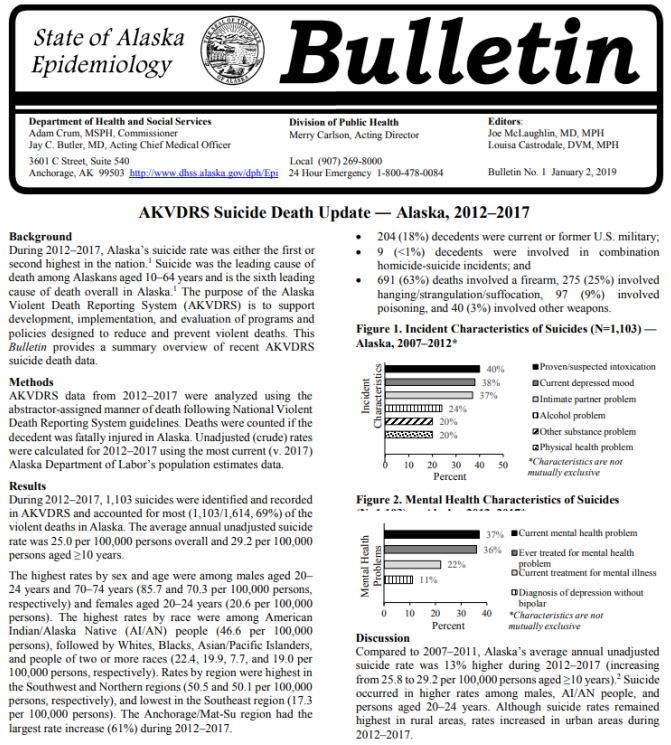
Integrated analysis identifies suicide risk factors, including alcohol intoxication, depressed mood, and intimate partner issues

- Tracks community-level and population trends to inform interventions

Sample Data Snapshot (2012–2017):

- 36% of decedents had substance misuse problems
- 37% had a current mental health problem

Common circumstances: Physical health issues (21%), Legal problems (13%), Employment issues (12%)



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AKVDRS Suicide Death Update — Alaska, 2012–2017

Background
During 2012–2017, Alaska's suicide rate was either the first or second highest in the nation.[1] Suicide was the leading cause of death among Alaskans aged 10–64 years and is the sixth leading cause of death overall in Alaska.[1] The purpose of the Alaska Violent Death Reporting System (AKVDRS) is to support development, implementation, and evaluation of programs and policies designed to reduce and prevent violent deaths. This *Bulletin* provides a summary overview of recent AKVDRS suicide death data.

Methods
AKVDRS data from 2012–2017 were analyzed using the abstractor-assigned manner of death following National Violent Death Reporting System guidelines. Deaths were counted if the decedent was fatally injured in Alaska. Unadjusted (crude) rates were calculated for 2012–2017 using the most current (v. 2017) Alaska Department of Labor's population estimates data.

Results
During 2012–2017, 1,103 suicides were identified and recorded in AKVDRS and accounted for most (1,103/1,614, 69%) of the violent deaths in Alaska. The average annual unadjusted suicide rate was 25.0 per 100,000 persons overall and 29.2 per 100,000 persons aged ≥10 years.

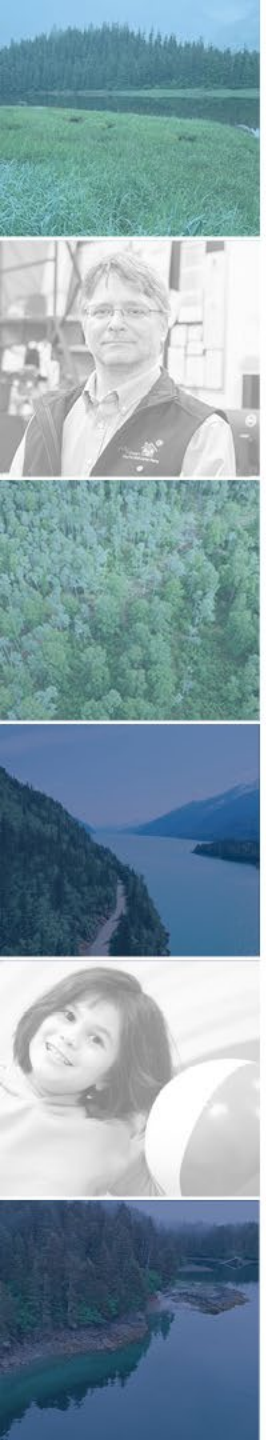
The highest rates by sex and age were among males aged 20–24 years and 70–74 years (85.7 and 70.3 per 100,000 persons, respectively) and females aged 20–24 years (20.6 per 100,000 persons). The highest rates by race were among American Indian/Alaska Native (AI/AN) people (46.6 per 100,000 persons), followed by Whites, Blacks, Asian/Pacific Islanders, and people of two or more races (22.4, 19.9, 7.7, and 19.0 per 100,000 persons, respectively). Rates by region were highest in the Southwest and Northern regions (50.5 and 50.1 per 100,000 persons, respectively), and lowest in the Southeast region (17.3 per 100,000 persons). The Anchorage/Mat-Su region had the largest rate increase (61%) during 2012–2017.

- 204 (18%) decedents were current or former U.S. military;
- 9 (<1%) decedents were involved in combination homicide-suicide incidents; and
- 691 (63%) deaths involved a firearm, 275 (25%) involved hanging/strangulation/suffocation, 97 (9%) involved poisoning, and 40 (3%) involved other weapons.

Figure 1. Incident Characteristics of Suicides (N=1,103) — Alaska, 2007–2012*

Figure 2. Mental Health Characteristics of Suicides

Discussion
Compared to 2007–2011, Alaska's average annual unadjusted suicide rate was 13% higher during 2012–2017 (increasing from 25.8 to 29.2 per 100,000 persons aged ≥10 years).[2] Suicide occurred in higher rates among males, AI/AN people, and persons aged 20–24 years. Although suicide rates remained highest in rural areas, rates increased in urban areas during 2012–2017.



Support for Data Collection for Suicide Prevention

Potential to gather more detailed, regionally relevant data on:

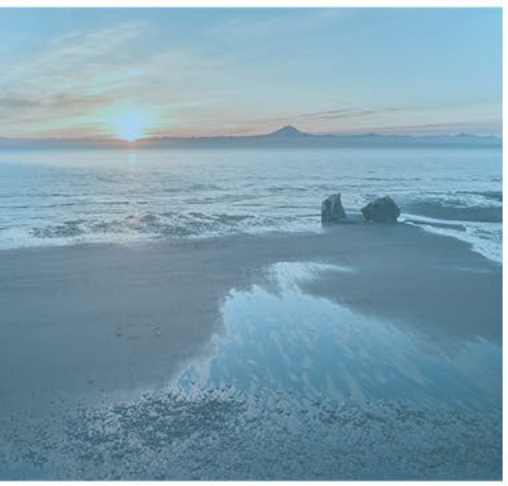
- Incident factors
- Mental health and substance use history
- Social determinants

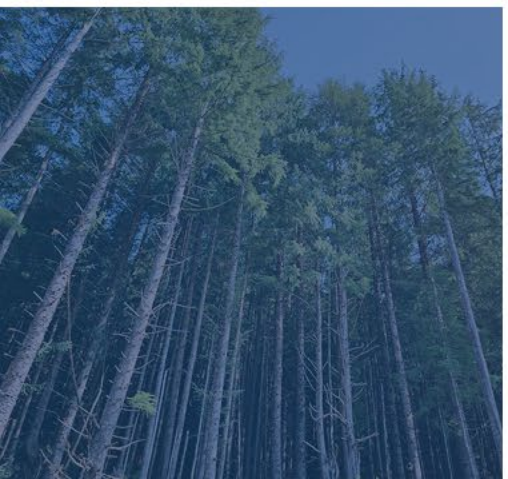
Future data efforts could focus on:

- Tracking of risk factors at local/community levels
- Integration of behavioral health, primary care, and social services data
- Identifying trends over time to inform interventions

Emphasis on:

- Collecting data on precipitating circumstances
- Supporting effective and informed suicide prevention strategies





Wrap-Up and Next Steps

- The Behavioral Health crisis system is expanding to meet growing needs, evidenced by rising engagement in mobile crisis, 988, Careline, and 211 services.
- Suicide mortality data from Health Analytics & Vital Records continues to offer critical insights guiding prevention efforts statewide.
- Alignment between these data is essential to identify gaps, high-risk populations, and opportunities for targeted intervention.
- Ongoing cross-system data integration and analysis strengthen Alaska’s ability to reduce suicides and improve outcomes for those in crisis.