

CRISIS NOW

Implementing a Behavioral Health Crisis System of Care in Alaska

Implementation Update 1: March 2021

Why Crisis Now?

The Crisis Now Implementation Support Project began in March 2020, building from work completed by RI International in the fall of 2019. The current workplan supports implementation of the 13 recommendations from the [Alaska Crisis Now Consultation Report](#).

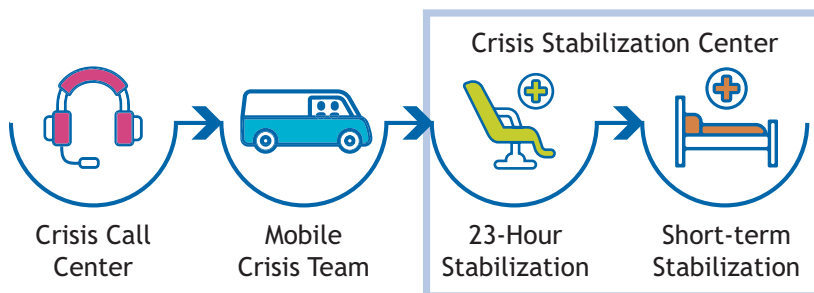
Since March, the Alaska Mental Health Trust Authority (the Trust) and its contractor Agnew::Beck Consulting convened a project management team, five systems-

focused teams, and three community workgroups. With input from these groups, the team developed staffing and business models for Crisis Now services in Anchorage, Mat-Su and Fairbanks and a phased approach for implementation.

This newsletter provides stakeholders with project updates and opportunities for engagement.

What is the Crisis Now Framework?

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



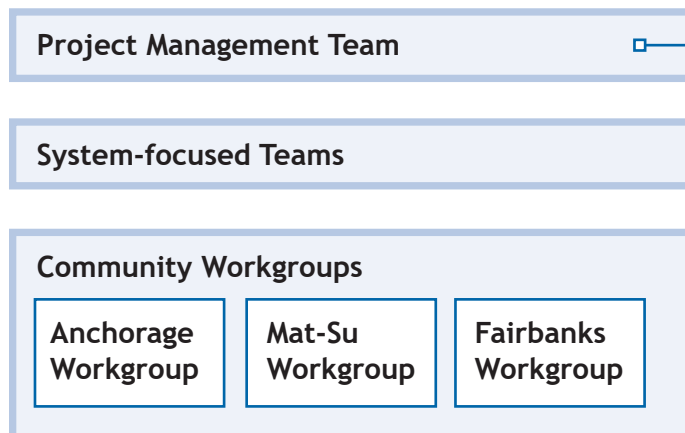
[SAMHSA's National Guidelines](#) for Behavioral Health Crisis Care - A Best Practice Toolkit outlines minimum expectations and best practices for the design, development and implementation of a behavioral health crisis care continuum.



Essential Principles & Practices

- Recovery oriented
- Significant role for peers
- Trauma-informed care
- Zero Suicide/Suicide Safer Care
- Safety and security for staff and people in crisis
- Crisis response partnerships

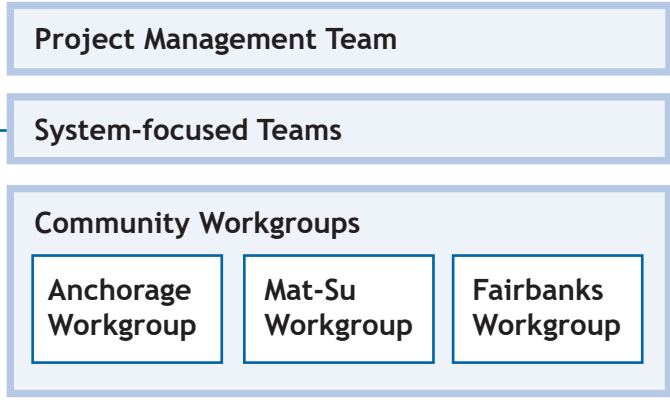
Project Team Structure



Project Management Team

Implementing a behavioral health crisis system of care requires collaboration within government and across community sectors. The Crisis Now Project Management Team is comprised of leaders of State of Alaska divisions and departments, the Trust, the Alaska Mental Health Board, and the Mat-Su Health Foundation. This team meets quarterly, with the goal of ensuring alignment between and within the different systems-level stakeholder groups and addressing barriers identified by the project team and community workgroups.

To read more about the framework and efforts to improve behavioral health crisis response in Alaska, visit: alaskamentalhealthtrust.org/crisisnow



Community Workgroups: Anchorage, Fairbanks + Mat-Su

Community workgroups brought together behavioral health and social service providers, law enforcement, emergency services providers, hospitals and concerned community members to share their clinical and community knowledge. Workgroups in each community, 250 individuals in total, met four times between June and December 2020. Meeting objectives included: developing a shared understanding of Crisis Now services, identifying community specific opportunities and constraints, ground-truthing demand calculations provided by RI International, and providing feedback on staffing and business models and the phases of implementation. Community providers will continue to be engaged in developing a vision for implementation of these services.

System-focused Teams

Oversight and Feasibility: Accountability, collaboration and data sharing are core ingredients of a functional crisis system. This team is focused on identifying how Alaska’s crisis continuum will be overseen and coordinated.

Crisis Call Center: This team participated in informational meetings with three technology providers: [Cloud 9](#), [Open Beds](#) and [Behavioral Health Link](#), to learn about different platforms that support robust connections to care. Behavioral Health Link offers the most complete package of technology tools, while Cloud 9 and Open Beds offer tech solutions that enhance components of existing systems.

Workforce: Leveraging existing coalitions and initiatives, the workforce team is focused on sharing estimated staffing needs for Crisis Now services and tapping into workforce development strategies to grow Alaska’s behavioral health workforce. Alaska’s newly developed peer support specialist certification and subsequent training of peer support professionals is vital to the Crisis Now high peer-engagement philosophy.

Legislation: Statutory change is needed to support the Crisis Now “no wrong door” approach (low to no barrier access) to allow facilities other than hospitals to provide care to those who need an emergency hold or short-term involuntary commitment. The legislative team drafted statutory amendments and will identify a path to introduce these changes in the 2021 legislative session.

Rural Alaska: A larger focus of the project in 2021, this team will work in collaboration with Tribal Health Organizations to build on existing strengths to develop robust crisis continuums that serve rural Alaskans.

Phased Approach to Implementation

The Crisis Now framework provides a continuum approach to behavioral health crisis care, with multiple points for intervention and crisis resolution. Developing a robust continuum in each community requires bringing multiple new service types online and coordinating those services to ensure each individual receives the level of care suited to her or his needs. The project team, in collaboration with community workgroups, developed a phased approach to implementation that builds from existing services, adds new services and physical space and, in Phase 3, ties them together in accordance with SAMHSA’s National Guidelines for Behavioral Health Crisis Care.

Implementation Phase 1

Phase 1 enhances existing crisis call and dispatch services and adds mobile crisis teams. Emergency services dispatch entities in the three implementation communities are already equipped with policies and procedures for triaging and directing crisis calls and dispatching a variety of emergency service responses (e.g. ambulance, police, safety patrol). In this

phase, emergency service dispatch entities formalize connections with a behavioral health crisis call line and develop policies and procedures to support transfer of appropriate calls. If a call cannot be resolved by a crisis call line or requires an immediate response, existing dispatch entities will have a new resource, behavioral health mobile crisis teams. The composition of these teams, number of teams and hours of operation will vary by community. This phase is envisioned to roll out within the next six months.

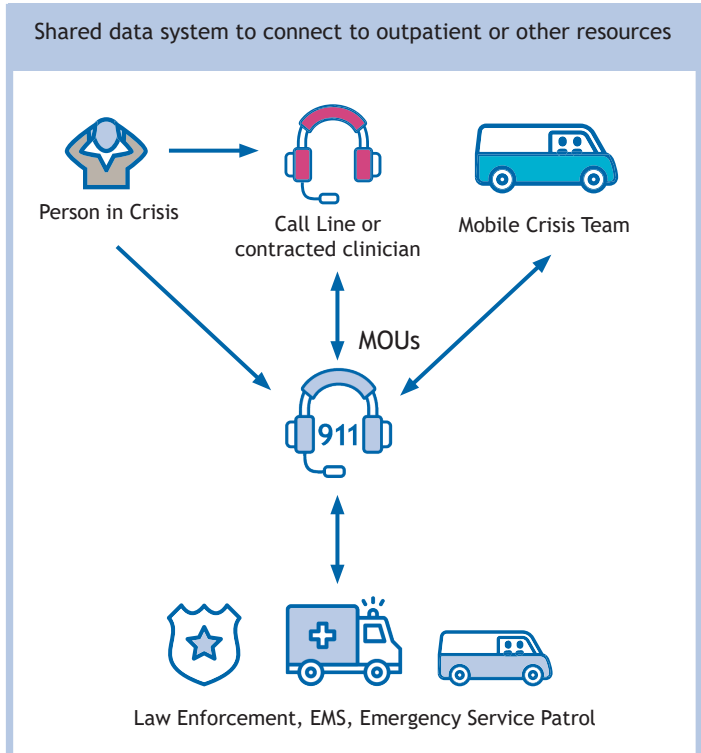
Phase 1 Implementation - Anchorage: In November 2020, the Anchorage Assembly allocated 1.5 million dollars in alcohol tax revenue to fund a mental health first responder team, housed within the Anchorage Fire Department. The Anchorage Fire Department is currently developing policies and procedures, position descriptions and program plans, with the goal of team launch in spring 2021. Each mobile team will be staffed by a Mobile Intensive Care Paramedic (MICP) and a masters-level clinician. Initially, mobile response will not be available 24/7, but the goal is to build to availability of a 24/7 behavioral health crisis response.

Implementation Phase 2

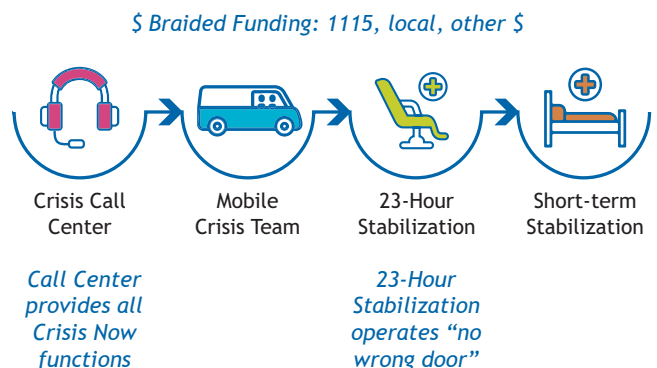
Concurrently with Phase 1, communities will plan for Phase 2, to develop 23-hour and short-term stabilization. These new facility-based programs will provide law enforcement, mobile crisis teams, and community members a place to go for behavioral health crisis stabilization that is not a hospital emergency department. Expected development time for these services is 15 months.

Implementation Phase 3

In Phase 3, mobile crisis team dispatch is pulled from emergency services dispatch and is instead tied to a Crisis Call Center that is coordinated with the Crisis Stabilization Facility. When fully operational, the Crisis Call Center will be responsible for resolving crises on the phone when possible, connecting individuals to outpatient appointments or available treatment beds, and dispatching mobile crisis teams. In this phase, all the Crisis Now elements in each community are coordinated and monitored by a statewide entity.



Funding Coordination, Contract Management, System Oversight + Performance Management (STATE + LOCAL)



Business Modeling: Key Findings

Demand for services in each of the three implementation communities was calculated by RI International in the Alaska Crisis Now Consultation Report. The table below summarizes the total number of crisis episodes, mobile teams, 23-hour recliners and short-term beds needed in each community to meet projected demand.

	Anchorage	Fairbanks	Mat-Su
Annual Crisis Episodes	6,997	2,302	2,583
# of Mobile Teams	3 teams	1 team	1 team
23-Hour Stabilization Recliners	16 chairs	5 chairs	6 chairs
Short Term Treatment Beds	23 beds	8 beds	9 beds

The project team developed a business modeling tool using the demand estimates above. The tool provides a comparison of projected revenues to expenses, uses Tribal and non-Tribal rates, and allows the user to compare operations of stand-alone facilities with facilities that share staffing between crisis programs. The Crisis Now framework is a population-level approach that requires 24/7 access and the capacity to serve all comers. As such, the tool includes staffing models for each service to support individuals in varying levels of crisis acuity. The project team worked with a local team of clinical providers to develop appropriate staffing patterns and shared the staffing models with the community workgroups for feedback.

Key findings from the modeling are as follows:

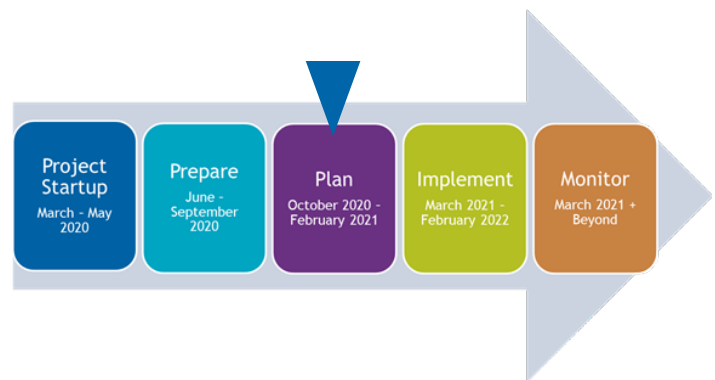
- A statewide, 24/7 crisis call center staffed with master’s level clinicians has a projected cost of \$1.2 million per year, with no billable revenue identified.
- Mobile Crisis Teams, staffed with a clinician and a peer, have a projected cost of \$1.7 million for 24/7 coverage. Billable revenue varies by community demand and ranges from \$130,000 to \$400,000.
- Larger-scale facilities pencil better than smaller ones: Facility-based crisis services in Fairbanks and Mat-Su do not perform as well as services in Anchorage where there is additional population and higher demand for services.

To support full implementation of Crisis Now level services additional funding, beyond what is available through billable revenue, is needed. Crisis call center services are not billable at this time and mobile crisis teams in all communities will require ongoing operating funds. Facility-based crisis services in Mat-Su and Fairbanks will also require operating support, unless the services are operated by a hospital provider who is able to access a Designated Evaluation and Stabilization (DES) rate for a portion of the short-term treatment beds. In the coming months, the project team will be working with funders to identify potential sources of funding to address identified gaps.

The project team hosted a webinar in January 2021 to provide an overview of the use of the business modeling tool for Crisis Now services. Access to the modeling tool and a recording of the webinar is available upon request. Please contact Becky Bitzer at becky@agnebeck.com.

Next Steps

As the planning phase winds down, project efforts will shift towards supporting service launch. The systems-level teams will continue to meet regularly, while the community workgroups will shift to webinar and panel discussion formats on key topics. The team will continue to host small group meetings with providers interested in offering Crisis Now framework services, develop an implementation toolkit and identify collaborative funding to fill gaps and launch programs.



Want to know more or get involved?

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