

CRISIS NOW

Transforming our Behavioral Health Crisis System of Care in Alaska

Implementation Update 3: May 2022

Crisis Call Center Implementation Updates



SAMHSA’s National Guidelines for Crisis Call Centers

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) [National Guidelines for Behavioral Health Crisis Care](#) defines best practice call centers as those that provide a live, clinical staff person 24-hours a day, seven days a week. Centers must meet National Suicide Prevention Lifeline (NSPL) operational guidelines and offer a high level of coordination of crisis care. Call centers should strive for Air Traffic Control connectivity, always knowing where the person in crisis is in time and space, never losing contact and verifying the person in crisis is safely in the hands of another provider.

Trust Funding Spotlight

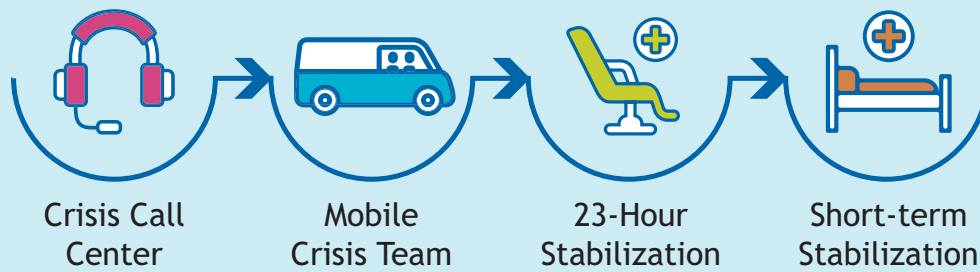
Alaska Careline: Infrastructure Development \$197,400
Interior Alaska Center for Non-Violent Living (IAC) (Statewide)

Careline, Alaska’s existing statewide “crisis and someone to talk to line” already meets many of SAMHSA’s expectations for a crisis call center and is working with Crisis Now implementation communities to expand call center capabilities. SAMHSA’s minimum expectations and best practice guidelines for crisis call centers are identified below, as well as the implementation status of these guidelines at Careline.

SAMHSA’s Minimum Expectations + Best Practice Guidelines	Careline Expectations
Operate 24/7, 362 days a year	Operates 24/7, 365 days a year
Staffed with clinicians overseeing clinical triage and other trained team members.	Contracted clinician to provide as needed clinical oversight and guidance for team.
Answer every call or coordinate overflow coverage with a resource that meets all minimum expectations.	If direct dial calls to Careline are not answered within 1 minute, calls are routed to a back-up call center in Maryland. If Lifeline calls routed to Careline are not answered within 1 minute, the call will be routed to another call center within the Lifeline network.
Assess risk of suicide in a manner that meets NSPL standards and assess risk of danger to others.	NSPL member and adheres to provided standards.
Coordinate connections to mobile crisis team services.	Working with Crisis Now implementation communities and the Division of Behavioral Health to develop policies and procedures for requesting a mobile crisis team dispatch.
Connect individuals to facility-based care through warm handoffs and coordination of transportation as needed.	Onboarding and training staff on the use of Open Beds as a tool to connect individuals to facility-based care. Transportation coordination not available at this time.
Incorporate caller-ID functioning.	Available at Careline unless an individual calls from a “private” or “blocked” number.
Implement GPS-enabled technology in collaboration with mobile-crisis teams to efficiently dispatch care.	Working with the Fairbanks Emergency Communications Center dispatch to pilot mobile crisis team dispatch for the Fairbanks area.
Utilize bed registry technology to support real-time, efficient connection to needed resources.	Training staff on the use of Open Beds as a bed registry tool.
Schedule outpatient follow-up appointments as needed through warm hand-offs.	Training staff on use of Open Beds as a tool for appointment scheduling.

■ Complete ■ In Progress

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



Real-Time Bed Registry + Appointment Scheduling in Alaska: OpenBeds

SAMHSA’s National Guidelines for Behavioral Health Crisis Care highlight the importance of access to treatment bed registries and outpatient appointment scheduling capabilities for both the crisis call center and other crisis providers. For the call center and other crisis providers to best direct an individual in crisis or following a crisis to needed resources, these providers need to know when and where there is availability for a variety of care settings. Community members and providers currently have access to such a system through a Division of Public Health contract with OpenBeds. OpenBeds is free to use for community members and providers.

OpenBeds has two components:

- A public-facing portal called Treatment Connection, where individuals can search for treatment options in their area based on a variety of criteria. This tool is accessed at <https://www.treatmentconnection.com> and includes options for community members to reach out to providers regarding treatment and complete a self-assessment based on ASAM criteria.
- A provider-facing portal where registered providers can send, receive and manage referrals. Providers can search for appropriate referrals using a variety of search criteria, securely attach supporting documents to referrals and receive notification when referrals are accepted or declined, including reason for declination.

There are currently 30 providers using OpenBeds in Alaska, with more regularly joining the network. As more providers join, the functionality of the referral system grows and crisis providers are increasingly more able to connect individuals with needed supports.

To schedule a demo with OpenBeds and learn more about the benefits of connection with this platform, contact Eric Boyer at eric.boyer@alaska.gov.

The Trust and the Division of Public Health hosted a webinar in November 2021 to highlight OpenBeds implementation efforts in Delaware. At the webinar, Elizabeth Romero, former Director of the Delaware Division of Substance Abuse and Mental Health, presented on the Delaware Treatment and Referral Network (DTRN), which is supported by the OpenBeds platform. While Alaska’s OpenBeds referral network is still in development, Delaware’s DTRN has been operational since 2018 and provides a vision for what is possible when the system is fully implemented. A recording of the webinar can be accessed [here](#). Use passcode V%*%jj5R to access the recording.

Trust Funding Spotlight

OpenBeds Real-Time Treatment Facility Availability Platform	\$285,000 (Statewide)
<i>Alaska DHSS Division of Public Health</i>	

Mobile Crisis Team Implementation Updates

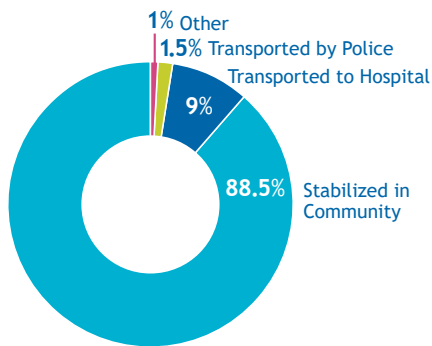


Fairbanks Mobile Crisis Team

Operators: Partnership between Alaska Behavioral Health and The Bridge, deploys a peer support specialist and a mental health clinician.

Total crisis responses	223
Unique individuals served	161
Average time from call initiated to arrival on scene	28 min
Average time on scene	53 min
Total follow-ups	210

Outcomes



Data provided by Alaska Behavioral Health. Reporting timeframe: October 2021 to March 2022.

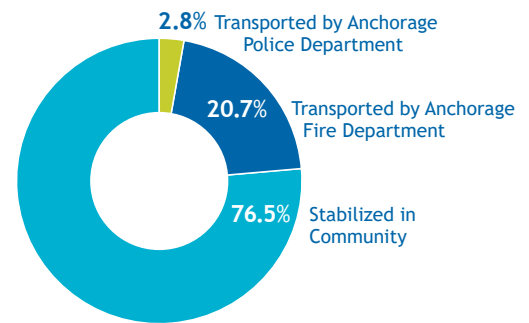
To view updates to MCT data on a monthly basis, visit the Fairbanks Crisis Now webpage: <https://www.fairbanksalaska.us/crisis>

Anchorage Mobile Crisis Team

Operator: Anchorage Fire Department, deploys an AFD paramedic and a mental health clinician.

Total crisis responses	555
Unique individuals served	311
Average time from call initiated to arrival on scene	10 min
Average time on scene	37 min
Total follow-ups	404

Outcomes



Customer Satisfaction Survey ★

Satisfied with MCT Services (1-10)	9.4/10
Treated you with Respect (1-10)	9.9/10
Was MCT helpful (1-10)	9.6/10

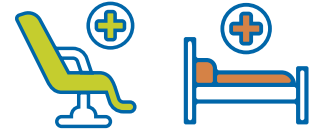
Data provided by the Anchorage Fire Department. Reporting timeframe: July 15, 2021 to February 28, 2022

To receive monthly data updates from the Anchorage Fire Department Mobile Crisis Team, contact Mike Riley at michael.riley@anchorageak.gov.

Trust Funding Spotlight

Fairbanks Mobile Crisis Teams: \$807,000
Clinical
Alaska Behavioral Health
and Peer Support Specialist
The Bridge

Crisis Stabilization Center Updates



The Trust and partners are working in several communities across Alaska to stand up new crisis services, including crisis stabilization services. Currently there are no crisis stabilization centers in Alaska that offer the "no wrong door" approach to serving individuals in crisis. The Trust is supporting planning efforts to help bring new crisis stabilization services aligned with the Crisis Now model, both 23-hour and short term residential, to Alaska.

Legislative Update

As a part of ongoing efforts to improve Alaska's response to individuals experiencing a behavioral health crisis, changes to Alaska's Title 47 laws have been proposed. House Bill 172 and Senate Bill 124 were introduced by Governor Dunleavy in April 2021. SB124/HB172 will enable Alaska to stand up crisis stabilization centers that can serve anyone, otherwise referred to as a "no wrong door" facility. These centers are the no to low barrier access to crisis stabilization that our communities need. This legislation is imperative to fully realizing the vision of a robust crisis care continuum. This legislation is necessary for Alaska to fully implement the Crisis Now model and to strengthen Alaska's continuum of crisis care.

Links to information on the bills, including the latest committee substitutes, can be found on the Trust's website: [Behavioral Health Crisis Response - Materials: SB124 & HB172](#).

For more information, or if you are interested in helping advocate for these bills, contact Steve Williams, Alaska Mental Health Trust Authority CEO:
steve.williams@alaska.gov.

Trust Funding Spotlight

Anchorage Crisis Stabilization Services Planning

\$885,000

Southcentral Foundation and Providence Alaska

Planning for crisis stabilization services in Anchorage is underway, with both Southcentral Foundation and Providence Alaska working to identify clinical programming, space needs, licensing and accreditation requirements and other elements essential for program launch. Southcentral Foundation, in partnership with the Alaska Native Tribal Health Consortium, is currently envisioning a 12-recliner 23-hour crisis stabilization program located on the Alaska Native Health campus. Providence's concept includes 12 23-hour stabilization recliners, 12 short-term residential beds and a walk-in clinic in a building on the hospital campus, but separate from the medical center footprint.

These are exciting projects and the Southcentral Foundation and Providence teams look forward to sharing more information as the planning process continues.

To learn more about community implementation efforts or to get involved, contact:

Anchorage + Statewide Coordination:

Becky Bitzer | becky@agnewbeck.com

Fairbanks Coordination:

Brenda McFarlane | BMcfarlane@fairbanks.us
<https://www.fairbanksalaska.us/crisis>

Mat-Su Coordination:

Melissa Toffolon | mt@actionabledataconsulting.com

Want to know more or get involved?

Contact: **Katie Baldwin-Johnson**, Alaska Mental Health Trust Authority
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