

CRISIS NOW

Implementing a Behavioral Health Crisis System of Care in Alaska

Implementation Update 11: September 2024

Community Updates

Kotzebue

The Maniilaq Association continues planning efforts to open a co-located crisis stabilization and short-term treatment program with four recliners and eight beds. Maniilaq is also exploring the EmPATH model to better serve behavioral health patients seen in the emergency room. There is no current target date for opening these services.

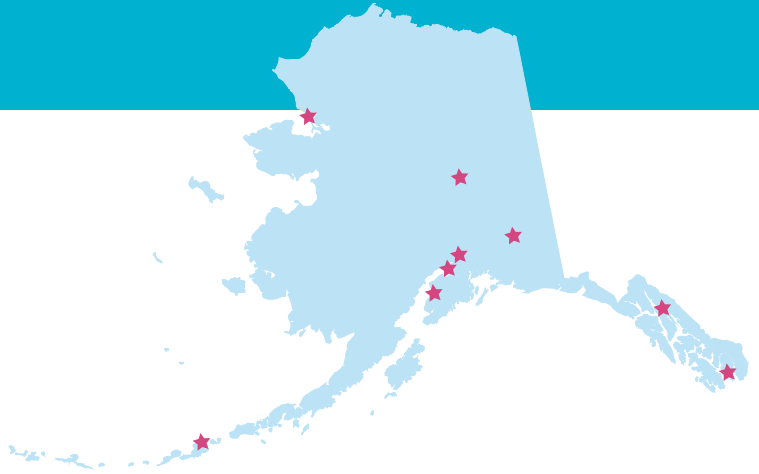
Kenai Peninsula

Central Peninsula Hospital, the Nikiski Fire Department, the Kenai Peninsula Borough, and other community and statewide partners including the Department of Corrections, the Alaska State Troopers, and the Alaska Mental Health Trust Authority (The Trust) met in March 2024 to discuss community and organizational needs to further behavioral health crisis continuum planning for the region. Central Peninsula Hospital received a planning grant from The Trust to:

- Identify the staffing, funding, and operational needs to grow the service area and types of services provided by a Mobile Crisis Team (MCT);
- Develop a concept for 23-hour crisis stabilization services and discharge partnerships; and
- Develop an approach to data management and outcome tracking to demonstrate improved patient experience and/or cost savings.

Ketchikan

The Ketchikan Crisis Now workgroup continues to meet to discuss challenges in the community and the potential for crisis services. As the awareness of crisis lines improves, more community members are reaching out to 988 and the Ketchikan Cares Crisis Line (907-225-2273). The Mobile Integrated Healthcare (MIH) program is in its third month of operation. Although not dispatched



by 911 or 988, they provide follow-up care to referrals made by medical personnel, EMS, police, social workers, community members, and crisis lines. The goals are to provide early intervention and improve overall health and wellbeing while reducing the risk of symptom escalation and needing to use emergency services. To improve the behavioral health services of the MIH program, the workgroup is looking at the possibility of adding a mental health professional based on presenting need.

Juneau

In July, Bartlett Regional Hospital leadership decided to permanently close their Crisis Stabilization Unit, that served Juneau youth with low to moderate behavioral health needs. Families and community partners connected to this service were informed of the closure. Efforts continue in the community to address behavioral health crisis needs and how to adapt to this closure.

Juneau Dispatch continues to transfer appropriate calls to 988, and estimate they currently transfer 12-15 calls a week. Capital City Fire and Rescue (CCFR) continues to respond to community needs through their Emergency Service Patrol and MIH programs. CCFR recently closed a solicitation for a mental health clinician to serve as a consultant to these programs and teams to help develop care plans and protocols for community members in a behavioral health crisis.

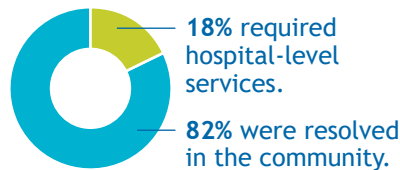
Fairbanks

The Crisis Now Coordinator at the City of Fairbanks is working with partners to establish a Crisis Stabilization Center providing a full continuum of behavioral health crisis care and stabilization, including the capacity to receive all drop-offs from first responders, the Mobile Crisis Team, walk-ins, and referrals from providers.

Alaska Behavioral Health is currently working towards opening these services in Fairbanks, to include the operation of 23-hour stabilization and short-term treatment services.

The MCT, operated by Alaska Behavioral Health, received 202 dispatches from the Fairbanks Emergency Communication Center between May and July 2024.

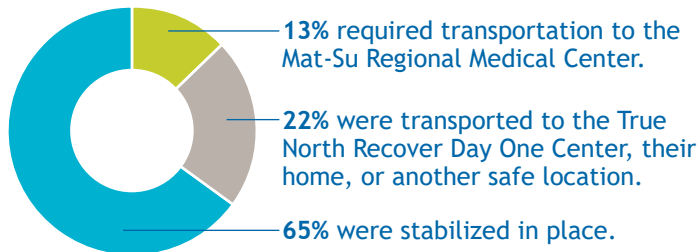
These requests for services come from partners including the Alaska State Troopers and Fairbanks Police Department.



MCT services during this period included 34 safety plans, providing transportation 34 times, and other supports for 111 Trust beneficiaries.

Mat-Su

Between April and June 2024, the MCT responded to 142 crisis call outs throughout Palmer and Wasilla.



The MCT was awarded the 2024 Bert Hall Award from the Mat-Su Health Foundation (MSHF) for their work improving the health of the community. Elizabeth Ripley, MSHF CEO stated, “This co-response model has yielded positive results for both the first responders and service providers. But more importantly, this change in how our system supports community members has delivered better outcomes for individuals who are experiencing perhaps the worst day of their lives – all by getting them connected to services other than jail or the emergency department.”

The MCT and many other community partners continue to participate in quarterly Community Care Team meetings. The collective engagement from these meetings continues to improve inter-agency partnerships and care coordination throughout the Valley.

Anchorage

Mobile crisis response teams in Anchorage responded to 5,366 calls between April and June 2024.



The AFD MCT completed a pilot to expand MCT coverage to 24/7 with positive results. They’re requesting additional funds from the Municipality of Anchorage to sustain the 24/7 coverage. APD Dispatch supports crisis response efforts by dispatching the appropriate mobile crisis response team or providing a warm hand-off to Alaska’s crisis call center, the Alaska Careline.

Southcentral Foundation (SCF) continues building their future behavioral health facility near Tudor and Elmore. The facility will house crisis stabilization, short-term treatment, withdrawal management, adult outpatient, and medication assisted treatment programs. SCF is close to hiring a leadership team for their crisis stabilization program ([job posting here](#)) and plans to begin services in Spring 2026.

Providence’s Crisis Stabilization Center construction is currently paused, pending acquisition of additional capital funding to complete the renovations.

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

Anchorage

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Crisis Now planning in other communities

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System Updates

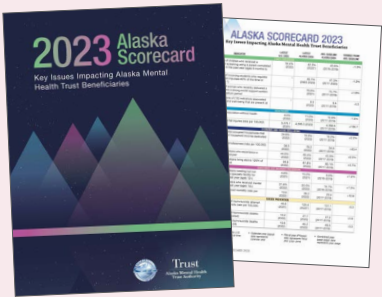
Alaska Mental Health Trust Authority

The Trust continues its work to improve the lives of beneficiaries through advocacy, planning, and grantmaking. This includes partnerships with other agencies for upcoming learning opportunities such as the [AK Peer Support Conference 2024 on October 22-23](#).

The Board of Trustees recently approved the [Trust's FY26 budget](#), which includes \$3,975,000 of funding for the Crisis Continuum of Care. These funds can be used to support mobile crisis teams and crisis stabilization centers in communities across the state.

Lastly, check out The Trust's new video, [Behavioral Health Crisis Response in Alaska](#). The video features partner perspectives on transforming behavioral health crisis response across Alaska – and illustrates how planning and implementing new crisis services is benefiting communities.

The 2023 Alaska Scorecard on key issues impacting Alaska Mental Health Trust beneficiaries is available [here](#).



Division of Behavioral Health

The Zero Suicide Institute has released a new, FREE video resource to support parents following their child's suicide-related crisis. Please share with your networks and communities for more postvention resources.

<https://zerosuicide.edc.org/resources-parents>

Alaska Center for Rural Health & Health Workforce (ACRH-HW)

The ACRH-HW was busy in summer 2024 preparing training and professional development opportunities. Sign up [here](#) for a monthly newsletter and to receive the latest information on upcoming training or professional development opportunities featured on the CACHE.

Email questions to: uaa_akcache@alaska.edu

Mental Health First Aid (MHFA) Mondays

The 2024-2025 [Mental Health First Aid \(MHFA\) Mondays series](#) runs September 23 through January 27 and is FREE. Each month, a Youth or Adult MHFA session will be offered at a different location around the state. Registration is open, sign up while spots are available!

Cultural Foundations

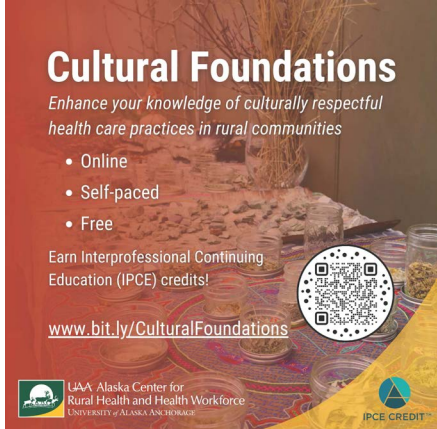
In response to longstanding requests from partners and stakeholders, ARHC-HW is excited to share a new, asynchronous training designed to provide a foundational understanding of providing culturally respectful healthcare in Alaska. This training was developed in partnership with the State of Alaska Department of Health Division of Public Health and is available for Joint Interprofessional Continuing Education credit.

Coming Soon!

ACRH-HW is thrilled to announce a series of upcoming FREE training modules, specifically designed to foster stronger teams, boost workplace satisfaction, and enhance staff retention. These modules, part of the Crisis Now Curriculum, are crafted to spark meaningful workplace conversations. These modules will be available as an online asynchronous series of courses for CE credits as well as by request for in-person or live Zoom formats.

Topics include:

- Personalities and Work Styles
- Intergenerational Collaboration
- Communication Styles
- Navigating Healthy Conflict
- Defining Needs and Asks
- Establishing and Maintaining Healthy Boundaries
- Managing Burnout and Compassion Fatigue



Cultural Foundations
Enhance your knowledge of culturally respectful health care practices in rural communities

- Online
- Self-paced
- Free

Earn Interprofessional Continuing Education (IPE) credits!

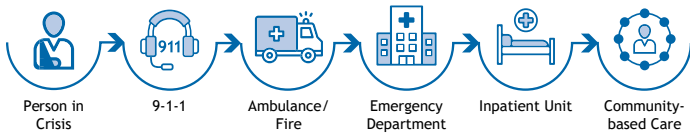
www.bit.ly/CulturalFoundations

LAA Alaska Center for Rural Health and Health Workforce
UNIVERSITY OF ALASKA ANCHORAGE

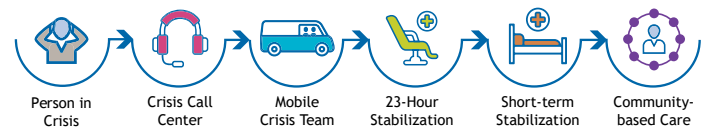
IPE CREDIT™

Improving Behavioral Health Crisis Response in Alaska

Physical Health Emergency



Behavioral Health Emergency













Crisis Now is a framework to help communities and the State of Alaska design and implement a behavioral health crisis response system that is parallel to the system for physical health crises. We should expect that when we, or our loved ones, are in a behavioral health crisis that we will get the care we need.

Unfortunately, many people in Alaska and in the U.S. experience inconsistent responses when in a behavioral health crisis. The imbalance between physical health and behavioral health infrastructure and crisis response is a national issue and requires ongoing attention and effort to correct. The table below highlights some of the known disparities individuals and families experience when in a behavioral health crisis, and why we continue to partner across the state to improve the behavioral health continuum of care for all Alaskans. This is not to minimize the challenges individuals in our state may experience when there is a medical emergency, but to demonstrate the additional challenges and lack of resources available when that emergency is related to mental illness or substance use disorder.

Medical and Behavioral Health Emergency Response Landscape

Medical Response

Behavioral Health Response

 <p>Operational for decades. Viewed as an essential service with dedicated funding.</p>	<p>988 established in 2022. Infrastructure is still developing. Varying financing mechanisms.</p>  <p>Crisis Contact Center</p>
 <p>Trained healthcare personnel are available 24/7 but access is limited by geography. Funded by state, local and grant funding.</p>  <p>Ambulance/Fire</p> <p>Transport to emergency medical facility is generally reimbursed by Medicare, Medicaid, and private insurance.</p>	<p>Not available in all communities. Medicaid rate inadequate to support the service and not reimbursed by Medicare or private insurance.</p>  <p>Mobile Crisis Response</p> <p>Transport to behavioral health crisis or inpatient facilities paid inconsistently across payers creating barriers to care.</p>
 <p>Emergency Department</p> <p>EDs and inpatient units are equipped to meet a variety of medical needs. Licensing and regulatory requirements are well-established. Medical visits are reimbursed by all payers</p>	<p>Lack of standardized licensure and regulatory requirements. Not reimbursed by Medicare and inconsistently reimbursed by private payers. Rates are not cost based.</p>  <p>23-hour Stabilization</p>  <p>Short-Term Stabilization</p>
 <p>Community-Based Care</p> <p>A variety of step-down options exist and are reimbursed by many payers.</p>	<p>Step-down options are not always available or adequately funded and are challenging to access.</p>  <p>Community-Based Care</p>

Adapted from Balfour, M. *Disparities in the Response to Medical vs. Behavioral Health Emergencies*. Connections Health Solutions, 2024.

Peer Corner

Peer support professionals use their experiences to help others in their recovery process. The only requirement to initiate peer support specialist (PSS) training in Alaska is to be in recovery from a mental health condition and/or substance use disorder or caring for a family member with these conditions. Some PSSs may have a history of criminal justice involvement; others will not. So while this newsletter has provided resources [to understand the background variance process](#) for peers with a history of criminal justice involvement, the greatest barrier to engaging peers in behavioral health work is culture change – not background checks.

PSSs play a vital role in our behavioral health systems, yet many organizations are unfamiliar with how to integrate PSSs into their services. Some of this challenge is influenced by reimbursement mechanisms that did not recognize or appropriately value peer-based services. While the Alaska State Plan includes a peer support service, peers had to have additional certifications. The 1115 SUD and BH Demonstration Waivers removed this barrier and opened the pathway for tiered PSS certifications and increased ability to provide, and be reimbursed for, services. The 1115 Demonstration Waivers have paved the way for all organizations in Alaska providing behavioral health services to integrate peers into their services.

Below are additional resources on the benefits of hiring peers, or how to provide supervision to peers:

- [State of Alaska Department of Health Advisory Board on Alcoholism and Drug Abuse](#)
- [AK Peer Support Conference 2024 on October 22-23](#)
- [Peer Support in Crisis Work](#) (video)
- [The Fusion Model and Measuring Peer Inclusion in Behavioral Health Organizations](#)
- SAMHSA
 - » [Peer Support Workers for those in Recovery](#)
- NASMHPD
 - » [Why Peer-operated: An Essential Ingredient to Innovative Crisis Alternatives](#) (video)
 - » [Why Peer-operated? An Essential Ingredient to Innovative Crisis Alternatives](#)
 - » [TTI 2021 Information Exchange: Peer Support. What a difference it makes.](#) (video)

September Observances

Although September is almost over, check out these resources to celebrate the promise of hope and healing all year long.

National Recovery Month

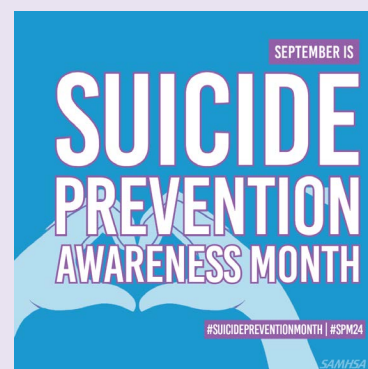


www.samhsa.gov/recovery-month

www.samhsa.gov/recovery-month/events

www.samhsa.gov/recovery-month/gallery-of-hope-2024

Suicide Prevention Month



www.samhsa.gov/newsroom/observances