

End of Year Highlights

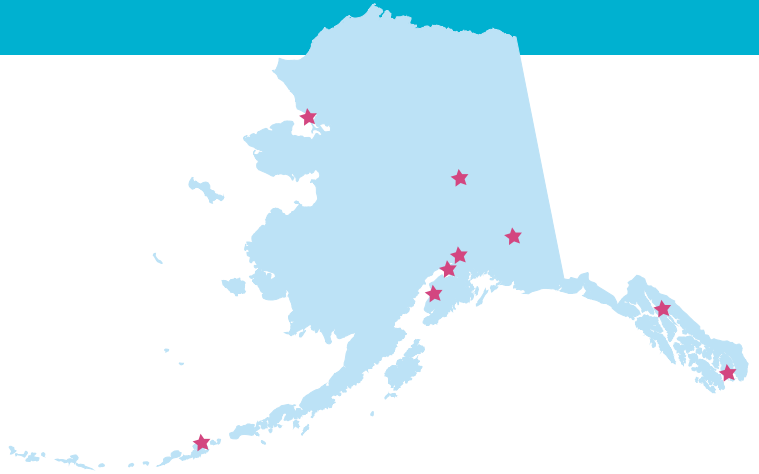
Fairbanks

Partnerships and Systems Change

Fairbanks Police Department Deputy Chief Richard Sweet and Fairbanks Emergency Communications Center (FECC) manager Kristi Merideth presented at the Crisis International Team (CIT) conference in August along with a Mobile Crisis Team (MCT) clinician and the Crisis Now coordinator. The Fairbanks Police Department (FPD) and Crisis Now Coordinator Brenda McFarlane also provided opportunities to inform and support partners exploring crisis services in their communities. They highlighted the development and successful outcomes of integrating the MCT with Fairbanks law enforcement.

Deputy Chief Sweet and Brenda presented at the Sequential Intercept Mapping (SIM) Summit in November. They talked about the dual need to train law enforcement in how to de-escalate situations with a mental health component and the need to utilize the MCT on their calls, whether through dispatch or when requested by an officer. They also emphasized the need for mobile response to have crisis stabilization centers across the state to serve individuals who need additional assessment and treatment services. The Interior Delegation of state representatives and senators was also briefed about the need for a crisis stabilization center in Fairbanks to support the full continuum of crisis care and the importance of these efforts to the wider community.

In early December, the Trust funded a three-day site visit to Anchorage and Fairbanks by national experts Recovery International, Inc. (RI). RI leaders met with Alaska Behavioral Health to discuss facility design, staffing and operations as the organization continues development of a crisis stabilization program in Fairbanks.



Mat-Su

Community Collaboration

Mat-Su providers exemplify community coordination through their continuation of quarterly Community Care Team meetings. The Community Care Team (CCT) was created in 2022 to support individuals seen by the mobile crisis team and other CCT members. CCT crisis service providers and “connector” organizations work closely to improve individual care coordination and help an individual in crisis access necessary treatment, housing, food, transportation, and whatever else is needed to improve their safety and wellbeing.

In addition to individual-level support, the CCT works together to address systems-level issues and barriers to care in the region. The CCT embarked on work to explore what data is meaningful and actionable for Mat-Su systems and partners beyond current service counts and outputs. In December, the CCT began efforts to map the current behavioral health crisis care system for youth and their families to identify where and how partners could work together to address gaps.

Ketchikan

Care Where You Are

The Mobile Integrated Health team (MIH) received a referral from both EMS and Ketchikan Medical Center about a patient identified as a high utilizer of local emergency services. This patient was unhoused and living with chronic pain, depression, and a host of chronic and acute medical conditions. He was struggling to effectively engage with behavioral health or physical health providers and in cycle of crisis. He initially refused most MIH assistance until encouraged to do so by other unhoused MIH patients. With the support of his friends and others, the MIH was able to help the patient obtain his social security card, schedule rides to his appointments on the accessible bus, and access telehealth support when in-person care appointments were unavailable.

Congratulations to MIH team member Benjamin Watson, who was named Alaska's 2025 Community Star by the National Organization of State Offices of Rural Health for his outstanding contributions to rural health care. To learn more, visit powerofrural.org/2025-community-star.

Over time, the patient's emergency service utilization with the hospital, police, or ambulance transports declined by 95%. Although the exacerbation of his comorbid conditions eventually required an emergency medivac out of state to receive care, he wanted to make sure the MIH team was aware of his transfer and re-engaged in MIH services when he was discharged back to Ketchikan. The MIH team worked closely with him to ensure proper care and he eventually agreed to transition to an assisted living setting. Many partners in Ketchikan collaborated with the MIH to ensure the patient completed necessary paperwork and assessments to be admitted to assisted living, as well as making sure he had adequate clothing, toiletries, and medications during the transition.

This is just one example of how Ketchikan's MIH program is saving lives by building trusting relationships and meeting people where they are to provide care and support.



Ketchikan's MIH team supports patients with a safe, secure place to store medications to prevent deterioration or theft. The medications are triple-locked (safe, drawer, and MIH van) and accessible daily when patients are ready and willing to take their medications.

Juneau

The Power of Peer Support

Polaris House is a community-based service dedicated to mental wellbeing through peer fellowship and access to resources that empower members to live, learn, and work with dignity and respect. Members and staff work side by side to perform the work that is important to their community and run every aspect of the clubhouse, including daily lunches and other social activities.

Polaris House staff support members in joy and in crisis, providing Mental Health First Aid (MHFA) and other suicide prevention support to help members remain safely in community and out of the emergency department. Polaris House also helps members safely maintain housing when they request support. This year, Polaris House has helped prevent numerous evictions through actions ranging from supportive phone calls to clarify and resolve tenant concerns, to coordinating with partners for apartment inspections and identifying broader issues like chronic inadequate repairs and mold remediation needs.

Care Where You Are

Capital City Fire and Rescue (CCFR) Mobile Crisis Team (MCT) was called for a person that was acting aggressively toward family and who had lapsed on receiving their long-acting antipsychotic injection (LAI). During the initial response and assessment, it was determined the person was a danger to themselves and others and needed a higher level of care. The MCT team coordinated with EMS and police for voluntary transportation to the hospital. During a follow-up call, MCT arranged for their provider to dispense the LAI to the MCT so it could be given in the community. The person remained at home and received a follow-up visit the next day to monitor for possible side effects. The client then transitioned to the Mobile Integrated Health (MIH) schedule for monthly medication administration and did not initiate any further 911 calls. The client continues to access a mobile clinic for their medication. If a client misses a dose, the mobile clinic will notify the MIH, who will help locate the client and provide the medication as agreed to by the client in their care plan.

Anchorage

Building Relationships

After several years of successful mobile crisis team (MCT) operations, the Anchorage Fire Department (AFD) piloted use of the MCT for assertive outreach focusing on navigations support, post-crisis follow up, and to proactively engage community members who appear disoriented or in distress and at increased risk for a behavioral health crisis. Having a dedicated MCT outreach team provided more opportunities to cultivate trust and build relationships with vulnerable community members. On more than one occasion, people who would normally try to avoid the MCT began approaching the team to ask for help with basic needs or to help connect them with behavioral health services.

Anchorage Police Department Mobile Intervention Team (APD MIT) hosted *Coffee with a Clinician* on December 3rd. APD MIT used this time to build relationships with community members through an opportunity to meet MIT members and learn more about how the MIT serves Anchorage.

Correction: The October 2025 newsletter contained errors for mobile response data. The following are corrected numbers for both in person or telephonic crisis contacts by each team.

- Total: 11,234 in person or telephonic responses
- Anchorage Safety Patrol: 7,306 responses
- APD MIT: 1,392 responses
- AFD MCT: 2,482 responses
- VOA Alaska: 52 responses

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

Anchorage

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Updates, Announcements, and Resources

Suicide Risk Surveillance

The Alaska Division of Behavioral Health, Section of Prevention and Early Intervention in partnership with the Division of Public Health, Section of Epidemiology, with help from the Statewide Suicide Prevention Council have developed a new listserv- *Alaska Suicide Risk Surveillance*.

The *Alaska Suicide Risk Surveillance* team has created a protocol to identify suicide attempt clusters in Alaska using hospital emergency department data. When a cluster is identified, the *Alaska Suicide Risk Surveillance* channel will send a notification to subscribers via email and SMS (optional).

These notifications intend to raise awareness about the possibility that more suicide attempts could occur and provide suicide prevention resources to the public. Notifications include information such as the cluster location, duration, and the age group affected. No identifying information is shared. The notification will also include warning signs of suicide and resources for supporting others after a suicide or suicide attempt.

You can sign up to receive *Alaska Suicide Risk Surveillance* [emails \(or SMS\) here](#).

Licensing Regulations Finalized

The Department of Health released final regulations for Subacute Mental Health Facility Licensing. Licensing regulations are effective January 8, 2026 and are the culmination of a multi-year effort to develop and implement a regulatory framework supportive of crisis services accessible to all individuals outside of hospital settings. The filed version of regulations is [accessible here](#).

Trust Highlights

Peer Support RFI

The Trust is seeking information from community partners in Alaska delivering, or are interested in developing, peer-led recovery support services, peer self-advocacy programs, recovery community centers, or rehabilitative services. Find more details in the [Request for Information](#).

Recent Trust Grant Awards

The Board of Trustees approved funding for the following projects at its November board meeting:

Southcentral Foundation Yeshjesh T'uh Launch Project

\$2,955,983

Supports three-year start-up operational funding for the Peer Support Program within Southcentral Foundation's (SCF) new crisis stabilization and crisis residential program in Anchorage.

True North Recovery, Inc. Mobile Crisis Team Years 4 and 5

\$1,193,275

Provides True North Recovery (TNR) with operational costs for the existing mobile crisis team (MCT) in the Mat-Su region.

Anchorage Community Mental Health Services, Inc. dba Alaska Behavioral Health Mobile Crisis Team

\$950,000

Provides Alaska Behavioral Health with operational costs for the existing mobile crisis team (MCT) in Fairbanks.

Thank you

We are grateful for the significant partnership, passion, and collaborative efforts during 2025 to improve lives across the state through a well-coordinated behavioral health crisis continuum. We could not do this work without you and look forward to continuing working with you in 2026.