

Trust

Alaska Mental Health
Trust Authority

Crisis Now

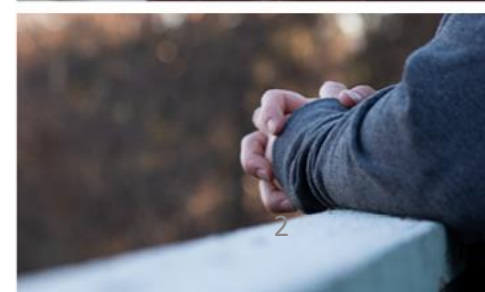
Enhancing Alaska's Psychiatric Crisis Continuum of Care

March 6, 2020

House Judiciary Committee

The State of Crisis

- Over 47,000 thousand Americans will die from suicide this year; alone and in despair
 - In Alaska, that's 185 Alaskans
- Today, thousands of Americans will ask for help to resolve their crisis, **and that help will initially be from a uniformed officer.**
- Currently the largest provider of mental health care in a 24/7 setting in many US states is their Department of Corrections.
 - 40% of the annual incarcerations in Alaska are persons with mental health and/or substance use disorders



In Alaska.....

Our community-based continuum of care has been eroding, resulting in a system that:

- Can't provide timely access to crisis services
- Is unable to meet the individual “where they are at”
- Relies on law enforcement, the criminal justice system & hospital emergency rooms to respond to mental health crisis
- Has reduced capacity in Alaska's only psychiatric hospital API
- **Holds individuals in psychiatric crisis in hospital emergency rooms and jails**

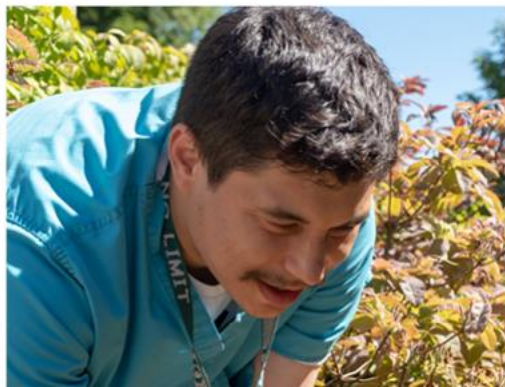




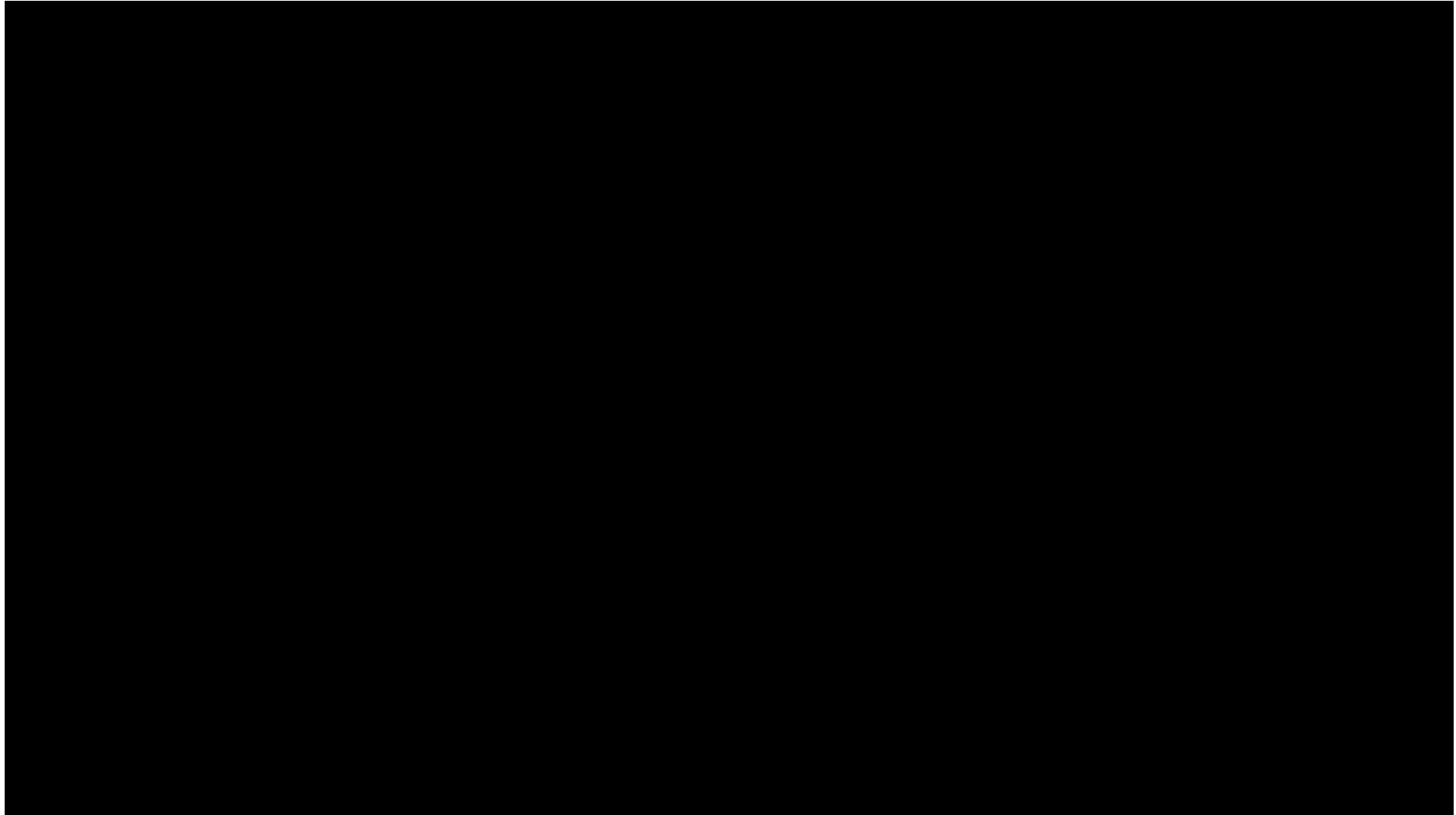
Would this be the response and care system you would want or design for an Alaskan in cardiac arrest?

Transforming psychiatric crisis response care....

Good crisis care prevents suicide & provides help for those in distress. It cuts the cost of care, reduces the need for psychiatric acute care, hospital ED visits & police overuse.



So You're Having A Bad Day



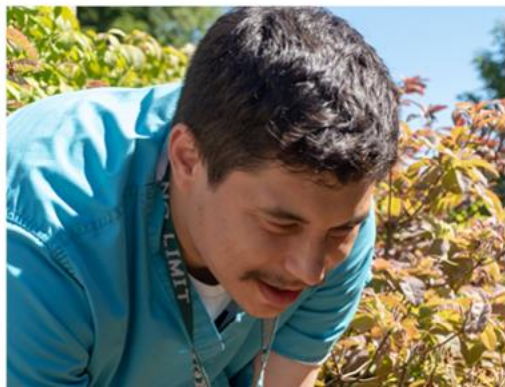
A True Mental Health Emergency Response System

*Always provides a behavioral health response to a behavioral health crisis to An**ny**body, An**y**where, An**y**time*

- Functions as an integral part of a regional crisis system serving the whole population rather than an offering of a single provider
- Utilizes peers as integral staff members
- Has 24/7 access to crisis response professionals
- Strong coordination across all levels of care

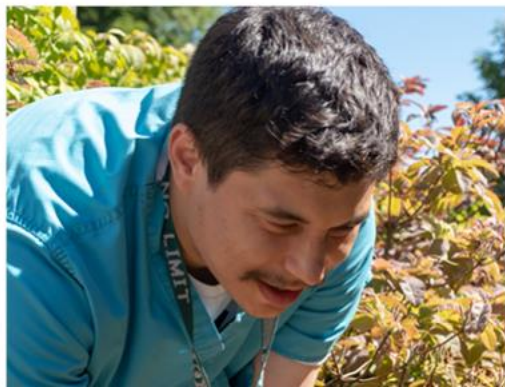
What is the *Crisis Now* model?

Four core services in a crisis continuum deployed as full partners with law enforcement, hospitals, community providers & people with lived experience (Peers).



Crisis Now endorsements

- Substance Abuse Mental Health Services Administration (SAMHSA)
- Crisis Intervention Team (CIT) International
- National Association of State Mental Health Program Directors (NASMHPD)
- National Action Alliance for Suicide Prevention



A person wearing a purple cap and a high-visibility safety vest is pointing towards a stop sign. The background is a collage of images including a car, a stop sign, and a molecular structure.

Core Elements of Crisis Care

- Regional or statewide crisis call centers coordinating in real time (Care Traffic Control)
- Centrally deployed, 24/7 mobile crisis teams
- Crisis Stabilization Centers
 - ❑ 24/7 providing up to 23hrs crisis stabilization services
 - ❑ Short-term sub-acute programs for those requiring more care
- Essential crisis care principles & practices

Crisis Now: A Cross Walk

Medical Versus BH Crisis Response System

	<i>Medical System</i>	<i>BH Crisis System</i>	<i>Crisis Now Model</i>
Call Center	911	Crisis Line or 911	ATC HUB Crisis Line
Community Service	Ambulance / Fire	Police	Mobile Crisis Team
Facility Option	Emergency Dept.	Emergency Dept.	Acute Crisis Observation & Stabilization Facility
Facility Response	Always Yes	Wait for Assessment	Always Yes / No Refusal
Escalation Option	Specialty Unit	Inpatient – When Available	Crisis Facility or Acute

Successes in Maricopa County, AZ

In 2017, law enforcement engaged 23,000 patients and transferred them directly to crisis facilitates and mobile crisis units – all without visiting an emergency department.

What difference did this make?

- Per 2017 Arizona data, this saved the equivalent of 37 FTE Police Officers
- Reduced wait times in hospital emergency rooms by 45 years
- Saved hospital EDs \$37M in avoided costs/losses
- Reduced Maricopa County overall health care costs by \$260M



Alaska Efforts

2018

- DHSS submits 1115 Behavioral Health Waiver application to CMS
- DHSS starts conversations about *Crisis Now* model
- CMS approves the SUD part of the 1115 BH Waiver

2019

- CMS approves the behavioral health part of the 1115 BH Waiver
- Trust & DHSS continue discussion & research on *Crisis Now*
- Trust contracts with RI International for an consultative assessment on community readiness for implementation (12/2019 report)
- Convening & engagement of key stakeholders
- The Trust funds an Alaska immersion site visit to Phoenix, AZ to review *Crisis Now* programs

2020

- Trust contracts for up to 3 yrs. of project management support
- Trust provides grant support to assist clinical teams and communities experience the *Crisis Now* programs.



Crisis Now Report Recommendations

- Crisis System Accountability & Performance Metrics
- Support statewide alignment around policy & regulatory elements that support *Crisis Now* implementation in Alaska
- Explore funding options for startup costs & safety net funding
- Explore Rural & Frontier model adaptations
- Fully implement the *Crisis Now* elements: Crisis Call Center, Mobile Crisis Team, and Crisis Response Center (aka receiving center, stabilization center)
- Workforce Development (clinical and peer services)

Arizona Site Immersion (Maricopa County)



Multi-disciplinary Team (n=26)

- Department of Health & Social Services
 - ✓ Commissioner's Office
 - ✓ State Medical Director
 - ✓ Alaska Mental Health Board
- Alaska State Troopers
- University of Alaska, Anchorage
- Southcentral Foundation
- Norton Sound Health Corporation
- Anchorage Police Department
- Providence, Alaska Regional, & Mat-Su Regional hospitals
- Rasmuson & Mat-Su Health Foundations
- Alaska State Hospital & Nursing Home Association
- Alaska Mental Health Trust Authority



Immersion Highlights/Reflections

- Visiting the Crisis Stabilization Center
- The crisis services difference
- Recovery oriented care model
- Incorporation of peers in service delivery
- Recliners vs. beds
- No wrong door & no refusal (24/7 receiving center)
- Need to work with local stakeholders/partners to design community solutions founded on formal commitments





Next Steps...

- Engage Project Management team with key stakeholders
- Develop steering team & Project Manage implementation of recommendations
- Facilitate community planning in Anchorage, Mat-Su, & Fairbanks to implement crisis services
- Continue work with rural health providers to develop model adaptations to meet local needs
- Continue to address any policy, regulation, licensing identified
- Additional Arizona site visits for community members & stakeholders

“Crisis Now is the first system in 25 years at the ground level that could change this system.”

— Alaska hospital ER physician



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Questions?

