



**WELCOME**

# A cross-department approach to public safety.

Mayor Suzanne LaFrance / Public Safety Strategy

March 27, 2025

## SAFE ANCHORAGE

### THE PROBLEM

Public safety is Mayor LaFrance's top priority. Since the first day in office, we've consistently heard from residents sharing real concerns about safety in public spaces and neighborhoods. Mayor LaFrance is committed to making the Municipality a safe place to live, work, visit, and raise a family.

### WHAT WE WILL DO

The first step to protect public safety is to recruit, hire and retain capable, committed safety professionals including police, fire, and prosecutors. People who break the law should expect clear and prompt consequences. We will reduce the backlog of cases and ensure speedy trials without delays or dismissals.

To reduce crime and enforce local laws we are stepping up efforts to intercept large shipments of illegal drugs, working with state and federal partners. We will increase positive public safety presence and work with communities to pilot proven ways to reduce violence.

To address the overlapping challenges of substance misuse, mental health, and homelessness, will improve crisis response to ensure residents are met with the right resources at the right time. We will work with community partners to increase connections to treatment and supports.

We are investing in clean, safe public spaces for all, including activating parks and trails, improving road safety, and bolstering our emergency response to natural disasters.

### OUR COMMITMENT

Whether buying a house, starting a family, running a business, or going on a hike, we are committed to working every day to ensure you can depend on basic public safety.

Our community is a safe place to live, work, visit, and raise a family.

1. A robust public safety workforce.
2. Less crime and more accountability.
3. More people can access crisis care.
4. Roads, parks, and trails are safe for all — every day, and in emergencies.



1



2



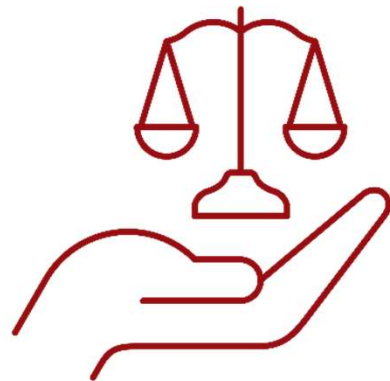
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4



# **Four goals. One outcome.**



### **3. More people get crisis care.**



# Anchorage Crisis Continuum



# MOA Crisis Response Workgroup

**Brings together** AHD, APD, AFD, i-Team, Muni Manager, Mayor's Office to:

*Improve and optimize* MOA response to people in behavioral health crisis, reduce community impacts, and sustain crisis services by increasing non-MOA revenue streams.

## Objectives:

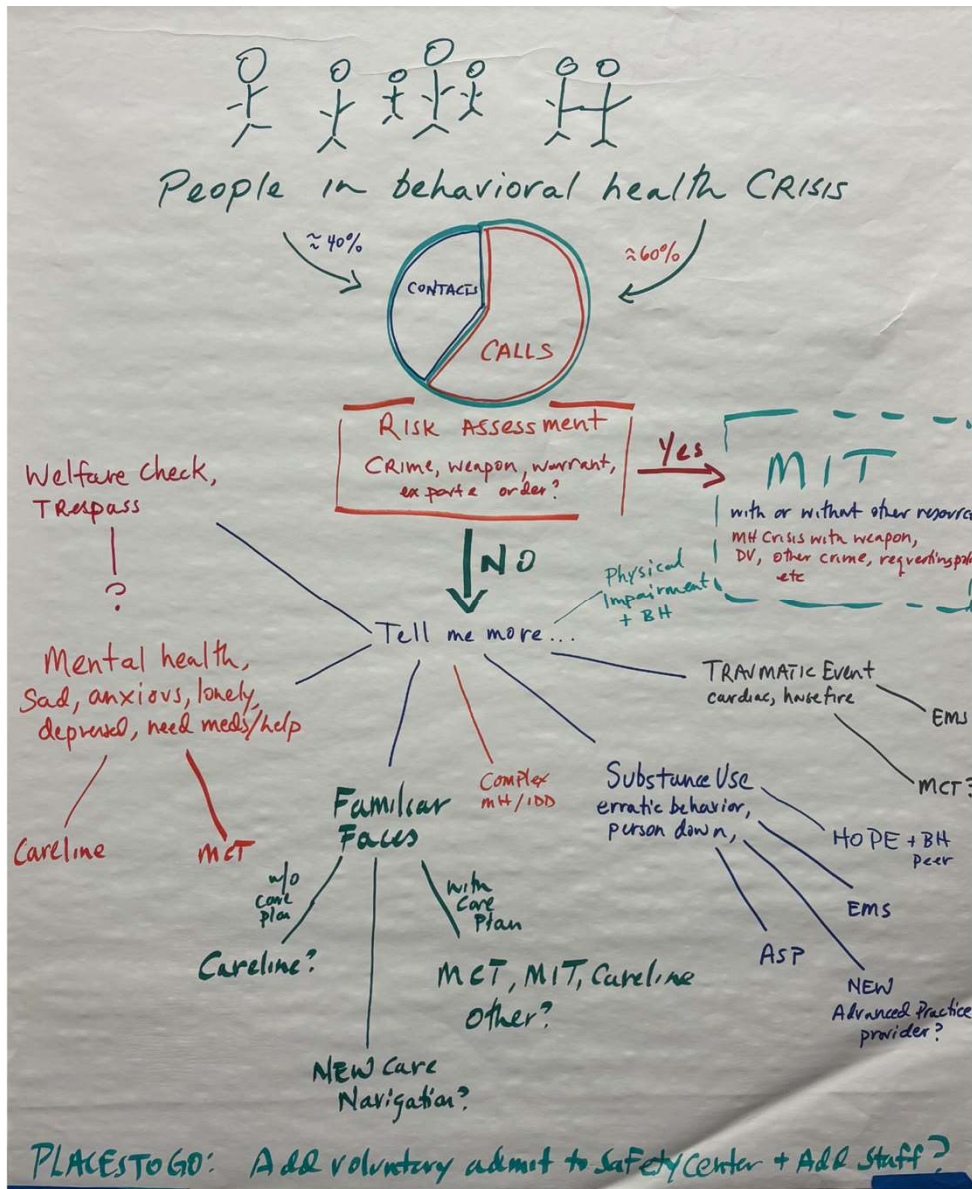
- Ensure the right response to the right person every time; focus on first two steps.
- Develop 'a place to go' for those that cannot be resolved in community.
- Assess and implement a feasible approach to billing health insurance for eligible services.



# MOA Crisis Response System: Theory of Change + Performance Metrics

MOA Crisis Response System: Theory of Change + Performance Metrics		GOAL: The right response, to each person in crisis, when and where they need it.
Activities	Outputs <sup>1</sup> (March 2025 - December 2026)	Outcomes (2027 and beyond)
<p><b>Maintain full Behavioral Health Crisis Continuum.<sup>2</sup></b></p> <p><b>Recruit and train all Crisis Responders in the Essential Principles and Practices of Behavioral Health Crisis Care.<sup>3</sup></b></p> <p><b>Communicate: increase access to care and reduce stigma.</b></p>	<p><b>More crisis calls transferred to Careline.</b> <i>Measure: % of calls diverted monthly; # of calls returned to dispatch for higher level response.</i></p> <p><b>Fully staffed and cross-trained crisis workforce.</b> <i>Measures: # of staff trained in Essential Principles and Practices; number of peers employed.</i></p> <p><b>More client encounters with mobile crisis response teams.</b> <i>Measures: Number and % of total calls dispatched to MCT, MIT, ASP per month; number of client encounters per team per month by location; client reported satisfaction with services.</i></p> <p><b>Immediate access to Medication Assisted Treatment (MAT), with follow up.</b> <i>Measures: # of MAT initiations by EMS; # of referrals to ongoing behavioral health care.</i></p> <p><b>Diversion to treatment from law enforcement, EMS contacts.</b> <i>Measures: # of behavioral health providers engaged in network; policies and procedures for diversion program developed.</i></p> <p><b>More access to crisis stabilization and sobering.</b> <i>Measures: increase in voluntary admissions and length of stay at Safety Center; increase in immediate crisis stabilization services and connections to behavioral health care; Client reported satisfaction with services and connections to care.</i></p> <p><b>Connect users of crisis services to ongoing care, housing and supports.</b> <i>Measures: Data sharing between AFD, APD, AHD to identify common clients; \$ secured to coordinated follow-on care; # of individuals in follow-on care; Reduction in crisis service use over 6 and 12 months for those engaged in follow-on care.</i></p> <p><b>Promote healthy behaviors and positive mental health, reduce harms from substance misuse, publicize crisis services.</b> <i>Measures: Campaign developed and launch; \$ secured for campaign; survey of community perception.</i></p>	<ol style="list-style-type: none"> <li><b>Patrol and EMS spend less time responding to behavioral health crisis calls.</b> <i>Measure: Reduction in Patrol and EMS responses for behavioral health-related calls.</i></li> <li><b>First responders report increased satisfaction and ability to address behavioral health crisis.</b> <i>Measure: Employee surveys.</i></li> <li><b>Crisis care clients are connected to MAT and crisis stabilization, and follow-on care.</b> <i>Measure: # of individuals accessing MAT; # of individuals engaged in care 3 months post-crisis.</i></li> <li><b>More people in crisis are diverted from the criminal justice system.</b> <i>Measure: # of diversions from law enforcement and EMS; # of individuals who complete treatment following diversion; # of individuals returned to criminal justice system.</i></li> <li><b>Sustainability for all services.</b> <i>Measure: Increase in proportion of funding from billing revenue.</i></li> </ol>





## Current Projects

### Someone to call

- Divert more calls: from APD and AFD to Careline

### Someone to Respond

- Mobile Outreach Pilot Project
- MCT going to 24/7 adding clinicians
- Develop MAT program at AFD and AHD
- HOPE Multi-Disciplinary Outreach and home base

### A place to go

- Modify criteria for ASP/ASC to allow voluntary
- Navigation at ASP
- Pre-arrest diversion to treatment
- SCF Crisis Stabilization, EMS/APD coordination

### Follow up

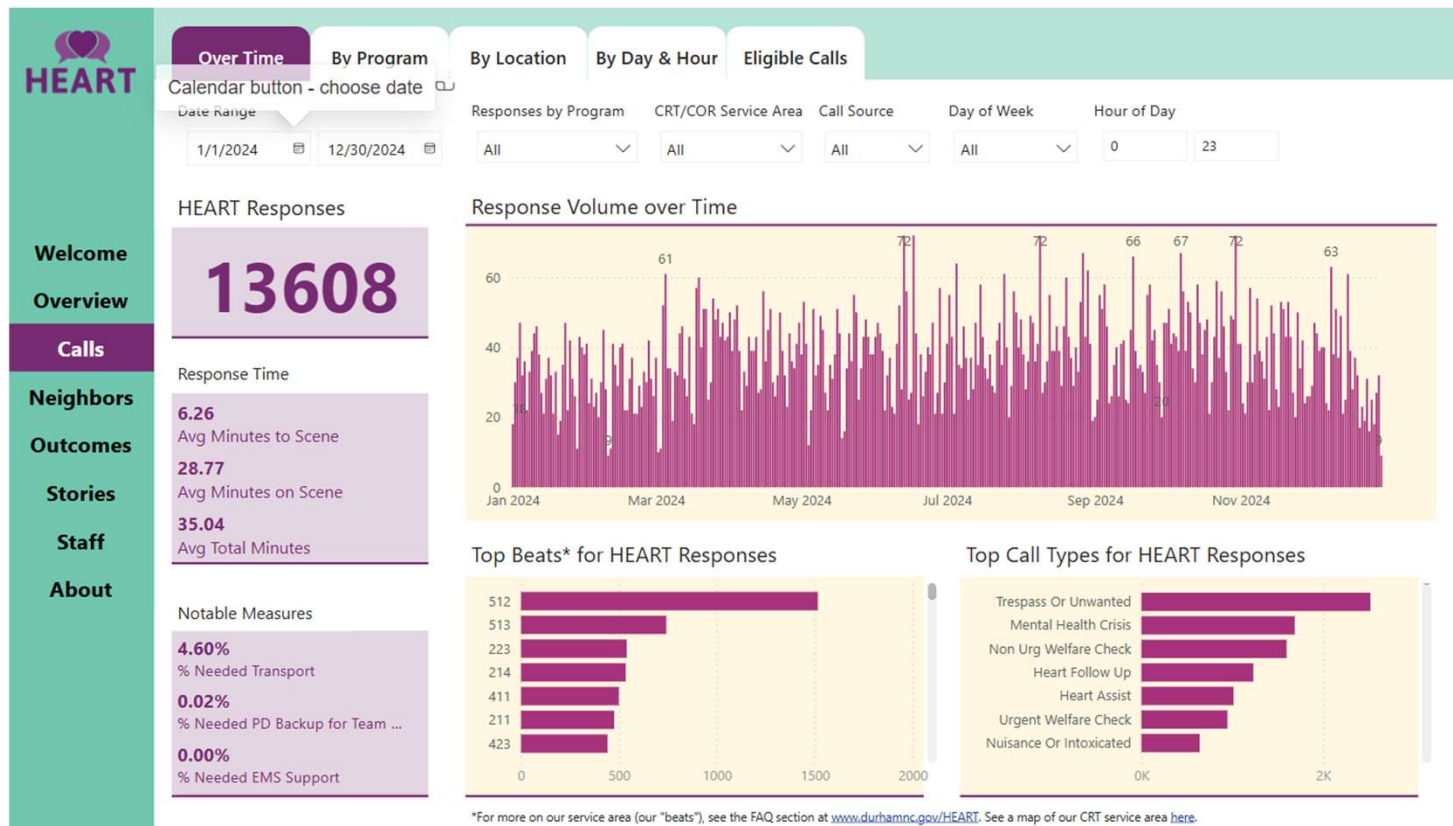
- Advanced Practice Provider follow-up
- BH Provider contracted with AHD

### Performance Monitoring

- Crisis Metrics Dashboard



# HEART Dashboard: Durham, NC

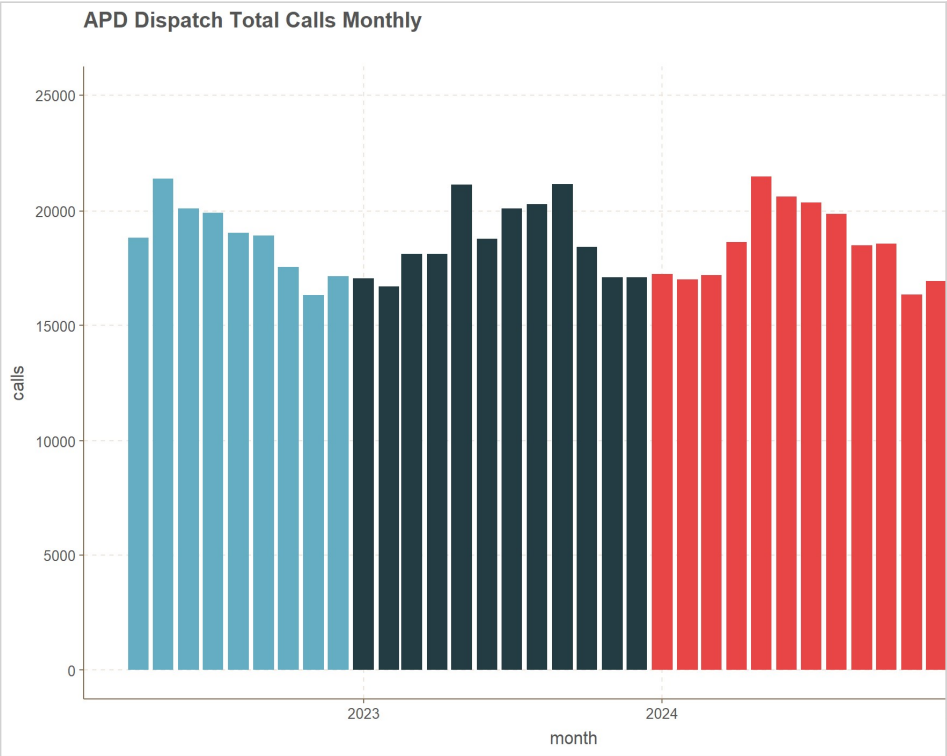


## Top Call Types:

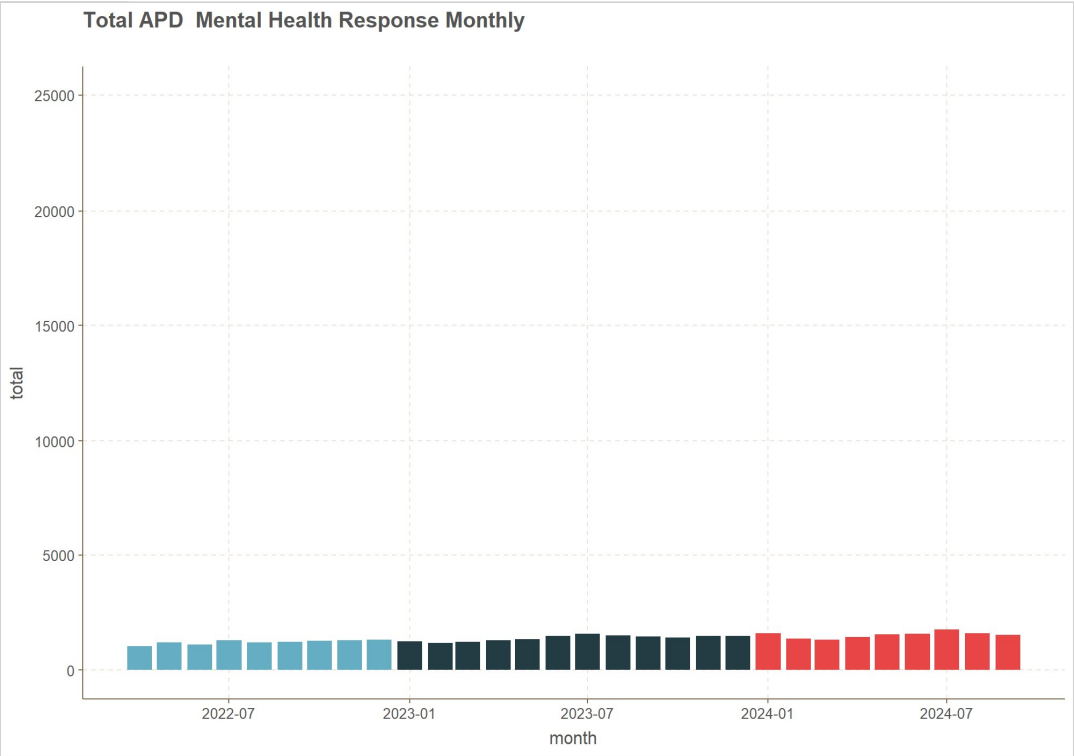
- Trespass or unwanted
- Mental Health Crisis
- Non-urgent welfare check

Durham, NC  
population:  
296,186

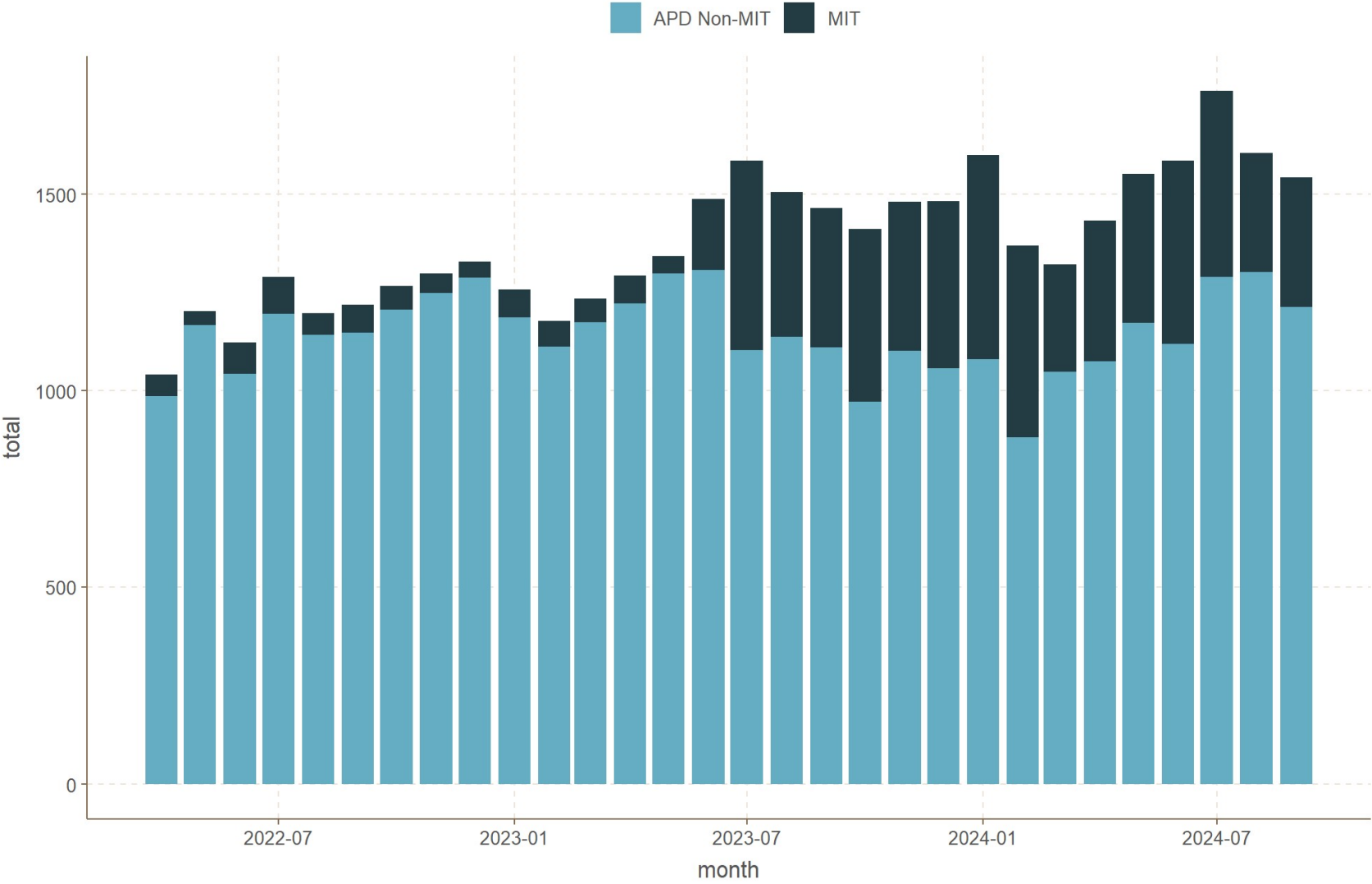
# Total Calls – All APD Dispatch



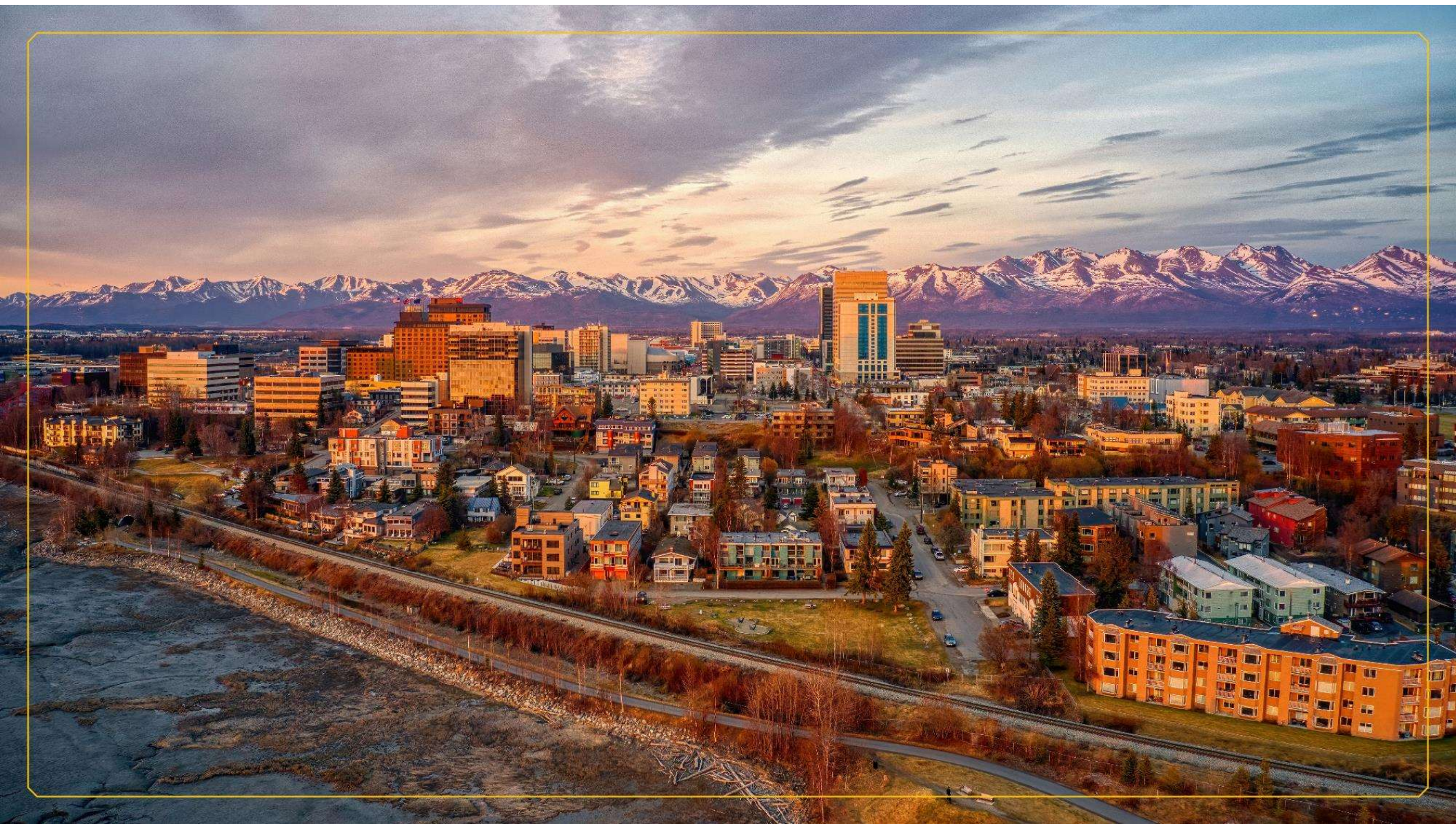
# APD 'Mental Health' Calls



Total APD Only Mental Health Calls Monthly MIT/Non-MIT











**THANK YOU**