

A cross-department approach to public safety.



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, we 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



3



4



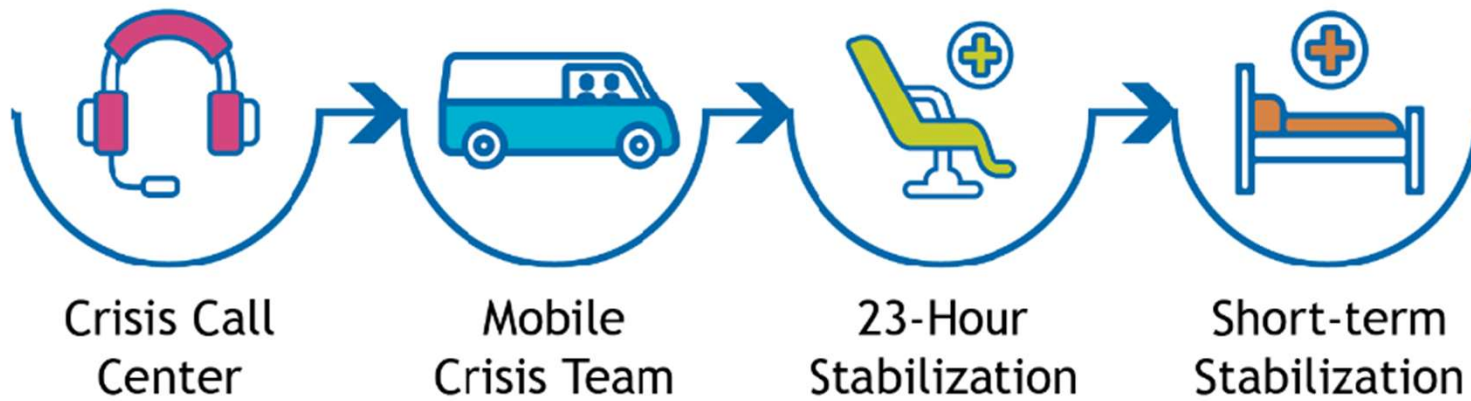
Four goals. One outcome.



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



Anchorage Crisis Continuum



Someone to Call

Alaska Careline
APD Dispatch

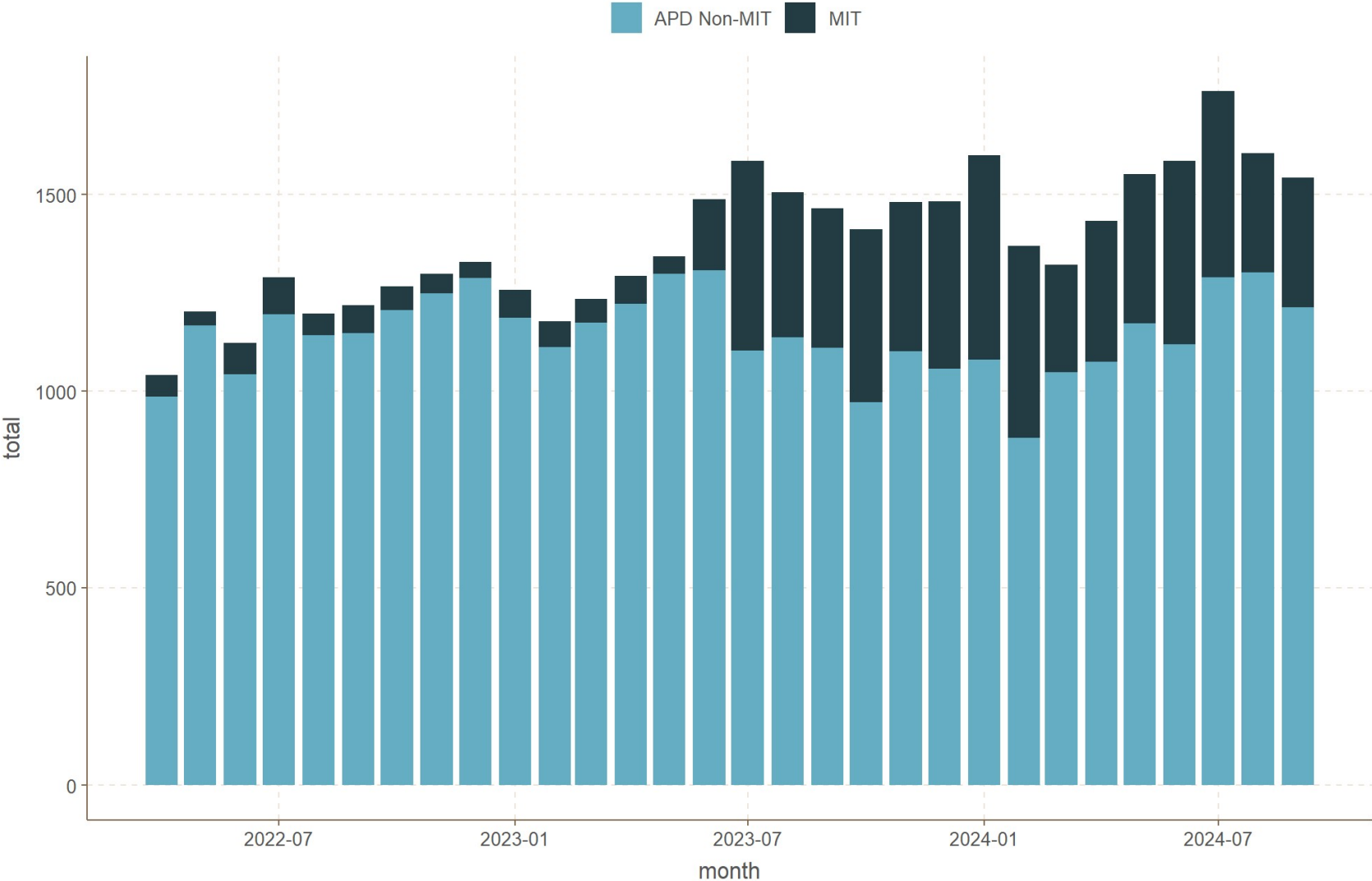
Someone to Respond

Anchorage Police Department
Anchorage Fire Department
Anchorage Safety Patrol
VOA

A Place to Go

Anchorage Safety Center
Southcentral Foundation
Alaska Regional
Providence CSC
Providence Psych ED
API

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



MOA Crisis Response Workgroup

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

Integrate and optimize MOA response to people in behavioral health crisis and sustain crisis services.

Objectives:

- Ensure the right response to each person in crisis, where and when they need it.
- Develop 'a place to go' for those who can't stabilize in community.
- 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: <i>The right response, to each person in crisis, when and where they need it.</i>
Activities	Outputs ¹ (March 2025 - December 2026)	Outcomes (2027 and beyond)
<p>Maintain full Behavioral Health Crisis Continuum.²</p> <p>Recruit and train all Crisis Responders in the Essential Principles and Practices of Behavioral Health Crisis Care.³</p> <p>Communicate: increase access to care and reduce stigma.</p>	<p>More crisis calls transferred to Careline. <i>Measure: % of calls diverted monthly; # of calls returned to dispatch for higher level response.</i></p> <p>Fully staffed and cross-trained crisis workforce. <i>Measures: # of staff trained in Essential Principles and Practices; number of peers employed.</i></p> <p>More client encounters with mobile crisis response teams. <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>Immediate access to Medication Assisted Treatment (MAT), with follow up. <i>Measures: # of MAT initiations by EMS; # of referrals to ongoing behavioral health care.</i></p> <p>Diversion to treatment from law enforcement, EMS contacts. <i>Measures: # of behavioral health providers engaged in network; policies and procedures for diversion program developed.</i></p> <p>More access to crisis stabilization and sobering. <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>Connect users of crisis services to ongoing care, housing and supports. <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>Promote healthy behaviors and positive mental health, reduce harms from substance misuse, publicize crisis services. <i>Measures: Campaign developed and launch; \$ secured for campaign; survey of community perception.</i></p>	<ol style="list-style-type: none"> Patrol and EMS spend less time responding to behavioral health crisis calls. <i>Measure: Reduction in Patrol and EMS responses for behavioral health-related calls.</i> First responders report increased satisfaction and ability to address behavioral health crisis. <i>Measure: Employee surveys.</i> Crisis care clients are connected to MAT and crisis stabilization, and follow-on care. <i>Measure: # of individuals accessing MAT; # of individuals engaged in care 3 months post-crisis.</i> More people in crisis are diverted from the criminal justice system. <i>Measure: # of diversions from law enforcement and EMS; # of individuals who complete treatment following diversion; # of individuals returned to criminal justice system.</i> Sustainability for all services. <i>Measure: Increase in proportion of funding from billing revenue.</i>
<p>Resources: Municipality of Anchorage: Police, Fire, EMS, Safety Patrol/Center, Health, Municipal Attorney and Prosecutor, Municipal Manager and Mayor's Offices; Alcohol Tax, General Fund, Federal + State funding; Alaska Court System and Therapeutic courts; Tribal and non-Tribal health care and behavioral health providers; housing, shelter and social support providers; Peer Support, Recovery, and Consumer Advocates, Advisory Boards; Municipality residents; Community and faith-based organizations; Homelessness Prevention and Response System (HPRS); SAMHSA National Guidelines for Crisis Care and Best Practice Toolkits; Careline; Alaska Training Cooperative; Alaska Mental Health Trust Authority Crisis Now Implementation support</p>		

MOA Crisis Response System: Priorities 2026

- **Immediate access to healthcare and supports**
 - Immediate access to medication for Opioid Use Disorder (OUD) by AFD CORE and AHD Clinical
 - APD Pre-arrest deflection to treatment
 - Immediate access from any contact to behavioral health treatment
 - Support launch of Crisis Stabilization Centers (SCF, Providence)
 - Maintain Anchorage Safety Center
- **Address people with complex care needs**
 - Add Assisted Living beds appropriate to meet needs
 - Secure RHTP funds to launch interoperable electronic health records at MOA departments for care coordination, data, and towards billing

Crisis Response Metrics

Public Health and Safety Committee

June 3, 2026

Police

- ✓ DATA Patrol
- ✓ DATA Patrol CIT-Trained
- ✓ DATA HOPE
- ✓ DATA Mobile Intervention
- ✓ DATA Dispatch

Fire

- ✓ DATA MCT
- ✓ DATA Safety Patrol
- ✓ DATA Safety Center

Health

Coming soon

APD Dispatch Loaded Calls (2025)

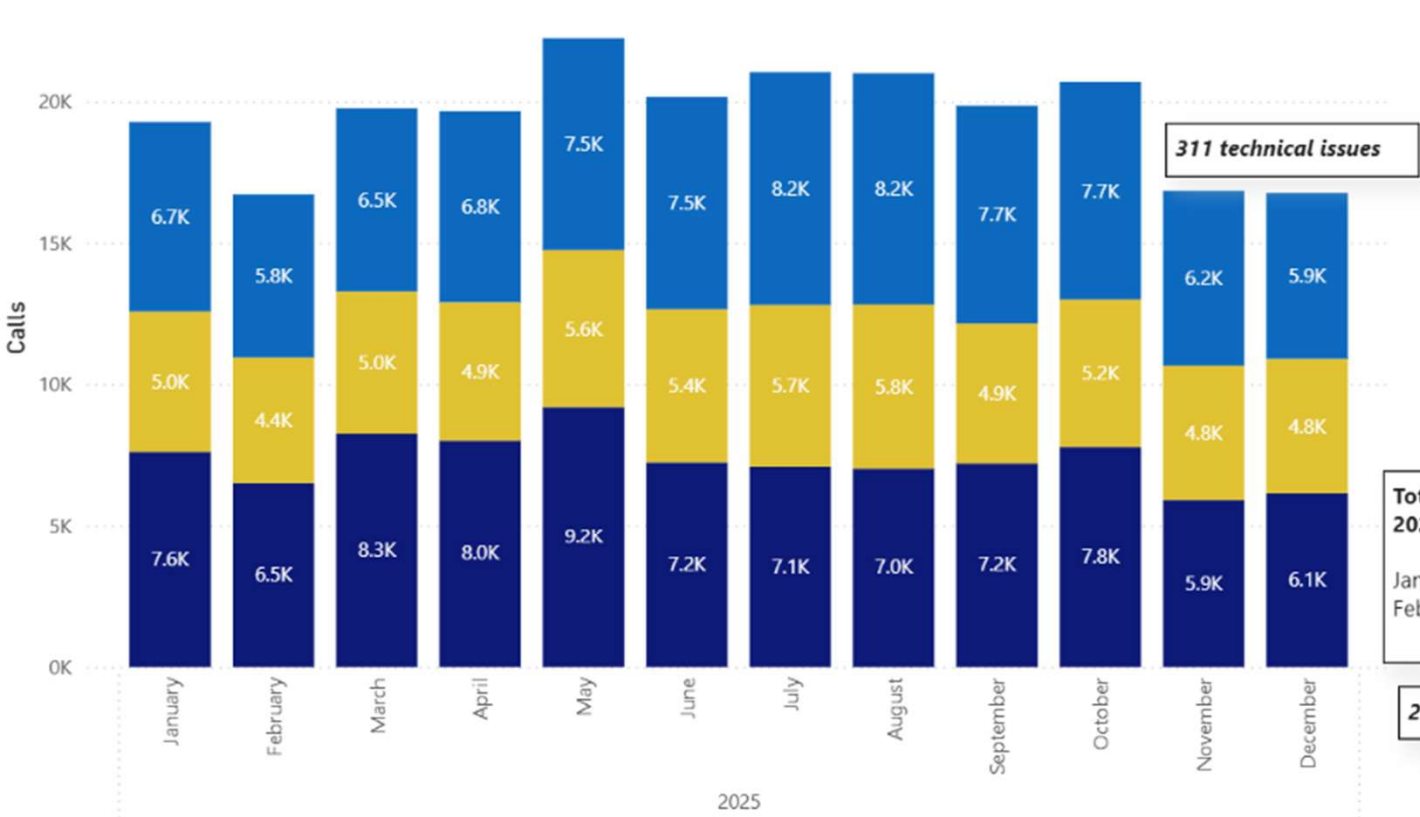
Definition: The volume of contacts answered by the operator(s) during the reporting period after removing hangups and duplicates. It includes more than strictly behavioral health calls.



SOMEONE TO CONTACT

911, 311, and Officer Initiated Loaded Calls

● Loaded 311 Calls - All APD Dispatch ● Loaded 911 Calls - All APD Dispatch ● Officer-initiated calls - All APD Dispatch



Total Calls for Service 2026
 January: 17,190
 February: 15,411

2026

Total Loaded Calls - 2025
234,188

Loaded Officer Initiated - 2025
84,685

Loaded 911 Calls - 2025
61,590

Loaded 311 Calls - 2025
87,913

Careline/988 Calls from Dispatch and Requesting Dispatch

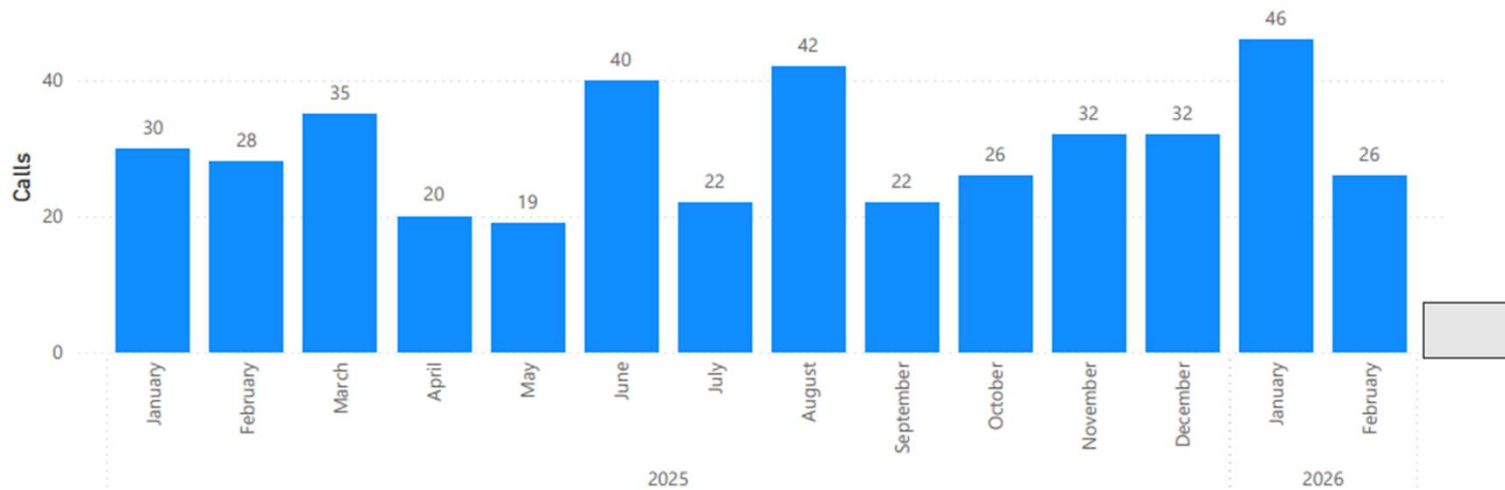
Definition: The volume of contacts during the reported period transferred to another operator, for any reason.



SOMEONE TO CONTACT

Emergency Dispatch Calls Transferred to Careline

● # Careline/988



Emergency Dispatch Calls Transferred to Careline - 2025
348

Emergency Dispatch Calls Transferred to Careline - 2026 YTD
72

Careline Calls Requesting Emergency Dispatch

● # ANC emergency services dispatch requested - total



Careline Calls Requesting Emergency Dispatch - 2025
83

Careline Calls Requesting Emergency Dispatch - 2026 YTD
17

Mobile Teams Calls for Service

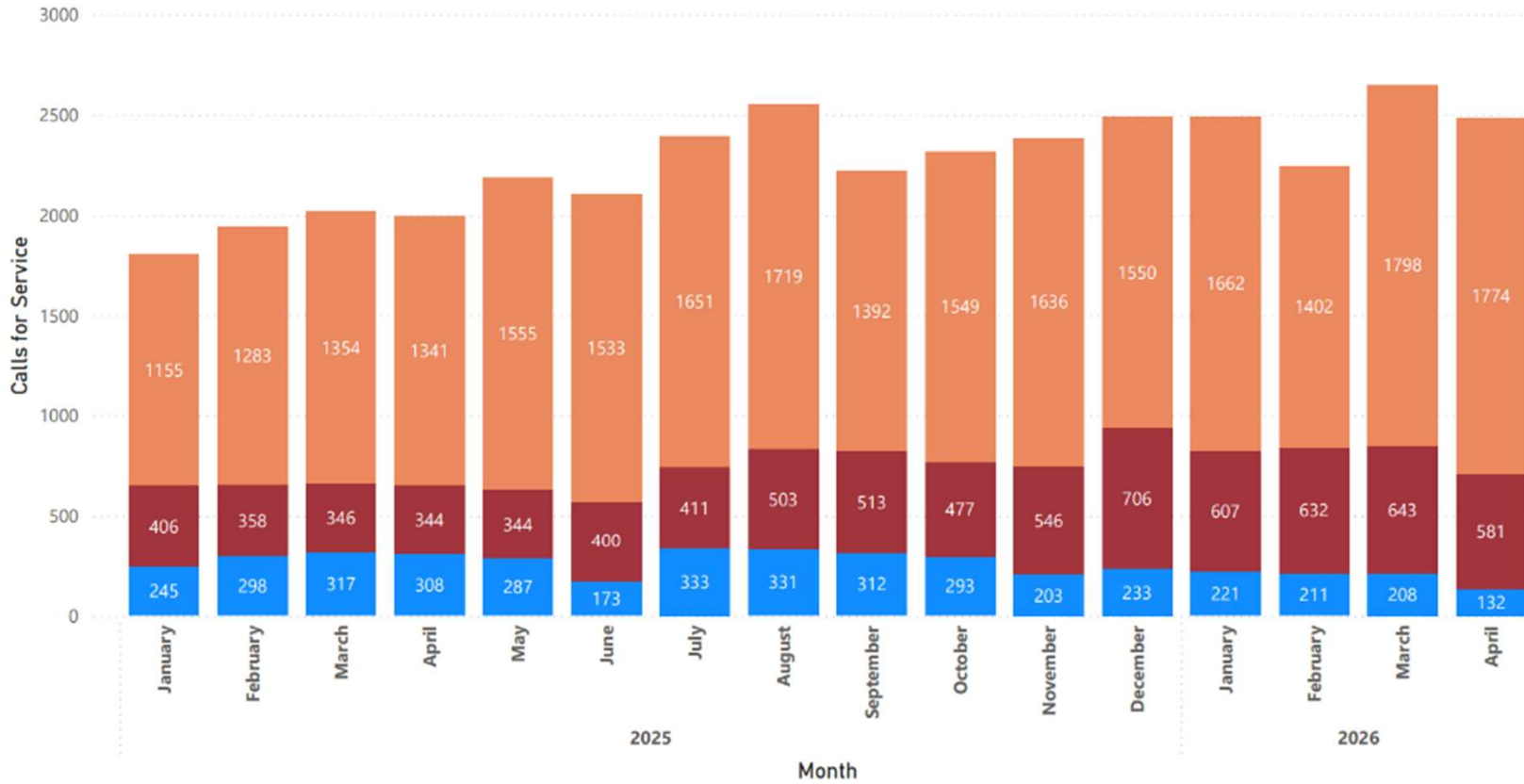
Definition: Total number of mobile team responses during the time period. May include in person, telephonic, and outreach contacts.



SOMEONE TO RESPOND

Number of Calls for Service Per Month

team ● MIT ● MCT ● ASP



Total Requests 2026 YTD
9,871

Total MIT Calls 2026 YTD
772

Total MCT Calls 2026 YTD
2,463

Total ASP Calls 2026 YTD
6,636

Mobile Teams Calls for Service

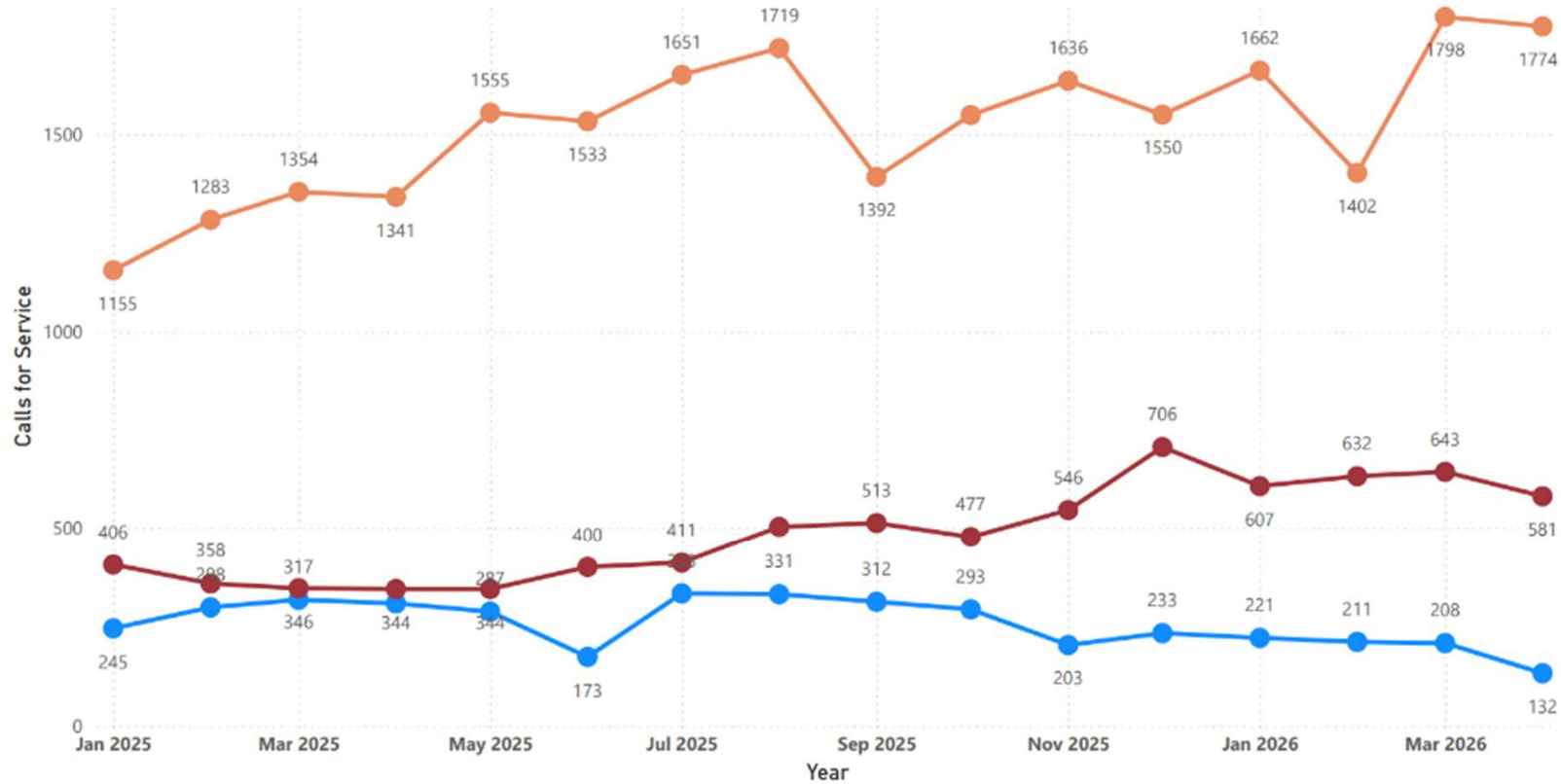
Definition: Total number of mobile team responses during the time period. May include in person, telephonic, and outreach contacts.



SOMEONE TO RESPOND

Number of Calls for Service Per Month

team ● MIT ● MCT ● ASP



Total Requests 2026 YTD

9,871

Total MIT Calls 2026 YTD

772

Total MCT Calls 2026 YTD

2,463

Total ASP Calls 2026 YTD

6,636

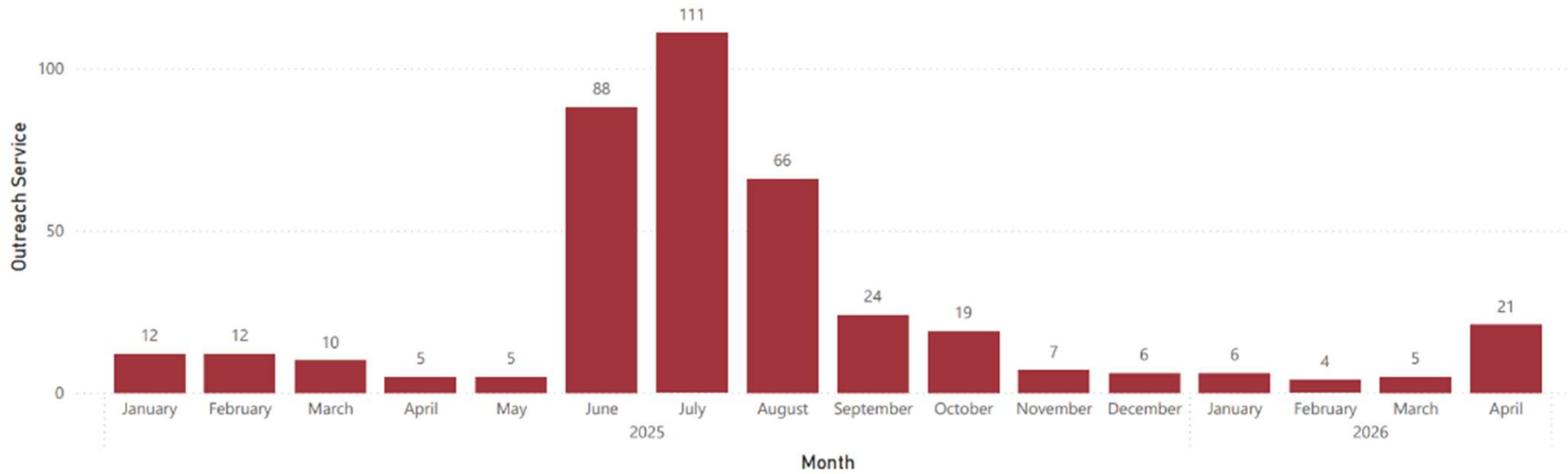
MCT Outreach and MIT Officer Initiated

Definition: MIT Officer Initiated services and MCT Outreach services

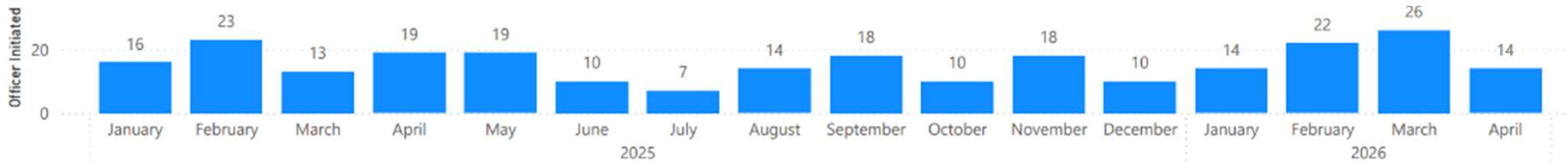


SOMEONE TO RESPOND

MCT Outreach Calls for Service



MIT Officer Initiated



Mobile Teams Monthly Unique Individuals

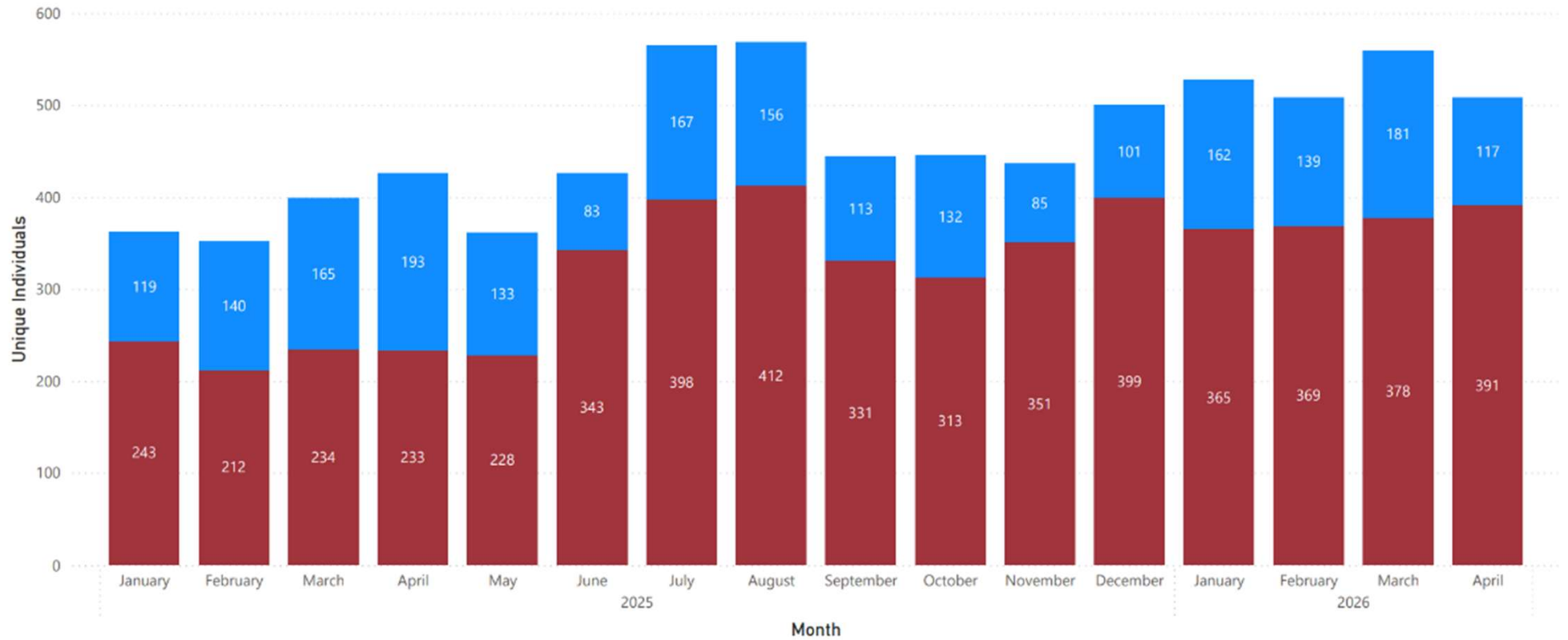


SOMEONE TO RESPOND

Definition: The total count of known unique individuals receiving mobile crisis services from the first to the last day of the month.

Unique Individuals Per Month

team ● MCT ● MIT



Mobile Teams Annual Unique Individuals

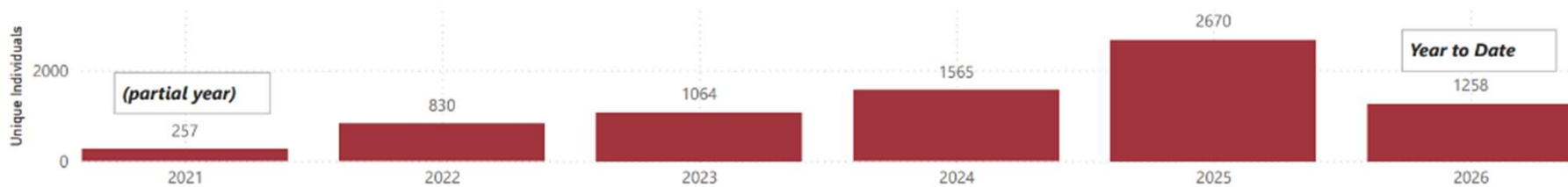


SOMEONE TO RESPOND

Definition: The total count of known unique individuals receiving mobile crisis services from the first to the last day of the reporting month.

AFD MCT

Unique Individuals Per Year



APD MIT

Unique Individuals Per Year



Mobile Teams Disposition

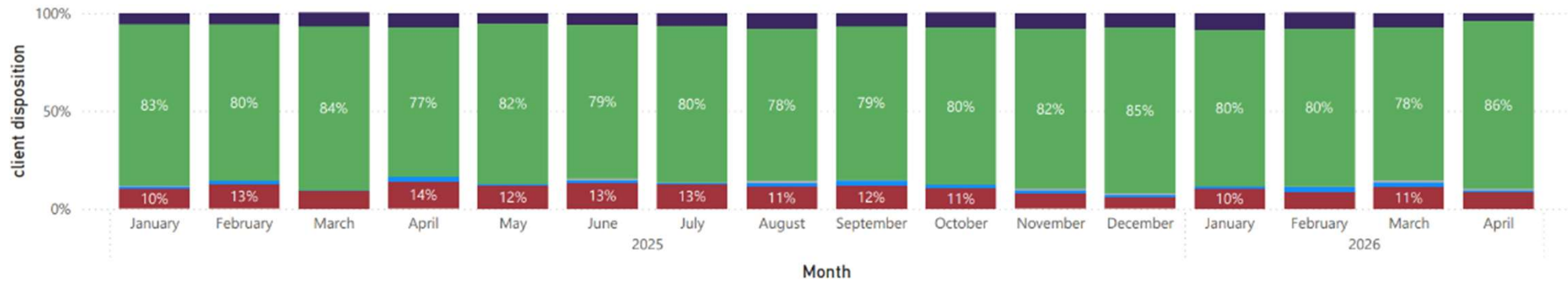
Definition: Describes the outcomes of requests for service where the Mobile Response Team engages person(s) in some level of care and service support.



SOMEONE TO RESPOND

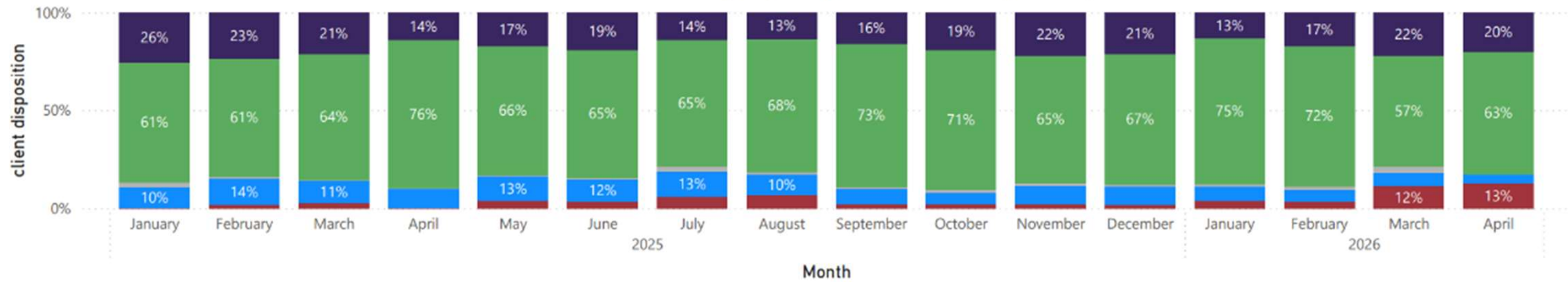
MCT Disposition

● Left on scene with EMS ● Left on scene with law enforcement ● Left with other agency ● Stayed in the community ● Transported to another location



MIT Disposition

● Left on scene with EMS ● Left on scene with law enforcement ● Left with other agency ● Stayed in the community ● Transported to another location



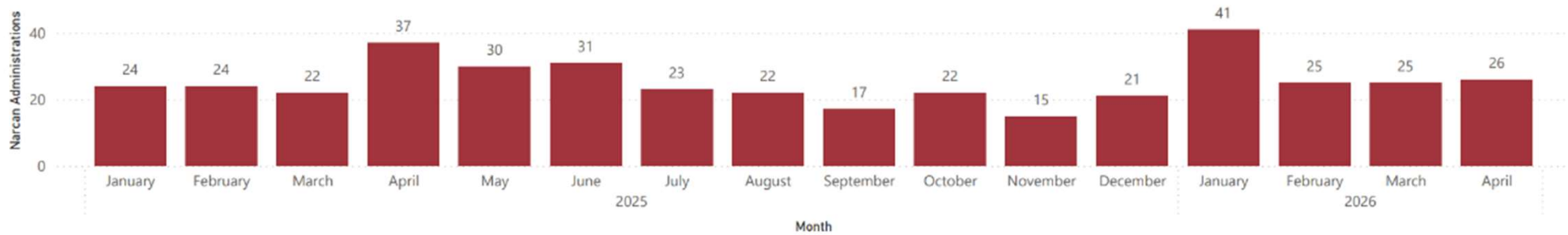
AFD Narcan Administration

Definition: Narcan is sometimes given by bystanders before emergency crews arrive and may also be given again by AFD. When this happens, the incident is counted in both categories to accurately reflect all Narcan use.

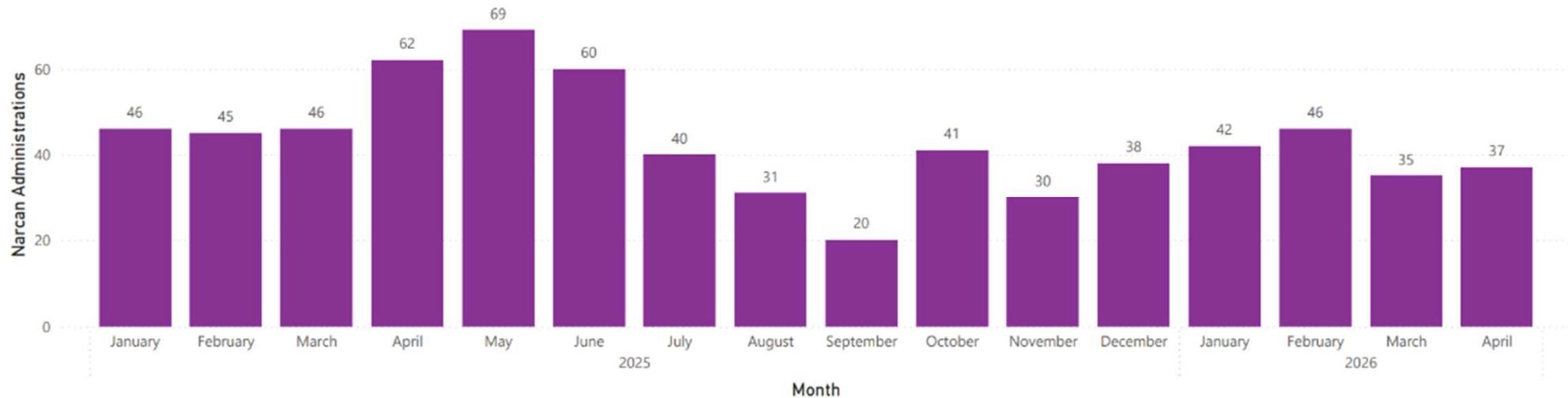


SOMEONE TO RESPOND

AFD Narcan Administration



Public Narcan Administrations



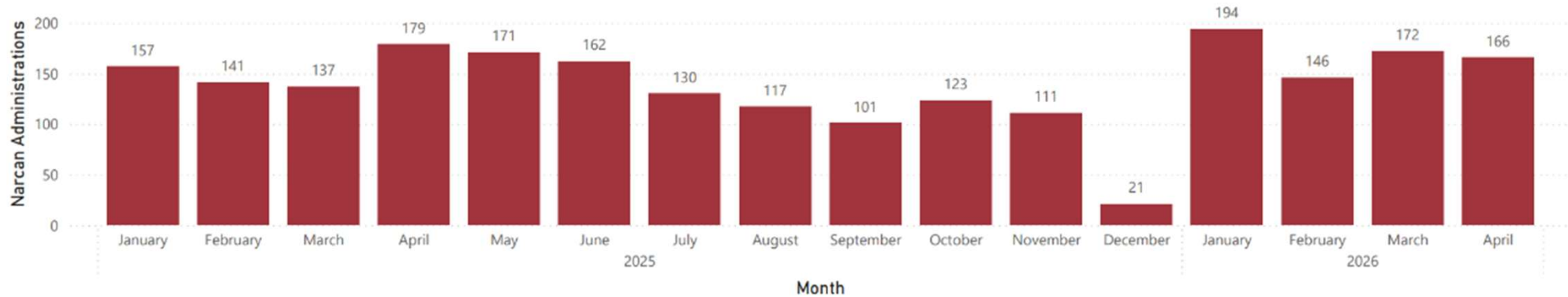
AFD Opioid Transports

Definition: Narcan is sometimes given by bystanders before emergency crews arrive and may also be given again by AFD. When this happens, the incident is counted in both categories to accurately reflect all Narcan use.



SOMEONE TO RESPOND

Opioid Transports



Mobile Teams Housing Status

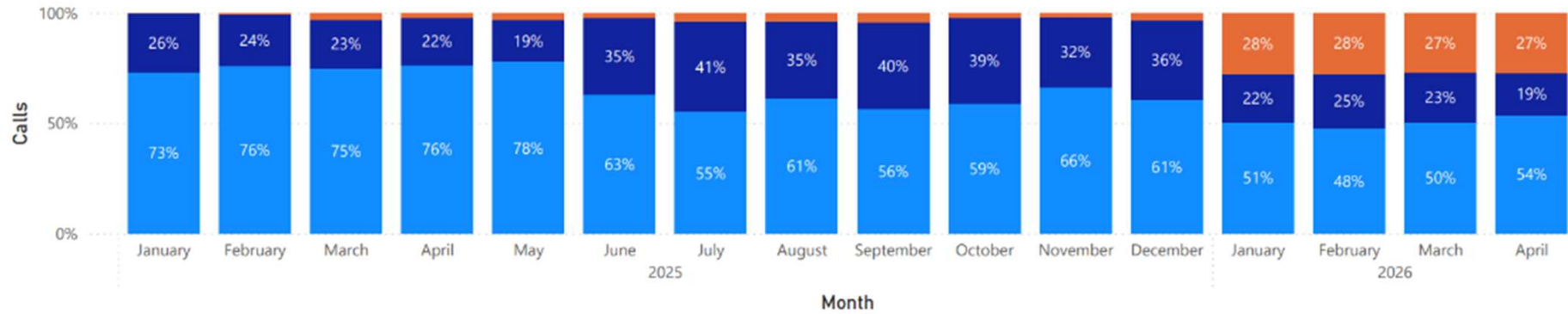


SOMEONE TO RESPOND

Definition: Counts of self-reported housing status from unique individuals receiving mobile crisis services. Housing status can be unstable, and reporting counts are anticipated to change within communities.

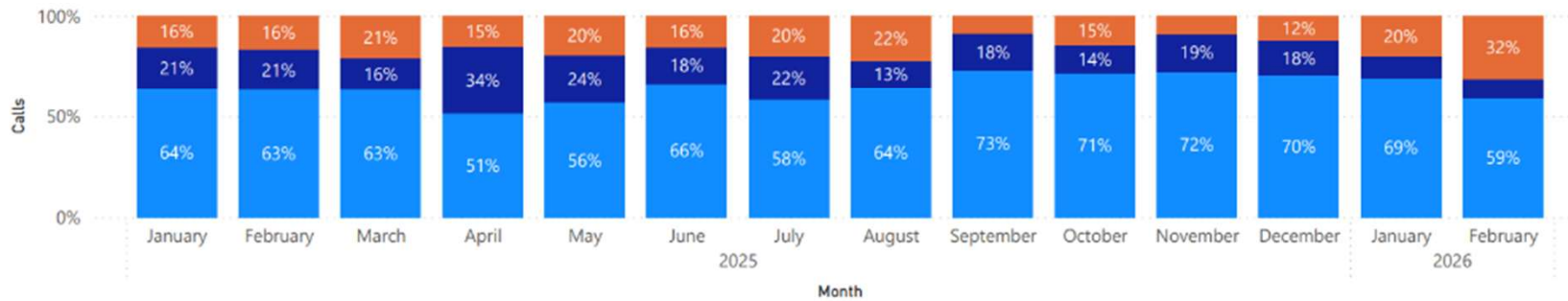
MCT Housing Status

● # Housed ● # Unhoused ● # Unknown / Not reported



MIT Housing Status

● # Housed ● # Unhoused ● # Unknown / Not reported



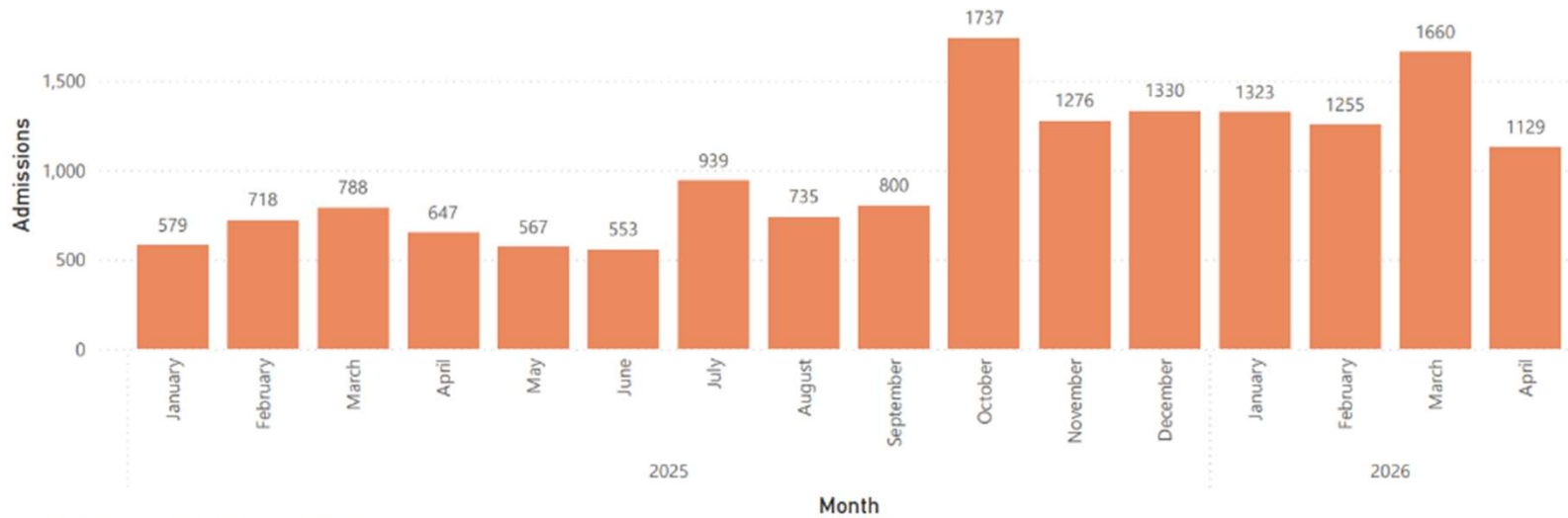
Safety Center Admissions

Definition: The total count of admissions to the service/facility during the reporting period. This count is for all admissions, and may include duplicate for individuals within the reporting period.



PLACE TO GO

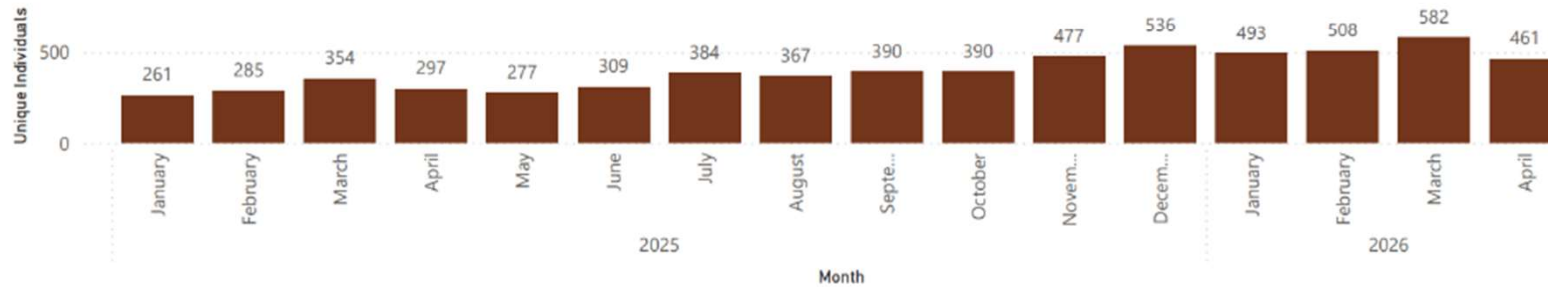
Safety Center Admissions



Total ASC Admissions
2025
10,669

Total ASC Admissions
2026 YTD
5,367

Safety Center Unique Clients



Safety Center Admissions: Voluntary and Involuntary

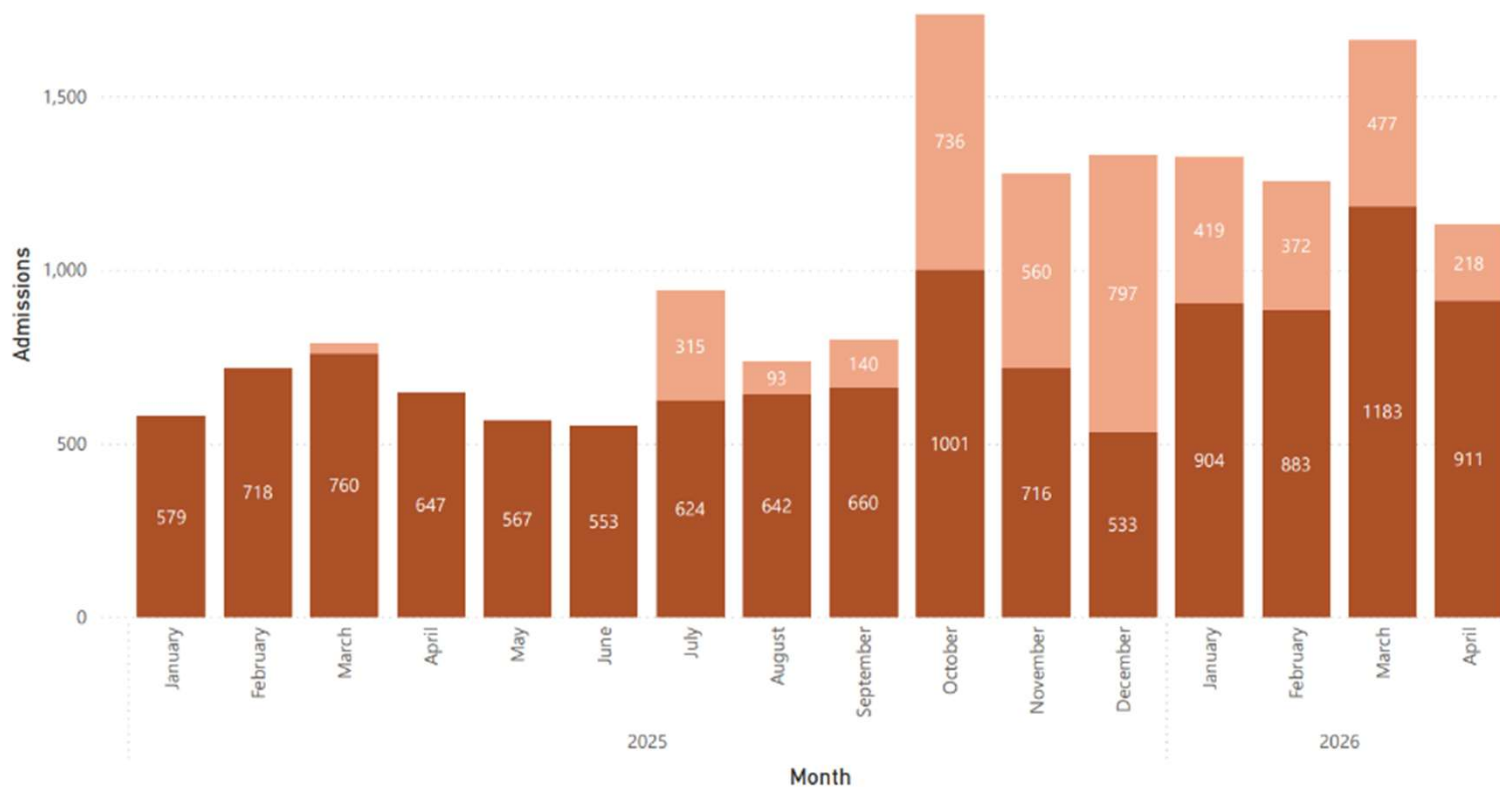
Definition: The total count of admissions to the service/facility during the reporting period. This count is for all admissions, and may include duplicate for individuals within the reporting period.



A PLACE TO GO

Safety Center Total Admissions

metric ● # Involuntary ● Voluntary



Total ASC Admissions - 2026 YTD

5,367

Total Involuntary ASC Admissions - 2026 YTD

3,881

Total Voluntary ASC Admissions - 2026 YTD

1,486

Safety Center Admissions Source 2026

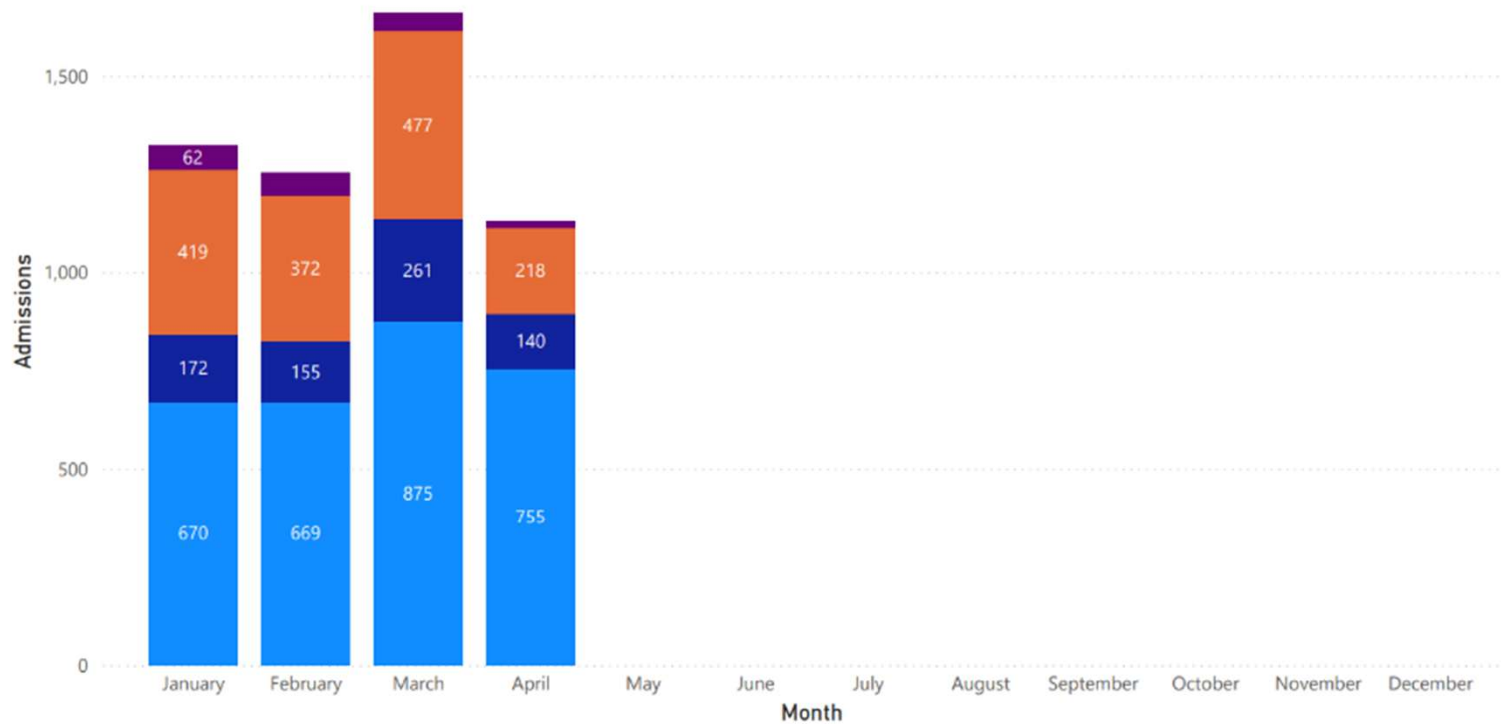
Definition: The count of admissions or drop offs directly from the Anchorage Safety Patrol van. The count of admissions or drop-offs directly from a law enforcement team (not MIT). The count of admissions or drop-offs from walk-ins or self-referrals, with or without support from family/friends. Taxi cab totals could be sent from anywhere in a cab (taxi driver, hospital etc.)



A PLACE TO GO

Safety Center Total Admissions

metric ● # ASP Van ● # Law Enforcement ● # Self Referral / Walk In ● # Taxi / Citizen



Coming Soon: Crisis Stabilization Centers

- Fall '26, Southcentral Foundation will open **Yeshjesh T'uh**, "*I am Safe Place*" in Dena'ina Athabascan
 - 105,000 sf facility at Tudor and Elmore
 - 30 beds voluntary medical detox
 - 16 chairs adult crisis stabilization
 - 16 beds of crisis residential
 - 130+ jobs
 - Behavioral health outpatient care
 - Ancillary supports: pharmacy, food service, etc.



A PLACE TO GO



Coming Soon: Crisis Stabilization Centers

- Providence will open **Crisis Stabilization Center** by end of 2026

Delivering the right care, at the right time, in the right setting.

The CSC is made possible by the strong community partnerships and support for broadening crisis stabilization services for Alaskans.

The facility will include three different programs:

- **23-hour crisis stabilization:** 14-chair program will serve adults experiencing a mental health or substance use crisis; intended to divert from emergency departments and other high levels of care; walk-in or transport by first responders
- **24-hour crisis stabilization:** 12-bed program will serve adults who are unable to stabilize in the 23-hour program and need to stay for multiple days; average length of stay will be four to seven days, depending on patient need
- **Behavioral health walk-in clinic:** Will serve patients 12 years and older who are experiencing a mental health crisis; designed for those who need same-day but not emergency care; services include assessment, medication management, crisis intervention therapy, coordination of care and more



A PLACE TO GO





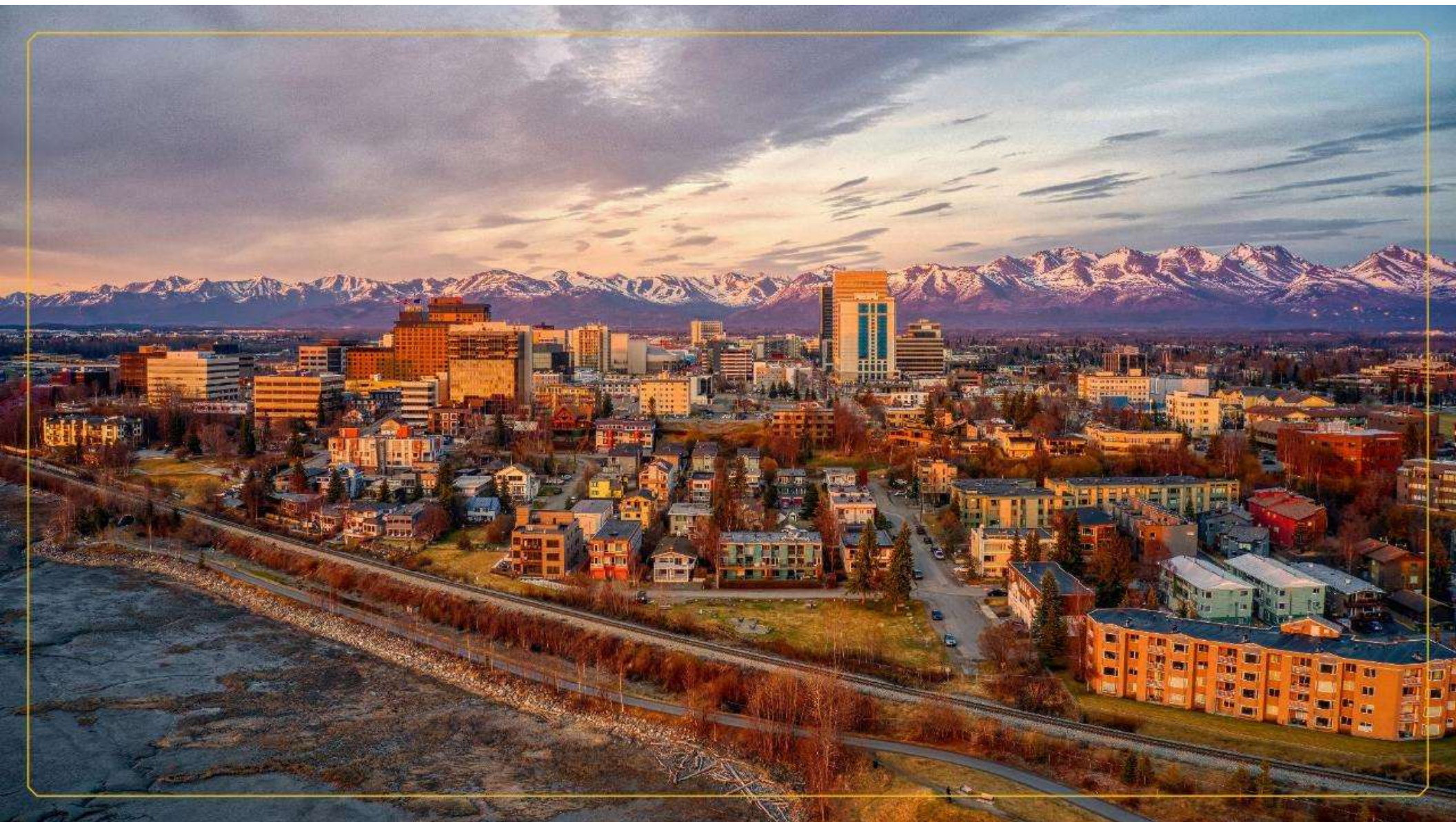
23-hour day room



Intake area at EMS entry



Passageway connecting services





THANK YOU