

MUNICIPALITY OF ANCHORAGE Crisis Response System, THEORY OF CHANGE + METRICS		
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		
Activities	Outputs ¹ (March 2025 - December 2026)	Outcomes (2027 and beyond)
<p>Develop and maintain a fully integrated Behavioral Health Crisis Continuum that provides the right response to each person in crisis, when and where they need it.²</p> <p>Recruit police, fire, EMS, Safety Patrol/Center, clinical and peer workforce to staff crisis services and train all staff in the Essential Principles and Practices of Behavioral Health Crisis Care.³</p> <p>Develop and launch communication plan to community members and providers to increase access to crisis care and reduce stigma.</p>	<p>Increase rate of behavioral health crisis calls transferred from 9-1-1 and 3-1-1 dispatch or from MCT/MIT to Careline. <i>Measure: % of calls diverted monthly; # of calls returned to dispatch for higher level response.</i></p> <p>Complete recruitment of open positions, develop and implement shared training across departments for crisis care services. <i>Measures: # of staff trained in Essential Principles and Practices; number of peers employed.</i></p> <p>Increase client encounters of Mobile Crisis and Mobile Intervention Teams, and Anchorage Safety Patrol by increased hours, diverting lower acuity calls to Careline, and targeted outreach. <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>Increase immediate access to Medication Assisted Treatment (MAT) for people experiencing substance-related crisis through EMS, with CORE team follow up. <i>Measures: # of MAT initiations by EMS; # of CORE team follow-up visits; # of referrals to ongoing behavioral health care.</i></p> <p>Increase diversion to behavioral health 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>Increase voluntary access to crisis stabilization through changes to admission criteria, staffing, and services at Safety Center, and adding crisis stabilization at a second or expanded location. <i>Measures: updated policies and procedures and training protocols at Safety Center; 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: Process and procedure developed for data sharing between AFD, APD, AHD to identify common clients; \$ secured to dedicated Peer Navigation for mobile response teams for follow-on care; # of individuals being served by Peer Navigation; Reduction in crisis service utilization over 6 and 12 months for those engaged with Peer Navigation Team.</i></p> <p>Develop and launch campaign plan and materials to promote healthy behaviors, reduce risks and harms from substance misuse, promote positive mental health, and publicize crisis services. <i>Measures: Campaign developed and launch; \$ secured for campaign; survey of community perception.</i></p>	<ol style="list-style-type: none"> 1. APD patrol and AFD EMS spend less time responding to behavioral health crisis calls. <i>Measure: Reduction in EMS responses to low-barrier shelters for behavioral health-related calls; reduction in time APD patrol spends responding to crisis calls.</i> 2. First responders report increased satisfaction and ability to address behavioral health crisis. <i>Measure: Employee surveys.</i> 3. Individuals who use MOA-operated crisis services (MIT, MCT, ASP/ASC) get timely access to MAT and crisis stabilization, and navigation to health care, housing and supports. <i>Measure: # of individuals accessing MAT immediately following a crisis; # of individuals engaged in care 3 months post crisis.</i> 4. More people in crisis are diverted from the criminal justice system to treatment and supports. <i>Measure: # of diversions from law enforcement and EMS; # of individuals who complete treatment following diversion; # of individuals returned to criminal justice system.</i> 5. Sustainability for all services. <i>Measure: Increase in proportion of funding from billing revenue.</i>

¹ Unless otherwise noted, measures are by MOA Department and aggregate

² See 2-7-25 slides for key definitions of Behavioral Health, Behavioral Health Crisis, fully integrated crisis care, Mobile Crisis Team, and Co-response Teams

³ Alaska's Behavioral Health Crisis System of Care: Provider Training Guide, October 2024, Alaska Mental Health Trust Authority

MUNICIPALITY OF ANCHORAGE Crisis Response System, ACTION PLAN, May-October 2025

Crisis System	Output	By August 1, 2025	By October 31, 2025	RESPONSIBLE
Someone to Contact	<ul style="list-style-type: none"> Transfer more calls from 9-1-1 and 3-1-1 dispatch or from MCT/MIT to Careline Fill APD dispatch positions, complete training and onboarding 	<ul style="list-style-type: none"> Monitor implementation of new dispatch criteria for calls to Careline Revise and implement dispatch criteria all mobile teams and train dispatchers at APD + AFD in new triage 	<ul style="list-style-type: none"> More calls diverted to Careline; monitor how many are sent back More crisis calls sent to most appropriate mobile team for response 	Lewis, Pierce, Fuchs
Someone to Respond	<ul style="list-style-type: none"> Fill MCT and MIT clinician, and Advanced Practice Provider positions, complete training and onboarding 	<ul style="list-style-type: none"> MCT fully staffed and shifts covered CORE team launched to provide follow-up from crisis calls Increased MIT capacity 	<ul style="list-style-type: none"> Monitor increased # of calls handled by MCT/CORE and impact on APD Patrol and AFD EMS 	Lewis, Pierce, Fuchs
	<ul style="list-style-type: none"> Increase immediate access to Medication Assisted Treatment (MAT) 	<ul style="list-style-type: none"> Determine preferred approach to MAT 	<ul style="list-style-type: none"> Implement preferred approach to MAT 	Lewis, Agnew Bemben
	<ul style="list-style-type: none"> Increase engagement with vulnerable people on streets and public spaces (see next page for detailed proposals) 	<ul style="list-style-type: none"> Fully implement changes to ASP/ASC criteria Pilot increased ASP engagement in high traffic areas Pilot MCT Outreach shifts in high traffic areas Complete review ASP/ASC scope 	<ul style="list-style-type: none"> Evaluate results from increased engagement; finalize approach Complete process for revised ASP/ASC/Crisis Stabilization 	Lewis, Pierce, Fuchs, Agnew Bemben
	<ul style="list-style-type: none"> Launch shared crisis care training across departments 	<ul style="list-style-type: none"> Expand cross-training EMS/Patrol/AHD Clinic staff/ASP/CSO in basic crisis care competencies 	<ul style="list-style-type: none"> Continue cross-training 	Pierce, AHD
A Place to Go	<ul style="list-style-type: none"> Develop 23-hour Crisis Stabilization center 	<ul style="list-style-type: none"> Secure funding or support community partner for expanded Sobering/Crisis Stabilization services 	<ul style="list-style-type: none"> Identify location(s) and operator(s) for expanded Sobering/Crisis Stabilization 	Agnew Bemben
	<ul style="list-style-type: none"> Improve care at ASC 	<ul style="list-style-type: none"> Increase MCT and CORE engagement with ASC Support connections to treatment for users 	<ul style="list-style-type: none"> Continue MCT and CORE engagement with ASC; increase connections to care 	Lewis, Pierce, Agnew Bemben
Connections to Care	<ul style="list-style-type: none"> Peer Navigation Team for crisis follow-up and HOPE/MCT referrals 	<ul style="list-style-type: none"> Agree on data sharing between AFD, APD, AHD, community providers Explore Peer Navigation 	<ul style="list-style-type: none"> Launch case conferencing and increased peer navigation 	Fuchs, Williams, Lewis, Agnew Bemben
	<ul style="list-style-type: none"> Pre-arrest Diversion to treatment 	<ul style="list-style-type: none"> Identify charges for diversion Convene and sign MOAs with providers Develop P and P Convene Court and Legal 	<ul style="list-style-type: none"> Launch Pre-arrest Diversion to treatment 	Williams, Agnew Bemben
Tell the Public!	<ul style="list-style-type: none"> Develop and launch campaign plan and materials 	<ul style="list-style-type: none"> Develop plan and increase communications about crisis services 	<ul style="list-style-type: none"> Implement plan across departments 	PIOs from APD, AHD, AFD, Mayor's
Performance + Sustainability	<ul style="list-style-type: none"> Develop metrics dashboard Identify billing model 	<ul style="list-style-type: none"> Complete Bloomberg-assisted dashboard Develop and evaluate scenarios for billing for MOA crisis services 	<ul style="list-style-type: none"> Monitor performance and report out Determine strategy for billing 	I-team, Agnew Bemben

MUNICIPALITY OF ANCHORAGE Crisis Response System, MOBILE TEAM OUTREACH PILOT PROJECT, June 15 to September 15, 2025

Mobile Team	Target Population	Locations	Time and Frequency	Services + Disposition
Anchorage Safety Patrol (AFD)	<ul style="list-style-type: none"> Vulnerable people sleeping on ground, on street 	<ul style="list-style-type: none"> Downtown circuit from Gambell to L street, 3rd Avenue to 10th Midtown circuit from Fireweed to 36th, Latouche to Lois, A and C couplet 	<ul style="list-style-type: none"> Early morning, daily 	<ul style="list-style-type: none"> Offer assistance and rides to shelter, Safety Center, 3rd Ave Navigation Center, hospitals, Anchorage Neighborhood Health Center, AHD Clinic, home to family/friends, pharmacy, other locations Revise ASC eligibility to allow place to stabilize, longer, voluntary stays, and connections to care MCT to transport people, at their discretion, or call ASP to transport Connect people to Detox, MAT, and other connections to care
	<ul style="list-style-type: none"> Vulnerable people in public, intoxicated, acting erratically 	<ul style="list-style-type: none"> Town Square Park Along 9th between C and L Tight downtown circuit in evenings, with home base at Town Square Coordinate with APD Communications and Foot Patrol 	<ul style="list-style-type: none"> Afternoons and evenings Weekend during days, as possible 	
		<ul style="list-style-type: none"> A and C between 36th and Fireweed Dimond Center/Wal-Mart (88th and Old Seward) Creekside, Muldoon area 	<ul style="list-style-type: none"> Afternoons to early evening 	
Mobile Crisis Team: Outreach (AFD)	<ul style="list-style-type: none"> Individuals leaving the Anchorage Safety Center and Warming Center 	<ul style="list-style-type: none"> Anchorage Safety Center, Warming Center 	<ul style="list-style-type: none"> Early morning, daily 	
	<ul style="list-style-type: none"> Vulnerable people in public, intoxicated, acting erratically 	<ul style="list-style-type: none"> Spenard Road: Minnesota to Wisconsin, hot spots Mountain View, neighborhood, along North Pine and in and around Davis Park Downtown, Midtown as needed Other locations, as identified 	<ul style="list-style-type: none"> Afternoons to early evening, daily 	
Mobile Crisis Team: Dispatch (AFD)	<ul style="list-style-type: none"> Current target populations per dispatch 	<ul style="list-style-type: none"> Municipality-wide 	<ul style="list-style-type: none"> 12-hour shifts 	
Mobile Clinic Team (AHD)	<ul style="list-style-type: none"> Vulnerable people in public places to offer clinic services and navigation 	<ul style="list-style-type: none"> Deploy in mobile clinic van alongside ASP, MCT, HOPE team, EMS at camps and other high traffic locations 	<ul style="list-style-type: none"> TBD per AHD 	
Mobile Intervention: HOPE Team (APD)	<ul style="list-style-type: none"> People who are unsheltered 	<ul style="list-style-type: none"> Camps, especially those to be abated 	<ul style="list-style-type: none"> Current shift pattern 	
Community Action Policing (APD)	<ul style="list-style-type: none"> Community-specific issues 	<ul style="list-style-type: none"> Municipality-wide 	<ul style="list-style-type: none"> Shift schedule 	
Community Providers	<ul style="list-style-type: none"> Vulnerable people in public, intoxicated, acting erratically 	<ul style="list-style-type: none"> Deploy alongside or in coordination with MOA mobile teams; see Pathways document for community partners: Pathways_BH Homelessness Contact WORKING_DRAFT_1-6-25 - Adobe cloud storage 	<ul style="list-style-type: none"> TBD 	