Crisis Now

Implementing a Behavioral Health Crisis System of Care in Alaska

Phase 1 Implementation Toolkit

Trust
Alaska Mental Health Trust Authority

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Contents

Project Background

The Alaska Mental Health Trust Authority is working alongside local and statewide partners to improve response to behavioral health crisis in Alaska communities using the Crisis Now framework. The Crisis Now framework (Figure 1) is comprised of three core components: a crisis call center, mobile crisis teams and crisis stabilization centers with 23-hour and short-term stabilization programming. Key to the model is a system for triage and coordination between each level of crisis service as well as between crisis services, community-based services, and inpatient psychiatric care settings.

Figure 1: What is the Crisis Now Framework?

More information on the framework can be found at: www.alaskamentalhealthtrust.org/crisisnow.

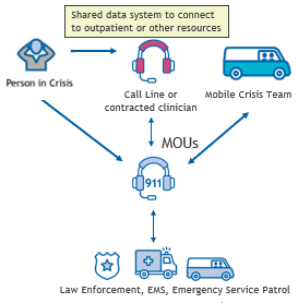
Implementation of the model in Alaska will follow a three-phase approach that will progressively integrate new and existing services. The phased approach allows communities to quickly bring some behavioral health crisis services online to help improve response for people in crisis and add other services as provider and community readiness allow.

Phase 1: The focus of Phase 1 is to connect crisis call line services with existing emergency service dispatch entities, via existing or newly contracted resources; and, to launch mobile crisis teams, with the dispatch function managed by existing emergency services dispatch. This will provide emergency dispatchers two new services to address behavioral health crises: transfer to a crisis call line and dispatch of a mobile crisis team. In this phase, each community will form a local steering group for providers to work together to shape the new crisis system and share the strengths and challenges of implementation. New facility-based services are not yet available in Phase 1.

Phase 2: Phase 2 implements Crisis Stabilization Center services. 23-hour and short-term stabilization, operated by one provider under one roof, or via multiple providers working under contractual agreements, offer an alternative destination for individuals in behavioral health crisis who cannot be stabilized by a mobile crisis team or who are contacted by emergency services in the community and need a safe space for further evaluation and stabilization.

Phase 3: The final phase, estimated to take two to three years, pulls together the elements of the Crisis Now framework to create a coordinated system of care. Each component may continue to be operated by separate providers, or a mix of providers, within one coordinated system. Regional or statewide crisis call centers take on the dispatch function for mobile crisis teams, and a statewide coordinating entity is in place to facilitate funding, contracting, and manage the performance of the system.

Figure 2: Phase 1 Overview



This toolkit provides a detailed overview of Phase 1 (Figure 2), including recommended implementation steps and resources. Diagrams of each phase for the communities of Anchorage, Mat-Su and Fairbanks can be found in **Appendix A**. This toolkit is a guide for all communities interested in expanding their behavioral health crisis continuum of care.

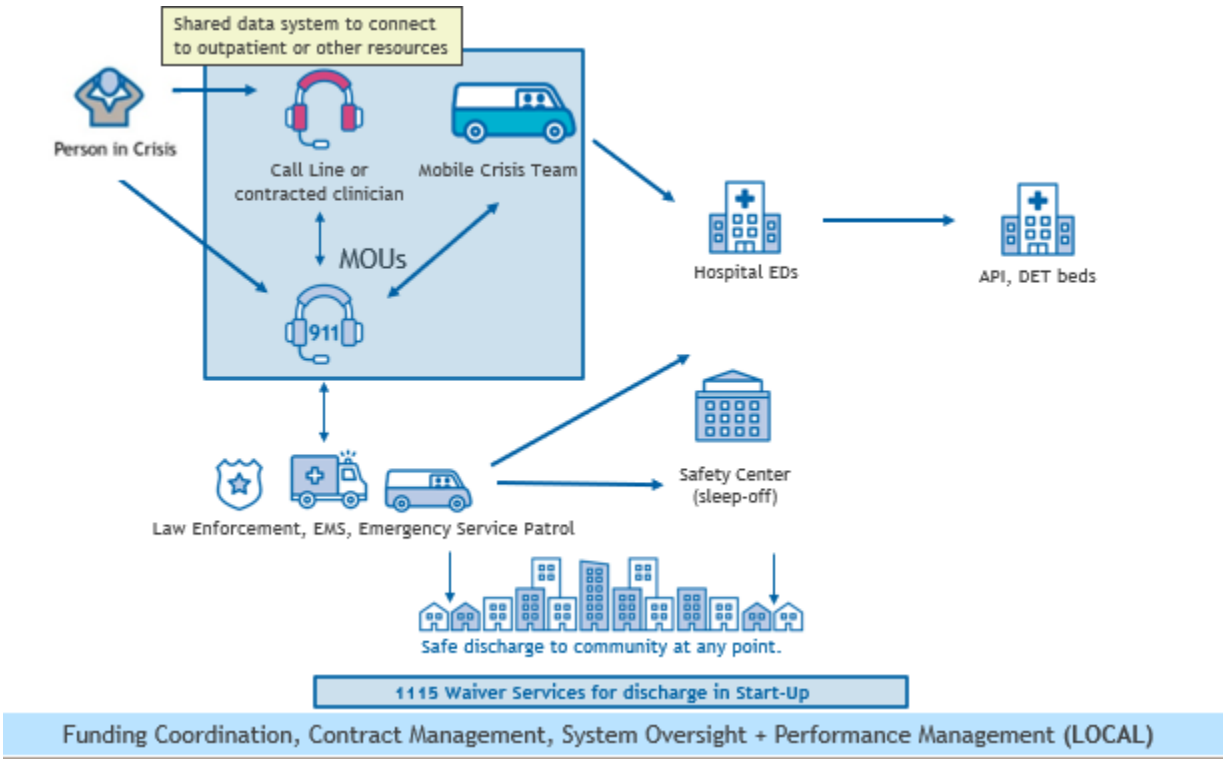
For any questions about this toolkit or to discuss adaptations specific to your community, please contact Eric Boyer, Alaska Mental Health Trust Authority at eric.boyer@alaska.gov. Technical assistance and contract support may be available to your organization or community.

Phase 1: Implementation Guide

Implementing Phase I involves the tasks identified below. Details on each task, as well as associated links and resources are found on the following pages of this toolkit. A sample action plan for each of the tasks in Phase 1 is included separate from this toolkit as an editable Word document.

1. Establish connection between emergency services dispatch entities and a crisis call line.
2. Establish mobile crisis response teams.
    a. Dispatch mobile crisis response teams in coordination with emergency services dispatch.
3. Establish a local steering group and commit to regular meetings.
    a. Work with State-level partners to inform development of statewide system coordination and data management.

Figure 3: Phase 1 – Crisis Call Line Connections + Mobile Crisis Team Launch



Task 1: Crisis Call Line Connection

Expectations for a *Crisis Now* level crisis call center and associated best practices are well documented in resources available online and in SAMHSA's publication, National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. Key elements from SAMHSA's toolkit are summarized in a one-page document, which can be found on the Trust's website: www.alaskamentalhealthtrsut.org/crisisnow. RI International, a leading provider and consultant on the Crisis Now framework, identifies that 90% of individuals who connect with a crisis call center that meets SAMHSA's national guidelines will have their crisis resolved over the phone.[1]

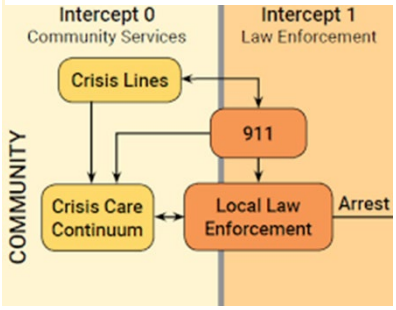
In Phase 1, connecting existing emergency services dispatch with new or existing crisis call line support is essential. This connection helps to divert individuals in behavioral health crisis from a law enforcement or medical response if those responses are not appropriate and connects them with a call taker trained in behavioral health de-escalation. The number of behavioral health calls to 911 will vary by community and is not well tracked at a national level, but experts believe at least 10% of 911 calls are mental health related.[2]

911 Diversion in Action

Connecting 911 dispatch with a behavioral health crisis call line is not a new concept in Alaska or nationally. In Alaska, there are six police departments who currently have MOUs with Careline, Alaska's statewide suicide prevention and crisis line and others that do not have formal agreements but that routinely transfer calls to the Careline. Outside of Alaska, the Crisis Call Diversion Program in Houston, Texas and the Broome County New York 911 Distressed Caller Diversion Program are examples of these connections in action.

911 diversion is connected to Intercepts 0 and 1 on the Sequential Intercepts Model (Figure 4). 911 diversion is also an important component of the Crisis Now framework because it helps to redirect the flow of behavioral health crisis calls from law enforcement or medical response to a behavioral health response. 911 diversion benefits dispatchers and the community by adding a service option to existing resources available to dispatchers, connecting distressed callers with a professional trained to de-escalate behavioral health crisis and helping law enforcement and EMS remain available for callouts within their training.[3]

Figure 4: Sequential Intercept Model, Intercepts 0 + 1



Getting Started

The attached Action Plan Template includes proposed action steps for getting started. The action steps and links to identified resources can be found in the table below. **Appendix B** contains all resources referenced in this section that are not otherwise linked. These resources are intended to serve as a starting point for local dispatch entities and service providers and do not represent a comprehensive literature review of available resources. Local operators should perform their own due diligence in development of policies, procedures and programs and adapt existing resources to meet the needs of their setting and community.

[1] RI International. Alaska Crisis Now Consultation Report. December 13, 2019. Accessed at: www.alaskamentalhealthtrust.org/crisisnow

[2] #CrisisTalk. Victor Armstrong on Race, Mental Health and How Removing Police Alone is Not the Answer. December 1, 2020. Accessed at: https://talk.crisisnow.com/victor-armstrong-on-race-mental-health-and-how-removing-police-alone-is-not-the-answer/

[3] Broome County Crisis Intervention Team. Broome County 911 Distressed Caller Diversion Program. Webinar, September 27, 2019.

Action Step	Resources
Identify estimated number of 911 calls that are behavioral health in nature.	Local 911 dispatch data systems
Develop and sign an MOA between emergency services dispatch and a crisis call line.	Susanna Marchuk, Alaska Careline Director at susannama@iacnvl.org Sample MOA included in **Appendix B**.
Develop written policies, procedures and workflow for dispatchers to follow for behavioral health crisis calls.	Sample policies and procedures: Baltimore Police Department Behavioral Health Crisis Dispatch (page 4) Use standard call-taker questions, such as the "10 Ws" to understand the nature and need of the situation Sample Workflow: Broome County New York Emotionally Distressed Caller Workflow and Risk Assessment Diagrams (**Appendix B**)
Train emergency services dispatchers in new policies, procedures and workflow.	Article discusses collaboration and training approach in Phoenix, AZ. Support may be available from the Alaska Mental Health Trust Authority and training partners. Contact Eric Boyer at eric.boyer@alaska.gov.
Identify key data metrics and entity responsible for tracking.	Examples include: total # calls screened in for behavioral health, # calls transferred to crisis call line, # calls transferred from crisis call line for police or EMS response

Task 2: Mobile Crisis Teams

Expectations for Crisis Now level mobile crisis teams and associated best practices are well documented in resources available online and in SAMHSA's publication, National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit (linked above). Key elements from SAMHSA's toolkit are summarized in a one-page document, which can be found on the Trust's website: www.alaskamentalhealthtrsut.org/crisisnow. RI International, a leading provider and consultant on the Crisis Now framework, identifies that 70% of individuals who receive a mobile crisis team response that meets SAMHSA's national guidelines will have their crisis resolved in the community.[4]

In Phase 1, behavioral health mobile crisis teams are launched. Projected demand for mobile crisis team services varies based on community. The Alaska Crisis Now Consultation Report identifies sufficient demand for three mobile crisis teams in Anchorage and one team each in Fairbanks and Mat-Su.

Mobile Crisis Teams in Action

La Frontera, an Arizona-based behavioral health service provider, operates a suite of outpatient and crisis response services through their EMPACT – Suicide Prevention Center in Maricopa County. The EMPACT – SPC mobile crisis teams provide over 8,500 mobile crisis responses each year. To learn more, visit: http://lafrontera-empact.org/services/.

[4] RI International. Alaska Crisis Now Consultation Report. December 13, 2019. Accessed at: www.alaskamentalhealthtrust.org/crisisnow

Getting Started

The attached Action Plan Template includes proposed high-level action steps for getting started, acknowledging that individual providers will need to develop their own policies and operational guidelines. The action steps and links to identified resources can be found in the table below. These resources are intended to serve as a starting point for local service providers and do not represent a comprehensive review of available resources. Local operators should perform their own due diligence in development of staffing and business models.

Action Step	Resources
Identify providers interested in offering or partnering to offer mobile crisis services.	Alaska Mental Health Trust Authority, Crisis Now Implementation Workgroups (Anchorage, Fairbanks and Mat-Su)
Develop organization specific business and staffing models.	Contact Becky Bitzer at becky@agnewbeck.com for concept level staffing and business modeling tool developed by Agnew::Beck Consulting for the communities of Anchorage, Mat-Su and Fairbanks.
Apply to the Division of Behavioral Health for approval to operate a mobile crisis team as an 1115 Medicaid Waiver service	Provider application and additional information is available on the Division of Behavioral Health website: http://dhss.alaska.gov/dbh/Pages/1115/default.aspx
Determine organization specific start-up and operational funding support needed and work with funding partners to fill gap.	See resources identified above.
Develop MOUs with local behavioral health providers, treatment facilities and hospitals.	Alaska Mental Health Trust Authority, Crisis Service Provider TA Contract

Task 2a: Mobile Crisis Team Dispatch

In Phase 1, mobile crisis teams are dispatched by local emergency services dispatch entities. In practice, this will look different in each community, based on the community or region's existing 911 call flow and infrastructure for response.

Mobile Crisis Team Dispatch in Action

The Georgia Crisis and Access Line (GCAL) is an exemplar provider of crisis call center services and as such, performs the dispatch function for statewide mobile crisis response teams. While dispatch of mobile crisis teams by the crisis call center is not anticipated until Phase 3 in Alaska, GCAL guidelines for mobile crisis team dispatch can be used by emergency service dispatch to inform the appropriate dispatch response.

Getting Started

The attached Action Plan Template includes proposed action steps for getting started. The action steps and links to identified resources can be found in the table below. These resources are intended to serve as a starting point for local service providers and do not represent a comprehensive review of available resources.

Action Step	Resources
Develop and sign a MOU between emergency services dispatch and mobile crisis team provider(s)	Alaska Mental Health Trust Authority, Crisis Service Provider TA Contract

Develop written policies, procedure and workflow for dispatchers to follow for behavioral health crisis calls that require a mobile response.	Georgia's *Guide to Using Mobile Crisis Services* can be accessed online at: https://dbhdd.georgia.gov/mobile-crisis-services
Train emergency services dispatchers in new policies, procedures and workflow.	Internal training and development. Support may be available from the Alaska Mental Health Trust Authority and training partners. Contact Eric Boyer at eric.boyer@alaska.gov.
Identify key data metrics and entity responsible for tracking.	Examples include: total # dispatches at each level of service (See Georgia guide for levels), location of call outs, response time by MCT and/or law enforcement

Task 3: Community Implementation Teams

Absent the managed care system that provides the structure for crisis services coordination in other states, it is essential that local providers collaborate to develop a mutually beneficial continuum of behavioral health crisis services. While the goal in Phase 3 is to have an entity that provides coordination and data tracking functions across communities, in Phase 1, it is local community providers, funders and emergency services professionals that perform this function.

Community Implementation Teams in Action

Connections Health Solutions in Tucson, Arizona describes the function of the Regional Behavioral Health Authority (RBHA) in system coordination[5]. While the structure and authority of the RBHA is different than what is available to Alaska providers, the goals of this entity are similar to that of the envisioned local steering committees. In Tucson, the RBHA provides a framework to identify and measure outcomes. The RBHA also convenes providers for monthly data review to:

- Understand volume trends
- Identify bed capacity and throughput
- Understand community acuity and engagement
- Ensure accountability and proper discharge planning

Collaboration across sectors and organizations is essential for behavioral health crisis continuum start-up and on-going operations because it provides a platform for troubleshooting system issues, adapting to changing needs of the client population and sharing data.

Getting Started

The attached Action Plan Template includes proposed action steps for getting started. The action steps and links to identified resources can be found in the table below. These resources are intended to serve as a starting point for local service providers and do not represent a comprehensive review of available resources.

Action Step	Resources
Identify critical providers for inclusion on community implementation team and obtain organizational commitments to participate.	Alaska Mental Health Trust Authority, Crisis Now Workgroups Rosters

[5] Balfour, Margie. Creating and Sustaining High Quality Crisis Services: Lessons from Arizona. Presentation for the Mental Health Technology Transfer Center Network, March 27, 2020. Accessed at: https://mhttcnetwork.org/centers/northwest-mhttc/product/behavioral-health-crisis-response-systems-live-webinar-series

Develop meeting schedule and format.	Support may be available from the Alaska Mental Health Trust Authority and partners. Contact Eric Boyer at eric.boyer@alaska.gov.
Identify group goals (e.g. data reporting, system performance review).	
Identify plan for steering group sustainability.	

Task 3a: Statewide Coordination

While statewide coordination is not proposed until Phase 3, it is important from the outset to keep communities engaged and informed about the future role of the entity and connections to local efforts.

Statewide Coordination in Action

In Arizona, the financing and governance structure supports the accountability and oversight of the crisis system. The Regional Behavioral Health Authority (RBHA) is responsible for centralized planning and accountability as well as the alignment of clinical and financial goals. The RBHA, which manages contracts with behavioral health providers, can incentivize specific services and performance metrics that support common goals. To learn more, review the presentation by Dr. Margie Balfour on Creating and Sustaining High Quality Crisis Services.

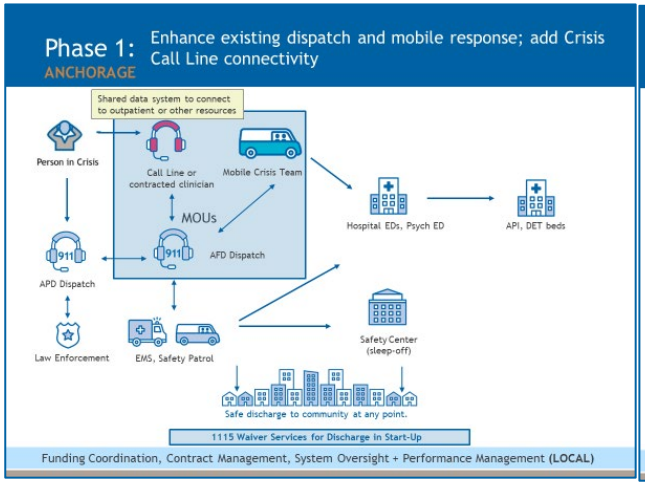
Getting Started

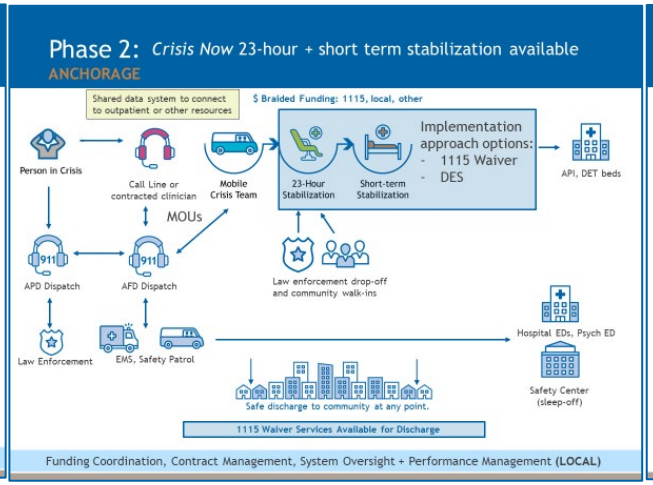
As part of the formation process for a local steering committee, the group should consider what resources are needed at a statewide coordinating level and identify an individual or process for regular updates and communication about statewide system development.

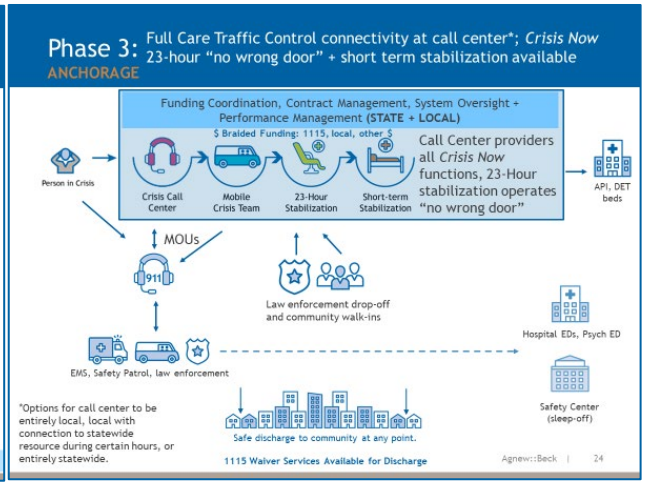
Action Step	Resources
Identify community implementation team member(s) to represent community-level interests and concerns at a statewide live	Alaska Mental Health Trust Authority

Appendix A: Phases of Implementation

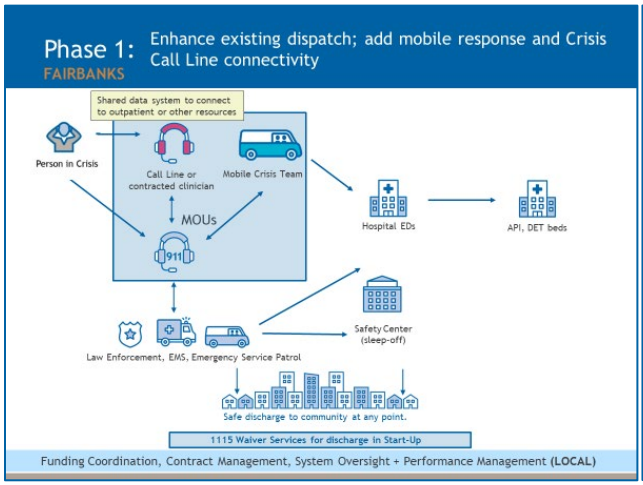
Anchorage

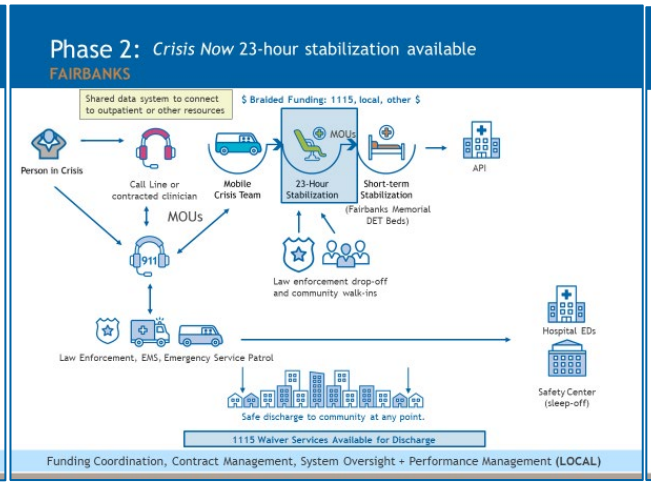


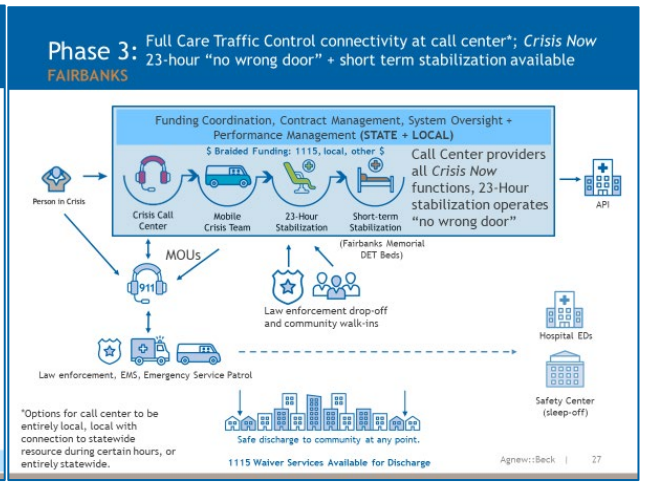




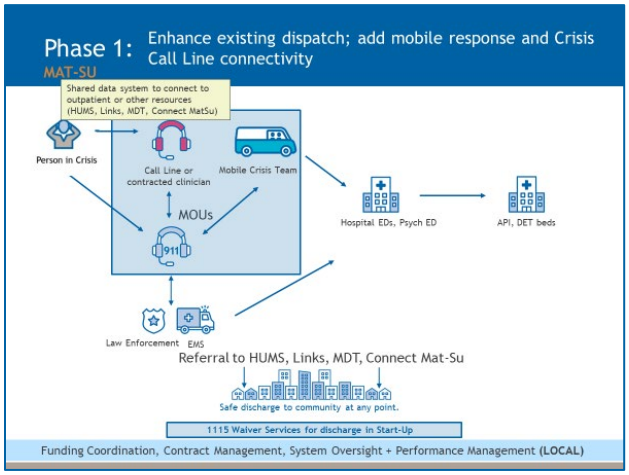
Fairbanks

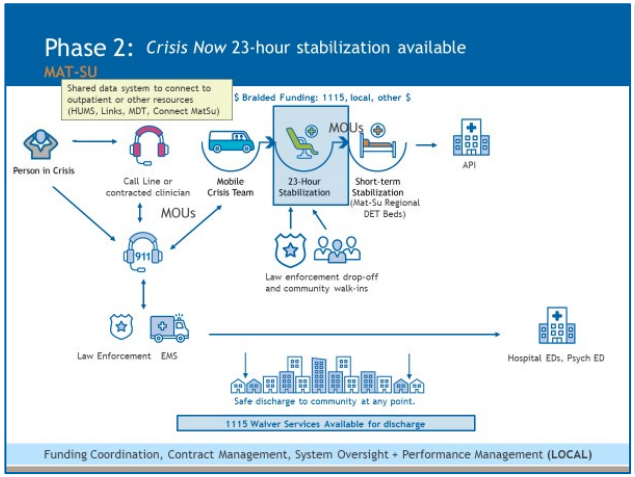


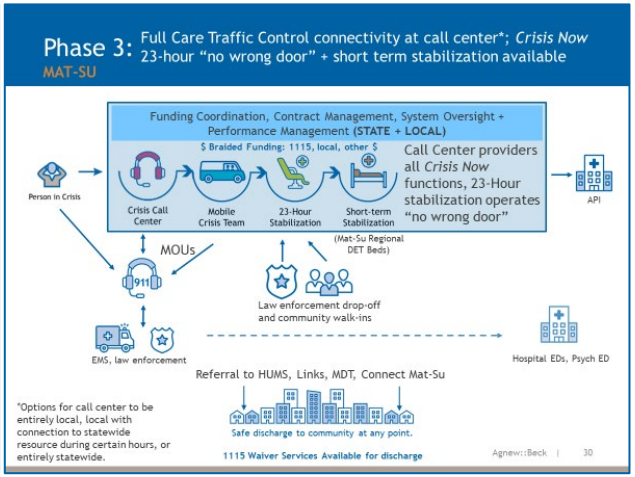




Mat-Su


Phase 1: Enhance existing dispatch; add mobile response and Crisis Call Line connectivity
MAT-SU
Shared data system to connect to outpatient or other resources (HUMS, Links, MDT, Connect MatSu)
Person in Crisis
Call Line or contracted clinician
Mobile Crisis Team
MOUs
911
Hospital EDs, Psych ED
API, DET beds
Law Enforcement
EMS
Referral to HUMS, Links, MDT, Connect Mat-Su
Safe discharge to community at any point.
1115 Waiver Services for discharge in Start-Up
Funding Coordination, Contract Management, System Oversight + Performance Management (LOCAL)


Phase 2: Crisis Now 23-hour stabilization available
MAT-SU
Shared data system to connect to outpatient or other resources (HUMS, Links, MDT, Connect MatSu)
$ Braided Funding: 1115, local, other $
Person in Crisis
Call Line or contracted clinician
Mobile Crisis Team
23-Hour Stabilization
Short-term Stabilization (Mat-Su Regional DET Beds)
MOUs
API
911
Law enforcement drop-off and community walk-ins
Law Enforcement
EMS
Hospital EDs, Psych ED
Safe discharge to community at any point.
1115 Waiver Services Available for discharge
Funding Coordination, Contract Management, System Oversight + Performance Management (LOCAL)


Phase 3: Full Care Traffic Control connectivity at call center*; Crisis Now 23-hour "no wrong door" + short term stabilization available
MAT-SU
Funding Coordination, Contract Management, System Oversight + Performance Management (STATE + LOCAL)
$ Braided Funding: 1115, local, other $
Person in Crisis
Crisis Call Center
Mobile Crisis Team
23-Hour Stabilization
Short-term Stabilization (Mat-Su Regional DET Beds)
Call Center providers all Crisis Now functions, 23-Hour stabilization operates "no wrong door"
API
MOUs
911
Law enforcement drop-off and community walk-ins
EMS, law enforcement
Hospital EDs, Psych ED
Referral to HUMS, Links, MDT, Connect Mat-Su
Safe discharge to community at any point.
1115 Waiver Services Available for discharge
*Options for call center to be entirely local, local with connection to statewide resource during certain hours, or entirely statewide.
Agnew::Beck
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Appendix B: Task 1 Resources

Memorandum of Agreement

Between

Interior Alaska Center for Non-Violent Living – Careline Crisis Intervention

and

[Insert Entity Name Here]

The Interior Alaska Center for Non-Violent Living, a non-profit organization, is the fiscal agent for a crisis intervention program, Careline Crisis Intervention (Careline), which provides telephone and text-based crisis intervention and suicide prevention services to Alaskans statewide.

[Insert Entity Name Here] and Careline agree to work cooperatively for the benefit of individuals in our communities as follows:

[Insert Entity Name Here] shall:

1. Accept 9-1-1 calls from Careline Crisis Intervention
    a. Dispatch emergency service according to department policy.
    b. Attempt to trace live calls as resources, policy and technology allows.
    c. Provide services or referrals for persons in crisis as appropriate.
2. As appropriate, refer persons who are experiencing early onset of mental or behavioral health problems or a more immediate/acute crisis, to include those at-risk of suicide, to the Careline program for support.
3. Maintain confidentiality of Careline personnel.

Careline Crisis Intervention shall:

1. Dispatch emergency services when crisis intervention techniques have not been successful and there exists an imminent risk of harm.
2. Inform dispatch of any identified potential threats or safety risks to responding officers or emergency responder.
3. Provide emergency dispatch with detailed and germane information to facilitate rescue efforts.

Both parties agree to adhere to all Federal, State and local laws and regulations and/or work within the confines of each party, with respect to client confidentiality requirements, in the exchange of client information.

This agreement shall be in effect from the date of signature until written notification by either party of its termination.

Executive Director, Interior Alaska Center for Non-Violent Living Date

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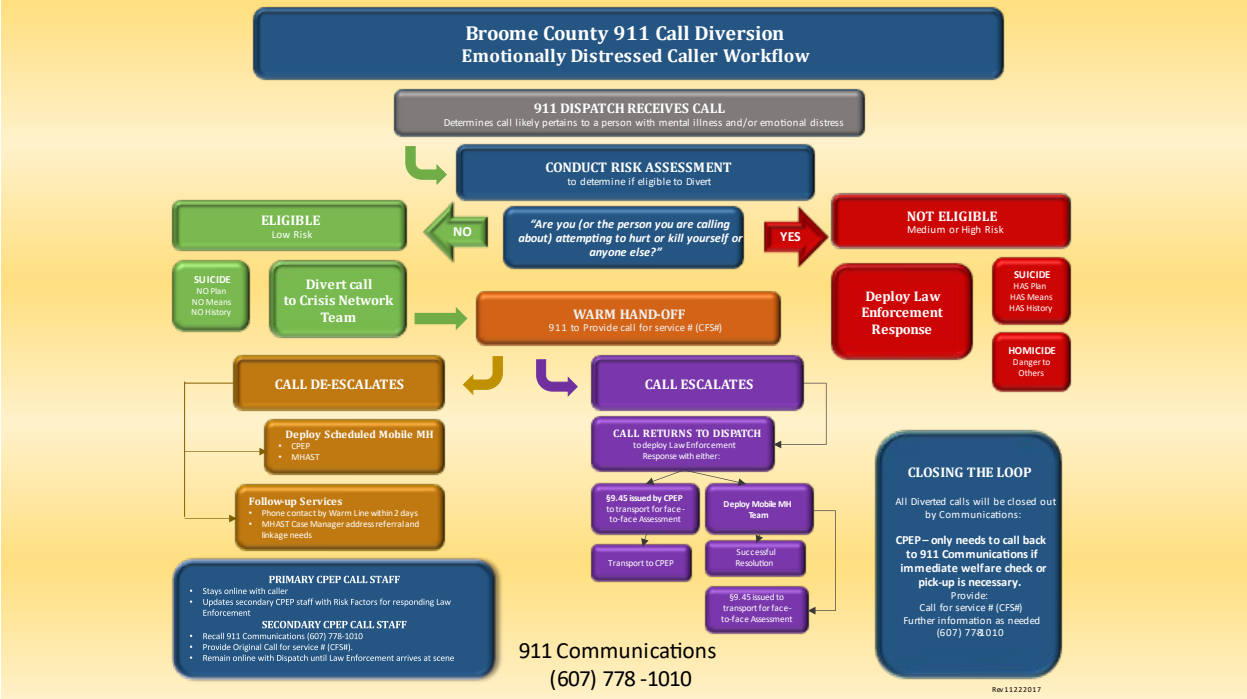
Director, Careline Crisis Intervention Date

Title, Insert Entity Name Here Date



Source: Broome County 911 Distressed Caller Diversion Program, Webinar PowerPoint. September 27, 2019.