

MAT-SU BEHAVIORAL HEALTH CRISIS SYSTEM 2024 ANNUAL REPORT

Prepared by
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Actionable Data Consulting

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Abbreviations

AMHTA	Alaska Mental Health Trust Authority
AMI	Any Mental Illness
AST	Alaska State Troopers
CCT	Community Care Team
DV/SA	Domestic Violence and Sexual Assault
EMS	Emergency Medical Services
HUMS	High Utilizer Mat-Su
MCT	Mobile Crisis Team
MSRMC	Mat-Su Regional Medical Center
MOU	Memorandum of Understanding
PPD	Palmer Police Department
SAMHSA	Substance Abuse Mental Health Services Administration
VA	Veterans Administration
WPD	Wasilla Police Department
988	988 Suicide and Crisis Hotline

Executive Summary

Since 2021, resolute individuals from diverse Mat-Su organizations are working to create a seamless behavioral health crisis system of care that serves "anyone, anywhere, at any time." We are currently reaping the benefits of that challenging work by seeing many more people getting the care they need. This care model, called Crisis Now, provides people with someone to contact when they are in crisis, someone to respond in-person or virtually, having a safe place to go for help, and receiving support for extended wellbeing. The table below outlines the organizations that provide these services in each category and the number of visits or calls that occurred in 2024.

2024 Behavioral Health Crisis System in Mat-Su			
Crisis Call Center	Mobile Crisis Unit	Crisis Stabilization	Post-Crisis and Prevention Care
Someone to call	Someone to respond	A safe place for help	Support for extended wellbeing
<ul style="list-style-type: none"> Careline/988 Veterans Crisis Line 911 Domestic violence/sexual assault hotline Mat-Su Health Services hotline 	<ul style="list-style-type: none"> True North Recovery Mobile Crisis Team Domestic violence/sexual assault shelter True North Recovery Hope line Mat-Su Regional Medical Center Emergency Department Mat-Su health services 	<ul style="list-style-type: none"> True North Recovery Launchpad My House Set Free Alaska Mat-Su Regional Medical Center Behavioral Health Unit 	<ul style="list-style-type: none"> Palmer Navigation Center Drug Endangered Children's Alliance HUMS/LINKS Alaska Youth and Family Services
3,751 calls	3,121 visits/calls	1,846 visits	580 visits/clients

In 2013, the main option for first responders (law enforcement and EMS) to assist individuals in behavioral health crisis was to bring the individual to the emergency department or, if a crime had been committed, to Mat-Su Pretrial. Once in either place, there was little if any behavioral health crisis treatment or services.

In 2024, there are many more options for individuals in behavioral health crisis. These include more hotlines, a mobile crisis team responding 24/7 in the core area, voluntary places to stabilize from a crisis, a center in Palmer that helps people get what they need to prevent crisis, and several organizations providing connector services¹ to help move people post crisis towards a state of wellbeing. These services, while serving people in crisis, also serve to prevent individuals from returning to crisis by addressing the root cause of the crisis. **In 2024, there were only 913 emergency department visits for residents with a primary behavioral health diagnosis per 100,000 people down from 1,227 per 100,000 in 2013. This rate has decreased 26% over 12 years.**

¹ Connector services include helping individuals meet their basic needs such as housing, safety, food, clothing, transportation, as well as accessing needed physical and mental health care services.

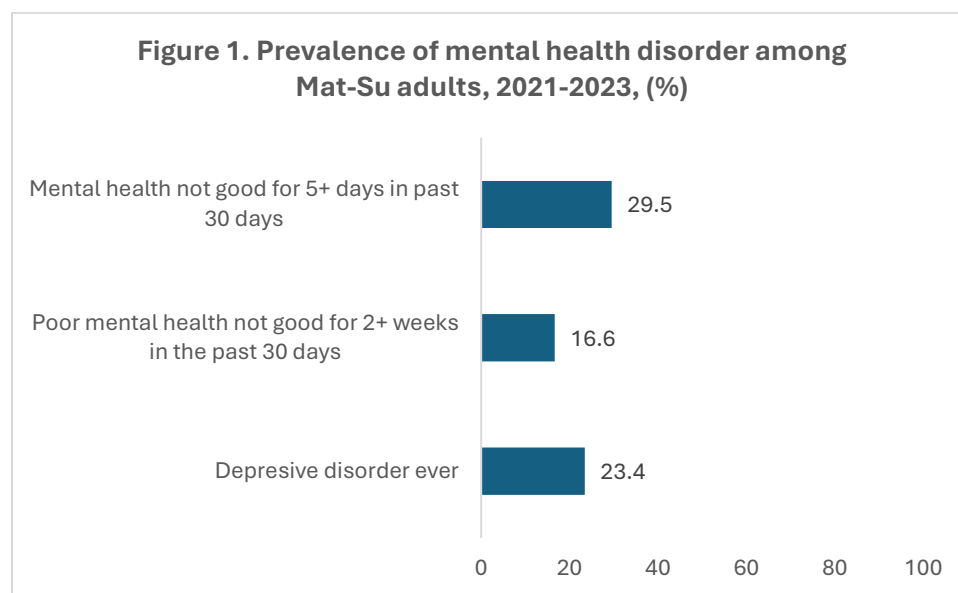
Having a Mobile Crisis Team in Mat-Su is saving time for first responders (law enforcement and EMS). In 2024, the mobile crisis team had 540 visits with residents in the community. At most of these visits, the crisis was deescalated, and the individual was left in the community. **Out of 184 calls that we have full data for in the last 6 months of the year, 33% of the time, the MCT staff stayed on site with the client longer than the first responder, thus freeing the first responder to respond to other calls.**

Background

Alaska is 46th in the nation for the Adult Mental Health Ranking.² This ranking looks at the following seven indicators that report the percent of:

1. Adults with any mental illness (AMI)
2. Adults with substance use disorder in the last year
3. Adults with serious thoughts of suicide
4. Adults with AMI who did not receive treatment
5. Adults with AMI who are uninsured
6. Adults with cognitive disability who could not see a doctor due to costs

Figure 1 shows the percent of adults in Mat-Su from 2021-2023 who reported experiencing mental health challenges. Three out of ten people reported experiencing at least five or more poor mental health days in the last month and slightly more than two out of ten reported having experienced a period of depression sometime in their life. At least 21 Mat-Su residents died by suicide in 2023 and there were 320 emergency department discharges for residents diagnosed with suicidal ideation and intentional self harm during that time period.^{3 4}



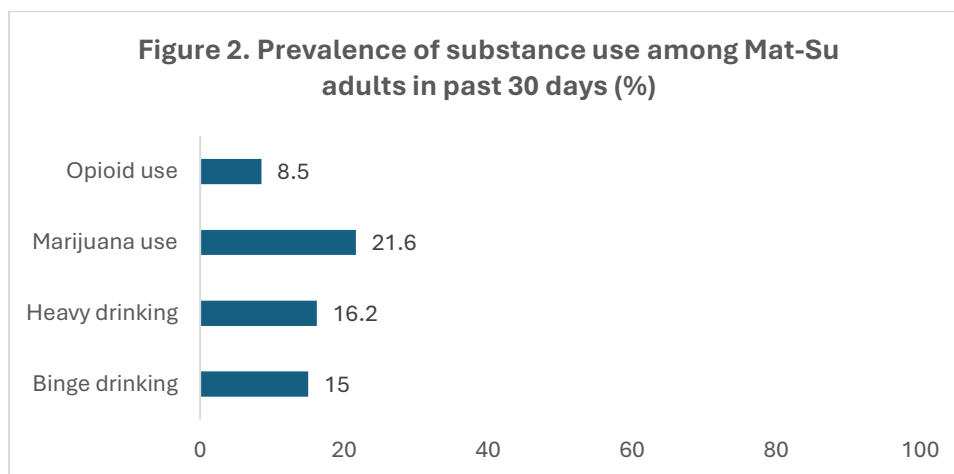
Source: State of Alaska Behavioral Risk Factor Surveillance System,
<https://health.alaska.gov/dph/Chronic/Pages/brfss/datacenter.aspx>

² Mental Health America Data and Rankings, 2024, <https://mhanational.org/the-state-of-mental-health-in-america/data-rankings/adult-ranking/>

³ Alaska Death Dashboard. State of Alaska Health Analytics and Vital Records, <https://public.tableau.com/app/profile/alaska.health.analytics.and.vital.records/viz/AlaskaDeathDashboard/Home>

⁴ Alaska Discharge Dashboard, State of Alaska Health Analytics and Vital Records, <https://public.tableau.com/app/profile/alaska.health.analytics.and.vital.records/viz/AlaskaDischargeDashboard/AboutThisDashboard>

Substance misuse can affect an individual's mental, emotional, and physical health. Figure 2 shows the use of substances reported among Mat-Su adults from 2021 – 2023. Two out of every ten Mat-Su adults report using marijuana in the last month and at least 1-2 people out of every ten have engaged in unhealthy drinking behavior in the past month. Binge drinking is defined as having five or more drinks at one time for a male and four or more for females. Heavy drinking is defined as eight or more drinks for women, or fifteen or more drinks for men during a week.



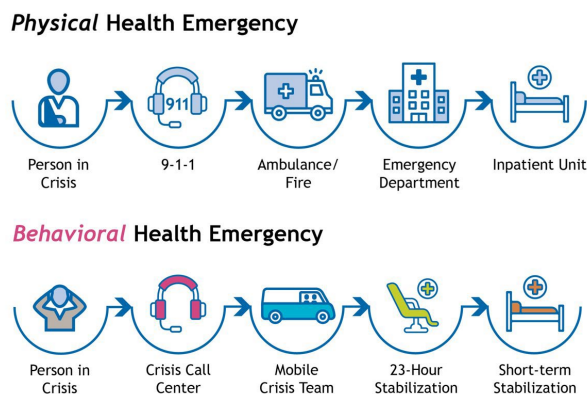
Note: Alcohol data 2021-2023; Marijuana 2020, 2021, 2023; Opioid data 2018, 2019.
Source: State of Alaska Behavioral Risk Factor Surveillance System,
<https://health.alaska.gov/dph/Chronic/Pages/brfss/datacenter.aspx>

Over the last ten years in Mat-Su, there has been progress in developing services that respond to individuals experiencing a behavioral health crisis. This approach is called Crisis Now, and the model includes three components: a call center, a mobile crisis team (MCT), and a crisis stabilization center. As shown in Figure 3, this type of behavioral health emergency system parallels the physical health emergency system with a common goal of aiding a person in crisis and finding the most appropriate care options to provide needed assistance. The Alaska Mental Health Trust Authority (AMHTA) has funded key components of the Crisis Now Model throughout Alaska and in Mat-Su. Additionally, the Mat-Su Health Foundation has been active in funding and developing the new system.

In the latest guidelines released by SAMHSA in 2025, these three components are described by what they provide: "someone to contact," "someone to respond," and "a safe place for help."⁵ This model aims to have a seamless system that can serve "anyone, anywhere, at anytime" to de-escalate a crisis and prevent future crises because the individual will access the care they need to improve their well-being.

⁵ Substance Abuse and Mental Health Services Administration (SAMHSA), 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care.

Figure 3. A comparison of the physical and behavioral health emergency systems



Source: Agnew Beck Consulting, Anchorage, Alaska, 2021

In Mat-Su, a team of organizations called the Community Care Team (CCT) has added a fourth component. The function of this team is to provide "support for extended well-being." The team is composed of "connector" organizations and others that provide direct services and resources. When the "connectors" receive a referral from a crisis services provider, they help an individual in crisis get needed outpatient or residential care, housing, food, transportation, and whatever else they need to regain wellness and put their life back on track. "Warm handoffs" are used between team members from different organizations to connect the client with appropriate resources and support immediately. Table 1 lists Community Care Team member organizations.

The AMHTA funds the Mat-Su Community Crisis Care Coordinator, Melissa Toffolon, PhD, MPH, who wrote this report and organizes regular meetings with the response and dispatch frontline staff and the Community Care Team.

Table 1. Mat-Su Crisis Care Team Members

Alaska Addiction Rehabilitation Services
Alaska Therapeutic Courts
Alaska Family Services
Alaska Youth and Family Network
Beacon Hill Alaska
Care Coordination Resource of Alaska
Connect Mat-Su
Daybreak Inc.
Drug Endangered Children's Alliance
Family Promise
LINKS/HUMS
Mat-Su Health Services
Mat-Su Re-entry Coalition
My House
Set Free Alaska
Southcentral Foundation
Sunshine Community Health Center
True North Recovery
Valley Charities

Frontline law enforcement, emergency medical services (EMS), MCT, and dispatchers meet quarterly to coordinate services and troubleshoot issues that come up when responding to people in behavioral health crisis. Memos of Understanding (MOUs) link these responders together and outline the responsibilities and roles of each entity.

In 2024, there were three large group meetings and six smaller group meetings of CCT members. At the large group meetings, the attendees:

1. Tracked MCT referrals and system data
2. Provided agency updates, including details on MCT expansion
3. Learned about AMHTA-funded work in other parts of the state
4. Identified gaps and strengths in the Mat-Su Crisis system
5. Celebrated successes, inviting funders and local and state leaders to learn more about the Mat-Su Crisis System

At the small group meetings, the attendees updated the Mat-Su behavioral health crisis system diagram and coordinated crisis care among the MCT, the Palmer Navigation Center, and other providers and connectors. They also met with Mat-Su public transportation providers to discuss how to obtain transportation for their clients.

The Mat-Su Behavioral Health (BH) Crisis System

The Mat-Su BH Crisis System is composed of many organizations and agencies that each have an essential role in making the system work. The various groups can be categorized as 1) someone to contact, 2) someone to respond, 3) a safe place for help, and 4) support for extended well-being. Table 2 defines each type of care and provides 2024 data on the number of Mat-Su residents who received crisis care from these organizations.

Table 2. Mat-Su Behavioral Health Crisis System: 2024 Service Utilization			
Someone to Contact	Someone to Respond	A Safe Place for Help	Support for extended well-being
Services like 988 and other crisis hotlines provide immediate, accessible support.	Services like mobile crisis teams deliver rapid, on-site interventions to de-escalate crises and connect individuals to care, as well as other community-based supports that provide crisis prevention and postvention care.	Emergency and crisis stabilization services provide on-demand crisis care and crisis-related support in a variety of community settings.	Connectors such as peer support workers, community health workers, and case managers help these individuals get primary care, behavioral health care, housing, transportation, food, and other essential supports.
Careline/988: 1,673 Mat-Su calls	Mobile Crisis Team: 540 visits	True North Recovery Lauchpad visits: 1,138	Palmer Navigation Center: 317 visits
Veterans crisis line: 146 Mat-Su calls	Mat-Su Health Services walk-in crisis visits: 64	My House: 135	Drug Endangered Children Alliance: 52 parents/caregivers with 63 children accepted services
911: 665 Mat-Su calls	Alaska Family Services domestic violence/sexual assault shelter: 271 clients	Set Free Alaska: 138 admissions	HUMS/LINKS: 58 clients
Alaska Family Services domestic violence/sexual assault hotline: 685 Mat-Su calls	True North Recovery Hopeline: 1184 calls	Mat-Su Regional Medical Center Behavioral Health Unit admissions: 436	Alaska Youth and Family Network: 90 clients
Mat-Su Health Services hotline calls: 582	Mat-Su Regional Medical Center emergency department visits: 1,062		
Total: 3,751 calls	Total: 3,121 visits/calls	Total: 1,846 visits	Total: 580 clients

This report presents data describing the services that are delivered. It is important to remember the individual who is at the center of the data. The following are four stories of individuals aided by the behavioral health crisis system.

From Homelessness to Recovery and Employment. A long-time homeless individual received MCT services and was brought to the True North Launchpad. There they got connected to substance use treatment, as well as with HUMS/LINKS for long-term case management. These two organizations were able to work together to make sure the client was able to enroll and complete withdrawal management successfully. When the client was waiting to get into sober housing and outpatient services, True North housed them in emergency shelter at a local hotel funded by a grant from the Mat-Su Health Foundation. The client is still engaged in outpatient treatment and sober housing and has now been working for the past four months. This is the first time he has had employment in almost 20 years. A big part of this success was due to collaboration between organizations working to meet the client's needs.

A Child Assisted and a Second Trauma Averted. A Mat-Su Emergency Services supervisor found a 13-year-old girl on the stairs of his church who had run away from an unsafe home situation the night before. He brought her to the Mat-Su EMS office to receive help. When the paramedic spoke with the Office of Children's Services, they said that the child did not meet the criteria for emergency placement. This is despite a highly dangerous plan she disclosed that she had for herself. She was planning to meet an unknown adult man at a local street corner that evening who would help her out. She did not know his name, stating they thought it was better not to share names. The women's shelter could not take her because she was a child, and since it was the weekend, My House wasn't sure they could keep her either. Lisa with the Mobile Crisis Team stayed with the paramedic and child throughout the entire interaction and ultimately was able to advocate for this incredibly vulnerable child and come up with a safe plan of care for her. This is a good example of the partnership of the MCT and other first responders and the versatility and knowledge of the staff to meet difficult community needs at times of crisis.

Without your help, I don't know where I would be. A young man facing homelessness, unemployment and no phone connected with HUMS in March 2024. His case manager helped him get a phone, find stable housing, and secure a job at Speedway. With ongoing support, he saved enough to buy a car, reinstated his license, and recently celebrated a promotion to management, building a stable, independent future.

Coordinating care between Anchorage and Mat-Su. HUMS has been working with an adult housed at a group home in Anchorage who often "runs" away and returns to the Mat-Su. They were able to help him get involved in the Mental Health Court, move him off the waiting list for the Intellectual Developmental Disability Waiver, and secure that assistance. This assistance will help to get him services and support that will hopefully result in less running away behavior. Recently, he made his way to the Valley, connected with the MCT, and then went to the HUMS offices, and he appeared to be doing better than they have ever seen. HUMS staff helped him get back to the group home in Anchorage.

Someone to contact

Five organizations provide crisis hotlines for Mat-Su residents. In 2024, these organizations answered 3,751 calls from residents in crisis.

Alaska Careline/988 offers free, immediate, and confidential help 24/7/365 days a year. Callers are treated with respect, listened to, and not judged, and they are offered information for support and services. The Alaska Careline/988 received 1,673 calls from Mat-Su residents in 2024. While not all callers identified their age, 96% were 18 or older, and 4% were 17 or younger. Three percent of callers were active military members or veterans.

Veterans Crisis Line: Veterans can call 988 and press 1 to contact the Veteran's Crisis Line to reach someone who will provide help to veterans, service members, and their families. Responders are trained in crisis intervention and military culture. From April through December 2024, 146 calls were received by the Veterans Crisis Line from Mat-Su veterans.

911 calls: In Mat-Su, there are two dispatch centers: MATCOM and 9G Base. In 2024, these centers received 665 calls that resulted in first responders requesting the MCT.

Alaska Family Services Domestic Violence and Sexual Assault Hotline: This is a 24/7 crisis call and text line answered by an advocate who can provide support and resources to anyone experiencing a domestic violence or sexual assault emergency. During 2024, there were 685 DV/SA calls.

Mat-Su Health Services: There is a 24/7 crisis call line for individuals in a behavioral health crisis. There were 582 calls to this hotline in 2024.

Someone to Respond

In Mat-Su, five agencies respond in person to residents in crisis. In 2024, they had 3,121 visits or calls with people in crisis.

True North Recovery Mobile Crisis Team and Hopeline: The MCT is staffed by a behavioral health provider and peer support specialist who provides short-term crisis response, intervention, and stabilization for people experiencing a behavioral health crisis. The Mobile Crisis Team is dispatched by two agencies: MATCOM (Wasilla Police Department, Wasilla Police Department and Alaska State Troopers) and 9 G Base (Palmer Police Department). In 2024, MATCOM received 595 calls, and the 9G base received 70 calls. Table 3 presents the top types of MCT calls for MATCOM.

Table 3. The top ten classifications of MATCOM calls for MCT assistance	
1. Wellness check	6. Suspicious situation
2. Disturbance	7. Sick person
3. Psychiatric	8. Trespass
4. Public assistance	9. Overdoes
5. Death	10. Lost child/runaway/minor

The MCT call is classified into one of three levels. Level 1 is a call where the law enforcement officer(s) lead and they call in the MCT after they arrive. Level 2 is where the MCT leads, and law enforcement arrives after or maintains radio contact as needed during the call. The third level is when the MCT goes to a call without law enforcement or EMS.

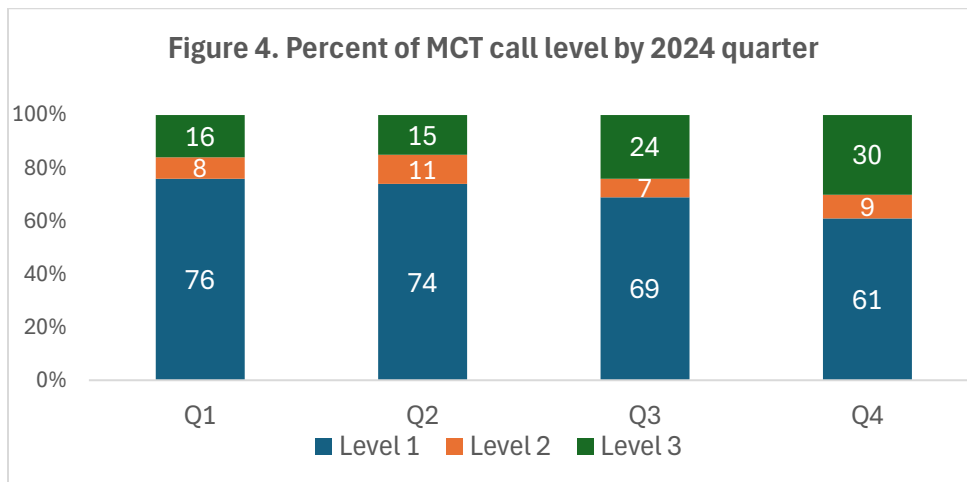


Figure 4 shows the percentage of calls by quarter by level. As the year proceeded, the percentage of level 1 calls decreased, and the MCT responded to more calls by themselves. In 2025, a pilot project will be directed by the Alaska Careline, allowing their staff to dispatch the MCT to those 988 callers who do not need law enforcement or EMS assist.

The MCT responded to calls from the Wasilla with the Wasilla Police Department during January and February. In March, the response area for the MCT expanded to include areas covered by two other law enforcement agencies, Alaska State Troopers and Palmer Dispatch. MATCOM dispatches the troopers, and 9G Base dispatches PPD. Additionally, in October, the State of Alaska Parks Service signed an MOU with the MCT to respond to calls from park rangers in Mat-Su.

Table 4. True North Mobile Crisis Team, 2024 Call Characteristics			
Demographic characteristics		Referral	
Males	52%	Referred by AST	18%
Females	48%	Referred by EMS	19%
		Referred by PPD	12%
< 18 years	18%	Referred by WPD	42%
18-45 years	19%	Call from Hopeline	9%
46-55 years	56%	Disposition	
56+ years	4%	Client left in the community	54%
Community of call		Transported to medical care, housing, etc.	22%
		Wasilla	77%
		Left with EMS	11%
		Palmer	12%
		Left with law enforcement	8%
Meadow Lakes	7%	Other or refused care	5%
Other	4%		

Table 4 shows the percentage of 2024 calls in each community in Mat-Su. Most calls (77%) occurred in Wasilla, followed by Palmer (12%), Meadow Lakes (7%) and other areas (4%).

According to TNR MCT records, 42% of calls were at the request of WPD, 19% were requested by EMS, 18% from AST, and 12% of calls were requested by True North Recovery staff through the Hopeline.

When the MCT is called to the scene, they work with law enforcement or EMS to provide services. Sometimes, the other responders leave the MCT to resolve the situation on the scene. According to MATCOM, the majority of the time (54%), the crisis is de-escalated, and the person is left in the community with resources and support (see Table 4). Twenty-two percent of the time, the individuals are transported to the emergency department, the domestic violence shelter, or another location for housing or support. Eleven percent of the time, they are left with EMS, and at 8% of calls, the individual is left with law enforcement.

The clients involved in MCT calls were 52% female and 48% male. The age of clients ranged from children to 91 years. Most clients (56%) were between the ages of 46 and 55. The MCT attempts to connect clients to their natural support(s) (spouse, immediate family, or other people in their life) if available. In 2024, on 38% of the calls, clients could be connected to their natural support. MCT also tries to coordinate care for the client on the scene with medical and behavioral health services. They were able to do this for 25% of the calls. MCT staff employ tools appropriate for the different crises that they encounter. A suicidal assessment was needed in 27% of the calls, and 15% of the calls required de-escalation techniques. Sixteen percent of MCT calls were for individuals at risk for overdose. Approximately 16% of the respondents entered treatment with TNR after the call. MCT staff follow up with clients after the call within 24 hours. They were able to connect to the client 42% of the time. When they make that contact, they ensure that the client has all the necessary referral information and a connection to a Launch Pad peer if they are interested in additional services.

The TNR Hopeline is an internal outreach line that community members, providers, and dispatch can call. In 2024, there were 1,184 incoming calls; 43% of the calls were from clients requesting information on resources; 18% of the calls were from the hospital seeking assistance for patients; 15% were from 911 dispatchers seeking information and assistance; and 10% were from providers trying to coordinate care. Other callers included parole officers, previous and current clients, and other service providers such as staff from the domestic violence shelter and HUMS/LINKS.

Mat-Su Regional Medical Center (MSRMC) Emergency Department: In 2024, the emergency department saw 1,062 patients with a primary behavioral health diagnosis seeking emergency care.

Mat-Su Health Services: At this federally qualified health center during workday hours, people can walk into the clinic and ask to see a crisis counselor. They will receive a consult, however, there is often a wait for long-term services. In 2024, 64 individuals in crisis walked into the clinic.

Alaska Family Services DVSA Shelter: This is a 32-bed emergency shelter for women and their children seeking safety from domestic violence or sexual assault. A woman in crisis can call the hotline or present at the shelter at any time. While this shelter does not house men, it does provide

victim advocacy and support services to men via the crisis line. In 2024, they provided shelter to 271 individuals.

A Safe Place for Help

Emergency and crisis stabilization services that support on-demand crisis care and crisis-related support in a variety of community settings. In Mat-Su in 2024, there were 1,846 visits to the five organizations that provide these services.

True North Recovery Launchpad: The organization's day-one center offers walk-in crisis services at the Launchpad. At the Launchpad, crisis peer support workers help clients navigate the next steps and services to address the crisis. In 2024, there were 1,138 visits to the Launchpad.

MSRMC Behavioral Health Unit: This 16-bed in-patient acute unit for adults 18 years and older is staffed by psychiatrists, nurse practitioners, social workers, therapists, registered nurses, behavioral health technicians, and activity coordinators. In 2024, they had 436 admissions.

My House: This organization provides support services to homeless youth 14-25 who are in crisis. Services include a drop-in center, case management, navigation, and outreach. In 2024, My House gave 135 youth a safe place to receive help. The following table describes who this population was based on their demographics and experiences.

Table 5. My House, 2024- Client Characteristics			
Demographic characteristics		Experiences	
Males	51%	Experience a mental disability	74%
Females	49%	Have experienced domestic violence	56%
Black youth	3%	Have experienced being trafficked	16%
Alaska Native youth	33%	Have their own children	4 youth
White youth	52%		
Asian youth	1%		
Mixed ethnicity	20%		
Pacific Islander	1%		

Set Free Alaska: This organization provides individuals with medically necessary behavioral health services, directly responding to a crisis within a safe, home-like environment of 24/7 monitored care. Services include psychiatric and medical evaluation, nursing, medication support, assessments, crisis intervention, case management, peer and group support, treatment plan development, and referral services. During 2024, Set Free Alaska had 138 admissions and 13 readmissions.

Support for Extended Well-being

The day or week after a crisis, a person may still be experiencing difficult emotions, physical symptoms, and hard life circumstances. Many organizations in Mat-Su work with clients on these challenges. Many of them gather for quarterly Community Care Team (CCT) meetings. In 2024, four of them served 580 people.

Palmer Navigation Center: This center provides resource navigation to the people of Palmer. People with various needs can access WiFi, computers, shower vouchers, laundry vouchers, assistance completing resource or employment applications, and service referrals. In 2024, the center had 317 visits from Mat-Su residents. Table 6 lists the top ten types of support provided by the staff.

Table 6. Palmer Navigation Center's top support services	
Application Assistance (for housing, public assistance, employment applications, and social security)	Shower Vouchers
Referrals for Services	Hygiene Kits
Laundry Service Vouchers	Computer and wireless internet use
Gas Vouchers	Winter Clothing
Laundry soap	Emergency Food Assistance

Mat-Su Drug Endangered Children Alliance: The Alliance identifies and responds with appropriate intervention services for children and families affected by parental or caregiver substance misuse. In 2024, the team received 74 on-scene risk assessments for endangered children. Of the 127 parents/caregivers assessed, 52 referred individuals accepted services, resulting in a 41% individual acceptance rate for parents. Of the 127 children assessed, 63 new children began receiving support through this process. The DEC participants worked with Family Advocates toward recovery. They took steps through different avenues, including but not limited to accessing treatment programs, achieving and maintaining stable housing, attending support groups, returning to the workforce, and being reunited with their children. The Wasilla Police Department, Alaska State Troopers, Palmer Police Department, Knik Tribal Council made referrals for these cases.

HUMS/LINKS: This program assists community members with a variety of needs that are necessary for well-being in daily life and can assist with accessing physical and behavioral health services. The program is voluntary and serves those aged 18 and older who are in behavioral health crisis or have multiple emergency department visits. In 2024, the program enrolled and served 58 adults who were in crisis. Table 7 provides information on the clients who received care in 2024.

Table 7. HUMS/LINKS, 2024 – Client Characteristics			
Males	76%	Wasilla	74%
Females	24%	Meadow Lakes	7%
Black youth	1%	Palmer	10%
Alaska Native youth	18%	Big Lake	7%
White youth	79%	Out of area	4%
Asian youth	1%	18-24 years	7%
Pacific Islander	1%	25-45 years	48%
		46-64 years	38%
		65+ years	7%

Alaska Youth and Family Network: AYFN provides advocacy, education, and behavioral health for families experiencing crisis and working with the Office of Children's Services. In 2024, they assisted 90 families.

Conclusion

Since 2021, resolute individuals from diverse Mat-Su organizations are working to create a seamless behavioral health crisis system of care that serves "anyone, anywhere, at any time." We are currently reaping the benefits of that challenging work by seeing many more people getting the care they need.

In 2013, the main option for first responders (law enforcement and EMS) to assist individuals in behavioral health crisis was to bring the individual to the emergency department or, if a crime had been committed, to Mat-Su Pretrial. Once in either place, there was little if any behavioral health crisis treatment or services.

In 2024, there are many more options for individuals in behavioral health crisis. These include more hotlines, a mobile crisis team responding 24/7 in the core area, voluntary places to stabilize from a crisis, a center in Palmer that helps people get what they need to prevent crisis, and several organizations providing connector services⁶ to help move people post crisis towards a state of wellbeing. These services, while serving people in crisis, also serve to prevent individuals from returning to crisis by addressing the root cause of the crisis. **In 2024, there were only 913 emergency department visits for residents with a primary behavioral health diagnosis per 100,000 people down from 1,227 per 100,000 in 2013. This rate has decreased 26% over 12 years.** Having a Mobile Crisis Team in Mat-Su is saving time for first responders (law enforcement and EMS). In 2024, the mobile crisis team had 540 visits with residents in the community. At most of these visits, the crisis was deescalated, and the individual was left in the community. **Out of 184 calls that we have full data for in the last 6 months of the year, 33% of the time, the MCT staff stayed on site with the client longer than the first responder, thus freeing up the first responder to respond to other calls.**

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