

MAT-SU BEHAVIORAL HEALTH CRISIS SYSTEM 2025 ANNUAL REPORT *REVISED 3.16.2026

Prepared by
ACTIONABLE DATA CONSULTING, INC.

MARCH 2026



Actionable Data Consulting

Contents

Abbreviations	2
Executive Summary.....	3
Background	5
Mat-Su Behavioral Health Trends	6
The Mat-Su Behavioral Health (BH) Crisis System service utilization	9
Three Crisis Services Organizations: A deeper dive.....	9
Alaska Careline/988	9
True North Recovery Mobile Crisis Team and Hopeline.....	10
My House	11
Set Free Refuge Crisis Stabilization Services	11
2025 Meetings	12
Dispatch and Response Team	12
Community Care Team	12
Care Team Survey	13
Conclusion.....	16

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

In 2025, Mat-Su adults continue to face behavioral health challenges including depression (22.5%), experiencing excessive drinking (21.3%), and emergency department admissions for suicidal ideation, attempt, or intentional self-harm (259 admissions). Mat-Su youth also face behavioral health challenges such as family dysfunction related to SUD, their own substance misuse, bullying, abuse and neglect, and behavior management issues related to developmental delay and autism spectrum disorder. In 2023, 22.6% of high school students reported they seriously considered suicide.¹

These challenges are met by dedicated professionals at many agencies that work to stem the flow of crises, deescalate crises, and follow-up to prevent future crises and support extended well-being. The Crisis Now Model has been used to guide this work with the addition of the concept of the Community Care Team which functions to help the individual return to full health and thrive.

In 2025, Mat-Su providers were there as “Someone to Call” for 7,052 calls to crisis hotlines (988, 911, MSHS, AFS DV/SA shelter and My House). There was “Someone to Respond” to 1,549 individuals having a crisis or helping a person with a crisis. A “safe place to help” was provided to 1,258 individuals at My House, MSRMC emergency department and behavioral health unit. Support for extended wellbeing through connector services and information and referral to 308 individuals, however there are many other organizations that received referrals from the crisis system, but the data is not captured here. The major gaps that surfaced in discussion throughout the year were the need for 23-hour and short term crisis stabilization for both youth and adults, emergency shelter, transportation assistance, immediate placement for children and youth, immediate medication management, crisis and behavioral health care for individuals with developmental delay and who are on the autism spectrum.

In-depth exploration of crisis utilization data from three crisis agencies revealed that:

- The 2733 individuals reaching out to Careline/988 were struggling with mental health issues, loneliness, anxiety, and relationship issues.
- Veterans who called the Veteran crisis line were mostly from Wasilla (84%) and Palmer (11%).
- The 911 behavioral crisis calls were mostly from Wasilla (70%) and Palmer (16%)
- The most common frontline staff requesting MCT assistance were the Wasilla Police Department (31%) , the Hopeline (21%), EMS (21%).

¹ The Mat-Su Borough School District does not participate in the Youth Behavioral Risk Surveillance Survey, therefore statewide data estimate is included in this report. The other youth challenges mentioned come from a 2026 meeting of child and youth providers held 2.25.2026.

- The most common demographic for clients served by the MCT were being between the ages of 31-63 years (61%) with slightly more females (56%) being served than males (43%).
- Of those served by the MCT, 28% received a suicide assessment and 28% were at risk of overdose.
- The majority of the time (89%) the MCT crisis was resolved in the community.
- My House continues to serve a diverse group of youth between the ages of 14-25 facing homelessness, domestic violence, and sex trafficking. The most common youth and young adults served were male (55%), Alaska Native or white (each 41%). LGBTQ youth were 12% of those served.

There are thirteen Mat-Su organizations that have signed a shared MOU that outlines how they will collaborate and coordinate to provide care in a unified system to target behavioral health crisis. There are many more organizations that are deeply committed to this goal who attend the quarterly meetings for the Community Care Team. It is a robust and diverse group who provide crisis services, SUD treatment, mental health treatment, co-occurring disorder treatment, connector services, justice related services and supports for daily need provision.

CCT members who responded to a survey appreciate that the gatherings provided them with local and statewide information and updates on services, policy, and funding; the opportunity to network, explore the continuum of care and identify gaps and celebrate successes; and look at service delivery data. They valued the team experience for shared problem solving, service coordination, and information sharing. In 2026, the CCT will continue to meet quarterly throughout the year and a new focus on child and youth behavioral health has begun and will be integrated into the CCT work.

Background

The Crisis Now Model provides a parallel emergency system for behavioral health emergency to the physical health emergency system. The Alaska Mental Health Trust Authority (AMHTA) and the Mat-Su Health Foundation has funded key components of the Crisis Now Model throughout Alaska and in Mat-Su. 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."² 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.

Someone to Contact: Services like 988 and other crisis hotlines provide immediate, accessible support.

Someone to Respond: 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.

A Safe Place for Help: Emergency and crisis stabilization services provide on-demand crisis care and crisis-related support in a variety of community settings.

Support for extended well-being: 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.

In Mat-Su, a team of organizations called the Community Care Team (CCT) are focused on providing support for extended well being. The team is composed of organizations and others that provide direct services and resources. "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 from 2025 who have signed an shared CCT MOU. Many other organizations attend the quarterly meeting which are open to all.

Table 1. Mat-Su Crisis Care Team Organizations
Alaska Addiction Rehabilitation Services
Alaska Therapeutic Courts
Alaska Family Services
Alaska Youth and Family Network
Care Coordination Resource of Alaska
Connect Mat-Su
Daybreak Inc.
LINKS Resource Center
Mat-Su Health Services
My House
Sunshine Community Health Center
True North Recovery
Valley Charities

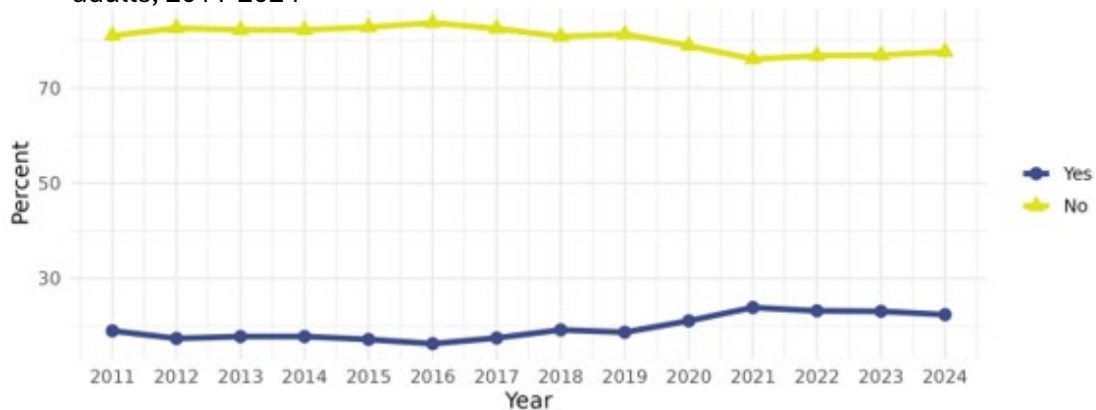
² Substance Abuse and Mental Health Services Administration (SAMHSA), 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care.

Mat-Su Behavioral Health Trends

In 2025, the population of the Matanuska-Susitna Borough was 117,412. Each year there are residents who struggle with mental health and substance use challenges. The following figures show the prevalence of these issues and the trends over the past several years. In 2024, the following percent of the population suffered from these challenges (See Figure 1-5)

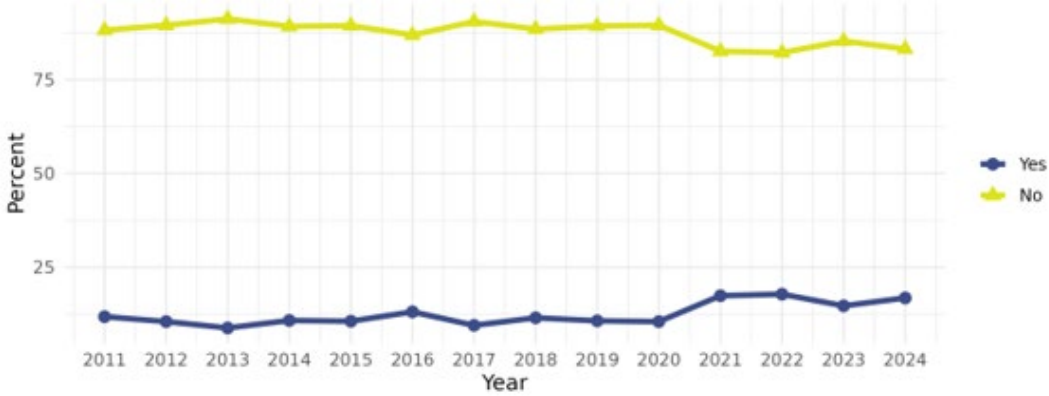
- 22.5% of adults reported having a lifetime diagnosis with depressive disorder. This is the highest percentage from 2011-2024.
- 16% of adults reported that their mental health was not good for 2+ weeks in the past 30 days. This is the highest percentage per year from 2011-2024.
- 21.3% of adults reported heavy or binge drinking in the past 30 days. This percentage has been fluctuating between 14% and 21% from 2011-2024.
- The percentage of high school students who seriously considered attempting suicide in 2023 was 22.6%. There was no significant increase from 2011-2023.
- In 2025, 259 residents were seen for suicidal ideation, attempt or intentional self-harm at the emergency department at Mat-Su Regional Medical Center. The rate for emergency discharges for this diagnosis ranged from a low of 221.6 in 2021 to a high of 315 in 2018.

Figure 1. Prevalence of lifetime diagnosis of a depressive disorder among Mat-Su adults, 2011-2024



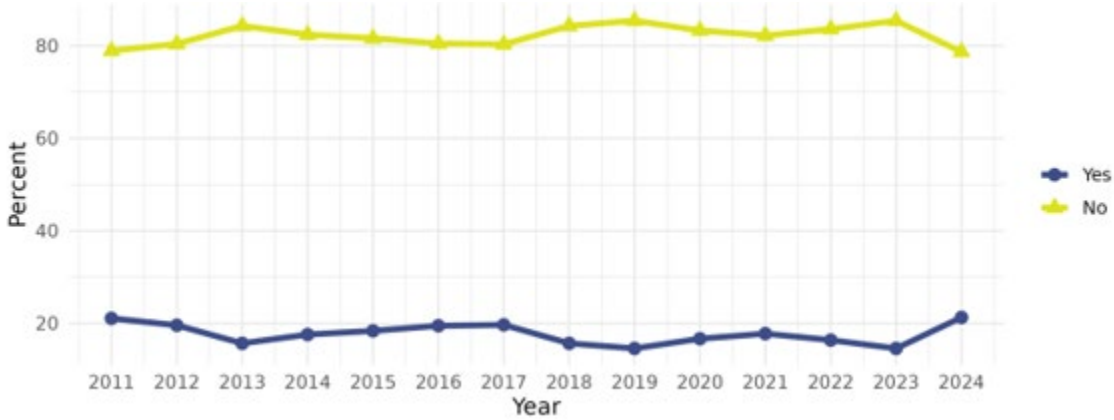
Data source: Alaska BRFSS, <https://alaska-dph.shinyapps.io/BRFSS/>

Figure 2. Prevalence of mental health not good for 2+ weeks in past 30 days among Mat-Su adults, 2011-2024.



Data source: Alaska BRFSS, <https://alaska-dph.shinyapps.io/BRFSS/>

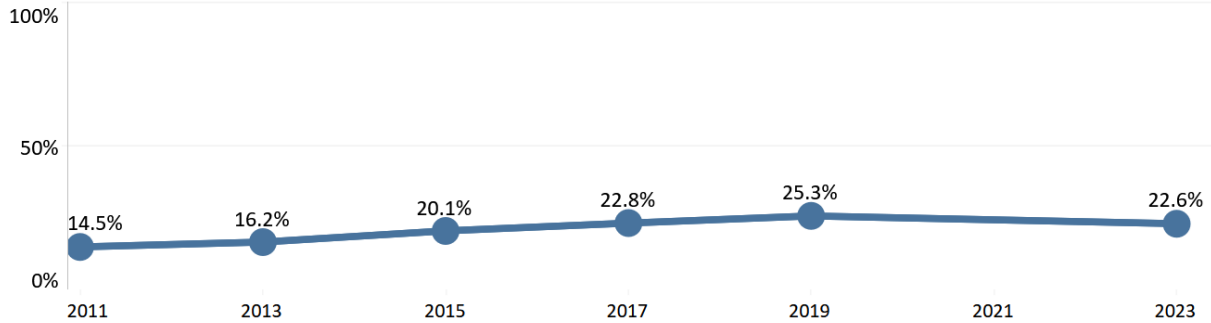
Figure 3. Prevalence of heavy or binge drinking in past 30 days among Mat-Su adults, 2011-2024.



Data source: Alaska BRFSS, <https://alaska-dph.shinyapps.io/BRFSS/>

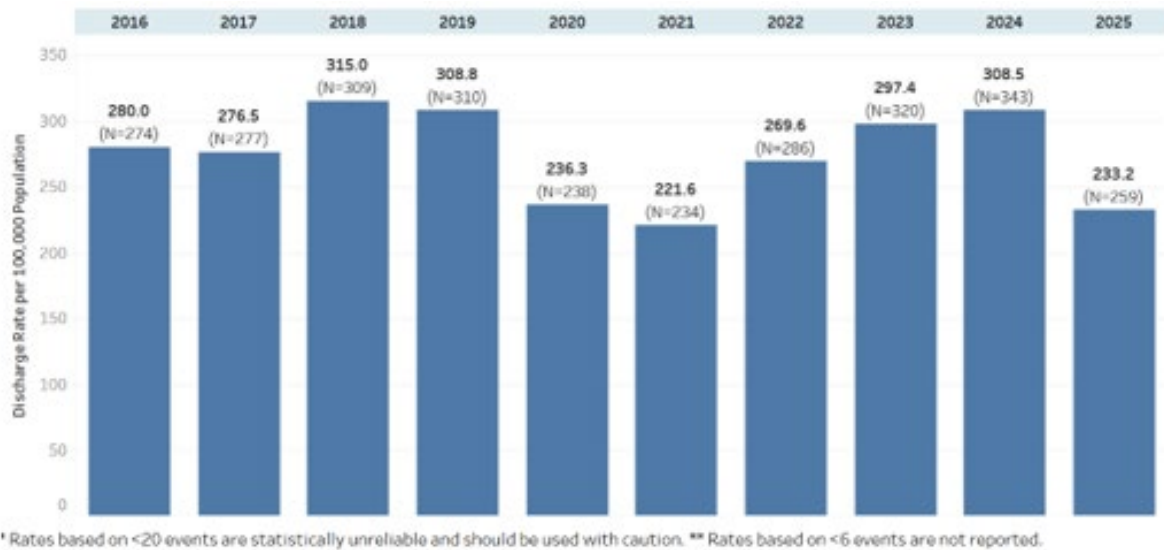
Figure 4. Percentage of students who seriously considered attempting suicide (during last year), 2011-2023

There was **Significant Increase** from 2011 to 2023.
 There was **No Change** from 2019 to 2023



The Alaska YRBS program evaluated long-term linear trend using logistic regression model, controlling for sex, race/ethnicity, and grade. We use a p-value of 0.05 to determine significance. The 2021 results are not available as the YRBS was not conducted that year.

Data source Alaska YRBS, <https://public.tableau.com/app/profile/yrbs.alaska/viz/yrbs/LandingPage>



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

The Mat-Su Behavioral Health (BH) Crisis System service utilization

The Mat-Su BH Crisis System is composed of many organizations and agencies that each have an essential role in making the system work. Table 2 provides 2025 data on the number of Mat-Su residents who received crisis care from these organizations.

Table 2. Mat-Su Behavioral Health Crisis System: 2025 Service Utilization			
Someone to Call	Someone to Respond	A Safe Place for Help	Support for extended well-being
<ul style="list-style-type: none"> • Careline/988: 2753 • Mat-Su calls • Veterans crisis line: 346 Mat-Su calls • 911: 786 Mat-Su calls • Alaska Family Services domestic violence/sexual assault hotline: 457 Mat-Su calls • Mat-Su Health Services hotline calls: Mat-Su 272 calls • My House crisis calls: 77 • True North Recovery Hopeline: 2,361 calls* 	<ul style="list-style-type: none"> • Mobile Crisis Team: 476 visits • Mat-Su Health Services walk-in crisis visits: 51 visits • Alaska Family Services domestic violence/sexual assault shelter: 335 clients • True North Recovery Launch Pad: (463 clients) 687 visits 	<ul style="list-style-type: none"> • My House: 133 unique clients • Mat-Su Regional Medical Center Behavioral Health Unit 414 admissions: • Mat-Su Regional Medical Center emergency department visits: 1055 visits • Set Free Alaska Crisis Stabilization: 196 Refuge intakes 	<ul style="list-style-type: none"> • Drug Endangered Children Alliance: 92 parents/caregivers with 76 children accepted services • HUMS/LINKS: 112 clients • Connect Mat-Su: 28
Total calls: 7,052	Total calls: 1,549 visit	Total admissions: 1,258	Total clients assisted : 308

*Hopeline calls are answered by True North Recovery staff and they could be from the person in crisis or a family member who is trying to help that person or a provider who is trying to coordinate care.

Three Crisis Services Organizations: A deeper dive

Alaska Careline/988

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 2,753 calls from Mat-Su residents, up from 1,673 calls in

2024. Most of these calls were resolved during the call. The Careline dispatched the MCT for seven of the calls, and emergency services eleven times. Each month the call types were ranked by most frequently. Mental health and loneliness were the most commonly cited reason to call, followed by anxiety, and relationship issues. Also mentioned were depression, prior suicide attempt, and addiction,

The *Veterans Crisis Line* hotline is an option for 988 callers. 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. There were 346 Mat-Su veterans who called this hotline. The majority were from Wasilla (84%), or Palmer (11%). There were a few calls from Big Lake (2%), Willow (3%), and Talkeetna (1%).

True North Recovery Mobile Crisis Team and Hopeline

The MCT was first dispatched by 911 on 3/16/2023 and is staffed by a behavioral health provider and peer support specialist who respond to people experiencing a behavioral health crisis in the Wasilla/Palmer/Big Lake/Willow/Sutton. The Mobile Crisis Team is dispatched by MATCOM (Wasilla Police Department, Wasilla Police Department and Alaska State Troopers) and 9 G Base (Palmer Police Department). In 2025, MATCOM received 786 calls, and the 9G base received 58 calls. Table X presents the demographics for the MCT clients.

Table 4. True North Mobile Crisis Team, 2025 Call Characteristics			
Demographic characteristics		Referral	
Females	56%	Referred by WPD	31%
Males	43%	Call from Hopeline	21%
Other	1	Referred by EMS	21%
		Referred by AST	16%
		Referred by PPD	9%
		988	1%
Age			
< 21 years	8%		
22-30 years	18%		
31-40 years	23%	Community of 911 call	
41-63 years	38%	Wasilla	70%
64+ years	12%	Palmer	16%
Don't know	1%	Meadow Lakes	9%
		Other (Talkeetna, Willow, Big Lake)	6%

Table 4 shows the percentage of 2025 calls in each community in Mat-Su. Most calls (70%) occurred in Wasilla, followed by Palmer (16%), Meadow Lakes (9%) and other areas (6%).

According to TNR MCT records, 31% of calls were at the request of WPD, 21% were requested by EMS, 21% from AST, 21% of calls were requested by True North Recovery staff through the Hopeline, and 1% came from a 988 dispatch.

The clients involved in MCT calls were 56% female, 43% male, and 1% other. Most clients (38%) were between the ages of 41 and 63 (38%), followed by the age group 31-40 (23%) and then 22-30 years (18%). The MCT attempts to connect clients to their natural support(s) (spouse, immediate family, or other people in their life) if available. At Eighty-nine percent of the calls were resolved in community.

In 2025, 33% of the calls clients could be connected to their natural support system. A suicidal assessment was needed in 28% of the calls. Twenty-two percent of MCT calls were for individuals at risk for overdose. MCT staff follow up with clients after the call within 24 hours. They were able to connect to the client or a natural support person 41% 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.

TNR also has a Launch Pad program that is a place where an individual in crisis can come to simply “hang out” while they are de-escalating and seeking a safe place to be. Peer support worker respond to the person and listen and offer support. Sometimes individuals seen at by the MCT in the community will go to the Launch Pad as a next step. In 2025, There were 687 visits to the Launchpad by 463 separate individuals. Of those individuals, 357 were connected to the next level of care.

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 133 youth (new clients) a safe place to receive help. The following table describes who this population was based on their demographics and experiences.

Demographic characteristics		Experiences	
Males	55%	LGBTQ	12%
Females	45%	Have experienced domestic violence	34%
Black youth	8%	Have experienced being trafficked	5 youth
Alaska Native youth	41%	Have their own children	4 youth
White youth	41%		
Asian youth	3%		
Mixed ethnicity	9%		
Pacific Islander	3%		
Hispanic	1		

Set Free Refuge Crisis Stabilization Services

Set Free offers medically necessary behavioral health services to individuals in direct response to a crisis. The program offers a place where people can stabilize after a crisis in a safe home-like environment of 24/7 monitored care. These services are limited in scope and duration. In 2025, the program did 444 screening via their Crisis Line to determine eligibility and 196 were intakes for the program. The reasons a person could be screened

out were: legal barriers, not eligible for re-entry because of past behavior in the program, and capacity limitations. (no beds available).

2025 Meetings

Dispatch and Response Team

Frontline law enforcement (Wasilla Police Department, Palmer Police Department Alaska State Troopers), Mat-Su emergency medical services (EMS), MCT, and MATCOM and Palmer 9G dispatchers met quarterly to coordinate services and troubleshoot any issues that come up with co-responding to people in behavioral health crisis. Memos of Understanding (MOUs) link these responders together and outline the responsibilities and roles of each entity.

Community Care Team

In 2025, there were four quarterly meetings and several smaller workgroup meetings of CCT members. At the first quarter meeting (30 participants) the group revisited and revised the CCT MOU and goals. The new goals are the following.

Community Care Team goals:

1. Reduce high utilization of crisis services.
2. Increase access to higher levels of care and stabilization resources in the Mat-Su community, including advocating for the establishment of a 23- hour stabilization center (voluntary and involuntary).
3. Provide a timely response with appropriate services that have enhanced quality and the appropriate longevity of care.
4. Ensure that a client is reconnected with former providers in order to not start all over with new providers if not necessary.
5. Have connectors help clients/patients get to their outpatient appointments and access needed resources post-crisis.

During the second quarter, there were two workgroup meetings held. The topics for the workgroups, focused on Data and Release of Information forms, were suggested by CCT members at the second quarterly meeting (34 participants). The data workgroup suggested the following ideas:

1. Collect data to evaluate the CCT goals and compare data to national metrics from SAMHSA to show how well the CCT is doing (i.e. high utilization; appropriate and timely care)
2. Collect data on the needs of different populations (children, youth, adults) and see how the system holds together and stays connected as far as the crisis response portion of it and meets those needs.
3. Collect data on the quality measures of the crisis services system.

4. Use the Health Information Exchange to collect data on clients for evaluation as well as promoting warm handoffs

The ROI workgroup made the following suggestions:

1. Have a central repository accessible to CCT member organizations' ROIs
2. Have shared Consent for Care Coordination for the CCT to be used to collect a limited client data set and make a warm handoff.
3. Use the Health Information Exchange to collect data on clients for evaluation as well as promoting warm handoffs.

As a result of these meetings and the desire to be able to share data, referrals, and ROIs in a standard way the Health EConnect Alaska Executive Director, Kendra Sticka, presented on how the CCT could utilize the Health Information Exchange at the third quarterly meeting (32 participants). It was discussed that if all CCT organizations participated in the exchange, warm handoffs and referrals would be made easier. Currently, there are six exchange members with locations in Mat-Su: MSRMC, Mat-Su Health Services, Sunshine Clinic, Alaska Behavioral Health, Alaska Youth and Family Network, and Denali Family Services. All of these organizations send staff to the CCT meetings.

The fourth quarterly meeting (38 participants) focused on the child and youth crisis system. Child and youth organizations attended along with other CCT members. At the meeting we started to discuss the different types of child and youth crises and what the current "system" looks like to respond to this crisis. This exploration will be continued with a special half day meeting in 2026.

Care Team Survey

In January 2026, fifteen staff from eleven organizations filled out a survey collecting feedback on 2025 CCT activities, along with ideas for the future. The organizations represented in the results provided a wide range of services.

- Provided connector services (11 organizations; 73%)
- Crisis Services (6, 40%)
- SUD treatment (5, 33%)
- Mental health treatment (5, 33%)
- Co-occurring disorder treatment (4, 27%),
- Meeting social determinants of health (7, 47%)
- One organization each that provided family supports, pregnancy support, re-entry support, and a therapeutic court.

At the meetings in 2025 we did the following activities, please rate how helpful they were to you and your organization. (Not very helpful, Neutral, Somewhat helpful, Very helpful)

Below are the activities conducted at meetings and the percent of respondents that considered them "very helpful" were as follows:

- Sharing organizational updates (79%)
- Identifying “gaps” in the crisis system to be shared with funders/state (80%)
- Celebrating successes of CCT organizations ((53%)
- Hearing updates on the MCT activities (67%)
- Hearing the Alaska Mental Health Trust Authority update on statewide crisis now activities (53%)
- Sharing service delivery data from CCT organizations (73%)
- Having guest speakers (67%)
- Having networking time during the meeting (67%)
- Discussing the child/youth crisis system (40%)
- Disussing sharing ROIs between organizations (47%)
- Reviewing and updating the MOU (40%)

The “not very helpful, neutral, or somewhat helpful” tasks that were cited by 4 (26%) organizations each were reviewing/updating the MOU (4 organizations); discussing the HIE (4), and discussing the child/youth crisis system (4).

What other activities would you like this group to do at meetings?

Activities of interest for the future that were suggested were:

- Program planning to reduce the number of service gaps experienced by Mat-Su residents
- Create a continuum of care with agencies plotting themselves along the continuum. Then begin the process of filling those blanks with may involve seeking funding to complete the continuum. Then use the continuum of care as “upstream primary prevention’ to keep youth safe, healthy, and thriving before the crisis.
- Sharing resources
- Continue to discuss gaps and ways we can coordinate services even better!
- We are interested in discussing current struggles and hearing current struggles each organization is having serving clients to see how we can best fill in each others needs and gaps,

At the last meeting we explored the crisis system for children and youth. Do you think we should continue this exploration?

The feedback regarding our exploration of the children and youth crisis system shows strong support for continuing this work. A primary theme among respondents is prevention; participants believe that addressing gaps in youth services now is a critical "upstream" strategy to prevent these individuals from falling into crisis as adults. Furthermore, there is an interest in cross-agency collaboration, with members noting that these discussions have

already led to "aha" moments regarding available resources and specific organizational capabilities.

While most see this as a "huge need," a small minority cautioned that organizations strictly focused on adults might find this a less effective use of their time, suggesting a need to balance youth-specific deep dives with broader "cross-over" sessions that bridge the gap between youth and adult care.

What has been the value of CCT for you?

The feedback regarding the value of the Crisis Care Team (CCT) highlights its role as a vital hub for community connection and resource awareness. Participants primarily value the CCT for the networking opportunities it provides, allowing front-line staff and agencies to build relationships that directly improve client service and referral processes.

Beyond networking, survey respondent reported the CCT serves as a critical source for system-wide updates and gap identification. Members appreciate the following:

- **Information Sharing:** Staying informed on provider updates, new practices, and the "nuts and bolts" of the Crisis Now program. Also, invite guests to the meeting who are relevant to gaps or barriers that are identified through the course of the year.
- **Problem Solving:** Collaborating to identify service barriers and current trends while exploring solutions for mental health support in the community.
- **Service Coordination:** Learning about available resources in the valley to better direct cases to the appropriate organizations.
- **Future Expansion:** There is also expressed interest in continuing the momentum of the CCT by expanding its reach, such as moving the conversation "up the Parks Highway". Another member requested the the team have "vendor meetings" with tables to cycle through to learn about how other organizations serve the community.

Table X shows the answers to the question, "what do you value about the CCT?" The responses could be categorized in the following main themes: information sharing, problem solving, collaboration and service coordination, identifying gaps in the system.

Table X. What members value about the CCT	
Information sharing	<ul style="list-style-type: none"> • <i>Provider and service delivery updates that identify what is missing and being able to direct possible cases to the appropriate agency/organization.</i> • <i>Learning about the resources available in the valley and connecting with community partners.</i> • <i>Networking and hearing the status of other programs</i> • <i>Nuts and bolts of the Crisis Now program</i>
Problem solving	<ul style="list-style-type: none"> • <i>Ensuring our youth can have the necessary skills (prevention) to deal with/ trauma, loss and grief, suicide and especially managing strong emotions before the crisis!</i> • <i>I appreciate taking part in this extraordinary gathering of behavioral health care and support systems coming together to share and explore solutions for mental health support in the community.</i> • <i>Developing relationships, working together to support/increase care for our vulnerable community members</i>
Collaboration and service coordination	<ul style="list-style-type: none"> • <i>Connection, data updates, new things coming into practice.</i> • <i>Good to connect with community partners to explore solutions to current issues and identify current trends.</i> • <i>Becoming aware of additional resources and opportunities in the community. Networking to keep others aware of what we can offer.</i> • <i>Connections made with the other agencies have helped us to better serve our clients</i> • <i>The quarterly meetings allow front line staff to get to know each other and become familiar with processes for client engagement and referrals and allows time for updates and workflow /referral processes. It also helps to identify gaps and barriers to service delivery in addition to highlighting current system successes</i>
Identifying gaps in the system	<ul style="list-style-type: none"> • <i>It helps us identify the gaps in the system and share what is going on in the different organizations.</i>

Conclusion

Mat-Su organizations that provide behavioral health crisis support, treatment, connector services, and basic need support continue to provide much needed care for adults and children struggling with substance use disorder; anxiety, depression, suicidal ideation and other mental health disorders; as well as challenging life circumstance that bring on or exacerbate these conditions. There is not a decreasing trend of the prevalence of these types of conditions in the community. The system of care continues to be built out with additions this year of intensive outpatient care, partial hospitalization, detox and crisis stabilization beds. There are more services planned for the future with a large My House expansion to serve youth and young adults and the MSRMC building a behavioral health hospital which will have youth and adult beds.

The organizations in Mat-Su are unique in that they have been working in a formally coordinated manner to share information, collaborate and coordinate to better serve the borough. More funding for services and a robust trained workforce are need to fill existing gaps and ensure that the system is able to serve all residents with the right care at the right time.