

Mat-Su Behavioral Health Crisis Care Data Brief

January - June 2025

Since 2021, resolute individuals from diverse Mat-Su organizations have worked to create a seamless behavioral health crisis¹ system of care that serves "anyone, anywhere, at any time." Table 1 below outlines the number of services provided by these organizations during the first six months of 2025.

Table 1. Mat-Su Behavioral Health Crisis System: 2025 Jan-June Service Utilization			
Someone to Contact	Someone to Respond	A Safe Place for Help	Support for extended well-being
988, 911, and other crisis hotlines provide immediate, accessible support to Mat-Su residents in crisis.	Services like the mobile crisis team deliver rapid, on-site intervention to de-escalate crisis and connect individuals to care. The hospital and other organizations provide walk-in assistance for individuals in crisis.	Support is provided in a variety of community settings where individuals in crisis can spend time with to deescalate and stabilize from a crisis.	Connectors help individuals post-crisis get primary care, behavioral health care, housing, transportation, food, and other essential supports.
<ul style="list-style-type: none"> • Careline/988: 1,083 Mat-Su calls • Veterans' crisis line: 266 Mat-Su calls • MATCOM - 911: 449 Mat-Su calls (288 MCT dispatches and 162 phone calls to MCT) • Palmer Dispatch: 32 dispatches • AFS DV/SA hotline: 313 calls • Mat-Su Health Services hotline: 145 calls • My House: 31 crisis calls <p>Total: 2319 calls</p>	<ul style="list-style-type: none"> • MSRMC Emergency Department visits: 500 • True North Recovery Mobile Crisis Team: 292 visits; 235 unique clients • AFS Domestic Violence/Sexual Assault Shelter: 89 shelter residents (3689 shelter bed nights) • Mat-Su Health Services walk-in crisis visits: 24 <p>Total: 905 visits</p>	<ul style="list-style-type: none"> • TNR Launchpad unique clients: 331 • My House: 63 new clients • Set Free Alaska admissions 95 • MSRMC Behavioral Health Unit admissions: 177 • AFS DV/SA Shelter: 3689 nights <p>Total: 666 visits</p>	<p>Palmer Navigation Center: 453 visits and 53 new clients</p> <p>HUMS/LINKS: 37 clients</p> <p>Total: 90 clients</p>

¹ Behavioral Health Crisis is defined as a crisis related to mental health and/or substance use challenges.

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Someone to Contact: In Mat-Su, there are a variety of organizations that will answer a crisis call related to mental health, substance use, domestic violence and sexual assault, as well as youth homelessness and sex trafficking. The 988 and 911 call lines receive the most calls (68%) followed by community-based organizations that focus on specific populations such as My House- 1% of calls (18–24-year-olds), the Alaska Family Services Domestic Violence and Sexual Assault Program – 14%, and Mat-Su Health Services 6% of calls.

Someone to Respond: In Mat-Su, the service providers who respond in person either go to the person in crisis such as the True North Recovery (TNR) Mobile Crisis Team (10% of visits) or an individual can visit the agency (Mat-Su Regional Medical Center Emergency Department (MSRMC) 55%; Alaska Family Services Domestic Violence/Sexual Assault Shelter 10%; Mat-Su Health Services 3%).

A Safe Place for Help: The places where people in behavioral health crisis in Mat-Su can recover from a crisis are the TNR Launch Pad which served 331 unique people during the first six months of 2025. My House served 63 homeless youth aged 16-24 years. The Alaska Family Services Domestic Violence/Sexual Assault Shelter provided 3,689 bed nights to individuals. Additionally, the MSRMC Behavioral Health Unit had 177 admissions for acute behavioral health care and Set Free Alaska had 95 admissions for short term crisis stabilization. There is no shelter for homeless youth and adults in Mat-Su. Homelessness is widely considered a crisis.

Support for Extended Well-being: This type of support to obtain post-crisis resources such as transportation, housing, food, healthcare, obtaining an ID, taking a shower, etc. was provided to 90 clients by the Palmer Navigation Center and the HUMS Program.

Mobile Crisis Team Services: The 911 calls that lead to a phone call or visit with the Mobile Crisis Team are most initiated by the Alaska State Troopers (59%) and the Wasilla Police Department (35%). Most calls (66%) come from Wasilla and most individuals are left in community (72%) after a call or visit with the Mobile Crisis Team. The top three reasons for a 911 call that the MCT is involved in were welfare check, behavioral health crisis, and psychiatric issues. Table 2. provides information on these 911 calls.

The individuals who had an in-person visit with the MCT were mostly males (59%), between the ages of 18-45 years (63%), and referred by Wasilla Police. Eighty-nine percent of these visits were resolved, and the person was left in the community. Table 3 outlines the referrals that were made by the MCT for these clients.

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Table 2. 911 Calls involving MCT, Jan-June 2025

MATCOM		Law Enforcement Agency Involved	
MATCOM call relayed to MCT	162	Palmer Police Department	7%
MATCOM referral for visit	288	Wasilla Police Department	35%
Palmer Dispatch referral for visit	32	Alaska State Troopers	59%
Cancelled calls	20		
Community of call		Ten most common types of MATCOM calls	
Wasilla	66%	1. Welfare check	
Palmer	22%	2. Behavioral health crisis	
Meadow Lakes	10%	3. Psychiatric issue	
Other	2%	4. Disturbance	
		5. Public Assist	
Call outcome (MATCOM)		6. Suspicious circumstance	
Person left in community	72%	7. Sick person	
Person left with EMS	10%	8. Cardiac arrest	
Person transported	8%	9. Security check	
Person left with law enforcement	6%	10. Minor in need of supervision	
Other	4%		

Table 3. True North Mobile Crisis Team Visits, Jan-June 2025 (292 Calls)

Demographic characteristics		Referral	
Gender		Referred by 988	2%
Males	59%	Referred by AST	18%
Females	40%	Referred by EMS	22%
Other	1%	Referred by PPD	8%
Age		Referred by WPD	30%
< 18 years	4%	Call from Hopeline	21%
18-45 years	63%		
46-65 years	24%		
65+ years	9%		
Support offered			
Collaborated natural support	32%	OD risk	83%
Transported to ED	18%	Triaged for suicidality	26%
Transported to Day One	4%	De-escalation needed	17%
Resolved in the community	89%	Calls for unhoused individuals	30%
Referred to Launch pad	37%	Referred to mental health services	18%
Referred to social services	35%	Engaged in treatment already	13%
Contacted with follow-up call	37%	Reported increased quality of life at follow up call	29%