Crisis Now

Behavioral health experts say Alaska needs a new way to help those in crisis

Alaskans experiencing a behavioral health emergency tend to end up in one of two places: the ER or jail. Now a coalition of agencies, advocates and providers says they’ve found a better way.

Part 1 of 6 - Presented by Alaska Mental Health Trust Authority
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You never forget the first time you call the police on your own child. Or the fifth time. Or the tenth.

Ellen’s son Justin wasn’t yet old enough to vote when she picked up the phone to dial 911 for the first time.

“It’s kind of hard to tell whether it was hormones that kicked in or depression for our son,” Ellen said. (Her name and the name of her son have been changed to protect their privacy.) “Which was the chicken and which was the egg we’re not sure.”

As a teenager, Justin began to withdraw into himself and the internet. One night at a party, he was offered the street drug “spice,” a synthetic version of the active compound in cannabis. He was still under the influence when he went to school the next day.

The school called his parents -- and the police. Justin ended up suspended for the rest of the semester. The isolation quickly took a toll.

“He just snowballed,” Ellen said. “He started sleeping all the time, or he’d be awake for 24 hours. What we didn’t realize was this instigating event had kicked off the beginning throes of a mood disorder.”

Eventually Justin’s depression began to manifest as aggression -- talking back, breaking rules. Then more physical behaviors.

“There was nothing that shook him,” Ellen said. “It became our first interaction with APD.”

’We just didn’t have any other resources’

“Behavioral health disorders are on a spectrum that goes from a mild-to-moderate disorder all the way to a serious or severe disorder,” said Tom Chard, chief executive officer of the Alaska Behavioral Health Association. “When somebody is having a behavioral health crisis, what that generally means is it’s usually a shorter-term episodic event.”

The problem in Alaska, according to Chard and numerous other professionals working on behavioral health issues, is that those people in crisis need to be stabilized quickly and connected to ongoing services to help keep them stable -- and often, that care isn’t immediately available. By the time they can get help, they may not want it anymore.

That’s what happened to Justin.

When Ellen and her husband tried to get help for their son, they ran into dead ends. They finally convinced him to complete a mental health intake evaluation, but Justin was never placed with a provider, and after waiting for three months to hear an update, the family was notified that his case would be closed “due to non-participation” on their part. Then they found a clinician at Alaska Behavioral Health who seemed to connect well with Justin -- until Justin abruptly decided he didn’t want to go anymore.
Through it all, Justin managed to get caught up and finish his high school diploma, after which he decided he wanted to travel to learn from some spiritual teachers. He made two trips overseas. When he came back from his second trip, about a year after finishing high school, he was in a dark place.

“He was on the manic side, and it was manic with anger,” Ellen said. “It lasted quite a while. We had to have our first restraining order, and he had to live on his own somewhere, and I think that was when he ended up at Covenant House for the first time.”

That was nearly a decade ago. Since then, Justin has largely been “homeless and penniless,” Ellen said. When he does come back to his parents’ house, things often get out of hand. Justin’s behavior ranges from obsessive to destructive, and Ellen is afraid to be alone in the house with him.

“He has called me every name in the book,” Ellen said. “He has laid hands on me. I was getting ready to call 911 (once when) he grabbed the phone out of my hands.”

Over the years, Ellen estimates that her family has called the police at least 10 or 15 times.

“We just didn’t have any other resources,” Ellen said. “The police, they’re doing the best they can … But when he needed care, it wasn’t there. It was ‘We’re not taking new patients for another six weeks.’ Or then dumping him off at the emergency room so he’s strapped to a gurney for three days, and then charge him for it.”

Once, after a police encounter, Justin was flown to Juneau because there was an opening in a treatment program there.

“He refused to talk to them, so they flew him back to Anchorage and dumped him at the airport,” Ellen said. “Then the bill came.”

**Few options for Alaskans in crisis**

Ellen and Justin’s story is far from unique. Deputy Chief Ken McCoy of the Anchorage Police Department estimates that approximately 300 to 400 police calls every month are for behavioral health-related incidents -- an average of 10 or more per day. When police respond to those calls, they have limited options available. Frequently, it comes down to a choice between taking someone to the emergency
Experts say there aren’t enough options for behavioral health treatment in Alaska -- and now agencies, organizations and providers in the state’s largest communities are working to fill in the gaps with a new approach to caring for Alaskans with mental health and substance abuse issues.

“There has been this growing recognition that there are solutions we haven’t tried,” said Elizabeth King, behavioral health and workforce director for the Alaska State Hospital and Nursing Home Association, which completed its yearlong Acute Behavioral Health Improvement Project in April 2019.

“We really looked at the whole continuum of care,” King said. “After you map it out, you can see that there’s a chunk missing for all of Alaska.”

That missing chunk is the network of services for people in need of acute behavioral health care -- people like Justin who need more than outpatient therapy but not long-term, full-time institutional care.

“That intermediate step was just completely missing in Alaska,” King said. “That’s where the Crisis Now model comes into play.”

**A new model out of Arizona**

Based on an increasingly popular model that has been found to be successful in Arizona and an increasing number of locations around the country, Crisis Now includes plans for a crisis call center, mobile crisis outreach teams, and a 23-hour and short-term crisis stabilization centers, where individuals can go to have their immediate needs met by clinical staff in a calming setting.

“Each one of those three places, there is the opportunity to meet people where they are and work on finding supports and solutions for them in that space,” King said. “It is patient-centered and timely, and much lower cost than emergency departments.”

Now an Alaska group, led the Alaska Mental Health Trust Authority (Trust) in partnership with the Alaska Department of Health and Social Services, involving multiple state departments, regional nonprofits and dozens and dozens of organizations represented on local advisory boards, is working to bring the Crisis Now model to Anchorage, Fairbanks, and the Matanuska-Susitna area. Currently in the planning phase, community-based workgroups, led by the Trust, are examining the question: What are the existing resources for behavioral health in each of these three areas? What’s needed to fill in the gaps, both in the near term and in the years to come? How can existing state and local resources be better utilized? And, of course, how will we pay for it?

“Like any model, it’s a new way of delivering services,” Chard said. “There’s a lot of hope and a lot of promise in that approach. We’re all hopeful that we’ll hit some of the proven results it has had in those places.” And, he added, “it requires an investment. It requires reimbursement rates to pay for the services. It requires startup capital.”

That last question is part of the reason it’s so important to have the state at the table, said Trust Senior Program Officer Katie Baldwin-Johnson. Some objectives can be achieved by shifting and sharing budgets, but others -- including, hopefully, the construction of a crisis stabilization center -- will require startup and operating capital. Many of the Alaskans likely to benefit from the implementation of Crisis Now are Medicaid recipients, so the state is working with the Trust partners on a Section Behavioral Health Section 1115 waiver that could allow the components to be funded in part by Medicaid.

“The synergy (with) the 1115 waiver is really important,” Baldwin-Johnson said. “This is creating an opportunity to build out more community-based services.”

Adequate funding will be necessary for Crisis Now to live up to its potential, Chard said, adding that in Arizona, where it has been very successful, there seems to be a commitment from the various partners, lawmakers and government agencies to ensure that it is funded.

“I do actually hope it’s a success, and I know the providers do too,” Chard said. “We all appreciate that
there’s so much attention being paid to how best help people that are going through a crisis. Everybody could ignore the issue and sweep it under the rug, but we’ve got the Trust’s leadership on this, we’ve got the (State of Alaska) looking at it, we’ve got legislators looking at it. I think it’s hopeful and it’s promising that people are looking out for people that are going through crisis.”

A roadmap for changing lives

Leaders in Alaska’s behavioral health community are quick to acknowledge that Crisis Now isn’t a silver bullet. But it is a start.

“It’s not the solution for everything, because we can’t stop here,” Baldwin-Johnson said. “It actually gives us a roadmap where we can collectively understand the issue and see some action steps that are very tangible, that we can actually take, that can result in us changing our communities.”

In Arizona, about 20,000 patients pass through Maricopa County crisis centers each year, and experts estimate that each dollar invested in crisis care saves $1.60 in medical care costs. The approach has proven to be popular with local law enforcement and health care organizations, according to Alaskans from the Trust working groups who traveled to Arizona last year to see it firsthand.

Based on that success, it hasn’t been hard to drum up support from individuals, organizations, government entities and Tribal groups interested in how Crisis Now can be applied in Alaska.

“There has been a groundswell around this issue,” Baldwin-Johnson said. “I would say we have had hundreds of folks (involved) wearing all kinds of different hats.”

Among those hoping it will work is Ellen, who says interventions like the ones outlined in the Crisis Now plan could literally be life-changing for her son -- and for herself, living for nearly a decade now with the pain and guilt of not being able to help him.

“You can’t control the uncontrollable. You can’t beat yourself up over it,” Ellen said.

But, she added: “There’s got to be better options.”

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NEXT: What happens when you call 911 for a behavioral health emergency in Anchorage? Learn more about the tools available to first responders when they encounter Alaskans in crisis. (Part 2-6 coming)

The Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust to improve the lives of beneficiaries who experience mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer’s disease and related dementia, or traumatic brain injuries. Learn more at AlaskaMentalHealthTrust.org.

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