



# Ketchikan Fire Department Mobile Integrated Healthcare

70 Bawden Street Ketchikan, Alaska 99901  
Phone (907) 228 2461 – Fax (907) 225 9613  
E-mail: [KFDMIH@Ketchikan.gov](mailto:KFDMIH@Ketchikan.gov)

*Providing Care, with dignity and respect, to the  
Vulnerable populations of Ketchikan.*



## Year Two in Review

The Ketchikan Fire Department Mobile Integrated Healthcare Program (MIH) began providing services on June 10<sup>th</sup>, 2024. MIH is a non-emergent appointment based service that operates Monday – Friday, 8am – 5pm. MIH is a gap fill program, aiming to provide services to Ketchikan’s vulnerable and underserved patient populations. Areas of focus include care coordination/case management, behavioral health, follow up and preventative care, and reduction of inappropriate utilization of EMS services. The following data encompasses demographics and services provided between the dates of June 1<sup>st</sup>, 2025 – June 10<sup>th</sup>, 2026.

## Demographics

- Number of Patients: 251
- Documented Contacts: 1154
- Average Age: 66
- Patient Sex: 54% Male, 44% Female, 2% Unknown
- Patient Race: 56% White, 37% Alaska Native, 1% Hispanic, 0.5% Asian, 0.5% Black, 5% Unknown
- Housing Status: 60% Housed, 40% Unhoused
- Insurance Coverage: 40% Medicaid, 30% Tribal Beneficiary, 12% Medicare, 12% None, 5% Private, 1% VA.

## Services Provided

- |   |                                   |
|---|-----------------------------------|
| ▪ 82% Case Management/Care Coordination | ▪ 28% Risk Reduction              |
| ▪ 63% Medication Compliance             | ▪ 25% Food Insecurity             |
| ▪ 53% Chronic Disease Management        | ▪ 22% Mental Health               |
| ▪ 44% Education                         | ▪ 19% Failure to Thrive           |
| ▪ 43% Substance Use                     | ▪ 14% Transportation Facilitation |
| ▪ 39% Medication/Equipment Delivery     | ▪ 14% Cognitive Impairment        |
| ▪ 34% High Utilizer                     | ▪ 11% Physical Disability         |
| ▪ 29% Wound Care                        | ▪ 9% Labs/Testing                 |
|   | ▪ 9% Relocation Assistance        |

\*Patients often receive more than one type of service\*

Monday, June 22, 2026



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### Services Unavailable

55% of the time, when referrals or services are needed, MIH can provide or connect the patient to the needed resources. 45% of the time a type of service is needed, the service is either unavailable or there is a barrier preventing the patient from effectively utilizing the service. (If a patient needs multiple services and MIH can provide or connect the patient to some, but not all services needed, this patient falls into the “service unavailable” or “barriers present” category, as the patients’ needs were not met.) The figures below show the 45% of the time in which patients did not receive a needed service, and what that service was.

- 28% Assisted Living
- 20% Specialty Medical Care
- 18% Shelter
- 15% Mental Health Services
- 13% Substance Use Treatment
- 4% Transportation
- 2% Other

Separate from these data points, 21% of our visits are with patients who do not see a primary care provider. This is due to a distrust in medicine, lack of access to transportation or technology, lack of providers, lack of accepted types of insurance coverage, patients refusing care from available providers, or providers discharging patients from their care due to a variety of factors.

### High Utilization of EMS

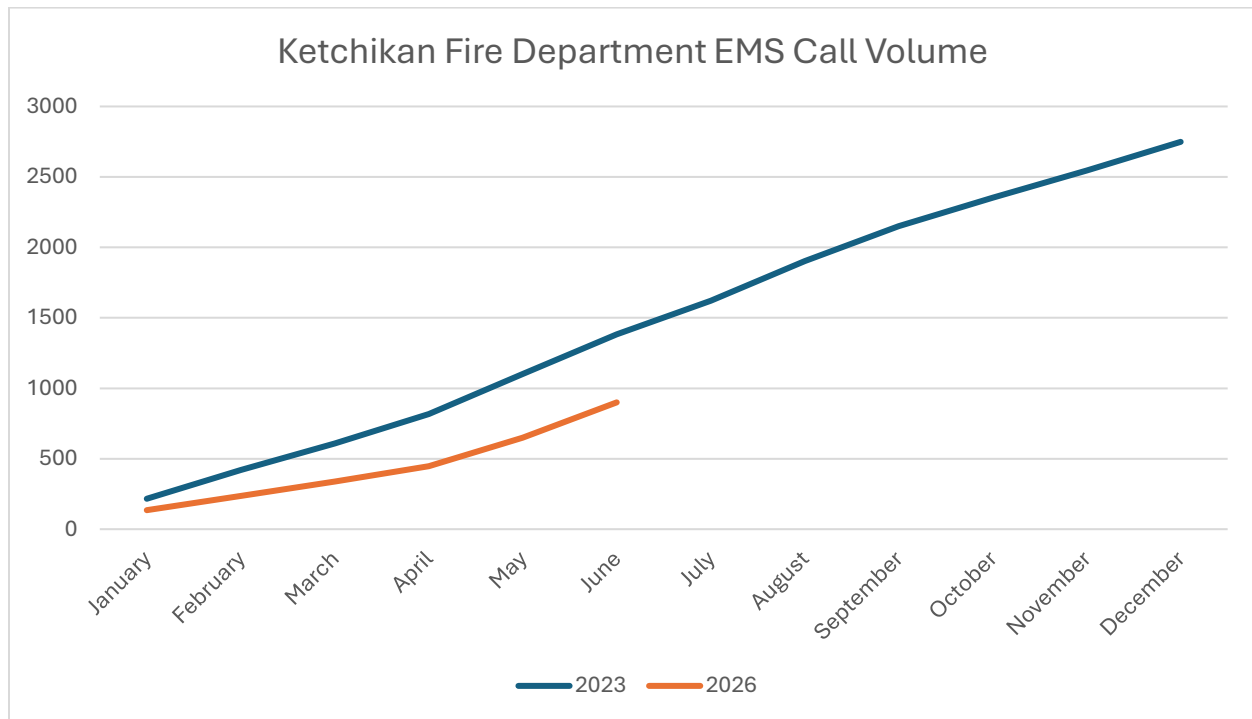
A high utilizer is an individual who utilizes emergency services for their unmet non emergent needs. MIH relies on Ketchikan Fire Department line crew to identify and refer patients meeting the criteria, (an individual who calls 911 for non-emergent medical needs more than once a month.) This small percentage of patients can generate a large portion of a department’s call volume.

Ketchikan Fire Department EMS and MIH initially identified over 50 patients who qualified as high utilizers. Last year roughly 34 patients met high utilizer criteria. Currently, there are eight patients who meet high utilizer criteria. Five of these eight patients are enrolled in MIH services with the main barriers for this population being lack of assisted living, mental health care, and substance use treatment access.



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## Case Review

MIH was referred to a patient that had been known to EMS due to high utilization secondary to being unhoused and struggling with substance use disorder. Over four years, the patient generated 627 contacts between EMS, Police, and the Emergency Room. In April of 2025 after almost one year of being enrolled in the program, the patient asked MIH for assistance with finding treatment for their substance use disorder. MIH assisted the patient with phone calls, paperwork, scheduling appointments, transportation and coordinating between agencies. There was an initial delay due to lack of insurance. Once it was confirmed that the patient’s Medicaid was active, MIH was able to schedule the patient a physical assessment at a clinic. The patient’s lab samples from their physical were inadvertently sent to the wrong location, causing delay. The patient agreed to have their blood taken again, however, the lab stated the sample hemolyzed, and no testing could be performed, causing another delay. After roughly two months of trying and asking for help and facing multiple barriers, the patient stopped pursuing treatment. Their reliance on emergency services for unmet basic needs continued.



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One year later the patient once again asked for assistance with entering substance use treatment. MIH completed intake paperwork with the patient and was able to schedule an intake assessment for the end of the week on Friday. Early Friday, MIH was notified that the intake would have to be rescheduled for Monday. MIH found the patient unresponsive later that day in a bus stop. EMS was called, care was transferred, and Ketchikan Fire Department EMS staff were able to coordinate with the charge nurse at Ketchikan Medical Center ER and community partner Hope Holders to have the patient placed in a hotel upon discharge where they were routinely checked on to ensure safety until they could enter treatment. MIH accompanied the patient to their assessment Monday, and upon completion, the patient was told to be ready to leave for detox on Wednesday. Due to delays with Medicaid, Wednesday turned to Friday, and Friday turned to Monday. On April 27<sup>th</sup>, 2026, MIH accompanied the patient across the ferry to the Ketchikan airport and assisted with check-in as the patient had not flown in some time. The patient did not have a REAL ID. MIH filled out and purchased TSA Confirm ID to ensure they could get through TSA and board their flight. The patient called MIH just over a week later to relay that they had finished detox and were headed to inpatient treatment. Like this patient, there are many who ask for help, but due to barriers they struggle to receive care.

Thank you to our community partners for their collaboration. We look forward to our continued partnership serving Ketchikan's vulnerable.

- PeaceHealth Ketchikan Medical Center
- Ketchikan Wellness Coalition
- Public Health
- Salvation Army
- Hope Holders
- IAFF Local 2761
- Project Hope
- Ketchikan Indian Community
- Ketchikan Police Department
- SEARHC
- Catholic Community Services
- WISH
- True North Recovery
- PATH
- Island Pharmacy
- Ketchikan Library
- Alaska Housing Finance Corporation
- Community Connections
- The Red Cross
- Super 8
- The Landing Hotel
- Office of Public Advocacy
- Ketchikan Gateway Borough Transit System
- SAIL
- Rendezvous Senior Center

Monday, June 22, 2026