

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
HYBRID/WEBEX
April 24, 2025
8:30 a.m.**

**Originating at:
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508**

Trustees Present:

Agnes Moran
Rhonda Boyles, Acting Chair
Kevin Fimon
Brent Fisher, Ex-officio

Other Trustees Present:

Corri Feige
Kevin Fimon

Trust Staff Present:

Mary Wilson
Allison Biastock
Katie Baldwin-Johnson
Shannon Cochran
Valette Keller
Julee Farley
Luke Lind
Carrie Predeger
Michael Baldwin
Eric Boyer
Kelda Barstad
Tina Voelker-Ross
Eliza Muse
Debbie DeLong
Kat Roch
Samantha Ponts

Also participating:

Patrick Reinhart; Stephanie Hopkins; Christopher Orman; Lee cruise; Charlene Tautfest; Emily Ricci; Tracy Dompeling; Leah Van Kirk.

PROCEEDINGS

CALL TO ORDER

CHAIR BOYLES called the meeting to order and called the roll.

TRUSTEE MORAN thanked Trustee Boyles for taking over the meeting.

ANNOUNCEMENTS

CHAIR BOYLES asked for any announcements. There being none, she moved to approval of the agenda.

APPROVAL OF AGENDA

MOTION: A motion to approve the agenda, as presented, was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.

After the roll-vote, the MOTION was APPROVED. (Trustee Fimon, yes; Trustee Moran, yes; Chair Boyles, yes.)

ETHICS DISCLOSURE

CHAIR BOYLES asked for any ethics disclosures. There being none, she moved to the minutes from January 8, 2025.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes from January 8, 2025, was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.

After the roll-vote, the MOTION was APPROVED. (Trustee Fimon, yes; Trustee Moran, yes; Chair Boyles, yes.)

CEO UPDATE

CHAIR BOYLES recognized CEO Wilson, and stated her how happy she was that she was there, and looks forward to meeting her.

CEO WILSON stated that, recently, one focus for her and the trustees was a day of strategic planning a few weeks ago. They looked at the current process and strategies and dynamically refreshed them in response to the revolving needs of the beneficiaries, and also the insight and desire of the trustees. She shared that she learned that there is a smart, dedicated and very value-driven team at the Trust who are highly effective, and she is confident that they would continue to be so in the future. She went through a few of the top short-term and long-term priorities identified. The budget development process needs to be improved, as well as the strategic framework for the focus area implementation. There is a goal to use the data better to develop an accurate future of the effectiveness of the grant-making to the beneficiaries, and to better serve the needs of all of the areas and populations of the state. She continued that after this is the Trust strategic planning, and we will have a board strategic planning session at the end of June. A contractor was secured to help facilitate that need, from the East Coast, and they have a lot of experience in public entity and board strategic planning. There will be more details to come. She moved to an update on Juneau and stated they are trying to be responsive to legislative inquiries and questions that helps to understand their view of what we need to be doing, and then helps them understand how we do our work. She added that one of the subjects in the strategic

planning is just any contingency planned to be done on behalf of the beneficiaries around any shortfalls in funding they may have due to Federal funding and Medicaid changes. Staff continues to monitor and focus on what is known, and any concrete possible actions that we may take. She stated that the Trust partner advisory boards will speak to all of their Federal funding issues and their populations during their presentations to the Full Board in May. She thanked Chair Boyles for the kind words and remained honored to be working in this capacity, and for the trust in her, and in the trust for the beneficiaries.

CHAIR BOYLES thanked CEO Wilson and hoped her time at the Trust is as personally fulfilling as hers has been serving as a trustee. She asked for any comments or questions.

TRUSTEE FIMON stated appreciation to CEO Wilson for how quickly she got up to speed on the things she was able to handle in Juneau. He continued that it was one of the most complete testimonies we have had, and it was very informative. He appreciated it, and he wanted to say that on the record.

TRUSTEE MORAN echoed Trustee Fimon's comments. It was an impressive showing, and they all worked together well.

CHAIR BOYLES asked COO Baldwin-Johnson to introduce the Crisis Now Update.

CRISIS NOW UPDATE/OVERVIEW

COO BALDWIN-JOHNSON introduced Sam Ponds, program officer, who will present the Crisis work. Tracy Dompeling, director of Behavioral Health, will join to copresent. There is a lot of work happening that is congruent with the efforts of the Trust.

MS. PONTS stated she was pleased to be there for her first committee presentation at the Trust to provide an update on Crisis services. The vision in advancing Crisis Now is that every Alaskan, no matter where they live, has a simple, reliable path in the moment of crisis. That means they know who to call, who will respond, and where they go for help. Work is being done toward a future where accessing behavioral healthcare is just as coordinated and effective as physical healthcare. She highlighted some of the recent successes that demonstrate how this vision is being put into action.

MS. DOMPELING thanked the trustees for the opportunity to talk about Crisis. There is a lot of work happening at the State level, and it began with the 90-day Careline integration. Careline is the call line for both 988; and there is an 800 number where individuals in crisis can use, as well. The call center infrastructure continues strengthening. She stated that they are thinking about the future vision for the call center, for mobile crisis, places to go for help, and the technology needs for the future.

TRUSTEE FIMON stated that the numbers showed over 100 contacts per day, and he asked about what was learned so far about the capacity, or the problems that were run into.

MS. DOMPELING replied that over the years the additional work and support went into the call line. The folks who worked within that contract at the DBH level were able to identify Federal supports through 988 grants. As the call numbers increased, there needed to be an expansion of that work. Since 2022, Mobile Crisis Teams and Mobile Integrated Health Teams expanded statewide. Recently, Nome, as well as Bethel, reached out about on-boarding a Mobile Crisis

Team. She stated that local Crisis coordinators are very instrumental in making sure implementation is tailored to each region's needs in terms of building partnerships. She noted some of the successes in different communities. She then talked about the increase of voluntary availability in Mat-Su at True North Recovery, as well as at Set Free Alaska. Currently, there are three projects in development: Crisis Stabilization, Residential, and Detox will be opened in May '26, and Outpatient Behavioral Health will be operational in September '26. Fairbanks is working toward a 23-hour crisis stabilization center, and Maniilaq and Kotzebue are moving toward an EmPATH model. The EmPATH model started in California and is now recognized as a national best practice by the Joint Commission. It has been shown to reduce hospitalizations by 75 percent, and is a flexible model for both settings. She continued that the progress is encouraging many services to remain heavily grant-reliant with limited options for provider reimbursement. Recruiting and retaining staff, especially in rural areas, continues to be a significant hurdle. There is also the need for more data and evaluation efforts to clearly demonstrate system impact.

MS. DOMPELING talked about House Bill 138 which is about the 988 surcharge and needs to get passed. She also talked about some of the past bills that looked at licensure compacts. There are challenges in both nursing and social worker areas in the licensure compact. She talked about some types of compacts that could be beneficial in the future to help support that workforce; areas of concern for people considering standing up those services.

TRUSTEE HALTERMAN stated that, in talking to different nursing groups, they are afraid if this goes through it would limit their ability to bargain when their contracts came up. It was a common theme heard that this view was diluting the workforce and diluting their ability to get fair restitution for their work.

MS. DOMPELING replied that she had heard that kind of thinking and comments. Some of the nurses in Alaska, especially in State facilities, are in positions that cannot strike.

CHAIR BOYLES asked about the timeline on the licensure compact issue and the nursing issue. She continued that the Legislature will be out in May, and we will have to wait.

MS. BIASTOCK stated, in looking at those pieces of legislation, that they are Governor's bills and are still sitting in their first committee of referrals. There has been legislation around the nurse licensure compact over the last several sessions that have not successfully made it over the finish line. But the Legislature has continued to debate.

MS. PONTS moved to the collective efforts that represent important steps toward building a more sustainable system for crisis care across Alaska.

MS. DOMPELING talked about the civil commitment regulations initiated by the Department of Family and Community Services. She believed that they are out for public comment and are a long overdue cleanup to some of the civil commitment regulations. They are also working with the Division of Behavioral Health along with the Healthcare Services Division, on subacute facility licensing regulations, which are working their way through the regulatory process.

MS. PONTS moved to a snapshot of where they currently stand with performance monitoring efforts across key areas of the Crisis system. Overall, there is steady progress, particularly in developing key performance indicators for crisis services and community data performing and

broader system-level monitoring and evaluating tools in the early stages. Some key performance indicators show some clear data on beneficiary well-being: for example, reduce trauma, improve mental health, and some quantifiable cost savings across healthcare and law enforcement systems.

TRUSTEE FISHER stated interest in the detail behind the KPIs and monitoring as they are developed, and getting copies of what they actually are. He added that he had been involved in KPI development and insuring their validity since the 1980s, starting with manufacturing.

MS. PONTS stated that the key performance indicators will be necessary input for a comprehensive evaluation project which will be focused on in 2025.

MS. DOMPELING touched on the 90-day interoperability and Medicaid rate methodology review. The hope is for the State to provide an opportunity to see at the behavioral health levels and all other levels where those rates are, where they potentially need increases, with an opportunity to try to incentivize certain particular types of services. They are also hoping for a report from the contractor that outlines their recommendation for Medicaid rates and any considerations they might have to incentivize certain types of services that are important to Alaska, keeping kids close to home and having families stay together.

MS. PONTS stated the importance of finalizing the statewide valuation with the support of Agnew::Beck and others. She emphasized the critical invisible factor that includes development with a stigma, and it shapes perceptions that are important in continuing the work to expand and improve crisis services in Alaska.

COO BALDWIN-JOHNSON thanked them both and added that it is very important to understand all the work that the Department and DBH do to realize this expansion of the continuum.

CHAIR BOYLES asked for any other comments. There being none, she moved to the next presentation.

BENEFICIARY-RELATED DATA UPDATES

COO BALDWIN-JOHNSON introduced Leah Van Kirk, policy adviser with the Department of Health. She and Tracy Dompeling will provide an overview of some of the data they pulled together. This is an opportunity to start somewhere with the data, which is a great precursor for getting prepped for strategic planning.

MS. VAN KIRK stated appreciation for the opportunity to share some of the data that impacts Alaskans, because the importance of understanding the data is that it can be targeted about how prevention activities or services that need to be offered are invested in. She talked about the Medicaid utilization, the overdose and suicide data, and then some of the crisis data.

MS. DOMPELING looked at the Medicaid-related utilization data and talked about how the services continue to increase. In talking about Medicaid, there are two different types of services: services billed through Alaska's state plan services; and then the service array that was developed through the 1115 Behavioral Health Reform Waiver, which is the new name of the waiver. She talked about the diagnosis groups and then the top services.

TRUSTEE MORAN asked about tracking autism and if they move into a different category once they are out of the youth stage, or if they are sent out of state.

MS. DOMPELING replied that there is some age limit on autism services, and she would follow up on that.

MS. VAN KIRK spoke about some of the data around youth being served in psychiatric residential treatment facilities and acute inpatient psychiatric hospitals. It also represents the distinct number of youth receiving community-based services. She highlighted that when talking about youth, that is individuals under the age of 21; so up to the age of 20. This data represents children enrolled in Medicaid; not children receiving services not on Medicaid.

CEO WILSON liked what was said about the length of stay and getting that data. She asked if, when they next present, to look at benchmark, in-state and out-of-state length of stay compared to benchmark for youth. That will give a good idea of preventable delays potentially and then what is needed.

MS. VAN KIRK replied that that is some data that can be shared in the future.

MS. DOMPELING moved to an 1115 service for home-based family treatment. That is a service that includes treatment, as well as wrap-around services that are provided in the home or in communities to try to reduce that need for in-patient hospitalization and residential treatment for children and adults. She stated that there are three intensity or acuity levels, and it is important to think about the lowest level of this intervention that does not require the youth to be diagnosed, so there is a lower frequency of intervention, and it allows providers who offer this service to be able to provide some of those in-home services without having have all the diagnostic pieces that are needed for the higher levels.

MS. VAN KIRK talked about overdose information and understanding some of the data and demographics related to what Alaskans are experiencing. She pointed out some data that shows by year what the overdose deaths equaled. She stated that about 89 percent of those deaths are unintentional, and she went over some of the unintentional causes related to the increase in fentanyl. One of the significant changes seen between 2020 and 2021 was that it was the first time the number of people dying by overdose exceeded the number of people dying by suicide in Alaska; and those numbers continue to increase. She continued that an important piece identified is the need for prevention and intervention when people experience stress or mental health challenges. There is a need to be able to respond when people are in crisis, and to identify early on when people are struggling.

MS. DOMPELING continued through more Medicaid crisis service data and the amount of Medicaid claims seen throughout the different types of crisis services. She also talked about the Careline contacts which have increased by year, and that were broken out by the age groups. She called attention to the 15- to 24-age group, youth groups, and the desire to make sure that youth and the young adult population is aware of 988, and that Careline and those crisis-related services can be afforded.

CHAIR BOYLES talked about the impressive amount of credible data and the presentation skills.

TRUSTEE MORAN stated appreciation for the comprehensive data presentation.

CHAIR BOYLES called a ten-minute break.

(Break.)

MINI-GRANT

CHAIR BOYLE recognized Eliza Muse, an evaluation and planning program officer.

MS. MUSE stated that she had Lucas Lind and Carrie Predeger with her today, who are a part of the development of this presentation. She continued that this conversation is a follow-up to the October presentation they gave regarding the mini-grant program. She added that this session is about sharing some of the outreach and inreach conducted, and some key takeaways and discussion of what the path ahead looks like for the mini-grant program. This program is a big part of what the Trust does, and the input is crucial as work is being done to improve it. She began with a quick refresher on the mini-grant program and shared the steps taken to better understand what works well and what does not. She also discussed the latest findings from the recent survey and listening session. She walked through the data and, importantly, wanted to open things up for trustees' thoughts and questions. She stated that most mini-grant recipients are identified through an organization and referred through family, team meetings, and/or clinicians. The guidelines are generally clear, and people would like a straightforward list of what is covered by the mini-grant. The participants responded that the biggest needs include housing assistance, help with communication assistive devices, therapy supplies, technology like laptops, basics like furniture are some of the biggest needs.

TRUSTEE HALTERMAN asked for clarification on the housing assistance.

MR. LIND replied that for housing assistance it is typically first and last months' rent for a security deposit for new housing. There are requests for emergency bridge payments for rent, but typically they are not funded because there is too big of a need for the program. Then, items like a bed, mattress for moving into a new housing situation. He stated that mini-grants are not typically used as an emergency program. It is intended to be a gap to meet beneficiaries' needs.

MS. MUSE moved to the challenges and heard that administering these grants require a lot of time, administration and paperwork for these agencies, to prove that items were delivered to beneficiaries. These organizations follow back up to ensure the items have been delivered and pull in their receipts. This is time-consuming and delayed, especially if the delay is in shipping. The Medicaid denial requirement is complicated, and can be time-consuming. They also learned of many unmet needs due to budget limits. She then moved to the administrative side regarding staff time spent processing each grant. A simple grant may take a few hours, but more complex cases can extend into weeks or even months. Agencies are reimbursed \$100 per grant, which may be sufficient but may not cover all the staff time associated with processing these grants. She continued that the key takeaways from the March outreach, overwhelmingly, is that this program is highly valued by both beneficiaries and organizations that they serve. The guidelines work for most, and we are striving to clarify them further. The administrative burden on behalf of those organizations remains a significant issue, and there is a need to consider the impact of rising costs for goods and services. She continued that the next steps that the staff is really focusing on is increasing access in those underrepresented regions, namely through outreach to tribal and rural providers. We are expanding the communication efforts and key geographic

regions to bolster up and show that the grants are available and how they can access the mini-grants. We will keep monitoring and evaluating this program so there is continuous improvement. She added that we are working on updating the guidelines currently and clarifying what is covered. We are also improving that data collection through the new portal. These steps are underway, and we believe they will have an immediate positive impact. She continued that they are looking to the Board for some direction on a few key questions: Should we keep the current program format; should these incremental improvements be made right now, or should we consider a whole new model considering lapse, geographical reach, unmet needs in-house versus outsourced administration of these grants. These are all options.

TRUSTEE FIMON stated that discussed was that the individual amount had not been adjusted for many years, and that is something to consider, and it would be interesting to get some data on that.

MR. LIND replied that they heard a lot that the cap is too low. He stated that increasing the cap to a higher number would mean fewer mini-grants and larger ones on average. But without raising the overall program amounts, the hope would be to move the needle on the number of beneficiaries served.

TRUSTEE FISHER stated that that was the information needed.

MR. LIND stated we can work on getting those numbers.

CHAIR BOYLES stated that she would be back this summer to visit with Trust staff relative to ADRD and to look at projecting needs that are going to increase. She thanked them for what they do.

COO BALDWIN-JOHNSON stated that that was an excellent discussion and there is feedback and food for thought that staff can take back, analyze, and think more about. This is another step at the beginning of a good conversation with regard to how to continue to think about this program and how to maximize its impact as best as possible.

TRUSTEE FIMON talked about how the Trust has evolved for about four years and how these discussions and the back and forth have helped him to understand the programs, the needs and the intricacies of how it all works, and he is super appreciative of it. He can make better informed votes and decisions, and he hoped that it is helping the others.

CHAIR BOYLES stated that Trustee Moran had to step away. She is a gift as a trustee because of her background in grants and the knowledge she has. With that, she entertained a motion to adjourn.

MOTION: A motion to adjourn the meeting was made by TRUSTEE FIMON; seconded by TRUSTEE BOYLES.

After the roll-call vote, the MOTION was APPROVED. (Trustee Fimon, yes; Chair Boyles, yes.)

CHAIR BOYLES thanked all for the wonderful work. She stated that she would miss them, and would be back to say hi.

(Alaska Mental Health Trust Authority Program & Planning Committee meeting
adjourned at 11:38 a.m.)