

June 15, 2023 AMHI Statewide Meeting

Attendance: 87

NOTES:

- Reviewed meeting agenda
- Team introductions
 - Bre Bertozzi, Pam Sanchez and Chris Ederer
- Breanna Bertozzi - DHS updates
 - Communication request
 - Request that AMHI's email the AMHI team email – allows for better customer service in case certain staff members are out
 - Email subject – Request that subject includes AMHI county/region/tribe, if region – list fiscal agent
 - Document naming convention – include AMHI county/region/tribe, fiscal agent if region, document name
 - Ex: BCOW Ottertail Co. AMHI 2023-34 Application
 - MHIS Reporting and Staffing Updates
 - In the process of hiring – ready to make offers
 - In the meantime - do the best you can to enter data in MHIS
 - AMHI Reform update
 - Phase 2 – Implementation
 - Communication to start summer 2023
 - Engage workgroups starting fall 2023
 - Final formula implementation recommendation due spring 2024
 - Peacetime Emergency Ending
 - Renewals for MA start July 2023 – MA renewal documents sent out in April 2023
 - CSP Statute
 - There is an expectation that CSP providers are actively involved in getting people to individuals who can help them maintain and gain benefits
 - Discussed 2023 statewide meetings dates
 - Links on website
- Minnesota Management and Budget (MMB) – Alex Meyer and Laura Kramer
 - Has met with almost all AMHIs to walk through evidence-based practice project
 - Working out of legislative directive that MMB received
 - Currently in data collection phase
 - Building an inventory of all key services offered
 - Not all services will/should be evidence-based or community-based best practices
 - This is the first time MMB is conducting this process
 - Seeking feedback on what is useful and how to improve the process
 - Process update
 - Met with or has a meeting scheduled with every AMHI

- End of June goal: Collect all first draft worksheets
 - End of July goal: Final data collected
 - End of August goal: First draft ready for review
 - September – November: Write and revise final report
 - Question: Do the worksheets provide a definition or is it the responsibility of the participant to categorize?
 - A: (Alex) Both. We are trying to capture the full scope of services offered. We want all meaningful services listed so feel free to add those to the worksheet.
 - Send questions/concerns/ideas to alexander.meyers@state.mn.us
- State of Minnesota Suicide Prevention – Kelly Felton – Minnesota Department of Health (MDH)
 - Suicide is a leading cause of death in Minnesota
 - Started creating Suicide Prevention State Plan a year and a half ago
 - Link to full State Plan:
 - <https://www.health.state.mn.us/communities/suicide/mnresponse/stateplan.html>
 - New Tribal liaison starting at the end of July 2023
 - Suicide Prevention Taskforce committees
 - Communications
 - Mental health and wellbeing
 - Intervention
 - Postvention
 - Data action
 - Suicide Prevention State Plan Goals
 - Build community capacity
 - Upstream/Protective factors
 - Natural Helpers
 - Question: Will that training be paid for?
 - A: (Kelly) Many providers/Community grantees offer the training for free
 - Healthcare/Behavioral Health
 - Postvention
 - Data and Research
 - Next steps: Implement action plan
 - Question: Where does all of the funding come from?
 - A: (Kelly) Some state funding. Specific dollars will be used to fund 988 - surcharge. Some federal grant funds as well.
 - Contact with questions: kelly.felton@state.mn.us
- Minnesota's Local Advisory Councils (LAC) - Mikki Maruska and Sara Nelson – Minnesota Department of Human Services (DHS)
 - 1987 and 1989 legislation made it law that voices of those with lived mental health experiences and their families needed to be heard
 - Legislation has since required counties to create LACs
 - Question: Can we use assessments completed by Local Public Health? Can you send out more info about the requirements as well?

- A: (Mikki) Yes, Mikki will send out more information. It is up to each individual LAC which assessment they use.
 - Question: Can you tell us what statute is it that goes over/states the requirements of our AMHI and their connection with the LAC(s) in their region?
 - A: (Mikki) Under 245b. Mikki will send the sub-section.
 - Contact with questions: michele.maruska@state.mn.us
 - sara.fr.nelson@state.mn.us
 - Question: The AMHI team gets questions asking what the difference is between "Advisory vs. Advocacy." Could you speak to this?
 - A: (Mikki) Advisory councils advise different stakeholders at different levels. There is language in the LAC guidebook that helps with this clarification.
 - Resource: <https://mn.gov/dhs/mh-advisory-council/>
 - Resource: <https://mn.gov//dhs/people-we-serve/adults/health-care/mental-health/resources/lac.jsp>
- AMHI HCBS-FMAP Update – Chris Ederer
 - 100% of the FMAP contracts are executed
 - Unspent FY 2023 funds will be carried over to FY 2024
 - Quarterly reporting will be due at end of second quarter
 - Quarterly Reporting form will be available on the website ASAP
 - Question: Our contract says March 31, 2024. Is this an error? Or is it wrong on your slide and it is the 31st not the 14th?
 - A: (Pam) CORRECTION: Error on the slide.
 - Question: Is there any chance it will get extended past March of 2024?
 - A: (Pam) Not that we are aware of. It would require legislative action to do so.
 - Clarification: EGMS is used for fiscal reporting. Quarterly report form is a separate reporting requirement.
- Notifications
 - Watch for website to be updated
 - Watch for email with PPT, meeting notes and presentation documents
 - Watch for AMHI Reform workgroup nomination invitation
- Attached supporting documents
 - Meeting minutes
 - PowerPoint
 - FMAP Quarterly Reporting form
 - FMAP Budget Revision form
 - AMHI Budget Revision form



June 15, 2023 AMHI Statewide Meeting

Pam Sanchez, Bre Bertozzi and Chris Ederer | AMHI Consultants

Agenda

Time	Topic
1:00 – 1:15	Welcome – DHS Updates, Upcoming Statewide Meeting Dates
1:15 – 1:30	AMHI Inventory and Impact Evaluation Project Updates - Minnesota Management and Budget (MMB)
1:30 – 2:00	MN Suicide Prevention State Plan and Taskforce – Minnesota Department of Health (MDH) Kelly Felton
2:00 – 2:30	Local Advisory Council Information and Updates – Mikki Maruska and Sara Nelson
2:30 – 2:45	FMAP Updates
2:45 – 3:00	Time for questions

AMHI Team at DHS



Christian Ederer
AMHI Consultant



Pamela Sanchez
AMHI Consultant



Breanna Bertozzi
AMHI Consultant

DHS Updates

- **Communication Request**
 - Team email: MN_DHS_amhi.dhs@state.mn.us
 - Email subject and document naming convention
 - Ex. Naming Convention: BCOW Ottertail Co. AMHI 2023-24 Application
- **MHIS Reporting and Staffing Updates**

AMHI Reform - Update

Phase 2 - AMHI Reform Formula Implementation

- Communication to begin in summer 2023
 - Identify workgroup members
 - Each AMHI to recommend 1-2 representatives per AMHI, including White Earth Nation
 - Open to: AMHI grant managers/program staff, leadership, subcontracted providers (those impacted by the implementation plan)
- Engage workgroup in fall 2023
 - DHS contracted actuary to facilitate options and implications of implementation
 - Determine plan, meeting cadence, outcomes and workgroup timeframe
- AMHI Reform final formula implementation recommendations for CY2025-26, spring 2024

Peacetime Emergency Ending

- Renewal processes for Medical Assistance restarted in April 2023, beginning with enrollees who have a July renewal.
- Renewals for MinnesotaCare coverage will restart beginning in October 2023 for coverage effective Jan. 1, 2024.
- Medical Assistance enrollees will receive a pre-renewal notice in the mail about three months before the anniversary of their enrollment date. They will receive a renewal form in the mail one to two months before the renewal is due.
- Resources: [Overview / Minnesota Department of Human Services \(mn.gov\)](#) and [Timeline / Minnesota Department of Human Services \(mn.gov\)](#)

Legislative Impacts to CSP

- [Sec. 245.4712 MN Statutes](#) Subd. 3. **Benefits assistance.** The county board must offer to help adults with serious and persistent mental illness in applying for state and federal benefits, including Supplemental Security Income, medical assistance, Medicare, general assistance, and Minnesota supplemental aid. The help must be offered as part of the community support program available to adults with serious and persistent mental illness for whom the county is financially responsible and who may qualify for these benefits.
- With the end of the Peacetime Emergency, individuals will need to respond to MA enrollment and MA verification efforts from Counties.
- **What is the County/Region/Tribe plan for Community Support Program support of individuals in the maintenance of their benefits?**

2023 Statewide Meetings

- **September 14, 2023**
1:00pm – 3:00pm
- **December 14, 2023**
1:00pm – 3:00pm

[Adult Mental Health Initiatives / Minnesota
Department of Human Services \(mn.gov\)](#)



AMHI Evidence-based Practice Inventory

Agenda

- Refresher on AMHI Evidence-based Practices Inventory
- Process Update & Next Steps

2022 Statutory Changes for Inventory and Evaluation

- During the 2022 session the Legislature amended the Adult Mental Health Initiative (AMHI) law
- Included in these statutory changes is a requirement for Minnesota Management and Budget to create and maintain an inventory of services supported by this program and their evidence basis, if any.
- It also supports conducting impact evaluations for services supported by AMHI funding.

Categorizing Current AMHI Practices and Services



- Not all services will / should be evidence-based or community-based best practices
- It is not necessarily “better” to be an evidence-based or community-based best practice
- We are building an inventory of **all** key services offered, which will help us identify services that are effective and/or could be candidates for future evaluation
- This is our first time conducting this process, and we are seeking feedback on what is useful, how we could improve, etc.

Process Update

	Worksheet Sent	Kick-off Meeting	First Draft Complete	Final Versions Complete
ABHI	X	23-Jun	June 30th Goal	July 28th Goal
Anoka County	X			
BCOW	X			
Carver County	X	9-Jun		
CommUnity	X	6-Jun		
CREST	X	12-Jun		
Dakota County	X	14-Jun		
Hennepin County	X	1-Jun		
NW8	X			
R2-Baltrami	X			
Ramsey County	X			
Region 4S	X			
Region 7E	X			
Region V	X	5-Jun		
SCCBI	X			
Scott County	X	12-Jun		
SMAMHC	X	9-Jun		
Washington County	X	31-May		
White Earth	X			

If we have not scheduled a kick-off meeting, I will follow-up today!

Contact Information

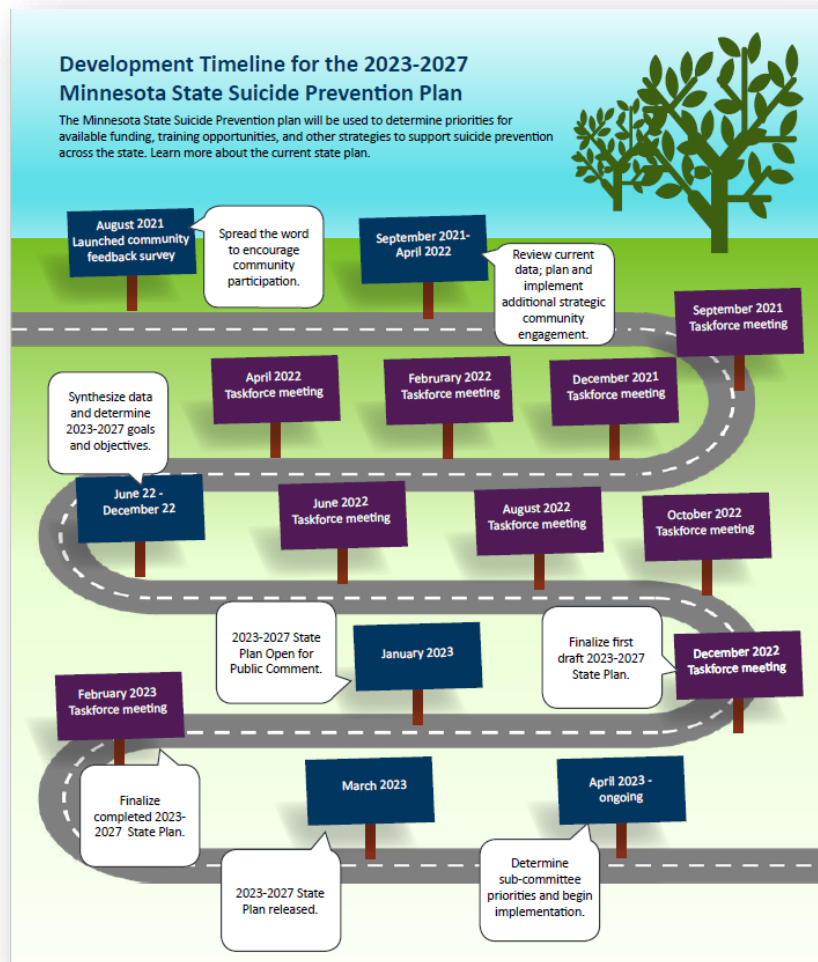
Questions/concerns/ideas?

- Send an email to alexander.meyers@state.mn.us



State of Minnesota Suicide Prevention

Strategic Planning Process



- Reviewed epidemiological data
- Prioritized focus populations we wanted to hear from
- Engaged community through surveys, focus groups and listening sessions
- Reviewed best practice
- Reviewed and discussed key themes from community engagement
- Finalized goals, objectives and strategies

State Plan Goals

Improve, expand, and coordinate the suicide prevention infrastructure in Minnesota.

Prevent Minnesotans from having suicidal experiences and improve the lives of all those who are struggling, so they know they are not alone, help is available, and healing is possible.

Guiding the Work of Suicide Prevention

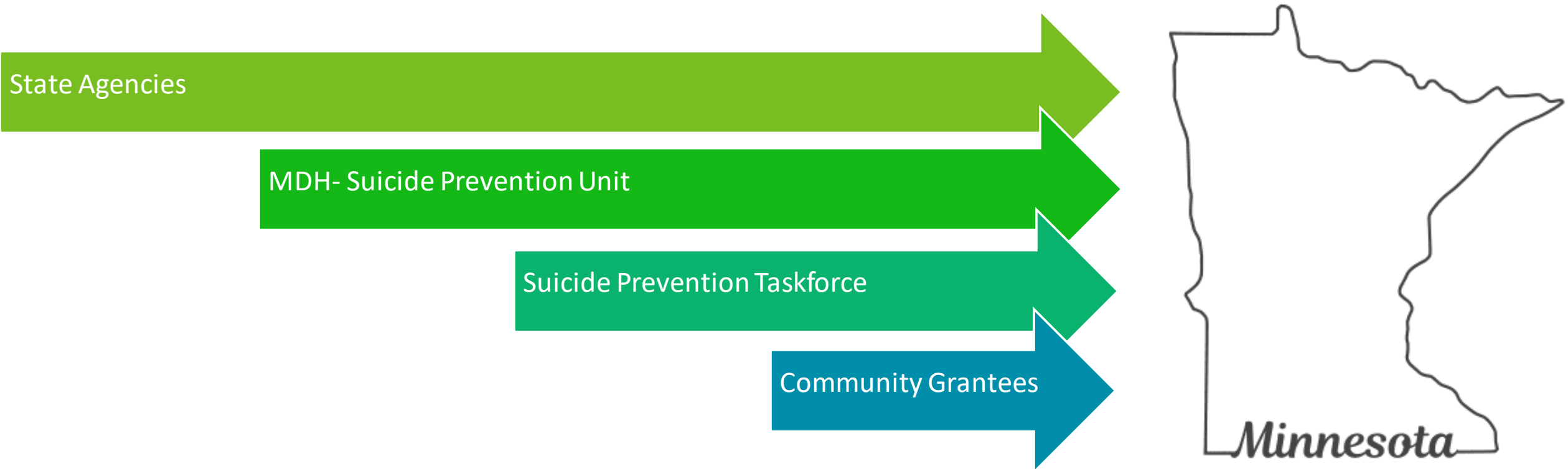
State Agencies

MDH- Suicide Prevention Unit

Suicide Prevention Taskforce

Community Grantees

Goal is to Build Capacity of Communities



State Agencies

MDH

DHS

DOC

MDVA

DPS

MDE

MDA

DOT

Suicide Prevention Unit

988

Zero Suicide
in Healthcare
Behavioral
Health

Tribal Liaison

Schools/Youth

Criminal
Justice

Suicide Prevention Taskforce

Communications
Committee

Mental Health
and Wellbeing

Intervention

Postvention

Data Action
Team

Community Grantees

Regional Suicide
Prevention
Coordination

Comprehensive
Suicide Prevention

988

Questions?



Goal 1. Infrastructure Improvement Plan

Data Driven Plan

Coordination and
Collaboration

Building capacity
of effective suicide
prevention

Enhance the
Suicide Prevention
Taskforce

Goal 2. Prevent Suicidal Experiences

Goal 1: Increase individuals, organizations, and communities' capacity to develop and implement a comprehensive public health approach to prevent suicide.

Goal 2: Promote factors that offer protection for suicidal experiences across the individual, relationship, community, and societal levels.

Goal 3: Identify and support individuals who are experiencing mental health challenges or who are having suicidal experiences.

Goal 4: Strengthen access and delivery of care for mental health and suicide.

Goal 5: Connect, heal, and restore hope to those impacted by suicide.

Goal 6: Improve the timeliness and usefulness of data.

Priority Populations of Focus

Youth (10-24)

LGBTQ+ Communities

Black/African American

Middle-Aged Males

People with Disabilities

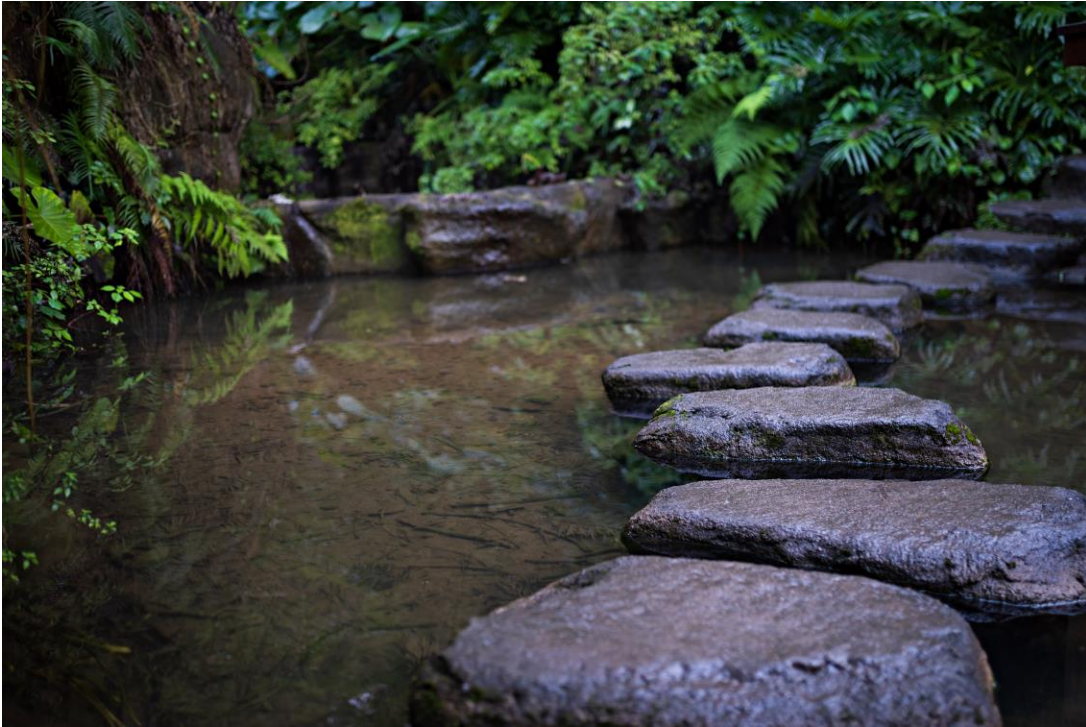
Veterans

American Indians

Goal 1. Build Community Capacity

- **Objective 1.1.** Expand individuals, organizations, and communities understanding of their role in promoting wellness and preventing suicidal experiences.
- **Objective 1.2.** Increase collaboration with cross sector partners to include those working on promoting wellness and mental health, and reduce suicide, substance use, and adverse childhood experiences.
- **Objective 1.3.** Build capacity to develop a multi-sector, data-driven plan to respond to cultural and community needs to promote mental health and reduce suicidal experiences.
- **Objective 1.4.** Develop communication messaging, resources, and toolkits to raise awareness, promote wellness, early intervention, crisis intervention, and postvention.
- **Objective 1.5.** Monitor and provide information on effective policies, practices, and programs.

Goal 2. Upstream/Protective Factors



- **Objective 2.1.** Elevate evidence based protective factors that can be addressed.
- **Objective 2.2.** Elevate efforts to promote safe storage and reduce access to lethal means among individuals who are identified at risk of suicide.
- **Objective 2.3.** Acknowledge that Social Determinants of Health influence individual and communities' mental health and risk to suicide.

Goal 3. Natural Helpers

- **Objective 3.1.** Increase the knowledge of how to identify, support and help those who are experiencing mental health challenges or who are having suicidal experiences.
- **Objective 3.2.** Promote sustainable, collective models of community-initiated care.



Goal 4. Healthcare/Behavioral Health

- **Objective 4.1.** Strengthen the 988 Suicide & Crisis Lifeline in Minnesota.
- **Objective 4.2.** Align local referral resources for mental health, mobile crisis, and the 988 Suicide & Crisis Lifeline.
- **Objective 4.3.** Work collaboratively with formal and informal support systems to implement best practices, to improve suicide risk identification, and to ensure safe care transitions for those at risk.
- **Objective 4.4.** Promote timely follow-up care for individuals experiencing a mental health or suicidal crisis.



Goal 5. Postvention



- **Objective 5.1.** Promote best practices for organizations and communities to support individuals bereaved by suicide.
- **Objective 5.2.** Provide resources to support those that have lost someone to suicide.

Goal 6. Data and Research

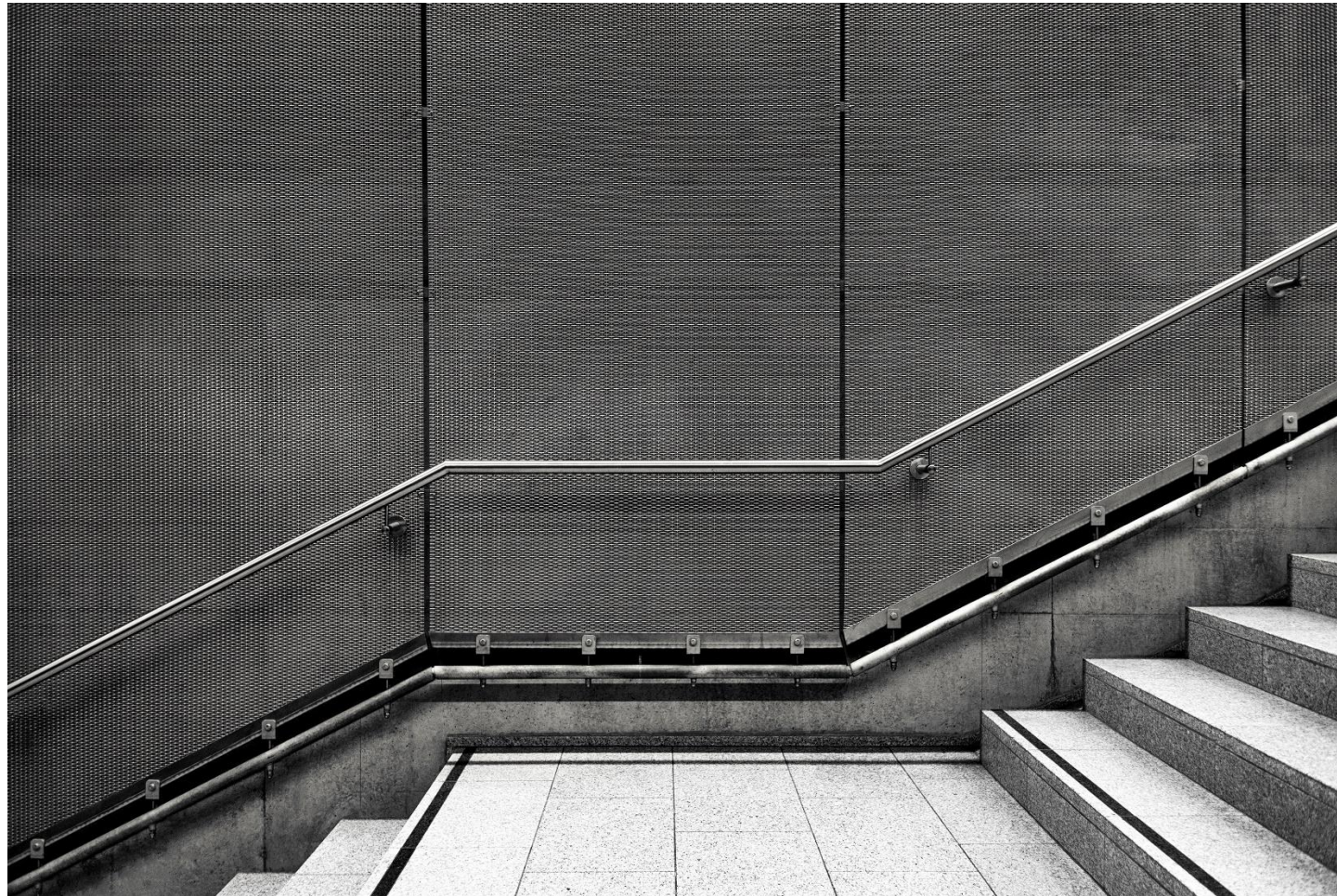
- **Objective 6.1.** Improve the timeliness of reporting statistics on suicide-related data.
- **Objective 6.2.** Improve the usefulness and quality of suicide-related data.
- **Objective 6.3.** Improve individuals, organizations, and communities' capacity to use suicide-related data to identify high-risk groups, set priority prevention activities, and monitor the effects of suicide prevention programs.



Questions?



Next Steps





Minnesota's Local Advisory Councils

Mikki Maruska and Sara Nelson | Project Planning Director

Agenda

Time	Topic
2:00 - 2:05	Overview of Presentation on Local Advisory Councils (LACs)
2:05 - 2:10	What do LACs do—Three Primary Roles in Mental Health
2:10 - 2:15	What are the benefits of an LAC
2:15 - 2:20	Membership and Requirements a. Adult LACs
2:20 - 2:30	DHS Current and Ongoing Project Plans to Support, Questions about Assessments used to Determine Priorities + Input from Current LACs

Minnesota Comprehensive Mental Health Act

The legislations of 1987 and 1989 made it law that the voices of those with lived mental health experiences and their families needed to be heard.

Since then, legislation has required individual counties or multiple counties to create a local advisory council.

What is a Local Advisory Council?



Three Primary Roles of LACs

Roles and Responsibilities of LACs

LACs have various roles in their communities.

At the minimum, LACs should address the responsibilities of LACs to review, evaluate and make recommendations about their local mental health delivery system to their county boards.

The most effective LACs develop plans that include all three of these **primary roles** and meet at least on a quarterly basis in order to review, evaluate and recommend.



- Local Advisory Councils (LACs) empower individuals with a lived experience of mental illness and their families
- Having an active, productive and effective LAC can lead to the improvement of the local mental health systems and community services
- LACs offer advice on the local mental health system and on what is and is not working for the community
- Counties can utilize LACs to advise them on a range of mental health related topics, such as improving their local mental health and social services systems

Membership and Requirements

- Legislation requires that the membership of Local Advisory Councils (LACs) must include persons who had/have received mental health services as adults, persons who had/have received mental health services as children and their family members.



Requirements for Local Advisory Councils - Adults

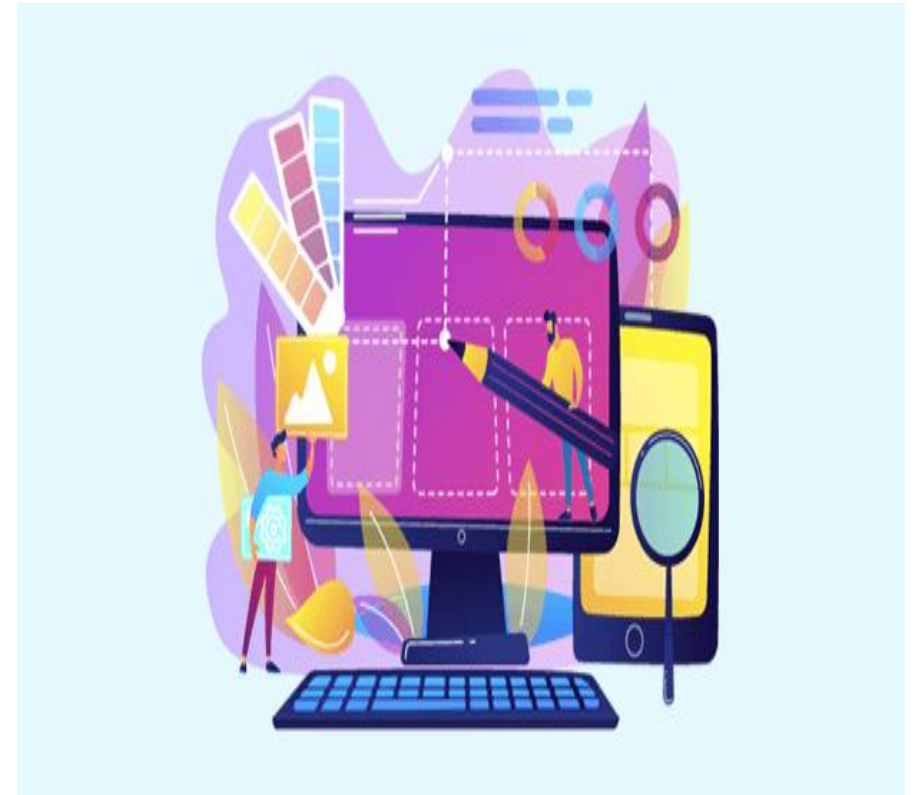
Local Adult Mental Health Advisory Councils are mandated to have:

- At least one individual with lived mental health experience
- One family member of an adult with mental illness
- One mental health professional
- One community support services program representative



Department of Human Services and Ongoing Support for LACs

- **Development of DHS Public Website for LACs with:**
 - Shared Resources
 - Help determine priorities and Needs in Mental Health Based on Needs
 - Directory of Contacts, Meeting Information
 - Training and Technical Assistance
 - Mentoring
 - Examples of Work
 - Meeting with



Questions?



Thank You!

Mikki Maruska

Michele.Maruska@state.mn.us

651-431-2178

- Contract Updates
 - Contracts end March 14, 2024
- Data Reporting – Quarterly
 - Starting end of 2nd Quarter
- Budget Revision Form

Thank You!

Pam Sanchez, Chris Ederer and Bre Bertozzi

MN_DHS_amhi.dhs@state.mn.us