

AMHI Reform Workgroup: Funding Formula Breakout activity 8/18/2021

What patterns emerged during your conversations?

- Rural versus metro theme – services in metro area may or may not be available in a rural community.
- The needs are consistent, but the capacity to meet the needs is different. Needs to be captured in any kind of formula.
- AMHI funding in rural areas may be the only funding received. If funding cut, services cut. Is it the same for metro areas?
- Population benefits larger population areas.
- Medicare doesn't cover much in the world of mental health compared to MA.
- Metro county safety nets are a bit more robust.
- Population is a flat measure, doesn't take into account nuance or what's augmenting services. Use population as a baseline, but don't rate it or score it. Let the other variables set the rates.
- How limiting these figures are (statewide, MA, Medicare) if only look at these 3 population types.
- What is the message being sent across the state if population is the primary variable? Where does this align with AMHI purpose and vision / does the funding align with that?
- Maintain the service modernizations as we move through reform (e.g., telehealth and impact on access).

What has been a major insight or discovery you have made?

- Many of these mental health services are MA benefits, so AMHI/CSP funds are used as a gap-filler.
- So much of the funding is used for people who have no insurance.
- Using MA and/or Medicare enrollment population data to determine funding for AMHI/CSP is challenging, given many people using grant funded services aren't insured or are underinsured.
- Population data isn't capturing the existing mental health prevalence.

What summary statement best captures the theme of your conversation?

- People were thoughtful in their responses. Collaborative and thoughtful responses. Group is here for the right reasons.
- Consensus on not weighting population too heavily.
- One size fits all won't work here. Incorporate regional needs/differences.