



March 16, 2022  
AMHI/CSP Statewide Meeting

AMHI Team

# Agenda

- Introduction, agenda review and housekeeping
- AMHI/CSP quarterly data update
- HCBS-FMAP funding for AMHIs
- CY23-24 AMHI/CSP contracts
- AMHI Reform
- General questions, comments, and next steps

# Housekeeping

- Mute your microphone
- Respectful meeting guidelines:
  - Verbal interruptions during the meeting are not allowed. Please utilize the chat function or “raise hand” feature to engage in the discussion. Open and respectful dialogue is highly encouraged. Fighting words, obscene speech, and true threats are absolutely prohibited. Persons who engage in such prohibited conduct will be given a warning; if the conduct continues, the chat feature will be disabled and/or the person will be removed from the meeting. By remaining in the meeting by WebEx or phone, you are agreeing to follow these guidelines.
- If you want to ask a question:
  - Type your question into the chat box
  - Questions will be addressed either in the moment or during the Q&A time
- After the meeting, DHS will post:
  - All meeting materials (PowerPoints, handouts)
  - Meeting notes



## AMHI/CSP quarterly data update

# How we report on AMHI/CSP grants

- 3 data collection methods
  - MHIS - providers
  - SSIS - counties
  - Spreadsheet – only when unable to report something into MHIS or SSIS. Will be phased out in time.
- Report on grant-funded clients during two reporting windows each year
  - Jan-June
  - July-December

# About the data we collect

- Two main outcome measures collected in addition to service information:
  - Housing status
  - Employment status
- Use the data to review trends and report on grant funded services in the biannual MH Grant Legislative report
  - MHIS, SSIS, and spreadsheet data are not used to make funding determinations currently or with the proposed funding formula
  - Still focusing on analyzing trends in the data as data reliability continues to improve (reporting began in 2017)

# What we're review today

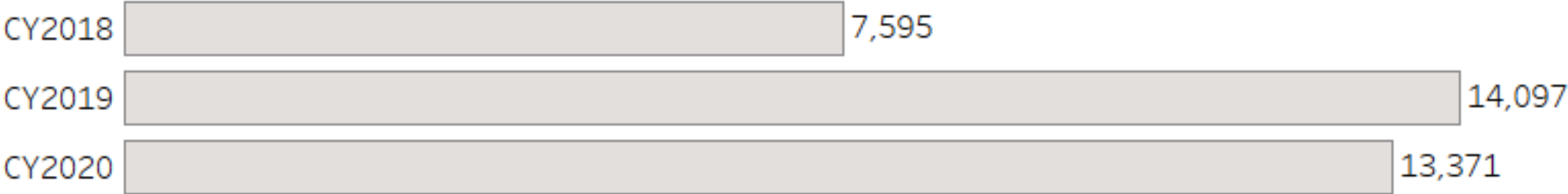
- MHIS summary data, CY2018-2020
- SSIS summary data, CY2018-2020
- Data report improvements and reminders

# MHIS Data – what do things look like across years?



# People served by AMHI and CSP grant funds – MHIS only

Unique individuals (count of distinct combined IDs) across calendar years.

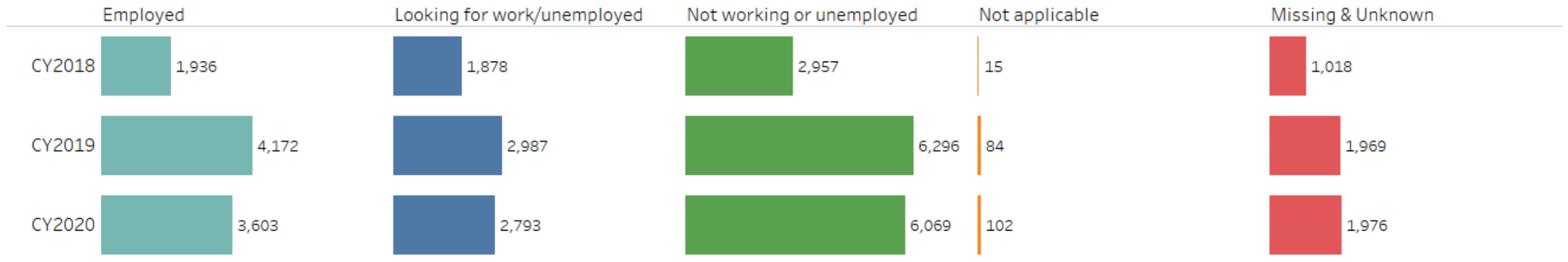


# Housing outcome

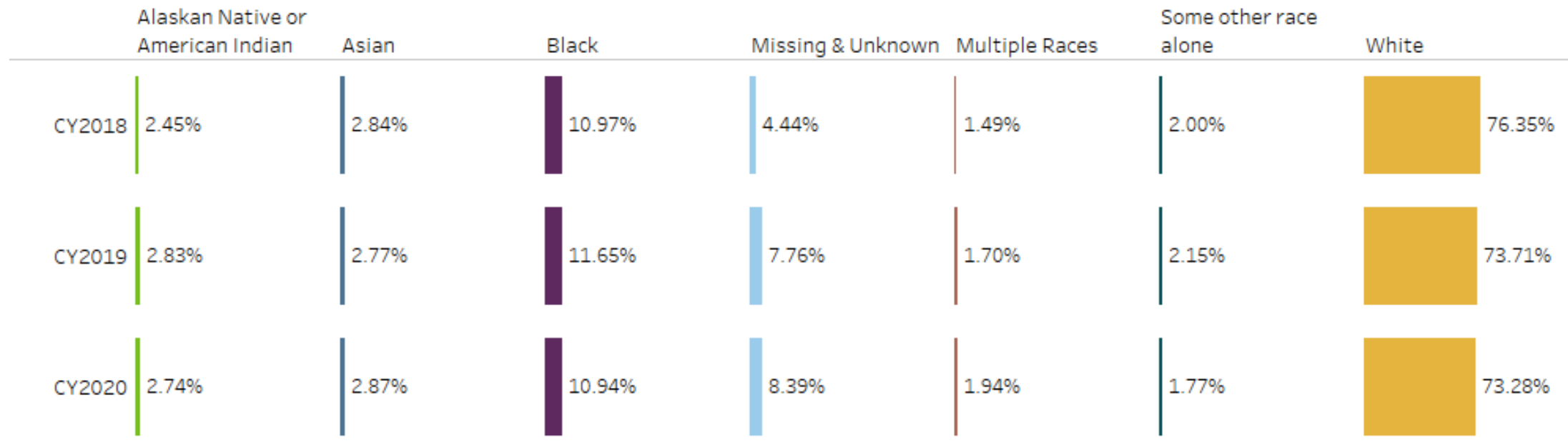


# Employment outcome

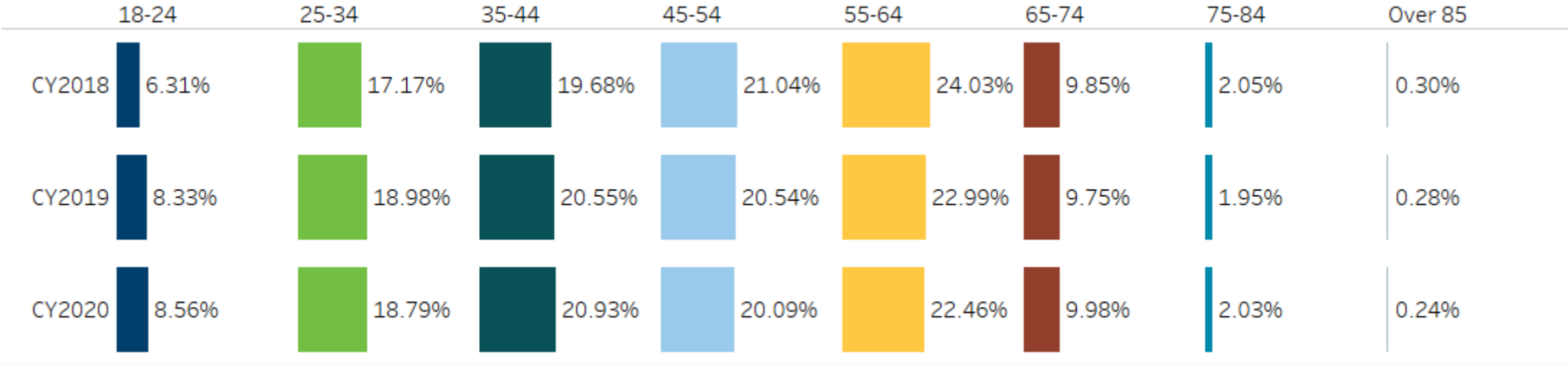
Employment categories were grouped into similar overarching categories. This displays unique individuals (distinct county combined IDs) across calendar years.



# Race of clients served



# Age of clients served

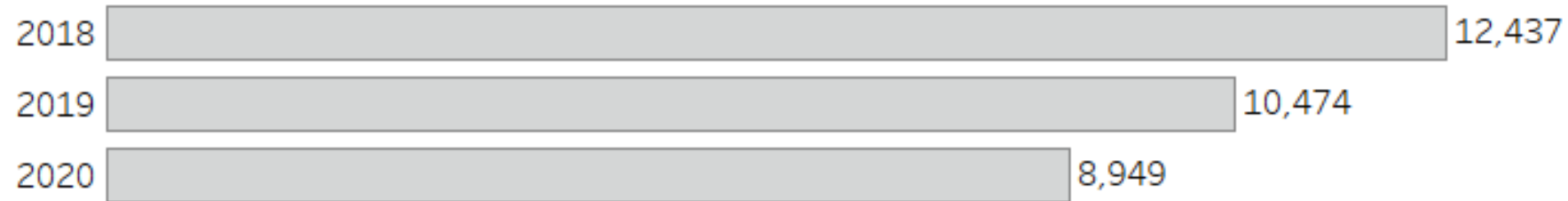


Note: AMHI/CSP grants are for adults only, 18 years of age and older. Grant funds cannot be used to pay for services for an individual prior to their 18<sup>th</sup> birthday.

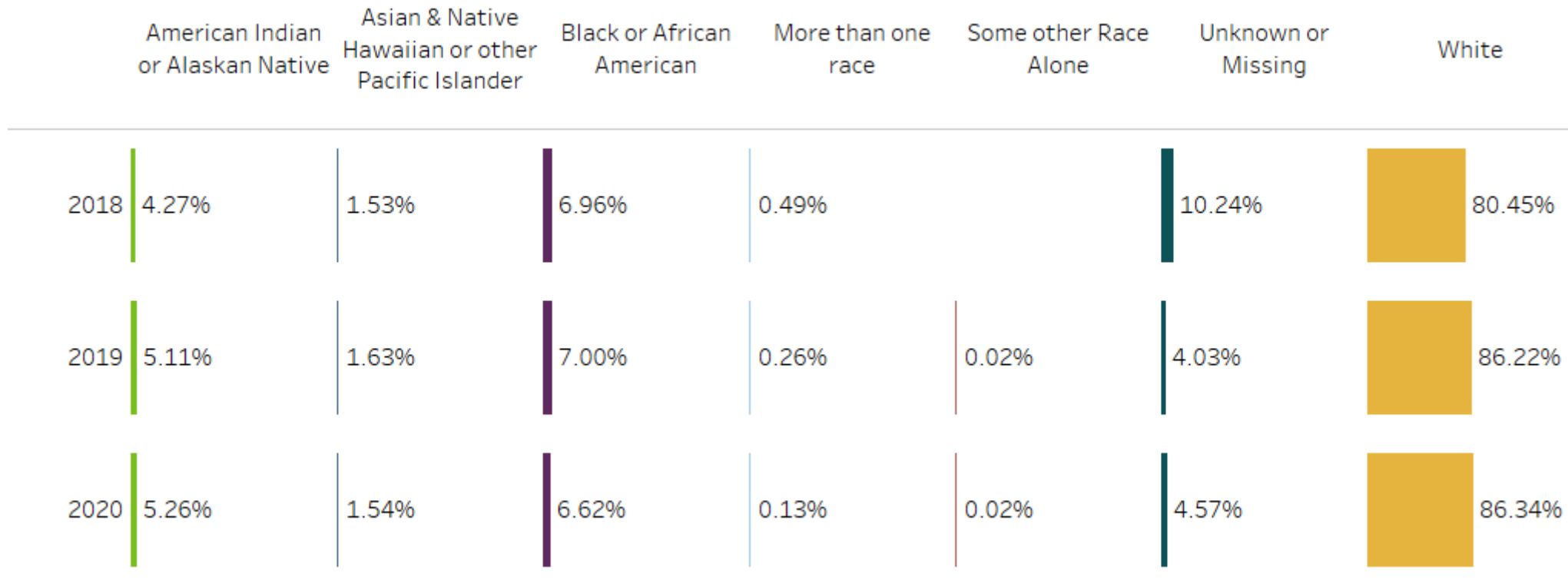
# SSIS Data – what do things look like across years?

# People served by AMHI/CSP grant funds - SSIS

Unique individuals (count of distinct combined IDs) across calendar years.



# Race of clients served





# Data reports

# Poll questions – answer in chat

- How would you like to receive data reports on MHIS counts?
  - As requested
  - **Twice a year – participants shared they want reports twice a year plus as requested**
  - Once a year
  - I do not want data reports
- How would you like to receive data reports on SSIS counts?
  - As requested
  - **Twice a year – participants shared they want reports twice a year plus as requested**
  - Once a year
  - I do not want data reports

# About updated data report

- Draft of new data report
  - MHIS available now as regional and county level report
  - SSIS in development
    - Once completed, can combine them to have full data report for regions
- Improvements
  - Simplified
  - Data from all reporting periods
- Purposes
  - Review your data and open up conversations to ensure its telling the story of your region
  - Use the information to make decisions about programs, funding, and system improvements

## AMHI/CSP Data Report - MHIS

This report provides a summary of data reported across reporting periods. All data are for AMHI and CSP funds combined. It only represents what has been reported into MHIS and that is connected back to a region or county. All counts less than 10 are noted as "< 10" to ensure data privacy.

If you have questions, concerns, or wish to walk through the data more in depth, please contact Ashley Warling-Spiegel ([ashley.a.warling-spiegel@state.mn.us](mailto:ashley.a.warling-spiegel@state.mn.us)) to set up a technical assistance meeting.

| AMHI Region | County |
|-------------|--------|
| All         | All    |

### Number of people served

| Jan-Jun 2018 | July-Dec 2018 | Jan-Jun 2019 | July-Dec 2019 | Jan-Jun 2020 | July-Dec 2020 | Jan-Jun 2021 | July-Dec 2021 |
|--------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|
| 1,493        | 7,071         | 10,183       | 10,809        | 9,879        | 10,350        | 10,155       | 1,090         |

### Race of people served

|                                     | Jan-Jun 2018 | July-Dec 2018 | Jan-Jun 2019 | July-Dec 2019 | Jan-Jun 2020 | July-Dec 2020 | Jan-Jun 2021 | July-Dec 2021 |
|-------------------------------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|
| Alaskan Native or American Indian   | 3.48%        | 2.36%         | 2.34%        | 2.85%         | 2.43%        | 2.57%         | 2.58%        | 3.12%         |
| Asian                               | 0.60%        | 2.86%         | 2.28%        | 2.84%         | 2.50%        | 3.05%         | 2.84%        | 0.92%         |
| Black                               | 6.36%        | 11.31%        | 9.93%        | 11.73%        | 8.95%        | 11.14%        | 10.78%       | 8.72%         |
| Missing                             |              |               |              |               |              | 0.01%         |              |               |
| Multiple Races                      | 2.34%        | 1.39%         | 1.61%        | 1.54%         | 1.80%        | 1.80%         | 1.68%        | 2.94%         |
| Pacific Islander or Hawaiian Native | 0.13%        | 0.14%         | 0.14%        | 0.17%         | 0.15%        | 0.18%         | 0.16%        |               |
| Some other race alone               | 1.88%        | 1.90%         | 1.91%        | 1.85%         | 1.67%        | 1.55%         | 1.94%        | 2.75%         |
| Unknown                             | 5.43%        | 4.16%         | 8.37%        | 7.35%         | 9.25%        | 9.12%         | 10.21%       | 1.74%         |
| White                               | 79.77%       | 76.28%        | 74.29%       | 72.44%        | 73.91%       | 71.10%        | 70.48%       | 79.91%        |

### Service counts by program type

|  | Jan-Jun 2018 | July-Dec 2018 | Jan-Jun 2019 | July-Dec 2019 | Jan-Jun 2020 | July-Dec 2020 | Jan-Jun 2021 | July-Dec 2021 |
|--|--------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|
| 408x Diagnostic Assessment                     | 257          | 342           | 618          | 613           | 597          | 633           | 657          | 44            |
| 420x Peer Support Services                     | 57           | 77            | 91           | 83            | 60           | 55            | 75           |               |
| 434x CSP (Community Support Program Serv..     | 1,036        | 3,408         | 4,117        | 4,453         | 3,842        | 4,038         | 4,271        | 749           |
| Housing Transition Services (HWS)              | < 10         | < 10          | < 10         | < 10          | < 10         | < 10          | < 10         | < 10          |
| Housing with Supportive Services               | 30           | 155           | 300          | 387           | 408          | 398           | 344          | 76            |
| Outreach Services (HWS)                        | < 10         | < 10          | < 10         |               | 14           | 80            | 54           |               |
| Tenancy Sustaining Services                    |              | < 10          | < 10         | < 10          | < 10         | < 10          | < 10         | < 10          |
| 436x Crisis Residential                        | < 10         | 71            | 115          | 89            | 86           | 76            | 99           | 28            |
| 437x Supported Employment                      | 61           | 242           | 282          | 342           | 326          | 303           | 286          | 86            |
| 438x ACT: Assertive Community Treatment        | < 10         | 230           | 201          | 290           | 216          | 230           | 217          | 11            |
| Forensic ACT                                   |              |               |              | < 10          |              | < 10          | < 10         |               |
| 446x ARMHS: Adult Rehabilitative Mental He..   | 318          | 568           | 827          | 765           | 733          | 635           | 586          | 117           |
| 452x Outpatient Psychotherapy                  | 160          | 401           | 891          | 796           | 589          | 587           | 496          | < 10          |
| 454x Medication Management                     | 470          | 2,040         | 3,665        | 3,671         | 3,375        | 3,715         | 3,291        | < 10          |
| 468x Day Treatment (Children's or Adult)       |              |               | < 10         |               | < 10         |               |              |               |
| 474x IRTS: Intensive Residential Treatment S.. | < 10         | < 10          | 31           | 24            | 23           | 26            | 28           |               |
| 491x MH-TCM: Mental Health Targeted Case ..    | 263          | 1,548         | 2,236        | 2,589         | 2,520        | 2,682         | 2,632        | 543           |
| 493x General Case Management                   |              |               | 11           | < 10          | < 10         | 42            | < 10         | < 10          |
| Not eligible grant service                     |              |               |              |               |              |               |              |               |
| BHH: Behavioral Health Homes                   | < 10         | < 10          |              | < 10          | < 10         |               |              |               |
| CTSS: Children's Therapeutic Services &..      |              | < 10          |              |               |              |               | < 10         |               |
| DBT: Dialectical Behavior Therapy IOP          | < 10         | < 10          | 59           | 40            | 35           | 41            | 40           | < 10          |
| Mental Health Innovations Grant                | < 10         | 18            | < 10         | 15            | 136          | 15            | < 10         | < 10          |
| State-Operated Inpatient                       |              |               |              |               |              | < 10          | < 10         |               |
| Youth ACT                                      |              |               |              |               |              |               | < 10         |               |
| Grand Total                                    | 1,493        | 7,071         | 10,183       | 10,809        | 9,879        | 10,350        | 10,155       | 1,090         |

# Impact of Covid-19 pandemic

- There is a slight drop in service counts in CY 2020 compared to CY 2019 – however, not enough of a trend to draw conclusions
  - Additional time will be needed to fully understand the impact of the covid-19 pandemic on the MH service system
- BHD Data staff will continue to assess the impact of COVID-19 across all data sources

# Data entry reminders and tips

- Be sure to identify AMHI or CSP for grant funded client
- AMHI/CSP funds are for adults only (18+)

# Reporting reminders and tips

- Next data report due **July 31, 2022** for Jan-June 2022
- Reminders – please forward data reporting reminders to networks when you receive the email
  - It includes the link to SNAP survey for any who do spreadsheet reporting
  - Spreadsheets submitted via email are not accepted

# Who to contact?

- Questions about MHIS system, data entry, or entry issues?
  - [Dhs.amhis@state.mn.us](mailto:Dhs.amhis@state.mn.us)
- Questions about your county or region's specific data, especially trends over time, or would like to request a data summary?
  - [ashley.a.warling-spiegel@state.mn.us](mailto:ashley.a.warling-spiegel@state.mn.us)



# Questions or Comments: Data Update

- How can you count missing data if it is missing?
  - This indicates a field in the client record was left blank. There are times when not all of the demographic information is completed for a person so that is referred to as “missing data”
- Can MHIS and SSIS data be combined into the same report?
  - Yes, the data reports will contain all data sources.
- Please explain the dip in number of people served from Jan-Jun 2021 to July-Dec 2021.
  - There is not a dip in numbers served. The July – December 2021 data is not complete yet. Once that is available, the reports will be updated to reflect actual counts reported during the time period.
- Is there a way to have a report on the data submitted via the spreadsheet?
  - We are currently working on a way to integrate all of the data into a report so you would be able to see those things not reported in MHIS or SSIS.
- Is data based on client’s zip code and not necessarily on which AMHI is actually providing the funding?
  - Yes, data is reported based on county of residence. We are working on a way to fix this in reports to ensure data is connected to the region which provided the service. A solution is not available at this time

# Thank You!

**Ashley Warling-Spiegel**

[ashley.a.warling-spiegel@state.mn.us](mailto:ashley.a.warling-spiegel@state.mn.us)

# Home & Community Based Services (HCBS) Federal Medical Assistance Percentage (FMAP) Funding

# HCBS-FMAP Allocations per AMHI

- HCBS funds are typically for waived services, home health care, personal care services, etc.
- CMS has allowed states to implement a variety of activities to enhance, expand, or strengthen Medicaid HCBS funds
- MN Legislature allocated \$5.25M to AMHIs
  - Each AMHI region will receive a total of \$265,157
  - These are one-time funds and must be spent by March 31, 2024
  - In determining how your region will spend these funds, consideration must be made for the sustainability of the effort

# Approved use of HCBS-FMAP funds

- Funds are approved for the following infrastructure building activities:
  - Hiring a dedicated AMHI Coordinator
  - Renovating a facility that provides Community Support Program and/or other mental health rehabilitative services
  - Purchasing technology to allow for continued use of telemedicine services in diverse communities
  - Purchasing a vehicle for assisting individuals with accessing necessary rehabilitative services
  - Training staff to better meet the needs of diverse communities
  - Other activities / unique requests require prior approval

# Invoicing for HCBS funds

- For AMHIs, HCBS-FMAP dollars are for the approved infrastructure activities only
- AMHIs must submit detailed invoices via EGMS for the HCBS-FMAP funding
- There WILL NOT be corresponding BRASS codes for the approved infrastructure activities
- No invoices will be processed through 2895s for county-based AMHIs
- AMHIs will receive clear spending parameters that distinguish these funds from the regular AMHI/CSP awards

# Next steps/tentative timeline for contracting

- DHS is currently setting up the budget tracking and determining data reporting method for these funds
- Applications issued to AMHIs late Spring 2022
- Draft contracts routed to AMHIs for approval Summer 2022
- Contracts routed for signatures through DocuSign Fall 2022
- No work can begin prior to full execution of contract (all signatures gathered from AMHI and State)

# Questions or comments: HCBS-FMAP Funding

- For "other activities" who would be the appropriate person to reach out to in order to seek approval?
  - Email your question and details of the proposed activity to [MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)
- A more detailed Q & A related to HCBS-FMAP Funding is being created and will be shared with all AMHIs once more information is gathered about approved use of funds.



# Calendar Year 23-24 AMHI/CSP Contracts

# New application format

- A new application format and budget file have been created
  - Includes more narrative
  - Allows for better tracking of expected outcomes and innovative efforts
  - Is in alignment with MN Administrative Rules [9525.1700-9535.1760](#) which requires submission of a mental health plan
  - Includes all required information for the contracting process
- Trainings on how to complete the application and budget file will take place in April 2022
  - Grant coordinators will receive the training invitation and should ensure the person responsible for completing the application attends the training

# Contracting process timeline

- April 2022 - Training sessions for new application and budget files
- May 2022 - Applications and budget files released to AMHIs and Counties
- July 1, 2022 - Application and budget files due back to DHS
- September 2022 - Contracts released to AMHIs and counties
- December 31, 2022 - All contracts fully executed with all required signatures
- January 1, 2023 - New contracts begin\*

\*No services can be paid for prior to January 1, 2023 or until the contract is fully executed, whichever comes latest.

# Questions or Comments: CY23-24 contracts

- Do you have those April dates yet for the application training?
  - We do not have dates set yet, but will be offering a few different dates/times for the training
- Will there be another option if someone is unable to attend due to scheduling conflicts?
  - We hope that the majority of people will be able to attend a scheduled training. We understand there may be circumstances that prevent someone from attending a scheduled training. If you are unable to attend the application training, please notify the AMHI Team about any conflict and we will work with you to ensure you have the information to complete the application and budget file.

# Review of AMHI Reform

# Why do we need an AMHI funding formula?

- An equitable funding formula that is supported by data is necessary to reduce mental health disparities in our communities
- Initial funding determinations for AMHIs were not uniform, equitable, or transparent
  - In 1996, six regions were funded with a total of \$1.849M
  - Today, 19 AMHI regions receive a total of \$33.5M per year in funding
  - Current allocations range from \$1.49 to \$21.29 per capita (adult only) and are based on the original funding scheme

# Funding formula development

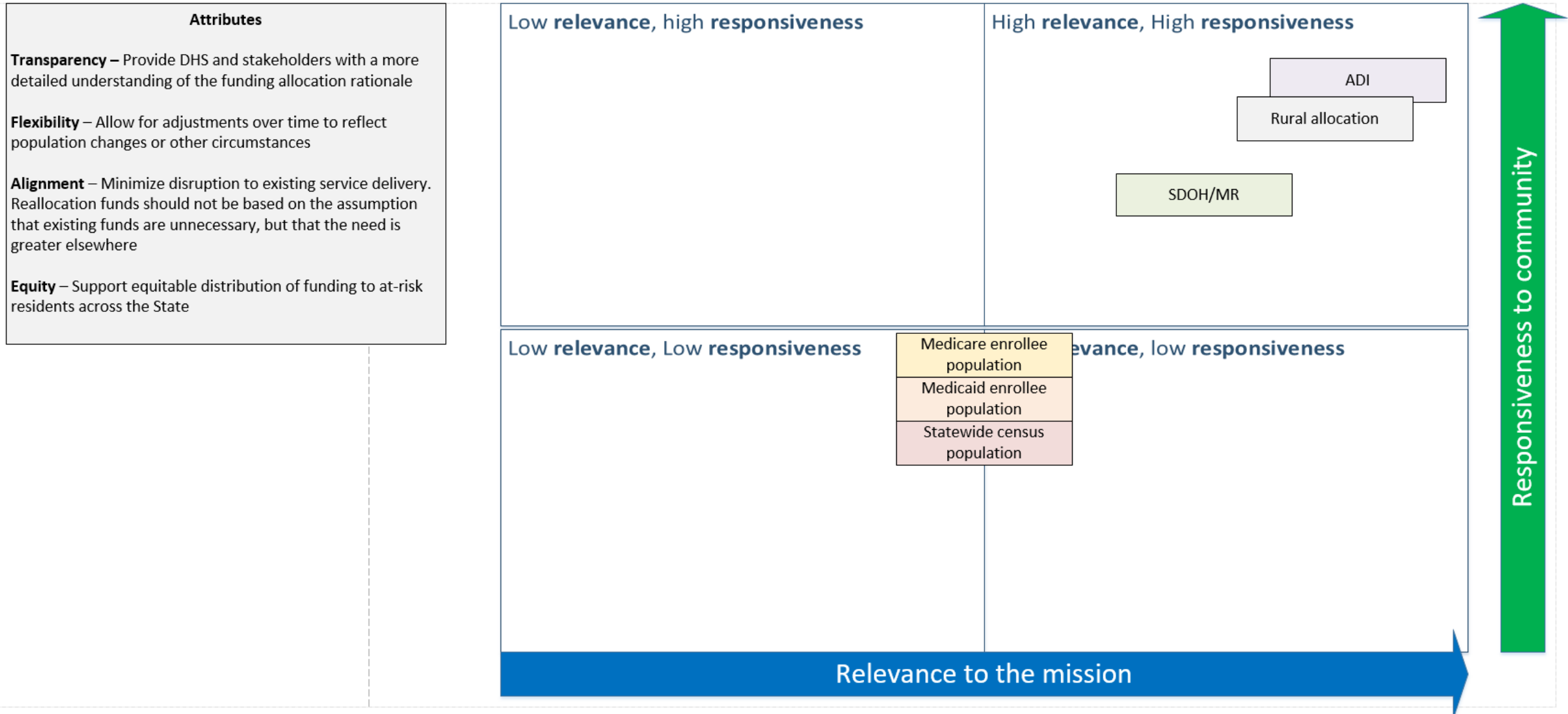
- DHS and Forma ACS conducted research to develop a funding formula model with stakeholder input
  - The funding formula model contains adjustable weights and can be adjusted overtime as new data become available
- DHS convened a workgroup to finalize the weights for the county-based AMHI funding formula
  - The weights were co-created by members of the county-based AMHI workgroup
- DHS convened a second workgroup to develop and finalize a Tribal AMHI funding formula for the White Earth Nation AMHI
  - This formula may be used in the future for other Tribes if they become AMHIs

# Variables in the formula

- Population
  - Statewide (Census)
  - Medicaid enrollee (DHS)
  - Medicare enrollee (Federal, public)
- Social determinants of health (SDOH)/medical risk
  - SMI/SPMI, SUD, deep poverty, homelessness, past incarceration, and medical risk (DHS)
- Area deprivation index (ADI)
  - Measure of neighborhood deprivation or disadvantage at 9-digit zip code level
- Rural factor using rural urban commuting area (RUCA) codes



# Final formula priorities – set by workgroup



# Formula weights – set by workgroup

- Statewide population, 10%
- Medicare population, 10%
- Medicaid population, 10%
- SDOH/Risk, 20%
- ADI, 25%
- Rural factor (RUCA), 25%
- SDOH/Risk sub-weights:
  - SMI/SPMI, 30%
  - SUD, 20%
  - Deep poverty, 20%
  - Medical risk, 15%
  - Homelessness, 15%
  - Past incarceration, 0%

# Current vs preliminary formula-based per capita allocations

| AMHI               | Current historical allocation | Per Capita (Adults) | Preliminary formula-based allocation | Per capita (Adults) |
|--------------------|-------------------------------|---------------------|--------------------------------------|---------------------|
| ABHI               | \$3,829,186                   | \$15.41             | \$2,889,427                          | \$11.63             |
| Anoka              | \$765,075                     | \$2.81              | \$1,370,917                          | \$5.04              |
| BCOW               | \$1,181,263                   | \$9.44              | \$1,390,577                          | \$11.11             |
| Carver             | \$319,933                     | \$4.13              | \$268,042                            | \$3.46              |
| CommUnity          | \$1,249,432                   | \$3.83              | \$1,929,595                          | \$5.92              |
| CREST              | \$2,297,954                   | \$6.92              | \$3,133,147                          | \$9.43              |
| Dakota             | \$482,776                     | \$1.49              | \$1,440,388                          | \$4.43              |
| Hennepin           | \$5,809,267                   | \$5.87              | \$5,355,162                          | \$5.41              |
| NW8                | \$1,453,914                   | \$21.29             | \$964,816                            | \$14.13             |
| Ramsey             | \$4,466,053                   | \$10.57             | \$2,805,213                          | \$6.64              |
| Region 2           | \$595,725                     | \$9.62              | \$944,301                            | \$15.24             |
| Region 4S          | \$664,642                     | \$12.37             | \$727,274                            | \$13.54             |
| Region 5+          | \$1,236,491                   | \$8.67              | \$2,088,819                          | \$14.65             |
| Region 7E          | \$1,715,762                   | \$13.04             | \$1,141,504                          | \$8.68              |
| SCCBI              | \$4,210,082                   | \$17.23             | \$2,633,257                          | \$10.78             |
| Scott              | \$228,859                     | \$2.11              | \$412,173                            | \$3.79              |
| SW18               | \$2,229,288                   | \$10.70             | \$3,072,057                          | \$14.74             |
| Washington         | \$604,982                     | \$3.04              | \$774,014                            | \$3.89              |
| White Earth Nation | \$158,688                     | n/a                 | TBD                                  | n/a                 |
| <b>Total</b>       | <b>\$33,499,372</b>           |                     | <b>\$33,499,372</b>                  | <b>\$7.71</b>       |

- The formula model incorporates many factors to address mental health needs and service access across the state
- Formula-based allocations will decrease disparities in funding across the state
- Current allocations range from \$1.49 to \$21.29 per capita (adult only)
- Preliminary formula-based per capita (adult only) range is \$3.46 to \$15.24
  - Note: allocations may be impacted by the finalization of the Tribal Funding Formula and are also subject to change due to any increase or decrease in the total AMHI fund

# Next steps

- DHS is waiting on feedback from the Minnesota Legislature related to the funding formula report which includes AMHI Reform efforts, the proposed funding formula model, and additional recommendations from the workgroup
  - The report is available [online](#)
- With stakeholders, develop an implementation plan for how to transition from current to formula-based allocations with least disruption possible to the formula-based allocations
  - The implementation plan will also include a data update/recalibration timeline
- Continue and complete work on Tribal AMHI Funding Formula pilot with White Earth Nation

# AMHI Reform timeline

- Feb 2022
  - DHS submitted funding formula report to the Minnesota Legislature
- Spring/Summer 2022
  - DHS will convene a stakeholder workgroup to co-develop the funding formula implementation and recalibration plan dependent upon any legislative action
- Jan 1, 2023-Dec 31, 2024
  - Contracts using current allocations
- February 2023
  - DHS releases final implementation plan and announces formula-based allocations
    - Note: regional allocations are subject to changes brought about by additions to or reductions of AMHI fund
- Jan 1, 2025-Dec 31, 2026
  - First contract using allocations informed by the funding formula

# Supporting data sources

- Statewide population data provided by the [US Census Bureau](#)
- [Medicaid data](#) from Health Care Administration at the Minnesota Department of Human Services
- Medicare data from federal resources ([Centers for Medicare & Medicaid Services Public Use File](#))
- Social determinants of health and relative risk data, collected and analyzed for the Medicaid population by Health Care Administration the Minnesota Department of Human Services
- Area Deprivation Index provided by [Neighborhood Atlas](#), University of Wisconsin School of Medicine and Public Health
- Rural-urban commuting area (RUCA) codes, U.S. Health Resources and Services Administration, Office of Rural Health Policy in partnership with the [U.S. Agriculture Department's Economic Research Service](#) and the WWAMI Rural Health Research Center at the University of Washington

# Questions or Comments: AMHI Reform

- Is there an anticipated date of the legislature approving (or not) the reform formula?
  - Currently legislative committees are reviewing the report. We do not anticipate hearing anything definitive until the close of the legislative session.
- One hope in general is that more resources are added to this grant to benefit all AMHIs and those we serve.
  - This was a recommendation of the County-based AMHI Funding Formula Workgroup and was included in the report submitted to the legislature.

# General questions, comments, and next steps

- Next statewide meeting: June 15, 2022 from 1-3pm; log in information is available [online](#)
- Meeting materials from today will be posted on the [AMHI Website](#)
- Please email [amanda.calmbacher@state.mn.us](mailto:amanda.calmbacher@state.mn.us) if you'd like to join me for an informal conversation on how the Behavioral Health Division can work with you to ensure service recipients have awareness and information about actions we're taking to integrate the Olmstead Plan into our behavioral health continuum of care.
- Comments:
  - At a future meeting, we would like to see some program features on how AMHIs will use the one time HCBS-FMAP funding



# Thank You!

**AMHI Team**

[MN DHS amhi.dhs@state.mn.us](mailto:amhi.dhs@state.mn.us)