



# September 18, 2025 AMHI/CSP Statewide Meeting

Pam Sanchez | *Supervisor*

Breanna Bertozzi & Chris Ederer | *Team Leads*

Jamie Preuss, Sara Erie & Stacy Livingston | *Consultants*

# Agenda

Time	Topic
1pm – 1:15	Welcome & Informational Updates
1:15 – 1:30	AMHI/CSP Workplan Revisions
1:30 – 1:45	Direct Payment Implementation Update
1:45 – 2pm	AMHI/CSP Monitoring Visits
2pm – 2:30	Tribal Contracts & American Indian Communities
2:30 – 3pm	Veterans Community Health

# AMHI/CSP Team at DHS



**Chris Ederer**  
*Team Lead*



**Pam Sanchez**  
*Supervisor*



**Breanna Bertozzi**  
*Team Lead*

# AMHI/CSP Team Continued



**Jamie Preuss**  
*Consultant*



**Stacy Livingston**  
*Consultant*



**Sara Erie**  
*Consultant*

Be willing to learn  
through listening.

Respect  
Differences.

Align efforts and  
focus on solutions  
for equity.

Value others' time  
and contributions.

Practice  
compassionate  
accountability.

Make explicit  
what is implicit.

Allow yourself to  
be vulnerable.

Hold each other  
accountable.

Offer recognition  
for others.

Encourage  
engagement.

Listen without  
judgement.

Equity Acknowledgement





# AMHI/CSP Information & Updates

Chris Ederer | *AMHI/CSP Team Lead*

# Communication Request

Send all correspondence  
to our team's shared  
email box and utilize  
naming conventions

- › **Team email:**  
[MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)
- › **Example Naming Convention:**  
BCOW, Otter Tail Co. AMHI 2025  
Budget Revision Request  
*\*Regions, include fiscal agent*

# 2023-2024 AMHI/CSP Funding Outcomes

## AMHI/CSP Contract Term: 1/1/2023-12/31/2024

Total AMHI Contract Term Allocation: \$67,126,952

Total AMHI Contract Term Unused Balance: \$1,360,228

Total CSP Contract Term Allocation: \$41,614,586

Total CSP Contract Term Unused Balance: \$1,889,203

*Less than 3% of total allocation was unused  
at end of 2023-2024 contract term.*

## 2023-2024 AMHI/CSP Funding Outcomes







## AMHI/CSP Workplan Revisions

Breanna Bertozzi | *AMHI/CSP Team Lead*

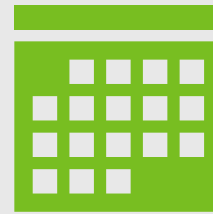
# Workplan Revisions



Workplan  
revision request  
form can be  
found on AMHI  
website.



Each funding  
stream requires its  
own revision  
request form.



Revision requests  
cannot be  
submitted within  
90 days of  
previous revision  
approval.



Keep in mind –  
budget revisions that  
exceed 10% of budget  
year total will require  
an amendment &  
additional processing  
time.

# Revision Request Form

## Tips for completing the form:

- ✓ One form per funding stream.
- ✓ Under the 'AMHI Region' field, list the County/Region/Tribe and identify if the revisions are for AMHI or CSP.
  - ✓ Example: Anoka Co. CSP
- ✓ Under the 'changes to the AMHI and/or CSP budget' field:
  - ✓ Identify the budget year for the revisions.
  - ✓ List total dollar amounts being added or removed from each revised BRASS code and why (only full dollars, no cents).

## AMHI/CSP Budget Revision Request

### Budget Revision Criteria

On a quarterly basis, assess if a budget revision is needed. A budget revision is required for AMHI and/or CSP funds if you are:

- Moving funds into a new BRASS code or removing all money from a BRASS code
- Moving more than \$10,000 (or over 50% of funds) between BRASS codes
- Adding or removing a provider to a BRASS code

### Budget Revision Process

Submit this form to your regional consultant at [MN\\_DHS\\_amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us). Your consultant will send you a copy of the grant application to be modified. Use the copy you receive to make updates and return the file to [MN\\_DHS\\_amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us).

AMHI REGION	DATE

Describe the changes to the AMHI and/or CSP budget and rationale for the change. Include how much money is being moved and which BRASS codes are being adjusted:

--

Describe the changes to the Provider List and rationale for the change. Include name of provider being added/removed and which BRASS codes are being impacted by the change:

--

# Required CY2025 Revisions



Review your current CY2025 AMHI & CSP workplans.



Check for funds or providers listed as RFP or unknown.



All funds must be allocated to an identified provider before the end of the CY.



If necessary, submit revision request form by **Nov. 1st**

Questions  
about revision  
requests?





## Direct Payment Implementation Update

Pam Sanchez | *AMHI/CSP Supervisor*



## Current Tasks in Progress:

- ✍ Workgroup development
  - ✍ MACSSA-appointed workgroup members identified
  - ✍ Planning kickoff meeting – date, time and agenda
- ✍ Collecting input & feedback
  - ✍ Via coordinator meetings
- ✍ Phasing out MHIS reporting

### Deliverable #1

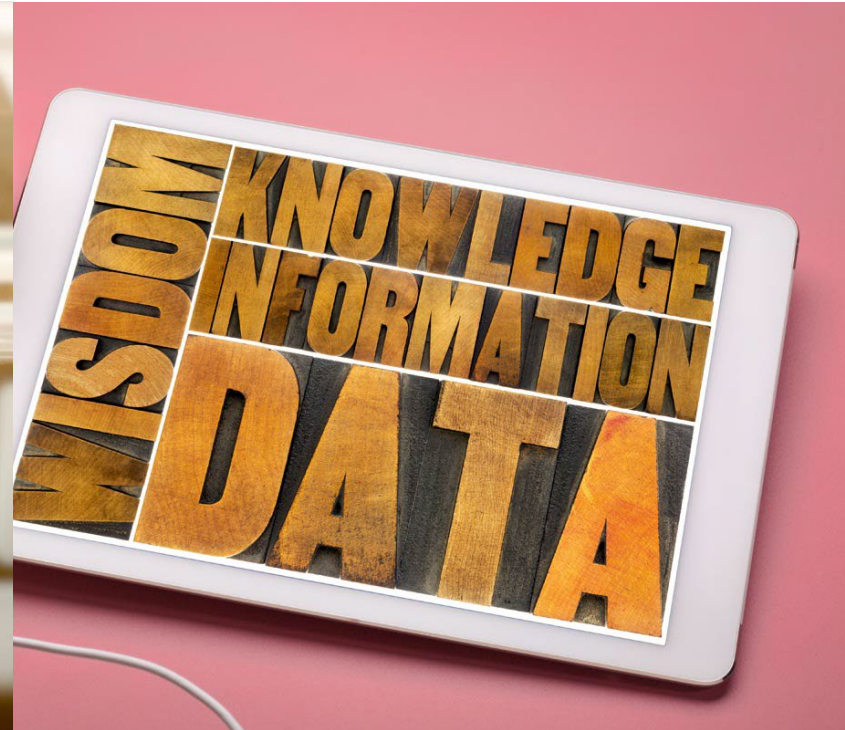
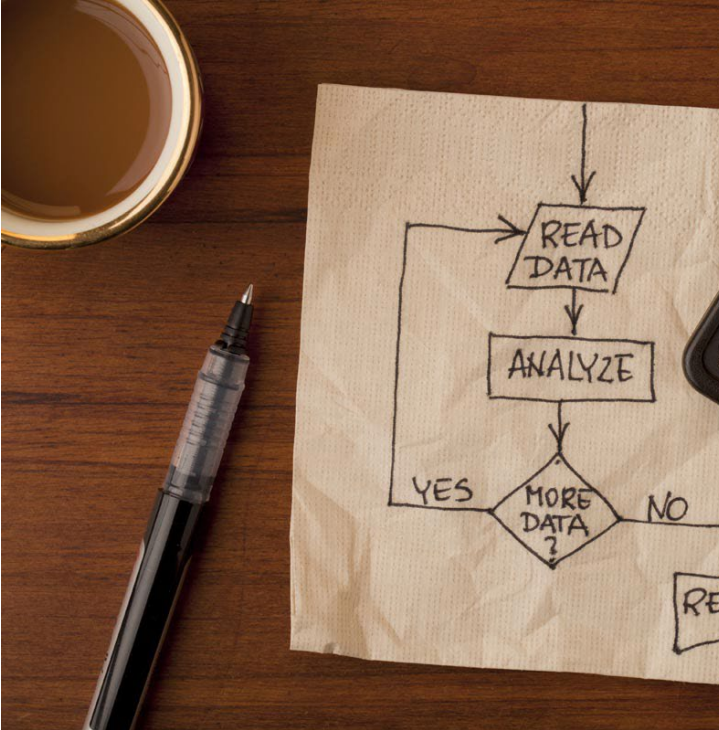
- ✓ Identify financial processes
  - Develop Standard Operating Procedures (SOPs)

### Deliverable #2

- ✓ Develop outcome reporting requirements
  - Identify reporting system(s)

Questions?





# Monitoring Visits

Chris Ederer | *AMHI/CSP Team Lead*



Per [OGM Policy 08-10](#), the State of Minnesota must conduct at least one grant monitoring visit before final payment is made on all grants totaling over \$50,000

## **Purpose of Monitoring Visits:**

- Collect feedback and requests for training, support and technical assistance
- Foster partnerships through open discussion
- Acknowledge and appreciate grantee efforts
- Gain a general overview of processes and procedures
- Confirm compliance with AMHI/CSP rules and regulations

## Initial email sent by AMHI/CSP team to grantee will include:

- Timeline and details with request for documentation.
- Scheduling request for the virtual monitoring visit.

*Required documents will be due two weeks from date of initial email.*

## DHS Document Review

- AMHI/CSP team will have two weeks to review submitted documents.

## Monitoring Visit Meeting

- Location: Virtual
- Length: Two hours

# What to Expect

## Expectations

- ✓ Adhere to timelines, provide clear documentation, be prepared to discuss processes and procedures, and ask questions

## Tone

- ✓ Professional, respectful, engaging, and agenda-driven

## **Reason**

- Standardized - Process & outcomes determined by OGM & OLA
- Audit purposes



Any  
Questions?





# Tribal Contracts and American Indian Communities

Kat Preuss | *American Indian Mental Health Program Representative*



## MN Tribal Map

Red Lake Band of Chippewa

Bois Forte Band of Chippewa

Grand Portage Chippewa

White Earth Nation

Leech Lake Band of Ojibwe

Fond du Lac Band of Lake Superior Chippewa

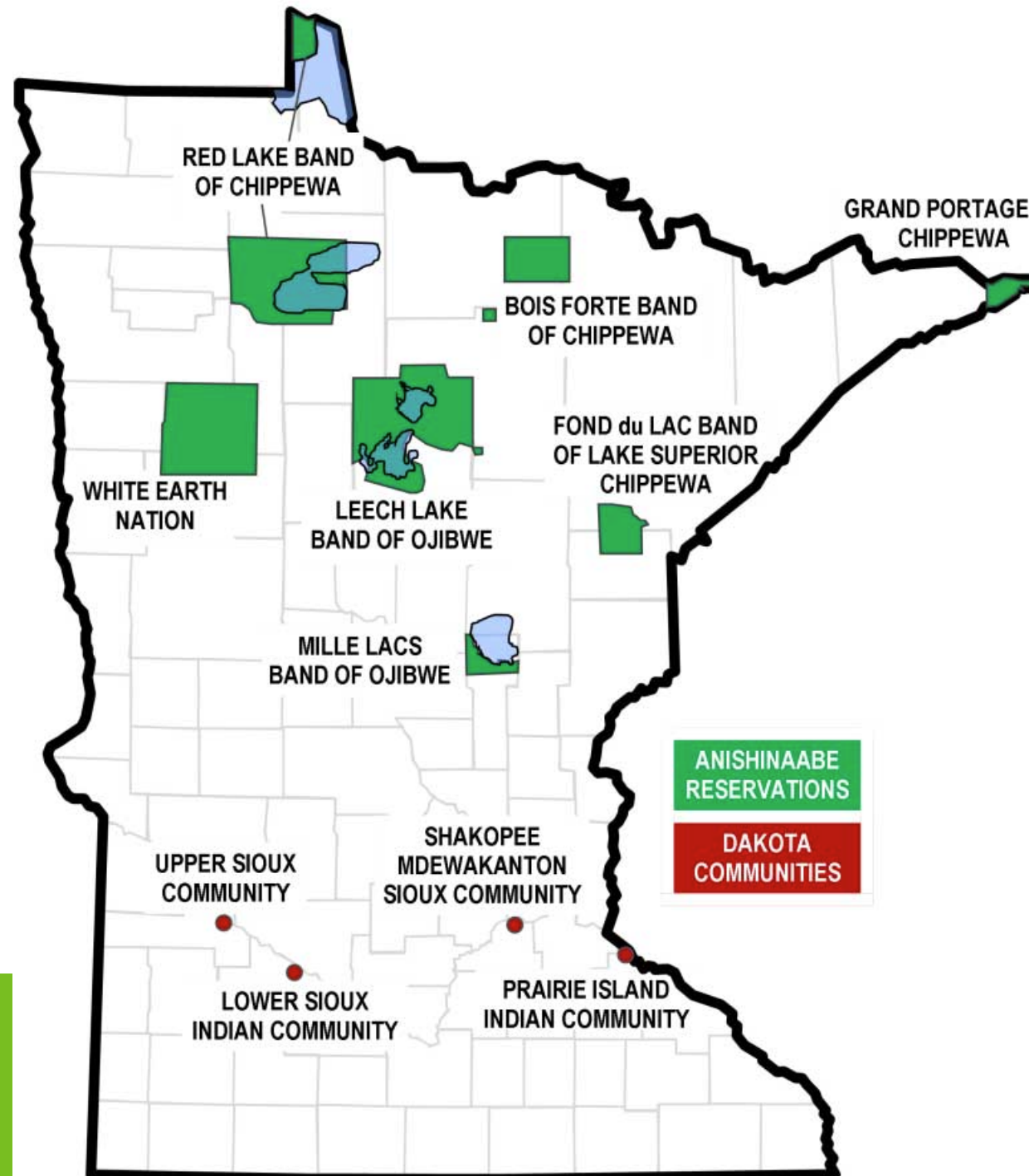
Mille Lacs Band of Ojibwe

Upper Sioux Community

Lower Sioux Indian Community

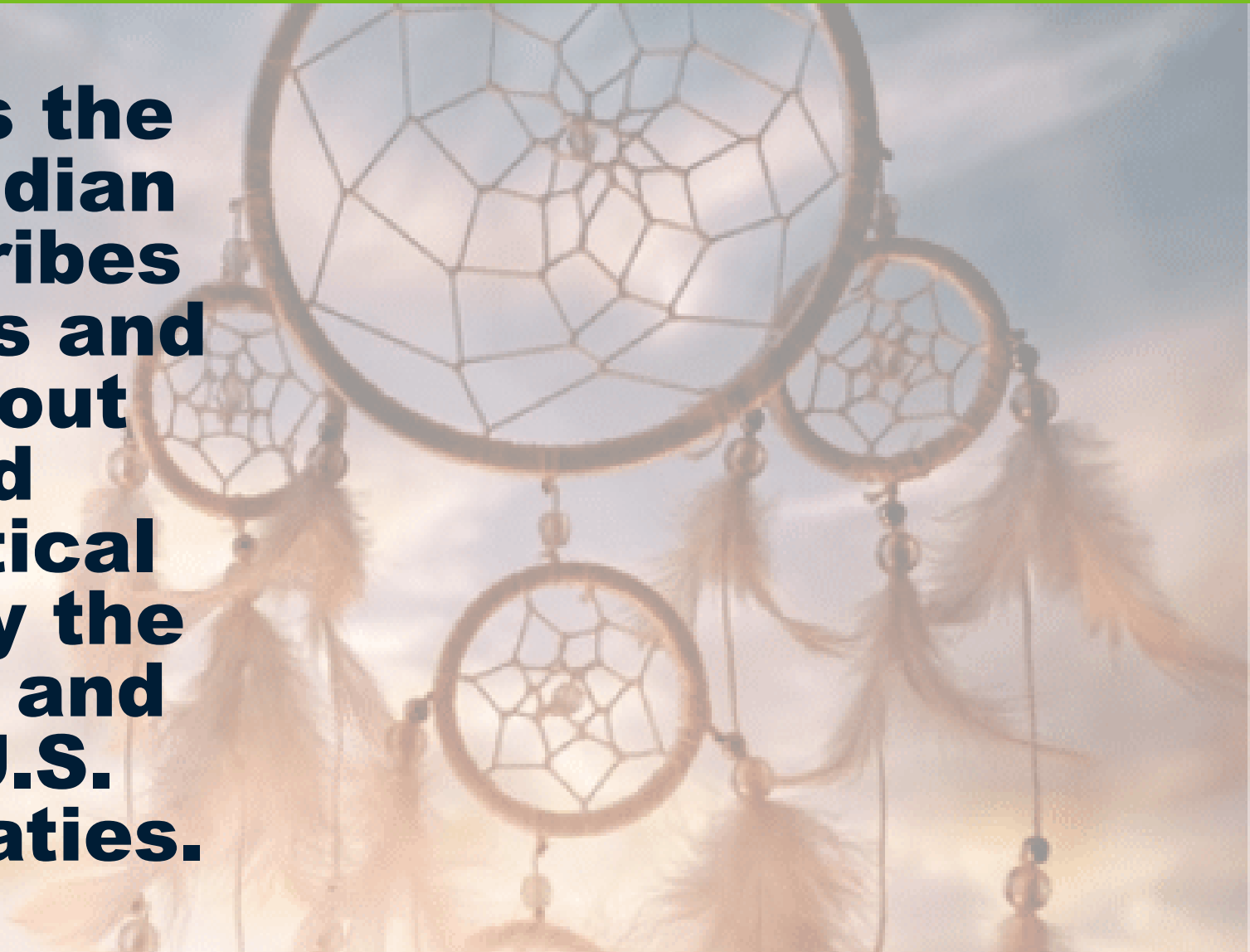
Shakopee Mdewakanton Sioux Community

Prairie Island Indian Community



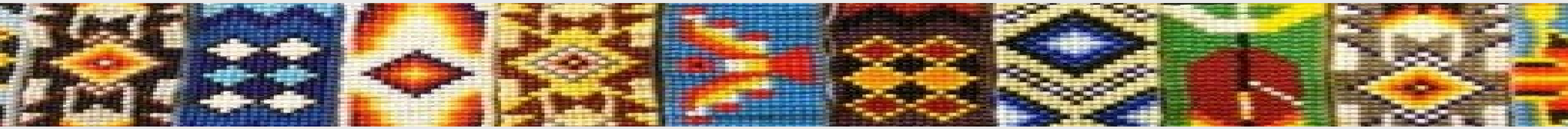
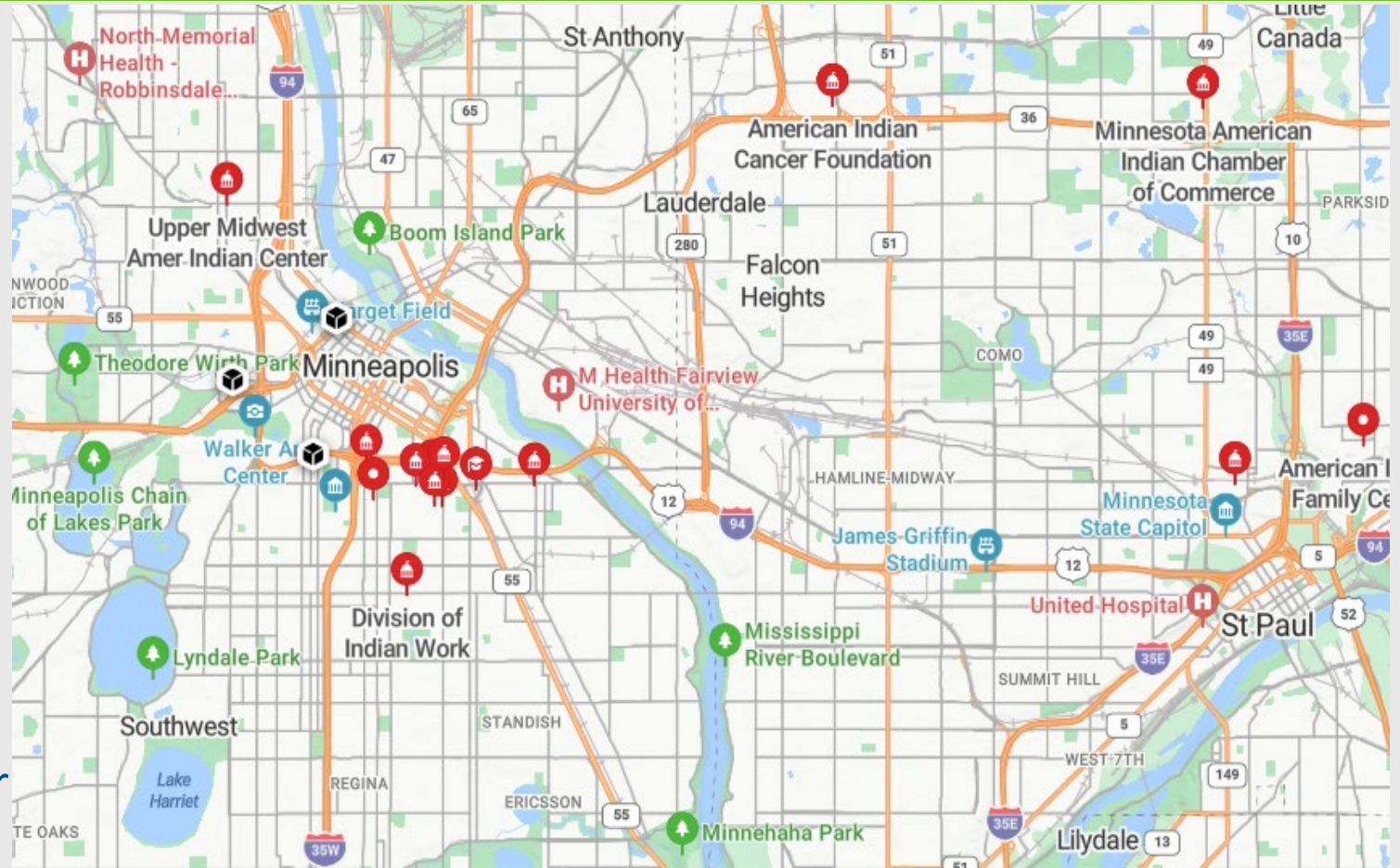
# Sovereignty

**Tribal sovereignty is the right of American Indian and Alaska Native tribes to govern themselves and make decisions about their citizens and property. It's a political status recognized by the federal government and protected by the U.S. Constitution and treaties.**



# American Indian Urban Organizations

- American Indian Center Mpls.
- American Indian CDC, Mpls
- American Indian Community Housing Organization
- American Indian Family Center
- Division of Indian Work
- Indian Health Board Mpls.
- Indigenous People's Task Force
- Little Earth
- MN Indian Women's Resource Center
- Native American Community Clinic
- Upper Midwest American Indian Center
- Zintkala Luta



# Applicable Federal Tribal Law

## **1934 Indian Reorganization Act**

- Reestablished and reaffirmed the right of Tribes to have their own government structures

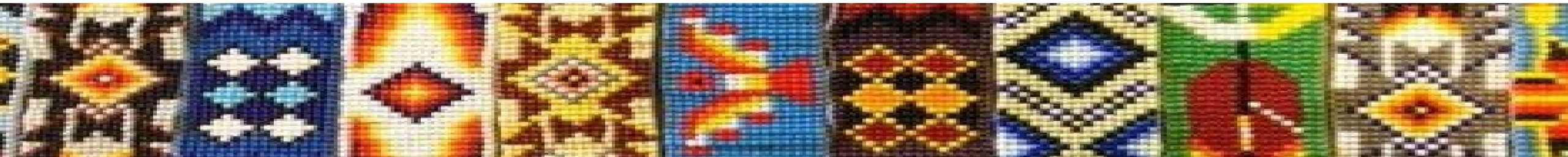
## **1975 Indian Self- Determination and Education Assistance Act also called Public Law 93-638**

- Authorized Secretary of Interior and other agencies to contract and make grants directly to Tribes
- Reaffirms Tribes inherent Tribal Sovereignty and autonomy over their own land, membership, businesses, and employees. This includes Indian preference in hiring.





# Tribal and State Relationship

- The Indian Affairs Council is the oldest council of its kind in the nation and serves as a liaison between the Indian tribes and the state of Minnesota. The name of this group has changed several times: Indian Affairs Commission (1963-1976), Indian Affairs Intertribal Board (1976-1983), and MN Indian Affairs Council (1983- ).
- The Indian Affairs Council offices, located in St. Paul and Bemidji, carries out it's mission which is "to protect the sovereignty of the eleven Minnesota tribes and ensure the well being of all American Indian citizens throughout the state of Minnesota."
- This is permanent legislation and is set to never expire.



# Minn. Stat. § 10.65

- 
- 
- a) The state of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The state of Minnesota acknowledges and supports the unique status of the Minnesota Tribes and their absolute right to existence, self-governance, and self-determination.
  - b) The United States and the state of Minnesota have a unique relationship with federally recognized Indian Tribes, formed by the Constitution of the United States, treaties, statutes, case law, and agreements.
  - c) The state of Minnesota and the Minnesota Tribal governments significantly benefit from working together, learning from one another, and partnering where possible.
  - d) **Timely and meaningful consultation between the state of Minnesota and Minnesota Tribal governments will facilitate better understanding and informed decision-making by allowing for communication on matters of mutual interest and help to establish mutually respectful and beneficial relationships between the state and Minnesota Tribal governments.**

American Indians in Minnesota experience the highest disparity rates compared to other racial groups in the state, facing significant challenges in areas like health, poverty, and education, despite making up a relatively small percentage of the population.



Key points about American Indian disparities in Minnesota:

**Highest poverty rates:** Studies show American Indians have the highest poverty rates among racial groups in Minnesota.

**Worst health disparities:** American Indian communities in Minnesota experience the most significant health disparities compared to other populations.

**Historical context:** These disparities are often linked to genocidal historical injustices and trauma faced by Native American communities.

- When working with funding distribution, it is important to keep diversity and equity at the forefront.
- The Native American population is usually not mentioned specifically in the RFP's or if it is, we are included as "BIPOC" or "People of Color".
- When we are included in this way, it does not acknowledge our Political Status in the United States. It is important to include the Native American population with any Sole Source and/or an RFP or for any grant application requirements -- make it intentional.
- American Indian population has the highest disparity rate across the board than any other ethnic group and in Minnesota we make up 1.1 of the population.

# Considerations When Working with Tribes

\*Government Structures are different.

- Each Tribe is Different

Mille Lacs band does not have a Council. They have legislative structure.

Fond du Lac has a business committee.

Upper Sioux has a Board of Trustees.

\*Grant and Approval processes.

- Tribes Have Different Processes

Some have legal review before going to Council for approval.

Some grant managers have authority to sign

Others need Council signatures/approval.



## **TIMELINES – Tribes are all different**

- \*White Earth meets once a month.
- \*Some Tribes have to have the entire Council approve before signature
- \*Many Tribes have different fiscal timelines.

***Allowing extra time for contract to be signed with the understanding that we are on their timelines.***



# Some difference with Tribal Contracts

- **Insurance** --Can also be unique as many Tribes self insured.
  - They do not need to provide a Certificate of Insurance.
- **Tribal Employment Rights** --Tribes are exempt from some of the state labor laws.
  - For instance, they have Tribal Employment Rights to hire and employ their members and other Native Americans first.

**You can contact us if you  
have any questions.**

**We are here to help!!**

**Miigwech  
Pidamayaye  
Thank You**

[american.indian.team.dhs@state.mn.us](mailto:american.indian.team.dhs@state.mn.us)





# Veterans Community Health

Thursday, September 18, 2025

Krysta Stanenas, MA, OIF Veteran | Data and Analytics, Veterans Community Health

# MDVA Mission | Vision | Core Values

## **Mission**

*Serving Minnesota Veterans, their dependents, and survivors by connecting them with the federal and state care and benefits they have earned.*

## **Vision**

*Fulfilling the needs of Minnesota Veterans and their families by providing proven and innovative programs and services to maximize quality of life.*

## **Core Values**

Veterans first in our hearts, minds and actions

Excellence is our standard

Trust through results

Ethics is our cornerstone

Respect for service (past & present)

Advocacy for care and services

Nation Leading services

Stewardship of resources





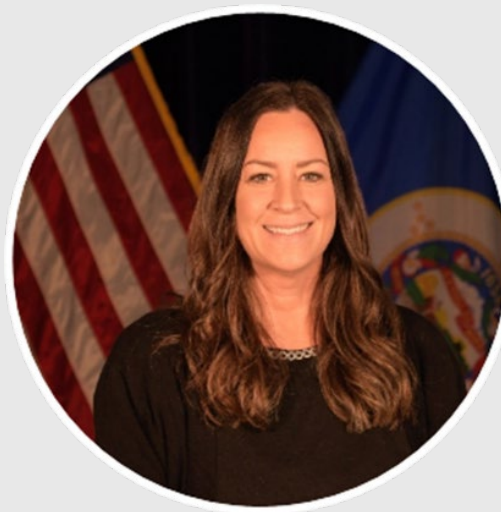
# Veterans Community Health Team



**Rachel Johnson, MBA**

**Veterans Community  
Health Director**

*Rachel.D.Johnson@state.mn.us*  
952-262-1593



**Krysta Stanenas**

**Veteran Healthcare Data  
Analyst Liaison**

*Krysta.Stanenas@state.mn.us*  
763-388-1281



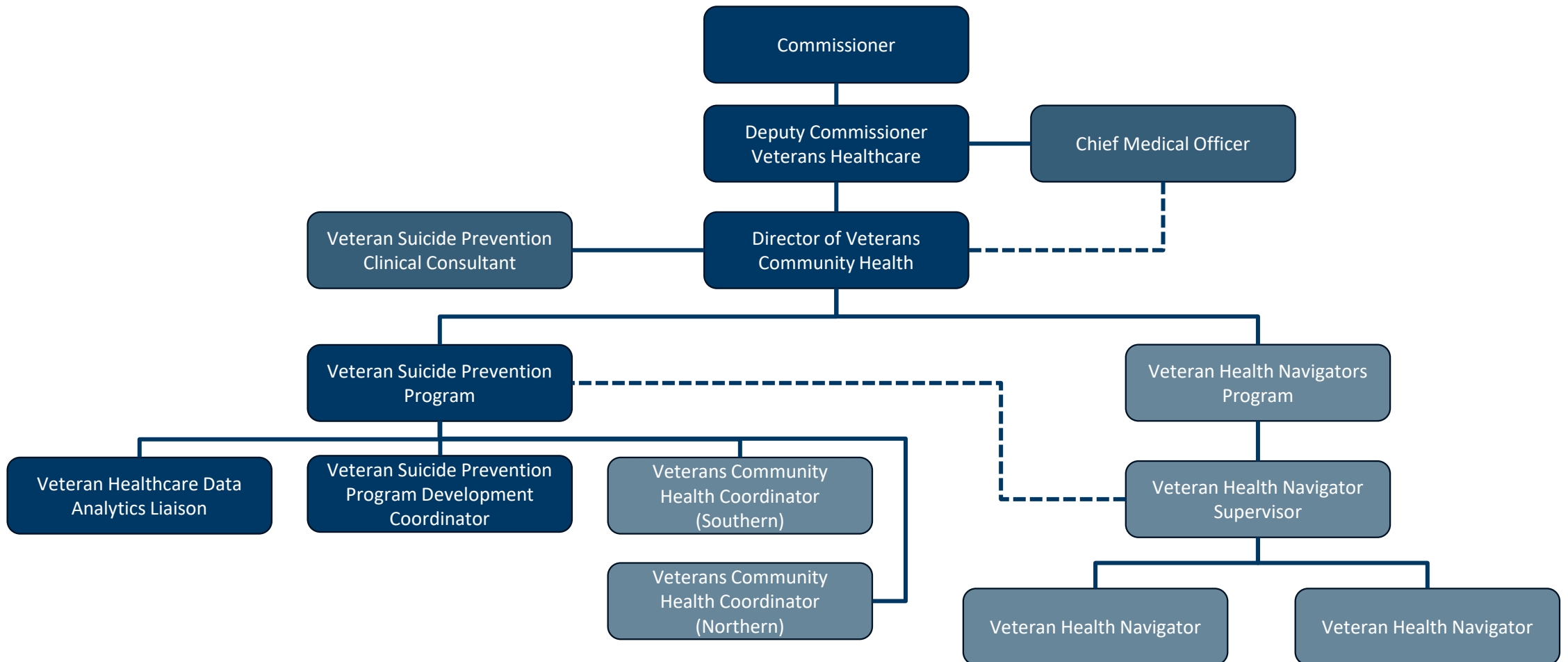
**Kristi Stites**

**Veteran Suicide Prevention  
& Program Development  
Coordinator**

*Kristi.Stites@state.mn.us*  
952-262-1593

# MDVA Veterans Community Health

## *We're Growing!*





Veterans Data Analytics

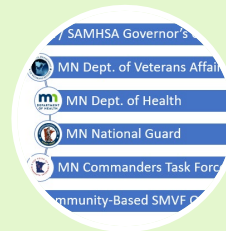
# MDVA Veterans Community Health Program



Veteran Suicide  
Prevention



Veteran Health  
Navigator



MN Veteran Suicide  
Prevention Collaborative

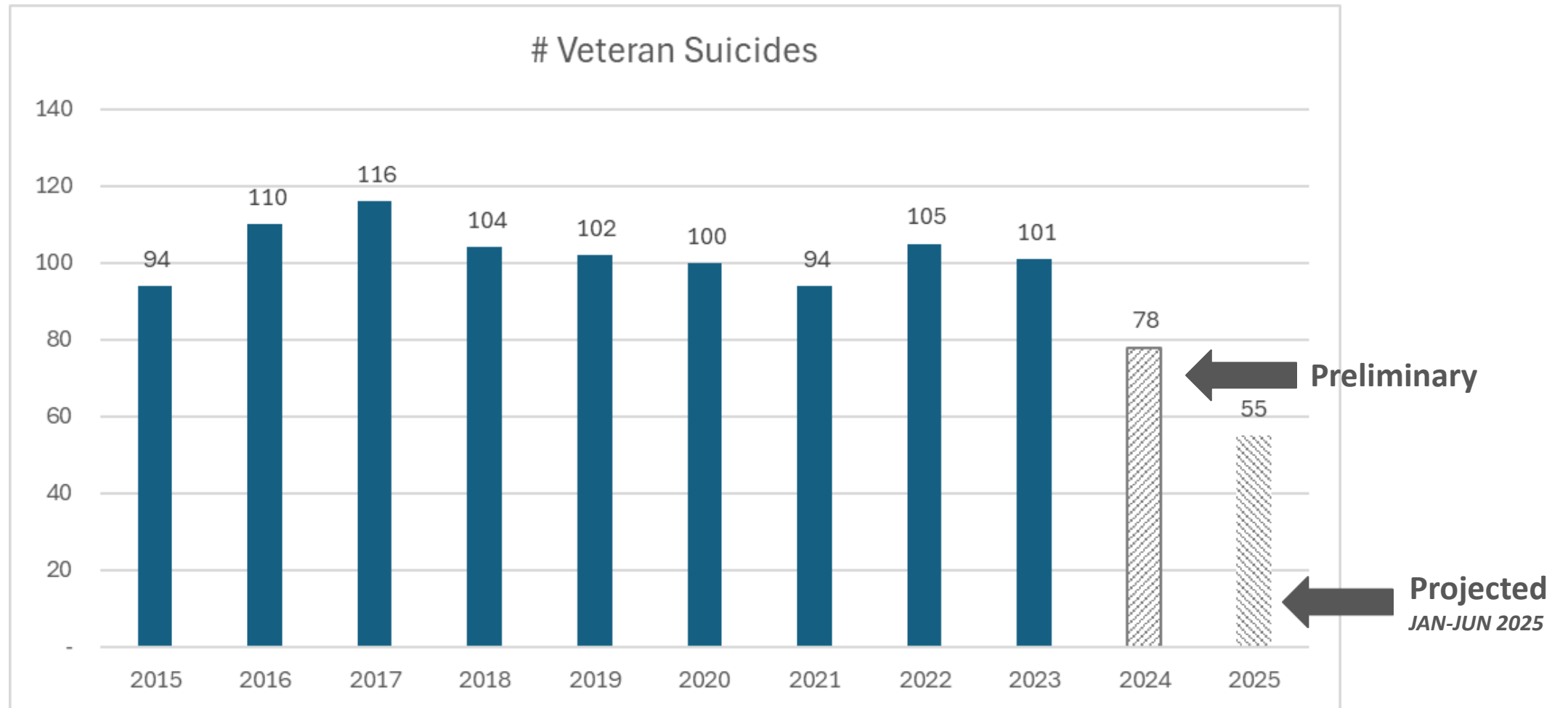


MN Veteran Suicide  
Prevention & Awareness  
Day



# Veteran Suicide Data

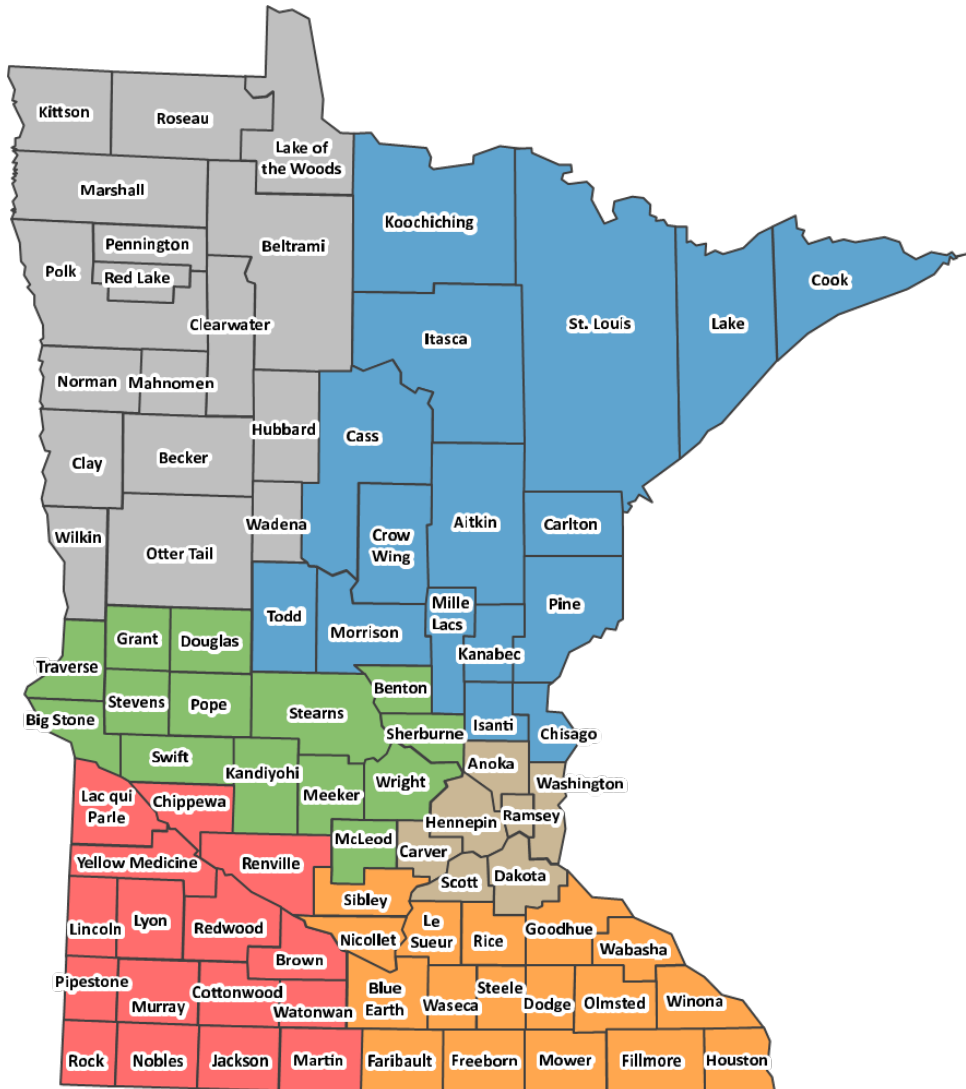
# Minnesota Veteran Suicide



Updated 07/28/2025

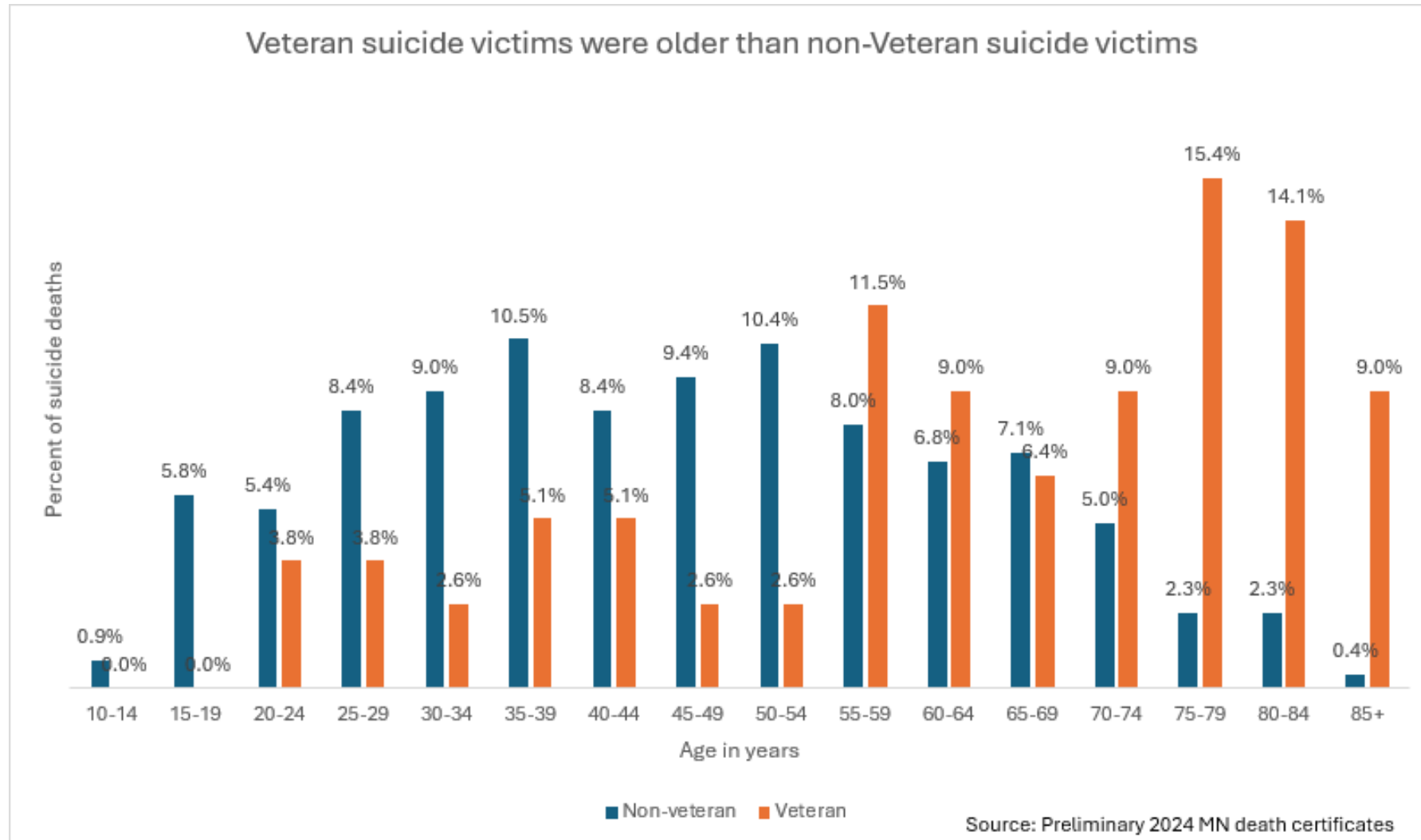
2024 data is preliminary | 2025 Projected (Jan-Jun)

# Veteran Community Based Services Regional Map & Veteran Suicides



Region	# Veterans 2024	# Suicides 2024	% Suicides 2024
Northwest	22,543	9	0.0399%
*Northeast	47,599	14	0.0294%
Central	36,936	8	0.0217%
Metro	137,692	31	0.0225%
*Southwest	12,496	3	0.0240%
Southeast	38,437	13	0.0338%
Total	295,703	78	0.0264%

# Veteran Age Demographics



# Veteran Suicide Prevention

# Veteran Suicide Prevention Training Opportunities



**Mental  
Health  
First Aid**





# Crisis Prevention Resources



[Veterans Linkage Line](#)



[988 Suicide and Crisis Lifeline](#)



[Mobile Crisis Mental Health Service](#)



[Text-911](#)



[988 Suicide Lifeline](#)

# Clarifying Use of 988 & 911

**Make the Right Call**

**Dial 911 for Emergency Services!**

- Life-Threatening Situations
- Crimes in Progress
- Property Crimes
- Medical and Fire Emergencies
- Disaster Response

**Dial 988 for Mental Health and Emotional Support!**

- Suicidal Thoughts
- Mental Health Concerns
- Substance Use Concerns
- Emotional Support

You can Also Text both numbers.

Scan for more info on 911

Scan for more info on 988

DEPARTMENT OF PUBLIC SAFETY  
STATE OF MINNESOTA

DEPARTMENT OF HEALTH

## 988 is uses:

A stressful day

I am lonely and want to talk

I went through a breakup

Call just to talk to someone about wide  
range of concerns

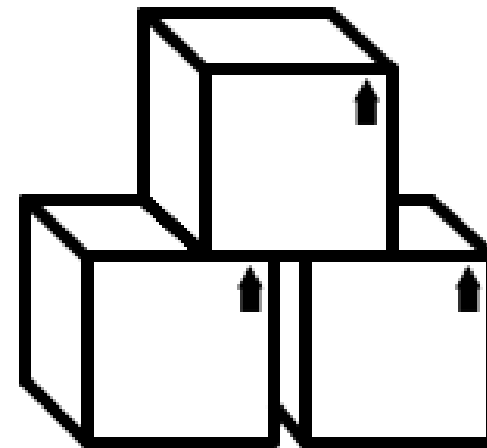
## 911 Uses:

There is a potential for crisis or crisis

There is imminent danger

Trust and defer to your discernment

# Veterans Suicide Prevention Boxes



# Partnerships for Awareness

American Legion Be The One  
Columbia Protocol App  
“Just Ask. You Can Save A Life”



AMERICAN  
LEGION

**BE THE ONE**

Scan the QR code to download the  
Columbia Protocol app.

Powered by:  
PS Solutions

ANDROID USERS



IPHONE USERS



## Beyond the Yellow Ribbon



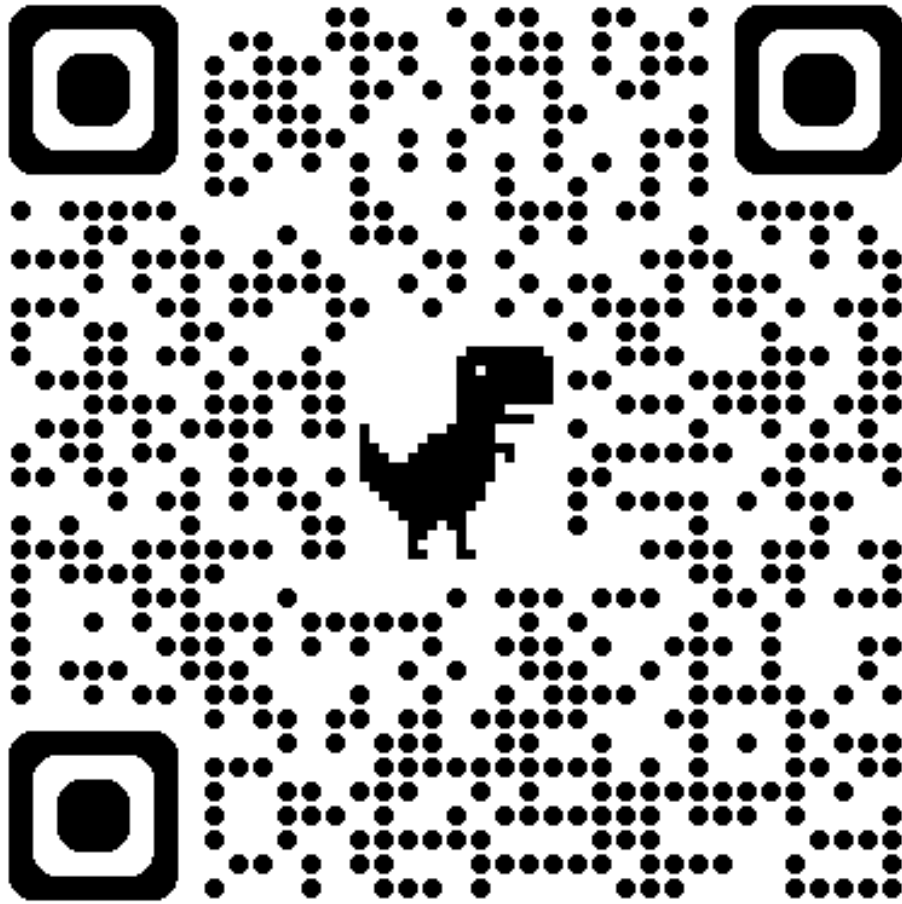
ONE SCAN...  
ENDLESS SUPPORT!

 [Campsite.bio/BTYR](https://Campsite.bio/BTYR)

The mission of Beyond the Yellow Ribbon is to establish and sustain a comprehensive community and corporate support network that connects and coordinates agencies, organizations, and resources to meet the needs of Minnesota's service members, veterans, and their families in all military branches.



# MDVA Veteran Suicide Prevention *Calendar*



## Suicide Prevention Calendar

To submit an event for the Suicide Prevention Calendar, please contact [SuicidePrevention.MDVA@state.mn.us](mailto:SuicidePrevention.MDVA@state.mn.us).

Today < > September 2025 ! 📅 🖨 Month ▾

SUN 31	MON Sep 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6
• 07:00 MN Milita		• 19:00 Brainerd		• 18:00 Mental Ar	<b>Military Family</b> 📍	• 11:00 Twin Citi
7 • 07:00 MN Milita	8	9	10	11	12	13
14 • 07:00 MN Milita	15	16 • 18:30 Be The Vc	17	18	19	20 <b>Field of Bands</b>
21 • 07:00 MN Milita	22 • 17:00 Hamburg	23	24 • 09:00 Central I	25 <b>DAV Fall Conference</b>	26	27 <b>JRAD</b> 2 more
28 • 07:00 MN Milita	29	30	Oct 1	2	3 <b>John Zgoda Disabled Veteran Deer I</b>	4

**MDVA Suicide Prevention**  
Events shown in time zone: (GMT-05:00) Central Time - Chicago  
[Add to Google Calendar](#)

Google Calendar



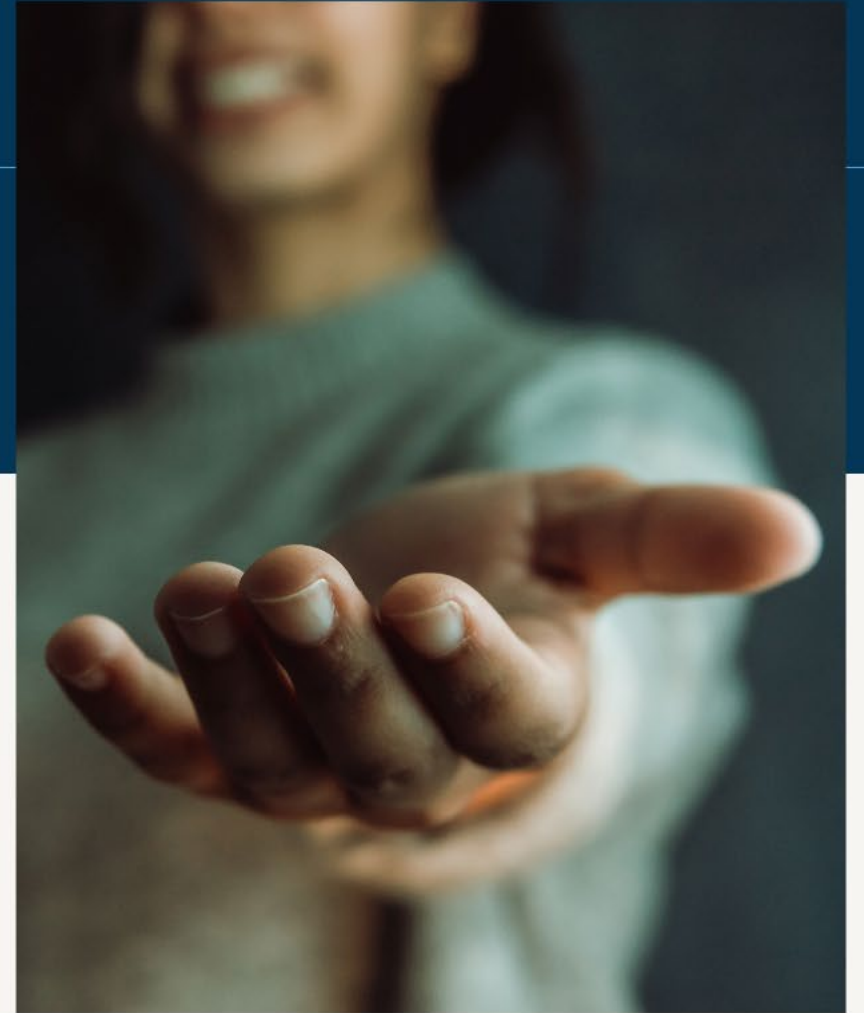
# 7<sup>th</sup> Annual Veteran Suicide Prevention & Awareness Day

Be the One: A Wellness Mission for Service Members, Veterans and their Families

Tragically, Minnesota loses 100 Veterans a year to suicide. Community support and connection can make a difference and save lives! Learn how you can help.

**SATURDAY, OCTOBER 4, 9A.M.**

Red Baron Arena & Expo  
1651 Victory Drive , Marshall, MN 56258



Save the Date



# Veteran Health Navigator Program

# Veteran Health Navigator Overview



## Identifying SMVF and Screening for Suicide Risk

- Ask the Questions
  - “Have you or a loved one ever served in the military?”
  - “Are you connected to VA Health Benefits?”
  - Screening of military time, service, or exposures
- Mental or Behavioral Health Screenings (PHQ9, Columbia, ACES)



## Promoting Connectedness and Improving Transitions of Care

- Screening Social Determinants of Health
- Screenings provided at VA Health (i.e. Mammogram, colonoscopy, behavioral, health, etc.)
- Connection to local, regional, state, and federal resources
  - County Veteran Service Officers
  - Soldier & Family Readiness Specialists



## Increasing Lethal Means Safety and Safety Planning

- MN State Suicide Prevention Task Force
- Safe Storage Committee
- Distribution of Free Gun Locks – VA and MDVA
- Safe Storage Training Materials



## Partners

- Regions Hospital: Lee & Penny Anderson HeroCare for Veterans
- MDH Office of Rural Health & Primary Care
- MDH Health Care Homes
- MN Hospital Association
- VA Community & Engagement Partnership Coordinators

# In Progress: Community of Practice

## *Ask the Question*



# MN Veteran Suicide Prevention Collaborative

# MN State Suicide Prevention Taskforce

**Mission:** To empower communities to collaborate and implement comprehensive suicide prevention.

**Vision:** We envision a Minnesota where everyone works together to reduce suicide experiences – where individuals and communities are connected, supported, and have access to care.

## MN State Suicide Prevention Taskforce

Mental Health &  
Wellbeing

Postvention

Data Action Team

Intervention

Service Members,  
Veterans, and their  
Families (SMVF)

Safe Storage

Social Determinants  
of Health

Health and Racial  
Equity Committee

Black Youth

American Indian

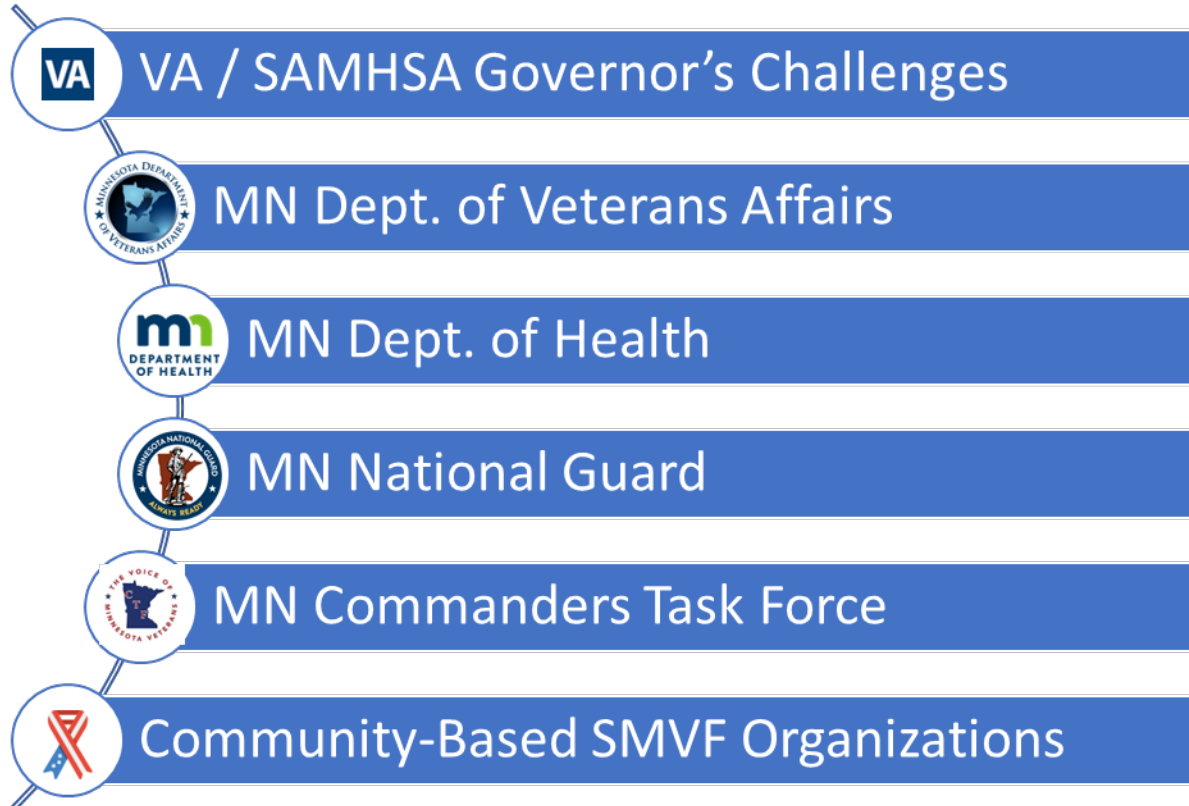
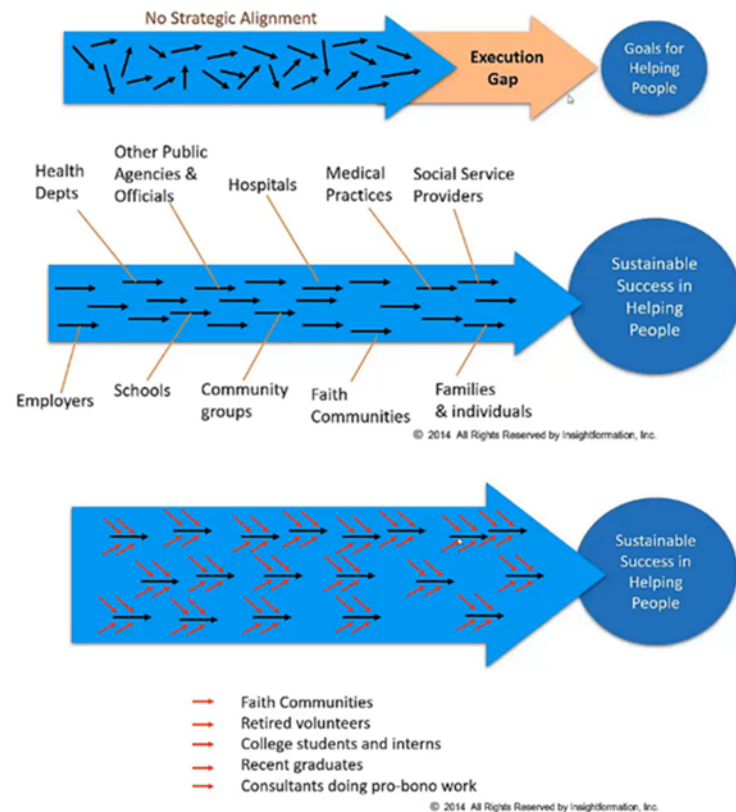
LGBTQIA2S+

## Veteran Suicide Prevention Collaborative



# Sustainability

## Creating Value through Alignment



## Next Steps

# Work in Progress

## Veteran Suicide Prevention

- Southern MN Veterans Community Health Coordinator
- Landscape Analysis
- Attending AMHI meetings to gather community resources and connections
- Offering trainings and education

## Veteran Health Navigator

- Solicitation to Non-VA Healthcare systems
- Hiring of Veteran Health Navigators
- 2026 Community of Practice

## MN Veteran Suicide Prevention Collaborative

- Working with the Wilder Research Foundation in completing a Comprehensive Plan
- Alignment with State Suicide Prevention Plan and VA National Veteran Suicide Prevention Strategy
- Growing out the collaborative throughout MN



# Thank You!

**Rachel Johnson, MBA**

**Veterans Community  
Health Director**

*Rachel.D.Johnson@state.mn.us*

952-262-1593

**Kristi Stites**

**Veteran Suicide Prevention  
& Program Development  
Coordinator**

*Kristi.Stites@state.mn.us*

952-262-1593

**Krysta Stanenas**

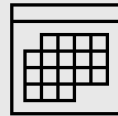
**Veteran Healthcare Data  
Analyst Liaison**

*Krysta.Stanenas@state.mn.us*

763-388-1281

# Upcoming 2025 AMHI/CSP Statewide Meeting

★ *Don't forget to add it to your calendar!* ★



**Thursday, December 11<sup>th</sup>**



**1pm-3pm**

[Microsoft Teams Meeting Link](#)

Meeting ID: 231 530 388 443, Passcode: Ep6e6YM6

Or call in (audio only) by dialing 651-395-7448, Conference ID: 396 386 496#

*Meeting details are posted on the AMHI website*

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



# THANK YOU!!



Please email us at

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