



March 13, 2024 AMHI Advisory Workgroup Meeting



Welcome!

Pam Sanchez – AMHI Supervisor

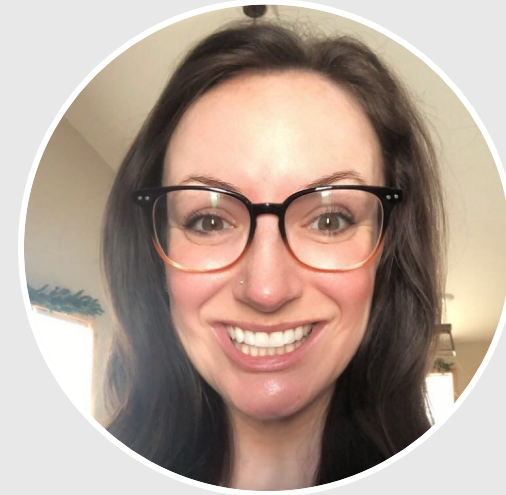
AMHI Team at DHS and Partners



Christian Ederer
AMHI Consultant



Pam Sanchez
AMHI Supervisor
Project Manager



Breanna Bertozzi
AMHI Consultant

Mike Schoeberl
Forma Actuarial
Consulting Services

Kelly Deering
Alliant Consulting

Lea Bittner-Eddy
Alliant Consulting

Agenda

Time	Topic
1:05-1:10	Welcome, Introductions and Agenda
1:10-1:15	Review Meeting Guidelines – Facilitator Lea
1:15-1:20	Initial Meeting Summary – Mike Schoeberl
1:20-2:25	AMHI Funding Formula Development: Steps and Outcomes + Questions and Answers – Mike Schoeberl
2:25-2:30	Preparations for next meeting – Facilitator Lea

Member Introductions

- Via chat: Share your name, title, preferred pronouns (optional), County/Region/Tribe you represent



Workgroup Members

- **NW8:** Nancy Rhen, Shauna Reitmeier
- **Region 2:** Brian Ophus
- **Region 3N/ABHI:** Lisa Hanson, Ric Schaefer
- **BCOW:** Deb Sjostrom, Kristin LePard, Mandi Scheel
- **Region 5+:** Nathan Bertram, Danielle Wadsworth
- **Region 7E:** Charles Hurd, Emily Hawkins
- **Region 4S:** Stacy Hennen, Kesha Anderson Trinkka
- **CommUnity:** Tony Masters, Bethany Oberg
- **Anoka:** Denise Kermis
- **Ramsey:** Sophia Thompson, Kenya Walker, Lola Oshodi
- **Washington:** Kathy Mickelson, Connie Tanner
- **Hennepin:** Carol Gronfor
- **SW18:** Stacy Jorgensen, Corinne Torkelson, Kimberly Holm
- **Dakota:** Emily Schug
- **Scott:** Barb Dahl
- **Carver:** Richard Scott, Melissa Hanson
- **SCCBI:** Jamie Hayes, Ricki Pribyl
- **CREST:** Amy Thompson, Laura Sutherland
- **White Earth Nation:** Sara Erie

Meeting Guidelines

- When speaking, re-introduce yourself (and the County/Region/Tribe you represent)
- All members are encouraged to ask questions and share ideas during the meeting so that all members can be involved in the process
- Be mindful when using acronyms
- Listen and be respectful of all participants – Assume positive intent
- Advocate for all – AMHI Reform is a statewide initiative
- Email follow-up questions to [MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us) – all follow-up questions will be answered via FAQ document



Initial Meeting Summary

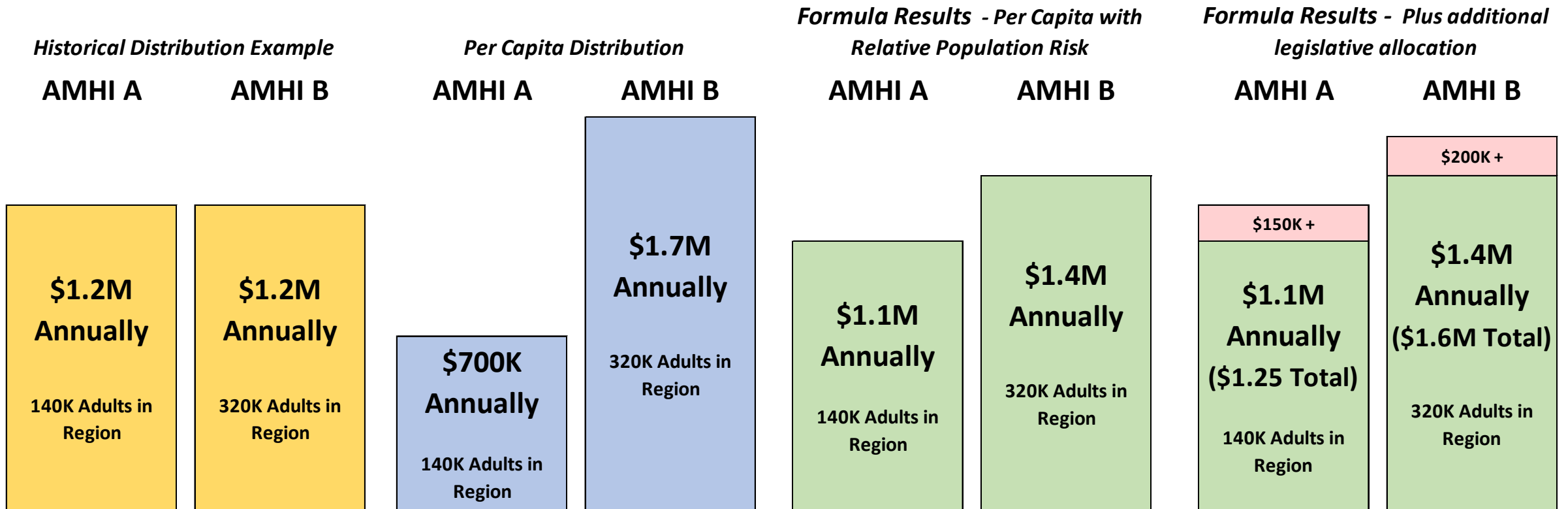
Mike Schoeberl – Forma Actuarial Consulting Services

Funding Formula Development – Recap (cont.)

Funding Formula Components

- To recognize the different sizes of the populations being served by the AMHIs, the formula utilizes a per-capita payment rate. The payment is based the ***AMHI-specific per-capita rate, multiplied by the number of adults in the AMHI's population.***
- The AMHI-specific payment rates are intended to reflect the differential needs between the populations served by the different AMHIs.
 - The populations in some regions or counties could reasonably be expected to service populations with greater relative service needs.
 - In addition, the relative cost of delivering services may be higher in some regions or counties.
- To address these factors of potential differential risk, the AMHI-specific per-capita rate is adjusted to reflect:
 - The relative number of Medicare and Medicaid enrollees
 - The relative prevalence of Social Determinants of Health (SDOH) in the AMHI's population
 - The proportion of the AMHI's population living in rural areas
 - The relative regional deprivation as indicated by the Area Deprivation Index (ADI)

Funding Formula Development - Recap



- Historical distribution did not full recognize the relative differences in the number of adults within the AMHIs' service areas.
- Per capita allocation may not recognize potential differences between AMHIs in population risk.
- The formula adopted by the Legislature is based on a per-capita allocation and includes additional funding based on the relative risk of the populations.

To assure that no AMHIs would receive reductions to their funding, the Legislature added \$20.4M in funds to the AMHI program



AMHI Formula Development – Steps and Outcomes

Mike Schoeberl - Forma Actuarial Consulting Services

Historical and Updated Funding

Region / County	Legacy Funding	
	Per Capita (All Adults)	vs Avg
Hennepin	\$5.88	76%
Ramsey	\$10.60	137%
Dakota	\$1.49	19%
Anoka	\$2.81	36%
Washington	\$3.04	39%
Scott	\$2.11	27%
Carver	<u>\$4.14</u>	<u>53%</u>
Segment Total	\$5.30	68%
CREST	\$6.92	89%
CommUnity	\$3.83	50%
ABHI	\$15.42	199%
SCCBI	\$17.23	223%
SW18	\$10.70	138%
Region 5+	\$8.67	112%
Region 7E	\$13.04	168%
BCOW	\$9.83	127%
NW8	\$22.18	287%
Region 2	\$10.02	129%
Region 4S	\$12.37	160%
White Earth Nation	<u>\$17.12</u>	<u>221%</u>
Segment Total	\$10.74	139%
Grand Total	\$7.74	

Historically, there were significant differences in the relative per-capita funding between the AMHIs

- The \$33.5M in AMHI funding translated to \$7.74 per-capita (adult) across the State of Minnesota
- Based on the number of adults in each county or region, the per capita funding ranged from \$1.49 to \$21.28 (20% to 287% of the of the \$7.74 average)
- Applying a formula based on per-capita allocations would result in significant changes to the funding levels for many AMHIs.

The updated formula includes four separate per-capita allocations:

- A baseline per-capita amount for each adult in the county or region, adjusted for the relative percentage of Medicare and Medicaid beneficiaries – 30% (of total funding)
- An additional per-capita amount, adjusted to reflect the relative percentage of the population with Social Determinants of Health and the relative Medical Risk of the population – 20%
- An additional per-capita amount to reflect the relative deprivation of the county or region – 25%
- An additional per-capita amount (if any) to reflect the relative number of adults living in rural areas – 25%

The risk factors and relative allocations were collaboratively determined from input and feedback from the AMHIs and other stakeholders

Historical and Updated Funding: Per-Capita

Adjusted Baseline Per-Capita Payment

- The AMHIs receive a baseline per-capita amount for each adult in their county or multi-county region, adjusted for the relative number of Medicare or Medicaid adults in the population.
- Feedback from the AMHIs indicated that a significant portion of clients receiving services are enrolled in either Medicare or Medicaid.
- Given the potential for greater relative service utilization from these groups, the stakeholder group agreed to increase the Baseline Per-Capita amount to reflect greater relative resource requirements for populations with larger portions of Medicare and Medicaid enrollees.
- The allocation for the Adjusted Per-Capita Payment represents 30% of the overall AMHI funding
- **The Legacy Funding was increased \$20.4M effective CY2025**
- **Funding Formula Component \$\$s reflect the additional Legislative allocation - \$12.44 vs. \$7.74 per capita allocation**

Region / County	Legacy Funding		Funding Formula Components				
	Per Capita (All Adults)	vs Avg	Adj. Per Capita	SDOH / Medical Risk	Deprivation Index (ADI) Allocation	Rural Allocation	Total vs Current
Hennepin	\$5.88	76%	\$3.58				
Ramsey	\$10.60	137%	\$4.03				
Dakota	\$1.49	19%	\$3.32				
Anoka	\$2.81	36%	\$3.43				
Washington	\$3.04	39%	\$3.20				
Scott	\$2.11	27%	\$2.96				
<u>Carver</u>	<u>\$4.14</u>	<u>53%</u>	<u>\$2.82</u>				
Segment Total	\$5.30	68%	\$3.52				
CREST	\$6.92	89%	\$3.74				
CommUnity	\$3.83	50%	\$3.41				
ABHI	\$15.42	199%	\$4.32				
SCCBI	\$17.23	223%	\$3.82				
SW18	\$10.70	138%	\$4.25				
Region 5+	\$8.67	112%	\$4.64				
Region 7E	\$13.04	168%	\$3.92				
BCOW	\$9.83	127%	\$4.09				
NW8	\$22.18	287%	\$4.09				
Region 2	\$10.02	129%	\$4.39				
Region 4S	\$12.37	160%	\$4.25				
<u>White Earth Nation</u>	<u>\$17.12</u>	<u>221%</u>	<u>\$6.52</u>				
Segment Total	\$10.74	139%	\$3.99				
Grand Total	\$7.74		\$3.73				13

Historical and Updated Funding – SDOH

SDOH and Medical Risk Adjustment

- The AMHIs receive an additional amount based on the relative portion of their population with Social Determinants of Health and the relative medical risk of their population.
- Feedback from the AMHIs indicated that the risk of the population served by the AMHI should be a significant consideration in determining the relative levels of funding.
- The allocation is based on the number of Medicaid enrollees in the population with one or more of the following SDOH:
 - Severe Mental Illness (SMI), Substance Use Disorder (SUD), Deep Poverty, Homelessness
- An additional adjustment is included to reflect the relative medical risk of the population.
- The allocation SDOH and Medical Risk represents 25% of the overall AMHI funding.

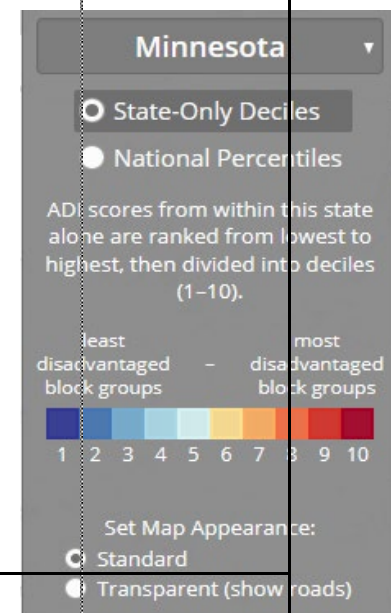
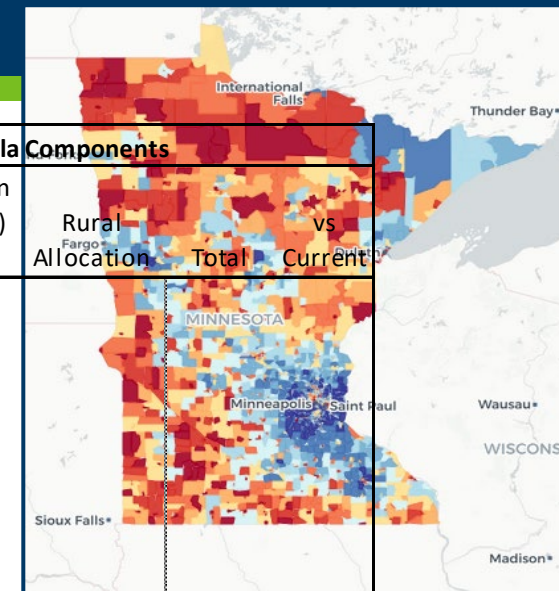
Region / County	Legacy Funding		Funding Formula Components				vs Current
	Per Capita (All Adults)	vs Avg	Adj. Per Capita	SDOH / Medical Risk	Deprivation Index (ADI) Allocation	Rural Allocation	
Hennepin	\$5.88	76%	\$3.58	\$2.89			
Ramsey	\$10.60	137%	\$4.03	\$3.42			
Dakota	\$1.49	19%	\$3.32	\$1.79			
Anoka	\$2.81	36%	\$3.43	\$2.01			
Washington	\$3.04	39%	\$3.20	\$1.39			
Scott	\$2.11	27%	\$2.96	\$1.35			
<u>Carver</u>	<u>\$4.14</u>	<u>53%</u>	<u>\$2.82</u>	<u>\$1.10</u>			
Segment Total	\$5.30	68%	\$3.52	\$2.48			
CREST	\$6.92	89%	\$3.74	\$2.08			
CommUnity	\$3.83	50%	\$3.41	\$1.96			
ABHI	\$15.42	199%	\$4.32	\$3.32			
SCCBI	\$17.23	223%	\$3.82	\$2.20			
SW18	\$10.70	138%	\$4.25	\$2.23			
Region 5+	\$8.67	112%	\$4.64	\$3.08			
Region 7E	\$13.04	168%	\$3.92	\$2.49			
BCOW	\$9.83	127%	\$4.09	\$2.46			
NW8	\$22.18	287%	\$4.09	\$2.41			
Region 2	\$10.02	129%	\$4.39	\$3.69			
Region 4S	\$12.37	160%	\$4.25	\$2.13			
<u>White Earth Nation</u>	<u>\$17.12</u>	<u>221%</u>	<u>\$6.52</u>	<u>\$11.31</u>			
Segment Total	\$10.74	139%	\$3.99	\$2.50			
Grand Total	\$7.74		\$3.73	\$2.49			14

Historical and Updated Funding – ADI

Area Deprivation Index

- Based on feedback from the AMHIs, the workgroup concluded that regional factors that drive additional need for services or increase the expense for delivering services should be considered.
- Additional portions of the funding are allocated to the AMHIs that serve areas with greater levels of poverty, lower access to services, higher levels of unemployment, or other factors that could influence service needs or expenses.
- One factor allocates a portion of the funding to all AMHIs based on the relative level of deprivation in the single- or multi-county service area as indicated by the Area Deprivation Index (ADI), a composite measure of neighborhood socioeconomic disadvantage.
- The allocation for the Area Deprivation Index represents 25% of the overall AMHI funding

Region / County	Legacy Funding		Funding Formula Components			
	Per Capita (All Adults)	vs Avg	Adj. Per Capita	SDOH / Medical Risk	Deprivation Index (ADI) Allocation	Rural Allocation vs Current
Hennepin	\$5.88	76%	\$3.58	\$2.89	\$2.27	
Ramsey	\$10.60	137%	\$4.03	\$3.42	\$3.27	
Dakota	\$1.49	19%	\$3.32	\$1.79	\$1.97	
Anoka	\$2.81	36%	\$3.43	\$2.01	\$2.71	
Washington	\$3.04	39%	\$3.20	\$1.39	\$1.70	
Scott	\$2.11	27%	\$2.96	\$1.35	\$1.82	
<u>Carver</u>	<u>\$4.14</u>	<u>53%</u>	<u>\$2.82</u>	<u>\$1.10</u>	<u>\$1.68</u>	
Segment Total	\$5.30	68%	\$3.52	\$2.48	\$2.37	
CREST	\$6.92	89%	\$3.74	\$2.08	\$3.64	
CommUnity	\$3.83	50%	\$3.41	\$1.96	\$3.14	
ABHI	\$15.42	199%	\$4.32	\$3.32	\$4.47	
SCCBI	\$17.23	223%	\$3.82	\$2.20	\$4.14	
SW18	\$10.70	138%	\$4.25	\$2.23	\$4.95	
Region 5+	\$8.67	112%	\$4.64	\$3.08	\$4.16	
Region 7E	\$13.04	168%	\$3.92	\$2.49	\$3.68	
BCOW	\$9.83	127%	\$4.09	\$2.46	\$3.97	
NW8	\$22.18	287%	\$4.09	\$2.41	\$5.14	
Region 2	\$10.02	129%	\$4.39	\$3.69	\$4.41	
Region 4S	\$12.37	160%	\$4.25	\$2.13	\$3.92	
<u>White Earth Nation</u>	<u>\$17.12</u>	<u>221%</u>	<u>\$6.52</u>	<u>\$11.31</u>	<u>\$5.50</u>	
Segment Total	\$10.74	139%	\$3.99	\$2.50	\$4.02	
Grand Total	\$7.74		\$3.73	\$2.49	\$3.11	



Historical and Updated Funding - Rural

Rural Allocation

- Another factor allocates additional funding on a per-capita basis to AMHIs that are understood to serve large portions of the population living in rural areas of Minnesota.
- Feedback indicated that AMHIs that support large, rural areas may require additional funding due to access issues for their population or the additional expenses for delivering services (e.g., travel expenses).
- The Rural Allocation represents 25% of the overall AMHI funding.
- Allocation amounts reflect the estimated portion of the population living in rural areas, based on the RUCA scores of the AMHIs' geographic regions.

Region / County	Legacy Funding		Funding Formula Components				Total	vs Current
	Per Capita (All Adults)	vs Avg	Adj. Per Capita	SDOH / Medical Risk	Deprivation Index (ADI) Allocation	Rural Allocation		
Hennepin	\$5.88	76%	\$3.58	\$2.89	\$2.27	\$0.00		
Ramsey	\$10.60	137%	\$4.03	\$3.42	\$3.27	\$0.00		
Dakota	\$1.49	19%	\$3.32	\$1.79	\$1.97	\$0.08		
Anoka	\$2.81	36%	\$3.43	\$2.01	\$2.71	\$0.00		
Washington	\$3.04	39%	\$3.20	\$1.39	\$1.70	\$0.00		
Scott	\$2.11	27%	\$2.96	\$1.35	\$1.82	\$0.00		
<u>Carver</u>	<u>\$4.14</u>	<u>53%</u>	<u>\$2.82</u>	<u>\$1.10</u>	<u>\$1.68</u>	<u>\$0.00</u>		
Segment Total	\$5.30	68%	\$3.52	\$2.48	\$2.37	\$0.01		
CREST	\$6.92	89%	\$3.74	\$2.08	\$3.64	\$5.79		
CommUnity	\$3.83	50%	\$3.41	\$1.96	\$3.14	\$1.05		
ABHI	\$15.42	199%	\$4.32	\$3.32	\$4.47	\$6.69		
SCCBI	\$17.23	223%	\$3.82	\$2.20	\$4.14	\$7.28		
SW18	\$10.70	138%	\$4.25	\$2.23	\$4.95	\$12.41		
Region 5+	\$8.67	112%	\$4.64	\$3.08	\$4.16	\$11.81		
Region 7E	\$13.04	168%	\$3.92	\$2.49	\$3.68	\$3.94		
BCOW	\$9.83	127%	\$4.09	\$2.46	\$3.97	\$6.75		
NW8	\$22.18	287%	\$4.09	\$2.41	\$5.14	\$10.66		
Region 2	\$10.02	129%	\$4.39	\$3.69	\$4.41	\$11.71		
Region 4S	\$12.37	160%	\$4.25	\$2.13	\$3.92	\$11.59		
<u>White Earth Nation</u>	<u>\$17.12</u>	<u>221%</u>	<u>\$6.52</u>	<u>\$11.31</u>	<u>\$5.50</u>	<u>\$10.44</u>		
Segment Total	\$10.74	139%	\$3.99	\$2.50	\$4.02	\$6.92		
Grand Total	\$7.74		\$3.73	\$2.49	\$3.11	\$3.11	16	

Historical and Updated Funding - Total

Total Allocation

- In the absence of additional funding from the Legislature, the formula would have resulted in both increases or decreases to the funding levels for individual AMHIs.
- The additional funding ensured that no AMHIs would receive funding decrease when the formula is in effect (CY2025)
- Generally, the relative increases are more substantial for AMHIs whose historical funding levels were well below the average per-capita funding level.
- AMHIs who are receiving less substantial increases were historically receiving per-capita amounts that were significantly higher than other AMHIs in their region.

Questions?



AMHI Reform Advisory Workgroup Roadmap

February Meeting

Objectives

- Understand AMHI Reform and the Historical Work
- Understand the New Funding Formula and its Components
- Understand this Workgroup's Objectives

March Meeting

Objectives

- Share Detailed Formula Development Steps and Outcomes

April Meeting

Objectives

- Brainstorm Recalibration Drivers
- Develop Final Recommendations for Recalibration Drivers

May Meeting

Objectives

- Understand DHS' Next Steps
- Determine How AMHI's Can Continue to Plan and Collaborate

AMHI Reform Next Steps

- Individual final AMHI Reform funding totals will be sent to County/Region/Tribe in the next 7-10 days
- Final AMHI Reform funding totals will be posted publicly on the DHS website by June 30, 2024
 - [CountyLink - Fiscal Reporting and Accounting \(state.mn.us\)](https://state.mn.us)
- The CY 2025 – 2026 grant applications and contracts will include the new funding amounts

2024 AMHI Advisory Workgroup Meetings

Wednesday, April 10th, 1:00pm - 2:30pm

Wednesday, May 8th, 1:00pm - 2:30pm

Subject to change

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

Thank You!

**Pam Sanchez, Breanna Bertozzi, Chris Ederer, Mike Schoeberl
& Alliant Consulting**

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