DEPARTMENT OF HUMAN SERVICES

AMHI Reform Workgroup: Funding Formula Breakout activity 10/13/2021

What does victory look like?

- A formula that is clearly defined and equitable across the state – can continue to be updated with clear data
- Finding additional funding so no region has a deficit
- We would have adequate funding to address mental health and chemical health, housing, and physical health. There would be additional flexibility of how we can use the funding.
- Clear explainable formula
- Have a formula finalized
- Have a formula that everyone is comfortable with and does not impact any AMHI to the point of needing to close down a large program or have a major gap still left in their area
- All Minnesotans will have access to needed mental health services not covered by other funding sources
- Current continuum of care for regions is not negatively or adversely affected and that those that don't have an adequate mental health funding can build their continuum of care
- The formula accounts for serving BIPOC communities with priorities for developing culturally specific services

What facts or data do we know about the 3 population variables (statewide, Medicaid, Medicare)?

- Coverage is not the same
- FFS vs SNBC enrollment
- Access looks very different statewide
- We know who has coverage for Medicare and Medicaid
- Disability types
- Medicare does not cover mental health services
- Census data gets old fast
- You can extrapolate mental health need to general population for Medicaid data
- Rural and metro look different
- Utilization/claims
- Population alone does not address access and other important variables

What facts or data do we know about the specific social determinants of health (SDOH) that were identified (SMI/SPMI, SUD, past incarceration, deep poverty, homelessness)?

- Does not include jail data
- Homelessness in rural communities is not tracked well due to a variety of factors
- Concerns regarding self-reporting and lack thereof; will we have accurate data

- There are disparities across the board for BIPOC
- Addressing SDOH is important to improving health and disparities
- The homeless count in rural Minnesota is not accurate or representative of the population
- The data sources we are using do not accurately reflect what is actually occurring (i.e. prison data). Jail would be more accurate reflection of the individuals most AMHI funding touches
- SMI numbers are not what the grant funds are being spent on currently. SPMI would be more accurate
- People with mental health issues are more likely to be in jail than prison. Incarceration is not a valuable factor
- Mental health affects everyone
- All important factors – measurement from some data sources

Other concerns:

- Parity
    - Not addressing the gaps in different insurances that people carry
    - Under-insured and uninsured
- Transparent communication
    - Need the one-pager to share after these workgroup meetings to share with various stakeholders
    - Need a platform that DHS share the workgroup activities statewide
- Unresolved questions (data, solutions, options)
    - Is the data accurate of the consumers served?
    - Is rural option going to be a factor?
    - Has the state explored all its options under the Medicaid state plan in order to open more funding?
    - Define how population is measured – total, region, SPMI? Clarify population
    - Not much funding for outreach, may be missing populations
    - There may be room for expansion or just stay with the status quo
- Maintain and develop the mental health continuum of care across the state
    - Need is not going away, it is increasing
    - Every county/region is different – hard to see how we will affect region differences and disparities
    - Current BRASS codes structure does not cover the unique needs that arise in rural areas
    - We are ready to get to work
    - Same pot of funding means that there will be winners and losers
    - How will this impact our contract providers in terms of workforce shortage, availability, and access?