



September 14, 2023 AMHI Statewide Meeting

Pam Sanchez, Bre Bertozzi and Chris Ederer | AMHI Team

Agenda

Time	Topic
1:00 – 1:15	Welcome – DHS Updates, Upcoming 2023 Statewide Meeting Date
1:15 – 1:30	MHIS Update – Jeffrey Carpenter
1:30 – 2:00	AMHI Inventory and Impact Evaluation Project Updates – Alex Meyers, Minnesota Management and Budget (MMB)
2:00 – 3:00	AMHI Reconciliation - Kristine Preston, Deputy Assistant Commissioner

AMHI Team at DHS



Christian Ederer
AMHI Consultant



Pamela Sanchez
AMHI Supervisor



Breanna Bertozzi
AMHI Consultant

DHS Updates

- **Communication Request**
 - Team email: [MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)
 - Email subject and document naming convention
 - Ex. Naming Convention: BCOW Ottertail Co. AMHI Budget Modification

Phase 2 - AMHI Reform Formula Implementation

- Engage workgroup in fall 2023
 - DHS contracted actuary to facilitate options and implications of implementation
 - Determine plan, meeting cadence, outcomes and workgroup timeframe
- AMHI Reform final formula implementation recommendations for CY2025-26, spring 2024

Reporting & Updates

- AMHI [HCBS FMAP Quarterly Reporting Form \(SNAP Survey\)](#) can be found on the [Adult Mental Health Initiatives / Minnesota Department of Human Services \(mn.gov\)](#) website
 - Quarterly reports are due by the end of the month following each quarter
 - Ex: July – September Quarterly report due by October 31st
- **EGMS** - Expenditure reports **must** be completed, even if expenditures are \$0

Mental Health Federal Block Grant (MHFBG)

- Contract Period 1/1/2023-12/31/2024
- \$421, 051 available once contracts are fully amended
- Expires 3/14/2024: \$263,157
- Expires 9/30/2024: \$157,894

- DHS will remove Budget Detail #1 from the mini-application and recalculate the new dollar amount
 - AMHI team will send updated mini-application with the direction to respond with email approval of the changes
 - If there are changes that you wish to make to the mini-application (moving funds between previously approved AMHI BRASS codes), you can do that at this time and return to [MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)

Final 2023 AMHI Statewide Meeting:

December 14, 2023

1:00pm – 3:00pm

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



MHIS Update

Jeffrey Carpenter | Research Analysis Specialist Sr.

dhs.amhis@state.mn.us



AMHI EBP Inventory – Initial Insights

- Review timeline and outcomes of project
- Discuss initial insights
 - Proportion of AMHI Grant budget associated with EBPs, total and by AMHI
 - Most used EBPs
 - Most used theory-based services
- Next steps

How have you been involved in the evidence-based practice inventory work?

Categorizing Current AMHI Practices and Services

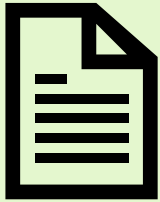


- We are building an inventory of **all** key services offered
- Not all services will / should be evidence-based or community-based best practices
- Theory-based practices are those which have not **yet** been classified as evidence- or community best practice-based

Project Outcomes

Legislative Requirements

**Service Inventory –
Dashboards / Report**



MMB

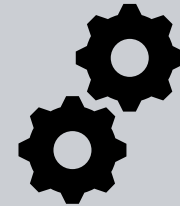
Impact Evaluation Support



MMB/DHS/AMHI

TBD Application of Work

**Additional Support /
Next Steps**



DHS/AMHI

Project Timeline

Main Activity:

- Pilot Meetings (May)
- AMHI Kick-offs (June)
- Data Review and Revision (July)
- Develop Initial Dashboards/ Insights (August)

September - November:

- Report Development
- Begin Impact Evaluation Discussions
- Develop Additional Next Steps

Statewide Meeting Focus:

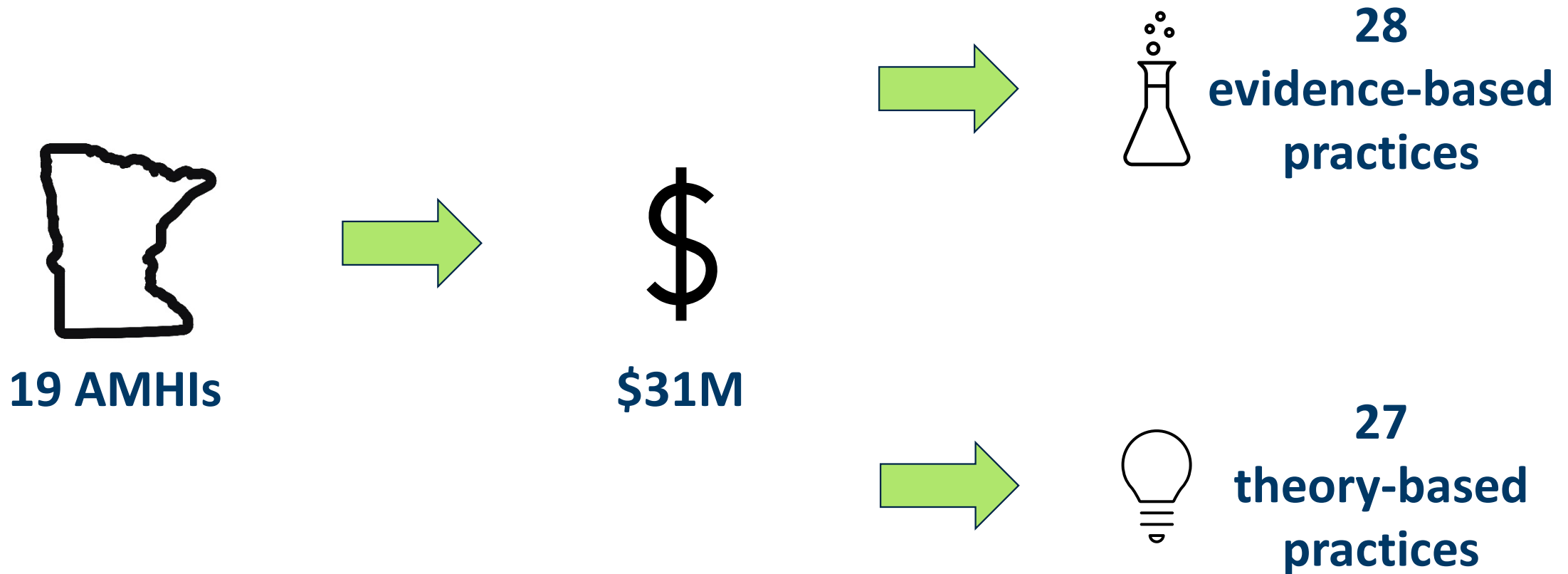
- Introduction of Project (March)
- Progress Update (June)
- Initial Insights (August)



- Review of the Next Step Activities (Dec)

- **Today:** Ask questions and share immediate reactions
- **Next:** Discuss insights within your AMHI and share ideas of how to use data

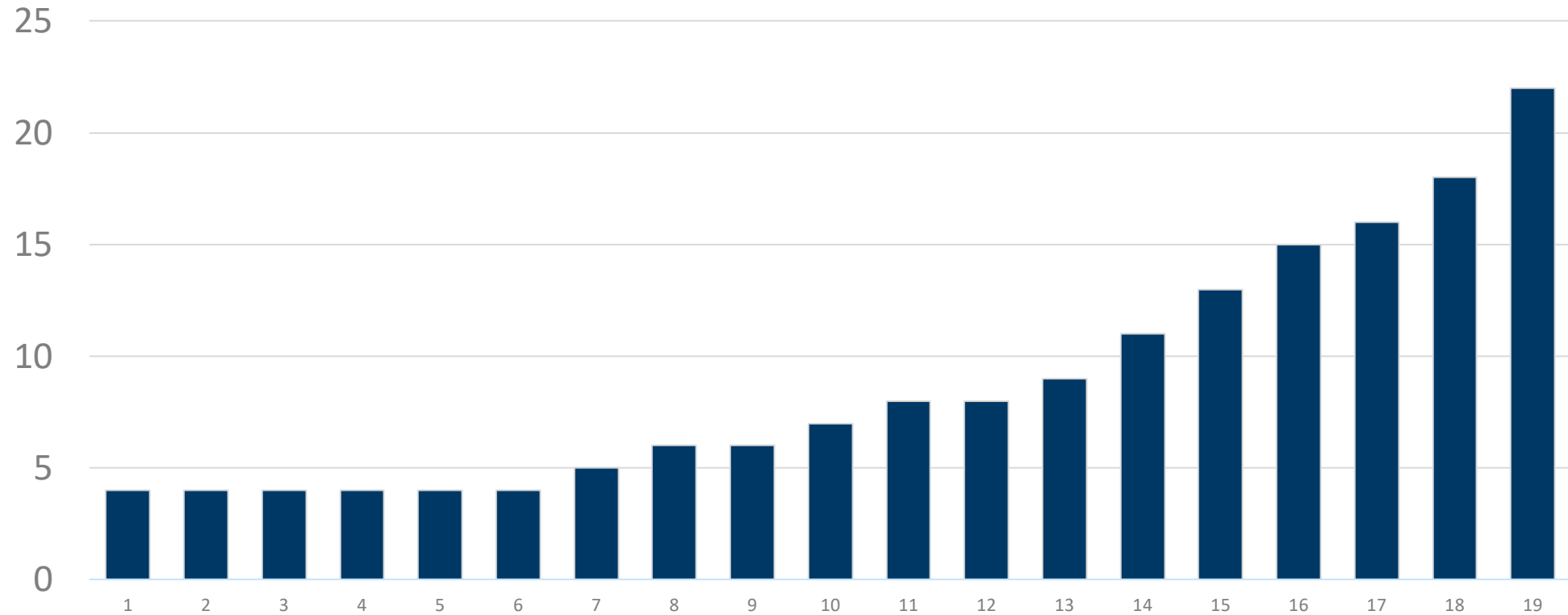
Project Overview



- All AMHIs are investing in EBPs, with a wide range in number of unique EBPs
- 69% of AMHI grant spending was associated with at least one EBP
- 6 EBPs are adopted by 50% or more AMHIs,
 - Many noted by fewer than 33%
- 3 Theory-based services are being used by nearly all AMHIs
 - Many others noted by only 1 or 2

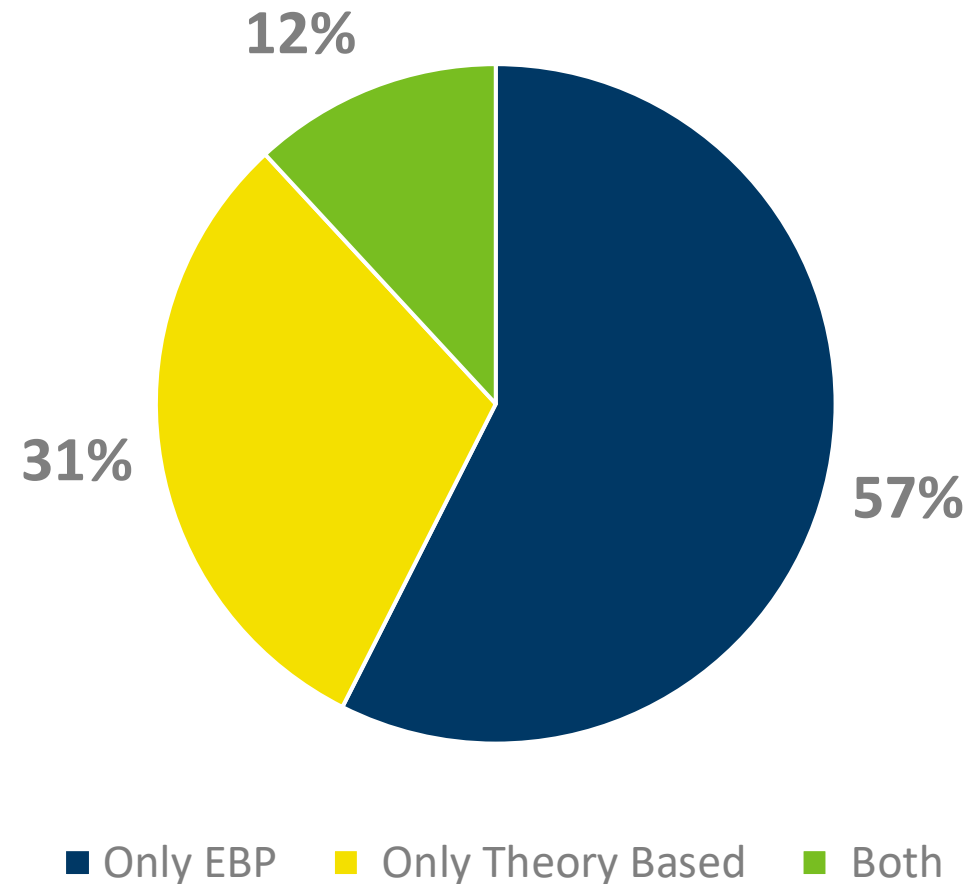
All AMHIs are funding EBPs

Unique EBPs Used by AMHI



69% of AMHI grant budget is associated with EBPs

Proportion of Evidence- and Theory-based Services – Total AMHI Budget



During the March AMHI Statewide, **only 50% of respondents were confident they were investing in EBPs**

How has inventorying EBPs changed your perspective of evidence in AMHI work?

In chat: What do you make of this data?

- How does this information change your view of Evidence-based practice (EBP) use by the AMHI?
 - I always knew we were using EBPs
 - I didn't know what EBPs were before this exercise
 - I didn't know we were using EBPs before this exercise
 - I don't understand EBPs or their role for my AMHI

EBP spending is concentrated in four services

Partial list of EBPs includes those EBPs with either 33%+ of AMHIs using OR 10%+ of total EBP spending

EBP	AMHIs Using	% of EBP Spending
Case Management for adult mental health	17	22%
Motivational Interviewing for individuals with SMI	4	10%
Mental Health Medication Management	10	8%
Assertive Community Treatment (ACT)	11	7%
Illness Management & Recovery (IMR)	4	6%
Family Psychoeducation	5	5%
Cognitive Behavioral Therapy (CBT)	7	5%
Permanent Supported Housing	8	4%
Certified Peer Specialist (CPS)	8	4%
Individual Placement & Support Services (IPS)	10	3%
Adult Rehabilitative Mental Health Services (ARMHS)	8	3%
Crisis Residential Treatment	11	3%
Intensive Residential Treatment Services (IRTS)	13	2%

**Top 4 EBPs represent
~50% of total EBP
spending**

Are you surprised by the most common EBPs identified?

Theory Based Services

Non-EBP Service	Count of AMHIs Using	% of Non-EBP Service Budget (Inclusive)
Miscellaneous Housing Support	17	33%
Miscellaneous Transportation Support	17	5%
Basic Needs Assistance / Flex Funds	15	11%
Clubhouse Model (non-ICCD)	4	4%
Anti-stigma Training	2	0%
Telehealth	1	14%
Trauma informed care	1	14%
Community Integration & Belonging	1	9%
Aftercare Services	1	3%
Early Engagement	1	1%
Independent Living Support	1	1%
Fairweather Model	1	1%
Counseling on Access to Legal Means (CALM)	1	0%
Suicide Alertness for Everyone (safeTALK)	1	0%
Vocational Support (non-IPS)	1	0%
Crisis Intervention Team (CIT) Training for Law Enforcement	1	0%
Virtual Peer Support	1	0%
Pathways Community Education Training	1	0%
Rapid Psychiatry Services	1	0%
Local Mental Health Advisory Council (LAC)	1	0%
Diagnostic Assessment	1	0%

Theory Based Services continued

- “Non-EBP” means they’re not in the original mental health inventory as promising or proven effective. Only two of these services (CIT Training for Law Enforcement and Clubhouse Models) were included in the original inventory as Theory Based—the remainder did not appear.

Three most common non-EBP service descriptions

- **Miscellaneous Housing Support**
 - Payments to support access to or maintenance of housing, including security deposits, first month's rent, utilities, etc.
- **Miscellaneous Transportation Support**
 - Variety of supports to ensure access to transportation, including providing access to rideshare options, car repairs, tire replacements, etc.
- **Basic Needs Assistance / Flex Funds**
 - Maintain mental health through access to basic needs support when no other sources of funding are available. Basic needs may include housing support, transportation, medical payments, medication, etc.

Are you surprised by the most common theory-based services identified?

Is it useful to see service inventories data across AMHIs?

In chat: How can this data support your AMHI? What else would you like to see in reporting on EBPs and other services?

- Discuss findings with your AMHI partners
- Share feedback / questions / reactions and thoughts on how to use data with Alex
- AMHI working group will reconvene this fall to discuss next steps:
 - Impact evaluations
 - Other support and analysis

Thank you!

Alex Meyers

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Anastasia Polda

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AMHI Financial Reconciliation

Kristine Preston | Deputy Assistant Commissioner, Behavioral Health
Summer Harrison | Grants & Allocations Supervisor, Financial Operations
Jackie Laine | Grant Accountant, Financial Operations

- Contract Period 1/1/2023-12/31/2024: \$67, 126, 952
- CY 2023
 - Jan-June (SFY 2023): \$16,781, 738, cash advance: \$8,390,869
 - July-Dec (SFY 2024): \$33,563, 476

Funding Restrictions

- State Fiscal Year 2023: July 1-December 31, January 1-June 30
- State Fiscal Year 2024: July 1-December 31, January 1-June 30
- July 1-December 31, January 1-June 30
- By Statute: Type 1 Appropriation Funds Cannot Be Encumbered, Funds cannot carry forward

Quarter 1 Expenditures

- Paid in full

Financial Reconciliation of Cash Advances

- Reconciled in Quarter 2

Quarter 2 Expenditures

- Expenditures that exceed the cash advance have already been paid
- Expenditures less than the cash advance carry forward to Quarter 3

Overpayments

- When the 2023 Quarter 1 payments were issued in full, in addition to the cash advances already paid out, it was not initially apparent when these combined amounts exceeded 2023 awards.
- This caused several overpayments to counties. There is one county that this situation is applicable to for the AMHI allocation, while the CSP allocation pertains to fourteen counties.
- These counties will be receiving invoices the week of September 18th for the amounts paid to them that exceeds their 2023 annual award amount.
- We have identified the source of the error and are working to correct the issue. We sincerely apologize for the additional administrative burden this causes the counties involved.

Overpayment Example

- County XYZ
 - 2023 award: \$225, 000
 - 25% advance paid: \$6,250
 - Q1 expenditures paid in full: \$400,000
 - Total payments (advance + Q1): \$456, 250
 - Amount over annual award: \$231, 250
 - $(456,250 - \$231,250)$

Thank You!

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