



# AMHI Reform Workgroup: October 13, 2021, Mid-point review

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- Housekeeping, review of norms and goals
- Championing AMHI reform, Paul Fleissner
- Focus conversations
- Next steps

# Housekeeping

- Please mute when you are not speaking
- Please participate with video
- Be engaged and present in the workgroup and limit distractions
- We encourage questions, comments, and discussion throughout the meeting
- Use “raise hand” to make sure everyone has an opportunity to speak
- Share your voice and ideas verbally
- Share resources in chat
- Meeting is being recorded for note-taking purposes, recording will not be made public

# Group Norms



How we work together



Meeting Structure



Vision



Communication

- Results
- Minimize disruptions
- Access and resources
- Communication



# Championing AMHI Reform

- Your time and dedication to this work is recognized, appreciated, and valued
  - Without the voice of AMHI stakeholders, we could not do this important work
- Key things to remember:
  - Timeline is firm due to required legislative report due 2/1/2022
  - Data sources included in the formula model are set
    - Were researched and vetted by actuarial with regular input from AMHI stakeholders
    - Provide a proxy measure of mental health prevalence and need across the state
    - Are reliably updated
  - Values/weights placed on formula variables are being recommended by this workgroup and should be determined from a statewide perspective
    - Not all variables in the formula model must have a value/weight
    - May recommend non-inclusion for any variable in the model not seen as important
    - May place high value on some variables of high importance and low or no value on others of less importance

# Review: Data Sources

- Need: types of data that will allow the formula to be transparent, defensible, and equitable while being flexible over time
- Researched many different options, looked for data sources that could speak to the distinctions and variation in needs across the state
- Data used for the formula are the best attempt to assess potential and actual service need
  - These data sources capture a broader service base than using service utilization data (e.g., MHIS)

# Variables/Inputs

- Population
- Social Determinants of Health (SDOH) and medical risk
- Area Deprivation Index
- Optional – rural factor



- Census population (Federal, publicly available data)
- Medicaid enrollee population (DHS, Health Care Administration)
- Medicare enrollee population (Federal, publicly available data)
  
- Why these sources?
  - We cannot reliably measure the un- or under-insured
  - Census tells us all possible service users
  - Medicaid and Medicare provide an approximation of MH prevalence in a community and are a proxy of what proportion of the population might use AMHI services

# Social Determinants of Health / Medical Risk

- SDOHs (DHS, Health Care Administration)
  - SMI/SPMI, Substance Use Disorder, Deep Poverty, Past Incarceration
- Medical risk (DHS, Health Care Administration)
  - John's Hopkins Adjusted Clinical Group<sup>®</sup> (ACG<sup>®</sup>) risk indicators
- Why these variables?
  - Recognizes there are other factors, in addition to population, that speak to mental health prevalence, potential for and actual need of services
  - Available data sources within DHS that are reliable, transparent, and start to dig more into equity

# Area Deprivation Index

- Measure of neighborhood disadvantage
- Looks at income, education, employment, and housing quality
- Why this variable?
  - Data are not readily available that address issues of geography, transportation, breadth of services, workforce shortage
  - The ADI variable is our method of capturing all of those nuances, variations, and unique challenges of different communities across the state
  - It is a reliable, transparent, well researched data source

- All data sources have limitations – no perfect data exist
- If too many variables are added to a formula, they may cancel each other out
  - Balance between effectiveness and detail
- Data sources that are not updated regularly risk an outdated formula in a few years. All of these sources are updated regularly, so the formula can be recalibrated over time.
- This kind of formula is new ground for mental health system funding. We do not have existing models to reference.

# Next Meeting

- Next meetings: 10/27
- Before 10/27 meeting
  - Complete the post-meeting feedback
  - Review the themes from this meeting with your regions
  - Bring back any feedback from your regions to the next meeting
  - Review the reference materials shared to date

# Thank You!

**AMHI Team**

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