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

- 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
• 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)
• Population

• Social Determinants of Health (SDOH) and medical risk

• Area Deprivation Index

• Optional – rural factor
Population

- 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® (ACG®) risk indictors

• 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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