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?