

# Adult Mental Health Initiatives Statewide Meeting

## Details

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**When:** September 16, 2020, 1:00-3:00pm

**WebEx Only. This is not an in-person meeting.**

## Agenda

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AMHI Team Introductions, review agenda for the day, any housekeeping

### DHS Updates

- General Updates
- Status of contracts for 2021-2022
- New features of 2021-2022 contracts
- Docusign process
- Questions and Comments specific to *Status of Contracts*
- AMHI Consultant updates and changes to respond to current situation
- Questions and Comments specific to *AMHI Consultant updates*

### AMHI reform

- Update on funding formula development
- Questions and Comments specific to *AMHI Reform*

### General Questions, Comments, and Next Steps

- Statewide Meeting Plan for 2020/2021
- What will make Statewide Meetings meaningful and functional for you as an AMHI system?

## Minutes

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### Presenters

- Ashley Warling-Spiegel, AMHI Consultant (DHS)
- Abbie Franklin, AMHI Consultant (DHS)
- Helen Ghebre, Community Capacity Building Team Supervisor (DHS)
- Mike Schoeberl, Forma ACS, Contracted vendor for AMHI Reform Funding Formula

## DHS Updates

### *Behavioral Health Division updates*

- DHS is in the last stages of hiring for the currently vacant Behavioral Health Division Director position. We anticipate hearing announcements fairly soon and once we do, that will be shared with the AMHIs.
- AMHI/CSP dollars: at this stage, we have not gotten any indication that there would be any changes to the funding. The total funding for 2021-2022 contracts remains the same. The AMHI/CSP contracts will not be impacted in any way. Also, the award amounts will not be changing so you can anticipate you'll be awarded the same amount as last contracting period.
- As we all know, due to the continued impacts of the pandemic, DHS staff are continuing to telework through the end of 2020 or later. This affects the ability of AMHI staff to travel to attend the meetings in person. At this stage, we are not clear on when the telework plans will change and we'll be back in the office / able to travel.
- Reminder: there will not be carry over funding available at the end of the current contract (2019-2020)
- Relative to reporting, make sure that you are reporting all services. This includes any services that are delivered via phone. Report as you usually would – MHIS, SSIS, or spreadsheet.
- Finally, another plug for the telehealth study. You may have received communication through the Behavioral Health Division relative to that study. Currently, a request was to participate in provider focus groups. That communication did go out through the AMHI communication process, but just a reminder that if you have questions or are seeking information, we'd be happy to provide the contact.
  - Melorine Mokri, our BHD Communications and External Relations Team supervisor, [Melorine.Mokri@state.mn.us](mailto:Melorine.Mokri@state.mn.us), 651-431-2251

### *Status updates on 2021-2022 contracts*

- All applications have been received, reviewed, and approved. We want to thank you for all your hard work getting those into us. It was a lot of back and forth between us and we really appreciate all the effort that went into those applications.
- Individual contracts have been sent out for your review. It is really important that you and your other county staff, other entity staff, are really reading and understanding what's in that contract.
- Contracts must be signed electronically via DocuSign. DHS cannot process paper copies at this time. We know DocuSign can be a bit much, but we'll get there.
- Some noteworthy parts of the 2021-2022 contract:

- Section 3.2. Terms of payment. This describes that cash advances are only awarded in Year 1 of the contract. I know that in previous years when funding was issued via award letters, you got an advance each year. However, since the contracts started, advances are only available at the start of the contract.
- Section 19.2 Nondiscrimination. This covers discrimination against anyone, including county staff, DHS staff, and community members.
- You will have seen a new section to the contracts, which is Attachment A. It is the County/AMHI duties or work plan. This describes the different tasks and deliverables that AMHIs and CSP are supposed to do. These work plans have been tailored to the type of contract. If it's an AMHI only contract, you only see AMHI duties. If it's CSP only, you only see the CSP duties. If it's both, you see both. Ashley and I will be providing technical assistance to everything on the work plan, so we will be able to help you with that. Also, during our site visits, we'll be checking in on those work plans.
- Another feature of the work plan is CLAS standards. Within the work plan, there is a link that will take you directly to the CLAS standards. We really want to make sure that AMHIs and CSPs are meeting the needs of the community. That means culturally appropriate, linguistically appropriate, person-centered, you name it, we want to make sure it's in there.
- There's also a data sharing and business associate agreement (attachment C). This is new to the contract this year. This really details out what data is to be shared, the purpose of that sharing, and the authority to share. We wanted to make sure that everyone is protected since we're asking data to be shared on service recipients. The contracts, when we originally sent them to you, had insurance liability minimums in this section. We have removed those minimums, but have maintained the rest of the language. We understand that a lot of counties work through MCIT, and the coverages are slightly different. We were able to get approval to remove that dollar amount.

#### *DocuSign Process*

- Opening up another poll, to see how you are feeling about the DocuSign process in general. I know this can be overwhelming because this is new for many of you, but we're here to walk you through the process. By Friday, the person who has been receiving all the contract information, will be receiving an email with all the information on what steps to take with DocuSign, an updated contract with the liability minimum edit and the revisions you provided on contracts.
- Within that email, you will see the steps you need to take for us to move through the process.
- Review the draft if you haven't already. Let us know if anything needs to be adjusted on address, authorized rep, or data and privacy security contact. The authorized rep is the person who is authorized to sign for the contract. The data and privacy security officer is the person who is in charge of ensuring HIPAA compliance and training.
- Then you will need to have the contract reviewed and approved, whatever your entity process is.
- Once you've done that, you need to confirm the signatories with us and that the contract is approved and ready for signatures.

- Then DHS will initiate the DocuSign process.
  - You do not need to have a DocuSign account or the application to sign the contract.
- More than one signatory is possible, we just need to know who they are, how many, and the order in which they will sign.
  - 1st signer is the authorized representative for the contract
  - 2nd, 3rd, etc. is dependent on your entity process. We will set it up, but we need to know that order.
- Email will come from [dse\\_na2@docusign.net](mailto:dse_na2@docusign.net) and will contain the Minnesota Logo. You do not need to have a DocuSign account or the DocuSign technology to receive this email or to sign the contract electronically. The email will contain the information and links you need to complete the action.
- Once the first signer completes their signature, the second signer will receive notification that it is their turn to sign the contract.
- That process repeats until everyone has signed it and then goes to DHS for the next signature in line. After DHS signature, it goes to MMB and is then finalized.
- Now it is possible that some entities might want to have a contract manager who is listed as the point of contact to manage all of the signatures. This does require more work on your end if you want to do it this way.
  - For example, Abbie could be that contract manager and her county needs 5 signatures. The first email comes to Abbie, and then she assigns it to who needs to sign first. Then it comes back to her, and she assigns the next signer. This continues until all signatures are received.
- Questions
  - Contracts have gone out for review and we have been asking for confirmation of the information listed. We will be sending contracts out again on Friday with the edits we made.

#### *AMHI Consultant role changes*

- First and foremost, the third position that was made vacant when Gloria Smith left, is not being filled. We tried very hard to get that position filled but have been told it will not be filled at this time. To accommodate that as well as the continued pandemic, we logistically have to make some change so we can be responsive to the whole state with only 2 of us.
- First, unfortunately, consultants will not be able to attend all AMHI meetings across the state as a regular attendee anymore. We will still be available to join meetings as needed, either we can initiate that or you can ask us to join and we will make it work. It is just not logistically possible

for 2 of us to go to all 19 meetings across the state. We certainly know the value of in person meetings, and we hope to get back to that as soon as we can.

- Related to that, AMHI consultants will no longer have a region of the state to cover. Rather, we are going to be operating as a team of 2 to provide support to the entire state. If you have questions, you can reach out to that [mn\\_dhs\\_amhi.dhs@state.mn.us](mailto:mn_dhs_amhi.dhs@state.mn.us), and we as a team will be able to respond.
- To get information out to everyone, we are going to keep using the methods we've established:
  - Maintaining the statewide meetings quarterly. As soon as we have the dates confirmed, we'll get those out later so you can plan ahead and get those on calendars.
  - We will continue the regularly occurring gov delivery messages to the coordinators, and ask that coordinators continue to send those out to their networks. We won't set a specific schedule, but as we have information we'll send it out.
  - We will continue using the AMHI email box. We have been using that for the contracts, but we will be using that even more as we go forward. If you have questions, technical assistance needs, please reach out to our AMHI inbox. There is always someone checking it. That way, if one of us is out for 2 weeks, someone can still respond to the questions or needs.
  - We are working on improving the website to make it something that is living and regularly updated. We will be doing more with this as we wrap up contracts; it is a place to find notes, frequently asked questions, resources, and so on. Look for more to come.
  - And then the last piece that we are working on, we talked last time about grant monitoring site visits. So our team of 2 will be sitting down in October to make our plan for 2021. We will be figuring out who we want to meet with, when, what we want to cover, and will be scheduling those with you. We anticipate site visits to occur late summer, early fall, so nothing to expect at the start of 2021.
- Questions?
  - December Statewide meeting is scheduled for 12/9 from 1-3pm
  - The nice thing about the technology that we are using – you might luck out and get both of us in your meetings. Because we provide different perspectives, you get more than one person and you get to work with us both. And if you continually use that AMHI inbox, we respond typically within 2 business days and often much sooner. We're both monitoring it and responding as we can.
  - Just to emphasize, the changes being made to how we are functioning as a team are actions we are taking to respond to our current situation. We both really value in person, being able to go out to you, and we want to get back to that, that's our goal. This is just what we have to do to respond to our current situation and be as responsive to you as we can, so things don't get lost in the ether of email.
- No other questions. One comment: disappointing to be losing that other representative. We appreciate you understanding that this puts us in a tough position, but we're trying to do what we can to be there for regions. So thanks for being patient with us.

## AMHI Reform

- As you know, AMHI Reform has been a topic of discussion for a while now. Initial funding distributions were set over 20 years ago. We recognize that the total amount has gone up and down over the years. We're collaborating with you to develop a credible, data-driven formula to reflect the needs of regions.
- Funding formula goals are to have transparency, flexibility, equity, and alignment. We don't want to be disrupting any service delivery. We want any changes to funding to be done with clear communication and that you are part of that process and that it does minimize any hardships that it could cause. We recognize that it could be challenging.
- Reviewed the timeline. Mike's been reviewing a great deal of data, so that's what we'll be going over today, and then in December we hope to have more information on the draft funding formula.

### *Where we are now from Mike*

- Project Plan
  - Right now we're talking about what we looked at in phases 1 and 2. What we wanted to be looking at were demographic and relative risk information by region. In order to understand how the dollars are currently allocated as compared to demographic and risk information that we have available.
  - Next up we will be looking at relative resource allocation by region. But first we want to show you what we've been looking at in phases 1 and 2 to get feedback.

### *Demographic information and why we're looking at it*

- What would allocations look like if just based on relative population? That was the question we started with to see how the current allocation compares. Once you start looking at that material, that's where differences start to pop out, where funding is or isn't proportionate to population size.
- We started off with basic information: demographic information statewide for MN, and then Medicaid population for MN.
  - Note, we recognize that demographics won't tell the whole story, just that it is a place to start.
- Questions posed to the group via poll:
  - Is it reasonable to consider the relative population size in the regions or counties when determining the funding allocation?
  - Which population (statewide population or Medicaid enrollee population) could be a better indication of the relative population served by AMHI funding? Note, we realize there may be population segments that may not be well represented by Medicaid enrollment.

- Slide 22 - Demographic information by county/region
  - Series of columns showing statewide population, Medicaid population, and grant distribution. Ranked by county or region population.
    - Just to note, with White Earth Nation, we have some census information, but we recognize that there are many defensible ways to define what White Earth Nation means and the population the grant serves. We're exploring the best way to capture and represent data for White Earth Nation.
  - Medicaid population is focused on 18+, or adults.
  - Some observations:
    - 78% of the statewide population and medication population are in the eight largest AMHIs.
    - 75% of the grant dollars are allocated to these eight AMHIs.
    - Overall, the regional/multi-county AMHIs have a slightly higher proportion of the Medicaid population relative to their portion of the statewide population.
    - Overall, the single county AMHIs receive a lower percentage of grant dollars relative to their size and Medicaid populations.
    - Although the current grant allocations are broadly correlated with the size of the populations, there are differences that can't be accounted for just by population.
  - Poll results and Comments/Questions
    - Population shouldn't matter, should be based on reason for funding and reason for receiving funding.
    - Regions might be serving many people who aren't eligible for Medicaid.
    - Large counties have more resources than smaller counties/regions.
    - Question: what about other factors in addition to population, such as region size, accessibility of services, etc.?
      - Mike: I think that speaks to phase 3. One of the things we want look at is what are the services being provided in regions now as compared to the needs, and look across the state at the similarities and differences.
      - Mike: statewide versus Medicaid population, and availability of resources. My understanding of the goal of this is to be able to fill in the gaps of coverage. If we're looking at the Medicaid population, the inability to receive services could be related to access, could also be the fact that people aren't eligible. That is a compelling reason why looking at the uninsured population.
    - Question: Are the Moose Lake Alternative funds and other special dollars being included?
      - Abbie: For the purposes of the new funding formula, AMHI funding and Moose Lake Alternative funding will be one pot – Adult Mental Health Integrated fund. The reason being, the statute for Moose Lake Alternative was nullified some time ago even though the funding has been kept separate in the contracts.
    - Question: should rate of PMAP and MA turn per county/region be a consideration? Abbie: Marty, can you explain what you mean by turn there?

- Question: is the Medicare population taking into account limited services available? Why the Medicare population?
  - Abbie: that's a different population, we haven't discussed Medicare.
  - Mike: is the question asking if we'll be considering the Medicare population as well? It's a good question and we have not looked at that population yet. The follow up question to the group would be: when you're looking at the population that you're serving, is there a critical mass of Medicare participants that you're serving? That might help bridge the gap between what we're seeing in these initial population questions and the differences we're seeing. We're looking at this information, statewide and Medicaid population data, because it's accessible. However, as other information is put forward because it's the population being served, that has value that we should look into.
  - Agreement from comments that it would be worthwhile to look into the Medicare population.
- Mike: to summarize, if there's a disproportionate share of Medicare population in a region, it might be an indicator of need.

### *Relative Risk Information*

- Asking the question: is risk a factor that accounts for differences in current or needed funding?
- Looked at :
  - Johns Hopkins Adjusted Clinical Group (ACG) population/patient case-mix adjustment to the Medicaid enrollee population. Software that sorts based on the information submitted.
  - Social determinants of health (SDH) information for the Medicaid enrollee population from DHS's Health Care Administration. Includes information on: mental health and chemical dependency specific SDHs, past incarceration, deep poverty, and homelessness
- Poll questions: Recognizing that demographics and risk may not fully reflect the potential for differential service requirements:
  - Is it reasonable to consider the relative risk of the population in determining the funding allocation?
  - Should overall medical risk be considered, or simply risk related to mental health and chemical dependency?
  - Should certain SDH be more compelling than others when considering the relative risk within the counties or regions?
- Slide 24 – relative risk information by county/region
  - Same format, but comparing Medicaid population, ACG relative risk, and grant distribution.
  - ACG incorporates all medical risk factors, not just mental health or chemical dependency. Note that age-related risk factors could be explaining some of the relative risk differences.
  - Observations:
    - Overall, the single county AMHIs have a lower average risk than the multi-county AMHIs.
    - In general, in areas where there are difference between the Medicaid population and the distribution of the grant, this difference isn't fully explained by the relative risk findings.



- Poll results and comments/questions
  - Q1 – yes
  - Q2 – most say both should be considered
  - Q3 – strongest response for all SDHs being considered
- Mike: one thing to note is that the ACG data set doesn't emphasize mental health and chemical dependency risk factors, focused more on medical risks.
- Comments and questions:
  - Are we able to consider legal status risk, like civil commitment, guardianship, etc.?
    - Mike: Available in the DHS data, depends on status information but may not be clearly found at the moment, likely need additional information. Follow up is then, are there other sources of information on this that could inform the funding formula?
    - Abbie: I think we're going to have to look into that one because we're not sure how available that information is.
  - Where does the state get the codes from in order to determine the relative risk?
    - Mike: any diagnosis code submitted on medical claims form. ACG will take in any and all diagnosis codes on medical claims forms.
  - Are we able to get this breakdown by population for the Medicare population, the relative risk information?
    - Mike: not with any database that we know of at DHS, probably have to talk to the Minnesota Department of Health. Minnesota Community measurements might also be a resource.
  - Is there a model that includes the consideration of desired outcomes, recognizing we want to support communities that have poor outcomes, to incentivize them?
    - Abbie: not sure, likely have to go back and ask others
    - Mike: also unsure and need more detail on the question being asked
  - Within each individual AMHI region, do we see significant disparities that may skew the averages? And is this being considered?
    - Mike: That is a really good question. It's not something we've looked at yet. We would be able to see the population and risk difference by county, but unsure we'd be able to see the grant allocation broken out by individual counties that make up a multi-county initiative.
    - Abbie: we have some of that information, but not all of it or in the same way as the clear data for population and risk. So, yes and no.
    - Mike: is it valuable to look at this difference?
    - Abbie: could be.
  - To what extent has a race/equity lens been used to review this data in terms of risk?
    - Mike: I would say that internally that has been an ongoing question from both the AMHI team and the larger project team. The big question when looking at this data is what is not being presented, who is not represented. One of the known potential disparities is from cultural barriers that prevent people from using the system, so then we have underreporting. The lens is there for purposes of understanding that potential bias may exist, so then we have to ask what we can integrate

into our understandings or into the formula itself to recognize that. It is well recognized and at the forefront of our minds as we look at this material, and we have to figure out how to ensure its' recognized in the formula.

- Helen: yes, our team has been focused on the inequities from the start. Question back, is there a particular tool that the questioner was thinking of?
- Ashley: comments are focused on where we're going next into phase 3, gaps and factors other than population. We've been wanting to show you what we've looked at so far to help understand where we're going next.
- Abbie: one more question. Is there consideration for regions that match AMHI funding with county levy? This would promote participation. There is a requirement for CSP funds, a 10% county match to the funds you receive. For AMHI, there is no match. We're making an assumption here that many of you are spending county dollars on mental health services, from what you've shared, and that the grant doesn't cover everything. Requiring a match for AMHI funds is not part of the funding formula development.
- Slide 25 - Social Determinants of Health
  - We grouped them by those related to mental health/chemical dependency and those that aren't. To orient to the table, comparing Medicaid population to SDH population (any SDH, MH/CD specific SDH, and other SHDs), and grant distribution.
  - Again note that we don't have the data for White Earth Nation, which is why they are not listed on this table.
  - Observations:
    - In general, of the Medicaid population with one or more SDH correlates with the overall distribution of the Medicaid population.
    - For members with one or more SDH, the relative distribution between the single-county and multi-county AMHIs is similar to distribution between the overall Medicaid populations.
    - In general, in areas where there are differences between the Medicaid population and the distribution of the grant, the differences are not explained by the relative proportion of members with SDH.

#### *AMHI reform next steps – phase 3, review relative service utilization by region*

- We're now going to be looking at gaps and needs, service utilization.
- This is the time when there could be additional information or meeting requests to get us through phase 3 of the project, to talk individually with counties and regions.

#### *General Questions and Comments*

- Abbie: as Mike said, individual meetings are a potential next step as needed.
- Question: Are we considering the changes in Medicaid populations due to COVID, are there patterns, and are some communities able to recover more quickly?

- Mike: Also work on another DHS project, and that project is looking at the impact of COVID on medical claim expenses. The answer is that I'm aware of at least one project assessing the impact of COVID. Not sure how that integrates into this project or the funding formula. We recognize that we're looking at 2019 results right now, but likely 2020 and 2021 will look different, so it'll be important that we recognize that if those data are part of the funding formula.
- Is there a way to account for rural and farmer mental health crisis impact?
  - Mike: There's a potential increase need to a specific population due to certain circumstances. Is that an emerging crisis that is impacting the rural areas right now, or are we speaking to the acknowledgement that this could be an emerging issue in rural areas? I can speak to this rural versus metro differentials that was alluded to previously, and this idea that there may be more resources in metro areas. I think that's an analysis we'll be able to do as we look at service utilization and determine if those differences exist. Some of the potential access issues might be more difficult to tease out. I think that's its reasonable starting point that the metro and rural areas have differential service needs due to existing differences.
  - Abbie: COVID has a pretty great impact on rural communities and specifically the farming communities. We don't have that data on hand but we can probably look into it. At the start of the pandemic, many farmers lost much of their livestock and/or crops, lost their livelihood, and that's been a major burden on mental health system. We can probably work with MDH and department of agriculture to see if they have more information and data.
- Abbie: Ashley, Helen, and I are saving all of these questions and comments and putting together a Q&A that we can put out there. If we don't know the answer, we'll be clear on that.
- Ashley: I want to note that we're thankful for all of the comments and feedback we've received. This is why we wanted to share this and get your feedback, to identify our blind spots and information we might be missing. Thank you for the rich conversation in the chat and what you've been willing to share.
- Abbie: If you do have emerging needs that come to mind, or burning questions, please send them to the AMHI inbox. We'll respond as we're able or say we don't know, we will get the information for you. I know that a few of you did send in some comments on what we should talk about at future meetings. The December statewide meeting will have a few other topics. For example, we had hoped to talk about grievance procedure ideas but we didn't have time for that today so we'll add it to December.

## Next Steps

- Next AMHI statewide meeting is December 9, 2020 from 1-3pm. This meeting will be via WebEx.

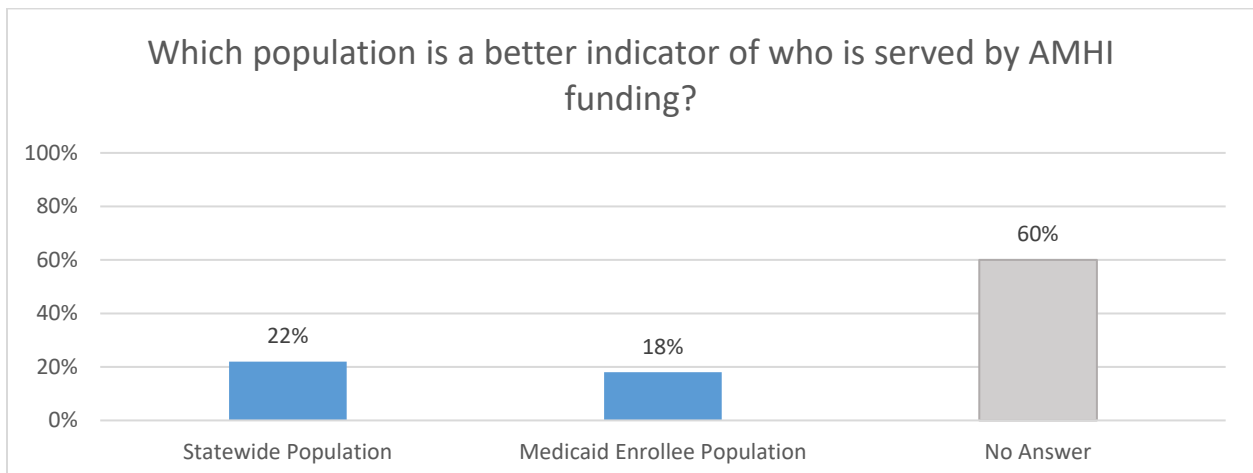
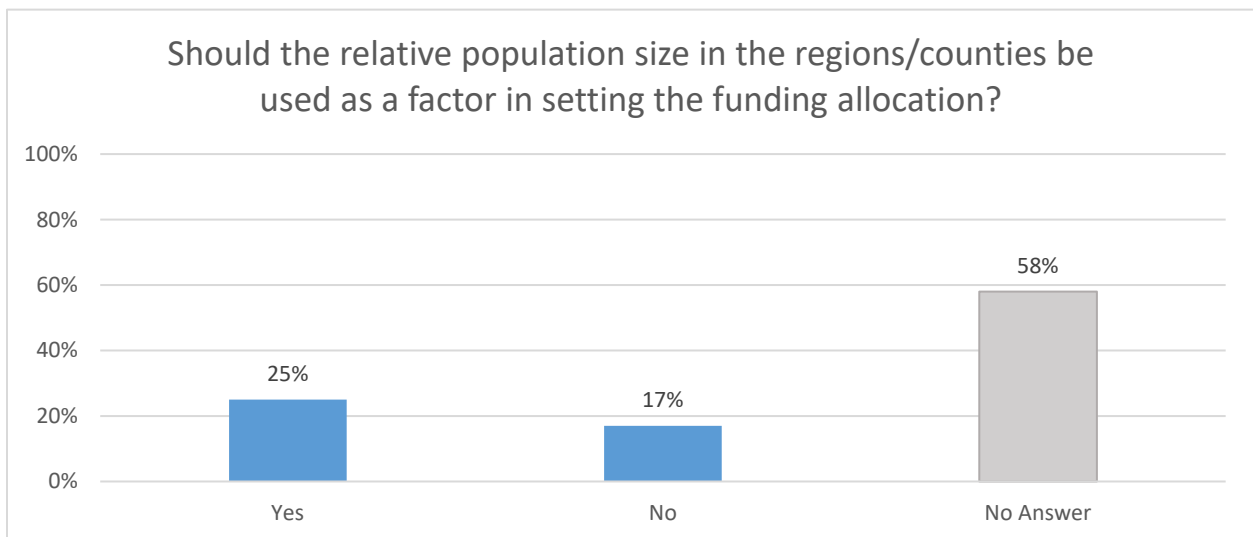
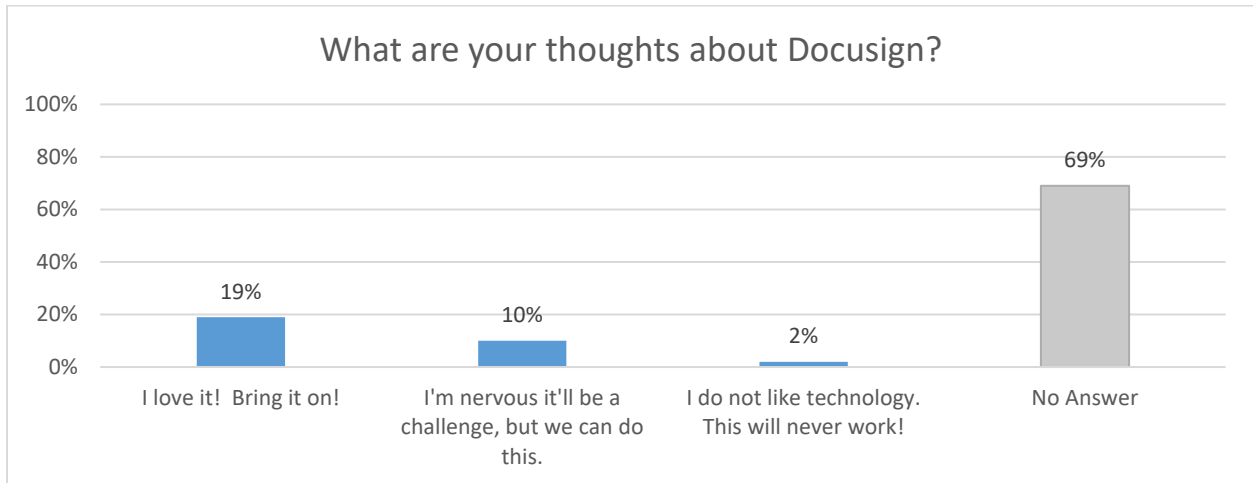
## Documents Shared

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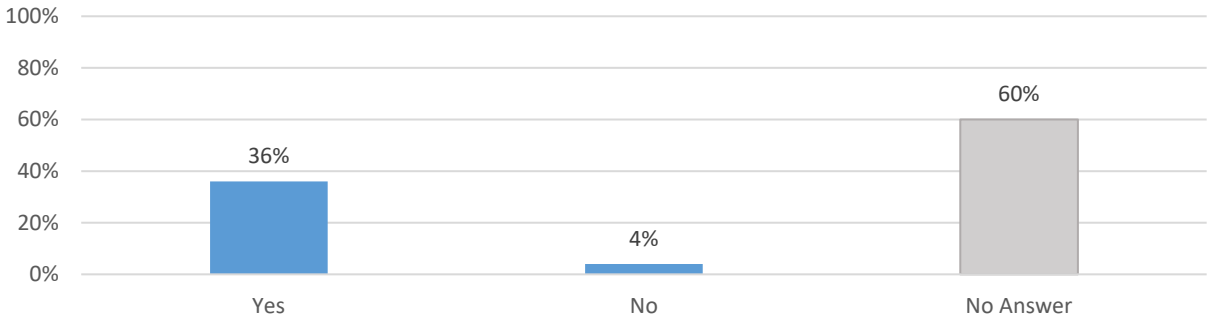
- Meeting PowerPoint

## Poll Results

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### Is it reasonable to consider relative risk of the population in determining the funding allocation?



### Which risk should be considered?

