

Position Statement

For 2022 Session

Acknowledging Adult Mental Health Initiatives as Essential Infrastructure: Modernizing Statutory Language, Defining Reform Goals, and Increased Investments

Proposal

Issues:

The Adult Mental Health Initiative structure has become essential to local mental health service delivery systems. Minnesota's residents are increasingly reliant on the infrastructure created by the AMHI's, a profound reality which is additionally exacerbated by societal needs in response to factors such as the COVID pandemic, criminal justice system pressures, inpatient hospital and secure bed shortages, and a waning workforce, to name a few. Three factors currently exist which prevent AMHI's from being acknowledged as essential, long-term infrastructure.

Outdated Statutory Language:

The current Minnesota Statute 245.4661 Pilot Projects; Adult Mental Health Services is outdated and in need of new language that is reflective to the current role of AMHIs. The statutory language continues to reflect that the AMHI's remain a pilot project, whereas they are truly embedded in infrastructure. Statutory language should reflect this reality.

Current AMHI Funding Reform:

DHS has embarked on significant efforts to reform the funding formula for AMHI dollars, and while MACSSA supports this effort, MACSSA is deeply invested in maintaining the statewide infrastructure in place. The current reform work, if implemented without additional funding, could significantly impact regions amongst the state. MACSSA is concerned that the goal of the current reform work is simply about redistributing the current funds in an equitable way, rather than using the formula findings as a goal to work towards to fund the system adequately and fully. The current goal will undoubtedly negatively impact more than half the state, and somewhat help the other half, yet will never reach a goal of adequate funding for the system. Additionally, the current AMHI Funding Reform effort has focused solely on base funding and not the many additional grants under the AMHI funding "umbrella." All sources of funding shall be considered

Flat or Reduced Base Funding:

AMHI's receive funding through a base grant and a mix of other specific service grants. The base grants have not received increases since _____, rather have sustained a series of cuts over time. Service demands have increased over time, and the cost of providing direct services continues to inflate. The 2021 Legislature did direct one-time, two-year increased funding to the AMHI's, however this is not a sustainable resource for services or infrastructure. Additional, ongoing base funding is needed to address the system strains and is also a solution to the potentially catastrophic impacts of AMHI Funding Reform which many regions will experience with the current plan.

Implementation Strategy:

MACSSA would work with authors to remove the "pilot" references in statute and emphasize the infrastructure framing so that it is more accurately reflective of the true value of AMHI's across the state. MACSSA sees a multiple step approach to achieving the work of the reform workgroup findings.

1. The funding formula that is seen as most equitable, as shown by the AMHI reform workgroup shall not be adopted without county support through MACSSA.
2. The funding formula should be used as a basis for which to determine what is needed for all AMHIs to become equitably funded across all AMHI funding streams, and not as a redistribution formula or mechanism.
3. The two-year funding increases to AMHI block grant be continued. Additional funds are needed to address the growing gaps in the mental health system.
4. MACSSA will not support any reductions to the overall grants, nor to individual region or county allocations within the block grants. Equity should be achieved through new, long-term investments.

Systemic Priority Alignment (highlight all that apply and explain why)

- **Equity – Reform work will result in inequitable negative impacts across most counties. Although the formula does include specific demographic, geographic and population factors, the negative impact for the counties that stand to lose funding will be inequitably impacted.**
- **Integrated Services – aligning multiple MH grants and increasing funding will allow for further systemic integration among many disciplines.**
- **Fiscal Framework – There will be “winners” and “losers” through the reform work whereas the need is clear across the state that ALL regions are underfunded. The theoretical approach to formula rebasing/redistribution is not an approach MACSSA can support.**

From the GARE Toolkit (See www.racialequityalliance.org): What are the racial equity impacts of this particular decision? Who will benefit from or be burdened by it? Are there strategies to mitigate unintended consequences?

Relevant Committee (highlight all that apply and explain why)

- **Adult Services**
- **Behavioral Health**
- **Children’s Services**
- **Modernization**
- **Policy**
- **Self-Sufficiency**

Why: The AMHI work is centered with the Behavioral Health Division at DHS, and therefore the Behavioral Health Committee has the appropriate expertise to fully review this position.

Rationale/Background:

The AMHI language was put into place in 1995, which initiated the downsizing and eventual closing of numerous state operated facilities and deployment of staff and resources into community-based programs and settings. This began the creation of an infrastructure for community-based mental health services. Since that time, Adult Mental Health Initiatives have taken seriously their duty to create sustainable services with the dedicated resources. While there has been one-time increased funding available from this base amount, there have not been long-term substantive increases to this base amount, though the cost of providing care has increased dramatically.

As these AMHI groups are overseeing the adult mental health services, they have historically received few increases to these block grants. Often the dollars are accounted to maintain essential services for individuals living with serious and persistent mental illness (SPMI). To adequately be able to respond to the rising mental health concerns and crises, counties will need these resources to support local providers. The models of service delivery are shifting and may continue to shift as the pandemic continues to affect our communities. There will be a cost to improving infrastructure, increasing staffing where necessary, and covering unforeseen costs in service delivery.

During the 2021 Legislative Session, Adult Mental Health Initiatives were granted two-year increased funding. While this will assist for two years the concern continues with the pandemic and the added stress that has put on individuals and communities but also the AMHI Funding Reform formula and its impact on our current mental health continuum of care.

The COVID-19 virus has and continues to produce unique challenges for all individuals and communities in Minnesota. The uniqueness of this pandemic puts added stress on many, especially with those living with mental illness. With social distancing, isolation and loneliness becomes a major concern. They nourish despair and discouragement ending up in one of several types of depressive disorders and potentially self-destructive acts; it can aggravate fears and precipitate one or several types of anxiety disorders. Grief and loss, financial stressors, and isolation have resulted in increased levels of anxiety, depression and substance use among many Minnesotans. Counties, as the mental health authority in each community, are tasked with the safety and care of our families and individuals. As mental health concerns continue to grow, additional resources will be imperative to ensure quality mental health care.



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Approved on: